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## Optimizing the management of primary care facilities in the face of crisis challenges

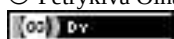
**Abstract.** This article examines the theoretical and methodological foundations and practical aspects of the management system for a municipal nonprofit enterprise in the field of primary health care in the current context of sector reform.

**Problem statement.** The transformation of Ukraine's healthcare system requires the creation of a fundamentally new, flexible, and effective system for managing healthcare facilities. The first steps in reforming the sector—which involve transitioning healthcare facilities into municipal nonprofit enterprises, as well as changing funding mechanisms through the National Health Service of Ukraine—have radically altered management approaches in the medical field. Primary care plays a special role in this system, serving as the patient's first point of contact with the healthcare system, ensuring disease prevention and early detection of pathologies, and acting as the foundation of the system. The new organizational and legal form—the municipal nonprofit enterprise—has granted healthcare facilities greater managerial autonomy, the ability to implement relevant management decisions, and the ability to allocate resources. However, the transition from a rigid budgetary funding model to an autonomous management model requires senior managers to take responsibility for the facility's financial stability, which, under current conditions, depends on patient enrollment and the efficient use of resources.

**Unresolved issues.** The topic of this article is particularly relevant in the current context, as the healthcare system is forced to operate under unprecedented pressure from the crisis conditions caused by the state of war in Ukraine. Among the most acute challenges of the current crisis environment are a staffing crisis, financial and economic constraints, and infrastructure and security risks. Under such extreme conditions, traditional top-down administrative management models are ultimately losing their effectiveness. To ensure the continuity of healthcare services and the survival of healthcare facilities as economic entities, there is a need to transition to flexible, crisis-resilient management that integrates tools for digitalization, efficient human resources management, and corporate social responsibility.

**Purpose of the article.** Optimizing the management system of municipal nonprofit enterprises in the field of primary health care is a critically important task both for ensuring the health of the nation and for the sustainable development of local communities.

**Main material.** y summarizing the latest trends in healthcare management, this article outlines changes in approaches to managing primary care facilities and demonstrates the need to transform outdated directive methods in favor of an autonomous, adaptive, and socially oriented system for managing municipal nonprofit enterprises. The study examines the comprehensive impact of the implementation of electronic tools, updated financial mechanisms of the National Health Service of Ukraine (NSZU), shortages of medical personnel, and extreme wartime conditions on economic stability, operational effectiveness, patient-centered care, and the speed of management decision-making. A conceptual strategy for modernizing the management of healthcare institutions has been developed, which combines the extensive digitization of internal processes, the implementation of the principles of sustainable development and corporate social responsibility, the strengthening of human resources, and ensuring the uninterrupted provision of medical and health care to residents amid heightened crisis pressures and the subsequent recovery of local communities.



**Conclusions.** The proposed comprehensive strategy for optimizing the management of municipal nonprofit enterprises will help primary care facilities systematically mitigate staffing risks and excessive dependence on funding from the National Health Service of Ukraine. This approach will transform the speed and accuracy of management processes at all levels, laying the foundation for scaling up the digital and socioeconomic resilience of municipal non-profit healthcare enterprises within local communities.

**Keywords:** *primary health care, municipal non-profit enterprise, healthcare management, anti-crisis management, sustainable development, digitalization of management processes, corporate social responsibility, organizational resilience.*

Formulas: 0; Figures: 1; Tables: 2; References: 16.

**JEL Classification:** I11, I18, M10, M15.

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**Introduction.** Over the past decade, the domestic healthcare sector has been undergoing a period of profound structural and institutional transformations. The key driver of these changes has been the decentralization of management, accompanied by a massive reorganization of medical institutions: they have evolved from state-controlled budgetary units to independent municipal nonprofit enterprises. At the same time, there was a change in the financial framework—a transition to contracting with the National Health Service of Ukraine, which established a market-based mechanism for payment for services actually rendered and introduced the competitive principle of “funds follow the patient.”

Acquiring the organizational and legal status of municipal nonprofit enterprises allowed the top management of healthcare facilities to gain expanded authority: from independently designing their organizational structure and flexibly allocating budgets to implementing their own employee incentive systems. However, this independence automatically increased the level of managerial accountability, as the economic viability of the enterprise now directly correlates with the quality of service, the level of patient-centered care, and the ability to effectively allocate available resources.

In this new healthcare system, primary care serves as the foundational and strategically most important level. It is outpatient clinics and primary care centers that form the “gateway” to the healthcare system, performing critical functions in disease prevention, early screening, and patient referral, which

**Literature review.** Methods for improving the effectiveness of enterprise management systems and mechanisms for adapting them to changes in the external environment are the focus of many Ukrainian scholars. Several key areas can be identified.

The first area covers research into the fundamental principles of the evolution and optimization of management systems. In particular, O.S. Hrygorenko [7] studied the evolution of enterprise management systems in the context of global changes, emphasizing the need to transition to flexible organizational structures. The issues surrounding the process-oriented approach and ways to optimize enterprise management systems are thoroughly covered in the works of O.M. Lozovsky, K.Yu. Husak [11], as well as N.M. Vasylyk [5] and I.M. Pererva [12], who demonstrate that management effectiveness directly depends on the rational allocation of resources and continuous monitoring of results. S.T. Piletska and T.Yu. Korytko [13] focused on approaches and methods for a comprehensive assessment of managerial effectiveness.

The second area focuses directly on the specifics of healthcare management and the consequences of reforming the sector. The organizational and legal forms of healthcare providers’ activities—in particular, the advantages, challenges, and limitations of the status of municipal nonprofit enterprises—are thoroughly analyzed in the works of T.V. Blashchuk and L.R. Krynychko [4]. The specifics of modernizing public administration in the healthcare system and the organization of healthcare facilities’ operations under autonomous conditions are explored in the studies by M.M. Shkilnyak and T.L. Zheliuk [17]. The authors agree that modern healthcare

management must strike a balance between fulfilling a social mission and ensuring economic profitability.

The third area is devoted to the methodology for evaluating the effectiveness of healthcare facilities under the new funding model. The works of O.I. Serdyuk, K.P. Chernenok, G.M. Semenko, and O.V. Lukonin demonstrate that assessing the financial condition of a healthcare facility under a contract with the National Health Service of Ukraine requires the use of specific indicators, since traditional commercial metrics do not always reflect the social effectiveness of primary care.

The fourth area explores issues of innovative development and the digitalization of management in healthcare. I.M. Biletska investigated the innovative development of healthcare institutions as an integral function of managing their systemic development. N.B. Kyrych, R.P. Sherstyuk, and B.M. Andrushkiv made a significant contribution to the study of digitalization; they substantiated the main directions for improving the management of healthcare information and communication systems in the context of amalgamated territorial communities, demonstrating the critical importance of automating data exchange.

**Purpose, objectives and research methods.** The purpose of this article is to develop scientifically grounded practical recommendations and strategic directions for improving the management system of a municipal nonprofit enterprise in the field of primary health care in the context of crisis challenges, based on the integration of sustainable development principles and comprehensive process automation. To achieve this goal, the following research objectives were identified: to elucidate the nature and functions of management in primary health care facilities and to examine the specific characteristics of municipal nonprofit enterprises' operations amid health care system reforms; to conduct a comprehensive analysis of financial and operational activities and evaluate the current management decision-making system using the example of the municipal non-profit enterprise "Primary Health Care Center"; to identify the main destructive factors and imbalances that destabilize the operational activities of the medical facility under martial law and staff shortages; to develop directions for integrating the principles of sustainable development and corporate social responsibility into the enterprise's management strategy; to justify a model for the comprehensive automation of management processes and assess its projected socioeconomic impact on the efficiency of healthcare service delivery. The methodological basis of the study is a comprehensive approach that integrates the concepts of crisis management, sustainable development, and the digital transformation of healthcare management.

**Research results.** Based on the results of a theoretical analysis, it has been established that in the modern knowledge economy, the sustainability of a healthcare facility depends not only on the availability of material, technical, or medical resources, but also on its digital capabilities and the flexibility of its management system. It has been demonstrated that while just a few years ago digitalization in healthcare was viewed primarily as a tool for basic automation of reporting, today it determines the ability of a municipal nonprofit enterprise to respond quickly to changes, reconfigure work processes, and ensure the continuity of service delivery amid systematic uncertainty.

Based on a review of contemporary scientific approaches, it has been determined that one of the key indicators of an organization's readiness to face such challenges is its digital maturity. For primary care facilities, this reflects not merely the fact of being connected to the eHealth system, but the degree to which digital technologies are integrated into strategic management. An analysis of the operations of the municipal nonprofit enterprise "Primary Health Care Center" revealed that, despite an overall process digitization rate of 71%, the enterprise faces data fragmentation: management analytics are often generated manually, which slows down decision-making. At the same time, a study of best practices confirms that successful municipal nonprofit enterprises with a high level of digital maturity use data as the basis for resource allocation and rapidly scale digital services (such as telemedicine and are capable of quickly adapting their structure to changes in workload.

Full-scale war has served as a catalyst for a profound transformation of management approaches in healthcare facilities. It has been found that martial law has radically altered the nature of risks: they have become multidimensional, interconnected, and capable of rapidly spreading to the financial, human resources, information, and logistical spheres. Significant waves of migration have led to unpredictable changes in population numbers within the service areas. Accordingly, the study scientifically demonstrated that the organizational resilience of a municipal nonprofit enterprise is no longer a characteristic of individual processes but has taken on a systemic nature, determining the institution's ability to maintain manageability in the absence of stable external conditions.

An assessment of the organization's internal environment revealed that the human resources system was particularly hard hit. The analysis showed a 13% reduction in the staff of the municipal nonprofit enterprise "Primary Health Care Center," which resulted in an increase in the workload per physician to 1,847 patient registrations. Based on these findings, it has been demonstrated that, under these conditions, employees' digital competencies and the development of a digital culture become strategic priorities. Thus, the effectiveness of digital transformation depends on the readiness of medical staff to use analytical tools, interact in a virtual environment, and quickly master new solutions that minimize paperwork.

In light of today's challenges, digital technologies should be viewed not as auxiliary tools for automation, but as a strategic resource for building organizational resilience in healthcare organizations. To conceptualize the identified patterns and provide a clear understanding of this transition, this study systematizes the functional role of modern digital technologies in the management architecture of municipal nonprofit enterprises (Table 1).

*Table 1. The Functional Role of Digital Technologies in Building Organizational Resilience in Primary-Level Nonprofit Public Utility Enterprises*

| Areas of Management at the Non-Profit Public Institution | Digital Tools and Technologies                                                                                               | Impact on the Organizational Stability of a Healthcare Facility                                                                         |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Patient Experience Management (Service)                  | Omnichannel CRM systems, online appointment scheduling platforms, telemedicine portals                                       | Ensuring continuous communication with patients, reducing social tension, and cutting appointment wait times by 25%.                    |
| Financial and Economic Planning                          | Cloud-based ERP systems, automated modules for interacting with the National Health Service of Ukraine, predictive analytics | Avoiding reporting errors, ensuring stable financial revenue, and forecasting cash flow gaps.                                           |
| Human Resources Management                               | Workload Monitoring Systems (BPM), Digital Learning Platforms                                                                | Evenly distributing the workload among doctors, preventing emotional burnout, and reducing staff turnover.                              |
| Infrastructure and Data Protection                       | Cybersecurity Systems, Multi-Factor Authentication, Cloud Backup                                                             | Protecting sensitive medical data (eHealth) from cyberattacks and ensuring the availability of patients' medical records during crises. |

*Source: Compiled and organized by the author.*

A synthesis of the data presented convincingly demonstrates that the functional role of modern digital technologies has evolved from tools for basic record-keeping to a key element of strategic management. Their deep integration provides a reliable analytical foundation for management decisions and ensures the flexibility of a healthcare facility's organizational processes.

A logical consequence of these transformations is a rethinking of the concept of business continuity. Whereas in the past, medical facilities viewed it primarily as a set of instructions for emergencies - such as power outages or water supply disruptions—it is now evolving into a strategic operating principle. Its implementation requires the development of a digital infrastructure and organizational culture capable of supporting critical business processes regardless of external circumstances.

In light of the above, we propose the concept of an Adaptive System of Digital Organizational Resilience for a municipal nonprofit enterprise, which views resilience as the result of the interaction of key components:

1. A leader's digital leadership - the ability of the director of a municipal nonprofit enterprise to formulate a vision for transformation and encourage staff to embrace change. This component serves as a fundamental driver of organizational change and extends far beyond the purely technical administration of the software procurement process. In the context of the proposed model, digital leadership entails the ability of the top management of a municipal nonprofit enterprise to formulate a clear strategic vision for the organization's digital transformation and to communicate it to all levels of the organizational structure. Under crisis conditions, the key task of a leader becomes overcoming internal resistance to change, reducing staff anxiety regarding new technologies, and creating a motivating environment. Today's healthcare facility leader must serve not only as an administrator but also as the primary driver of innovation, demonstrating through personal example the effectiveness of using analytical dashboards (indicator panels) to make evidence-based, data-driven management decisions.
2. Digital culture and competencies - the team's readiness for innovation and ability to work with large volumes of patient data. The analysis conducted provides grounds for asserting that this element forms the socio-psychological and professional foundation of a healthcare organization's sustainability. On the one hand, digital culture determines the team's overall openness to innovation and willingness to abandon outdated paper-based processes. On the other hand, it has been proven that employees' direct digital competencies—their practical ability to work effectively in healthcare information systems, process large sets of patient data, and adhere to digital hygiene rules—are becoming critically important.
3. Intelligent information systems - the integration of medical information systems, accounting software, and CRM into a single ecosystem for instant data exchange. Based on a review of best practices, it has been established that this component requires a complete rejection of fragmented automation. It has been demonstrated that organizational resilience can only be achieved through interoperability—the seamless integration of various information products (MIS, accounting and HR systems, and CRM) into a single corporate digital ecosystem. This approach eliminates data duplication and establishes a single source of truth for management, which ultimately enables the automation of complex reporting processes to the National Health Service of Ukraine.
4. Cybersilience - organizational procedures for backing up databases and protecting personal information in the face of cyber threats. This is a critically important component of resilience. Given the rise in external risks, it is clear that in the face of hybrid threats, massive cyberattacks, and energy instability, the issue of data protection is evolving from a standard task for IT specialists into a matter of strategic survival for municipal nonprofit enterprises. The study confirms that a healthcare facility's cyber resilience must encompass a comprehensive set of institutional and technical procedures: strict segregation of access rights to sensitive medical information, regular cloud-based database backups, and the development of clear business continuity protocols.

In addition to digital transformation, the implementation of corporate social responsibility principles is an integral part of optimizing the management of a municipal nonprofit enterprise in the face of crisis challenges. Under martial law, a primary care medical facility ceases to be merely a provider of medical services and transforms into a key center of social stability for the local

community. Traditionally, the concept of corporate social responsibility has been viewed primarily in the context of large commercial businesses; however, for municipal nonprofit enterprises, it takes on a special, existential significance.

The social responsibility of a municipal nonprofit enterprise is realized through three key areas. First, there is internal corporate social responsibility, aimed at retaining staff. In the face of a severe staff shortage and physician burnout, management practices must include psychological support programs for staff, the creation of safe working conditions (such as shelters and an uninterrupted power supply), and a transparent system of financial incentives. Second, there is external corporate social responsibility, which involves proactive work with socially vulnerable groups, internally displaced persons, and veterans. Organizing free mobile screenings, public health education campaigns, and patient education programs builds a high level of trust in the medical facility. Third, it has been proven that a high level of social responsibility has a direct economic impact. A municipal nonprofit enterprise with a well-developed corporate social responsibility strategy and a transparent reputation has significantly better chances of attracting extra-budgetary funding—such as international grants, humanitarian aid from charitable foundations (including generators, medicines, and ambulances), and investments from donors. Thus, corporate social responsibility becomes not merely a reputational tool, but an effective mechanism for diversifying financial risks and overcoming overreliance on funding from the National Health Service of Ukraine.

The findings indicate a positive trend in the development of digital management tools and the gradual introduction of electronic document management. In other words, electronic medical systems and digital services are already being used for maintaining medical records, generating reports and liaising with the National Health Service of Ukraine. This enables faster information processing, reduces the volume of paper-based document flow and improves the coordination of internal processes.

At the same time, the organisation's level of digital maturity cannot yet be considered entirely sufficient. Some internal processes remain insufficiently automated, and management analytics are largely generated manually. This places an additional burden on staff and slows down the speed at which certain management decisions are taken.

As part of its human resources policy, the organisation ensures the functioning of the employment relations system, the organisation of staff work, the professional allocation of duties and the maintenance of workforce stability. However, staffing remains one of the most problematic areas. Declining staffing levels, the increasing workload on doctors and the risks of staff burnout point to the need to strengthen social support for staff, develop motivational mechanisms and create more comfortable working conditions.

The environmental aspect of the activities of non-profit utility companies deserves special attention. Although the environmental component does not yet play a leading role in the management systems of these companies, certain elements of environmentally-oriented management are already being implemented through the gradual reduction of paper-based document flow, the use of digital services and the optimisation of resource use. At the same time, there remains significant potential for development in this area.

An overview of the current level of implementation of the principles of sustainable development and corporate social responsibility is presented in Table 2.

The analysis carried out indicates that certain principles of sustainable development and corporate social responsibility have already been partially implemented; however, their implementation remains largely piecemeal and has not yet been integrated into the institution's overall strategic management system. In the context of current challenges related to the state of war, staff shortages, limited financial resources and the need to improve the quality of healthcare, it is particularly important to develop a comprehensive approach to integrating the principles of sustainable development into the management system of a municipal non-profit organisation.

Table 2. An assessment of the implementation of the principles of sustainable development and corporate social responsibility in non-profit primary care organisations

| Area                                        | Current status                | Key challenges                                                    |
|---------------------------------------------|-------------------------------|-------------------------------------------------------------------|
| Social accessibility of healthcare services | adequate                      | staff shortages, high workload                                    |
| Financial sustainability                    | stable                        | dependence on funding from the National Health Service of Ukraine |
| Digitalisation of management                | average/adequate              | partial automation of processes                                   |
| Human resources policy                      | moderate level of development | professional burnout amongst staff                                |
| Community engagement                        | active                        | insufficient preventive care coverage                             |
| Patient-centred care                        | adequate level                | risks of increasing waiting times                                 |
| Environmental sustainability of processes   | initial level                 | insufficient development of energy-saving solutions               |

Source: Compiled by the author.

The main objective of the proposed measures is to establish a more resilient, adaptive, patient-centred and socially responsible management model capable of ensuring the stable long-term operation of the organisation. At the same time, the integration of sustainable development principles must encompass not only the social dimension of the organisation's activities, but also the financial, human resources, organisational, digital and environmental aspects of management.

First and foremost, it is advisable to incorporate elements of strategic sustainable development management into the operations of non-profit primary healthcare organisations. To this end, it is proposed that an internal policy on sustainable development and corporate social responsibility be drawn up, which will define the organisation's key priorities in the areas of human resources, digitalisation, social engagement, energy efficiency and the quality of medical services. The existence of such a document will enable management measures to be systematised and ensure consistency between strategic and day-to-day management decisions.

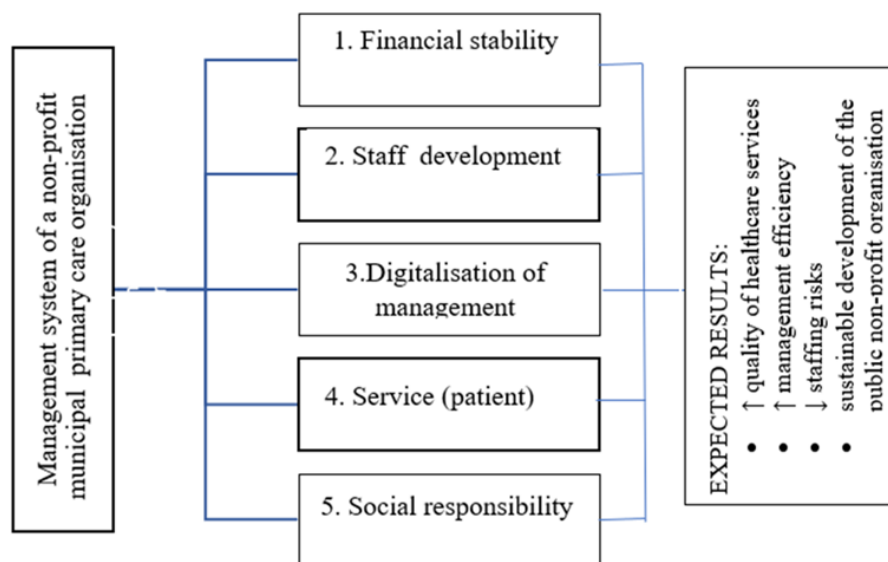


Figure 1. A proposed model for integrating the principles of sustainable development and social responsibility into the management system of non-profit public utilities in the healthcare sector

Source: developed by the authors

One of the key areas for improving the management system is strengthening the human resources component of sustainable development. In view of the identified problems of staff shortages and high workloads on medical staff, it is advisable to introduce programmes to support employees, promote professional development and prevent emotional burnout. Among the recommendations, the following key points are worth noting:

- organise in-house training sessions on digital skills and modern standards of medical care;
- introduce a system of non-financial incentives for staff;
- improve internal communication between organisational units;
- introduce psychological support measures for healthcare workers under martial law.

A proposed model for integrating the principles of sustainable development and social responsibility into the management system of non-profit public utilities in the healthcare sector

Another key area for integrating the principles of sustainable development is the strengthening of preventative measures and engagement with the local community. To this end, it is proposed to expand disease prevention programmes; step up information and awareness-raising activities amongst the public; develop cooperation with local authorities and civil society organisations; and implement public health support programmes.

Furthermore, a promising avenue for improving the management system is the introduction of environmentally-oriented management practices, in particular reducing paper-based document flow, optimising the use of energy resources, introducing energy-saving technologies and fostering an environmental culture amongst staff.

Given the rise in external risks, it can be said that, in the context of hybrid threats, large-scale cyber-attacks and energy instability, the issue of data protection is evolving from a standard task for IT specialists into a matter of strategic survival for a non-profit public utility. The study confirms that a healthcare organisation's cyber resilience must encompass a whole range of institutional and technical procedures: strict segregation of access rights to sensitive medical information, regular cloud-based database backups, and the development of clear business continuity protocols.

Thus, the study's findings demonstrate that the isolated implementation of individual technologies does not guarantee a municipal non-profit organisation's ability to respond effectively to crises. The highest level of organisational resilience is achieved only when digital solutions are integrated into the strategic management system, corporate culture and decision-making processes, which ultimately forms the basis for the provision of high-quality and uninterrupted primary healthcare in conditions of prolonged uncertainty.

**Discussion.** A study of municipal non-profit enterprises covering the period 2022–2025 reveals an interesting situation. On the one hand, these enterprises demonstrate considerable financial stability: total revenue is rising and equity is increasing. On the other hand, over the same period, staff numbers and profitability are declining. This contradiction between financial growth and operational weakness is the central focus of this study.

It appears that attributing staff shortages solely to external factors, such as migration or mobilisation, is insufficient. The results of the analysis indicate that the problem is structural in nature. The workload per doctor has reached a level where the number of patient requests significantly exceeds the threshold, causing the quality of medical care to begin to deteriorate. Biletska [3] argued that innovative development should be viewed as an integral function of management, rather than as a separate type of activity. This viewpoint can certainly be supported, but it must be noted that innovation without corresponding investment in human capital yields diminishing returns. Whilst significant funds were invested in equipment, these investments were not accompanied by commensurate attention to staffing levels. As a result, we have institutions that have become better equipped but are more vulnerable.

This viewpoint is consistent with the findings of Jura et al. [4], who identified the tension between social mission and economic sustainability as the main challenge for healthcare system leaders. Based on the analysis carried out, it can be noted that this contradiction is not static but dynamic. In times of crisis, the balance shifts. What might have been an acceptable compromise in 2022 had turned into an acute vulnerability by 2025. A decline in the staffing ratio (by around 10 per cent) and a simultaneous rise in staff turnover (to within 3 per cent) indicate that healthcare

facilities are approaching a tipping point, beyond which recovery becomes significantly more difficult.

From the perspective of theoretical approaches, one possible response to this challenge is proposed. By integrating crisis management, sustainable development and digital transformation into a single model, we are seeking to move beyond the fragmented approaches that dominate current practice. An adaptive system of digital organisational resilience is based on four interrelated components: digital leadership, digital culture, intelligent information systems and cyber resilience. Each of these addresses a specific aspect of the problem. Digital leadership sets the direction. Digital culture creates the conditions for change. Integrated information systems ensure decision-making based on factual data. Cyber resilience safeguards the results achieved.

The study concluded that the experience of the 'Primary Healthcare Centre' offers a more general lesson for managing the healthcare system in times of crisis. Financial stability alone does not guarantee operational resilience. Modernising equipment without corresponding investment in staff creates new vulnerabilities. Digital tools remain underutilised without a culture that supports their use. The proposed model lays the foundation for addressing these interrelated challenges, but its successful implementation depends on leadership that recognises the interdependence of its components and acts accordingly.

**Conclusions.** This study has shown that the management of primary health care facilities is an extremely complex system which, in the current context of military challenges and systemic reform of the sector, operates under constant financial, staffing, and infrastructure pressures. The study confirmed that traditional centralized management models have exhausted their potential, as they are unable to provide the necessary responsiveness and flexibility, leading to staff burnout and a decline in the profitability of healthcare organizations. The proposed comprehensive development strategy, based on the integration of the principles of sustainable development, corporate social responsibility, and the deep digitalization of management processes, forms a new, resilient, crisis-resistant model for the operation of a healthcare facility. It has been demonstrated that the implementation of an automated management system will significantly optimize the time spent on administration, mitigate staffing risks, and substantially enhance the patient-centered nature of medical services.

The results of this study paint a picture that is both encouraging and alarming: a municipal nonprofit primary care facility managed to maintain financial stability throughout four years of war, reform, and uncertainty; in fact, its revenue increased and its assets doubled. The facility invested in equipment and infrastructure. Under any normal circumstances, this would be a success story. And yet, the same data reveal cracks that are only multiplying: the number of employees has decreased, and profitability has fallen. The workload per doctor has increased, as has the number of health care agreements signed with each doctor. Moreover, traditional financial analysis alone cannot explain exactly what is wrong.

The goal of this article was to understand this paradox. It was found that the management system of a primary care facility cannot be evaluated through a single lens. Financial health matters, of course. But equally important are the state of the workforce, the maturity of digital tools, the quality of patient interactions, and the organization's relationship with its community. If any of these dimensions are ignored, the picture becomes distorted. The facility studied here received high ratings on some indicators and low ratings on others. It is precisely this uneven profile that tells the real story. The results of this study paint a picture that is both encouraging and alarming: a municipal nonprofit primary care organization has managed to maintain financial stability throughout four years of war, reform, and uncertainty, even despite staff reductions. It may seem that the changes are not critical, but we note that they are disproportionate. When a doctor is responsible for nearly 1,850 patients, something has to give. Either consultations become shorter, waiting times increase, the doctor works longer hours, or all of these happen at once. None of these outcomes is desirable. The study found that patient satisfaction actually improved during the study

period—from 78% to 84%. This is a positive sign. But it may also reflect the dedication of the reduced staff, who are working at the limits of their capacity. Dedication comes at a price, and that price is usually professional burnout.

The digital picture is just as mixed. Three-quarters of documents are processed electronically. These are respectable figures by Ukrainian primary care standards. But digitization is not a destination—it's a process. The study found that management analytics were still being generated manually. Data remained scattered across different systems. Decisions that could have been made in hours took days. The problem isn't a lack of technology. It's a lack of integration. Tools exist in isolation rather than as parts of a cohesive system.

What does this mean for our understanding of crisis management in healthcare? The model proposed in this article reflects this understanding. It views organizational resilience not as a static attribute, but as a dynamic capability arising from four interrelated components. Digital leadership provides direction—someone must see where the organization needs to go and convince others to follow. Digital culture creates the conditions for change—staff must be ready and able to work differently. Intelligent information systems provide the infrastructure—data must flow to where it is needed, when it is needed. Cybersecurity protects the results achieved—without security, every other investment is at risk.

The concept of corporate social responsibility deserves special attention because it challenges conventional assumptions. In the business world, corporate social responsibility is often viewed as an expense that improves a company's reputation. For a municipal nonprofit enterprise operating under martial law, the calculation is different. Based on the research conducted, it was found that engaging with internally displaced persons, veterans, and vulnerable groups attracted humanitarian aid and grant funding, which partially offset the organization's dependence on government contracts. This is not charity. It is a strategy. Corporate social responsibility functioned as a mechanism for financial diversification, reducing vulnerability to a single source of funding.

The proposed measures are practical and include the development of an internal sustainable development policy; the implementation of electronic document approval; the creation of dashboards for management; the organization of training programs for staff; the introduction of psychological support services; and the expansion of prevention programs. Each of these steps is feasible within the institution's existing resources. None requires massive investments. Together, they will address the specific weaknesses identified in the article.

Projections indicate significant improvements if these measures are implemented. Digitalization could increase by 10–15%, document processing time could be cut by more than half, patient wait times could be reduced by a quarter, staff retention could improve, and productivity could rise by nearly 12%. And these are not drastic changes. These are gradual improvements that, when combined, can significantly impact how the facility operates and how it is perceived by both staff and patients.

But projections are not guarantees. The nature of uncertainty can disrupt implementation. The security situation may deteriorate, government funding priorities may change, or key employees may leave. It is indeed necessary to acknowledge these risks. Therefore, we do not claim that the proposed model will solve all problems or that its implementation will be simple. We are proposing a framework—a system of priorities and principles that can guide decision-making in conditions of uncertainty. Specific steps will need to be adapted as the situation evolves.

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**Оптимізація управління закладами первинної медичної допомоги в умовах кризових викликів**

**Анотація.** Реформування системи охорони здоров'я України та перехід закладів у форму комунальних некомерційних підприємств змінили парадигму управління медичними установами. Первинна медична допомога є першою точкою контакту пацієнта з медичною системою, що робить ефективність управління нею критично важливою для громадського здоров'я нації. Об'єктом дослідження є система управління Комунального некомерційного підприємства «Центр первинної медичної допомоги» Зачепилівської селищної ради Харківської області.

**Постановка проблеми.** Трансформація закладів охорони здоров'я у форму комунальних некомерційних підприємств надала їм більшу управлінську та фінансову самостійність, але водночас підвищила відповідальність за фінансову стабільність, якість послуг і збереження кадрів. В умовах воєнного стану заклади первинної ланки стикаються з додатковими викликами: міграцією населення, дефіцитом медичних кадрів, зростанням навантаження та обмеженістю фінансових ресурсів місцевих громад. Скорочення чисельності персоналу з 56 до 49 осіб протягом 2022–2025 рр. у поєднанні зі зниженням рентабельності з 7,0% до 0,7% ілюструє гостроту цих викликів та необхідність пошуку нових управлінських підходів.

**Невирішені аспекти проблеми.** Попри значну кількість досліджень з управління охороною здоров'я, окремі аспекти залишаються недостатньо вивченими. Інтеграція принципів сталого розвитку та корпоративної соціальної відповідальності у систему менеджменту закладів первинної ланки не отримала належного висвітлення. Так само потребує подальшого дослідження зв'язок між цифровою трансформацією та організаційною стійкістю закладів у кризових умовах. Існуючі моделі зосереджені переважно на стабільному середовищі та не враховують специфічних обмежень, зумовлених воєнним станом.

**Мета статті.** Розробка практичних рекомендацій щодо удосконалення системи управління комунальним некомерційним підприємством у сфері первинної медичної допомоги на основі комплексного аналізу його фінансово-господарської діяльності та системи прийняття управлінських рішень.

**Основний матеріал.** На основі систематизації вітчизняних і зарубіжних наукових джерел виокремлено особливості менеджменту закладів первинної медичної допомоги та узагальнено методичні підходи до оцінювання його ефективності. Проаналізовано фінансово-господарську діяльність КНП «ЦПМД» за 2022–2025 рр. Здійснено комплексне оцінювання системи управління за шістьма блоками: фінансовий, організаційний, кадровий, сервісний, цифровий та соціальний. Виявлено ключові проблеми функціонування закладу: кадровий дефіцит, залежність від фінансування Національної служби здоров'я України, централізація управлінських рішень, недостатня автоматизація внутрішніх процесів. Запропоновано комплексний підхід до удосконалення системи управління, що поєднує інтеграцію принципів сталого розвитку та корпоративної соціальної відповідальності, впровадження моделі автоматизації управлінських процесів та обґрунтування стратегії розвитку підприємства. Розроблено модель адаптивної системи цифрової організаційної стійкості, що базується на взаємодії чотирьох компонентів: цифрового лідерства, цифрової культури, інтелектуальних інформаційних систем та кіберстійкості.

**Висновки.** Запропонована комплексна стратегія оптимізації управління комунальним некомерційним підприємством дозволяє системно знизити кадрові ризики та надмірну залежність від фінансування НСЗУ. Реалізація запропонованих заходів дозволить підвищити рівень цифровізації з 71% до 88%, скоротити час очікування пацієнтів на 25%, знизити адміністративне навантаження на 55,6% та покращити збереження кадрів. Практичне значення полягає у можливості застосування рекомендацій для інших закладів первинної медичної допомоги, які стикаються з подібними викликами.

**Ключові слова:** первинна медична допомога; комунальне некомерційне підприємство; медичний менеджмент; антикризове управління; сталий розвиток; цифровізація; корпоративна соціальна відповідальність; організаційна стійкість.

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