

<https://doi.org/10.26565/2311-2379-2026-110-12>
УДК 336.64:614.2:338.5

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PROJECT MANAGEMENT AND MARKETING MANAGEMENT SYSTEM IN THE CONTEXT OF PARADIGMATIC STRUCTURAL-FUNCTIONAL FEATURES OF MEDICAL SERVICES

This article summarizes the arguments and counterarguments within the scientific discussion regarding the structural-functional features of medical services in the project management and marketing management system. The main aim of the research is to paradigmatically demonstrate these structural-functional features to identify and solve problematic issues in the marketing of the healthcare system of Ukraine and to outline how project management tools can be applied to implement these marketing strategies effectively. The systematization of literary sources and approaches to solving the problem of marketing in the medical care system indicated that the authors' emphasis is mainly placed on issues of developing measures to attract patients to the provision of medical services. The relevance of solving this scientific problem lies in the fact that the prevailing goal of medical services marketing is the interests of the patient and only then the interests of the institution. The investigation of the issue of medical services marketing peculiarities in the article is carried out in the following logical sequence: determining the features of medical services as those that lack physical parameters and are therefore unmeasurable, perishable, inseparable from the manufacturer, and lack wholesale implementation. Furthermore, the study explores the necessity of reorienting medical institutions to the concept of value for the patient and establishes that a medical service is primarily a public good rather than a for-profit business. The research also addresses the necessity of combining the medical effect with the service component, as well as the issues of information asymmetry and the regulatory conditionality of medical services. Methodological tools of the conducted research were methods of systems analysis, with the research period covering the last 10 years. The object of the study is the healthcare system of Ukraine, as the resolution of these issues holds potential opportunities for improving the medical care system for the population of Ukraine. The article presents the results of an analytical review which establishes that the problem of structural-functional features of medical services lies in marketing methods that are distinct from all other service-providing structures. The research empirically confirms and theoretically proves the necessity of resolving problematic issues of the marketing of the healthcare system of Ukraine, considering their obvious difference from the marketing of other services. Specifically, the study highlights that the perishability of medical services excludes accumulation and necessitates a patient-oriented approach where quality is judged by remote results. The research further argues that due to intangibility, the patient's choice is made under uncertainty, relying heavily on trust and reputation. Additionally, the inseparability of the service from the provider means the process itself is part of the result, making full standardization impossible. The paper concludes that effective marketing management must address the dual nature of the result—combining clinical efficacy with service quality – and mitigate the high level of information asymmetry between doctor and patient. The results of the conducted research can be useful for the development of strategic planning for the development of the medical care system.

Keywords: **healthcare, project, management, marketing, strategic planning.**

JEL Classification: *I11, M31, L84, O22.*



Statement of the problem. In modern conditions of healthcare system reform, the research of structural-functional characteristics of medical services in the context of marketing management acquires special significance. The scientific discussion on this issue covers a wide range of arguments and counterarguments concerning the specifics of medical services, their difference from other types of service, and special methods of their promotion.

Analysis of recent studies. Analysis of the sources showed that the majority of authors focus attention on measures to attract patients, yet they insufficiently consider the issues of value orientation of medical facilities and the specifics of marketing medical services as a public good. The importance of this problem is conditioned by the fact that the priority of marketing in the healthcare domain is the interests of the patient, and only then the interests of the facility. Medical services in Ukraine are in a state of constant reform, and researchers such as Habor et al. (2024) emphasize the importance of a rational combination of state, private, communal, and mixed forms of ownership in the medical domain. This allows, in their opinion, to obtain real advantages of ensuring financial stability, coordination, and clear definition of volumes and quality of medical services. Furthermore, Zharlinska et al. (2025) consider further research on the effectiveness of digital technologies and their impact on patient satisfaction and the effectiveness of healthcare facilities to be expedient, with an accent on the research of ethical aspects in the process of applying digital marketing technologies.

Goals and objectives. The aim of this study is the paradigmatic comprehension of structural-functional features of medical services in the marketing management system, as well as the determination of problematic aspects of medical care marketing in Ukraine and the search for ways to solve them. The problem of structural-functional features of medical services in the marketing management system lies in special and often different methods of marketing medical services from all other structures that provide services. Consequently, the practical implementation of these methods requires specific project management approaches that can adapt to the high uncertainty and risks inherent in the medical field.

Research methodology. Methods of systems analysis were used as the methodological tools for the study. The systematic paradigmatic approach to the peculiarities of medical services in the marketing management system consists of determining the complex of methodological, organizational, and socio-economic factors that form a specific, unique model of the functioning of the healthcare market. The period of the study was chosen as the last 10 years. The object of the study is the healthcare system of Ukraine, since it is the resolution of these questions that has potential opportunities for improving the medical care system for the population of Ukraine.

Main results of the study.

Specific Characteristics of Medical Services.

Unlike material goods, services do not have physical parameters and therefore are unmeasurable, non-storable, inseparable from the manufacturer, and do not have wholesale implementation. Medical services, in addition to the aforementioned characteristics, have a number of distinct features (Parasuraman et al., 1985).

One of the unique features is the perishability (non-storability) of the medical service, which completely precludes the accumulation, reproduction, or reuse of the service result outside the moment when it is provided. This feature necessitates increased requirements for the quality of medical care because any errors or shortcomings of the treatment process cannot be eliminated by "re-selling" the service without risk to the patient's health. Because of this, professional competence of medical personnel, adherence to clinical protocols, use of modern medical technologies, and individualization of the treatment process acquire special significance. Furthermore, the perishability of medical services complicates the direct assessment of their effectiveness at the moment of provision since the results of treatment often manifest over time. That is why an important component of assessing the quality of medical services is the analysis of remote results, which reflect the reaction of the patient's body to the medical intervention. Such a reaction can have both a positive therapeutic effect and delayed complications or side effects requiring further observation and correction of treatment. Thus, the perishability of medical services forms the need for introducing a system of complex quality control, which covers not only the process of providing medical care but also the monitoring of the patient's condition after the completion of treatment. This necessitates the development of a patient-oriented approach, continuity of medical care, and the use of performance indicators based on clinical, functional, and qualitative changes in the health status of patients.

The most dangerous situation regarding this state of affairs unfolds in the healthcare system. When the goal of the producer (in healthcare, the doctor) is profit, and the goal of the consumer (in healthcare, the patient) is quality (Dagger et al., 2007), then in market conditions, the one who possesses information wins. In this tandem, the doctor possesses the information. Therefore, in conditions of commodity production, the healthcare and medical care system, paradoxically, will not work in favor of the patient, which is unfortunately observed today in all countries of the world.

Another distinct challenge in marketing medical services is their intangibility; the service cannot be evaluated until it is actually consumed (Berry & Bendapudi, 2007). This places the patient in a position of making decisions under conditions of almost total uncertainty. Consequently, patients rely on their own past experience – ideally positive – or the recommendations of those around them. In some cases, such as emergencies or when there is a monopoly of specialists in a specific field, there is effectively no choice at all. In the context of Ukraine, patient choice is largely dictated by state infrastructure, unless the patient has the financial means to utilize private facilities. Practice shows that the latter employ a comprehensive arsenal of marketing strategies to attract potential patients (Spake & Joseph, 2001). Given this intangibility, healthcare marketing must focus on tangible evidence: immediate treatment effects, long-term outcomes, and physician expertise. Building patient trust through reviews, reputation, and demonstrated professionalism is essential.

Another defining feature of services, including medical care, is their inseparability from the producer. The service is simultaneously provided by the doctor and consumed by the patient. This necessitates that healthcare facilities organize an optimal environment for this interaction, ensuring well-equipped workspaces for doctors, comfortable conditions for patients, and effective, adapted logistics for the care delivery process. Consequently, this characteristic demands high-quality interaction between producer and consumer (doctor and patient), rooted in communication and staff professionalism. Medical service is inextricably linked to a specific doctor or medical team. The specialist's qualifications, clinical experience, ethical standards, and communication skills directly shape the service outcome, making complete standardization impossible. It is impossible to separate the medical product from the provider's actions because the delivery process – including diagnostics, consultation, and medical procedures – is often a component of the treatment result itself. This inseparability is reinforced by clinical risks; unlike most other service sectors, a doctor's decisions have direct consequences for a patient's life and health. Furthermore, the doctor-patient relationship is a unique, inseparable tandem because the patient is not a passive consumer. Their physical condition, temperament, behavior, adherence to recommendations, and feedback all influence the quality and result of the care, further cementing the service's inseparability from its delivery. Finally, the biological compatibility of the participants and the context of assistance are equally influential, making medical service a unique object of management and marketing.

Closely aligned with this feature is the inherent variability – or instability – of medical service quality. This characteristic is conditioned by a complex set of objective and subjective factors specific to the domain of medical care, largely driven by the “human factor,” which encompasses the doctor, medical staff, and the patient. Consequently, the quality of medical service relies directly on the professional competence, clinical reasoning, experience, psycho-emotional state, and communication skills of the providers. Simultaneously, each patient presents unique biological, psychological, and social characteristics, as well as variations in disease progression, concomitant conditions, and levels of treatment adherence. This distinctiveness renders the complete uniformity of medical care outcomes impossible; even when identical clinical protocols are applied, treatment results can diverge significantly. Furthermore, medical interventions are often performed under conditions of limited information and high uncertainty, where even minor fluctuations in initial conditions can alter the treatment outcome. Because the medical service is produced and consumed concurrently, its quality cannot be verified or rectified prior to delivery, unlike the manufacturing of tangible goods. Equally critical to the stability of service quality are systemic factors, including personnel workload, technical equipment, medication availability, time constraints, and facility logistics. Thus, variability is a definitive characteristic of medical services, resulting from the interplay of the human factor, patient individuality, and the complexity of clinical processes. This reality limits the potential for full standardization and necessitates specialized approaches to quality management in healthcare. To address this, medical institutions must utilize project management methodologies (such as Agile or Lean) to continuously refine clinical pathways. Unlike static production lines, these

“quality improvement projects” must remain flexible to accommodate the unique biological and social characteristics of each patient.

Consequently, the medical service, as a subject of marketing management, is defined by a complex set of specific characteristics—namely perishability, intangibility, inseparability from the provider, and variability of quality. These characteristics establish an operational logic for the medical services market that is fundamentally distinct from that of tangible goods. The cumulative effect of these attributes determines the significant dependence of medical care outcomes on the human factor, the prevalence of information asymmetry between doctor and patient, the context of service provision, and the long-term clinical consequences of treatment. Under these conditions, classical market mechanisms demonstrate significant limitations. Therefore, effective management and marketing in the healthcare domain necessitate a strategic reorientation toward patient-centered approaches, continuous quality control, the cultivation of trust, and personnel professionalism. Furthermore, treatment effectiveness must be assessed not merely by immediate effects, but by long-term medical and social outcomes.

Concept of Value and the Patient's Role.

One of the foundational elements of this paradigm is the reorientation of medical institutions toward the concept of patient value. The terminology “healthcare facility” itself is somewhat stereotypical; essentially, the primary objective of such an institution is not the preservation or protection of health, but strictly its restoration. This distinction defines the unique position of the facility as an organization from a marketing perspective.

Consequently, the patient of a medical facility cannot be viewed as a conventional consumer, as their underlying motivation is fundamentally different. In general commerce or the service industry, an individual seeks a product or service driven by desire, interest, or the pursuit of comfort – needs that can be postponed, modified, partially satisfied, or adjusted according to financial capacity (Moorman, 2025).

In contrast, while Ukrainian legislation defines a medical service as one provided to a patient by a healthcare facility or an individual entrepreneur (paid for by a customer such as the state, local government, legal entities, or the patient) (BVR, 1993), the actual marketing context is radically different. Individuals do not seek medical care for “pleasure” or “convenience,” but out of acute necessity. In this state, choice is effectively absent; pain, functional impairment, frailty, or life-threatening conditions compel immediate action, regardless of financial means. The patient is not a client in the traditional sense but a vulnerable individual requiring not only technical intervention but also support, compassion, and trust (Li & Wang, 2026).

Thus, medical service cannot be reduced to a mere commercial transaction; it encompasses the value of life and health, transcending standard market categories. Both the doctor and the medical facility act not as “producers” or “sellers,” but as bearers of professional and moral responsibility, guided by principles of accessibility and urgency rather than market logic. Consequently, the doctor-patient relationship must be founded on trust and ethical standards, rather than a transactional “buy-sell” agreement.

Ideally, healthcare policy should recognize that medical service is primarily a public good, not a for-profit enterprise. The patient is not a classical consumer but an individual with a need of an existential character. This transforms the very nature of the service from a commodity into an act of assistance, compassion, and professional responsibility. In modern medical management, the patient is regarded not merely as a passive recipient but as an active subject who evaluates the quality, accessibility, effectiveness, and ethics of care. This shift necessitates a patient-centric approach, requiring the development of management systems capable of ensuring stable interaction with the patient throughout the entire care continuum – from primary consultation to post-hospital monitoring (Bleich et al., 2009). Transforming a medical facility from a provider-centric to a patient-centric model is a complex organizational change that should be structured as a strategic internal project, with clear milestones, resource allocation, and risk management protocols.

State Regulation and System Architecture.

In this context, a critical modern marketing instrument involves the analysis of consumer expectations, levels of trust, health-seeking behaviors, and the determinants of facility selection. Regarding the latter, the state exerts the predominant influence on the choice of a medical facility through a series of regulatory measures implemented by the Ministry of Health (MOH).

It is important to note that the MOH functions not merely as a coordinator but as a guarantor of fundamental standards that directly dictate patient access and options. The state has empowered the MOH with decisive authority over the modalities and locations of medical care delivery. This extends beyond mere regulation; it constitutes the very architecture of the system, structuring the logic of choice – ranging from service availability to quality and financial models.

Through licensing and accreditation protocols, the state establishes requirements for medical facilities and monitors compliance, thereby determining the legality and quality of service provision. Furthermore, utilizing public funds, the National Health Service of Ukraine defines which services are provided free of charge or are subject to partial reimbursement. This directly impacts patient choice, as individuals are guided by the availability of the guaranteed package of medical services (Prayoga et al., 2024).

Additionally, the MOH dictates the geographic distribution of hospitals, polyclinics, and outpatient clinics. Consequently, patients often do not choose from an “open market,” but rather from the options realistically available within their region. The state effectively acts as an intermediary between the patient’s needs and the means of satisfying them, establishing the structural framework within which this choice is exercised.

Dual Nature and Information Asymmetry.

The paradigmatic specificity of medical services is further defined by the dual nature of the outcome: a combination of the clinical medical effect and the service component.

The medical effect, which constitutes the core value of the service, relies on professional competencies, clinical protocols, and the technological infrastructure. It represents recovery, stabilization of a condition, or the prevention of complications. The objectivity of this effect is measured through tangible health indicators, including laboratory analyses, diagnostic data, and functional tests. Unified clinical protocols grounded in evidence-based medicine ensure a standardized approach to treatment regardless of the facility, thereby minimizing discrepancies between private and state institutions and fostering systemic trust.

However, this medical effect – equated with the technical quality of care – is perceived differently by the patient, medical personnel, and the state. Patient satisfaction is largely subjective, depending heavily on individual perceptions of reality and personal expectations. Consequently, the service paradigm emphasizes non-medical aspects that hold significant value for patients, such as communication, emotional support, information accessibility, conditions of stay, service speed, and digital amenities.

Frequently, patients prioritize comfort, attentiveness, communication, and psychological support over the technical nuances of the treatment process itself. These elements are critical for establishing trust in the physician, ensuring a sense of safety, and generating satisfaction with the healthcare interaction – factors often emphasized by the private healthcare sector (West et al., 2025).

To build a reliable reputation and foster a culture of service, it is necessary to integrate medical standards with marketing approaches focused on quality and patient experience (Chan & Zhuo, 2025). Operationalizing this integration requires cross-functional project teams comprising both clinical staff and administrative personnel. These teams ensure that marketing promises regarding comfort and service speed are technically feasible within the clinical infrastructure. This requires successful management of the service’s dual nature. It is the synergistic integration of these components that yields the optimal medical result; a failure in either domain can lead to the devaluation of the entire outcome. Just as mistreatment or the disregard of a patient’s personality can nullify the impact of professional clinical treatment, luxurious amenities cannot compensate for an ineffective therapeutic arsenal. A balance must be maintained where one component reinforces the other, ensuring the patient evaluates the experience not only as “my health improved” but also as “I felt comfortable and safe during treatment.”

Another critical aspect of the medical service paradigm is the information asymmetry between doctor and patient. This phenomenon arises because the patient often lacks the opportunity to fully evaluate service quality prior to its delivery, and frequently remains unable to do so even after consumption. This reality creates an urgent need to establish transparent information policies, develop effective medical communication tools, standardize procedural descriptions, and implement patient portals.

Frequently, even when a physician attempts to inform a patient, the high density of professional terminology obscures the message, leading to complete misunderstanding and subsequent irritation. This communication breakdown often prompts patients to undertake independent information searches and interpretations – activities that rarely exercise a positive influence on the recovery process. Under these conditions, marketing management must function as a mechanism to mitigate this information imbalance and cultivate a culture of responsible engagement with health information (Ivaniuk, 2023).

Currently, the public sphere is often dominated by uncontested propaganda promoting treatments for common diseases. These campaigns utilize emotional imagery and promises of simplistic solutions, while frequently accusing physicians of concealing information for financial gain. Advertisers, driven by profit motives, invest heavily in deceptive marketing strategies, whereas funding for counter-advertising or public health education is virtually nonexistent. Consequently, addressing information asymmetry remains one of the most critical challenges that must be resolved at the state level.

Pharmaceutical Marketing Context.

The convergence of the medical services market and the pharmaceutical products market merits distinct marketing research. Within this domain, the patient rarely functions as an autonomous consumer, as the selection of a medicinal product is typically predicated on the professional recommendation of a physician (Lee et al., 2021).

However, in the context of Ukraine, the widespread practice of dispensing prescription medications without a prescription creates an environment where the patient effectively becomes a direct purchaser (MOH, 2005; MOH, 2025). This dynamic significantly alters the communication strategies of pharmaceutical companies (El Hajj et al., 2021); they target not only physicians but also actively influence the behavior of the final consumer through advertising, brand promotion, and the cultivation of trust in their products (Michel et al., 2023).

Such marketing tactics overtly facilitate self-medication, a practice that generates substantial risks for both individual patients and the healthcare system as a whole (Kryvoviaz & Koval, 2024). In contrast, in developed nations, it is the medical specialist who generates the “demand” for a specific preparation through the act of prescribing, while financial access is mediated partially by insurance providers. Consequently, marketing in this sector should ideally be oriented less toward the final consumer and more toward doctors and insurance institutions, who serve as the key participants in the decision-making process. Nevertheless, attempts in Ukraine to implement a strictly prescription-based dispensing system have yet to be fully successful.

Conclusions.

1. Medical services possess distinct characteristics that fundamentally differentiate them from tangible goods and other service sectors. The confluence of these attributes establishes a unique operational logic within the healthcare market.
2. The perishability and inseparability of medical services impose rigorous demands on physician competence, adherence to clinical protocols, and the organization of treatment processes. Service quality is defined not merely by immediate outcomes but also by long-term results, necessitating systematic monitoring and a patient-centered methodology.
3. The intangible nature of these services creates a condition of uncertainty for patients selecting a facility or provider. This reality underscores the critical importance of trust, reputation, peer reviews, and effective communication as primary marketing instruments in healthcare.
4. Variability in medical service quality arises from the human factor, patient individuality, and the inherent complexity of clinical processes. Consequently, complete standardization is unattainable, requiring specialized approaches to quality management.
5. The patient is not a conventional consumer but an individual in a state of vulnerability; this distinction transforms the fundamental nature of the medical service. Care cannot be reduced to a mere commercial transaction but must be conceptualized as a public good, an act of assistance, and a matter of professional responsibility.
6. The dual nature of medical service outcomes – comprising both the clinical effect and the service component – necessitates the integration of clinical standards with marketing strategies focused on quality and the patient experience.

7. The state plays a decisive role in shaping the architecture of the healthcare system, ranging from standard regulation and licensing to the determination of accessibility and financial models. This renders patients dependent on governmental decisions rather than solely on market mechanisms.

8. Effective marketing management in healthcare must be grounded in patient-centricity, long-term quality assurance, staff professionalism, and the holistic consideration of both the clinical and service dimensions of care, and supported by robust project management competencies to transform strategic goals into operational reality.

9. These findings confirm the necessity of addressing the specific challenges of marketing medical services, which differ significantly from other sectors. Furthermore, these insights serve as a foundation for the strategic planning of healthcare system development.

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Conflict of Interest: the authors declare no conflict of interest.

The article was received by the editors 20.02.2026

The article is recommended for printing 10.04.2026

The article was published on 25.05.2026

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Конфлікт інтересів: автори повідомляють про відсутність конфлікту інтересів.

*Стаття надійшла до редакції 20.02.2026
Стаття рекомендована до друку 10.04.2026
Стаття опублікована 25.05.2026*

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СИСТЕМА УПРАВЛІННЯ ПРОЄКТАМИ ТА МАРКЕТИНГ В КОНТЕКСТІ ПАРАДИГМАЛЬНИХ СТРУКТУРНО-ФУНКЦІОНАЛЬНИХ ОСОБЛИВОСТЕЙ МЕДИЧНИХ ПОСЛУГ

У статті узагальнено аргументи та контраргументи в рамках наукової дискусії щодо структурно-функціональних особливостей медичних послуг у системі управління проєктами та маркетингового менеджменту. Основна мета дослідження – парадигматично продемонструвати ці структурно-функціональні особливості для виявлення та вирішення проблемних питань у маркетингу системи охорони здоров'я України та окреслити, як інструменти управління проєктами можуть бути застосовані для ефективної реалізації цих маркетингових стратегій. Систематизація літературних джерел та підходів до вирішення проблеми маркетингу в системі медичного обслуговування показала, що автори зосереджують

увагу переважно на питаннях розробки заходів для залучення пацієнтів до надання медичних послуг. Актуальність вирішення цієї наукової проблеми полягає в тому, що головна мета маркетингу медичних послуг – інтереси пацієнта, а вже потім – інтереси закладу. Дослідження питання особливостей маркетингу медичних послуг у статті проводиться в такій логічній послідовності: визначення особливостей медичних послуг як таких, що не мають фізичних параметрів і тому є невимірюваними, швидкопливними, невіддільними від виробника та не підлягають оптовому впровадженню. Крім того, в дослідженні розглядається необхідність переорієнтації медичних установ на концепцію цінності для пацієнта та встановлюється, що медична послуга є насамперед суспільним благом, а не прибутковим бізнесом. У дослідженні також розглядається необхідність поєднання медичного ефекту з сервісною складовою, а також питання інформаційної асиметрії та регуляторної обумовленості медичних послуг. Методологічними інструментами проведеного дослідження були методи системного аналізу, а період дослідження охоплював останні 10 років. Об'єктом дослідження є система охорони здоров'я України, оскільки вирішення цих питань відкриває потенційні можливості для поліпшення системи медичного обслуговування населення України. У статті представлено результати аналітичного огляду, який встановлює, що проблема структурно-функціональних особливостей медичних послуг полягає в методах маркетингу, які відрізняються від усіх інших структур, що надають послуги. Дослідження емпірично підтверджує та теоретично доводить необхідність вирішення проблемних питань маркетингу системи охорони здоров'я України, враховуючи їх очевидну відмінність від маркетингу інших послуг. Зокрема, дослідження підкреслює, що тимчасовий характер медичних послуг виключає накопичення і вимагає пацієнтоорієнтованого підходу, де якість оцінюється за віддаленими результатами. Дослідження також стверджує, що через нематеріальність вибір пацієнта здійснюється в умовах невизначеності, значною мірою спираючись на довіру та репутацію. Крім того, нерозривність послуги від постачальника означає, що сам процес є частиною результату, що унеможлиблює повну стандартизацію. У статті робиться висновок, що ефективне управління маркетингом повинно враховувати подвійну природу результату – поєднання клінічної ефективності та якості послуг – і пом'якшувати високий рівень інформаційної асиметрії між лікарем і пацієнтом. Результати проведеного дослідження можуть бути корисними для розробки стратегічного планування розвитку системи медичного обслуговування.

Ключові слова: **охорона здоров'я, проєкт, управління, маркетинг, стратегічне планування.**

JEL Classification: I11, M31, L84, O22.

In cites: Lytvynova O., & Petrashyk Y. (2026). Project management and marketing management system in the context of paradigmatic structural-functional features of medical services. *Bulletin of V. N. Karazin Kharkiv National University. Economic Series*, (110), 145–154. <https://doi.org/10.26565/2311-2379-2026-110-12>
