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Transformation of the Healthcare System of Ukraine: Integrated Nursing Management Models as a Strategy for the Deinstitutionalization of Medical Care

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ABSTRACT

The healthcare system of Ukraine is under unprecedented strain due to war, population displacement, infrastructure destruction, and workforce shortages. International experience demonstrates the effectiveness of hospital-substituting technologies as a strategy for the deinstitutionalization of medical care, but this potential remains underutilized in Ukraine. This article aims to substantiate the need for systemic transformation of healthcare delivery through the creation of specialized nursing units and to develop management solutions for different levels of the healthcare system. Based on a systematic literature review and analysis of international experience (Hospital at Home programs, Community Diagnostic Centres, Buurtzorg, Esther Project, Gesundes Kinzigtal, PEN-Plus), key models of nursing care organization were identified: functional, individualized, primary care, team-based, and virtual models. For Ukraine, the most promising is the team-based model, adapted to resource-constrained settings and integrated with telemedicine technologies. The current state of nursing in Ukraine was analyzed, revealing systemic problems: hierarchical structures limiting collaboration, a lack of continuing education systems, and insufficient training for complex cases. A concept for creating nursing units at three levels is proposed: primary care (mobile teams for chronic and palliative patients), multidisciplinary hospitals (continuing care departments and nurse coordinators), and diagnostic centers (expanding nurses'functions in the diagnostic process). A phased implementation plan (2026-2030) was developed, and specific management solutions were formulated for the Ministry of Health, regional administrations, district military administrations, local self-government bodies, and healthcare facility managers. In conclusion, the transformation of Ukraine's healthcare system based on the development of hospital-substituting technologies and strengthening the role of nurses with higher education is a strategic priority capable of increasing the accessibility and quality of medical care, optimizing resource use, and ensuring the system's resilience during war and post-war recovery.

KEYWORDS

nursing management, hospital-substituting technologies, integrated medical care, hospital at home, public health, decentralization of medical services, nurse managers, educational and professional program, management decisions.

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Трансформація системи охорони здоров'я україни: інтегровані моделі медсестринського менеджменту як стратегія деінституціоналізації медичної допомоги

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СТАТТЯ

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АНОТАЦІЯ

Система охорони здоров'я України перебуває в стані безпрецедентного навантаження через війну, переміщення населення, руйнування інфраструктури та кадровий дефіцит. Міжнародний досвід демонструє ефективність стаціонарозамінних технологій як стратегії деінституціоналізації медичної допомоги, однак в Україні цей потенціал залишається недостатньо використаним. Мета статті – обґрунтування необхідності системної трансформації організації медичної допомоги через створення спеціалізованих медсестринських підрозділів та розробка управлінських рішень для різних рівнів системи охорони здоров'я. На основі систематичного огляду літератури та аналізу міжнародного досвіду (програми Hospital at Home, Community Diagnostic Centres, Buurtzorg, Esther Project, Gesundes Kinzigtal, PEN-Plus) виокремлено ключові моделі організації сестринського догляду: функціональну, індивідуалізовану, первинного догляду, командну та віртуальні моделі. Для України найбільш перспективною є командна модель, адаптована до умов обмежених ресурсів та інтегрована з телемедичними технологіями. Проаналізовано сучасний стан медсестринства в Україні, виявлено системні проблеми: ієрархічну структуру, що обмежує співпрацю, відсутність системи безперервної освіти, недостатню підготовку до роботи зі складними випадками. Запропоновано концепцію створення медсестринських підрозділів на трьох рівнях: первинна ланка (виїзні бригади для хронічних та паліативних пацієнтів), багатопрофільні лікарні (відділення продовженого догляду та медсестри-координатори), діагностичні центри (розширення функцій медсестер у діагностичному процесі). Розроблено поетапний план впровадження (2026–2030) та сформульовано конкретні управлінські рішення для МОЗ, обласних адміністрацій, районних військових адміністрацій, органів місцевого самоврядування та керівників закладів охорони здоров'я. Як висновок, трансформація системи охорони здоров'я України на основі розвитку стаціонарозамінних технологій та посилення ролі медичних сестер з вищою освітою є стратегічним пріоритетом, здатним підвищити доступність та якість медичної допомоги, оптимізувати використання ресурсів і забезпечити стійкість системи в умовах війни та післявоєнного відновлення.

КЛЮЧОВІ СЛОВА

медсестринський менеджмент, стаціонарозамінні технології, інтегрована медична допомога, лікарня вдома, громадське здоров'я, децентралізація медичних послуг, медсестри-менеджери, освітньо-професійна програма, управлінські рішення.

1. Introduction

Ukraine's healthcare system is under unprecedented strain caused by a full-scale war, significant population displacement, destruction of medical infrastructure, and chronic shortages of human resources. At the same time, in developed countries of the world, there is a steady trend towards the deinstitutionalization of medical care, that is, the transfer of treatment from inpatient institutions to the community and directly to patients' places of residence.

According to NHS England, in the Midlands region alone, almost 1.5 million patients received diagnostic services at Community Diagnostic Centres located in shopping centres, community hospitals and university campuses [1]. In the North East region of England, the "Recovery at Home" program has achieved a 95 percent success rate in preventing hospitalizations, making an average of 200 home visits per day [2]. These data indicate the enormous potential of stationary replacement technologies, which remain underutilized in the Ukrainian healthcare system.

The purpose of this article is to substantiate the need for a systematic transformation of approaches to the organization of medical care in Ukraine through the creation of specialized nursing units capable of providing quality services at the community level, and the development of specific management decisions for different levels of management.

2. Literature Review

The concept of "Hospital at Home" (HaH) arose as a response to the need to optimize the use of bed stock and improve the quality of life of patients. As noted by Denecke et al. (2024), this model involves the provision of inpatient-level care at home, which requires a unique set of competencies from both multidisciplinary teams and informal caregivers [3]. The researchers emphasize that these skills often differ from those required in traditional hospital settings, which highlights the need to develop standardized curricula.

In response to the COVID-19 pandemic, the Hospital in the Home (HITH) model became especially widespread, as it made it possible to free up beds for the most difficult patients without expanding inpatient capacity in conditions of limited resources [4]. The key feature of this model was the combination of direct visits by medical personnel with telemedicine technologies.

A systematic review of Australian HITH programs conducted by Brunsgrove et al. (2024) identified three main models of care organization: medical, nursing, and brokerage [5]. For our study, the nursing model is of particular interest, which assumes the leading role of nurses in patient management, care coordination and clinical decision-making within their competence.

Mayo Clinic's experience demonstrates the effectiveness of integrating nursing management of patients with chronic diseases into the routine practice of family medicine [6]. An important element of infrastructural transformation is the creation of Community Diagnostic Centres, which provide access to diagnostic services outside hospitals [7].

A comparative analysis of integrated care models presented in the 2025 study allows us to identify key success factors: Health and Social Care Partnerships with joint management and budgeting have been created in the UK and Scotland; the Dutch Buurtzorg model is based on self-managed nursing teams; in Sweden, the Esther Project, based on joint decision-making and local leadership, has been implemented; the German model of Gesundes Kinzigtal is focused on early intervention and payment based on results [8].

The experiences of developing countries also contain important lessons. The PEN-Plus program, implemented in 20 countries in Africa, demonstrates how access to treatment for serious noncommunicable diseases can be expanded at the level of district hospitals. More than 15,000 patients receive treatment for chronic diseases through PEN-Plus clinics, which shows the effectiveness of decentralized models even in resource-constrained settings [9].

3. Problem Statement

The analysis of the current state of nursing in Ukraine, conducted by international experts during medical missions in 2024–2025, revealed several systemic problems: a hierarchical structure that limits cooperation between doctors and nurses, the lack of a system of continuing education, and insufficient preparation to deal with complex cases, including facial injuries and burns [10]. As Amy Bradley, a nurse

from Houston who participated in the medical mission in Ivano-Frankivsk, notes, "doctors are perceived as superior to nurses, instead of being equally important parts of the medical team. This can interfere with the well-being of patients" [10].

Thus, the key problem is the discrepancy between the potential of inpatient replacement technologies, confirmed by international experience, and the lack of systemic management solutions for their implementation in Ukraine, especially in terms of the development of nursing management.

4. Methods and Materials

The study is based on a systematic review of scientific literature and analytical reports of international organizations for the period 2014–2025. The method of comparative analysis of models of organization of nursing care in different countries (Great Britain, the Netherlands, Sweden, Germany, the USA, Australia, and African countries) is used. The method of system analysis is applied to assess the current state of nursing in Ukraine using reports of international medical missions and technical assistance programs. Based on the synthesis of theoretical models and empirical data, a conceptual model of nursing units for the Ukrainian healthcare system has been developed, taking into account the conditions of martial law and post-war recovery.

5. Results and Discussion

5.1. The Concept of Nursing Units in the Ukrainian Health Care System

To develop an effective concept of nursing units in Ukraine, it is necessary first of all to understand the theoretical models of nursing care organization that have developed in international practice. In the world literature, there are four main models: functional, individualized, primary care and team [11; 12].

The functional model (functional nursing), which arose as a response to the personnel shortage during World War II, is focused on performing the maximum amount of work with a minimum number of personnel [12]. The advantages of the model are high efficiency and specialization, but it neutralizes the patient's holistic vision and can lead to fragmentation of care [11; 12].

The individualized nursing model focuses on the uniqueness of each patient, taking into account their demographic characteristics, values, and beliefs when developing a care plan [11]. Studies confirm that individualized care helps to increase patient confidence and has a positive effect on clinical outcomes [11]. The main disadvantages are high labor intensity and the risk of professional burnout.

The primary care nursing model assumes that each patient is assigned one nurse who is responsible for planning, organizing, and evaluating care throughout the treatment period [11; 12]. The model provides maximum continuity of care, but puts forward high requirements for the qualification of personnel [11; 13].

The team model combines elements of previous approaches, creating multidisciplinary teams that work together with a group of patients [11; 12]. This model has gained particular popularity during the COVID-19 pandemic, as it allows for the effective use of human resources of different levels of training [11; 12]. In addition to traditional models, in recent years, virtual models of nursing care have been rapidly developing, integrating digital technologies into the organization of work [14].

For Ukraine, which is in a state of war and post-war recovery, the most promising seems to be the team model, adapted to the conditions of limited resources and integrated with virtual technologies. As evidenced by the experience of mobile multidisciplinary teams in the frontline regions, it is teamwork that allows us to ensure the continuity of care in the most difficult conditions [10; 15; 16].

5.2. Nursing Units in Primary Health Care Centers

Primary health care should become a key platform for the deployment of nursing units. On the basis of outpatient clinics and PHC centers, it is advisable to create mobile nursing teams responsible for the management of patients with chronic diseases, palliative patients, and the elderly [16]. Such a team may include a nurse with higher education (bachelor's or master's degree in nursing), a social worker, and, if necessary, a physical therapist. The team provides daily monitoring of patients' condition, fulfillment of doctors' prescriptions, care for bedsores, and training relatives in basic nursing skills [10].

5.3. Nursing Units in Multidisciplinary Hospitals

As part of hospitals, it is advisable to create departments (services) for the organization of extended care, which provide early discharge of patients after the acute period of the disease with subsequent observation at home. This allows you to reduce the duration of hospitalization, reduce the risk of nosocomial infections, increase patient satisfaction and optimize the use of bed stock. In the structure of multidisciplinary hospitals, it is also possible to create specialized nursing positions (nurse coordinators, nurse navigators) who provide support for patients with chronic diseases. The American experience demonstrates the high effectiveness of such positions: an integrated model of care for patients with dementia made it possible to reduce the rate of hospitalizations from 6.7% to less than 2% [18; 19].

5.4. Nursing Units in Diagnostic Centers

The integration of nurses into the work of diagnostic centers allows to significantly expand their functions and an increase in throughput. As the experience of British Community Diagnostic Centres shows, nurses can perform a wide range of tasks: conducting screening examinations, taking biomaterial, interpreting the results of rapid tests, consulting patients, conducting functional diagnostics (ECG, spirometry, Holter monitoring) [18, 20].

5.5. Nursing Units in Territorial Communities and to Serve IDPs

In the fall of 2025, the National Health Service of Ukraine launched a pilot project for the provision of long-term nursing care services for IDPs, which is being implemented jointly with the Ministry of Health and the Ministry of Social Policy [21]. 18 hospitals have already joined the project, offering free long-term nursing services for IDPs. To date, 192 beds have been opened in the region [9].

5.6. Staffing and Training of Nurse Managers

For the Ukrainian health care system, the introduction of specialized educational and professional programs for the training of masters of management in health care with a specialization in nursing is especially relevant. Such programs should include: study of international models of inpatient replacement care, mastering methods of managing field nursing teams, training in the use of telemedicine technologies, the development of competencies for the coordination of multidisciplinary teams, and the formation of skills of intersectoral interaction [3, 5].

5.7. Integration of Medical and Social Care

The experience of the NHSU pilot project on long-term nursing care for IDPs demonstrates that an effective model of assistance to vulnerable categories of the population must necessarily combine medical, social, and psychological components [21]. A promising direction is the creation of experimental sites in individual communities to develop models of integrated care with the participation of nurses, social workers, and public organizations [15].

5.8. Phased Implementation Plan

Based on the analysis, a step-by-step plan for the implementation of the concept of nursing units is proposed:

- *The first stage (preparatory, 2026-2027):* improvement of the regulatory framework; development of standards and clinical protocols; creation of pilot nursing units; development and approval of educational programs; conducting an information campaign.
- *Second stage (deployment, 2028-2029):* scaling up successful pilot projects; inclusion of nursing services in the Medical Guarantee Program; creation of a system of continuous professional development; development of infrastructure for telemedicine consultations.
- *The third stage (systemic, from 2030)*: full-scale functioning of the network of nursing units throughout the country; integration of medical and social care; introduction of advanced practice nurse positions; creation of a national quality monitoring system.

5.9. Management Decisions for Different Levels of The Health Care System

Recommendations for the Ministry of Health of Ukraine:

1. To develop and approve a national strategy for the development of stationary replacement technologies.

2. To amend the regulatory framework, providing for the possibility of functioning of the "hospital at home".
3. Develop standards and clinical protocols for inpatient replacement technologies.
4. To initiate the creation of educational and professional training programs for nurse managers.
5. Ensure the inclusion of inpatient replacement technology services in the Medical Guarantee Program.
6. To create a working group on the integration of medical and social care.

Recommendations for regional state (military) administrations:

1. To develop regional programs for the development of stationary replacement technologies.
2. Conduct an audit of the existing infrastructure of health care institutions.
3. Ensure coordination between regional hospitals, PHC institutions and social service centers.
4. Promote the creation of training centers for the training of nurses.
5. Introduce regional programs to stimulate nurses.

Recommendations for district military administrations and local self-government bodies:

1. Identify priority areas for the deployment of nursing units.
2. Create coordination centers for the organization of home care.
3. To provide the material and technical base for the functioning of field teams.
4. Develop mechanisms for involving NGOs and volunteers.
5. Initiate the creation of local programs to support informal caregivers.
6. To inform the population about the possibilities of receiving medical care at home.

Recommendations for heads of health care institutions:

1. Analyze the structure of hospitalizations to determine the categories of patients.
2. Create multidisciplinary teams.
3. Develop local protocols and patient routes.
4. Provide continuous staff training.
5. Introduce a system for monitoring the quality of services.
6. Develop partnerships with social services and community organizations.

6. Conclusions

The transformation of the healthcare system of Ukraine in the direction of the development of stationary replacement technologies is not just a desirable direction of reform, but an urgent need due to demographic trends, personnel shortages, economic restrictions and security challenges. International experience convincingly shows that effective deinstitutionalization of medical care is possible only if the key role of nurses with higher education and managerial training is recognized [3; 5; 8].

The proposed concept of creating specialized nursing units on the basis of institutions of different levels allows for ensuring the continuity of care, increasing the availability of medical care for people with limited mobility, reducing the burden on hospitals, and optimizing the use of human resources. The integration of medical and social components, the active use of telemedicine technologies, and the development of partnerships with communities are necessary conditions for the successful implementation of this model [8; 9].

Further research should be aimed at developing standardized training programs for nurses to work in the conditions of inpatient replacement technologies, adapting international clinical protocols to Ukrainian realities, and assessing the economic efficiency of various models of care organization [3; 5].

Information about the Contribution of Authors (CRediT)

Hrytsko Roman: conceptualization, methodology, formal analysis, writing – original project, writing – reviewing and editing, project administration.
Hrytsko Orysia: data research, analysis of practical experience, writing – original project.
Pekanets Solomiya: literature review, analysis of the regulatory framework, writing – original project.

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