
NEEDS ANALYSIS REPORT

Thematic Analysis of In-Depth Interviews from Slovenia, Croatia and Poland

Field: Community nursing, primary care, research capacity and digital health

Analysed interviews: 17 completed interviews (Slovenia n = 6, Croatia n = 6, Poland n = 5).

Type of analysis: Inductive–deductive thematic analysis with cross-country comparison.

Purpose of the report: Identification of key needs, gaps and development priorities for project planning.

Summary of key findings

The analysis reveals a highly consistent pattern of needs across all three countries. Regardless of national context, interviewees highlight major systemic gaps related to workforce shortages, weak coordination across levels and sectors, administrative burden in nursing, inequalities between urban and rural areas, and underdeveloped digital and research capacities.

The strongest shared theme is **workforce shortage**.

- In Slovenia, this is most evident in community nursing, elderly care, and the lack of paediatricians at the primary level.
- In Croatia, it is reflected in nurse shortages, burnout, and high demands in palliative and long-term care.
- In Poland, it appears as long waiting times, an ageing workforce, shortage of specialists, and limited access to modern therapies.

The second key finding is **insufficient integration of care**. Across all countries, poor connections between primary, secondary, and social care are emphasised, along with unclear responsibilities and weak patient transitions. This results in disrupted continuity of care, rehospitalisations, family burden, and unequal quality of services.

The third theme is **insufficient systemic support for community nursing**. Although recognised as strategically important, community care remains underfunded, understaffed, and organisationally underdeveloped. Nurses lack autonomy, clearly defined competencies, and influence in early detection, care coordination, and chronic disease management.

The fourth finding relates to **digitalisation**. While interviewees support digital development, they note that current solutions are often non-interoperable, not user-friendly, or increase administrative burden. Expectations focus on telemedicine, telemonitoring, mobile tools, integrated electronic records, and digital pathways that reduce workload.

The fifth finding concerns **weak research infrastructure in nursing**. Research is perceived as important but disconnected from practice. Key barriers include lack of time, mentorship, methodological support, academic–clinical collaboration, and formal roles for nurse researchers. The overall conclusion is that the project can create the greatest added value by developing pilot integrated community care models, strengthening nursing research competencies, testing practical digital solutions, and generating evidence for policy and organisational change.

Methodological note

The report is based on qualitative thematic analysis of 17 interviews. The process included:

1. Review and comparison of responses
2. Open coding of recurring issues and needs
3. Grouping into themes and cross-country comparison

Main themes of the analysis

Theme 1: Workforce shortage and burnout

Shortage of nurses, physicians, and other professionals is a fundamental issue. Staff are overburdened, reducing holistic care and increasing burnout risk.

Theme 2: Fragmented care and weak coordination

Poor connections between hospital, primary, and social care. Unclear responsibilities and lack of case coordinators.

Theme 3: Underestimated role of community nursing

Community nurses have high but underused potential. Their role is limited by administration and unclear competencies.

Theme 4: Inequalities in access

Most vulnerable:

- older adults,
- chronic patients,
- rural populations,
- individuals with low health literacy.

Theme 5: Insufficient use of data

Quality systems exist but are mainly administrative. Lack of integrated systems, KPIs, and patient-reported outcomes.

Theme 6: Weak research capacity

Barriers include:

- lack of time,
- lack of mentorship,
- weak academic–clinical links.

Theme 7: Digital health – high potential, uneven maturity

Key priorities:

- telemedicine,
- telemonitoring,
- interoperability,
- mobile tools,
- unified documentation.

4. Comparative table by country

Table 1: Comparative Needs Analysis

Theme	Codes	Country	Illustrative citation
Workforce shortage	staff shortage; burnout; lack of specialists	Slovenia	"There is a significant underutilization of nurses' potential..." (Interview 1)
Workforce shortage	staff shortage; burnout; lack of specialists	Croatia	"There is a lack of enough healthcare professionals..." (Interview 7)
Workforce shortage	staff shortage; burnout; lack of specialists	Poland	"The main shortcomings... are staff shortages..." (Interview 13)
Integration of care	fragmentation; poor coordination; unclear responsibilities	Slovenia	"There is insufficient integration between levels of care..." (Interview 2)
Integration of care	fragmentation; poor coordination; unclear responsibilities	Croatia	"Continuity of care is often disrupted..." (Interview 8)
Integration of care	fragmentation; poor coordination; unclear responsibilities	Poland	"The system is fragmented and poorly coordinated..." (Interview 13)
Community nursing role	underutilised role; lack of autonomy; administrative burden	Slovenia	"Nurses should be formally recognized as first-contact professionals..." (Interview 2)
Community nursing role	underutilised role; lack of autonomy; administrative burden	Croatia	"Community nursing is crucial but not fully utilised..." (Interview 5)
Community nursing role	underutilised role; lack of autonomy; administrative burden	Poland	"Early identification of needs is not sufficiently developed..." (Poland Interview 13)
Digital health	telemedicine; interoperability; digital burden	Slovenia	"Digital tools should reduce administration..." (Interview 3)
Digital health	telemedicine; interoperability; digital burden	Croatia	"Telemedicine is insufficiently developed..." (Interview 9)
Digital health	telemedicine; interoperability; digital burden	Poland	"There is a lack of telemonitoring systems..." (Interview 15)

8. Conclusion

The findings of this needs analysis reveal a striking convergence of systemic challenges across Slovenia, Croatia, and Poland, despite differences in healthcare organisation and policy contexts. The consistency of identified gaps suggests that these issues are not isolated or context-specific, but indicative of broader structural limitations characteristic of healthcare systems in expanding European regions.

Foremost among these challenges is the persistent shortage of healthcare professionals, particularly nurses, which directly affects accessibility, continuity, and quality of care. This workforce deficit is closely linked to increased workload, administrative burden, and a heightened risk of burnout, ultimately limiting the capacity of healthcare systems to deliver patient-centred and proactive care.

A second critical finding is the fragmentation of care across levels and sectors. The lack of clearly defined responsibilities, insufficient coordination mechanisms, and weak integration between

health and social care contribute to discontinuities in patient pathways, especially among older adults, individuals with chronic conditions, and those requiring long-term or palliative care. These systemic gaps not only reduce the effectiveness of care delivery but also place a significant burden on informal caregivers and families.

The analysis further highlights the underutilised potential of community nursing. Although recognised as a cornerstone of future healthcare models, community-based services remain underdeveloped, under-resourced, and insufficiently integrated into formal care structures. Expanding the scope, autonomy, and recognition of nursing roles is a key strategic priority for strengthening early detection, prevention, and coordinated care.

In parallel, the findings reveal substantial deficiencies in research capacity and digital infrastructure. The limited integration of research into clinical practice, combined with insufficient methodological support and protected time for healthcare professionals, restricts the development of evidence-based innovations. Similarly, while digitalisation is widely seen as a promising avenue for improving care delivery, current solutions often fail to meet the needs of end-users, lacking interoperability, usability, and tangible impact on workload reduction.

Taken together, these findings indicate the need for systemic transformation towards integrated, community-oriented, and evidence-informed models of care. Future interventions should prioritise the development and testing of scalable integrated care pathways, the strengthening of clinical–academic partnerships, and the implementation of targeted digital solutions that support frontline practice. Importantly, such efforts must be accompanied by the establishment of meaningful evaluation frameworks that incorporate patient-reported outcomes, continuity of care indicators, and workforce sustainability measures.

In conclusion, the shared challenges identified across the three countries provide a strong foundation for collaborative, cross-national capacity-building initiatives. At the same time, the nuanced differences in national contexts call for adaptable, locally tailored solutions. Bridging these dimensions will be essential for advancing resilient, equitable, and patient-centred healthcare systems within the European Research Area.