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ONE FOR THREE

HOW UKRAINIAN NURSES WORK

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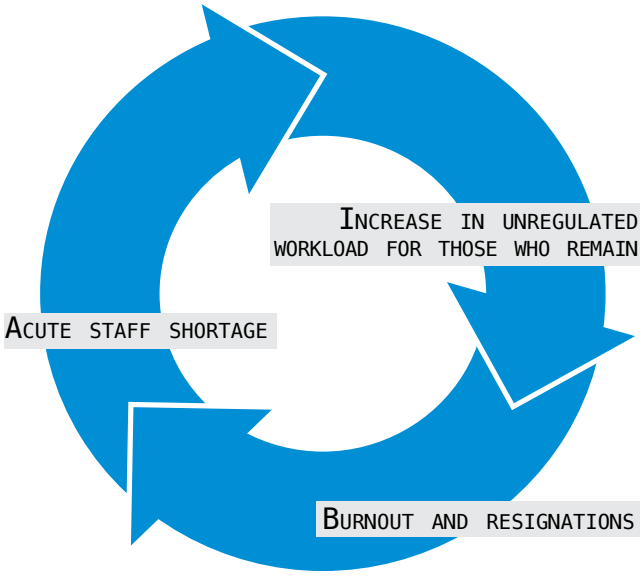
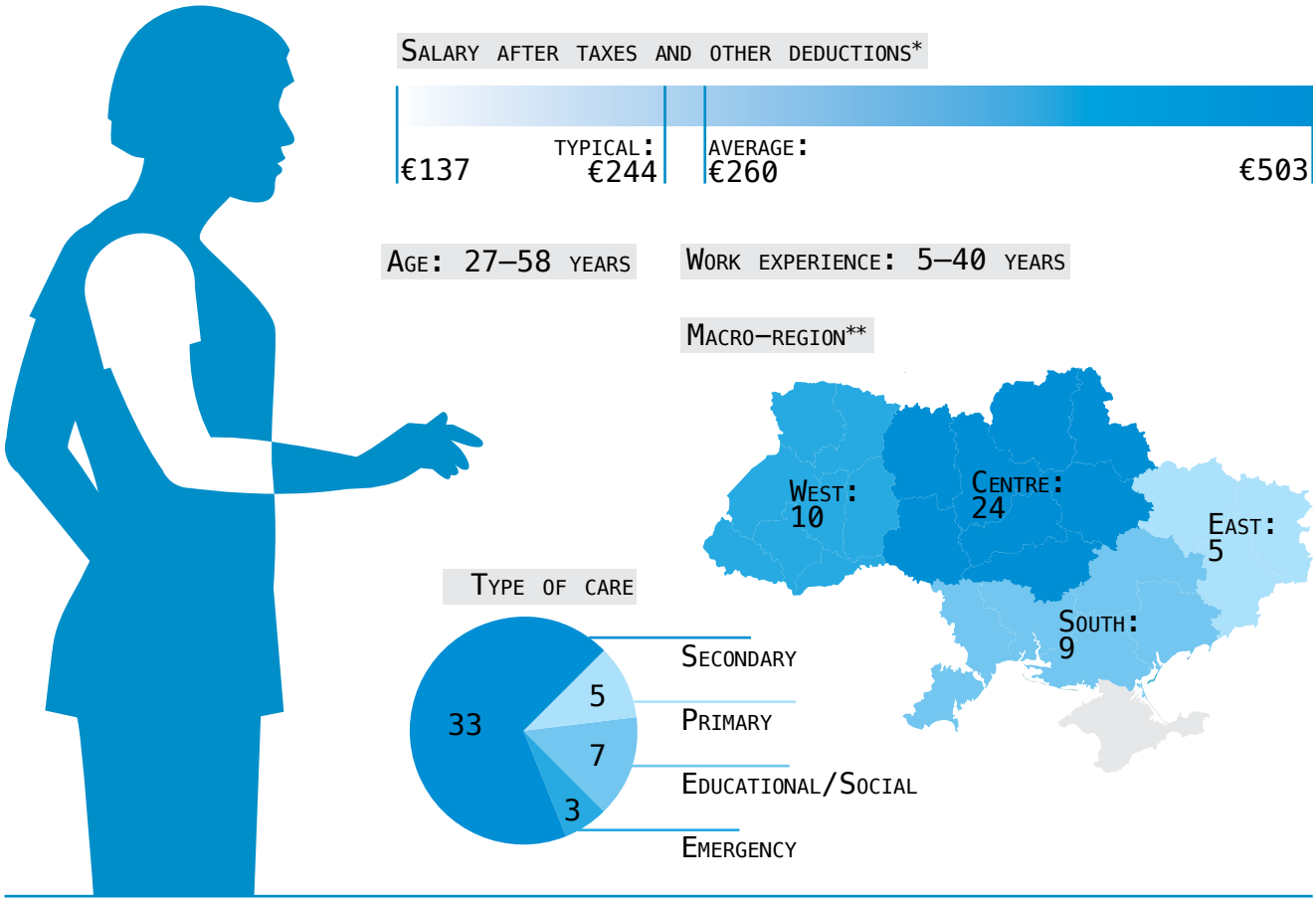
Introduction :

As part of the medical reform in Ukraine during 2016–2020, **nursing care was deregulated.** Nurse workload standards were abolished, and new funding rules were introduced for state-owned and municipal healthcare institutions. As a result, the work of mid-level and junior medical staff became "invisible" to the system, leading to the exploitation of nurses and, consequently, their exit from the profession. The rapid reduction in nursing staff in Ukraine, especially against the backdrop of the full-scale war, has been noted by the World Health Organization (WHO) and the Ministry of Health of Ukraine (MoH). In recent years, the MoH has also been attempting to restore workload standards for medical staff. At the time of publication, we have not received a response from the Ministry on whether trade unions of medical workers and the nurses' NGO Medical Movement "Be Like We Are" (formerly "Be Like Nina") (MedRukh), which has opposed deregulation since 2019, were allowed to participate in this process.

The aim of this study, based on 48 interviews with nurses from different regions of Ukraine, was to show how the **deregulation of nursing care** affects nurses' work, personal lives, and their ability to protect their rights, as well as how they want to improve the situation. Activists from MedRukh were directly involved in planning and conducting this study, making it a case of **activist research**.



Data on the respondents



* Amounts converted into euros at the commercial bank exchange rate as of 26 February 2025.

** Distribution of regions by macro-regions (only territories controlled by the Ukrainian government):
West (Volyn, Zakarpattia, Ivano-Frankivsk, Lviv, Rivne, Ternopil, Khmelnytskyi, Chernivtsi Regions);
Centre (Kyiv City; Kyiv, Vinnytsia, Zhytomyr, Kirovohrad, Poltava, Sumy, Cherkasy, Chernihiv Regions);
South (Dnipropetrovsk, Zaporizhia, Mykolayiv, Odesa, Kherson Regions);
East (Kharkiv, Donetsk, Luhansk Regions).

Nurses in the Ukrainian Health Care System

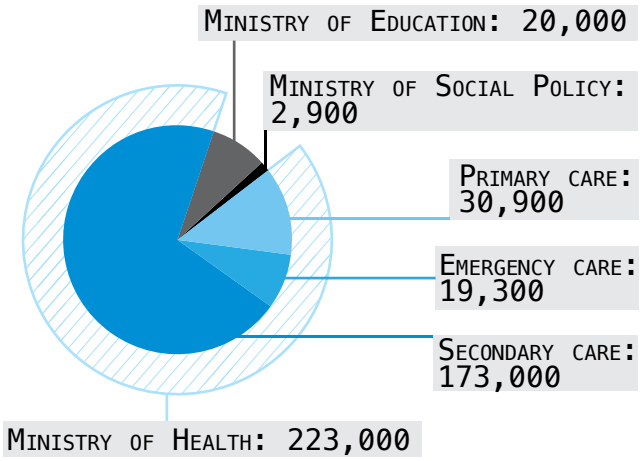
In Ukraine's healthcare system, nurses hold the status of mid-level medical personnel. This category also includes midwives, paramedics, laboratory technicians, and dental technicians. **Women** make up 98% **of mid-level medical staff.** As of 2023, there were a total of 257,000 nurses in Ukraine. The trend of staff reduction among nurses has been observed since 1990[1], but it has now accelerated—between the end of 2014 and the end of 2023, the number of nurses in Ukraine decreased by 121,000, or by one-third, with the main reduction occurring even before Russia's full-scale invasion. This trend is confirmed by a WHO report, according to which the number of mid-level medical personnel **per 1,000 people in Ukraine is twice as low as the EU average**.

The work of nurses is closely connected with **junior medical and technical staff** (orderlies, kitchen workers, etc.), among whom staff reduction is also observed; however, exact data is unavailable.

Most nurses work in institutions providing secondary medical care, which was most affected by the deregulation of nursing care. Work in this field, as well as in emergency care, is characterised by shift duties lasting 24 hours (7–8 shifts per month with breaks of 2–4 days). The rest of the nurses follow a standard five-day workweek.

1 Medical Staff, State Statistics Service (Медичні кадри, Державна служба статистики), 2017.

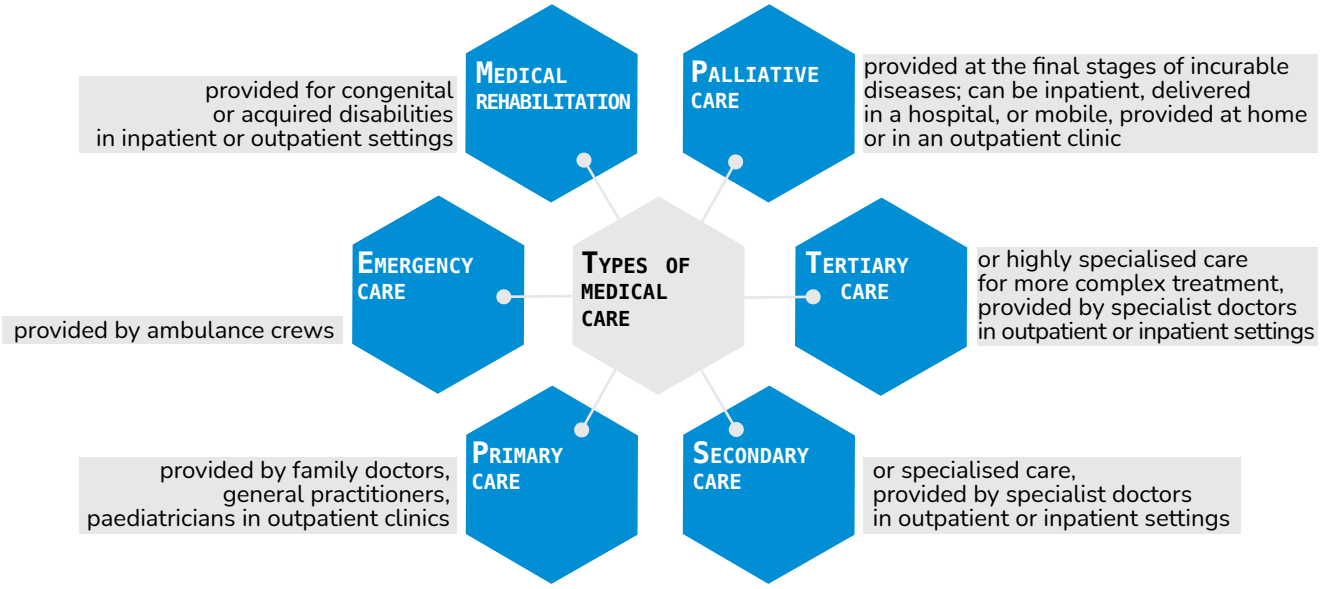
The ratio of the number of nurses in the Ukrainian healthcare system



Data from the Center for Public Health of the Ministry of Health for 2023, data from the Ministry of Education and Science for 2023 (***incomplete***) and the Ministry of Social Affairs for 2024 (***incomplete***)

The official salary of nurses is 13,500 UAH (10,800 UAH net). They are entitled to additional payments for work experience, occupational risks, and other factors, but due to the specifics of salary calculations in the public sector[2], these supplements are mostly absent. During the war, hospitals that spend over 80% of their budget on staff salaries have been allowed by the MoH to reduce

2 Who cares? Kindergartens in the context of gender inequality, Dutchak, O., Strenyk, O., Tkalich, O., 2020; "They are waiting for us": The impact of the full-scale war on the working conditions of social workers, Lomonosova, N., 2024.



Source: Foundations of the Legislation of Ukraine on Healthcare (Основи законодавства України про охорону здоров'я), 1993

salaries to the minimum level. Lower salaries are also received by nurses working in educational or social protection institutions, which are subordinated to other agencies. Meanwhile, for medical workers in frontline areas, additional payments ranging from 13% to 25% have been introduced, but they are paid inconsistently and selectively.

Until 2016, nurse workload was regulated in detail by a MoH Order[3]. After the introduction of healthcare reform, a new body emerged in the medical system—the National Health Service of Ukraine (NHSU)[4], which allocates funding to each medical institution based on equipment and doctors' qualifications rather than the number of staff. Under this system, mid-level and junior medical personnel fall out of focus, creating legal uncertainty regarding working conditions (in essence, the deregulation of nursing care takes place).

The absence of standardised regulations is intended to be compensated by the **provisions of the collective agreement**[5], which each healthcare institution concludes separately. All its clauses must be approved at a general meeting with the staff and the trade union. However, in practice, according to MedRukh activists, the participation of staff and independent trade unions in drafting the collective agreement is often nominal. Insufficient pay, irregular workloads, and the inability to influence the situation create unfavourable conditions for nurses.

3 MoH Order No. 33, dated 23 February 2000.

4 The National Health Service of Ukraine (NHSU) is the national insurer that purchases healthcare services from medical institutions for the population and monitors compliance with contract terms.

5 A collective agreement is a document concluded between the hospital administration, the staff, and trade unions (if present). It defines and clarifies provisions that are not covered by general labour legislation.

The Most Common Violations of Nurses' Labour Rights

The study has identified the following most common violations: unpaid job combination, overtime work, performing non-nursing duties, workplace hazards, lack of proper additional payments, and mobbing.

The most common mechanism for shifting additional duties onto nurses is **hidden job combination**, where, for example, a nurse in the admissions department simultaneously takes on the roles of ward nurse, dressing nurse, or procedural nurse.

> *We are procedural, ward, admission nurses, all in one. Before, we were three or four 24-hour nurses per shift, but now all that workload falls on just two.*
>
> Nurse in a children's ward, 49

Under these conditions, the workload for nurses remains permanently high. In emergency cases, the number of patients can exceed human capacity. For example, a radiology lab technician, who had to single-handedly handle a large number of wounded patients, ended up in a hospital bed herself.

> *I lost consciousness. They admitted me to the hospital, gave me medication, put me on an IV, [...] But then our military commisioner calls the chief doctor: "Urgently do an X-ray for someone they've brought in." They took me off the IV and helped me up by the arms. "Let's put you on a gurney, on something, we need to take the scan." I said, "I won't go on a gurney because I feel embarrassed, I'm wearing a robe." I said, "I'll manage to get there on foot." They helped me walk a little, holding me by my arms. I took the scan. Then they put me back on the IV, and I stayed on it for another five hours.*
>
> Radiology lab technician, 39

The amount of additional payments for job combination[1] should be determined by the collective agreement in each medical institution. However, hospital administrations often set them at their own discretion, meaning such payments may not be provided at all.

Another violation is **unpaid overtime work**[2], which is common in primary care and educational institutions. This is mainly about cases when nurses, due to digitalisation flaws, have to enter data into both electronic systems and paper documents. They often finish this work at home. For school nurses, the most pressing issue is working during air raid alarms, when they are required to stay in the shelter with children and staff, often beyond working hours and without additional pay. Such working conditions are undoubtedly a violation of **the right to rest**.

1 Article 105 of the Labour Code of Ukraine.
2 Article 62 of the Labour Code of Ukraine.

The workload issue for nurses becomes even more acute when a colleague goes on leave or takes sick leave.

> *My colleague told me that when I got sick and she had to work the shift alone, her hands and legs were shaking for the next three days until her next shift, and she couldn't pull herself together.*
>
> Nurse in a children's ward, 49

Due to high workloads and the nature of work in medical institutions, a significant share of nurses do not have a standard lunch break. In such cases, the administration and staff should agree on time and place for rest and eating meals. However, in most cases, nurses are forced to work without a break, eat "on the go," or even essentially hide from the administration or patients. Another common violation of nurses' rights, and a consequence of staff shortages, is that nurses are often required to perform **non-nursing tasks**, frequently of lower qualification. For example, the NHSU does not require medical institutions to have orderlies, even though these workers are responsible for maintaining sanitary and hygiene standards. As a result, nurses are forced to clean or wash patients themselves, as the nature of their work leaves them no choice.

> *The ambulance is also cleaned inside by nurses. This issue has been raised, but there is still no orderly [...]. But it's not a matter of being forced, you just have no choice. For example, if you transport a patient with a haemorrhage, the vehicle is covered in blood. You're not going to just leave that blood. No one else will clean it for you.*
>
> Emergency medical crew nurse, 47

There are cases where nurses perform entirely different duties, far from medicine: unloading medical supplies, cleaning the premises of medical institutions, carrying out minor repairs. Additionally, nurses, especially school nurses, often have to buy cleaning supplies, stationery, or even medicines at their own expense.

Inadequate workplace equipment is closely linked to a more serious issue—**safety**. This includes cases of aggressive or inappropriate behaviour from patients, which was mostly reported by emergency and psychiatric medical staff. However, other nurses also face violence or harassment. Nurses did not report the presence of permanent security in medical institutions. Some hospitals have a "panic button" to call the police, but nurses were sceptical about the effectiveness of this system.

Another safety issue for nurses is occupational hazards of various kinds: working with disinfectant solutions, exposure to radiation during X-ray diagnostics, night shifts, contact with dangerous infections. At the same time, **proper additional compensation** for hazardous working conditions and risks is often lacking.

Medics have the opportunity to include demands for additional payments in the **collective agreement** at the level of each individual hospital. However, in many cases, the administration not only excludes the staff from discussions but even refuses to provide the collective agreement for review. The collective agreement must be public and accessible, but neither the MoH nor the NHSU properly oversee this. The low level of nurses' involvement in drafting collective agreements is driven by the overall attitude of the administration towards medical staff, one manifestation of which is the mobbing of active nurses.

Recalling the **COVID-19 pandemic**, nurses spoke about harsh working conditions, the instability and selectiveness of additional payments for working with COVID patients, frequent cases of workplace infections, and the absence of insurance compensation. As of mid-2021, at least 900 medical workers in Ukraine had died from COVID. However, this figure is likely higher, as in the first year of the pandemic, social protection bodies reviewed only a third of workplace infection-cases, with even fewer compensations being paid out.

As for the war, nearly 200 civilian medical workers have been killed over two years of **the full-scale invasion**. The fate of many in occupied territories remains unknown, and losses among combat medics are not disclosed. Staff who continue working in particularly dangerous regions are entitled to "frontline" payments, but, like the COVID-related bonuses, these are paid selectively or not at all. Nurses from frontline areas feel their work in openly hazardous conditions is undervalued. When asked about workplace safety during air raid alarms, medical workers from different regions mostly responded that they do not always go to shelters.

In hospitals, it is either impossible or extremely difficult to move bedridden patients to a shelter; some procedures cannot be interrupted. In such cases, staff mainly follow the "two-wall rule."

> *We move behind a double wall, where it's safer; we go down to the basements if something is already heading for* [the city]. *Children who are "glowing"* [undergoing radiation therapy for cancer] *can be turned off. The only thing that keeps us tied down is the children on oxygen.*
>
> Children's ward nurse, 51

Recalling the beginning of Russia's invasion, nurses from the regions that were under attack first described how they practically lived in hospitals. Their sense of duty drove them to stay at work—a typical motivation for care workers.

The Workload of Nurses in Different Fields and Types of Medical Care

Most nurses who agreed to participate in the study work in fields most affected by the war (surgery, psychiatry) or in sectors with lower salaries (maternity hospitals, educational and social protection institutions).

The increased workload in **surgery and traumatology** due to Russian aggression has affected the work of both military and civilian hospitals. In one highly specialised medical centre, the shortage of nurses is so severe that planned surgeries are being cancelled. According to the hospital's chief nurse, they are short by about 20% of the required staff, and even relatively high salaries (20,000–30,000 UAH) do not attract nurses. Meanwhile, the number of patients has increased due to military personnel:

> [The military] *are unwashed, they go into surgery unwashed because the nurse and junior nurse don't have time to do it. But, of course, we dedicate as much time and effort as possible to the military. Thankfully, we have many interns. We send the interns to the military patients. We also have our students from the college. But still, it's not enough.*
>
> Head nurse, 36

Surgical ward nurses spoke about extremely high workloads and salaries that do not match them; at the same time, nurses in the East of Ukraine often do not receive "frontline" payments. As the war has progressed, the nature of their work in these regions has changed—not only do they treat the wounded, but they also have to care for elderly people who are alone. One of the initial hypotheses of the study was that, due to the severe staff shortage, medical workers might shift part of the caregiving onto patients' relatives. However, the situation can also be the opposite—a lack of care at home places additional strain on hospital staff.

Another field affected by the war is **psychiatry**. There is a shortage not only of nurses but also of doctors, and with the growing number of patients, the workload per nurse can double. As a nurse from a narcology office noted, *"before, we had 40–50 patients, now it's 100. [...] Twice the work, but salaries have been cut."*

Caring for patients with low or no mobility places a **significant physical strain on nurses**. Every day, they perform numerous procedures on such patients, which negatively affects their health and can lead to the development of occupational diseases of the joints and spine. Several respondents mentioned that in particularly difficult cases—such as when they need to restrain patients with aggressive behaviour with special straps, when heavy patients must be turned to prevent bedsores, and similar situations—they try to involve staff from other

departments. Neither the high intensity of work, nor the exceeding of the allowed number of patients per nurse, nor overtime work, nor the performance of duties outside their official responsibilities, according to our respondents, is compensated additionally. Additional pay is only provided if nurses agree to work outside their scheduled shift to urgently cover for a colleague.

In contrast to the previous examples of surgery and psychiatry, where the number of patients has increased due to the war, **maternity hospitals** have seen a predictable decline. However, it is precisely in these institutions that working conditions for medical staff are now among the worst. Against the backdrop of a 28% decline in birth rates due to the war and migration, funding for maternity hospitals has decreased proportionally, with a trend toward the closure of some facilities. According to NHSU regulations, a maternity hospital is eligible for funding only if it handles a certain number of births per year[1]. **In 2022, this minimum was set at 75 births per six months** (a standard introduced before the full-scale invasion); **in 2023, the requirement was reduced to 38 births**; however, **in 2024, it was raised again to 85, and in 2025, to 100**. This means the current **requirements are higher than they were before 2022**. The only logic that we can assume to be behind this decision is the intent to close as many facilities as possible.

One nurse shared that she receives the minimum wage and is responsible for caring for babies and new mothers across three floors at once. This creates risks.

> *We have to give the women our phone number because we're not on the same floor. These are newborn babies... I just don't understand the administration that allowed this because, God forbid, if something unpleasant or not pretty happens, the nurse simply won't make it in time, running, for example, from the fifth floor to the first, or vice versa.*
>
> Nurse in a neonatal ward, 54

Several maternity hospital nurses also noted that they work alone in neonatal intensive care, even though standards require at least two nurses per shift. It can be assumed that one of the reasons for this is the weaker control over staffing levels and nurse qualifications by the NHSU.

Another important problem is the significant pay gap between nurses in medical institutions under the MoH and those under other ministries. The lowest salaries are found among **nurses in educational institutions and social protection facilities (such as residential care homes)**. Since 2023, school nurses have been entitled to a 20% salary supplement for completing mental health support courses. They are expected to support children and staff, calm them during air raid alarms, identify depression and other conditions.

At the same time, school nurses are often forced to purchase medical supplies, stationery, work clothing, and even pay for medical check-ups required for them to access work at their own expense. Their workload is also unregulated. Before the workload standards were abolished, one school nurse was supposed to be responsible for 700 children[2]. However, the current workload can be much higher. We documented the following case:

> *I work alone, with 1,400 children and 200 staff members who also come [to me]. [...] For example, I've had days when I had forty children scheduled. Just imagine—forty children scheduled!*
>
> School nurse, 45

1 MoH Order dated 31 October 2011 "On Improving the Organisation of Medical Care for Mothers and Newborns in Perinatal Centres".

2 MoH Order No. 33, dated 23 February 2000, "On Model Staffing Standards for Healthcare Institutions".

For comparison, a primary care doctor in Ukraine sees about 20 patients per day[3]. In addition to assisting children and staff, school nurses have other responsibilities: monitoring nutrition, disinfection procedures and temperature control, conducting health and hygiene education for children and parents, as well as a lot of paperwork.

The workload situation for nurses in social protection institutions is similar. For example, in one facility, a certain number of staff cared for 100 patients, while in another, the same number had to manage 230. The lack of standardised regulations creates a situation where the workload can vary by more than double.

3 Report on the findings of the study on *Assessment of Primary Healthcare Providers' Behaviour in Response to the Introduction of Capitation* (Звіт за результатами дослідження «Оцінка поведінки провайдерів первинної медичної допомоги у відповідь на введення капітації»), NHSU, 2020.

Life Outside of Work

The aim of our study was also to determine how nurses' working conditions affect their lives outside of work: relationships with family and loved ones, leisure time and how they spend it, as well as their emotional state.

The study participants mostly reported that due to low salaries, they barely have enough for daily expenses and have no opportunity to save. Some do not even earn enough to cover their family's basic costs. This response was especially common among the informants who have one or more relatives completely dependent on them (children, elderly parents). Some nurses mentioned that they cannot afford to buy new clothes or go to a café. In case of unexpected expenses, they most often have to seek support from relatives, borrow money from friends, or take out loans. The only exception is generally nurses who can rely on their husbands' salaries to financially provide for their family in general and to cover emergency costs.

Nurses who cannot rely on financial support from other employed family members **resort to side jobs**, either within the healthcare sector or outside it. A rather common practice is for nurses to work a shift at the hospital and then, on their days off, wash dishes at a restaurant or work as cleaners. Very often, these side jobs are informal.

> *Practically everyone here, people have other jobs because they can't survive on this salary. [...] Some clean chimneys, some have found work somewhere in pharmacies, others even do something in the medical field, some do ultrasounds—all kinds of jobs.*
>
> Children's nurse, 51

Real days off that a nurse could use for rest, let alone proper leisure, may hardly exist in these circumstances. Several respondents stated outright that their free time is the time when they sleep. In addition to working extra jobs on days off, nurses also use their **vacation time to earn additional income**. For example, they go abroad for temporary work (mostly to Poland).

Many nurses have to grow their own vegetables and keep domestic animals or livestock. However, the need to care for animals and tend to gardens leaves them with even less free time and is a source of additional physical strain, on top of caring for children and elderly parents.

> *My husband is at the front, I have two children. My mother, who lives outside the city, and [she] had an injury [...] I can't say she needs full care, she's not bedridden, she can walk, but, well, bringing groceries from the city, taking her to the doctor, bringing some medication to the countryside. I mean,*

that's all on me. And my mother-in-law, who lives with me with a broken vertebra.

Midwife, 37

Informants emphasised that due to the high intensity of their work, long shifts, and working at night, they feel that they **need a significant time for physical recovery**; this was especially often mentioned by older nurses. Unfortunately, they often do not have enough time for this. In such conditions, nurses **lack time for themselves**, for hobbies or favourite activities, as well as **for meaningful interaction** and spending time with loved ones. Many also mentioned that due to emotional exhaustion after shifts, they crave silence and solitude rather than socialising with family. For many of them, the lack of attention to their children causes not only sadness but also a sense of guilt. Informants admitted that they **feel like bad mothers**.

> *When teachers say that a mother should sit with her child, do homework... I'll be honest, sometimes I come home at seven or eight in the evening, sometimes I even come at nine. [...]. I either have to earn money so that the two of us can survive and buy a bicycle and some trousers [...]. Or should I sit and do homework while working at a clinic for 10,000 hryvnias? Those are my conditions, and those are the rules. [...] I don't teach, and they should excuse me. [...] I can't. Although morally, you know how it is. It's really hard.*

Senior surgical nurse, 34

The inability to rest properly and dedicate time to their loved ones and themselves negatively affects the emotional state of nurses. At the same time, caregiving work is inevitably associated with significant emotional involvement at the workplace. However, nurses find it difficult to cope with these feelings on their own, and proper psychological support at work is lacking. Some informants mentioned the deaths of patients they had cared for and noted how emotionally difficult it was for them, speaking about **feelings of fatigue and burnout**.

> *There are moments of despair. And tears. [...] I've been working for so many years, but I still cannot come to terms with the fact that someone is suffering. Sometimes even my relatives scold me: "You should have gotten used to this by now," but I always take it to heart.*

Anesthesiologist
at a maternity hospital, 42

The psycho-emotional state described by many nurses is, in its characteristics, closely related to the so-called **compassion fatigue.** Although this phenomenon is not yet officially recognised as a mental health disorder, it is increasingly used in social research to describe the consequences of work that involves caring for others. Emotional exhaustion can not only negatively affect a person's ability to care for others and fulfil their professional duties in general but also have significant adverse consequences for their mental health. This also often becomes one of the key reasons why nurses leave the profession. Nurses frequently report experiencing stress reactions caused by so-called secondary trauma.

> [I feel] *fatigue, constant fatigue. It arises from the continuous workload, severely ill patients. In general, it is now very psychologically difficult to witness all of this, these injuries that the military guys come in with.*

Dressing nurse of the surgical ward
in a departmental hospital, 32

Our informants also noted that they feel anxiety, despair, anger, and hopelessness due to the dismissive attitude towards them from the hospital administration and the low salary, which they perceive as evidence of the devaluation and invisibility of their work and the nursing profession as a whole. Some informants admitted that they almost force

themselves to go to work, referring to it with the metaphor of "*katorga*."[1] They attributed all this to an unfavourable work environment, bullying by management, devaluation, and a sense of powerlessness and oppression.

Nurses most often experience **positive emotions** at work from the cohesion of the nursing team, the sense of mutual support and understanding from colleagues. Other sources of pleasant emotions include the kind attitude of patients and their relatives, words of gratitude, and the feeling of fulfilling their professional duty.

> *There are positive [emotions], yes, it is communicating with colleagues, you can also joke around with some patients. It's nice with them, or it's pleasant to see when the treatment gives results and they go from being completely bedridden to coming back "to themselves" and becoming a completely different person—now, that's really nice to observe, or hearing words of gratitude from patients is also pleasant.*
>
> Ward nurse
> at a psychiatric hospital, 28

1 *Katorga* was a system of penal labor in the Russian Empire and the Soviet Union. In colloquial use today, the term refers to exceedingly hard, exhausting and often degrading labour. *Transl.*

Nurses Want Change : What Do They Propose?

During the study, we asked nurses what changes were necessary to improve their working conditions, who should take action and what kind of action should be taken to implement these changes. Nurses spoke about the need for changes in workload, labour compensation, material provision, and society's attitude towards nursing.

Many nurses spoke about the need for additional positions for mid-level medical staff in their institutions, filling vacant positions; the necessity of addressing the shortage of junior medical and technical staff; and reducing the amount of paperwork.

> *We have bureaucracy, we have too many papers—every certificate comes with three more certificates, as they say. [...] Take away the paperwork and let us do medical work.*
>
> Radiology technician and psychiatric nurse, 54

An adequate workload would create proper working conditions and help prevent exhaustion and emotional burnout.

The issue of **low salaries** was, unsurprisingly, another key problem that concerned the study participants. Their pay not only fails to provide a decent standard of living but is also disproportionate to the workload and responsibility placed on medical workers.

> *I am not satisfied with the salary. I have no complaints about the other working conditions. I know [my] job, I have a good approach with children, and, in general, I am communicative. Well, I am liked and respected—and I wouldn't want to leave. But with such a salary...*
>
> School nurse, 50

Nurses specifically emphasised the lack of proper bonuses and the essential disregard for harmful factors and the intensity of their work. One of the greatest injustices in the context of bonuses, according to nurses, is that salaries often do not depend on education, experience, qualification level, or efforts to improve their qualification. As a result, this devalues knowledge, experience, and skills and significantly reduces the motivation for professional development. Resolving the issue of low salaries would not only enable nurses and their families to have an acceptable standard of living but would also eliminate the need for side jobs, juggling multiple jobs, and the associated fatigue, exhaustion, and burnout. A proper salary would also stop the critical outflow of personnel from the profession, encourage the filling of vacant positions, and help reduce the workload on nurses caused by staff shortages.

Nurses also spoke about the need to improve **material conditions and workplace safety**. This includes the equipment and

condition of hospitals, break rooms, and the availability of a "panic button" for the safety of both staff and patients.

With the study participants, we also discussed **who, and at what level, should advocate for and implement changes** in workload, salaries, and the creation of proper conditions for nursing. Some nurses emphasised that they see the primary problems at the level of management and hospital administration. These problems manifest in the form of corruption, improper fulfilment of duties, lack of respect, and unwillingness to consider the opinions of employees.

> *I said that at least one of the management should come and simply follow us for a day to see, as they say that "you [...] get paid and do nothing." Just to walk around and observe—they don't know our work, there's a lot they don't know.*
>
> Surgery ward nurse, 44

At the same time, many informants emphasised that a large number of problems cannot be resolved locally without significant changes at the central level. They spoke about issues at the level of the Cabinet of Ministers, the Ministry of Health, and the National Health Service of Ukraine: poor management of the healthcare system, chronic underfunding, problems in establishing appropriate standards (workload, salaries, etc.), a lack of mechanisms or real oversight to ensure compliance with legislation and existing regulations.

Some respondents expressed scepticism about their own ability or the ability of trade unions to achieve the necessary changes, likely due to negative experiences at the local level. However, others, on the contrary, emphasised the need for active involvement of medical workers in advocating for urgently needed reforms. In their view, a united association of medical workers could provide leverage to put pressure both on hospital administrations and central government bodies. We assume that, in addition to other factors, the existing experience of collectively defending their rights and the example of MedRukh contribute to the understanding of the importance of uniting for change in the medical sector.

Conclusions :

The deregulation of nursing care, which MedRukh activists spoke about 5 years ago, is now manifesting in crisis phenomena within Ukrainian healthcare. This is especially dangerous in wartime conditions when, due to a shortage of surgical nurses, surgeries are being cancelled, psychiatric medical staff are forced to assist hundreds of patients alone, and school nurses, who support children during panic attacks in bomb shelters, receive only a minimum salary.

Typical characteristics of the work of Ukrainian nurses include intense, excessive, and overtime labour; performing the duties of junior staff, often in inadequate and hazardous conditions; a low salary that does not correspond to the effort nurses must exert. Despite high emotional involvement and stress, nurses lack proper psychological support. They are often unfamiliar with the collective agreement that guarantees their rights and face mobbing in response to attempts to defend themselves. Additional burdens include household responsibilities and the need to seek side jobs. Overfatigue and burnout negatively affect nurses' health and relationships with their families and, in the long run, push them to leave the profession.

A "vicious circle" emerges, where low salaries, difficult working conditions, overall lack of funding, and administrative decisions lead many workers—both nurses and junior medical staff—to move to the private sector or other fields of employment. This, in turn, increases the workload for those who remain, further worsening working conditions and motivating further outflow of personnel.

Despite this, our informants often stated that they could not imagine themselves outside of medicine and actually truly love their work. However, the exploitation of such important feelings as responsibility and love is not something on which the medical system should be based on.

So, is there a way out? Despite the generally grim picture, nurses are willing to propose their options for solutions to the crisis, and some are even ready to fight for their rights. Their experience and voices should be considered when establishing standards that will not only improve the situation in the field but also enhance the quality of care. According to nurses, the priority should be expanding the staff lists of mid-level and junior medical personnel and clearly delineating job responsibilities. Some nurses believe that **changes must be nationwide and mandatory for implementation at all healthcare institutions**. Many study participants stated that nurses must unite, collectively defend their rights, and emphasise the importance of their work.

Although the methodology of our study and the lack of relevant data in the Ukrainian context do not allow for a definitive answer to the question about the connection between the increasing workload of nurses and the efficiency of the healthcare system in Ukraine, it is important to emphasise an obvious point: nursing is an integral part of medical care, and therefore its problems inevitably affect the quality of care. A nurse overburdened with responsibilities and overtime work, struggling to attend to multiple patients, is a sign of an unhealthy system. Resolving this crisis is not only a matter of fairness for medical staff but a necessity for society as a whole.

Recommendations :

For the Ministry of Health of Ukraine

Include the voices of nurses

Take workers' opinions into account when setting the standards for workload and organisation of their work. Involve and consult the representative trade unions. Input with other workers' groups such as "Be Like We Are" and professional organisations in discussions on the maximum workload **standards for medical workers in healthcare institutions and other facilities**, as outlined in the *Strategy for the Development of the Healthcare System until 2030 and the Approval of the Operational Action Plan for Its Implementation in 2025–2027* can be helpful. Currently, the main proposals from medical workers are:

- Increase in staff: hiring more nurses, orderlies, and other personnel to reduce workload.
- Rational distribution of duties: clear definition of tasks for all workers to ensure effective work organisation.
- Reduction of paperwork: optimisation of bureaucratic processes so that nurses can dedicate more time to patients.

For the Cabinet of Ministers of Ukraine, the Ministry of Economy of Ukraine

Increase labour compensation

Ensure appropriate financial compensation that reflects the level of responsibility and workload of medical personnel.

- 13,500 UAH (309 EUR) gross should be the base salary, to which all applicable bonuses and allowances are added.
- All appropriate bonuses and allowances must also be added to the base salary for junior nurses.
- The provision of Resolution of the Cabinet of Ministers of Ukraine No. 28, dated 13 January 2023, which allows the reduction of nurses' salaries to the minimum wage level, should be repealed.

For the Ministry of Economy of Ukraine, the Ministry of Education and Science of Ukraine, the Ministry of Social Policy of Ukraine

Fair salaries for all nurses

13,500 UAH (309 EUR) should also be the base salary for nurses working under other ministries (education, social protection).

Appropriate bonuses and allowances must also be added to the base salary.

For the Ministry of Health of Ukraine, the National Health Service of Ukraine, management of health care institutions

1. Compliance with collective agreement standards

Oblige healthcare institutions to comply with the following standards and ensure oversight of their implementation:

- Involvement of the entire staff in discussions on collective agreements.
- Mandatory familiarisation of employees with collective agreements.
- Free access to collective agreements. This can be ensured by making it mandatory to publish collective agreements i**n electronic form on the websites of medical institutions, local government bodies, and the Ministry of Health**.

2. Improving working conditions

Organise proper material provision and create comfortable working conditions. Guarantee workplace safety (security staff, emergency button) and safety during emergency medical crew dispatches.

3. Preventing burnout

Implement anti-burnout measures and measures to provide mental health support to workers at health care institutions on a systematic basis.

To civil society organizations working on gender issues

Include the issue of paid care work, as the most feminized sector of employment, in the advocacy agenda of women's organizations as an important step in aligning the feminist movement with the needs of a significant portion of Ukrainian women.

One for Three: How Ukrainian Nurses Work, 2025

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NGO Medical Movement "Be Like We Are" (formerly "Be Like Nina") (MedRukh) is the first grassroots organisation in Ukraine to focus on the protection of nurses' rights. The movement emerged in 2019 in the wake of protests against healthcare reform, with the fear that deregulation of nursing care would lead to massive layoffs and exploitation. The impetus for the movement came from a Facebook post by Nina Kozlovska, a nurse from the Kyiv region, who stated that nurses' work was undervalued and called for a fight for their rights. After that, a Facebook community was formed, which currently has 86,000 followers. MedRukh holds protests, establishes cooperation with international labour organisations, and creates independent trade unions in different regions of Ukraine. In 2024, MedRukh re-elected its board. It is currently headed by Oksana Slobodiana, co-founder of the organisation and a nurse at a children's hospital in Lviv. MedRukh activists Oleksii Chupryna, a surgeon, provided professional advice for this research, and Ruslana Mazurenok and Yuliia Lilich-Kochirka participated in collecting interviews.

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