ORIGINAL ARTICLE

CONTENTS

Crisis communication potential of medical institutions of Ukraine in war conditions: An empirical analysis

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ABSTRACT

Aim: To analyze the Ukrainian and international experience of HF communications in ES to identify effective solutions that can be implemented in Ukraine in order to increase the readiness of HF to function in crisis conditions and improve interaction with key partners.

Materials and Methods: A survey of 870 managers and employees from 45 healthcare facilities in different regions of Ukraine was conducted to assess the level of management during emergencies. The author's questionnaire was developed taking into account the World Health Organization (WHO) recommendations on crisis communication. The survey was conducted in April–May 2025 remotely, in compliance with the principles of volunteerism, anonymity and bioethics (informed consent, confidentiality, prevention of harm). The instrument has been initially tested and has not been used in other studies, which confirms its novelty.

Results: The results of the self-assessment of internal communication effectiveness show that 51% of respondents assessed communication as "rather effective," indicating a basic level of functioning with potential for improvement. Additionally, 62,2% of respondents indicated that their facilities have internal communication protocols in place that are regularly updated, suggesting institutional maturity and a systematic approach to risk management. However, only 20% of healthcare facilities conduct crisis communication training regularly, which is a critically low figure under martial law. Most hospitals coordinate their actions with local authorities (77,8%), other healthcare facilities (60%), and emergency services and police (57,8%). Only 17,8% of healthcare facilities reported active coordination with the Ministry of Health of Ukraine, and even fewer with international humanitarian organizations (6,7%) and non-state partners (8,9%).

Conclusions: The communication function in Ukrainian healthcare is not sufficiently institutionalized. WHO principles on communication in emergencies are only partially integrated and implemented in a fragmented manner. Personnel training in strategic communication is irregular, and coordination across management levels is weak. The military context further complicates the situation.

KEY WORDS: communications, healthcare facilities, war, empirical analysis

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INTRODUCTION

Emergency situations (ES) and martial law create difficult conditions for the effective functioning of the healthcare system, making it hard for the population to have uninterrupted access to medical services [1]. Effective communication is particularly important for coordinating actions, providing timely information, maintaining trust, and responding to events quickly [2].

During armed conflicts, healthcare facilities (HF) face challenges that go beyond usual practice, requiring the administration to make pre-developed decisions and ensure proper internal and external communication [3].

However, in crises, particularly during the war in Ukraine, there are often shortcomings in response due to inconsistency of actions, lack of resources, problems with digital technologies, and insufficient levels of adaptation. This leads to delays in care, loss of trust, and increased health and life risks. In such circumstances, communication becomes a key tool for coordination and saving lives. The relevance of this study lies in the need to identify practical shortcomings in interaction with authorities, emergency services, and international partners.

The research topic aligns with national policy priorities and international health management strategies in emergencies, addressing global health safety challenges.

AIM

The aim of the study was to analyze the Ukrainian and international experience of HF communications in ES

to identify effective solutions that can be implemented in Ukraine in order to increase the readiness of HF to function in crisis conditions and improve interaction with key partners.

MATERIALS AND METHODS

During the study, a survey was conducted among the staff of 45 HF (a total of 870 questionnaires) across different regions of Ukraine to assess the quality of management in ES and to identify key challenges in the communication processes of medical institutions based on their practical experience

Among the 45 HF: outpatient clinics – 32 (216 questionnaires), district hospitals – 7 (237 questionnaires), regional hospitals – 3 (256 questionnaires), others – 3 (161 questionnaires).

Among the staff, the number of questionnaires: administration – 74, heads of departments – 241, specialists – 382, other employees – 173.

The author's questionnaire was developed taking into account the World Health Organization (WHO) recommendations on crisis communication [4, 5]. The survey was conducted in April–May 2025 remotely, in compliance with the principles of volunteerism, anonymity and bioethics (informed consent, confidentiality, prevention of harm). The instrument has been initially tested and has not been used in other studies, which confirms its novelty (Annex).

The questionnaire covered five thematic blocks:

1. Internal communication and coordination – assessment of the quality of communication between departments, protocols and staff awareness;
2. Communication channels – availability of basic and backup means of communication, instructions in case of failures;
3. External coordination – interaction with authorities, other HF and international structures;
4. Cooperation with international organizations – experience and barriers in interaction with humanitarian partners;
5. Feedback – the need for instructions, difficulties in communicating with staff, patients and partners.

Representatives of HF from different regions of Ukraine were involved in the survey. Criteria for inclusion in the sample:

– the respondent's membership in the administrative, managerial or coordinating personnel of the HF;
– working experience in an emergency or martial law;
– readiness to provide complete answers to all questions of the questionnaire.

In this study, the authors adhered to the ethical Principles of Medical Research Involving Humans as set forth in the Declaration of Helsinki of the World Medical Association (VMA, 1964) and current Ukrainian regulatory documents. The study protocol was approved by the Commission on Ethics of Medical and Biological Research of the L.I. Medved's Research Center of Preventive Toxicology, Food and Chemical Safety of the Ministry of Health of Ukraine (State Enterprise).

FRAMEWORK

The study was conducted within the framework of the research work "Scientific substantiation of medical criteria of chemical and food safety; toxicological and hygienic studies of chemicals, pesticides and agrochemicals, polymers, materials and products; medical and sanitary regulation of dangerous factors in the objects of human life environment" (№ 0123U102087; 2023-2027).

RESULTS

The survey of healthcare facility (HF) employees conducted in the study allowed us to assess the actual state of internal and external communication, identify barriers, evaluate the level of staff awareness, the degree of process formalization, and the technical readiness of institutions to act in crisis conditions. Most of the responses were received from the Kyiv, Lviv, Odessa, and Chernihiv regions, which allows us to take regional features into account in further analysis.

Municipal institutions accounted for the overwhelming majority of respondents – 80%, indicating the active participation of primary and secondary links subordinate to local self-government bodies. Private institutions accounted for 11,1% of the sample, demonstrating a growing awareness of the role of crisis communication in private medicine. State institutions subordinate to central executive authorities accounted for 8,9%.

The results of self-assessment of the effectiveness of internal communication between HF units during ES are shown in Fig. 1.

51,0% of respondents rated communication in their institutions as rather effective, which indicates a basic level of functioning with the potential for improvement. The answer "partially effective" was chosen by 26,7%, indicating fragmentation or instability of communication processes. Only 15,6% considered communication to be very effective – structured and sustainable, and 6,7% of respondents considered it to be absolutely ineffective (Fig. 1).

An important component of emergency response is preparation: creating message templates, instructions

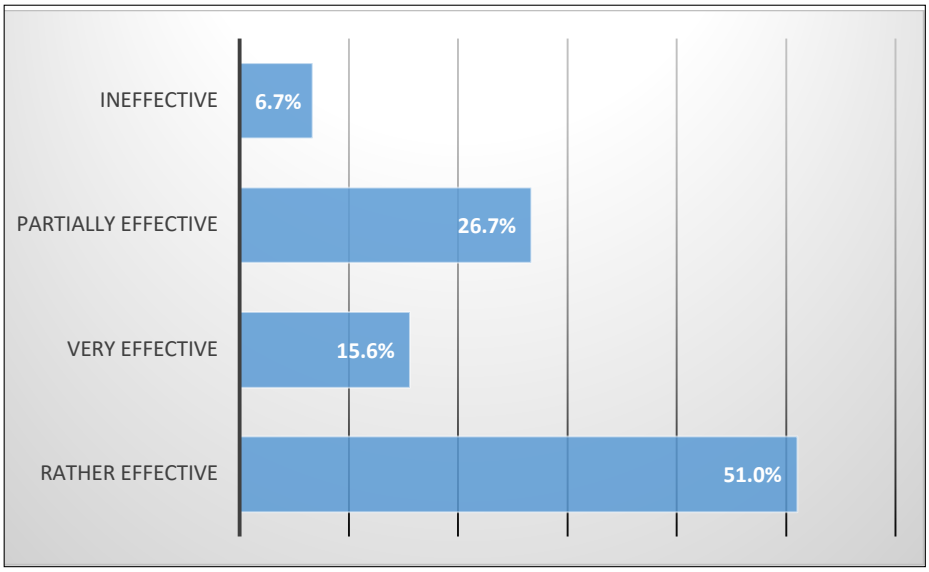

Fig. 1. Self-assessment of the internal communication effectiveness between HF divisions (n=870)
Picture taken by the authors

for various scenarios, and training personnel. This is especially relevant for healthcare facilities that operate under constant threats of shelling, occupation, and evacuation [4]. Fig. 2 presents the results of a study on the availability of internal communication protocols in the HF in case of ES (among the 45 HF).

The 62,2% of respondents noted that their institutions have internal emergency communication protocols and are regularly updated, which indicates institutional maturity and a systematic approach to risk management; 17,8% indicated that documents need to be updated, probably due to their obsolescence or failure to take into account new threats related to the war; 11,1% reported partial or fragmentary availability of instructions, which may indicate informal approaches; 8,9% of institutions do not have any protocols, which creates serious risks for management in times of crisis (Fig. 2).

The 35,6% of respondents reported that internal communication protocols in HF were reviewed in the last 6 months; 35,5% updated their documents over the past year, which is acceptable, although in conditions of high threat dynamics, updates should be more frequent; 17,8% said that the protocols were last reviewed more than a year ago, which creates risks of outdated algorithms; 11,1% of respondents admitted that the protocols were never reviewed, which threatens the effectiveness of communication in ES.

The frequency of protocol revisions is an indicator of readiness for the challenges of military operations, emergencies, and destabilization. According to WHO recommendations, protocols should be regularly reviewed, tested, and adapted [6–10]. The results of the study show that in Ukraine, only a third of HF adhere to such cyclicity.

To improve the effectiveness of the communication policy, it is important to institutionalize its function: develop a unified communication policy of the Ministry of Health, create permanent strategic communication units in HF, and implement performance monitoring [4,11]. To the question "Is your institution responsible for coordinating actions in crisis situations?" 66,7% of respondents answered "yes," indicating the existence of institutional responsibility; 22,2% indicated partial availability, and 11,1% reported the absence of those responsible, creating a critical risk in crises.

Among the 45 HF, only 20% regularly conduct crisis communication training, which is a critically low figure under martial law. 46,7% perform such training sporadically, reducing its effectiveness; 22,2% did not conduct any training at all, creating serious risks in emergencies; and 11,1% found it difficult to answer, which may indicate a lack of information or formal conduct without real involvement of staff.

The survey results show that most HF coordinate their actions with local authorities (77,8%), other medical facilities (60%), as well as ES and the police (57,8%) in an emergency situation.

At the same time, only 17,8% of institutions reported active coordination with the Ministry of Health of Ukraine, and even fewer with international humanitarian organizations (6,7%) and non-state partners (8,9%).

The results of the survey on the provision of medical institutions with instructions and recommendations on crisis communication from key institutions, in particular the Ministry of Health, the National Health Service of Ukraine, the Military Administrations, etc., show a moderate shortage of regulatory and methodological support from the central executive authorities (Fig. 3).

The largest share of HF (37,8%) rated the level of provision of instructions on crisis communication as "3"

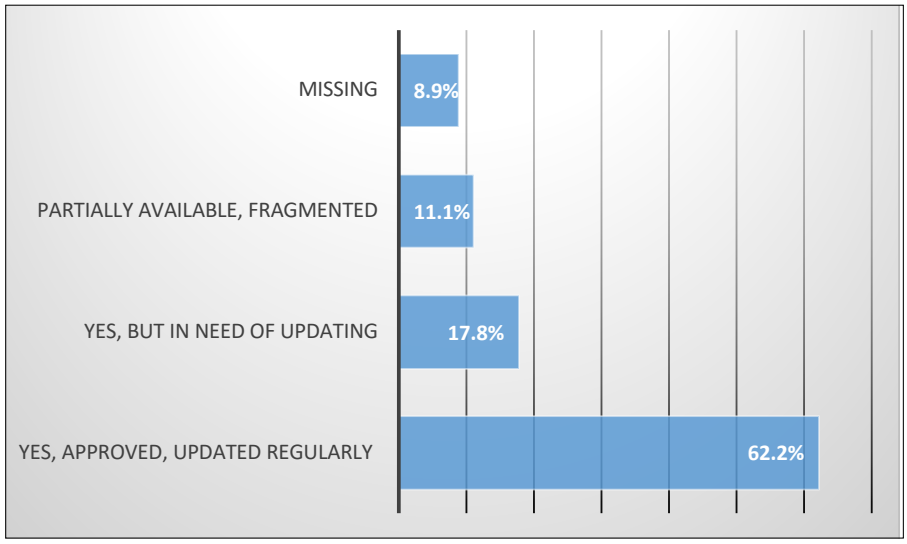

Fig. 2. Responses regarding the availability of approved internal emergency instructions or communication protocols (n=870)
Picture taken by the authors

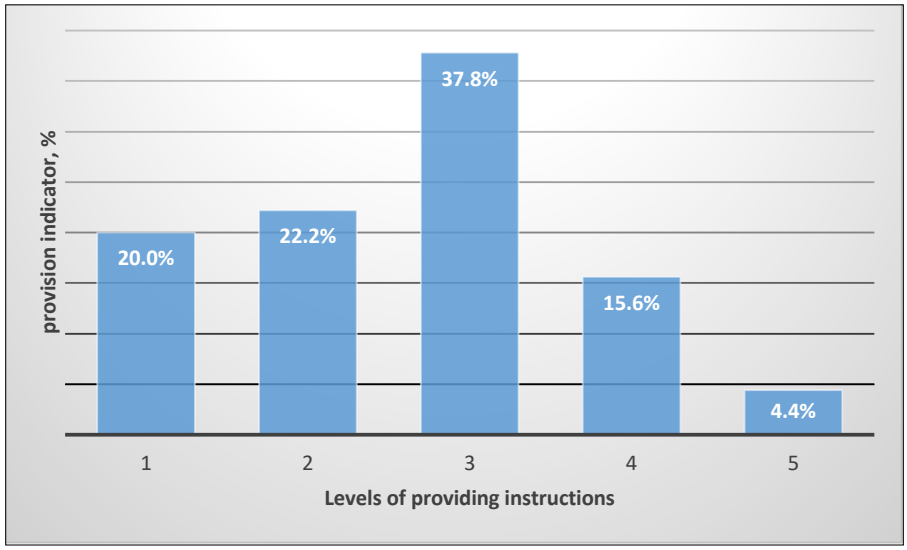

Fig. 3. Assessment of the availability of crisis communication instructions from the Ministry of Health, the National Health Service of Ukraine, and Military Administrations (n=45)
Picture taken by the authors

on a five-point scale (Annex, item 16). The 22,2% gave a rating of "2", and 15,6% – "4", that is, above average, but with comments. Only 20% consider the recommendations quite sufficient (rating "1"), and 4,4% said that there are no such instructions at all (rating "5") (Fig. 3). Approximately 80% of respondents do not consider the available materials to be fully sufficient, which indicates the lack of unified, accessible and adapted documents at different levels of the healthcare system.

In terms of coordination with external partners, only 24,4% of respondents confirmed the official appointment of responsible persons for each key partner; 28,9% reported a partial organization of coordination, 8,9% – a complete absence of such persons, and 37,8% could not answer, which indicates a lack of internal communication and formalization of procedures. This indicates the lack of a unified approach to external interaction, which contradicts WHO recommendations [4]. The lack of a systematic practice of consolidating external coordination functions complicates communication in crises. A significant proportion of uncertainty about those responsible indicates a lack of policy and distribution of responsibilities. In order to harmonize with international standards, it is necessary to formalize external interaction, appoint those responsible for communication with key partners and conduct explanatory work among staff. This will strengthen the readiness of institutions for a crisis response and strengthen confidence in the healthcare system [4, 11].

The results of the survey on the mechanisms of regular information exchange between HF and local authorities in

times of peace and crisis revealed a contradictory situation. Only 37,8% of respondents reported the existence of an effective, formalized mechanism with a documented basis and clear channels, in line with WHO recommendations [4,11]. However, 33,3% indicated that the exchange takes place only informally, depending on personal contacts, which makes the system vulnerable when personnel change or the crisis worsens. Another 28,9% described the relationship as episodic, without a stable order of interaction, creating risks of delayed information transmission or duplication of decisions during peak periods.

In crisis conditions, flexible operational channels dominate: phone calls and meetings are used by 51,1% of respondents, indicating the predominance of informal exchange, which is effective in urgent cases but lacks documentation and continuity of information. Electronic communication (correspondence, instant messengers) is used by 28,9%, reflecting a desire for systematization. Only 11,1% of respondents use working groups or headquarters, and personal meetings account for 8,9%.

Risk communication should be integrated into the crisis management and planning system. For Ukraine, given the armed conflict and challenges, the implementation of the principles of this framework is strategically necessary.

DISCUSSION

The problem of effective HF communications in wartime is multifaceted. Internal communications among personnel require clear organization in the face of infrastructure destruction and the loss of traditional communication channels. At the same time, there is a need to promptly inform the population about the availability of medical care, evacuation procedures, and risks during military operations [4].

The burden on the healthcare system is increasing due to the large number of casualties, both military and civilian. Currently, HF operate in emergency mode: surgical departments are overloaded, medical materials, personnel, and equipment are insufficient, and evacuation is often difficult. Therefore, it is critically important to have established internal communication and alternative communication channels, including connections with local authorities and military administrations [6-9].

In 2011, WHO created a tool for hospital administrators and emergency managers that lists priority actions for rapid response, defining internal and external communication as a key component of the response [10]. In 2017, WHO published the framework documents Communication for Health: WHO Strategic Communication Framework [11], Strategic Framework for Emergency Preparation [12], and Public Health Emergency Risk Communication: WHO Guidelines on Emergency Risk Communication Policy and Practice (ERC) [4], which outline basic principles, approaches, and tools for ensuring effective preparation and response of the health system to crisis events.

The provisions of the above-mentioned WHO documents have formed the basis for numerous scientific developments and practical solutions in the field of crisis communication, confirming their effectiveness in responding to emergencies, particularly outbreaks of infectious diseases such as monkeypox, yellow fever, dengue fever, Zika virus, and Ebola disease [13-16].

In Ukraine, strategic communications received regulatory formalization after 2015 through a joint roadmap with NATO, inclusion in the Military Doctrine (2015) [17], the Information Security Doctrine (2017) [18], and the current Information Security Strategy (2021) [19]. These documents define strategic communications as the coordinated use of state communication tools to promote national interests, particularly in the context of hybrid threats, information attacks, and disinformation.

In 2021, the Center for Strategic Communications and Information Security was established in Ukraine under the Ministry of Culture and Information Policy, coordinating anti-crisis communications, countering information threats, and developing communication capacity. At the same time, the executive branch has specialized divisions that provide interdepartmental coordination of strategic communications policy. HF communication, based on the principles of strategic communications, should combine truthfulness, speed, adaptation to audience needs, and consistency with government and security structures. Its goal is not only to inform but also to maintain trust in the healthcare system, strengthen social cohesion, and influence population behavior (e.g., evacuation, vaccination, donation). In these circumstances, strategic communications in healthcare are becoming a key tool for countering crises, manipulation, and maintaining the legitimacy of state policy [20].

A number of communication provisions in the healthcare system under martial law contain an Emergency Response Plan approved by the order of the Ministry of Health of Ukraine dated 21.12.2023 No. 2172 "On approval of the Emergency Response Plan of the Ministry of Health of Ukraine in the field of medical protection of the population and sanitary and epidemiological welfare of the population" [21]. The key advantages of the plan include a hierarchical communication structure that ensures coherence of actions, prompt decision – making and avoidance of duplication of information, integration of HF into the national civil protection system, which contributes to coordination with other structures: authorities, law enforcement agencies, military administrations.

PERSPECTIVES FOR FURTHER RESEARCH

Improving crisis communication will increase the readiness of medical institutions to act in ES and strengthen

public confidence in the healthcare system. Communication readiness should be a key element of national security, which requires a strategic approach, resource support and continuous improvement.

CONCLUSIONS

The conducted study comprehensively assessed the communication readiness of Ukrainian HF to respond to emergencies under martial law. Based on the analysis of WHO documents, Ukrainian standards, and a survey of healthcare workers, the following conclusions were drawn: the communication function in healthcare is not sufficiently institutionalized; WHO principles on emergency communication are only partially integrated into Ukrainian standards and are implemented in a fragmented manner; staff training in strategic communication is irregular; coordination across management levels is weak; and the military context further complicates the situation.

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CONFLICT OF INTEREST

The Authors declare no conflict of interest

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ANNEX

QUESTIONNAIRE: COMMUNICATIONS OF HEALTHCARE FACILITIES IN WARTIME

(List of questions used in this study)

1. Region / town: _____

2. Form of ownership of the institution

☐ State

☐ Municipal

☐ Private

☐ Other:

3. What level of medical care does the institution you work in belong to? *(You can choose several options)*

☐ Emergency medical care

☐ Primary medical care

☐ Secondary (specialized) medical care

☐ Tertiary (highly specialized, high-tech) medical care

☐ Palliative medical care

☐ Medical rehabilitation

☐ Other (please specify):): _____

4. What category of employees do you belong to? *(Choose one option)*

☐ Administration representative

☐ Head of department

☐ Employee

☐ Specialist

☐ Responsible for communications

5. How would you rate the effectiveness of communication between departments in your institution during emergencies?

☐ Very effective

☐ Rather effective

☐ Partially effective

☐ Ineffective

☐ Not implemented

6. Does your institution have approved internal instructions or protocols for communication in case of an emergency?

☐ Yes, approved and updated regularly

☐ Yes, but need updating

☐ Partially available, fragmented

☐ Not available

7. When were the internal communication protocols last reviewed or updated

☐ Within the last 6 months

☐ Within the last year

☐ More than a year ago

☐ Never reviewed

8. Does your institution have designated persons responsible for coordinating actions in crisis situations?

☐ Yes, responsible persons are officially designated

☐ Partially, but not all roles are defined

☐ No

9. What departments or categories of personnel are involved in crisis management and communication? _____

10. Has training been conducted or training of personnel on actions in case of emergency situations (military actions, evacuation, communication damage)?

☐ Yes, regularly

☐ Yes, occasionally

☐ No, not conducted

☐ I don't know

11. How do you assess the awareness of personnel with internal communication procedures in crisis situations?

☐ High - personnel are well-oriented

☐ Medium - partially oriented

☐ Low - many do not know how to act

☐ Hard to say

12. Is there an internal staff notification system (messenger groups, mailing lists, internal network, etc.)?

☐ Yes, reliable and operational

☐ Yes, but needs improvement

☐ Partially available

☐ Not available

13. What are the main difficulties you have observed in organizing internal communication during crisis situations? _____

14. With which external structures does your institution coordinate during crisis situations? (multiple options are possible)

☐ Local authorities

☐ Other healthcare facilities

☐ Emergency services (emergency services, police)

☐ Ministry of Health

☐ International humanitarian organizations

☐ Non-governmental partners (foundations, volunteers)

☐ Other (please specify): _____

15. How quickly do external partners or authorities respond to your facility's requests in emergency situations?

☐ Very quickly (up to 1 hour)

☐ Moderately quickly (within 24 hours)

☐ With delays (1–3 days)

☐ Slow or not at all

16. How much do you think there are enough instructions/recommendations on crisis communication from the Ministry of Health, the National Health Service, military administrations, etc.? (where 1 is quite enough, 5 is completely absent)

1	**2**	**3**	**4**	**5**
☐	☐	☐	☐	☐