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TO THE ISSUE OF DIGITIZATION OF THE SERVICE SECTOR IN UKRAINE

Е. Забарна, В. Любченко. До питання цифровізації сфери послуг в Україні. Показано, що інформаційні технології створюють умови для проникнення та активної взаємодії віртуального та фізичного простору, тобто створюють цифровий кіберфізичний простір. Доведено, що загальне охоплення медичних послуг неможливе без підтримки eHealth. При цьому, особливої уваги потребуватиме питання мінімізації потенційних ризиків шляхом покращення функцій безпеки та конфіденційності. Такий підхід охоплює якість системи, позитивне поширення інформації та зменшення ризиків задля зміцнення довіри користувачів і заохочення широкого впровадження програм електронної охорони здоров'я. Метою статті є аналіз та формування пропозицій щодо активного залучення інформаційних технологій та цифрових послуг в сфері охорони здоров'я в Україні. Проведено змістовний аналіз сучасного стану та тенденцій розвитку електронної системи охорони здоров'я, як основи цифрової екосистеми охорони здоров'я України. Вона створює ключові сервіси та містить основні дані про здоров'я українців. Проведено анкетне опитування респондентів щодо ставлення та готовності українців використовувати електронні послуги з охорони здоров'я в розрізі їх вікового розподілу та їх розподіл за статтю, за витратами часу на спілкування в Інтернет та досвіду використання системи e-Healthy, а також рівень обізнаності про e-Health. На основі обробки результатів опитування, а також інтерв'ювання експертів галузі розроблено інформаційні моделі щодо рівня довіри та готовності користуватись послугами електронної охорони здоров'я. Визначено, що ключовим завданням для України в контексті просування систем e-Healthy є інформування населення про зміст, специфіку та переваги її використання. Іншим викликом для держави є формування довіри населення до таких послуг.

Ключові слова: інформаційні технології, цифровізація, сфера послуг, цифрова медицина, цифровий маркетинг

E. Zabarna, V. Liubchenko. To the issue of digitization of the service sector in Ukraine. It is shown that information technologies create conditions for penetration and active interaction of virtual and physical space, that is, they create a digital cyber-physical space. It has been determined that universal coverage of health services is impossible without the support of eHealth. At the same time, the issue of minimizing potential risks by improving security and privacy functions will require special attention. This approach encompasses system quality, positive information dissemination, and risk mitigation to build user confidence and encourage widespread adoption of eHealth programs. The purpose of the article is to analyze and formulate proposals for the active involvement of information technologies and digital services in the field of health care in Ukraine. A meaningful analysis of the current state and development trends of the electronic healthcare system, as the basis of the digital healthcare ecosystem of Ukraine, was conducted. It creates key services and contains basic data about the health of Ukrainians. A questionnaire survey of respondents was conducted regarding the attitude and willingness of Ukrainians to use electronic health care services in terms of their age distribution and their distribution by gender, according to the time spent on communicating on the Internet and experience using the e-Healthy system, as well as the level of awareness of e-Health. On the basis of processing the results of the survey, as well as interviewing industry experts, information models were developed regarding the level of trust and readiness to use electronic healthcare services. It was determined that a key task for Ukraine in the context of promoting e-Healthy systems is to inform the population about the content, specifics and benefits of its use. Another challenge for the state is the formation of public trust in such services.

Keywords: information technologies, digitalization, service sector, digital medicine, digital marketing

Introduction

In the 20s of the 21st century, an active phase of development of a wide range of information technologies began, their penetration into almost all spheres of modern life. The active spread of digital technologies was also facilitated by the intensification of the development of the digital space. In addition to solving current day-to-day needs regarding the organization of ordinary life, digital transformation and changes affected various spheres of business, including the business environment and the service sector. Challenges that Ukraine had to overcome in the war and post-war period also contributed to the active development of digital technologies. This fully applies to one of the problematic spheres – the sphere of health care. However, the issues of promotion and adaptation of digital services to consumers of various degrees of "readiness" and adaptability to the digital space are not sufficiently researched and require the development of specific practical recommendations. That is why this study is relevant.

Analysis of recent publications and formulation of the problem

On July 29, 2019, the Verkhovna Rada of Ukraine established the Committee on Digital Transformation. Among the main tasks assigned to him, the following is highlighted: organize and control work in such areas as the creation of a digital society in Ukraine, the functioning and use of the Inter-

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net, the development of programs on digital cooperation, the distribution of electronic services, cyber security, etc. On September 2, 2019, the Ministry of Digital Transformation of Ukraine was formed, which coordinates the optimization of the digitalization system and the corresponding work of state authorities. Accordingly, the Regulation on the functions and main areas of work of this Ministry was approved. It was at this time that the implementation of the state policy of Ukraine in the field of digitalization began. Active processes for the formation of digital innovations, the economy and its various branches have begun [1, p. 1].

The term “digitalization” (literal translation from English digitalization) today is an important and sought-after factor in the socio-economic development of the economy of every national economic system. This is a modern development trend. The development and implementation of any innovative ideas or new technologies, including digital ones, is a long process that involves a large number of risks. At the same time, information technologies create conditions for the penetration and active interaction of virtual and physical space, that is, they create a digital cyber-physical space.

Key advantages of the digital economy include:

- simplifying the system of financial settlements, increasing the importance of modern (electronic and/or digital) settlements in the general system of monetary settlements (in the system of monetary circulation);
- further development of remote work (taking into account today’s requirements);
- further implementation of electronic document management requirements;
- access to new market segments and lack of borders;
- reduction of the cost of goods and services, including due to the reduction of the level of bureaucratic obstacles.

On the other hand, the danger from the introduction of total digitalization is the increase of cybercrimes. Despite the implementation of projects on the digital transformation of various spheres of economic activity, certain spheres require intensifying work in this direction, in particular, the digital economy, Industry 4.0, sectoral digital transformations (Industry DX), the sphere of services (education, medicine, security, ecology, transport) [2].

The World Health Organization has identified universal health coverage (UHC) as a critical health goal and an important component of sustainable development. UHC stands for a health care system that provides all people and communities with access to quality health services without financial hardship. UHC aims to provide basic health services, including prevention, promotion, treatment, rehabilitation, and palliative care, to all people, regardless of their financial or social status. UHC aims to ensure that everyone can access health services without facing financial barriers or the risk of impoverishment.

UHC is not possible without the support of eHealth [3]. This recognition was formalized by the World Health Assembly in resolution WHA58.28, which defined eHealth as “the cost-effective and secure use of information and computer technology to support health and related fields, including medical services, health monitoring, medical literature and medical education, knowledge and research”. An eHealth system provides opportunities to support an integrated and coherent approach to health care, promoting integrated, people-centred health services.

The service, as a product of a special kind, requires special attention in terms of quality and consumer trust. So, given the peculiarity of services in the eHealth healthcare system, the quality of services forms the trust of users and their willingness to trust such an approach. Note that in this case, trust plays a crucial role in influencing users’ perception of privacy risks and benefits, which ultimately affects their decision to implement eHealth programs. In a study conducted by Fitriani et al. [4] investigated various factors affecting trust in eHealth. Among these factors, the quality of the system has become an important measure. Providers of eHealth software should prioritize high-quality and user-friendly systems that have attractive interfaces and demonstrate reliability.

Given the propensity for trust, eHealth providers should actively work with reputable organizations to provide positive information, thereby building user trust. Also, given the risk aversion of users, apps should minimize potential risks by improving security and privacy features. This multifaceted approach, covering system quality, positive dissemination, and risk mitigation, is essential to building user confidence and encouraging widespread adoption of eHealth programs.

In a study by Rachmani et al. [5], the adoption of digital health was linked to computers, the Internet, and eHealth literacy. The study focused on intentions to use online registration and patient

preferences for the type of online registration without delving into the usability aspect. The findings showed that patients preferred online registration via SMS, followed by web and app interfaces.

The study [6] deserves special attention because it provides compelling evidence for the benefits of eHealth. The authors used a system dynamic approach as a quantitative forecasting method to assess the impact of digital health on people, focusing on organizational performance standards. The main contribution of the study to the development of research and practice was the emphasis on the benefits of implementing e-health services to optimize operational productivity.

A study [7] showed that eHealth services have the potential to improve the efficiency of healthcare facilities, leading to improved survival rates, patient benefits and the development of more resilient healthcare systems that can withstand crises. The study highlighted the positive outcomes of eHealth implementation, highlighting its ability to make a significant contribution to improving healthcare services.

As organizations increasingly implement IT systems containing significant amounts of patient information and personal data, new opportunities and challenges have emerged. Awareness of issues such as computer data privacy is growing and the relevant laws and regulations that organizations must comply with are evolving.

In general, it should be noted that the World Health Organization's recognition of UHC as an important goal of health care, implies the mandatory integration of eHealth into UHC, emphasizes the key role that technology plays in ensuring fair access to quality health services [8].

The studies discussed highlight the multifaceted nature of eHealth implementation, emphasizing the importance of system quality, user trust, and risk mitigation strategies, and demonstrate the significant potential of digital health to improve efficiency, improve patient outcomes, and promote health system sustainability. I. As the field evolves, addressing new challenges, such as privacy issues, becomes critical, indicating a continued need for responsible and effective eHealth implementation to achieve comprehensive, integrated, and people-centred healthcare.

The purpose of the article is to analyse and formulate proposals for the active involvement of digital services in the field of health care in Ukraine and the spread of digital tools among the population of Ukraine. To achieve the goal, the following tasks were set:

- to analyse the existing level of dissemination of information technologies in the system of medical services;
- conduct a study to assess the degree of community readiness and involvement in digitalization processes in the field of medical services;
- to form mathematical models of dependencies between awareness, readiness and the level of use of digital medicine in Ukraine;
- to propose a series of measures to spread the field of information technologies in the provision of medical services to the population.

Presenting main material

Decree of the Cabinet of Ministers of Ukraine dated September 29, 2021, No. 1175 “On approval of the plan of measures for the implementation of the Concept of the development of electronic health care” approved the plan of measures for the implementation of the Concept of the development of electronic health care, the implementation of which is foreseen by 2025 [9].

The electronic health care system (EHS) is the basis of the digital health care ecosystem of Ukraine. It creates key services and contains basic data about the health of Ukrainians. Today, the electronic system provides digital medical services for more than 35 million Ukrainians, which provide more than 400,000 medical and pharmaceutical workers. In 2023, more than 2.4 billion digital data were recorded in the EHR (electronic medical records), about 466,000 registered specialists, and more than 3 thousand pharmacies. EHR provides such services as the ability to purchase prescription drugs by e-prescription; receive immunosuppressive, pain-relieving drugs, test strips for glucometers by e-prescription within the limits of the reimbursement program; to register categories of patients for different nosologies; use the office of actual and clinical monitoring; to form COVID certificates for patients who received vaccinations abroad; it is simplified to form medical conclusions about temporary incapacity for work and for pregnant women to choose when exactly to go on maternity leave; manage the affairs of a legal entity and the reorganization of health care institutions.

This year, the rehabilitation process in healthcare was digitized. Thus, the functionality of accounting for rehabilitation interventions has been implemented in the EHR. Currently, there are more than 1 million rehabilitation records, and more than 125,000 patients have already used the service.

Digital solutions were also applied in the processes of distribution and accounting of humanitarian medical aid for Ukraine. Thus, medical humanitarian aid for 16 billion hryvnias was administered from 35 countries of the world and more than 60 international and charitable organizations, companies, and governments of various states. In 2023, they jointly implemented the electronic system of epidemiological surveillance (ESES) and expanded its functionality; in particular, such modules as infectious diseases, sentinel surveillance, occupational diseases, analytical data, administration, and syndromic surveillance are currently available.

Among other things, changes were implemented in the processes of military medical commissions and the digitization of these processes was started, namely, together with the Ministry of Defence of Ukraine, electronic document flow was launched between medical institutions, military units and recruitment centres, the throughput capacity of military medical commissions was expanded by introducing an electronic queue, as well as the training of military doctors to work with EHR is currently ongoing.

It is worth noting that the work on the modernization of state registers continues: the MVP version of two basic state registers – medicines and medical products – has been launched. In addition, 14 projects on the “Diia.Engine” platform are at the development stage, including the following systems and registers: food additives, disinfectants, visits of blood donors, dangerous factors (chemical substances), rating allocation to internship, electronic queue for endoprosthesis, registration of cannabis plants for medical purposes. Currently, measures are being taken to create an information and communication system for blood donation (“eBlood”). It will ensure communication and exchange of information between all subjects of the blood system, as well as blood donors. In addition, it will interact with the EHR in terms of information exchange regarding blood donors.

Thus, resolutions of the Cabinet of Ministers of Ukraine No. 143, dated February 17, 2023, “On the creation of an information and communication complex of the blood system” and No. 1294, dated December 12, 2023, “Some issues of the information and communication system of blood donation” were adopted. The following digital projects have also been implemented:

- launch of the electronic system of continuous professional development;
- work on cross-border data exchange in the field of healthcare (Digital Europe Program, EU4health, EU4digital);
- implementation of the integration of the EHR with other state registers to improve the quality of data and their exchange, projects on depaperization, cyber security and digital education of medical workers;
- involvement of several thousand laptops for the computerization of medical institutions;
- the work of the National Contact Center of the Ministry of Health with digital solutions for accepting and processing more than 300,000 appeals in 2023.

As part of the international project “Efficacy and prospects of Digital Healthcare in Ukraine during and post-conflict” (Efficacy and prospects of Digital Healthcare in Ukraine during and post-conflict) in accordance with the Cooperation Agreement between the University of Portsmouth (Great Britain) and the National Odesa Polytechnic University conducted a meaningful study of the dynamics of the implementation of digital medicine in Ukraine, particularly in the context of challenges related to military conflicts and the impact of the COVID-19 pandemic. Our study examined the key factors affecting the use of electronic health care, including expected productivity, expected duration of effort, social influence and enabling conditions. In general, this approach provided an opportunity to assess the readiness and involvement of society in digitalization in the healthcare sector of Ukraine.

Research methods

To solve many problems of socio-economic life, experts struggle with a certain lack of source information (that is, inaccurate, non-representative information; lack of statistical data on individual indicators; the impossibility of obtaining information in connection with the preservation of commercial secrets, etc.). In such conditions, as practical experience shows, it is advisable to use the forecasting method based on expert assessments [10]. To carry out expert assessments, they use well-founded and reasoned judgments of highly qualified specialists in the area that is the subject of the study [11]. Certain experience in theoretical development and practical use of expert assessments has been accumulated and widely distributed in industrially developed countries (USA, Switzerland, Great Britain, etc.). Here, expert evaluations are used mainly for the development of socio-economic and scientific-technical orientation of individual business entities in conditions of competition, as well as in the work

of organizations in the process of developing and implementing long-term scientific and technical programs and projects. These methods are gaining particular relevance in Ukraine today.

In order to carry out an in-depth analysis of the degree of community readiness and involvement in digitalization processes in the field of medical services in Ukraine, we developed a questionnaire and conducted interviews with experts in digital medicine.

Most of the respondents who took part in the survey were young people under the age of 21 (58%). Other respondents (42%) are representatives of the active part of society, under the age of 55. The vast majority of respondents, aged from 22 to 55, are able-bodied active people (Fig. 1).

Considering the fact that the retirement age in Ukraine, according to Article 26 of the Law of Ukraine “On Mandatory State Pension Insurance”, as of today, is 60 years for both men and women, our respondents are the population of working age, which must be up-to-date in order to perform one’s professional duties. The distribution between men and women among the respondents (Fig. 2) fully corresponds to the demographic situation in Ukraine: the female population is larger than the male population, as well as among our respondents, the share of women is 57.5%, men – 41.1%.

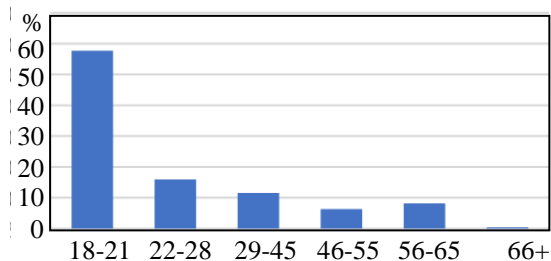


Fig. 1. Age distribution of respondents

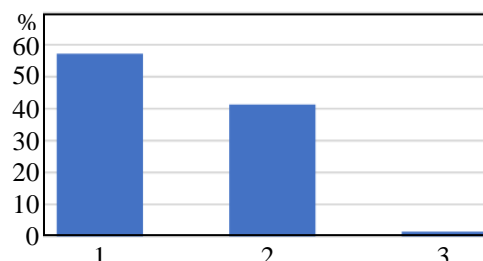


Fig. 2. Distribution of respondents by gender: 1 – Female; 2 – Male; 3 – Other

It is already common knowledge that Internet resources are the most saturated, relevant and modern source of information for a modern person. According to Fig. 3 respondents who took part in the survey are active users of the World Wide Web, which, regardless of the user’s preferences in searching for information, preferences in social networks, etc., are under the influence of the Internet information space.

87.4% of respondents spend more than an hour every day using and communicating on the Internet. Moreover, more than 64% of them spend more than 3 hours every day.

In order to ensure the correlation of the results of the conducted survey to the development of specific constructive proposals, we formed focus groups and conducted their interviews. Thus, the first focus group was attended by representatives of education seekers (vocational pre-university, higher (first and second educational levels) and professional education, aged 18...21 years); to the second focus group – active working population of various professions and educational levels, aged up to 45 years of age; the third focus group – representatives of medical professions. Each focus group – 5 people. Separately, we conducted a thematic communication with the representatives of information medicine, who provide professional information and program support for the functioning of the e-Healthy system.

So, as evidenced by the data of Fig. 4 and the results of communication with the first and second focus groups, 41.5% have a restrained attitude to any online advice and rather a negative attitude towards them than a desire to develop and listen to innovations in the field of health care and the provision of medical services. At the same time, 43% of respondents do not have complete information (almost 70% of them have no idea about the existence of the e-Healthy system). These figures are fully confirmed by communication with all focus groups.

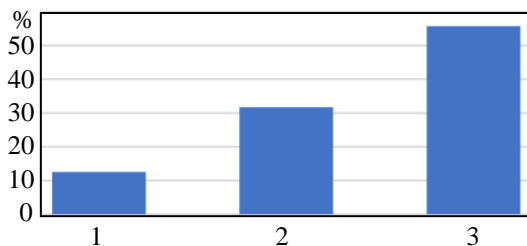


Fig. 3. Distribution of respondents by time spent on Internet communication: 1 – Less than 1 hour; 2 – 1-3 hours; 3 – More than 3 hours

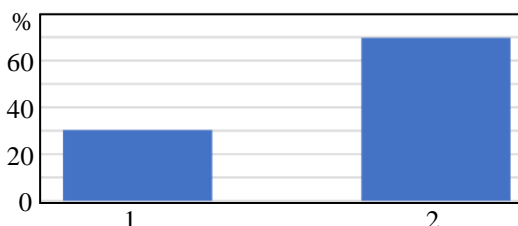


Fig. 4. Respondents’ experience of using the e-Healthy system: 1 – There is; 2 – There is none

At the same time, 28.5% of respondents expressed a desire to use such online services; however, they lack awareness of these issues (Fig. 5). This state fully corresponds to the existing "classical" segmentation of the consumer market regarding the perception of innovative offers of goods and services (segmentation according to the type of consumer's personality).

According to the degree of acceptance of innovations, E. Rogers divided consumers into five types: innovators (pioneers), early followers, early majority, later majority and slow ones (conservatives). Accordingly, each such segment among the population was defined in the following way: innovators are few, and their weight is about 2.5%. Early followers are almost 12.5%, the early majority, as well as the later majority, made up 35% each. The rest, almost 15%, were formed by conservatives.

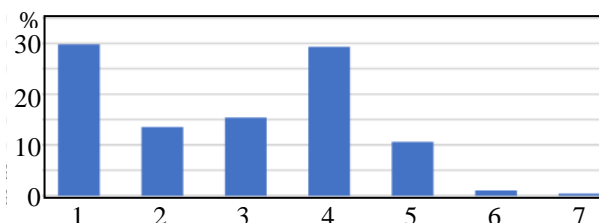


Fig. 5. Level of respondents' awareness of e-Health: 1 – I don't know that there is such a thing; 2 – I want to receive such consultations, but I do not know how it works; 3 – Positive, it's quite acceptable, and I trust this advice; 4 – More positive but cautious attitude towards online advice; 5 – Neutral because I do not trust anyone except my doctor; 6 – Rather negative, because the Internet is about everything and nothing; 7 – Negative – it is not known who is behind it

Let's consider the key segments of consumers in terms of their attitudes and perception of innovative ideas in more detail. Innovators are consumers who are active and always ready to try new things. They are interested in any novelties; everything is cutting-edge, just appeared, practically no one uses it anymore, and experimentation is their passion. They do not like to repeat themselves; they are happy to change brands and companies, and they are interested in new flavours and packaging. They are bored by monotony. Nothing frustrates an innovator more than a narrow choice. Innovators show a certain tendency to risk, a thirst for new sensations and a shortage of adrenaline. They like to be seen; in many ways, their behaviour and way of thinking can be called non-conformist. The most interesting for us is the group of consumers in terms of the ability to adopt innovations - these are early followers. They create a launching pad for the distribution of a new product or service. In terms of psychological features, they are similar to innovators, although they are more reserved.

In advertising, such messages as "new", "fresh solution", "this year's model", "new taste", "the most fashionable", "the hit of the season", "the last word in the world of technology" and other phrases should be prepared for them, emphasize the novelty of the product. Advertising for innovators uses techniques that reflect high technology and scientific sophistication. So, advertising with a demonstration of constructive 3D models, graphs and formulas is quite suitable for them. For them, advertising that affects the emotional sphere and presents the product as the most fashionable, youthful and advanced is just as good. For innovators, restyling and updating the appearance of goods or packaging to maintain interest in old products is very suitable. In new packaging, they are perceived as new products that have not yet been purchased. On the other hand, there are conservatives (according to the terminology of E. Rogers, latecomers) – this is inactive, in terms of novelties, public. They do not like innovations; they prefer products and services that have been well-tested over time. They treat everything new with fear and even suspicion. They get used to one or more proven brands and any changes for them are stressful. They often praise what was produced before. The quality and durability of a thing is the main thing for a conservator. They prefer to buy once for a long time than to buy a bunch of obscure things. Conservatives do not chase purchases as such, material for them is more a necessity than an end in itself. Based on the results of the survey, the ratio between innovators-early followers and conservatives (43% / 28.5%) determined by us requires additional attention from marketers regarding informing and active promotion of e-Healthy.

Extremely useful and interesting from the point of view of expert evaluation was the communication with the focus group – representatives of information medicine, doctors and persons involved in the development and promotion of the e-Healthy system. Thus, according to practising doctors of

Ukraine (representatives of therapists – “family doctor”), the indicated system provides the following advantages:

- faster communication with the doctor;
- convenience of communication (which involves saving time, does not require additional efforts regarding the formed daily work schedule, etc. – specifically for patients);
- availability to an online doctor outside working hours (in emergency cases);
- no waiting in queues.

Master in “Health-informatics” Karina Karimova (Stockholm, Sweden) noted that the electronic online patient service system is a promising direction for the development of medical services throughout the world: “This is a promising direction, the future lies in it!”. For example, many “electronic polyclinic” platforms are already actively used in Sweden today: KRV, Doctor.se, capio, medicheck, meliva, mindoctor and many others. In almost every country today, there is a certain shortage of doctors in narrowly specialized areas, this issue is also topical for Sweden. In contrast to the Ukrainian society, a high degree of trust in such platforms has been formed in Sweden. A trusted doctor is present at the reception. The platform (technical support) is provided by medical campaigns in the form of a mobile application. The doctor is only required to understand the essence of the operation of such an electronic system and the additional user skills of this system. Such requirements are fully covered within the scope of the doctor’s professional development, which is systematic and must be carried out periodically at least once every five years.

Another positive point is that the online doctor has access to the patient’s medical history (within the database-patient cards). On the other hand, in Sweden, individual patient cards are “tied” to a certain territory (the patient’s place of residence) and are not available in other regions of the country.

The European experience of the electronic system of providing medical services demonstrates the possibility of prompt provision of an electronic prescription, which “works” in the same way as a regular prescription (it is possible to get such a prescription from an online doctor even in the pharmacy itself).

Domestic doctors point out the presence in Ukraine of the problem of identification in the online system, both of the patient himself and of the doctor. It is the guarantees of such identification that contribute to the high degree of lack of trust among the population in e-Healthy. Among the problems that arise during the introduction of the e-Healthy system, the difficulties with access to the Internet as such are singled out, especially in the modern conditions of damage to the infrastructure of Ukraine. This issue is also relevant for small settlements, where there is also a lack of specialists, and it is precisely for such villages and settlements that the use of e-Healthy in its broadest sense is up-to-date. On the other hand, the representatives of each focus group emphasize that. that the diagnosis of patients’ diseases cannot be carried out using the e-Healthy system in every case. In some cases, direct communication with the doctor, palpation, examination of the patient, etc. is necessary.

In our opinion, based on existing developments and world experience, a partial solution to this issue can be the development of “scanner” devices that allow for “real-time” diagnostics, such as blood pressure scanners, electrocardiography, etc.

Research results

Representatives of the first group generally understand electronic health care at the level of a “More positive but cautious attitude towards online consultations” (41% of respondents). They have all the resources and knowledge they need to use the eHealth system (rated 4.46 out of 5), find the eHealth system useful for consulting with a doctor (4.11 out of 5), and find it easy to learn use the electronic health care system (4.0 out of 5). They find e-Health easy to use (3.92 out of 5) and fit their lifestyle (3.95 out of 5). Regarding the last two assessments, there are significant connections in the answers that ensure the respondents’ understanding of the content of these concepts. Thus, ease of use is determined by the characteristics “My interaction with the electronic health care system is clear and understandable” (x_1) and “It was easy for me to learn to use the electronic health care system” (x_2):

$$y = 0.3 + 0.63 x_1 + 0.29 x_2.$$

Regarding lifestyle suitability, there is a dependence on the characteristics “I have all the resources necessary to use e-Health” (x_1) and “I have the knowledge necessary to use e-Health” (x_2):

$$y = -1.17 + 0.35 x_1 + 0.8 x_2.$$

Representatives of the second group generally understand electronic health care at the level of “don’t know what it is” (42% of respondents) and are sceptical about the services (the maximum aver-

age score is 3.38 out of 5). The key issue here is the issue of trust in e-Health services. Therefore, the revealed relationship between the features “How much you trust e-health services” (y) and “How easy is it to use the service” (x_1) and “Assessment of infrastructure adequacy for using the service” (x_2) may be of interest:

$$y = 0.37 + 0.30 x_1 + 0.37 x_2.$$

Conclusions

A key task for Ukraine in the context of the promotion of e-Healthy systems is to inform the population about the content, specificity and benefits of use. After all, almost every one of the focus groups of respondents interviewed by us commented on the lack of such information. Another challenge for the state is the formation of public trust in such services. The priority in this direction is given precisely to therapists (“family doctor”), who should become the link that will carry out both the promotion of such services and directly participate in the provision of such services.

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