

DOI: 10.55643/fcaptop.5.52.2023.4192

Oleksandr Potii

Candidate of Medical Sciences, Head of
Education Quality Monitoring
Department, Kyiv Medical University,
Kyiv, Ukraine;
e-mail: potaa1997@gmail.com
ORCID: [0000-0001-9754-9240](https://orcid.org/0000-0001-9754-9240)
(Corresponding author)

DETERMINATION OF KEY INFLUENCING FACTORS ON THE BEHAVIOR OF STAKEHOLDERS IN THE FIELD OF MEDICAL SERVICES IN UKRAINE

ABSTRACT

Given the current conditions in which medical companies in Ukraine find themselves today, it is important to find new measures to optimise their operations. And in this process, all parties interested in the company's activities, i.e., stakeholders, play an important role. Therefore, the application of a stakeholder approach to corporate governance in the modern field of health care seems to be relevant and expedient. The purpose of this study is the main aspects of the interaction of stakeholders and the activities of the field of medical services in Ukraine. The main results of the research consist of a thorough analysis of scientific works and substantiation of the main groups of influencing factors on the involvement of stakeholders, using the method of expert evaluations and surveys of expert stakeholders, the priority of specific factors for different groups of stakeholders is determined, the stages of determining the most significant influencing factors on the involvement of stakeholders are proposed. The scientific novelty of the study lies in the author's developed approach to the analysis of influencing factors on the involvement of different groups of stakeholders of enterprises in the field of medical services, which, unlike the existing ones, allows prioritising the most significant factors for all groups of stakeholders involved in the study. The findings of the study indicate a large number of factors and different perceptions of their importance by stakeholders, and those that are recognised as important by all groups of stakeholders can be singled out.

Keywords: stakeholders, key aspects, medical industry, sustainable development, implementation prospects, influencing factors, future recommendations

JEL Classification: I18, L14

INTRODUCTION

Healthcare issues have always been of practical importance at all levels of government. However, in the current situation in Ukraine, these issues are becoming even more relevant, as healthcare companies are important infrastructure facilities. Since healthcare facilities are an important segment of the economy and a key element of human well-being, society, and its institutions are willing to allocate almost unlimited resources to research and improve the system. Following the spread of the coronavirus pandemic, which has pushed not only the Ukrainian healthcare system but also healthcare systems around the world to extremes, a new crisis related to the military campaign has begun in Ukraine, and according to the Ukraine emergency situation report (2022), the Ukrainian healthcare system has suffered from the war more than others, and in June 2022, its situation is characterised by the following statistics:

- 118 medical facilities were completely destroyed, and 633 were partially destroyed (118 medical institutions were completely destroyed, (damages from 2% to 90% relative to the number of medical institutions in Ukraine). Estimated losses from such destruction amount to about 35 million hryvnias; Estimated losses from such destruction amount to around UAH 35 million;

Received: 05/09/2023

Accepted: 20/10/2023

Published: 31/10/2023

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- healthcare programmes developed in peacetime are no longer relevant, as wartime priorities have changed dramatically, with emergency services such as wound and burn treatment, prosthesis, rehabilitation, and psychological and psychiatric services coming to the fore;
- a serious shortage of medical personnel is caused by the presence of medical personnel in the occupied territories, emigration to other countries (0.5% of the total number of medical personnel), change of employment (1714 doctors and 1095 nurses), and those who, unfortunately, died or were wounded during the hostilities;
- the shortage of medical personnel has led to an outflow of students from medical colleges, unfortunately, not only foreign but also Ukrainian. In addition to migration to Western Europe, many students enter foreign universities to continue their studies there;
- along with external migration, internal migration is unpredictable and catastrophic.

In some regions of Ukraine (western and central regions), medical facilities are overloaded and there is an acute shortage of medical staff; intense shelling has made it impossible to physically reach hospitals and clinics in the areas most affected by the hostilities, especially for certain categories of people, such as pensioners and families with young children, who are not in hospitals but in inpatient facilities, including visits to specialists, tests and medical examinations; they need home-based medical care. In this situation, there is an urgent need to develop telemedicine and mobile medical teams.

Positive interaction between healthcare services humanitarian NGOs and volunteers has led to the formation of new connections and new actors, which has a positive impact on the ability to provide medicines to the population.

Changes in the laws and regulations governing the provision of medical care to the population during the war have also affected the change in the stakeholder environment. It should be noted that in this context, there are differences in the operating conditions of healthcare companies with different forms of ownership. Therefore, these peculiarities should be taken into account when considering the prospects for public-private partnerships with private healthcare facilities. The peculiarities and prospects of public-private partnerships between medical institutions and representatives of state and local authorities should be considered. A standard approach focused on a stable internal situation cannot be applied to the situation in which Ukrainian healthcare enterprises find themselves today. Most classical works focus on stable functional states and do not consider the impact of factors such as wars and pandemics. These events caused the crisis, and therefore require research and engagement of stakeholders for active interaction and improvement of the state of healthcare facilities.

Research problem

The search for ways to improve and optimise the work of healthcare enterprises today should be carried out in the direction of improving interaction with new and traditional stakeholders of such enterprises, optimising logistics processes, and establishing effective relations in the new crisis and sometimes dangerous conditions. The problems of relations with stakeholders and the factors influencing the involvement of the latter in active interaction with healthcare companies are considered by modern scholars from different points of view. However, most of them agree on the need to study the factors that determine the effectiveness of stakeholder engagement and management.

Research Focus

The study focuses mainly on the general factors of influence that are the same for all healthcare companies, regardless of their specialisation.

LITERATURE REVIEW

In particular, only relatively recently has stakeholder management in projects developed into a separate branch of project management knowledge.

According to Bieloborodova & Oliinyk (2020), project stakeholders are individuals, groups, and organisations that can influence, be influenced by, or contribute to project decisions and outcomes. These include individuals and organisations such as clients, sponsors, implementing organisations, and the general public.

Bowen et al. (2017) defines the concept of a stakeholder as individuals and organisations, such as clients, sponsors, implementing organisations, and the general public, who are actively involved in a project or whose interests may be affected, positively or negatively, during or as a result of the implementation or completion of a project. The author refers to project stakeholders as project assets or project challenges.

In general, however, it is necessary to determine whether project stakeholders should be positioned as project assets or project problems. The parties can be: shareholders and investors; creditors; partners; suppliers; clients and customers; managers and leadership; staff; trade unions; competitors; government; associations; experts; media; non-governmental organisations; public, environmental, educational, and other organisations; missionary communities Bushman (2021). In Goryachuk & Osypov (2022) project stakeholders include executors, customers and users, and organisational groups. Hearld & Alexander (2020) indicate that a project manager must understand the project environment and ensure close interaction to maximise project success. Stakeholder-based healthcare management requires constant communication with stakeholders to understand their needs and expectations, respond to emerging issues, manage conflicts of interest, and involve them in decision-making and project management, according to Khalaf Ahmad (2017). Stakeholder satisfaction is a key factor in the satisfaction of key stakeholders. Stakeholder satisfaction should be managed as one of the key project objectives, according to Jebara et al. (2021). Stakeholder theory argues that organisational goals should consider the diverse interests of different parties representing a particular informal coalition (Kharchuk et al., 2021). The relative power of different influential groups is an important factor in assessing their importance, and organisations often create hierarchies of relative importance by ranking them in relation to each other. Khovrak (2019) emphasises that stakeholders also do not always cooperate with each other and may have competitive relations. However, all stakeholders can be considered as a single contradictory whole, whose interests will determine the trajectory of the organisation's development. Such a whole is called a "coalition of influence" or "coalition of business participants". However, conflicting stakeholder values, external threats, and unforeseen circumstances can hinder this process. The challenge of this problem is that further research should focus on developing models and methods to counteract these obstacles.

AIMS AND OBJECTIVES

The main purpose of the study is the main aspects of the interaction of stakeholders and the activities of the field of medical services in Ukraine, features, main tasks, advantages and disadvantages and prospects for further development. The key objectives of the study include the following:

- to analyse modern works on the problems of stakeholder engagement in the healthcare sector and identify the main groups of influence factors and their components;
- to substantiate the list of important components of influence on the involvement of stakeholders in the healthcare services industry, taking into account the views of stakeholders of different groups;
- to determine the main aspects of the influence of stakeholders on medical institutions in Ukraine.

METHODS

The study used a group of methods to conduct comprehensive research. The first group of methods is scientific, which made it possible to identify the basic principles of stakeholder management in the healthcare sector in Ukraine. To form a qualitative approach to defining the concept of stakeholders, the synthesis method was used. This method helped to characterise the theoretical and methodological aspects of stakeholder management, their main advantages, and disadvantages.

Using the method of induction and deduction, a comprehensive analysis of the future prospects for the development of the healthcare industry and specific medical institutions through the relationship with stakeholders was carried out. The information gathered has shown that the search for ways to improve and optimise the work of healthcare enterprises today should be carried out in the direction of improving interaction with new and traditional stakeholders of such enterprises, optimising logistics processes, and establishing effective relationships in new crises and sometimes dangerous conditions. This study is based on the method of statistical analysis, which allows us to reflect on the current state of the relationship between stakeholders and healthcare facilities both in the current and long-term perspective. This study, thanks to the combination of methods used, creates the need to use innovative technologies in the direction of sustainable stakeholder development. The aforementioned methods allow to define the importance and role of stakeholders, prioritise specific factors for different groups of stakeholders, and propose stages of determining the most important factors influencing stakeholder engagement.

The second group of methods consists of search and research methods. Thus, to select the primary set of works on the problem under study, the method of contextual search by keywords and content of annotations was used and an array of scientific works on factors influencing stakeholder engagement in healthcare was obtained. To substantiate the groups of factors and their components most frequently mentioned in the scientific literature, the content analysis method was

applied using the Bibliometrix software package (version 3.0.4) and its Biblioshiny add-on: WordCloud, Factorial Analysis, Word's Frequency Over Time. Based on the method of expert assessments, the importance of factors influencing stakeholder engagement was determined by means of a questionnaire from the point of view of different groups of experts who participated in the survey. The distribution of these factors with the levels of significance was carried out using the quartile method and the Statistica (Frequencies) software package. The scientific research methods used in the study of this issue allow us to expand the boundaries of the research problem and facilitate further analysis.

RESULTS

Human health and medical facilities are of paramount importance, and society and the state are interested in protecting them, which implies a certain socio-economic policy, improved infrastructure, and balanced legal regulation of the social sphere Rakhimov & Ibragimov (2021). Today, healthcare companies play a key role in ensuring the country's vital activity (Sanetra-Polgrabi & Tetlaka, 2022). The state of society and the economy as a whole depends on the efficiency of these enterprises in the context of military operations and the post-war situation in Ukraine. Modern scholars focus on different aspects and approaches to the relationship between enterprises and their stakeholders depending on the level of management.

The healthcare sector plays a role in the development of national and global socio-economic systems at different levels of government, and therefore has its own peculiarities and specifics in this approach:

- at the macroeconomic level, improved stakeholder relations contribute to the overall efficiency of the healthcare system and ensure the development of sound healthcare policies that take into account the real needs of the population and healthcare professionals. Ensuring the development of sound healthcare policy that takes into account the real needs of the population and healthcare professionals;
- at the mid-market level, finding ways to optimise stakeholder relationships creates the basis for the development of the entire healthcare industry and companies. Mutual cooperation at the industry level between companies, suppliers, partners, insurance companies, manufacturers of medical equipment and supplies, medical universities, and other stakeholders helps to improve the quality of medical services and make healthcare at all levels accessible to the public;
- at the microeconomic level, managing internal stakeholders, as well as interacting with customers, shareholders, and owners in the healthcare sector, is of paramount importance. This is because internal stakeholders are an integral part of the enterprise, and their joint work directly affects the final result. This is one of the key aspects of development and improvement Kulyniak, Ohinok, Rachynska (2021).

An important aspect of the development and improvement of the theoretical foundations of stakeholder management in healthcare enterprises is the systematisation of approaches that define the essence of the concept of "stakeholders". The definition of stakeholders is widely discussed in the scientific literature.

The problems of relations with stakeholders and the factors influencing the involvement of the latter in active interaction with healthcare enterprises are considered by modern scholars from different points of view. This paper focuses mainly on general factors of influence that are the same for all enterprises in the healthcare industry. Therefore, the selection of scientific papers on the study of such factors was carried out in several stages.

In the first stage, the main task of the methodological approach is formulated, which is to determine the list and priority of factors influencing the involvement of stakeholders in the healthcare industry, taking into account the characteristics and points of view of different groups of such stakeholders. The first step in solving this task is to analyse scientific papers from the Scopus scientometric database.

Among the scientific papers indexed in the Scopus scientometric database using an automatic search for the keywords "stakeholders", "engagement", "factors" and "healthcare/medicine", 620 papers were found. These papers constituted the primary data set for the period from 2003 to 2023 (Figure 1).

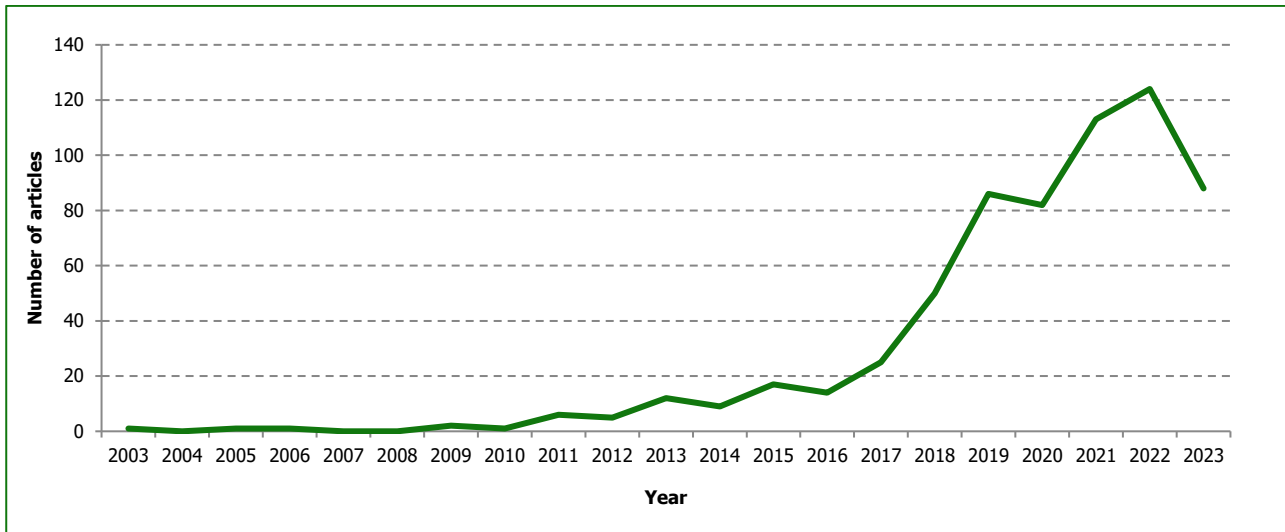


Figure 1. Dynamics of publications on the study of factors influencing stakeholder engagement in the healthcare sector in 2003-2023 (as of July 2023). (Source: compiled based on Opar, 2020)

Table 1 shows a generalised description of the body of these scientific papers.

Table 1. Generalised characteristics of the primary body of scientific works during 2003-2023. (Source: based on Sheiko & Kushnarenko, 2022)

Indicators	Values of indicators
Authors	4216
Sources (Journals)	366
Documents	620
Single-authored docs	25
International co-authorships, %	34.68
Annual Growth Rate, %	23.76
Co-Authors per Doc	7.12
Author's Keywords	1938
References	27842
Document Average Age	3.22
Average citations per doc	9.127

The above dynamics demonstrate the relevance of the problem chosen for analysis.

In the second stage of the methodological approach, we filtered the scientific papers. The figure graphically shows the result of the analysis, i.e., the term cloud, which reflects the frequency of use of words in the abstracts of the selected works, built using the Bibliometrix (Biblioshiny) software package.

The application of this method made it possible to identify which terms are used most often in connection with the study of factors influencing the involvement of stakeholders in the healthcare industry. Based on the figure above, it can be seen that the most frequently considered term is influence (Kushnarenko & Solianyk, 2022):

- information technology;
- staff knowledge;
- trust and reputation;

- quality of medical services;
- systems and processes;
- policy and design (organisation of healthcare services).

It is worth noting that many works pay considerable attention to the assessment of the performance of enterprises in the healthcare sector.

The results of the content analysis also proved that each group (second-order factors) has certain components (first-order factors) that influence stakeholder engagement, as shown in Table 2.

Table 2. First- and second-order factors that influence the involvement of stakeholders in the healthcare industry.		
Group no.	Second-order factors (clusters)	First-order factors
1	Information technology and telemedicine systems	<ul style="list-style-type: none"> ▪ Availability of information exchange systems. ▪ Introduction of mobile digital diagnostic technologies and telemedicine. ▪ Relevance and sufficiency of information.
2	Knowledge and qualifications of doctors and medical staff	<ul style="list-style-type: none"> ▪ Organising training and professional development courses within the company. ▪ Formation of multidisciplinary teams within the clinic. ▪ Agreements with medical schools for medical students' internships.
3	Trust and reputation of a healthcare company	<ul style="list-style-type: none"> ▪ Working with reviews. ▪ Availability of loyalty programmes. ▪ Timeliness of payments and absence of arrears. ▪ Fulfilment of other obligations to partners. ▪ Previous experience of interaction. ▪ Participation in governance processes.
4	Quality of medical services	<ul style="list-style-type: none"> ▪ Results of diagnosis and treatment. ▪ Service inside the clinic. ▪ Availability of a wide range of services.
5	Systems and processes, policies and design (organisation of service delivery)	<ul style="list-style-type: none"> ▪ Clear organisational structure and subordination. ▪ Clear functionality and responsibility. ▪ Working conditions. ▪ Corporate culture. ▪ Motivation system and social package. ▪ Availability of clear KPIs. ▪ Streamlined business processes.
6	Stakeholder community and communications with them	<ul style="list-style-type: none"> ▪ Availability of communication channels with the clinic management. ▪ The quality of the website and the completeness of the information presented on it. ▪ Availability of chatbots, messengers, social networks, and other marketing communication channels. ▪ Clear procedures for the clinic's interaction with stakeholders. ▪ The clinic holds special events to communicate with stakeholders.
7	Reporting on the activities of medical enterprises	<ul style="list-style-type: none"> ▪ Reporting by the company as part of its social responsibility. ▪ Availability of reporting indicators based on stakeholder interests.

Once the list of factors influencing stakeholder engagement has been compiled, it is advisable to determine how different groups of stakeholders assess these factors and their importance. To do this, it is necessary to conduct a survey of stakeholders - representatives of different groups who will act as experts.

In the fourth stage of the methodological approach, an expert survey was conducted. The following steps were taken:

- firstly, the purpose of the survey was once again clarified, and it coincides with the main goal of the methodological approach;

- secondly, the text of the questionnaire was prepared to achieve this goal in the form of a Google form with the possibility of conducting a remote survey of experts with their prior consent;
- third, a group of experts was formed, their competence was assessed, and the quantitative composition of the expert group was substantiated;
- fourthly, a survey was conducted, and the results were statistically processed to determine the consistency of experts' opinions.

Regarding the required number of experts to conduct the survey, the recommendations given by Klebanova, and others (year) are taken as a basis, who note that "determining the optimal number of experts may be related to the assessment of the level of competence of the experts. In this case, experts can be asked to conduct a self-assessment of competence on a certain scale, for example, from 1 to 5. During self-assessment, the expert determines the degree of his/her awareness of the issue under study based on a questionnaire" (Klebanova et.al., 2015). According to this approach, a quantitative assessment of the competence of each potential expert, i.e., the calculation of the expert competence coefficient, can be performed using formula 1.

$$K_j = 0,5 \left(\frac{\sum_{i=1}^m v_{ij}}{\sum_{i=1}^m v_{imax}} + \frac{\lambda_j}{P} \right) \quad (1)$$

Where v_{ij} - is the weight of the j th expert's self-assessment of the i -th characteristic; v_{imax} - maximum weight of the characteristic in the questionnaire; m - the number of proposed characteristics; λ_j - weight determined by an expert on a self-assessment scale; P - the maximum weight of self-esteem.

For this case, we propose that experts provide two main questions for their self-assessment of their own expertise. These questions will form the two main criteria for self-assessment. The survey was conducted using Google Forms online. A total of 50 experts from different stakeholder groups were involved in the competence self-assessment, namely 8 managers of different levels (top management and middle managers - internal stakeholders) of healthcare companies, 10 doctors (internal stakeholders), 10 representatives of nursing and non-medical staff (nurses and administrators - internal stakeholders), 14 representatives of medical schools (external stakeholders), 8 clients (patients, external stakeholders). Based on the results of the experts' self-assessment, none of them were excluded, as their competence ratios were within acceptable limits.

Knowing the coefficients of expert competence, it is possible to calculate the minimum and maximum number of experts in the expert group using the formulas below. At the same time, it is advisable to stratify the entire sample of experts by their categories and consider five separate strata in terms of the same position of expert stakeholders towards the enterprise, since within a stratum, experts are similar in their position towards the healthcare enterprise, while the strata differ significantly. For example, doctors (internal stakeholders) and patients (external stakeholders) are likely to perceive the same list of factors differently. This means that the calculation of the size of the expert strata will answer the question of the number of experts in each of these strata, not all experts together. To calculate the maximum number of experts in a group (m_{max}), we take into account the following conditions (formula 2):

$$CK_{max} \leq \frac{\sum_{i=1}^m K_i}{m_{max}} \quad (2)$$

where K_i is the competence of the i -th expert, C is a constant, K_{max} - maximum competence according to the selected self-assessment scale.

In Klebanova et.al. (2015), it is noted that, provided that all experts in the group have maximum competence, the average value of all their assessments is considered true, and the composition of the group is proposed to be approved by voting if 2/3 of the group expressed a positive opinion. Thus, the constant C is 2/3, and the maximum number of experts is determined by the following condition (formula 3):

$$m_{max} \leq \frac{3}{2} \times \frac{\sum_{i=1}^m K_i}{K_{max}} \quad (3)$$

Focusing on the same authors, let us consider the formula for calculating the minimum number of experts (m_{min}) in a group (formulas 4 and 5)

$$m_{min} = 0,5 \times \frac{3}{\varepsilon} + 5, \tag{4}$$

$$\frac{O-O'}{O_{max}} \leq \varepsilon, \tag{5}$$

where O is the average score of the predicted value in points given by the expert group; O' is the average score in points given by the expert group from which one expert was excluded (or to which one was involved); O_{max} - the maximum possible estimate of the predicted value in the accepted rating scale; ε is a given average error due to the involvement (exclusion) of an expert.

The minimum required number of experts to conduct a survey on factors influencing stakeholder engagement of healthcare providers for all strata is 5 people, as this number is calculated based on the accepted statistical error, which in this case is proposed to be 5%.

Table 3 shows the reasonable values of the maximum and minimum number of experts for each of the strata, as well as the number of experts involved in the survey.

Table 3. Results of calculating the quantitative limits and the actual number of experts in each group involved in the survey. (Source: compiled based on the author's own research)

Composition of the expert group	Calculated minimum number of experts at a given level of error (5%), people	Calculated the maximum number of experts at a certain level of expert competence, persons	The actual number of experts involved in the survey, people
Executives and middle managers	5	7	8
Doctors		13	10
Paramedical staff and administrators		12	10
Patients		9	8
Representatives of medical schools		16	14

The number of experts in each group is within the established acceptable limits. All 50 experts were involved in the survey, as their level of awareness of the problem was sufficient according to the self-assessment. The questionnaire offered to the experts contained a list of first-order factors of influence, as well as a scale for assessing the degree of influence of these factors. The survey was conducted using Google Forms online. In the fifth stage, conclusions are drawn on the composition and priority of factors influencing the involvement of various groups of stakeholders in the healthcare industry. To determine the consistency of experts' opinions, we calculated the concordance coefficients separately for each category of experts and for the overall responses of all 50 experts. The overall coefficient of concordance was insignificant, which is logical since different factors are more or less important for different categories of experts. At the same time, the concordance coefficients calculated for individual strata are quite high. Figure 2 shows the results of calculating the concordance coefficients using the Statistica software package.

It was important to identify the views of all experts in general and each group of stakeholder experts separately.

For example, for the group of expert stakeholders "executives and middle managers", the most important factors for their involvement were participation in management processes, availability of communication channels with management, and agreements with medical schools. The expert stakeholders' "doctors" preferred the importance of such factors as work with feedback and agreements with medical schools. For nursing staff and administrators, the most important factor for their involvement was a clear organisational structure and subordination (Kozhushana & Vovk, 2022).

The respondents, as expert stakeholders, unanimously preferred the previous experience of interaction, and also highly appreciated the work with feedback, service within the clinic, the introduction of mobile digital diagnostic technologies and telemedicine, the quality of the website, and the availability of a chatbot, messengers, social networks, other communication channels, etc. For stakeholders representing medical schools, agreements between medical companies and educational institutions for medical students' internships are of paramount importance.

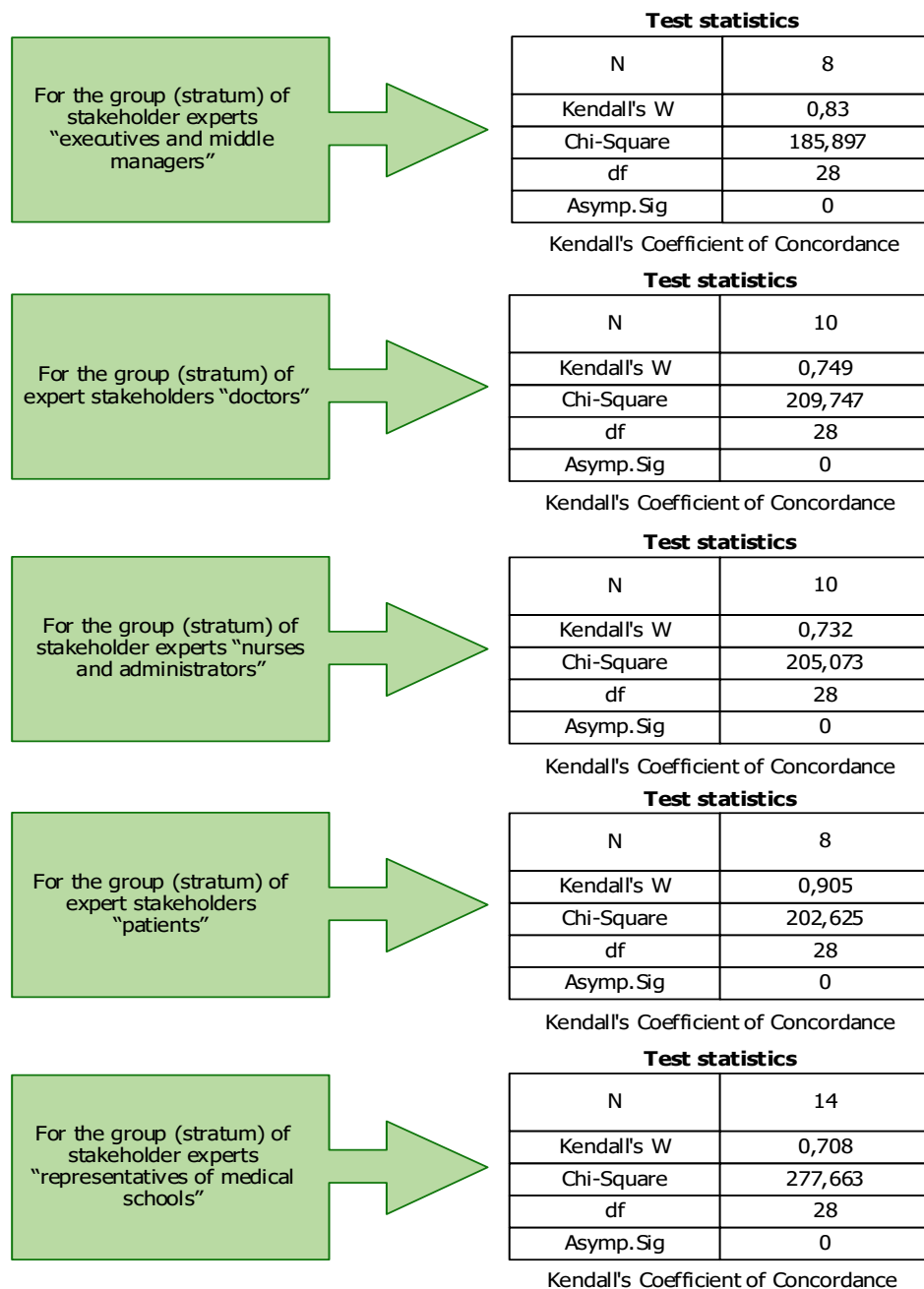


Figure 2. Results of calculating the concordance coefficients for different groups (strata) of experts.

Figure 3 shows a pie chart with the distribution of average scores for each assessed factor by expert groups (Kovalevska, & Zelenskiy (2019).

As can be seen from Table 4, not all factors are equally assessed by experts, while there are factors that are recognised as quite important by the majority of experts from all five strata. The survey results show that, firstly, there are a number of factors that are recognised as important almost unanimously by the majority of experts; secondly, it is advisable to use a differentiated approach when developing recommendations for engaging stakeholders from different groups, as some factors may have low scores overall when assessed by all experts, but be extremely important for a particular group of stakeholders (e.g., service inside the clinic for patients (external stakeholders) or clear functionality and responsibility for doctors and nurses with administrators (internal stakeholders)).

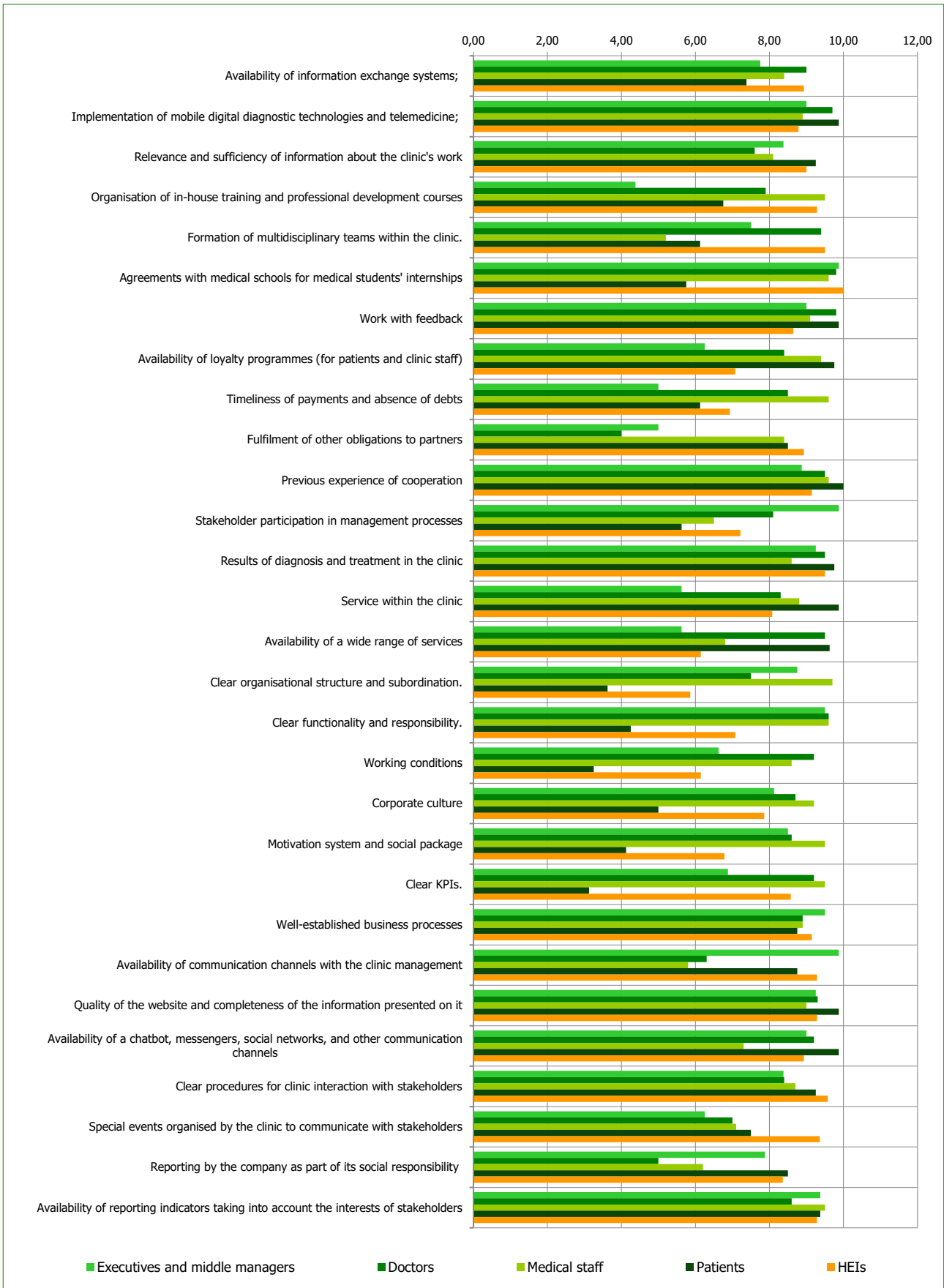


Figure 3. Pie chart of the distribution of average scores of the importance of the influence factors based on the results of the answers of all groups of experts. (Source: compiled based on Lepskyi, 2017)

Table 4. Determination of quartiles and boundaries of intervals using the "Frequencies" tool (Statistica) to substantiate the significance of factors influencing stakeholder engagement.

FREQUENCES VARIABLES = VAR00186		
/NTILES=4		
/STATISTICS=MEDIAN		
/ORDER=ANALYSIS		
Frequencies		
Statistics		
VAR00186		
N	Valid	29
	Missing	21
Median		8.0000
Percentiles	25	7.4550
	50	8.0000
	75	9.0200

As you can see, the results show the following quartiles and bounds:

- the minimum value in the observation 6.76;
- first (or lower) quartile 7.45;
- median (average value) 8.00;
- third (or upper) quartile 9.02;
- maximum value of 9.42.

Thus, when dividing the entire list of factors into three groups, it is advisable to include those that fall between the minimum value and the lower quartile in the less significant factors, those that fall in two intervals - between the lower quartile and the median and between the median and the upper quartile - in the significant factors, and those that fall between the upper quartile and the maximum value in the very significant most important factors (Table 5).

Table 5. Breakdown by the importance of factors influencing stakeholder engagement. (Source: compiled from Ndlela, (2019))

Significance of the factor by the quartile method	First-order factor	The average score of all experts, points
The most significant	Previous experience of interaction	9.42
	The quality of the website and the completeness of the information presented on it	9.34
	Results of diagnosis and treatment in the clinic	9.32
	Working with reviews	9.28
	Introduction of mobile digital diagnostic technologies and telemedicine;	9.25
	Availability of reporting indicators based on stakeholder interests	9.23
	Streamlined business processes	9.04
Significant	Agreements with medical schools for medical students' internships	9.01
	Availability of chatbots, messengers, social networks, and other communication channels	8.86
	Clear procedures for the clinic's interaction with stakeholders	8.86
	Relevance and sufficiency of information about the clinic's work	8.47
	Availability of information exchange systems;	8.29
	Availability of loyalty programmes (for patients and clinic staff)	8.17
	Service inside the clinic	8.13
	Clear functionality and responsibility.	8.00
	Availability of communication channels with the clinic management	8.00
	Corporate culture	7.78
	Organisation of training and professional development courses within the company	7.56
	Formation of multidisciplinary teams within the clinic.	7.55
	Availability of a wide range of services	7.54
Less significant	Motivation system and social package	7.50
	Stakeholder participation in management processes	7.46
	Availability of clear KPIs.	7.45
	The clinic holds special events to communicate with stakeholders	7.44
	Timely payments and no arrears	7.23
	Reporting by the company as part of its social responsibility	7.19
	Clear organisational structure and subordination.	7.09
Fulfilment of other obligations to partners	6.97	
Working conditions	6.76	

Summarizing the findings from the analysis of expert stakeholder feedback, it's important to highlight that the factors depicted in Figure 4 are the most crucial and impactful elements affecting stakeholder engagement. This holds true for both internal and external stakeholders.

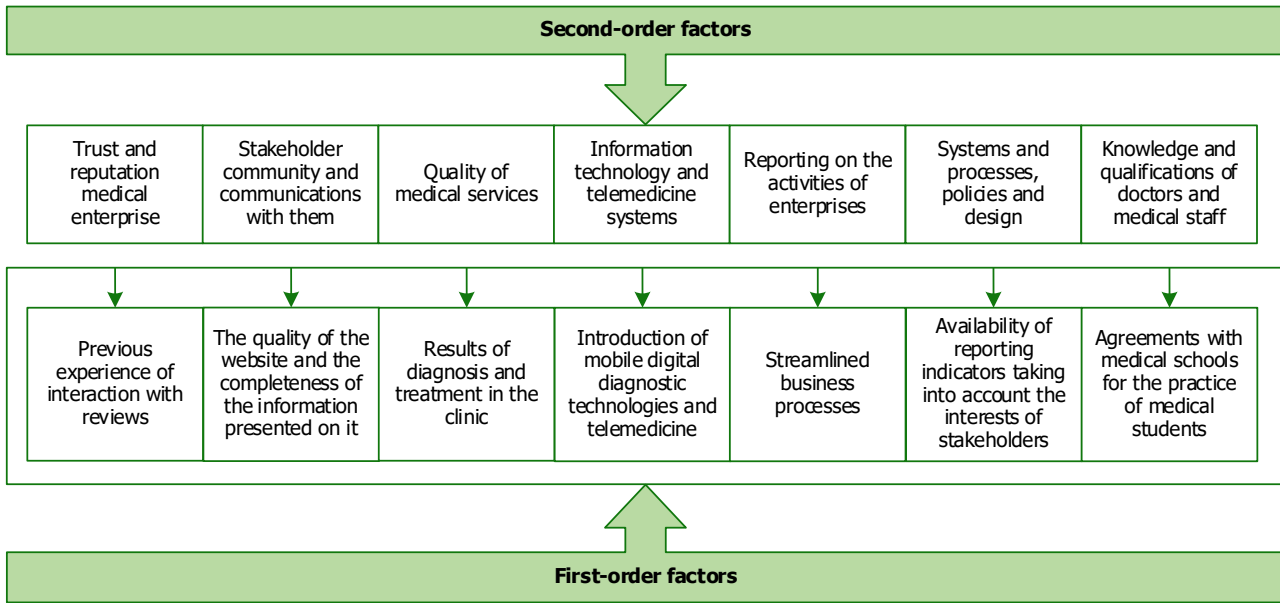


Figure 4. The most significant factors influencing stakeholder engagement in the healthcare sector. (Source: based on Korepanov, Cherenko, & Chala, 2020)

Thus, not all factors are equally important for the involvement of stakeholders in the healthcare industry. Each group of factors (second-order factors) has one or two most significant first-order factors of influence. This result should be considered in the further management of the process of relations with stakeholders of healthcare companies.

Figure 4 shows the main stages of substantiating the list of the most significant factors influencing the involvement of stakeholders in the healthcare industry.

DISCUSSION

The debate about the influence of stakeholders on the medical field in Ukraine exists even in today's conditions. Both positive and negative sides are described. On the one hand, the study proves that stakeholder involvement makes it possible to strengthen the medical field. Stakeholding is actively used all over the world. The focus of the article is the analysis of the Report on the emergency situation in Ukraine (2022), which contains a comprehensive study of the current state of healthcare institutions in Ukraine, the main stages of this process, its advantages and disadvantages. An important aspect is the growth of private consumption of medical services, which exacerbates the problem of filling the consumer basket of the above systems. On the other hand, it analyzes the problems of the modern healthcare system in Ukraine and the risks of involving stakeholders (Machukha, 2018). The researcher Megits et. al. (2022) present important aspects of ensuring the involvement of stakeholders in healthcare institutions in Ukraine. The information in the study confirms that the constant changes in the healthcare industry are leading to a movement towards improvement, and this trend is only growing, establishing itself and attracting investors for the future.

It is impossible not to agree with the statement that Ndlela (2019) examines stakeholder management theories from the perspective of crisis management and provides an overview of different approaches, while researchers Nurgaliyev, Ismailov and Saribayev (2022) emphasize the need for a stakeholder-oriented approach to pre-crisis, crisis and post-crisis management, explaining how organizations can proactively identify, manage and communicate with core and peripheral stakeholders. An important statement is proved by Potiy (2022) discussing the fact that Ukraine is in a critical situation in which medical companies find themselves today, it is important to find new measures to optimize the company's activities. And in this process, all parties interested in the company's activities, that is, stakeholders, play an important role. As a result of the extensive discussion, it follows that the application of a stakeholder approach to corporate governance in the modern healthcare industry seems relevant and appropriate. Prokopenko and others. al. (2021) defines the main areas of stakeholder relations with medical institutions as follows:

- determine the general and specific characteristics of stakeholders in healthcare enterprises;
- a set of management theories is highlighted, which, together with the stakeholder theory, are the basis for further management of relations with stakeholders at healthcare enterprises;
- a list of directions for practical implementation of the theoretical provisions of stakeholder management at healthcare enterprises is proposed.

The future perspectives of stakeholders in healthcare institutions are reflected in the studies of Sheyko and Kushnarenko (2022), Smolennikov et al. al. (2021), and Shcherbak (2020).

CONCLUSIONS

Stakeholder engagement in active interaction with healthcare companies, interest in the performance of these companies, and the desire to optimise interaction with them depends on a number of factors. The list and the degree of importance of these factors differ for different groups of stakeholders. The study identifies those factors that are most important for all stakeholder groups, namely:

- previous experience of interaction and work with feedback (from the group of factors "trust and reputation of a healthcare company");
- quality of the website and completeness of the information presented on it (from the group of factors "stakeholder community and communication with them");
- results of diagnostics and treatment in the clinic (from the group of factors "quality of medical services");
- introduction of mobile digital diagnostic technologies and telemedicine (from the group of factors "information technologies and telemedicine systems");
- availability of reporting indicators taking into account the interests of stakeholders (from the group of factors "reporting on the activities of healthcare companies");
- well-established business processes (from the group of factors "systems and processes, policies and design (organisation of service delivery)");
- agreements with medical educational institutions for medical students' internships (from the group of factors "knowledge and qualifications of doctors and medical staff").

A promising area of research is the development of models for quantifying stakeholder contributions and incentives that would take into account the specifics of interaction between different stakeholders.

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Потій О.

ВИЗНАЧЕННЯ КЛЮЧОВИХ ФАКТОРІВ ВПЛИВУ НА ПОВЕДІНКУ СТЕЙКХОЛДЕРІВ У СФЕРІ МЕДИЧНИХ ПОСЛУГ В УКРАЇНІ

З огляду на умови, у яких сьогодні опинилися медичні компанії в Україні, важливо знайти нові підходи щодо оптимізації їхньої діяльності. І в цьому процесі важливу роль відіграють усі сторони, зацікавлені в діяльності компанії, тобто стейкхолдери. Тому застосування стейкхолдерського підходу до корпоративного управління в сучасній галузі охорони здоров'я видається актуальним і доцільним. Метою цього дослідження є розроблення теоретичних засад управління взаємовідносинами із зацікавленими сторонами в компаніях сфери медичних послуг з урахуванням особливостей останніх і на основі зіставлення теорії зацікавлених сторін із відповідними теоріями менеджменту. У дослідженні використано такі методи наукового пошуку, як логічне узагальнення, кабінетні дослідження, експертні оцінки, квартилі та контент-аналіз із використанням програмних пакетів та вбудованих інструментів Statistica (Frequencies) і Bibliometrix version 3.0.4 (Bibloshiny). Основні результати дослідження полягають в обґрунтуванні основних груп факторів впливу на залучення стейкхолдерів, які ґрунтуються на методах експертних оцінок та опитуваннях експертів-стейкхолдерів щодо визначення пріоритетності конкретних факторів для різних груп стейкхолдерів. У дослідженні запропоновано етапи визначення найбільш вагомих факторів впливу на залучення стейкхолдерів. Наукова новизна дослідження полягає в розробленні авторського підходу до аналізу факторів впливу на залучення різних груп стейкхолдерів підприємств галузі медичних послуг, який, на відміну від уже відомих, дозволяє виокремити найбільш значущі фактори для всіх груп стейкхолдерів, залучених до дослідження. Висновки дослідження вказують на велику кількість факторів і різне сприйняття стейкхолдерами їх значущості; можуть бути виокремлені такі, які визнають важливими всі групи стейкхолдерів. Саме вищезазначені аспекти слід урахувати при розробленні рекомендацій щодо удосконалення підходів до управління взаємовідносинами зі стейкхолдерами підприємств галузі медичних послуг.

Ключові слова: стейкхолдери, ключові аспекти, медична галузь, сталий розвиток, перспективи впровадження, фактори впливу, майбутні рекомендації

JEL Класифікація: I18, L14