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# MARKETING RESEARCH MEDICAL SERVICE DELIVERY IN RURAL AREAS ALIGNED TO INTERNATIONAL QUALITY STANDARDS: FINANCIAL ASPECT

## ABSTRACT

The article conducts marketing research on medical service delivery in rural areas. The dynamics of healthcare spending in Ukraine were established and these indicators were forecasted for 2025. The forecast of out-of-pocket expenses of patients showed a tendency to increase, which indicates the presence of significant financial obstacles in access to medical services and the lack of financial protection of the population. An analysis of the dynamics of the number of rural settlements on the territory of which paramedical and obstetric stations are located was carried out. The number of medical workers who provided medical services to the population in rural areas for 2014-2023 was analyzed. A forecast of the development of the situation for 2024-2025 was made using the equation of a straight line and a second-order parabola.

A trend was established according to which residents of villages are limited in the right to receive emergency medical care compared to the urban population. A SWOT analysis of the marketing environment of rural medical institutions was carried out, which confirmed the results of the forecast. The necessity of applying a series of international ISO quality standards is substantiated in order to prevent risks and possible threats in the activities of medical institutions. The need to develop a program of financial support for the rural population, ensuring their financial protection, state policy for the social development of villages and resolving issues of preserving rural medical institutions and staffing is substantiated.

The formulated recommendations for the implementation of international standards in the activities of medical institutions will contribute to the realization of financial and economic benefits through the application of principles, methods and tools of quality management, which will enable medical institutions to improve the quality of services and achieve sustainable success.

**Keywords:** marketing research, medical services, medical care, financial costs for medical care, financial protection of the rural population, quality of medical services, marketing environment, international quality standards, rural medical institutions

**JEL Classification:** M31, O18, П36, П46, P15

## INTRODUCTION

In the current context, providing high-quality medical services to the rural population in Ukraine, who require timely and urgent medical care, is a critical and urgent priority. The full-scale war in Ukraine has not facilitated the expansion of paramedical and obstetric stations across the regions to meet the healthcare needs of rural residents. On the contrary, the number of such stations has significantly decreased, accompanied by a substantial outflow of medical personnel from healthcare institutions in villages. Consequently, the availability of paramedical and obstetric services in rural settlements has diminished considerably.

These challenges underscore the relevance and necessity of conducting marketing research to determine trends in the personnel capacity of paramedical and obstetric cen-

ties in Ukraine under wartime conditions. Medical institutions in rural settlements, particularly in the southeastern regions, often face complete destruction due to military operations in these territories. Simultaneously, many primary care physicians migrate to European countries, where they validate their medical qualifications and secure employment in foreign healthcare institutions.

Thus, negative trends such as encroachment, demographic changes, population displacement, disruptions in the provision of health services, attacks on health facilities, and growing inequality indicate the need to improve access to quality health services for the rural population.

Improving the health indicators of the rural population and ensuring financial protection against excessive out-of-pocket medical expenses for patients remains a pressing problem. In this context, there is a need to introduce changes to the mechanisms for paying health care providers, improve the quality of health care, reduce the excessive use of expensive inpatient medical care, strengthen the role of primary health care, and transition to payment methods that better stimulate the efficient use of resources.

These trends emphasize the need for a detailed analysis of the marketing environment of rural health facilities and the justification of a strategy for improving the provision of quality health services to rural communities. The study is based on forecasting these phenomena through marketing research and a comprehensive analysis of the marketing environment, including the requirements for compliance with international quality standards in the field of healthcare.

## LITERATURE REVIEW

To address the issue of forecasting the provision of medical services in rural areas of Ukraine, it is essential to review foreign sources that provide a theoretical overview of the development of rural healthcare systems in various countries. Canadian researchers from the Northern Ontario School of Medicine and Laurentian University Strasser, et al. (2016) in their comparison of medical care provision in rural and urban areas of South Africa, concluded that there is a significant shortage of medical workers willing to work in rural areas. To mitigate this issue, the researchers suggest identifying and training students from remote rural areas, so that after obtaining their medical qualifications, they can serve the local population.

A professor of health management at the University of Western Australia, Awofeso (2010) based on his seven years of experience as a physician in Nigeria, highlights the negative factors that hinder sufficient motivation for healthcare workers to work in rural areas, where 52% of the population resides. He advocates for the development of a clear national strategy to strengthen the healthcare system in Nigeria's rural areas. The researcher also proposes implementing specific training programs to prepare medical professionals for rural practice and suggests adopting successful practices from neighbouring Tanzania, which has effectively addressed its healthcare workforce shortages.

Canadian scholars from McMaster University – Montour, et al. (2009) conducted a study using questionnaires and semi-structured interviews with 21 nurses employed in seven hospitals in rural areas near Hamilton. Their findings revealed that substantial changes in the organizational structure of Canadian healthcare institutions have increased the responsibilities of healthcare administrators while enabling nurses to work part-time in other institutions experiencing workforce shortages. However, a significant percentage of nurses employed in rural healthcare facilities are nearing retirement age and are often unable to work full-time in rural areas due to their circumstances, prompting them to seek employment in urban hospitals. Consequently, government policies aimed at retaining the healthcare workforce in rural areas have proven ineffective in practice.

Researchers from the University of North Carolina – Renner, et al. (2010) investigated the impact of financial factors, particularly loan repayment programs, on the willingness of medical workers to work in rural areas. The study surveyed 122 medical workers participating in a loan repayment program offered in the state of Colorado through three different initiatives. Among the respondents, 57 were employed in rural areas. Of those intending to work in rural areas, 42% stated that the loan repayment program had a significant influence on their decision. Furthermore, 38% of respondents already working in rural areas indicated that loan repayment enabled them to financially support their families. However, for those unwilling to remain in rural areas, key reasons included family dissatisfaction with rural living conditions, a lack of professional development opportunities, and the desire to earn higher wages in urban settings. Thus, while financial incentives play a vital role in motivation, other factors remain equally significant for retaining healthcare professionals in rural areas.

Researchers from the School of Public Health at Augusta University – MacKinnon, et al. (2024) analyzed factors influencing international collaboration between institutions in Georgia (USA) and Scotland (UK). The study, conducted using NVivo software, involved 12 interviews and two focus groups with 17 participants, including faculty, researchers, and healthcare

providers serving rural populations. The findings suggest that collaboration is most effective when it allows for the mutual exchange of knowledge and the practical application of shared expertise.

An interesting study by Canadian researchers – Szafran, et al. (2020) focused on identifying the main factors influencing family practice doctors' choice of workplace in rural areas. The researchers conducted telephone interviews with nine family doctors working in rural healthcare facilities. Key factors influencing their decision to work in rural areas included the experience of other doctors as a positive example and motivation, the lifestyle in rural areas, and the opportunity to gain extensive practical experience. Regarding the choice of residence in a specific rural area, the most significant influences included spousal preferences, previous experience of living in the area, and various personal factors.

Chinese researchers from the School of Public Health at Peking University – Li, et al. (2022) evaluated the effectiveness of China's National Program for Training Family Doctors for Rural Areas, implemented in 2010. The study surveyed 2,154 graduates from four Chinese universities, with 73.6% being graduates of the National Program and 26.4% from general programs. Using multivariate multiple regression, the researchers identified factors positively affecting the program's effectiveness. Results demonstrated high professionalism and competence among both groups of doctors trained under the National Program and those from general programs. The study emphasized the priority of local government funding for rural medical positions, which was confirmed by the provision of high-quality medical care to rural populations.

Scientists from the Northern Ontario School of Medicine – DeMiglio, et al. (2024) highlighted the persistent shortage of medical personnel in rural areas of Canada. Through interviews with 12 family doctors who previously worked in rural settings, recurring issues were identified. Factors contributing to the decision to practice in rural areas included career growth opportunities, personal preferences, support from family, and additional financial compensation offered by the government. The researchers recommend implementing clear national strategies to enhance the appeal of rural medical practice.

A group of researchers from the Institute of Applied Health Sciences at the University of Aberdeen – Maclaren, et al. (2024) analyzed the delivery of healthcare services in Scotland during the COVID-19 pandemic. Based on insights from both doctors and the general population, the study identified a global challenge in providing healthcare in rural areas. Key issues included doctors' reluctance to work effectively in these regions and patients' limited access to medical services due to the distance from urban healthcare facilities. The researchers emphasized the importance of informing rural populations about available healthcare services, especially in areas with limited digital connectivity.

Wójcik-Czerniawska, A. J. & Grzymała, Z. (2024) review healthcare systems and their financing, as well as their promotion through marketing tools. Considering different approaches to healthcare financing, the authors focus on the use of individual medical accounts. This method promotes the development of alternative treatment methods due to the availability of funds in the patient's own therapeutic account and the patient's personal choice of the centre and method of treatment. This approach allows for the improvement of the offer of healthcare services, including the quality of alternative treatment methods.

Somashekhar, I. C., et al. (2024) note that the healthcare sector uses integrated marketing and financial strategies to treat patients, optimize operating costs and improve service delivery. In their study, the authors analyze the benefits, challenges and implications of integrating financial planning with marketing support, arguing for the role of data analytics, technology and consumer engagement in improving patient satisfaction and financial performance. Based on industry examples and statistical data, the study convincingly demonstrates how an integrated approach affects revenue cycles, operational efficiency and patient engagement in healthcare.

Manisha Dutta, et al. (2020). They argue for the need to increase public spending on primary health care to improve population health. They suggest ways to sustainably finance primary health care services, especially for underserved populations. Proposed financing models include public-private partnerships, user fees, community financing, subscriptions, and cross-subsidies. Cost-cutting strategies are suggested to improve service delivery efficiency. The recommendation of different mechanisms for financing primary healthcare was based on a systematic review of articles and reports from the closed-loop literature on financing primary healthcare systems in low- and middle-income and high-income countries in the Asia-Pacific region. Public insurance and the abolition of fees for services were found to have positive effects on primary health care utilization, reduced out-of-pocket costs, and equitable access to care. The subscription funding model, as demonstrated by the DHAN Foundation, demonstrates greater community ownership and access to services among rural and semi-urban communities.

Agnieszka Bem et al. (2019). Analyze factors that affect the financial condition of rural hospitals. To assess the financial conditions of rural hospitals in Poland, scientists used financial condition indicators and a synthetic indicator of financial condition. The results showed that there was no difference in the financial condition between rural and urban hospitals.

When using the synthetic indicator, the financial condition of rural hospitals turned out to be better. It was found that the form of activity can be a factor in improving financial indicators. The results indicate that the size of the hospital is not the main determining factor of its financial performance. The authors prove that rural hospitals are smaller and more economically sensitive. Rural hospitals, despite the fact that they are smaller in terms of income and assets, have a lower risk of financial difficulties than their large urban counterparts. The study found a trend according to which the level of income of rural hospitals does not affect the financial condition.

Thus, a detailed analysis of scientific studies indexed in leading international databases reveals that rural settlements in most countries face a severe shortage of medical personnel capable of providing high-quality, accessible, and timely healthcare services. This issue persists not only in Ukraine, amid its ongoing full-scale war with the Russian Federation, but also in other highly developed countries. Despite their generally high standards of medical services, these services often remain insufficiently accessible to rural populations.

Also, the literature review showed the relevance of the problem of financing medical systems and their support using marketing tools. The use of marketing technologies in the financing systems of medical institutions will improve the process of providing medical services, increase their quality, and improve methods of treating the population in rural areas. The use of integrated marketing and financial strategies for the treatment of rural patients will optimize operating costs and improve medical care.

## AIMS AND OBJECTIVES

The purpose of this study is to substantiate the trends in the provision of quality medical services to the rural population based on the conducted marketing research, establishing the dynamics of financial costs for medical care and analysis of the marketing environment in accordance with the requirements of international standards in the field of medical institutions.

The research objectives are as follows:

- to conduct marketing research on the medical service delivery in rural areas;
- to identify trends and dynamics of changes in financial costs for medical care in Ukraine with forecasting further development trends;
- to analyze the dynamics of the number of rural settlements on the territory of which paramedical and obstetric stations are located and the number of medical workers working in them;
- to conduct a SWOT analysis of the marketing environment of rural medical institutions;
- to identify a list of international ISO quality standards to improve the quality of patient care;
- to formulate conclusions and directions for further research in the field of medical service quality.

## METHODS

The research methodology relies on the application of general scientific methods. The abstract-logical method was used to generalize theoretical provisions and formulate research conclusions. The marketing research method allowed us to determine trends in changes in statistical indicators of medical service delivery in rural areas. The analytical method (SWOT analysis) was used to assess strengths and weaknesses, identify opportunities and threats associated with the activities of rural health care institutions. The use of a specific scientific forecasting method made it possible to establish absolute dependencies and identify trends in the provision of non-emergency medical care to the rural population and also to identify the dynamics of changes in financial costs for medical care in Ukraine, including current costs in the GDP structure. The methods of analysis and synthesis were used to put forward hypotheses and their experimental verification. Comparative analysis made it possible to compare different types of international standards and determine the most suitable ones for use in the provision of quality medical services in rural areas. The use of the graphical method allowed us to visualize the results of the study.

In addition, the study employed a specific scientific method of forecasting. The challenge with this method in economic science lies in the absence of absolute dependencies, unlike in natural sciences. In economics, any situation involves probabilities of certain events occurring. When economists construct forecasting models, they typically rely on historical data, which may be repeated in the future with varying degrees of probability. However, there is no absolute guarantee of such patterns.

Some economists design their forecasting models based on data sets, assuming that if the majority of events in a given scenario occurred under specific conditions, this scenario might recur in the future. Nevertheless, this approach also lacks absolute certainty.

In our research, we chose to forecast future trends based on the dynamics of specific indicators. Various forecasting models can be employed for this purpose. In our case, we opted for forecasting using the equations of a straight line and a second-order parabola.

The equation of a straight line is as follows (Horkavyi, 2020):

$$y = a_0 + a_1x \quad (1)$$

where  $y$  – equalized data;  $a_0$  – the conditionally initial level of the dynamic series;  $a_1$  – average absolute growth.

The equation of a second-order parabola has the following form:

$$y = a_0 + a_1x + a_2x^2 \quad (2)$$

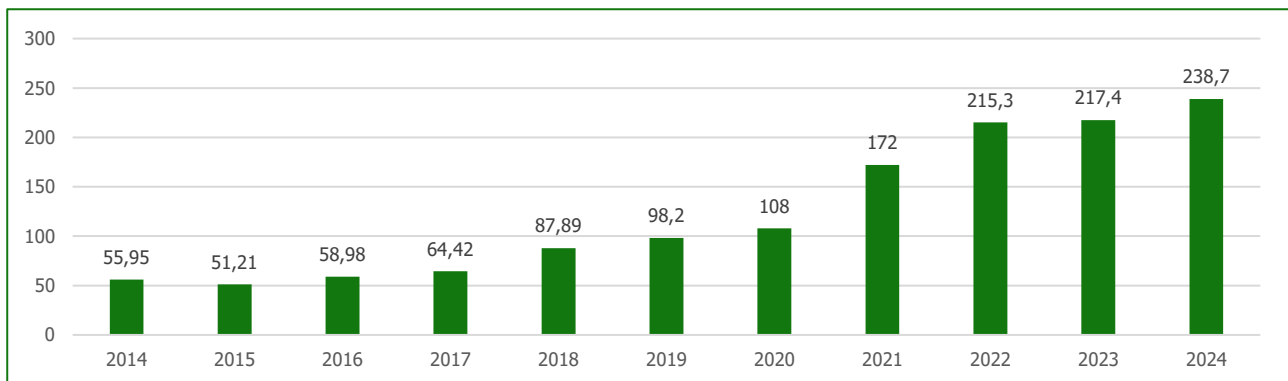
where  $y$  – equalized data;  $a_0$  – the conditionally initial level of the dynamic series;  $a_1$  – average absolute growth;  $x$  – serial number of the period;  $a_2$  – average accelerated or slowed growth of the level of the phenomenon under study;  $x^2$  – serial number.

## RESULTS

The need for marketing research is due to the need to obtain reliable information in order to identify trends and patterns in the provision of medical services in rural areas and reduce the degree of uncertainty, risks and losses. Marketing research using analytical and forecasting procedures allows you to make informed management decisions regarding the main areas of development of medical services in rural areas, to respond in a timely manner to changes occurring in an unstable uncertain environment. The use of forecasting tools with the construction of dependencies and equations helps to establish the dynamics of indicators and assess possible forecast scenarios for the development of medical care in rural areas.

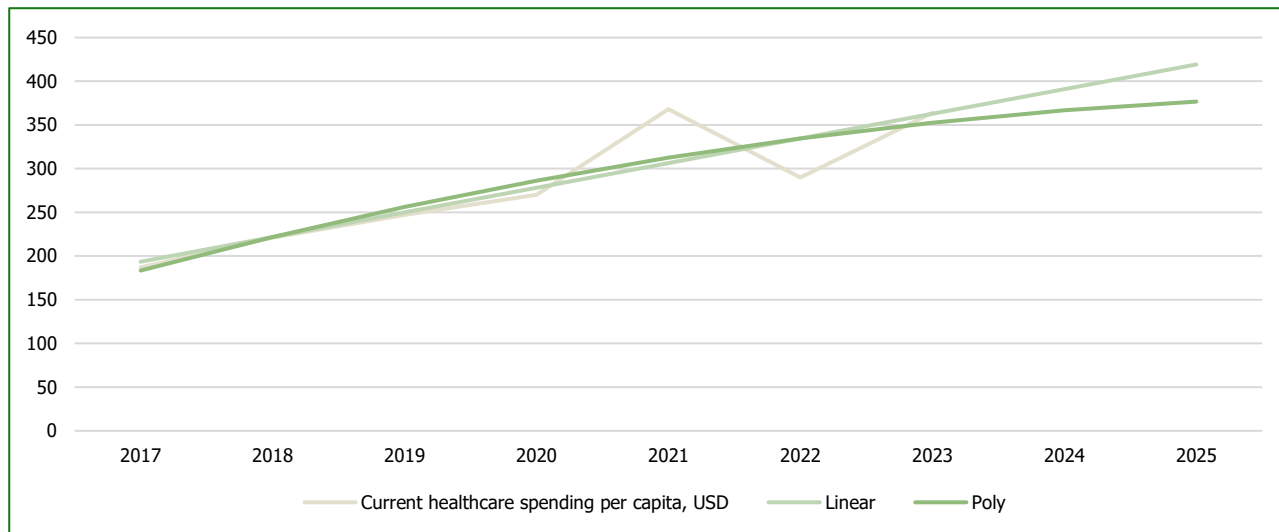
Military operations have a significant impact on the provision of medical services. As a result of massive attacks on the health care system, there are facts of death and injury of many medical workers. It should be added that the large-scale displacement of the population has influenced changes in the demand for medical services and their geographical distribution. The problem of financing the costs of medical care, and the ability of households to directly pay for medical services, is particularly acute. In such difficult conditions, ensuring public financing and investment in the healthcare sector is of crucial importance. Thus, as a result of the priority funding of the defence and security sectors in the Ukrainian budget, there is a restriction of consolidated budget expenditures on healthcare. In 2023, with real GDP growth, the total decrease in real consolidated expenditures over the past two years was 21.3%, and the share of the healthcare sector in the consolidated budget decreased from 11% in 2021 to 4.9% in 2023 (WHO Regional Office for Europe, 2024).

Figure 1 shows the dynamics of healthcare expenditures as a whole, UAH billion.



**Figure 1. Dynamics of healthcare expenditures as a whole, UAH billion.** (Source: compiled by the authors based on WHO Regional Office for Europe, 2024)

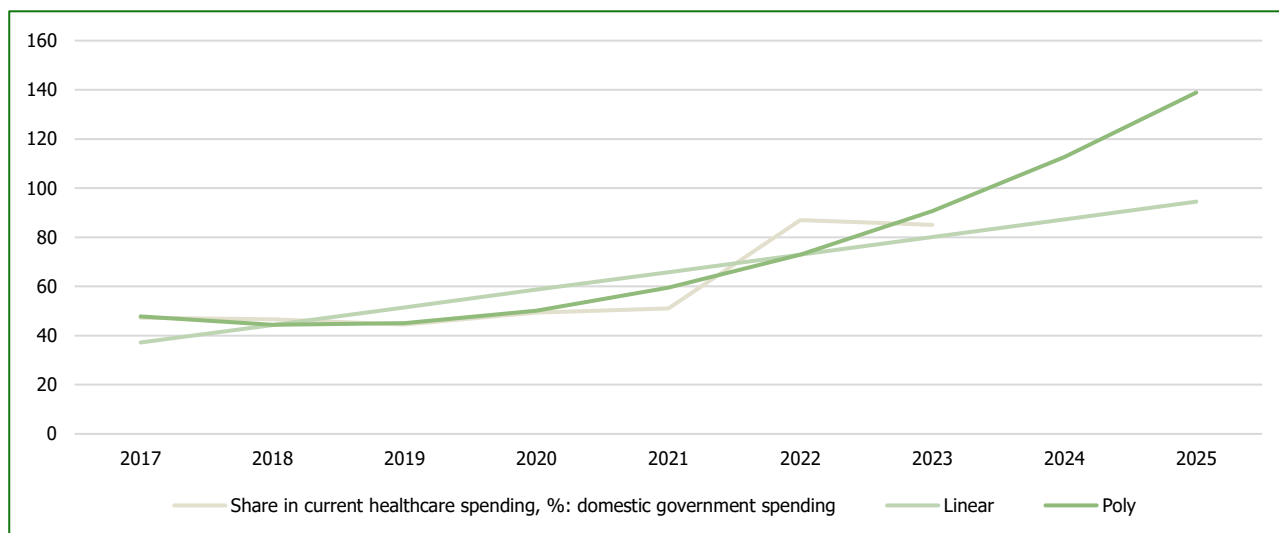
As can be seen from the figure, healthcare spending has increased in real terms, but this increase is partly explained by population decline and is much slower than economic growth. Healthcare spending in Ukraine is growing every year but still does not approach global indicators as a share of GDP. As shown by the forecast for 2025 of current healthcare spending per capita, USD, they will tend to increase (Figure 2).



**Figure 2. Dynamics of actual and forecast data on current healthcare spending per capita, USD, 2017–2025.**

Despite the decrease in the availability of domestic resources for health care, the significant increase in public spending is increasing the general government budget deficit. At the same time, external support is expected to cover most of this deficit, but domestic revenues must also be increased to ensure overall stabilization.

Thus, consolidated healthcare spending as a percentage of GDP has significantly decreased. Thus, the forecast of the share of domestic public healthcare spending as a percentage of GDP has shown a tendency to increase (Figure 3).



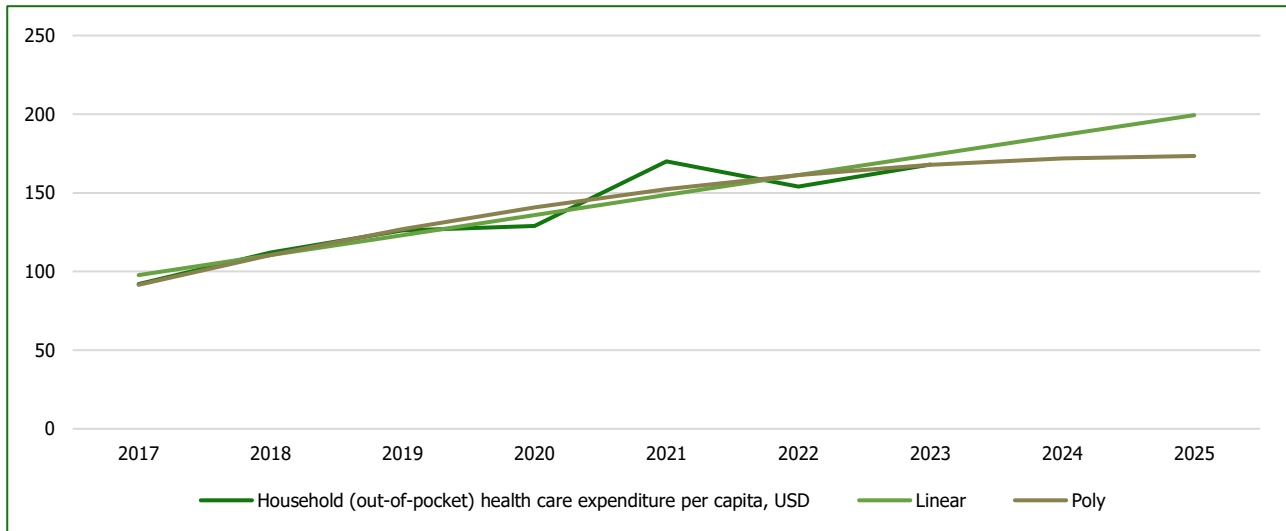
**Figure 3. Dynamics of actual and forecast data on current healthcare spending, %: domestic government spending, 2017–2025.**

At the same time, the "Healthcare System Development Strategy until 2030" notes the slow growth rate of public spending on healthcare (WHO Regional Office for Europe, 2024).

Out-of-pocket costs represent a high share of current healthcare spending in Ukraine. This indicates the existence of financial barriers to access to healthcare services and the lack of financial protection for the population. In 2021, almost half of healthcare spending in the country was financed directly by patients, and 96% of the population made such payments during the year. In 2021, the incidence of catastrophic household healthcare spending in Ukraine was 17%. This is the third highest rate among the 40 countries in the WHO European Region. Catastrophic spending was recorded among

the poorest groups, pushing 11% of households below the poverty line in 2021, with rural areas among the hardest hit (World Health Organization, 2024).

Thus, the long-term underfunding of the healthcare system has led to a persistent dependence on out-of-pocket spending. As the linear progression of the forecast for 2025 in Figure 4 shows, significant dependence on out-of-pocket spending will continue. This is because the state budget is facing increasing financial pressure and is being formed in conditions of high inflation. However, the actual level of out-of-pocket spending may decrease due to increasing poverty and unreceived services, as reflected by the polynomial regression line.



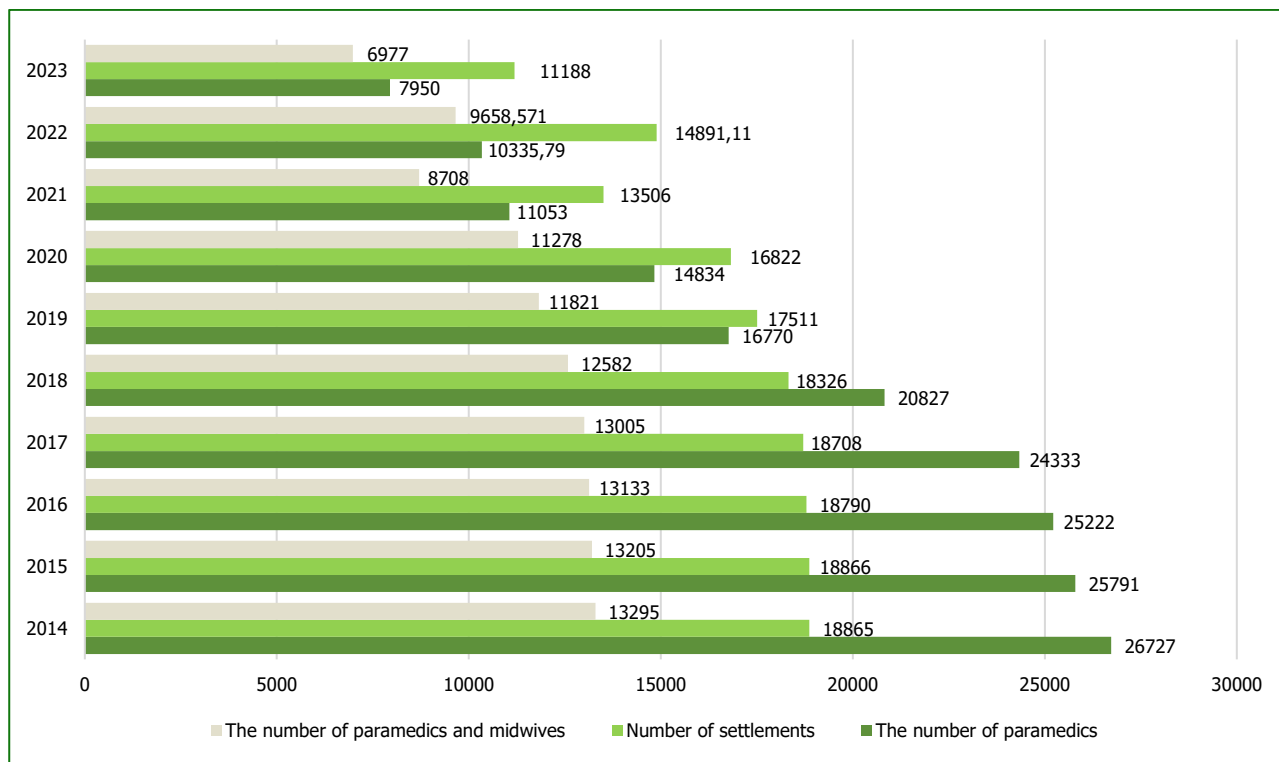
**Figure 4. Dynamics of actual and forecast data on household (out-of-pocket) healthcare expenditures per capita, USD, 2017–2025.**

To strengthen the financial protection of the rural population, it is necessary to provide patients with wider opportunities to use prescriptions for medicines within the framework of the “Affordable Medicines” program. Thus, out of 515 medicines in the “Affordable Medicines” program as of the beginning of 2024, 192 should be dispensed free of charge, and the rest with varying degrees of co-payment in pharmacies. However, the rural population has difficulties accessing these medicines. According to the Ministry of Health, approximately 20,000 villages (89% of all villages in the country) do not have any pharmacies (WHO Regional Office for Europe, 2024).

The health guarantee program does not yet have a sufficient impact on the level of financial protection of citizens, especially the rural population. The indicator of catastrophic out-of-pocket expenses for patients in Ukraine is the highest in Europe. Many households have become or will continue to become poor due to out-of-pocket expenses for healthcare.

Therefore, health coverage should be based on strong and accessible people-centred primary health care. The lack of personal family doctors in rural areas and the lack of proper medical care have prevented the provision of quality and safe health services, especially for patients in rural areas. This situation has led to increased patient costs while worsening healthcare outcomes.

We have analyzed the changes in the dynamics of individual indicators, including the number of paramedical and obstetric stations (FAPs) in rural areas, the number of rural settlements hosting FAPs, and the number of medical workers employed in FAPs in Ukraine. This analysis covers the period from 2014 to 2023 (Figure 5).



**Figure 5. Dynamics of changes in the number of FAPs in rural areas, the number of rural settlements hosting FAPs, and the number of medical workers employed in FAPs in Ukraine.** (Source: compiled by the authors based on a Center for Public Health of the Ministry of Health of Ukraine)

We have examined the change in the number of paramedical and obstetric stations in rural areas. In 2014, there were 26,627 units. By 2018, this number had decreased to 20,827. In 2021, on the eve of the Russian military aggression, the number had already dropped to 11,053, and finally, in 2023, it declined further to 7,950.

Regarding the number of rural settlements hosting FAPs in Ukraine, there were 18,465 such settlements in 2014. This number slightly decreased to 18,326 in 2018 and significantly declined to 7,950 by 2023.

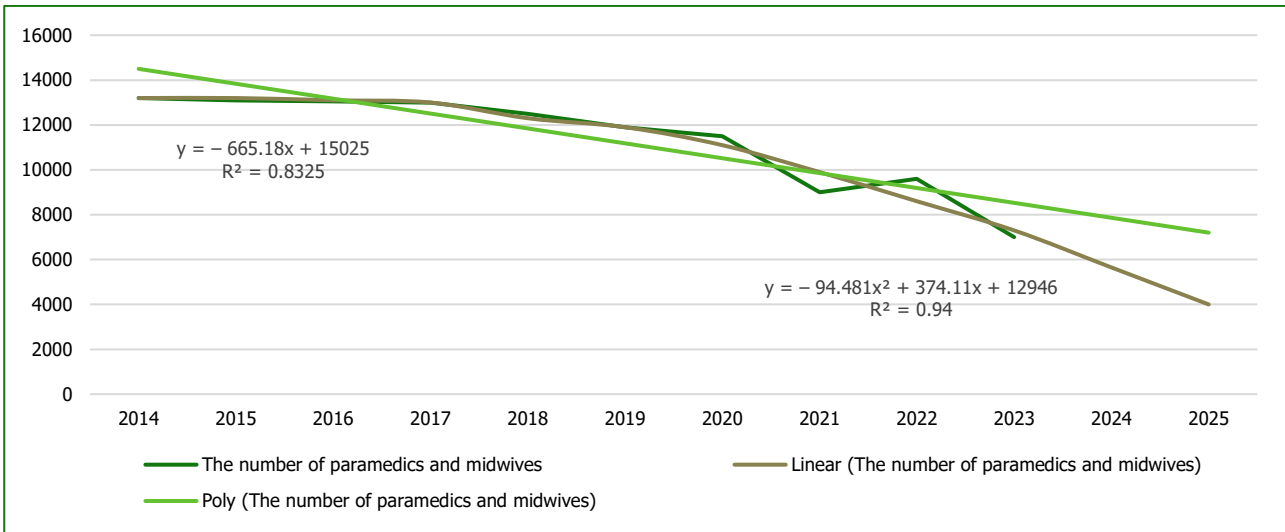
The third indicator analyzed is the number of medical workers employed in FAPs. In 2014, there were 13,295 workers; by 2018, this number had decreased to 12,582, and by 2023, it had fallen further to 6,977.

Thus, the following conclusions can be drawn from the above data:

1. Firstly, the reduction in the analyzed indicators was evident even in the pre-war period. However, martial law in Ukraine has created a catastrophic situation in terms of the quality and accessibility of medical services for the rural population. This decline can be attributed to the occupation of certain settlements and the fact that some were located in front-line regions, rendering them unable to function effectively.
2. Secondly, among the forced migrants to EU countries were medical workers, resulting in the loss of a significant number of highly qualified specialists in this sector.

From our perspective, this situation requires urgent attention. However, substantial improvements are unlikely to occur until the cessation of hostilities, making this one of the critical challenges for Ukrainian society in the post-war reconstruction phase.

We assessed the dynamics of changes in the number of paramedical and obstetric stations in rural areas from 2014 to 2023 and projected the possible development of this situation for 2024-2025 (Figure 6).



**Figure 6. Dynamics of actual and forecast data on the number of paramedical and obstetric stations in rural areas for 2014-2025.**

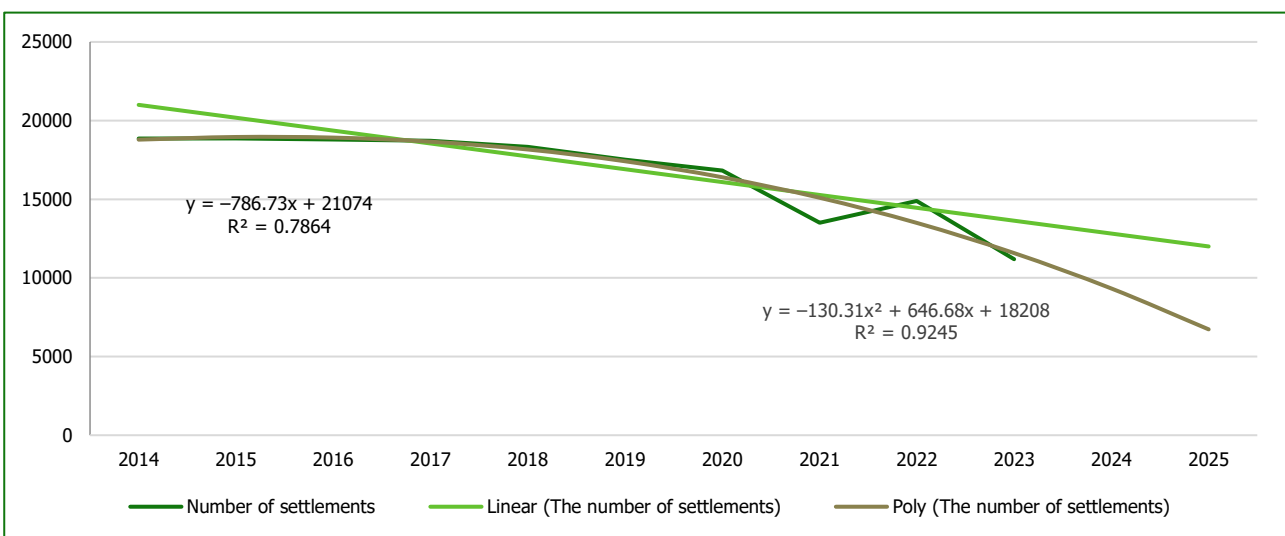
It should be noted that this dynamic series did not contain data for 2022, so it was decided to supplement their forecasting by forecasting the results for 2014–2021 using a straight-line function. Of course, this somewhat distorted the situation, but there was no other option to resolve it. After this procedure of filling in the missing results, we decided to make a forecast for the period 2024–2025 using a straight-line and a second-order parabola equation.

The dynamic trend in the number of paramedical and obstetric stations in rural areas of Ukraine shows a sharp decline in the number of workers. So, in 2014, their number was 13,295 people, and in 2023 only 6,977 people. Respectively, the forecast data for 2024 and 2025, according to the functions of the straight line, are 7,708 and 7,743 employees. At the same time, according to the second-order parabola, these forecast data are 5,629 and 3,830 employees, respectively. This indicates that the second-order parabola presents a more pessimistic scenario of events.

Furthermore, this scenario is more probable due to the higher R-squared value, indicating a stronger correlation between the actual and forecast data. Accordingly, the R-squared value for the second-order parabola was 0.94, compared to 0.832 for the straight-line equation.

Thus, both scenarios are very pessimistic and will require an urgent response from the Government and the Ministry of Health.

We have also analyzed the trends in the number of rural settlements that hosted paramedical and obstetric stations (Figure 7).



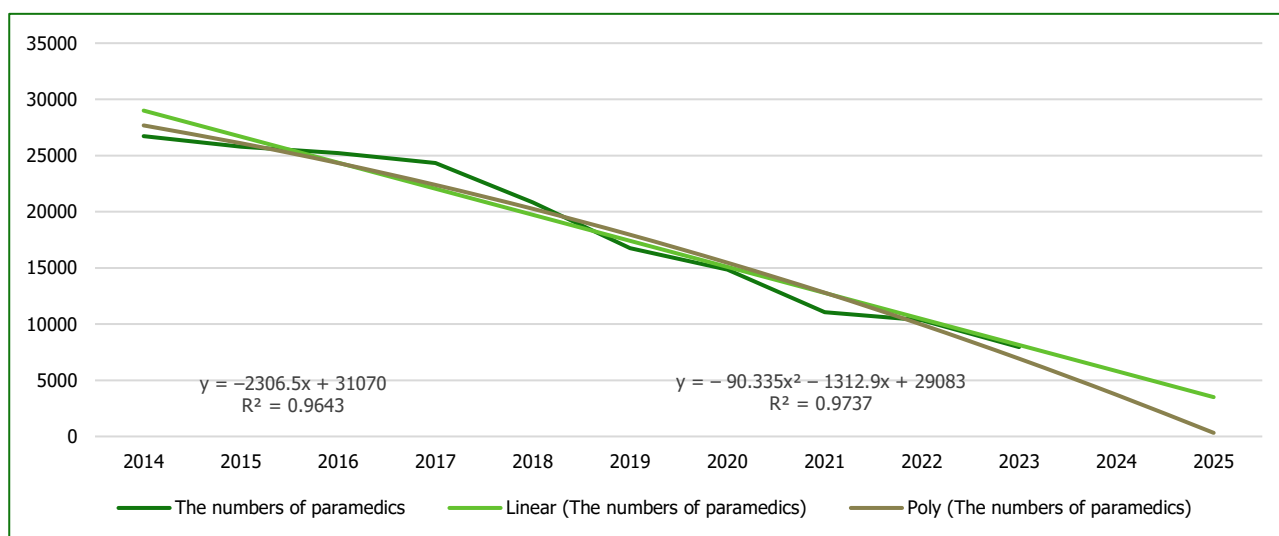
**Figure 7. Dynamics of actual and forecast data on the number of rural settlements with FAPs in Ukraine in 2014-2025.**

It should be noted that the number of settlements with FAPs rapidly decreased from 18,865 in 2014 to 11,188 in 2023. This reduction was influenced by military actions and the occupation of part of the territory. However, this reduction cannot be explained only by military actions, as in 2021, this trend also manifested itself, with the number of settlements with FAPs declining to 13,506 units.

Based on these trends, the forecast data on the number of settlements, according to the straight-line equation for 2024–2025, are 12,420 and 11,633 settlements, respectively, while the second-order parabola equation predicts 9,554 and 7,204 rural settlements. It is important to note that the R-squared coefficient for the second-order parabola equation was 0.924, compared to 0.786 for the straight-line equation. This may indicate a higher adequacy of the forecast based on the parabola equation.

Thus, the expected trend indicates a further decrease in the number of settlements with FAPs.

Finally, we have analyzed the number of medical workers who provided services to the rural population from 2014 to 2023 and forecasted the situation for 2024–2025 (Figure 8).



**Figure 8. Dynamics of actual and forecast data on the number of medical workers working in paramedical and obstetric centres in Ukraine in 2014–2025.**

It is important to highlight that the situation in rural areas has reached alarming proportions, with the number of medical personnel plummeting from 26,727 in 2014 to just 7,950 in 2023.

Forecast data indicate an almost significant cessation of medical examinations of rural residents in medical institutions in rural areas. Forecasting by the straight-line function suggests that in 2024, the number of medical personnel in rural areas will decrease to 5,699 people, and in 2025 to 3,392 people, representing an even more pessimistic scenario. Meanwhile, the parabola function predicts the number of employees in 2024 at 3,711 and in 2025 at just 320. While the latter figure seems unlikely, the trend itself underscores significant threats to the health of rural residents.

Disparities within regions create problems with access to health care, particularly between rural and urban communities. Some rural communities are particularly vulnerable, particularly those that lack sufficient taxable jobs and have difficulty financing basic public services in the community. These communities are less likely to be able to adequately finance equipment and utilities for health care facilities, although they have a greater need for health care, due to social determinants such as poverty, unemployment, and a higher prevalence of alcohol dependence. Responding to such needs requires a combination of social and health policy measures to increase access to basic health care services.

It is necessary to adjust financial incentives and expand the rights of service providers working in rural areas. Access to health services for the population is generally hampered by the difference in the availability of medical personnel between urban and rural areas. In Ukraine, approximately 30% of the population lives in rural areas, while there are only 17% of family doctors in these areas. Health service providers are in a disadvantaged position. 55% of health service providers in villages have signed declarations with less than 1,500 patients.

For rural areas with high population-to-doctor ratios, access to health care can be improved by temporarily allowing more declarations per family doctor without reducing capitation payments.

Approximately 22% of primary health care providers in villages have more than 1,800 patients. Involving another doctor in such conditions is not always advisable, especially in cases where the village population is small and declining. In such conditions, suspending the reduced capitation fee for declarations would make it easier for primary healthcare providers to attract more declarations. In addition, to improve access to health services and medicines, the mobile brigade approach is effective (WHO Regional Office for Europe, 2023).

In addition, it is more difficult for patients in these areas to receive highly specialized medical care or to get to the hospital. In January-February 2024, 80% of electronic prescriptions written in villages were dispensed and received by patients, although only 22% were dispensed in the villages where the prescriptions were written. This means that patients had to travel to another settlement to collect medicines. In this context, the problem of physical access to pharmacies needs to be solved by introducing a new model of service provision using mobile pharmacies, delivering medicines by mail to rural settlements (WHO Regional Office for Europe, 2024).

Marketing research is based on the results of a SWOT analysis. Based on the results obtained, there is a clear need to conduct a marketing analysis of the rural medical institutions' environment using the SWOT analysis method, which facilitates the combined evaluation of external and internal factors (Table 1).

<b>Table 1. SWOT analysis for patients of rural healthcare facilities.</b>	
<b>Strength</b>	<b>Weakness</b>
<ol style="list-style-type: none"> <li>1. Positive reputation of rural medical institutions among the population.</li> <li>2. Established demand for high-quality, fee-based medical services provided by rural medical institutions.</li> <li>3. Active engagement through patient consultations in rural communities.</li> <li>4. Favourable environmental conditions for treatment and recovery in rural areas.</li> <li>5. Rural hospitals are at lower risk of financial difficulties than large urban hospitals.</li> </ol>	<ol style="list-style-type: none"> <li>1. High ageing index of the rural population, increasing the demand for outpatient and inpatient care.</li> <li>2. Limited health awareness and accountability among the rural population.</li> <li>3. Insufficient collaboration with primary care units for timely referrals to planned treatments.</li> <li>4. Inadequate facilities for accommodating patients in rural medical and obstetric centres.</li> <li>5. Decline in the number of healthcare professionals in rural areas.</li> <li>6. Restricted access to comprehensive medical examinations for rural residents.</li> <li>7. Decreasing the number of rural settlements hosting medical and obstetric centres.</li> <li>8. Inability of the rural population to directly pay for medical services.</li> <li>9. Difficulties with access to medicines within the framework of the "Affordable Medicines" program in rural areas.</li> <li>10. Increased costs of attracting medical workers to rural areas.</li> <li>11. Limited access to information technologies in the provision of medical services (lack of high-quality Internet, modern mobile devices).</li> </ol>
<b>Opportunities</b>	<b>Threats</b>
<ol style="list-style-type: none"> <li>1. Implementation of a compulsory social health insurance system, including patient status registration and cost reimbursement for services provided.</li> <li>2. Growing demand for healthcare services in rural areas.</li> <li>3. Temporary permission for a larger number of declarations per family doctor without reducing capitation payments in rural areas.</li> <li>4. Introduction of additional payments for the provision of services by mobile primary care teams.</li> <li>5. Limiting patients' out-of-pocket costs for medicines.</li> <li>6. Proactive measures to ensure the availability of medicines within the framework of the "Affordable Medicines" program.</li> <li>7. Improving the financing of medical service packages.</li> <li>8. Adoption of quality management systems according to the requirements of the ISO 9001 standards, incorporating the Deming model.</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of adequate funding for equipment and payment of utility services for healthcare facilities.</li> <li>2. Deficiencies in state policies for the social development of rural areas, particularly concerning the preservation of rural medical institutions and employment opportunities for healthcare professionals.</li> <li>3. Rising number of substantiated complaints regarding the quality of medical care and high levels of patient dissatisfaction as indicated by survey results.</li> <li>4. The deterioration of the health of rural residents due to uneven access to medical care.</li> </ol>

Analysis of the rural marketing environment makes it possible to identify the main opportunities and threats for medical institutions. The table reveals that while there are opportunities to enhance the functioning of rural medical institutions, several concerning trends pose significant threats. The forecasting results confirm that rural medical institutions face a greater number of weaknesses and threats under current conditions.

The inherent capabilities of medical institutions alone do not provide them with competitive advantages in the business environment. Opportunities become meaningful only when they provide tangible value to patients. The identified strengths

should serve as the foundation for medical institutions to build upon in their competitive efforts. Weaknesses should remain a constant focus for management to ensure they are addressed promptly.

To strengthen the position of rural medical institutions, it is crucial to focus on improving medical reforms in Ukraine and ensuring compliance with constitutional norms regarding the right to healthcare, in alignment with international standards.

The quality of medical care is defined by the delivery of services by healthcare institutions in accordance with established healthcare standards. The evaluation of this quality is conducted based on these predetermined standards within the healthcare sector. The quality of medical care is monitored in accordance with the current legislation of Ukraine and the European Union.

Key international standards supporting the implementation of the right to health care include: the Universal Declaration of Human Rights; International Covenant on Economic, Social and Cultural Rights; WHO Statute; European Social Charter; European Charter of Patients' Rights; Convention on the Rights of the Child; Lisbon Declaration on the Rights of the Patient; Convention on Medical Care and Assistance in Case of Illness; Regulations on Accessibility of Medical Care; Recommendations of the Committee of Ministers of the Council of Europe on the Organization of Palliative Care.

Table 2 presents a series of international ISO standards used in the field of activities of medical institutions.

International standards	Characteristics, purpose
ISO 9000	Extend to the sphere of production and services, including medical services
Quality management system EN ISO 9001:2015 for healthcare (DSTU EN 15224:2019)	Serves as a foundation for medical institutions, requiring the mandatory development and implementation of internal documents tailored to the specific activities of the institution. Rooted in a process-based approach, patient-centric orientation, and the fulfilment of patient expectations. Establishes requirements for systemic approaches that enhance the organization's capacity to deliver quality medical services. Focused on the requirements for clinical process management, aimed at specifying and supplementing the requirements of EN ISO 9001 regarding the specific conditions for the provision of medical care, which is provided mainly by services, where customers are mainly patients. Can be used at all levels of a healthcare institution to implement and maintain a quality management system (DSTU EN 15224:2019).
ISO 10017:2021, IDT Quality management - Guidance on the application of statistical methods in accordance with ISO 9001:2015 (DSTU ISO 10017:2023)	Provides guidance for determining statistical methods applicable to the elements of a quality management system as specified in ISO 9001:2015. Used to support other management systems and supporting standards, including occupational health and safety management systems. Provides guidance on selecting useful statistical methods for an organization to develop, implement, and improve a quality management system in accordance with ISO 9001:2015.
ISO 10002:2018. Customer complaint handling (DSTU ISO 10002:2019)	Provides guidance to management on planning, designing, developing, using, and maintaining an effective process across all types of product and service-related activities.
ISO 10003:2018 Dispute resolution outside organizations (DSTU ISO 10003:2019)	Enables organizations to address issues stemming from inadequate customer satisfaction and to formulate recommendations for preventing similar occurrences in the future, thereby enhancing overall satisfaction.
ISO 10004:2018 Customer Satisfaction Monitoring Standard (DSTU ISO 10004:2019)	Refers to the processes of monitoring and evaluating customer satisfaction and can be used to improve the strategies, products, services, processes, and characteristics of a healthcare organization that are valued by customers.
IEC 80001-1:2021 (IEC 80001-1:2021)	Focuses on risk and compatibility management to ensure interchangeability and safety in the integration of medical devices and other technical systems.
ISO 10006:2017, IDT Quality management. Guidelines for quality management in projects (DSTU ISO 10006:2018)	It is intended for use in the context of the quality management system requirements set out in ISO 9001:2015 and the guidance on project management processes set out in ISO 21500. The processes for project management are comprehensively outlined in ISO 21500. The guidance provided in this standard is intended for a wide range of users. This standard uses a process approach, the elements of which are the Plan – Do – Check – Act (PDCA) cycle and risk-based thinking.
EN 15224:2016 Quality management systems (DSTU EN 15224:2019)	Contains requirements for quality in the healthcare sector. Can be used in conformity assessment for the certification of healthcare institutions. Covers criteria related to clinical risk management during the planning, execution and control processes in healthcare institutions. This standard has a relationship with EN ISO 9000 and EN ISO 9004: <ul style="list-style-type: none"> <li>■ EN ISO 9000 Quality management systems. The essential provisions and glossary of terms;</li> <li>■ EN ISO 9004 Managing the sustainable success of an organization.</li> </ul>
EN ISO 15189:2015 Medical laboratories - Requirements for quality and competence (DSTU EN ISO 15189:2015)	Drawing upon ISO/IEC 17025 and ISO 9001, this standard specifies requirements for competence and quality applicable to medical laboratories. It can be used to develop its own quality management systems and confirm (recognize) the competence of medical laboratories by laboratory clients, regulatory bodies and accreditation bodies.
ISO 10014:2008, IDT. Quality management. Guidelines for realizing financial and economic benefits (DSTU ISO 10014:2008)	It is based on interrelated quality management principles to develop processes that facilitate the achievement of organizational goals. This confirms the link between effective management and the realization of financial and economic benefits. The introduction of appropriate methods and tools accelerates the development of a consistent systematic approach to achieving financial and economic goals.

The international standard ISO 10017:2021 enables the analysis of variability in the activities of medical institutions, a factor inherent in the behaviour and outcomes of nearly all processes and actions, even under seemingly stable conditions. This variability is evident throughout the entire life cycle of medical services, particularly in the quantitative characteristics of processes subject to measurement. Statistical methods serve as a powerful tool for modelling and understanding this variability, whether the data set is small or extensive. By leveraging these methods, institutions can mitigate risks associated with such variability, enhancing the reliability and quality of medical services.

In the healthcare sector, the EN ISO 9001:2015 standard employs both a process-based approach and risk-oriented thinking (DSTU EN 15224:2019). The process approach allows a medical institution to plan clinical and other processes and their interaction. The PDCA cycle facilitates proper resource allocation and process management while incorporating identified opportunities for improvement. Using risk-based thinking, a healthcare institution can identify factors that cause clinical and other processes and quality management systems to deviate from planned outcomes. This will allow preventive measures to be implemented to minimize the impact of negative consequences and maximize the use of available opportunities. Thus, this standard focuses on addressing the requirements and expectations of clients in a dynamic and challenging market environment.

The concept of "quality characteristics" according to the international standard ISO 9000:2015 means that any quality requirements defined by the organization will also apply to one or more quality characteristics of services or the healthcare system as a whole (DSTU EN 15224:2019). Clause 9.1 of the standard requires organizations to monitor and evaluate clinical process outcomes to confirm compliance with quality criteria. Therefore, the definition of quality criteria for medical services, processes and systems is necessary to identify and establish quality characteristics that can be verified in the process of providing medical care.

In the provision of healthcare services with a focus on clinical processes, it is particularly important to use quality characteristics related to the medical needs of patients. The process-based approach outlined in EN ISO 9001:2015 enables systematic management of clinical processes to achieve this goal. This quality management system standard can be used in conjunction with the following standards:

- EN ISO 14001 Environmental management systems. Requirements and guidance for application.
- EN ISO 13940:2016 Health informatics. Framework for ensuring continuity of care.
- EN ISO 27002 Information technology. Security.
- ISO 31000 Risk management. Principles and guidelines.
- EN 80001-1 Risk management of IT networks connected to medical devices. Part 1: Roles, responsibilities and activities.
- EN ISO 13485 Medical devices. Quality management system. Regulatory requirements (DSTU EN 15224:2019).

This standard allows a healthcare organization to integrate or align its own quality management system with the relevant management system requirements, to comply with the concept and clinical process model of the EN ISO 13940:2016 standard.

The main standards used in international accreditation are (International Accreditation, 2024):

- JCI out of the USA, Accreditation Canada;
- QHA Trent out of the United Kingdom;
- Australian Council on Health Care Standards International in Australia.

These standards provide the ideology of the theory of total quality management in the medical field, which meets the highest world standards. International accreditation is applicable to healthcare institutions of all ownership types, ranging from public hospitals to private clinics.

Currently, the two most prominent accreditation commissions are JCI, an American organization accrediting clinics in Eastern regions, and QHA Trent, which operates within the European market.

JCI accreditation is widely recognized as the gold standard for healthcare quality worldwide. It confirms that a medical institution holding JCI accreditation is committed to its mission of providing high-quality medical care in a safe environment for patients.

Joint Commission International (JCI) is a globally recognized authority in accrediting medical institutions. Its mission is to continuously improve the performance of medical organizations worldwide and ensure their compliance with rigorous, internationally agreed-upon standards.

In 2019, the Leleka Medical Center became the first hospital in Ukraine to receive certification from the Joint Commission International (USA), the most prestigious international accreditation system for medical institutions (Our JCI benefits for patients, 2019).

Among the organizations focused on improving the quality of medical care in developed countries, notable examples include the Agency for Healthcare Research and Quality (AHRQ) and the National Institute for Health and Care Excellence (NICE) (Quality Management, 2019).

The implementation of international ISO standards in medical institutions plays a crucial role in establishing effective quality management systems, minimizing potential risks, and ensuring the consistent delivery of high-quality medical care. ISO standards are based on customer-oriented principles, ensuring that all medical care and service processes are designed to meet client needs and interests. This approach emphasizes the structured operation of internal processes, including established criteria for professional competence, infrastructure monitoring, and strategies for maximizing client satisfaction with medical services. The process-based approach adheres to the Shewhart-Deming cycle, facilitating the systematic and effective management of all healthcare processes.

## DISCUSSION

A previous study by Telnov & Reshmidilova (2024) proves that in today's difficult conditions, consumers have high demands on the quality of services. The authors substantiated that so far not enough attention has been paid to the problem of marketing support for the service sector, taking into account their specifics. The work investigated the key determinants that affect the quality of services. The authors note that among the most common services in Ukraine, medical services occupy a prominent place. The quality of medical services in Ukraine requires improvement and the development of scientific, methodological and practical recommendations. Further research in the field of medical services from the marketing perspective is continued in this publication.

Our findings, obtained as a result of the SWOT analysis conducted for patients of rural healthcare facilities, showed the presence of justified complaints about the quality of medical care and a high level of patient dissatisfaction with the quality of medical care according to the results of the questionnaire. This proves the fact that it is necessary to improve the quality of medical services.

Studies conducted by Karina, Palkova et al. (2022) prove our conclusions. The Concept of "Alternative Way to Improve Indicator" (AWII) proposed by them involves achieving a planned improvement in the quality of medical services in an alternative way, not provided for by the program. For example, patient satisfaction and a decrease in the number of complaints can be achieved by a real improvement in the quality of medical services or by an alternative way, using protective medicine measures. In all cases, the use of an alternative way can improve quality indicators, but without a real improvement in the quality of medical services. The authors argue that along with the positive aspects, AWII can have undesirable side effects. Therefore, the health care system should also include a system of measures aimed at identifying and preventing AWII. This should be taken into account as a possible threat when identifying factors affecting the quality of medical services. The use of indicators should be with their verification on AWII.

This will allow identifying health problems and will contribute to the development of health care. Therefore, scientists consider the study of AWII and ensuring the protection of any indicators for the sustainable development of health care to be a priority task.

The proposed method of scientific forecasting makes it possible to determine the trends in changes in indicators characterizing the provision of medical services to the rural population for a certain period of time. In this context, it is worth noting the study by Indra Prasetyo et al. (2024), aimed at determining patient satisfaction with hospitals and the quality of services provided in Indonesia. A quantitative approach using Google Forms to conduct an online survey was used as a tool. The method of structural equation modelling of partial least squares (SEM PLS) with SmartPLS version 3.0 software was used to analyze statistical data. The results of the study revealed that patient satisfaction with hospitals depends on the quality of service provision, patient perception, and the interaction of medical staff with the patient. The results of the study will allow formulating of more effective marketing plans to improve the quality of medical care.

The generalization of the conducted research allowed us to draw a conclusion about the need to improve the state policy of social development of rural areas and improve the medical reform in Ukraine. This position is also held by Maria Karpiak et al. (2023), who believe that in the conditions of sectoral reforms, it is necessary to create competitive conditions for the development of medical infrastructure and improve the quality of medical care by implementing medical reform. As a result of the sociological survey conducted by the authors, a low level of awareness of health professionals in the field of reforms

was revealed. Therefore, emphasis is placed on studying the mechanisms of reforming the medical sector and improving the process of dialogue between a medical worker and a patient, which will allow for the effective implementation of medical reform at the regional level.

Avila C. (2021) also points out the inefficiency of healthcare budgeting processes, which require structural reforms in Ukraine to improve the health of the population. The author proposes the implementation of a new payment system in the field of medical services, which will create the necessary incentives to improve their quality, a healthier, financially secure society, allow for cost control, and promote economic growth. The implementation of medical reform is proposed based on the following main distinguishing features: payment for results, quality of services, empowerment of citizens according to the principle of "money follows the patient", improving the ratio of price and quality, ensuring the long-term sustainability of the health care system.

A similar opinion is held by Yuriy Vasiliev et al. (2021), who emphasize the reform of medical care for the rural population. The survey conducted by the authors showed that it is necessary to increase the level of satisfaction of the rural population with the quality of medical services, as well as to make changes at the legislative level, in particular the accessibility of these services. Among the most promising areas for the formation of regulatory and legal support for medical services in rural areas, the authors propose the introduction of mechanisms for the effective use of financial, material, technical and human resources of the industry, the development of an effective system for managing the quality of medical care based on international experience, the introduction of insurance mechanisms for compensation for damage caused by medical errors, etc. The authors also propose to strengthen the process of digitalization of medical care for the rural population.

We find the study by Agnieszka Bem et al. (2019) interesting in terms of the discussion on the financial situation of rural hospitals, as the authors believe that the form of hospital activity plays a decisive role. Entities operating in the form of a company are forced to adhere to greater financial discipline. They conclude that an increase in the scale of activity or an increase in income does not lead to an improvement in financial condition. The results of the authors' research prove that hospitals located in smaller centres are not characterized by a worse financial situation, but even meet the economic and environmental principles of sustainable development.

For these reasons, rural hospitals can use their economic and moral positions to achieve sustainable development related to health, as well as to promote a green economy. The authors identify new directions for change to improve the performance of rural hospitals - the creation of networks of small, flexible hospital units that respond to the needs of local communities, capable of ensuring equal access to health services.

The transformation of the health service delivery system in Ukraine requires a long-term strategy with a clear link to financing and procurement in the health sector. To implement the concept of "clusters" it is necessary to create a favourable environment for its implementation. However, financial constraints and the need to improve the quality of health care hinder the development of a more rational network of service delivery. Such a network can be organized and designed using modern European approaches, which could adapt to changes in healthcare delivery models. Consolidation of specialized outpatient services can be considered as part of the development of the hospital network. This long-term strategy should also include options for repurposing small rural hospitals (WHO Regional Office for Europe, 2024).

Another aspect of the discussion is the problem of implementing international quality standards in the activities of medical institutions. In particular, Daiga Behmane et al. (2018) found that due to the fact that the number of foreign patients using medical services in Latvia is increasing, health institutions should provide high-quality services. Therefore, the study provides proposals for the implementation of international requirements for health systems set out in Directive 2011/24/EU. The research method was determined as a focus group discussion with 8 Latvian health experts and managers. The recommendations from the study at the state level were: review of the health management system, improvement of the e-health system, introduction of a single quality system for medical care. At the international level, promote the international competitiveness of the health sector. Quality indicators and medical documentation systems at the provider level should be interconnected with the stage of development of the national level system. Adoption of internationally recommended tools will contribute to increasing the competitiveness of Latvian healthcare providers. The study conducted by the authors has practical value in terms of gaining positive experience in implementing international standard tools in the field of healthcare institutions.

## CONCLUSIONS

The analysis of financial costs for medical care showed the existing financial difficulties in this area and among rural patients in particular, which makes the problem of reforming the financing of the health care system relevant. In this direction, we have drawn appropriate conclusions and proposed the following proposals.

Improvement requires financing of medical service packages (Medical Guarantees Program). We consider it appropriate to introduce additional one-time payments for medical service providers in rural areas, as well as additional payments for new service delivery models, such as mobile medical care brigade services, to support access to medical care in areas where there are no active service providers. The analysis of medical care costs allowed us to conclude that it is necessary to limit patients' out-of-pocket costs for medicines, implement proactive measures to ensure the availability of medicines within the framework of the "Affordable Medicines" program for the rural population and track access to this program among the poorest segments of the population. A separate direction should be to reduce the spread of informal payments, and study patients' complaints about cases of informal payments.

An important task is to reduce geographic inequalities in access to health care.

The ongoing commitment of the Ukrainian government to financial support rural areas has highlighted the urgency of addressing the trend of declining medical personnel in rural healthcare facilities. This trend significantly limits access to essential medical services for a large segment of the rural population in Ukraine.

Many rural residents are unable to reach district or inter-district healthcare facilities to receive medical care. Moreover, this situation could exacerbate rural-to-urban or international migration, ultimately leading to the disappearance of many rural settlements from Ukraine's map.

The SWOT analysis of the marketing environment of rural medical institutions confirmed the predictive conclusions obtained as a result of marketing research, highlighting a continued decline in the number of settlements with paramedical and obstetric stations (FAPs), a reduction in medical personnel during the analyzed period, and a decrease in medical examinations conducted for rural residents in local healthcare facilities.

To address these risks and improve the quality of patient care, the adoption of a series of international ISO standards has been proposed. The relevant standards utilized in international accreditation have been outlined.

This study highlights the need to improve public health financial policies to improve access to essential health services, improve financial protection against excessive out-of-pocket costs for patients, promote the social development of rural communities, and improve the quality of health services. The priority of such policies should be to preserve rural health facilities with appropriate financial support and create stable employment opportunities for health workers.

In the context of the development of information technologies, it is necessary to more actively use digital technologies in the provision of medical services to the rural population.

The prospects for further exploration in this direction are associated with the practical implementation of international standards in the activities of rural medical institutions with the detailing of regulatory documents, coordination of responsible persons, development of quality programs, implementation of a process approach to the quality management system of a medical institution, the realization of financial and economic benefits through the application of quality management principles according to ISO 9000, ensuring and maintaining the quality of medical services.

A separate area of research is a more detailed and thorough study of the problem of financial support for medical care and the quality of services provided to patients, taking into account the systemic interaction of factors that determine their formation. Important tasks in this area of research remain the measurement of quality in the field of health care, the development of systematic approaches to the assessment and comparative analysis of the provision of quality medical services, the standardization of measurement of results, and especially this applies to those reported by patients. Therefore, further research will be aimed at determining the set of indicators of the quality of medical services and, on their basis, quality indicators on specific examples of medical institutions.

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## ADDITIONAL INFORMATION

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### AUTHOR CONTRIBUTIONS

*All Authors have contributed equally.*

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## CONFLICT OF INTEREST

The Authors declare that there is no conflict of interest.

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## МАРКЕТИНГОВІ ДОСЛІДЖЕННЯ НАДАННЯ МЕДИЧНИХ ПОСЛУГ У СІЛЬСЬКІЙ МІСЦЕВОСТІ З УРАХУВАННЯМ МІЖНАРОДНИХ СТАНДАРТІВ ЯКОСТІ: ФІНАНСОВИЙ АСПЕКТ

У роботі проведено маркетингове дослідження надання медичних послуг у сільській місцевості. Установлено динаміку витрат на охорону здоров'я в Україні та здійснено прогноз цих показників на 2025 рік. Прогнозування витрат із власної кишені пацієнтів показало тенденцію до їх збільшення, що свідчить про наявність значних фінансових перешкод у доступі до медичних послуг і відсутність фінансового захисту населення.

Зроблено прогноз показників надання медичних послуг для населення сільських територій. Проведено аналіз динаміки кількості сільських населених пунктів, на території яких розташовані фельдшерсько-акушерські пункти. Проаналізовано кількість медичних працівників, які надавали медичне обслуговування населенню в сільській місцевості у 2014-2023 роках. Зроблено прогноз розвитку ситуації на 2024-2025 роки за допомогою рівняння прямої та параболи другого порядку.

Установлено тенденцію, згідно з якою мешканці сіл обмежені в праві на отримання невідкладної медичної допомоги порівняно з міським населенням. Причинами такої ситуації визначено зменшення кількості населених пунктів, які обслуговують фельдшерсько-акушерські пункти, кількості фельдшерсько-акушерських пунктів у сільській місцевості та кількості медичного персоналу. Здійснено SWOT-аналіз маркетингового середовища медичних закладів сільської місцевості, який підтвердив результати прогнозування. Обґрунтовано необхідність застосування серії міжнародних стандартів якості ISO з метою запобігання ризикам і можливим загрозам діяльності медичних закладів і підвищення якості обслуговування пацієнтів. Аргументовано необхідність розробки програми фінансової підтримки сільського населення, забезпечення його фінансового захисту, державної політики соціального розвитку села, розв'язання питань збереження сільських медичних закладів і кадрового забезпечення.

Практичне значення отриманих результатів полягає в можливості їх використання як науково-методичної основи вдосконалення діяльності закладів охорони здоров'я в сільській місцевості. Сформульовані рекомендації щодо впровадження низки міжнародних стандартів у діяльність медичних закладів сприятимуть реалізації фінансових і економічних переваг шляхом застосування принципів, методів і засобів управління якістю, які дадуть змогу медичним закладам підвищити якість послуг і досягати сталого успіху.

**Ключові слова:** маркетингові дослідження, медичні послуги, медичне обслуговування, фінансові витрати на медичне забезпечення, фінансовий захист сільського населення, якість медичних послуг, маркетингове середовище, міжнародні стандарти якості, сільські медичні заклади

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