



Olena Tkalich, Oksana Dutchak, Nataliia Lomonosova

ONE FOR THREE

HOW UKRAINIAN NURSES WORK



Table of Contents :

Introduction.....	4
1. The Situation of Nurses in the Ukrainian Health Care System	6
1.1. Decrease in the number of nurses in Ukraine	7
1.2. Dynamics of changes in nurses' workload standards	8
1.3. How the salaries of nurses are formed	9
2. Methodology.....	12
3. The most common violations of nurses' rights.....	14
3.1. Hidden combination of positions: "Jack of all trades"	14
3.2. Overtime work: "If I leave at five o'clock, they look at me as if I've run away from work"	15
3.3. Lack of rest: "You run around for sixteen hours without water, food, or a break"	17
3.4. Work beyond official duties: "We work for ourselves and for a friend"	18
3.5. Threat to personal safety: "Call the police, or else I'm not staying on this shift"	20
3.6. Lack of supplementary payments: "They don't pay us anything extra and they believe it's normal"	21
3.7. Non-compliance with the collective agreement: "The collective agreement is a secret under lock and key"	22
3.8. Mobbing: "If you don't like it, just leave, because there's a line waiting outside the fence"	23
3.9. Impact of COVID-19 and the war: "I just sat down and cried because I didn't have the time for anything"	25
4. Workload of nurses across different profiles and types of medical care.....	28
4.1. Nurses in surgical wards: "Now it happens that there are six times more patients"	28
4.2. Nurses in psychiatry and addiction treatment: "We used to have 40–50 people, now it's 100"	30
4.3. Nurses in maternity hospitals and pediatric wards:"A 24-hour shift with critically ill children is extremely hard, and now there's only one nurse there"	34
4.4. Nurses in primary and emergency care: "People mostly don't understand that there are working hours, that they end"	37
4.5. Nurses in education and social protection: "There were days when I had forty children scheduled"	40
5. Outside of work: "I come out feeling like I've been run over by a steamroller"	46
5.1. Side jobs: "I come home, sleep a little, and then rush to my second job"	46
5.2. Time and recovery: "You steal a little from sleep, sleep a bit less"	48
5.3. Emotional state: "I have to go to work, but I feel like crying"	50
6. Nurses want change: "So that people want to work, not run away"	54
6.1. Workload: "If the care is as it should be, then it's around 10 patients"	54

6.2. Salaries: “Then what did we study for? Where is my 30% bonus for years of service?”	56
6.3. Material provision: “A properly equipped office so that I at least have what I need to work properly”	57
6.4. Who should fight for this: “So that nurses are united, not waiting for one person to solve it for them”	57
Conclusions	60
Recommendations	61
Legal guide: What nurses can do to protect their rights	63
References	65

Abbreviations

CMU — Cabinet of Ministers of Ukraine
KCSA — Kyiv City State Administration
MedMovement — Be Like Us Medical Movement
MEU — Ministry of Economy of Ukraine
MoH — Ministry of Health
NHSU — National Health Service of Ukraine
StateStat — State Statistics Service of Ukraine
UN — United Nations
VRU — Verkhovna Rada of Ukraine
WHO — World Health Organization

Introduction :

Nurses are an integral part of modern health-care systems. The quality of medical care—and therefore the number of lives saved—directly depends on the sufficient number of nurses and clear standards regarding their workload (McHugh et al., 2021; Griffiths et al., 2014; Rani et al., 2023; Meredith et al., 2024; Lasater et al., 2021; Aiken et al., 2012). In Ukraine, under the conditions of war, when the need for medical care is extremely high, the issue of the workload of medical staff becomes particularly urgent.

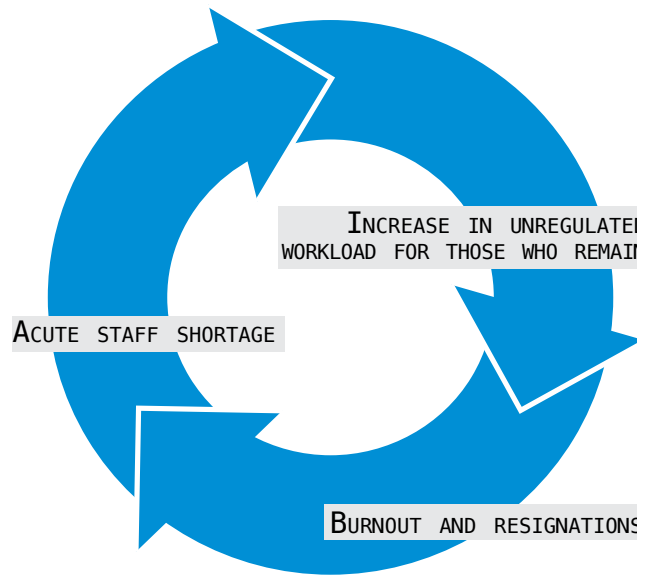
At the same time, Ukraine has seen a decades-long trend of decreasing the number of nurses (StateStat, 2017). This has occurred against the backdrop of healthcare reform, within which the standards regulating the number of staff positions for medical personnel in healthcare institutions were abolished in 2016, and the rules for hospital management and funding were radically changed in 2020 (Lukashchuk, 2020). These steps effectively enabled the uncontrolled increase of nurses' workloads. We refer to this phenomenon as the **deregulation of nursing care**.

The professional organization of nurses Be Like Us Medical Movement (formerly known as Be Like Nina) (hereafter referred to as the MedMovement) has repeatedly raised the issue of excessive and unregulated workload, which further pushes nurses to leave the profession. This prompted the study's authors, together with nurses, to find out under what conditions medical staff work and how these conditions affect both their work and the patients. The relevance of this problem is also highlighted in reports by the World

Health Organization (WHO, 2024) and the Ministry of Health of Ukraine (MoH, 2024), which mention a shortage of nurses, as well as MoH's attempts to reintroduce workload standards for medical workers (MoH, 2024a; CMU, 2025).

This text presents the findings of a study on the workload of Ukrainian nurses, conducted by us in 2024. At the beginning of the report, we outline how workload is regulated at the legislative level and highlight the main problematic issues that currently exist. Then, we summarize the key trends characterizing the situation of workers in the care sector, as well as describe the research methodology.

The following part of the report contains a summary and analysis of the collected empirical material, primarily in-depth interviews with Ukrainian nurses. First, we list the most typical violations of nurses' rights and the legal gaps that make them possible. Then, we describe the situation regarding nurses' workload across the main types and profiles of medical care: surgery, maternity hospitals and pediatric wards, primary and emergency care, psychiatry, hospitals, as well as medical care in educational and social protection institutions. Next, we discuss how the existing workload and other working conditions affect the lives of nurses outside of work, including their relationships with family and loved ones, the availability of free time and how it is spent, and their emotional state. The final part of the report contains recommendations for improving the situation of nurses, based on our analysis and the wishes of the workers themselves.



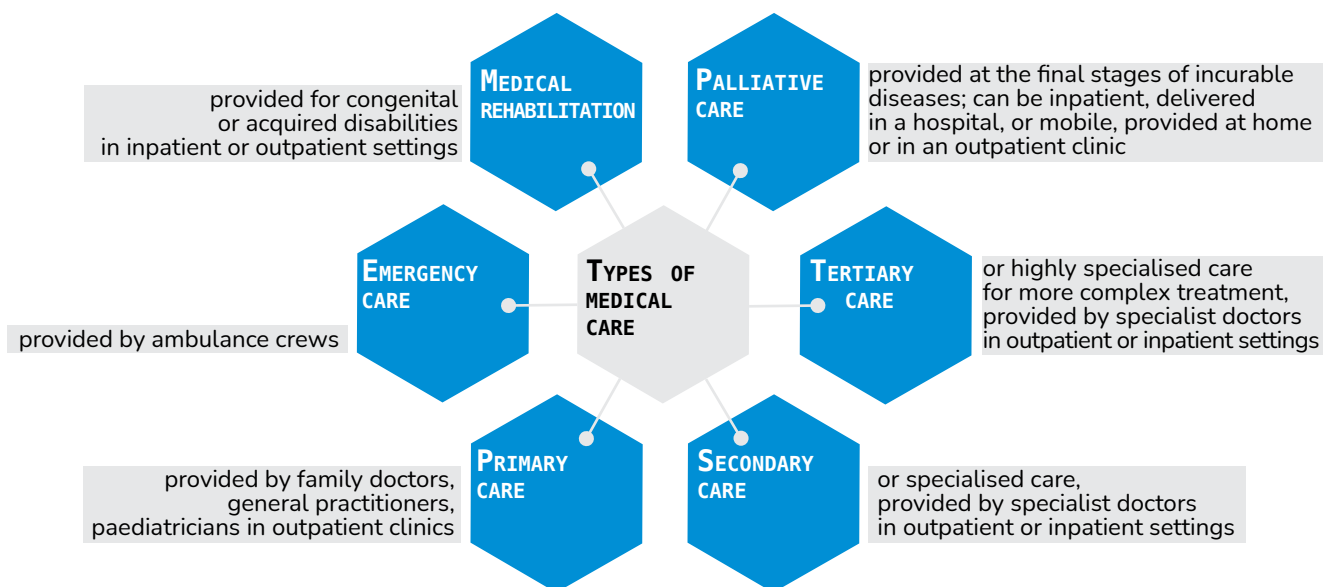
1. The Situation of Nurses in the Ukrainian Health Care System

In Ukraine, nurses hold the status of mid-level medical staff or specialists. This category also includes midwives, paramedics, laboratory technicians, and dental technicians (MoH, 2002). As of 2023, there were a total of 257,000 nurses in Ukraine (Public Health Center, 2024), 98% of whom were women (WHO, 2024).

The work of nurses is closely connected with the work of junior medical and technical personnel, which includes orderlies, kitchen staff, and disinfectors (MoH, 2002). A decrease also probably exists in their numbers; however, exact data is unavailable.

In Ukraine, medical care is categorized into several types (VRU, 1993), each of which has its own specificity regarding the work of nurses:

The standard working time for most nurses is 38.5 hours per week¹. If working conditions are categorized as hazardous (for example, for radiology lab technicians), working hours may be shorter. Emergency, secondary, and tertiary care typically involve 24-hour shifts (7–8 shifts per month) or a combination of daily work and shifts, while primary care involves a five-day workweek with 7.7 working hours per day. Nurses in educational institutions mostly also follow this schedule. However, they, like nurses in social institutions (e.g., residential care homes), are not included in any of the listed types of medical care and are not subordinate to the MoH, which results in their salaries being lower than those of other nurses (see Section 4.5). The schedule of nurses in palliative care and medical rehabilitation depends on whether the care is inpatient, mobile, or outpatient.

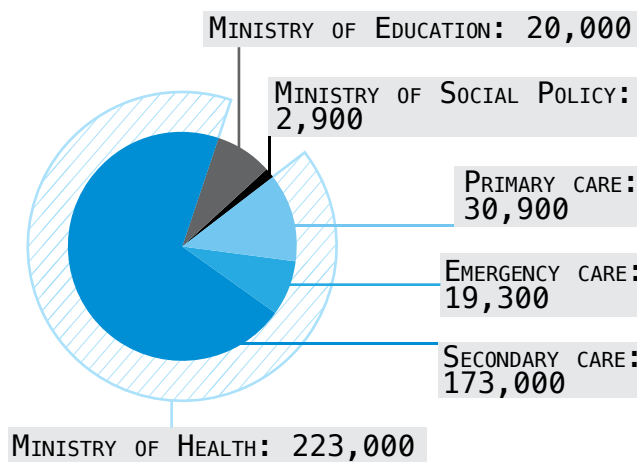


Source: Foundations of the Legislation of Ukraine on Healthcare (Основи законодавства України про охорону здоров'я), 1993

¹ Order of the MoH dated May 25, 2006, No. 319 "On the approval of working time norms for employees of health-care facilities and institutions."

The majority of nurses (173,000) work in institutions that provide **specialized** or **highly specialized** medical care, and this level of nursing care has been particularly affected by deregulation. The **primary care** sector includes 30,000 nurses, and the **emergency care** sector includes about 20,000². 9,500 nurses are employed in **preschool education institutions**³, with approximately the same number working in schools.

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*)

1.1. Decrease in the number of nurses in Ukraine

The decreasing trend for the number of nurses in Ukraine has been recorded since 1990 (StateStat, 2017), but in recent years this process has significantly accelerated. From the end of 2014 to the end of 2023, the number of nurses in Ukraine decreased by 121,000 (from 378,000 to the aforementioned 257,000)—that is, by one third. The main reduction took place before the full-scale Russian invasion. Meanwhile, the number of doctors remained almost unchanged and decreased by only 13% after

2 Response from the Public Health Center of the MoH to the research team’s inquiry, data as of 2023.

3 Response from the Ministry of Education and Science to the research team’s inquiry, data as of 2023.

the beginning of the full-scale war (Public Health Center, 2024).

The MoH notes that from 2010 to 2022, the number of nurses “decreased by 40% while the total population declined by 10.5%” (MoH, 2024). As of 2020, Ukraine had 526 nurses per 100,000 people, while the wealthiest countries have 950 nurses per 100,000. The MoH states that “compared to countries in the EU (which Ukraine is working to join), we are significantly behind most of them; in addition, these countries show an upward trend in the number of nurses, as opposed to Ukrainian trends.” At the same time, Ukrainian nurses are emigrating to EU countries, and this trend has intensified since the start of the full-scale war. In addition to safety concerns, better working conditions are cited as an important reason for relocation (Slobodyan, 2025).

The data on the reduction in the number of nurses in Ukraine are also confirmed by a WHO report (2024), according to which the number of mid-level medical personnel per 1,000 people in Ukraine is half that of the EU average. At the same time, the overall rate of doctors per 1,000 people is the same, but Ukraine lacks specialists in areas related to emergency and trauma care, epidemiology, and mental health. The WHO also notes a gradual shift toward private healthcare, especially in large cities, and an outflow of a significant number of qualified nurses into other professions. “The remuneration in public sector jobs is not attractive for doctors and nurses and many facilities are not keen to recruit due to financial constraints,” the report states.

Thus, the problem of the growing shortage of nurses is noted by both domestic and international experts. A similar effect was also predicted by the activists of MedMovement. This association of medical workers emerged in the context of the healthcare reform, which did not address the problems of nurses but, on the contrary, only intensified them through the deregulation of nursing care.

1.2. Dynamics of changes in nurses' workload standards

In 2016, as part of the healthcare reform in Ukraine, the MoH Order No. 33 of February 23, 2000, "On Model Staffing Standards for Healthcare Institutions," was abolished. This document regulated the workload for doctors, administrators, nurses, junior and technical medical personnel depending on the number of hospital beds for secondary and tertiary care, or on the number of registered patients or population in the region for primary and emergency care. Examples of the standards that were in effect until 2016 are provided in Table 1.

It is difficult to say how strictly medical institutions adhered to these standards in the past. However, currently, due to the deregulation of nursing care, there is legal uncertainty regarding nurse workload in state and municipal healthcare institutions. During the second stage of the healthcare reform in 2020, hospitals began receiving funding through the National Health Service of Ukraine (NHSU) based on signed packages for medical care (the actual number of patients/services), rather than the number of hospital beds. These packages are provided only if certain requirements are met, primarily the presence of doctors with specific qualifications and medical equipment. However,

TABLE 1. EXAMPLES OF WORKLOAD STANDARDS UNTIL 2016		
TYPE OF FACILITY OR DEPARTMENT	WORKLOAD STANDARD	ADDITIONAL STAFF
Surgical ward	1 round-the-clock post (doctor, nurse, and orderly, or nurse and orderly): per 30 beds	1 surgical nurse and 1 dressing nurse: per 30 beds 1 procedure room nurse: per 40 beds
Maternity hospital	1 post: per 35 beds in the maternity ward for patients without complications per 20 beds in pregnancy pathology wards per 15 beds in delivery rooms per 15 beds for newborns without complications per 6 beds in observation wards (where babies or mothers require increased attention) per 4 beds for premature babies	1 additional nurse if there are more than 30 beds additional surgical and dressing nurses if surgical interventions are performed
Psychiatry	1 around-the-clock post: per 15–40 beds depending on the severity of conditions	1 procedural nurse in each ward
Primary medical care	1 district nurse and 1 doctor: per 1,800 adults and 400 children	lower standards were acceptable for rural areas
Emergency medical care	in addition to ambulance teams: at least 1 disinfectant 1 junior nurse 1 head nurse	
Educational institutions	1 nurse: per 700 school students per 100 kindergarten children	
Junior nurses (orderlies) in outpatient and inpatient facilities	1 nurse-cleaner: in each ward or per 60 beds 1 nurse-caterer: per 30 beds 1 bath nurse: per 100 beds positions of junior surgical and dressing nurses: according to the positions of mid-level medical staff in these departments	

the standards for mid-level medical personnel are less clear, and for junior medical or technical personnel, they are completely absent. This has allowed medical institutions to massively reduce the number of nurses and junior medical staff in cases of financial difficulties (Tkalic, 2020), thereby increasing the workload of those who remain.

The list of requirements for medical institutions eligible for NHSU funding (NHSU, 2025) includes minimum staffing standards for the number of nurses. However, this is not equivalent to workload, as one nurse may be involved in several packages, work part-time, or, conversely, the equivalent of one and a half positions.

“For your information it is not possible to calculate the number of medical workers who directly provided care under the respective package, as in forming statistical data in response to requests, the NHSU uses information from the Electronic Healthcare System (hereinafter referred to as the EHS), in particular from the Register of Medical Records, referrals, and prescriptions in the EHS, and during the provision of such care, not all involved medical personnel enter medical records into the EHS,” the NHSU response states⁴.

An exception is **primary medical care** (general practitioners, family doctors, and pediatricians), where NHSU requirements and the workload per nurse more or less align: there must be at least one nurse per doctor if the doctor has reached 50% of the declaration volume. The issue is also regulated in **emergency medical care** (CMU, 2012), where a team must include a nurse or paramedic, depending on its type (doctor-led, physician assistant-led, or paramedic-led). As for **secondary medical care**, under the Medical Care for Acute Stroke package, there must be a round-the-clock post with at least 4 nurses per 4 beds, and under the Medical Care for Newborns in Complicated Neonatal Cases package, there

must be 7 nurses per 3 beds (NHSU, 2025). However, there are few packages with such detailed requirements.

The MoH claims⁵ that the deregulation of workload and other working conditions for nurses should be compensated by the provisions of the **collective agreement** (see Section 3.7), which each healthcare institution signs individually.

“The cancellation of Order No. 33 granted greater autonomy to healthcare institution managers in making decisions regarding the formation and approval of staffing schedules for such institutions based on their function and the volume of medical care provided, which is related to the reform of the healthcare funding system in Ukraine. [...] The mutual obligations of the parties regarding the regulation of production, labor, and socio-economic relations, in particular the standardization and remuneration of labor, the establishment of the form, system, and size of salaries and other types of labor compensation (bonuses, allowances, incentives, etc.) are determined in the collective agreement,” the MoH emphasizes.

However, the MoH is ultimately returning to regulation at the national level. In 2024, the Ministry set the goal of developing and approving Maximum Workload Standards for Medical Workers (MoH, 2024a), and the Trade Union of Healthcare Workers of Ukraine (2024) requested to involve its representatives in this process. However, at the time of publication, we had not received a response to our inquiry regarding the progress in developing the new standards.

1.3. How the salaries of nurses are formed

First and foremost, it is important to remember that the salaries of public sector workers are determined not even on the basis of the minimum wage, but on the basis of the Unified Tariff Grid for public sector employees,

4 Response from the NHSU to the research team’s inquiry.

5 Response from the MoH to an inquiry of the NGO Be Like Us Medical Movement.

which has not been revised for many years. According to this system, the official salary of nurses remains at around 5,000–6,000 UAH (107–128 EUR)⁶. The same applies, for example, to the salaries of preschool educators (Dutchak, Strelnyk, Tkalich, 2020) and social workers (Lomonosova, 2024), who receive additional payments to their official salaries to raise the total to the minimum wage, so as not to violate labor legislation. In other words, a significant number of these workers earn the minimum wage. In the case of nurses, the situation is slightly better: they receive additional payments so that their total income reaches 13,500 UAH (287 EUR).

How did this happen? In 2020, healthcare workers earned 8,500 UAH (182 EUR) gross on average (StateStat, 2020). However, following a series of protests by medical workers and a media campaign, as well as against the backdrop of the coronavirus pandemic (Tkalich, 2024), nurses' salaries were effectively doubled at the beginning of 2022—up to 13,500 UAH (287 EUR) gross. On the other hand, this is not the base amount to which other payments are added, such as supplementary payments for years of service or hazardous working conditions. As a result, nurses with different levels of experience and qualifications often receive the same amount, and only those working night shifts, receiving bonuses from local authorities (for example, the “Klychko payments” of 2,000–4,000 UAH (43–86 EUR) in Kyiv (KCSA, 2023)), or working more than one full-time position, earn higher salaries.

According to the NHSU, the average salary of nurses as of the end of 2023 was 16,404 UAH (351 EUR), or approximately 13,200 UAH (283 EUR) net. The MedMovement's own non-representative survey (MedMovement, 2023) conducted the same year demonstrated an average salary of 12,000 UAH (257 EUR), or approximately 9,500 UAH (204 EUR) net. In the fall of 2024, the Cabinet

of Ministers of Ukraine (CMU) adopted a resolution granting nurses the right to **additional payments for years of service**,⁷ but at present, there is no definitive data on the changes. At the same time, the increase in the military levy at the beginning of 2025, combined with the effective “freezing” of the minimum wage, may lead to a further decrease in the income of the majority of employed individuals, including a certain share of nurses.

However, not all nurses receive 13,500 UAH (287 EUR), or 10,700 UAH (228 EUR) net. For example, medical workers employed in schools, kindergartens, or social protection institutions are not subordinate to the MoH and therefore are not entitled to increased pay. Currently, **their salaries are often at the minimum level** or just slightly above it—for instance, due to a 20% bonus for completing courses on mental support for children (MEU, 2023).

However, even for nurses in state and municipal medical institutions, salaries have not been indexed once since 2022. After the start of the full-scale Russian invasion, the situation got worse: in 2023, hospitals spending more than 80% of their budget on labor compensation were allowed to reduce salaries to the minimum (Tkalich, 2023). And for medical workers **in frontline areas**, who are entitled to additional payments of 13% and 25% depending on proximity to the front, these additional payments are made selectively (MedMovement, 2023).

As part of this study, we specifically asked nurses about the amount of their salary. It ranged from 6,500 to 22,000 UAH (138–468 EUR) net, and in most cases amounted to 10,700 UAH (228 EUR), the same 13,500 UAH (287 EUR) gross.

Ultimately, over the course of 2023, the number of nurses in Ukraine decreased by another 11,000. This trend is unlikely to change in the near future, as the number of people studying for a nursing degree is also declining (Volosovets, Zabolotko 2020).

⁶ Hereafter, the UAH to EUR conversion is based on the official exchange rate as of April 15, 2025, rounded up or down to the nearest euro. *Transl.*

⁷ CMU Resolution No. 1108 dated September 26, 2024.

The situation in which nurses are overlooked and their work **undervalued** is not an exclusively Ukrainian phenomenon and is generally typical for **care work**. One explanation (England, 2005) is that such work does not produce immediate effects and therefore “loses out” on the market. It is common for the development of care infrastructure to focus primarily on construction and equipment, but not on working conditions for staff (Himmelweit, 2017). Instead, regular overtime and unpaid labor are typical (Charmes, 2019), which allows systems to continue functioning even under resource constraints (Baines, 2004). Workers accept employment in the care sector due to limited alternatives for education or job opportunities (Folbre, 1995), especially outside large cities. On the other hand, this is also explained (England, 2005) by several concepts that rely on the

notion of “love”: “**love and money**”, when workers accept worse conditions because they love their job; and “**prisoners of love**”, when care workers find it significantly harder to organize protests, as the well-being of others depends on their labor. Such ethical dilemmas weaken their bargaining power in the struggle for better working conditions (Huget, 2020).

However, everything has its limits. Due to the systematic devaluation of nurses, educators, and caregivers, a “care crisis” has developed in the world (Fraser, 2016). And while wealthier countries can attract migrant women instead of or alongside improving funding for the care sector, poorer countries fully face the consequences of this crisis. Therefore, the situation in Ukraine under Russian aggression appears especially threatening (Halan et al., 2024).

2. Methodology

This study is based on an analysis of available statistical data, legislation, secondary sources, and qualitative empirical data, specifically **in-depth semi-structured interviews** with Ukrainian nurses conducted **between April and September 2024**. A total of **48 interviews** were conducted.

Participant recruitment was carried out through personal contacts, the snowball method, and self-selection—via an announcement and a form posted in the Med-Movement Facebook group. The group is public, so the announcement could be seen by any internet users who visited the page. The announcement included brief information about the topic and purpose of the study, as well as an invitation to leave contact details to participate in in-depth interviews.

The largest response came from nurses working in secondary medical care facilities (a total of 35 interviews), particularly in fields most affected by the consequences of the war (surgery, psychiatry). Nurses who have experienced pay cuts also actively participated: nurses in maternity hospitals, which saw reduced funding due to declining birth rates (as funding is tied to the number of deliveries); and nurses from educational institutions and social protection facilities.

Primary and emergency care were covered to a lesser extent, as their share in the overall healthcare system is relatively small. Nurses providing palliative care were categorized as belonging to either secondary-level institutions or social protection facilities. All study participants were employed in state or municipal healthcare institutions at the time of the interviews.

The geography of the interviews covers **17 regions** representing all macro-regions of Ukraine, as well as all types of settlements: regional centers, cities, towns, and villages.

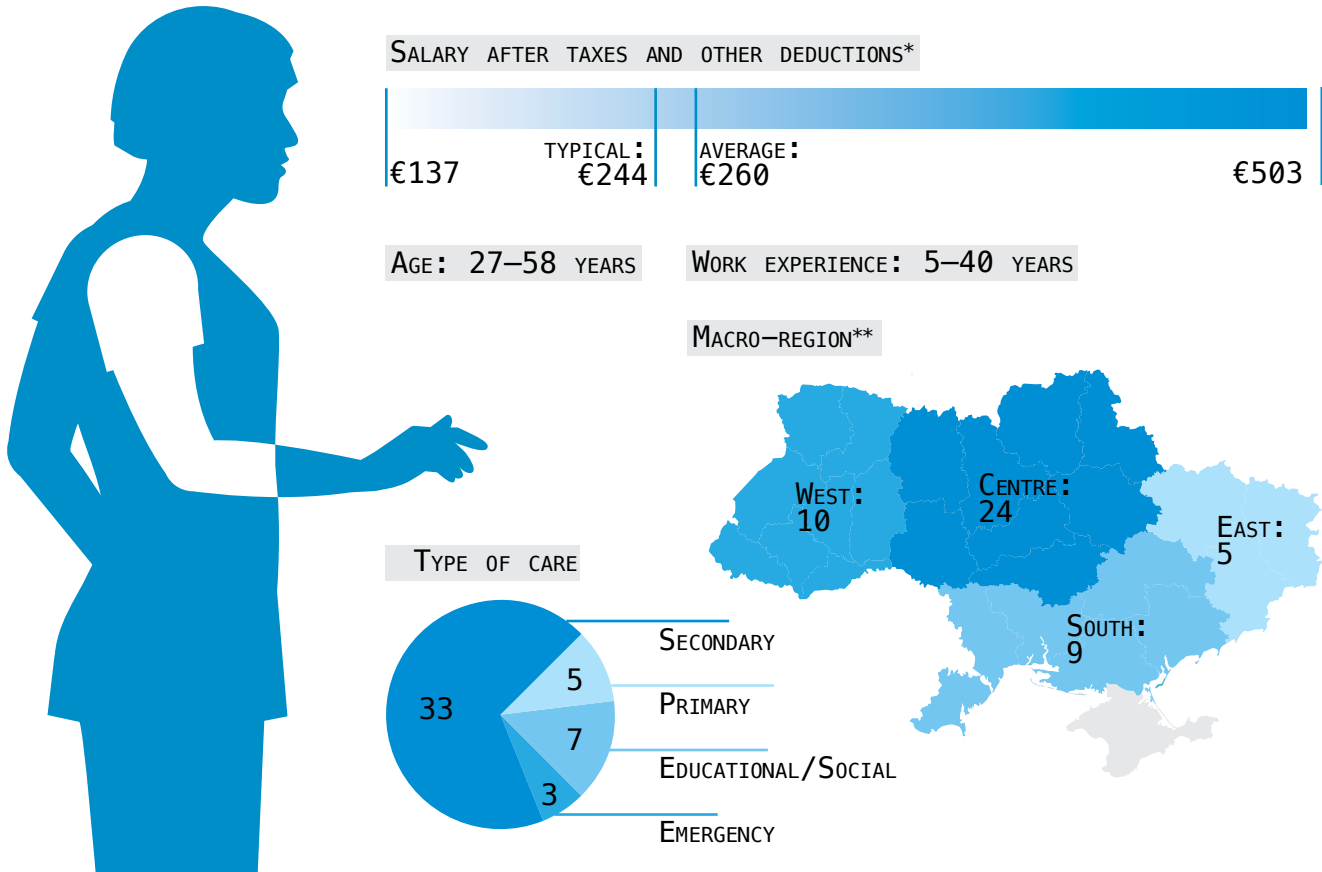
All interviews were conducted **remotely by phone** at a time convenient for the study participants.

Workload was the key topic of the in-depth interviews. First and foremost, we aimed to understand what a **typical workload** looks like for each study participant and whether instances of overtime as well as other situations nurses consider to be overwork occur, and what exactly causes them. To do this, we discussed in detail the course of a typical working day for each nurse. We also separately clarified how the deregulation of nursing care, the COVID-19 pandemic, and the full-scale war have affected the workload.

Since the regulation of workload and other working conditions currently occurs primarily through collective agreements, we asked nurses how familiar they were with the contents of these documents, as well as with their job descriptions, and whether they were required to perform tasks that do not fall under their official duties. We also asked the study participants whether they were aware of the standards regarding their workload, the additional payments on top of their base salary to which they are entitled, and whether these standards are being met.

As part of this study, we also asked whether nurses had attempted in any way to solve problems in the workplace, as well as which working conditions they would like to improve and what, in their opinion, could facilitate positive change. We also separately asked study participants about the impact of workload and other working conditions (particularly pay levels) on their lives outside of work: relationships with loved ones, availability of free time, physical and emotional well-being.

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).

We also asked study participants about their salaries, except in cases where they declined to provide this information. In the report, nurses' monthly salaries (after deductions, net) are indicated in the captions under quotes from their interviews in order to illustrate the typical relationship between pay, years of experience, and workload.

Activists of MedMovement, which aims to represent the interests of nurses as a civil society organization, **were directly involved in the planning and implementation of this study**. They participated in developing the guide for in-depth interviews, conducted 35 out of 50 interviews, and provided consultation during the writing of the report. In view of this, as well as of MedMovement's active role in initiating the study to advocate for decent working conditions for nurses, we emphasize that **this study is a case of activist research**.

Activist research is defined as research that:

- in addition to knowledge production, also aims to achieve real transformative action together with its participants and for them;
- involves systematic engagement of the research participants at all stages of its implementation;
- rejects the idea that research can or must be neutral, instead assuming that it is political in its essence, since the situation in any social sphere is the result of certain political decisions and a manifestation of power relations (Jones, 2020).

When quoting study participants, we applied minimal editing to their direct speech, preserving the original style of their expressions. Since 98% of nurses in Ukraine are women, we consistently use feminine grammatical forms throughout this report.

3. The most common violations of nurses' rights

Under conditions of acute shortage of mid-level and junior medical personnel, as well as the deregulation of nursing care, the overexploitation of nurses is an extremely widespread phenomenon. Some cases directly conflict with labor legislation and the state's obligations to support medical workers during emergencies. This section highlights the most common and systemic violations, as well as the gaps in legislation that contribute to their entrenchment. The main focus is placed on issues such as unpaid combination of job duties, overtime work, performing non-nursing duties, workplace hazards, non-payment of bonuses which nurses are entitled to, mobbing, and the impact of the pandemic and war on these and other violations of nurses' rights.

3.1. Hidden combination of positions: "Jack of all trades"

In most of the cases identified within this study, the most typical mechanism for shifting additional duties onto nurses is hidden combination of different positions—for example, when a nurse in the admissions department simultaneously performs the duties of a ward, dressing, or procedure nurse. In other words, they become highly multi-tasking and carry out an excessive workload.

- *Our duties are so mixed. [...] Right now, we're working as dressing, procedure, and ward nurses. That means admitting the patient, ordering tests, collecting samples, taking the patient to the operating room, bringing them back from the operating room, doing the dressing,*

cleaning up the dressing room after all this, handling the documentation.

53, surgical nurse,
36 years of work experience,
salary of 10,400 UAH (221 EUR),
regional center, East

- *"Jack of all trades." That's what a nurse's job is now, at this particular stage, it falls right under that saying. We come in at nine in the morning, the shift starts. And we're procedure nurses, ward nurses, admissions nurses—everything, everything. Before, there used to be three or four on-duty nurses per shift, but now all that workload falls on two nurses.*

49, nurse in a pediatric emergency
and infectious diseases department,
salary of 14,000 UAH (298 EUR),
28 years of work experience,
regional center, Center

According to the Labor Code, combination of positions¹ occurs when the duties of several positions are similar, and an employee, in addition to their main job specified in the employment contract, performs additional work under another position². Combination of positions is not the same as dual employment—in the latter case, the employee signs two separate employment contracts.

Additional payment for combination of positions is provided for by law, but its amount is not defined. It must be established by the collective agreement (see Section 3.7) in each individual medical facility. However, some collective agreements known to us do not specify the amount of additional payments

1 Article 105 of the Labor Code of Ukraine

2 Letter of the Ministry of Labor and Social Policy of Ukraine "On working with combination of jobs and part-time employment" dated June 21, 2010, No. 514/13/155-10.

and only state the employer's obligation to provide them. In such cases, these amounts are determined at the discretion of the administration.

In a situation where general workload standards have been abolished and the regulation of payment for combination of positions is unclear, the administration of an institution can increase workload without providing appropriate additional pay. This also creates conditions in which medical institutions may avoid hiring a sufficient number of staff and leave some positions vacant.

■ *Well, we have three lab technicians, one [of them] is of retirement age. Even though we have six positions [to be filled], for some reason they're not hiring more lab techs. Of course, the workload is very heavy, we have a lot of people. Especially, you know who often arrives to us—[wounded soldiers] right from the frontline.*

39, radiology technician,
20 years of work experience,
salary of 10,500 UAH (224 EUR), city, South

Sometimes this is not only due to the administration's desire to cut costs, but also because it is difficult to find new nurses due to difficult working conditions and low salaries.

As a result, the lack of clearly defined additional payments for combination of positions and the cancellation of general workload standards create opportunities for medical institutions to increase workload without proper compensation.

In the cases identified by this study, employers include additional duties from another position into the job description. In this way, the administration attempts to avoid paying for combination of positions, since it is formally considered that everything listed in the job description is part of the main job defined by the employment contract.

3.2. Overtime work: "If I leave at five o'clock, they look at me as if I've run away from work"

Overtime is considered to be work performed beyond the established duration of the working day³. For nurses working in inpatient facilities or with ambulances, overtime is not typical. They mostly work within defined 24-hour shifts⁴, though often with high intensity. However, due to staff shortages, nurses sometimes have to take on shifts more frequently, especially when their colleagues go on vacation or take sick leave.

■ *Well, the staff shortage is [severe]. Even now, they just sent us the schedule for next month. Usually, we work one day on, two days off. One of our nurses is taking unpaid leave, and we'll have to work every other day for a week. I don't know how that's going to be. One day on, two off is already hard for me, I don't have enough time to rest.*

35, nurse in an internal medicine department,
15 years of work experience,
salary of 11,000 UAH (234 EUR), city, Center

In turn, nurses in primary care and educational institutions face overtime work when they are forced to stay at their workplace after the official end of their shift. This is mostly due to paperwork they are unable to complete during the workday.

■ *Almost every day [I stay late]. Well, maybe one or two days a week I can leave work on time. Very often I'm there until 3 or even 4 o'clock, or if I don't have time to stay at work, I go home and then come back in the evening to finish something, or I take the laptops home and try to finish some things at home.*

44, nurse at a general practitioner's office,
24 years of work experience,
salary of 9,600 UAH (204 EUR),
regional center, Center

³ Article 62 of the Labor Code of Ukraine.

⁴ Article 59 of the Labor Code stipulates that the break between work shifts must be no less than twice the duration of the working time in the previous shift (including the time of the lunch break).

Almost all study participants noted that they have a very large amount of paperwork, and digitalization has not yet solved this problem.

■ *7–8 logs. Logs for processing, maintaining medical equipment, and the Panmed⁵, we record working hours, quartz sterilization of the dressing room, sterilization of instruments, God, how we perform azopyram tests.*

32, surgical nurse, agency hospital,
13 years of work experience,
salary of up to 20,000 UAH (426 EUR),
regional center, Center

For school nurses, there may be a need to stay longer at work during parent-teacher meetings. Additionally, for medical personnel in educational institutions, the issue of working hours during air raid alerts is particularly pressing.

■ *The principal demands, for example, that working hours are not fixed. When there are air raids, we stay until the last child is picked up from the basement by their mother. Sometimes that's until seven in the evening. At first, we thought it would pass, but now, you could say, it's become the norm. And now if I leave at five, they already look at me like I've run away from work.*

45, school nurse,
24 years of work experience,
salary of 6,000 UAH (128 EUR),
regional center, West

If an air raid alert occurs during the shift of a procedure room nurse, she is, regardless of the schedule, forced to finish the unfinished work after the alert is lifted.

■ *Well, they told us right away when the war began: "You can go down to the shelter, but that's your working time." So, I have hours from eight to four, and that's it. We have to get our work done, the work from eight to four. And none of them care: Did you have the time to*

⁵ Logbook for recording the operation of the special chamber with a bactericidal lamp where sterilized medical instruments are stored.

finish it or not? Were you in the shelter or not? The work has to be done.

34, procedure room nurse,
10 years of work experience,
salary of 10,700 UAH (228 EUR),
city, Center

Another case is the work of a primary care nurse in an outpatient clinic in a rural area. Due to informal patient requests outside of working hours, she is forced to work overtime.

■ *Conflicts arise because patients insist on coming outside of working hours and having some kind of procedures done without a referral [...] And the moment you say no, they get offended, start going to my mother-in-law, saying "help us out, influence her" [meaning pressure on the nurse through family ties].*

36, nurse and head of an outpatient clinic,
14 years of work experience,
salary of 11,400 UAH (243 EUR),
village, Center

Formally, in such situations, a nurse has the right to refuse to work. However, in practice, this occurs under conditions of acute staff shortages, especially in rural areas. Here, the effect of "prisoners of love" and a sense of responsibility likely come into play, sometimes reinforced by the specific characteristics of interactions in small communities.

According to legislation, overtime work must be paid at double the standard rate. However, this is, of course, only possible when it is officially recorded⁶.

⁶ Article 30 of the Law of Ukraine "On Remuneration for Labor" establishes the employer's obligation to ensure accurate record-keeping of the work performed by the employee and accounting of labor remuneration expenses in accordance with the established procedure, except in cases provided by law. The employer's fulfillment of this obligation corresponds to the employee's right to remuneration and is a key guarantee for the realization of this right, as it is included in Section IV "Employee rights to remuneration and their protection" of the Law "On Remuneration for Labor."

3.3. Lack of rest: “You run around for sixteen hours without water, food, or a break”

Staff shortages and high workload lead to situations where nurses are unable to exercise their right to rest. Due to the specifics of work in medical institutions, a significant number of nurses do not have a standard lunch break. According to legislation⁷, it must be provided 4 hours after the start of the workday. It may last no longer than 2 hours and is not included in working hours. During the break, the employee has the right to leave the workplace.

“In workplaces where, due to production conditions, it is not possible to establish a break, the employee must be given the opportunity to eat during working hours,” states the clarification from the State Labor Service (State Labor Service, 2021). In such cases, the details must be discussed between the administration and the trade union.

However, nurses reported that due to heavy workload and unexpected calls, they are often forced to work without a break and eat “on the go.”

- *There were situations when you run around for sixteen hours without water, food, or a break.*

34, senior operating room nurse, highly specialized medical facility, salary of 22,000 UAH (468 EUR) for 1.5 full-time equivalents, 16 years of work experience, regional center, Center

- *We take turns going to lunch, but I might just throw something in while standing, and run down the hallway chewing.*

46, ward nurse in an infectious diseases department, 24 years of work experience, salary of 11,200 UAH (238 EUR), city, West

Sometimes nurses even face disapproval from management and are effectively forced to hide in order to eat. Workers perceive this as humiliation, neglect of the staff’s basic needs, and an additional source of stress.

- *I’ve worked at almost every maternity hospital in the city, and it’s the same everywhere: in the cafeteria, someone has to be on lookout, if the administration shows up, they signal for us to leave the cafeteria. You are not allowed to sleep, not allowed to eat, you have to take turns going to the bathroom. So the orderly is on lookout, and then you go to the toilet.*

37, midwife in a maternity ward, 18 years of work experience, salary of up to 20,000 UAH (426 EUR), regional center, South

Primary care and educational institution nurses, who have a standard five-day work-week, also reported that they are not always able to take their lunch break.

- *Well, they sort of write: 30 minutes for lunch. But as soon as you step out, someone’s already standing at your office door, someone’s already running to find me in the cafeteria.*

50, school nurse, 31 years of work experience, salary of 6,500 UAH (138 EUR), city, Center

- *Sometimes, when there’s a surge of patients during an epidemic, it can happen that we don’t have the time [to have lunch]. [...] We try to see [people]. Then we eat lunch however we can.*

57, senior nurse in an outpatient clinic, 38 years of work experience, salary of 15,000 UAH (319 EUR) for 1.5 full-time equivalents, city, Center

Such situations, where nurses are sometimes unable to meet basic needs during work, are undoubtedly linked to the nature of work in medicine, its unpredictability and the need to respond rapidly. However, the main causes are excessive workload and the lack of agreements between the administration and the trade union or the collective of workers regarding clear standards for breaks.

Additionally, staff shortages can create problems with **vacations, sick leave, or days off**. In conditions where nurses are

⁷ Article 66 of the Labor Code of Ukraine.

constantly working at their limit, the temporary absence of a colleague can make the situation unbearable.

- *My colleague told me that when I got sick and she worked the shift alone, then until the next shift, for about three days, her hands and legs were shaking, and she couldn't get herself back together.*

49, nurse in a pediatric emergency and infectious diseases department, salary of 14,000 UAH (298 EUR), 28 years of work experience, regional center, Center

- *Nurse: If my partner from the geriatric ward is on vacation, I do the workload for two—for myself and for her.*

Interviewer: *During vacation periods, you're alone for 105 patients, right?*

Nurse: *Yes, yes, the workload is much heavier.*

48, nurse in a general ward at a residential care home for elderly citizens and persons with disabilities, salary of 7,100 UAH (151 EUR), 30 years of work experience, city, Center

This situation may cause significant conflicts among the staff.

- *There was a meeting, and one of the senior nurses was just yelling at me because [...] the vacation period is starting, but nobody can go on vacation.*

Head nurse, highly specialized care, regional center, Center

It may also force them to somehow organize the work among themselves and come to agreements in order to be able to exercise their right to rest. In other cases, nurses have to give up part of their legally entitled rest time, particularly when it is not possible to organize the work in their absence.

- *There's no one to replace [me]. There used to be staff from the clinic, but now they don't send their people. Yeah, and it's hard. [...] For the period of my vacation, I give the girls first aid kits by group. [...] I haven't been [on vacation]*

yet this year, I'm planning to go. I don't know if I'll be able to go on vacation. We'll see how it goes. Last year I took 10 days.

56, senior kindergarten nurse, salary of 12,100 UAH (258 EUR), 37 years of work experience, regional center, West

However, according to the law⁸, annual leave must last no less than 24 calendar days. Persons with disabilities, employees under 18, mothers of minors or children with disabilities, single mothers, as well as those working in hazardous or difficult conditions are entitled to longer leave. If leave is not granted, the employer may face a fine.

3.4. Work beyond official duties: “We work for ourselves and for a friend”

An important mechanism for protecting workers' rights to an adequate workload is the job description⁹. It outlines the scope of work for each position and allows for refusal to perform the duties of another worker or tasks that do not correspond to one's qualifications. However, according to nurses, due to overly general wording in the job descriptions (for example, "carry out oral or written instructions of the doctor" or "maintain sanitary and hygienic standards"), it is difficult to rely on them to defend one's rights.

However, sometimes nurses are forced to perform the work of another position in parallel with their main duties, without this being indicated in the job description. Unlike the **combination of positions** (see Section 3.1), such duties usually belong to a lower qualification level and are irregular or one-time in nature. The most common example is performing the work of junior medical staff, who are also in critical shortage.

- *I got sick, and my colleague worked a 24-hour shift alone in our department, she nearly lost her mind. Because instead of four, there was only*

⁸ Article 6 of the Law of Ukraine “On Vacations,” 1997.

⁹ Article 31 of the Labor Code of Ukraine.

one orderly on the shift, two is already a blessing. And they, excuse me, are like kolkhoz horses there, unable even to lift their heads up.

49, nurse in a pediatric emergency and infectious diseases department, salary of 14,000 UAH (298 EUR), 28 years of work experience, regional center, Center

At the same time, the NHSU does not set requirements for medical institutions regarding the mandatory presence of orderlies or their number, although violations of sanitary and hygienic standards in medical institutions can have serious consequences. As a result, this work additionally falls on the shoulders of nurses. It is often not specified in documents and not directly demanded by supervisors, but the specifics of nurses' work leave them no choice.

- *They cut our orderlies, and we, the intensive care unit, were left with no orderlies. So we work, the surgical orderlies help us when they have time. In most cases they don't have the time—and we work for ourselves and for our friend, as they say.*

42, anesthetist at a maternity hospital, 21 years of work experience, salary of 10,400 UAH (221 EUR), regional center, West

- *The nurses also wash the vehicle inside. [...] But it's not a matter of being forced, you have to do it whether you want to or not. For example, you're transporting a bleeding, the vehicle is covered in blood. You won't just leave that blood. No one will wash it for you, and you won't leave it, because, well, people aren't to blame, and you don't want to stay in that blood either...*

47, nurse with an emergency medical response team, salary of 10,800 UAH (230 EUR), 28 years of work experience, village, South

In one case, an ambulance nurse who heads the trade union refused to sign a job description when there was an attempt to add the duty of washing the vehicle to it. Thanks to her union experience and readi-

ness for conflict with the administration, she managed to defend her rights and avoid performing work that was not part of her profession.

- *They gave us new job descriptions, where people were “voluntarily-forced” to sign—I didn't sign it. [...] Tell me, please, I can't wash the vehicle in the same clothes I wear to visit patients, right?*

55, nurse with an emergency medical response team, 32 years of work experience, salary of 16,000 UAH (341 EUR), regional center, West

Sometimes nurses perform tasks far removed from medicine. For example, medical staff at a blood transfusion center in one of the frontline settlements are being threatened with the possible closure of the facility due to an insufficient number of donors. As a result, nurses are forced to engage in “advertising the services.”

- *Every month we post ads in local social media pages saying “come and donate,” because, first of all, it's very good for your health, prevention of thrombosis, high blood pressure, and so on, and second, there's a war now, and blood is kind of needed. And everyone should understand: if you can't donate money, then at least come and give blood.*

27, nurse at a blood transfusion center, 8 years of work experience, salary of 10,800 UAH (230 EUR), city, Center

A common phenomenon is also performing the work of technical staff, who are likewise in shortage in hospitals.

- *We don't have loaders. Unloading the entire pharmacy takes literally half a day. That is, it's a very large volume that I personally take out from the storage, place in the corridor, carry into the rooms for some.*

34, senior operating room nurse, highly specialized medical facility, salary of 22,000 UAH (468 EUR) for 1.5 full-time equivalents, 16 years of work experience, regional center, Center

In some cases, nurses are forced to involve relatives to set up the workplace or do minor repairs.

- *Light bulbs, plumbing repairs, and some other things, we do them ourselves for our own money [man's voice: "I drive there and buy them"].*

53, surgical nurse, 36 years of work experience, salary of 10,400 UAH (221 EUR), regional center, East

In one case, the staff even hired a repair crew at their own expense. It is common practice for medical workers to purchase additional cleaning or hygiene supplies themselves: sometimes doctors do it, sometimes the nurses themselves.

- *It's every month, and it goes on endlessly. It's Domestos, sprays for the windows, it's cleaning cobwebs. [...] Around 700 hryvnias per month, that's what goes for all sorts of household stuff...*

36, nurse and head of an outpatient clinic, 14 years of work experience, salary of 11,400 UAH (243 EUR), village, Center

School nurses often have to purchase not only cleaning supplies or stationery themselves, but even medical equipment and medications (see Section 4.5). Inadequate workplace equipment and the need to buy basic materials resonate with another, more serious problem, namely safety in the workplace.

3.5. Threat to personal safety: "Call the police, or else I'm not staying on this shift"

This topic should be divided into two sections: safety issues related to aggressive actions by patients or their relatives, and issues of occupational risks.

Regarding the first, cases of aggressive or inappropriate behavior by patients were mostly mentioned by ambulance workers and those in psychiatry (see Sections 4.2 and 4.4). However, other nurses also reported similar incidents.

For example, a young nurse who was working in a COVID department at the time faced sexual harassment.

- *Well, the man was over 50, and he showed an interest of sexual nature. And at that time, I was alone on the shift. It was the end of the working day for everyone, and everyone was getting ready to go home. I came to the head nurse and said: "Either you do something, call the police or whatever, but I'm not staying on shift at the hospital. [...]" Because he said directly: "Will you be alone in your nurse's room?" [...] He started threatening me, saying: "I'll find you." Thank God, it somehow resolved itself, he was discharged immediately.*

27, nurse at a blood transfusion center, 8 years of work experience, salary of 10,800 UAH (230 EUR), city, Center

Nurses did not report the presence of permanent security in medical institutions; however, some hospitals have a "panic button" to call the police.

Another problem is exposure to hazardous factors, for example, in the case of lab technicians who perform X-ray diagnostics. According to one of the study participants, their department lacks proper equipment for washing work clothes and taking a shower after a shift.

- *We take all the clothes home to iron them. Even the fact that a radiologist is supposed to take a shower after the workday, wash off the radiation exposure, leave the clothes so they stay in a place for a while—no, we take all of that home. After COVID, we also took all of it home.*

39, radiology technician, 20 years of work experience, salary of 10,500 UAH (224 EUR), city, South

According to her, the staff also does not have proper protective clothing: the hospital administration claims there are not enough

funds to purchase it. So the lab technician noted that due to hazardous working conditions and the heavy workload caused by the large number of wounded during the war, she herself ended up in a hospital bed.

■ I lost consciousness. They, well, yes, admitted me to the hospital, gave me medicine, put me on IVs. [...] But our military commissioner calls the chief doctor, “Urgently do an X-ray for someone they brought in.” They pull me out from under the IV and help me up by my arms. [...] I took the X-ray. Then they hooked me back up to the IV, and I continued with it for another five hours.

39, radiology technician,
20 years of work experience,
salary of 10,500 UAH (224 EUR),
city, South

Despite such an intense workload, the lab technician receives the standard salary of mid-level medical staff and does not receive any hazard pay.

3.6. Lack of supplementary payments: “They don’t pay us anything extra and they believe it’s normal”

The absence of proper supplementary payments for hazardous working conditions and risks was also reported by other participants in the study. This concerned various types of extra pay: for emotional strain when working in psychiatry, for working with disinfectant solutions, for night shifts, for contact with dangerous infections. Such a situation became possible due to the low base salaries in the public sector (see Section 1.3), which allows the gross salary of 13,500 UAH set for nurses to “absorb” all additional payments.

■ I work in psychiatry—we have 25% hazard pay, disinfectants, night shifts, years of service. And they made it all equalized.

54, radiology technician and psychiatric nurse,
34 years of work experience,
salary of 10,000 UAH (213 EUR),
village, South

■ No, they don’t pay us anything extra. Even though we have [...] AIDS patients here, tuberculosis patients here—no one pays us anything extra at all. And they believe it’s normal.

35, nurse in an internal medicine department,
15 years of work experience, salary of
11,000 UAH (234 EUR), city, Center

It appears that the current wage formation system allows for nearly all bonuses and supplementary payments for mid-level medical staff to be included in the amount set by the CMU, namely 13,500 UAH (before tax), and in some cases even in the minimum wage. At the same time, medical workers already have the possibility to include corresponding provisions in the collective agreement at the level of each individual hospital. However, the low level of medical staff involvement in discussing this document remains a problem. For example, one of the study participants noted that the staff only found out about the reduction in supplementary payments after the new collective agreement had already been signed.

■ So it turns out that in the ICU we’re supposed to be paid extra 50% for night shifts. But they pay us 35%. It’s all written in the collective agreement. We should have looked at the agreement first before signing it. But here, it’s all the other way around.

46, intensive care nurse
at a psychoneurological clinic,
23 years of work experience,
salary of 11,000 UAH (234 EUR),
city, Center

This case vividly demonstrates how important the participation of nurses is in the discussion and adoption of the collective agreement. However, in practice, it turns out that staff sometimes cannot even examine the already approved document.

3.7. Non-compliance with the collective agreement: “The collective agreement is a secret under lock and key”

After the introduction of a new funding scheme for the secondary level of the medical system in April 2020, each medical institution had to sign a **collective agreement** in order to contract with the NHSU. A collective agreement is a document concluded between the hospital administration, the workforce, and trade unions (if present). It sets out and clarifies provisions that are not specified at the level of general labor legislation.

After the general provision on workload was repealed, the collective agreement is the document that must specify the workload level for nurses. As a rule, such norms are included in the section dedicated to labor standardization¹⁰. The collective agreement also sets out “health” payments for vacations, procedures for awarding bonuses, extra pay for combining positions, and so on. The document cannot reduce the rights provided by the Labor Code but, on the contrary, can expand them. Therefore, to maintain a balance between the hospital’s financial capabilities and the needs of the staff, each provision must be subject to discussion. The employer is further obligated to make the collective agreement accessible and to familiarize new employees with its provisions¹¹. However, in practice, nurses often do not know its contents.

¹⁰ Labor standards—output, hours, service, and staffing norms—are established for employees in accordance with the achieved level of technique, technology, production, and labor organization (Article 85 of the Labor Code). The introduction, replacement, and revision of labor standards are carried out by the employer in agreement with the elected body of the primary trade union organization (trade union representative). The employer must explain to employees the reasons for revising the labor standards as well as the conditions under which the new standards are to be applied. Employees must be informed by the employer about the introduction of new labor standards or changes to existing labor standards no later than one month prior to their implementation (Article 86 of the Labor Code).

¹¹ The procedure for familiarization with the text of the collective agreement and amendments to it is determined by the agreement itself (Article 9 of the Law of Ukraine “On Collective Agreements and Contracts”).

“ The collective agreement we adopt—we just sign for it. And, actually, we don’t even know what’s written in our collective agreement.

45, ward nurse,
28 years of work experience,
regional center, East

“ And the collective agreement is a secret under lock and key.

47, ward nurse,
29 years of work experience,
salary of 10,200 UAH (217 EUR),
city, Center

In addition, the employer is obligated to familiarize the employee with the text of the collective agreement when hiring, as well as within a week after it is signed or amended. Nurses reported that not all of them had such an opportunity, and some were denied this right. One of the study participants noted that when she wants to find out how her workload or other working conditions align with the collective agreement, she has to turn each time to a colleague who has worked at the hospital longer and had a chance to read the document.

“ I have never seen the collective agreement. I came to work there in 2023. And at that time, the collective agreement had been signed before me. And no one has any idea who signed it. [...] No one familiarized me with it. And they said: “What, should we familiarize every person with this collective agreement?” It was signed. But who signed it and in what year, not even the staff know.

48, intensive care nurse at an addiction
treatment hospital,
salary of 10,800 UAH (230 EUR),
28 years of work experience,
regional center, East

A similar situation occurs with job descriptions, as one of the nurses reported.

“ They familiarized us, but how did they do it? That’s our fault. At first, we were signing blank acknowledgment forms saying we were familiar with everything. I wouldn’t sign it for a long

time. They told me: “Either quit or sign it.” Well, since the whole team had signed, I was like a black sheep. And then, two months later, they gave us the job descriptions.

46, intensive care nurse at a psychoneurological clinic, salary of 11,200 UAH (238 EUR), 23,5 years of work experience, city, Center

Some nurses who were not familiarized with the provisions of the collective agreement in a timely way tried to obtain the document. However, they faced refusal from the administration.

■ We constantly ask: “When are we supposed to receive our money? And where can we read this agreement?” They tell us: “Over there, in the trade union department.” We went there, they said: “It’s with the boss.” We went to the boss. Well, they just keep sending us back and forth like that and can’t give us anything.

38, procedure room nurse, 19 years of work experience, salary of 10,700 UAH (228 EUR), city, Center

Some are afraid that merely asking about the collective agreement could provoke a conflict with the administration. At the same time, among the study participants, there were also those who not only succeeded in gaining access to the collective agreement but also managed to change some of its provisions in their favor. For example, nurses working in educational institutions successfully fought for longer vacations, and one psychiatric nurse succeeded in obtaining additional payments for all the hospital’s nurses. This united the team, and now they are ready to actively participate in shaping a new collective agreement.

■ In the collective agreement, it was clearly written that 10% must be paid to nurses, but our administration didn’t want to. So I eventually found that collective agreement which I needed, and thanks to it, I was able to secure those 10% so that all nurses would

be paid for working with disinfectants. [...] As of today, we’ve united, so we do have a collective agreement. And now there will be a new collective agreement, since the term is expiring. And there is a working group that has decided to write down all the requests we would like to include.

54, radiology technician and psychiatric nurse, 34 years of work experience, salary of 10,000 UAH (213 EUR), village, South

This positive case illustrates how the mechanism of collective agreements is actually supposed to work. However, the agreement must in any case be publicly accessible not only to the employees of the medical institution but to anyone¹². A direct refusal to provide access to it is illegal.

3.8. Mobbing: “If you don’t like it, just leave, because there’s a line waiting outside the fence”

Our study revealed a wide range of violations of nurses’ labor rights, as well as the fact that not all medical workers are willing to tolerate this. Some send inquiries to higher authorities, join trade unions, initiate collective bargaining.

■ If it’s an issue that concerns the entire group of nurses, then we can all come together and go to the administration. Because if you’re alone, you simply won’t solve anything; but if it’s all of us, then maybe they’ll hear us.

48, general department of a residential care home for elderly citizens and persons with disabilities, salary of 7,100 UAH (151 EUR), 30 years of work experience, city, Center

However, the administration is not always willing to listen to the employees’ opinions. Nurses are often told to resign if they do not like the working conditions. Ultimately, this

¹² For example, the collective agreements of the Municipal Non-Profit Enterprise “Family Medical Center” in Zakarpattia, the Municipal Non-Profit Enterprise “Orativ Planned Treatment Hospital” in the Vinnytsia Region, or the Municipal Non-Profit Enterprise “Primary Medical Assistance Center No. 1” in Kyiv are publicly available on the websites of the institutions or local authorities.

approach only worsens the situation with staff shortages.

- *When I emphasized that these people should be treated with gratitude [referring to the request to raise the salaries of orderlies], the response was always the same: “There’s a line waiting outside the gates.”*

37, midwife in a maternity ward,
18 years of work experience,
salary of up to 20,000 UAH (426 EUR),
regional center, South

- *They used to tell us: “If you don’t like it, leave, because there’s a line waiting outside the fence” [...]. Only it turned out there’s no line outside the fence.*

54, neonatal ward, 37 years of work
experience, salary of 6,700 UAH (143 EUR),
city, Center

Nurses who try to defend their rights may face a phenomenon known as **mobbing**. The State Labor Service defines mobbing as “systematic, prolonged, intentional actions by either the employer, employees, or a group of employees toward a particular employee, aimed at exerting psychological and (or) economic pressure on that employee, creating an unpleasant and offensive situation around them in order to humiliate their honor, dignity, and professional reputation.” Mobbing is subject to misdemeanor penalties¹³, but during martial law, inspections for such violations are prohibited¹⁴. As a result, nurses did not report any cases where managers were held accountable for such unlawful actions.

It can be assumed that out of fear of facing mobbing or even losing their job, nurses and junior medical staff (nurse assistants) try to resolve minor issues directly at the department level, with the head nurse or doctor, and often avoid addressing more significant, structural problems with the hospital administration.

However, some study participants did dare to confront the management. In one

¹³ Article 173 of the Code of Ukraine on Administrative Offenses.

¹⁴ Article 16 of the Law “On the Organization of Labor Relations under Martial Law.”

case, an employee discovered that the administration was inaccurately recording the working hours of ICU staff, resulting in lower wages. In response, she was accused of inciting the team to disobedience.

- *The director general pointed his finger at me, pointed and said (I was completely shocked): “Don’t listen to her, she’s leading you down a slippery path. Don’t listen, it’s her, she’s the one to blame.”*

46, intensive care nurse at
a psychoneurological clinic,
salary of 11,200 UAH (238 EUR),
23,5 years of work experience, city, Center

Despite threats from the administration, the nurse managed to unite 15 colleagues around her, and together they filed a complaint with the State Labor Service. The inspection revealed violations and fined the management.

Another typical response from the administration to the team's attempts to defend their rights is to exert pressure not on individual nurses, but on their direct supervisors, head nurses or department heads.

- *We started defending our rights and, basically, we constantly defended our rights. But now we’ve become stronger, so they’re bullying our supervisor a bit, but it’s okay, we’ll get through it.*

32, surgical nurse, agency hospital,
13 years of work experience,
salary of up to 20,000 UAH (426 EUR),
regional center, Center

Some nurses also reported facing mobbing after contacting the Ministry of Health with complaints about workplace problems or posting about them on the MedMovement Facebook page.

In conclusion, the study showed that nurses who try to defend their rights often face pressure, mobbing, and threats of dismissal. Despite these risks, some medical workers turn to trade unions, initiate inspections, and publicly speak out about violations of their rights.

3.9. Impact of COVID-19 and the war: “I just sat down and cried because I didn't have the time for anything”

According to available data from the MoH, as of mid-2021, 900 medical workers had died from COVID-19 (Ukrinform, 2021), and nearly 200 have died over the two years of full-scale invasion (Liashko, 2024). However, these figures are unlikely to be complete. For example, during the first year of the pandemic, social protection authorities reviewed (UN, 2021) only one-third of cases of medical workers being infected at the workplace, and even fewer of the affected received compensation. In the context of the war, the fate of many medical workers in occupation remains unknown, and the losses among combat medics are not disclosed.

During the interviews, we asked nurses to share how these upheavals had affected their work.

- *During COVID, I don't even know what word to use here—it was very hard, very. Everyone worked 15 hours a day, maybe more. Then it became a bit easier. For me, it was harder during COVID than it is now with the military. Well, that's my personal experience. And we don't have as many military patients as in other facilities.*

Head nurse, highly specialized care, regional center, Center

- *When I worked in the inpatient unit with COVID patients, we had a ward with 30 beds and only one nurse per 24-hour shift. A nurse and an orderly. [...] I did everything: admissions, if it was an emergency, IV drips, carrying the oxygen tank. Sometimes I had a breakdown. I just sat down and cried because I couldn't keep up with anything at all: 30 patients, and all of them in serious condition.*

27, nurse at a blood transfusion center, 8 years of work experience, salary of 10,800 UAH (230 EUR), city, Center

Some nurses reported receiving COVID-19 bonuses at a decent level. At the time, these payments were supposed to amount to 300% of the salary (CMU Resolution No. 246, 2020). At the same time, others stated that they did not receive any bonuses for working with COVID-19 patients. This could happen because hospital administrations had the authority to independently determine who worked with COVID-19 and how much (Accounting Chamber, 2021). One particularly telling example in this context is that of an ambulance team.

- *If the call was COVID-related, then some percentage was paid for it. [...] It turned out to be something like 200-something hryvnias in COVID pay. Our drivers, who were also involved, laughed that they didn't even get enough COVID pay for a pack of cigarettes, 39 hryvnias.*

47, nurse with an emergency medical response team, salary of 10,800 UAH (230 EUR), 28 years of work experience, village, South

None of the interviewed nurses received compensation for contracting COVID-19 at the workplace either.

- *We got sick, but we bought the medicine with our own money. They drew up reports stating that we were ill, but they told us it was our own fault.*

46, ward nurse in an infectious diseases department, 24 years of work experience, salary of 11,200 UAH (238 EUR), city, West

A similar trend is observed with “frontline” bonuses: selectiveness or complete non-payment. Nurses are supposed to receive 18,000 or 15,500 UAH (381 or 328 EUR) gross depending on proximity to the frontline, and junior staff are supposed to receive 9,000 or 8,000 UAH (192 or 170 EUR) respectively (see Section 1.3). However, bonuses may be removed if, for example, the territory is no longer considered frontline, or not paid at all if the hospital spends more

than 80% of its income on salaries. In the latter case, the administration may simply limit itself to paying only the minimum wage.

■ *There were two months or three, or a few months with [bonuses], but now there aren't any. They were removed supposedly due to a lack of funds.*

54, functional diagnostics room nurse,
34.5 years of work experience,
salary of 10,500 UAH (224 EUR),
city, East

Nurses from frontline areas often feel that their work is undervalued, despite the fact that they work in clearly dangerous conditions. Overall, when asked about workplace safety during air raid alerts, medical workers from various regions stated that they do not always go to shelters. This happens even with nurses in educational institutions, where all children are required to be taken to shelters.

■ *I sit in the corridor, I sit where the walls are thicker. If someone feels unwell, they call me, and I come or they bring them to me. [...] It's just that, you see, in our school there are five shelters in different parts of the building, so I don't know where I'm supposed to be, in which one.*

36, school nurse,
salary of 6,500 UAH (138 EUR),
10 years of work experience,
city, West

In inpatient facilities, nurses most often face the fact that it is physically impossible or very difficult to move patients to shelters if they are bedridden or undergoing procedures that cannot be interrupted. In such cases, staff mainly follow the “two-wall rule.”

■ *If the babies are stable, we go down to the shelter. If they are in serious condition, we stay in the department, and we have a specially designated room where we can transfer a baby on a machine. And sometimes, if they are*

more in the middle, moderately stable [...], we move out with them into the corridor.

34, neonatal intensive care,
14 years of work experience,
salary of 14,000 UAH (298 EUR),
regional center, Center

■ *We go out at night, because alerts usually happen at night. We go to a double wall where it's safer; we go down to the basements if [Shaheds] are flying toward [the city]. Children who are “glowing” [undergoing radiation therapy for cancer] can be turned off. The only thing that holds us back is the children on oxygen.*

51, on-duty pediatric ward nurse,
salary of 16,000 UAH (341 EUR),
32 years of work experience,
regional center, West

One of the nurses from a region near the frontline said that the hospital has no shelter at all. At the same time, others reported well-equipped shelters where all patients can be transferred. Recalling the beginning of the Russian invasion, nurses from regions that were directly attacked said that they practically lived in the hospitals.

■ *Nurse: Yes, I worked, I kept working. I didn't go anywhere, I worked, we lived in the hospital.*

Interviewer: *And all the children stayed there?*

Nurse: *Yes, some left for evacuation, about ten people, the others stayed.*

Interviewer: *And you lived with them in the hospital for almost a month?*

Nurse: *Yes-yes, that's right, together. We went through everything together.*

32, nurse in a pediatric
hemodialysis department,
salary of 9,000 UAH (192 EUR),
14 years of work experience,
city, Center

Medical workers stayed in hospitals not only because shelters were available, but also due to a sense of duty, which is a typical motivation for care workers (England, 2005).

In conclusion, the most common violations related to excessive workload included hidden combination of positions, overtime work, performing the duties of junior staff, and lack of breaks. In addition, nurses often work in inadequate and dangerous

conditions, frequently without proper bonuses, including “frontline” pay. They are insufficiently involved in the creation of collective agreements and are sometimes even denied access to this key document. In many cases, the response to attempts to defend their rights is mobbing.

The next section focuses on how the violations described above manifest across different areas of medical care and what specific forms they take under various conditions.

4. Workload of nurses across different profiles and types of medical care

This section will focus on describing the working conditions of nurses across various specialties and types of medical services, for which the data proved to be the most illustrative:

- surgery;
- psychiatric hospitals;
- maternity hospitals and pediatric wards;
- primary and emergency care;
- nurses in the education system and social protection institutions.

4.1. Nurses in surgical wards: “Now it happens that there are six times more patients”

Russian aggression has increased the burden on the medical system, particularly in surgery and traumatology, exacerbating the issue of caregiver staff shortages (Andreytsiv, 2024). The shortage of nurses affects the work of both medical institutions serving military personnel and veterans, and hospitals providing care to the civilian population.

For instance, in one highly specialized medical center, the shortage of nurses is so critical that they are forced to cancel scheduled surgeries. The head nurse¹ notes that approximately 20% of staff positions are currently unfilled.

“Now we’ve closed a few rooms because we can’t find a surgical nurse.

Head nurse, highly specialized care, regional center, Center

According to her, even despite the relatively high salaries at their facility (20,000–30,000 UAH), they are unable to recruit

a sufficient number of staff. The head nurse pointed out that in a large city, young people have a wide range of less exhausting job options, so after graduating from medical college “they go into cosmetology, they go work at the ATB [supermarket] checkout, but they definitely don’t go into medicine.” Existing staff can only be retained through great effort, and the work process is often accompanied by conflicts.

“I literally see tears every day, and intense aggression, [because the nurse] can’t take it anymore. And they “lash out” at us. I managed to convince a few that in a couple of months we’ll hire more nurses and it’ll get easier for you. Most resign because they’re so burned out that they don’t want anything anymore.

Head nurse, highly specialized care, regional center, Center

Also, according to the study participant, the facility accommodates military personnel who often do not have relatives nearby, as they are brought in from all over the country, and not every family can afford to stay for a long time in another city.

“They’re not washed, they go into surgery unwashed because the nurse and the junior nurse don’t have time to do it. But of course, we give the military as much time and effort as possible. Thank God, we have many interns. We send the interns to the military patients. We also have students from our college. But still, it’s too little.

Head nurse, highly specialized care, regional center, Center

1 The highest managerial position in hospitals responsible for mid-level and junior medical staff.

That is, the shortage of both mid-level and junior medical staff leads to additional workload and risks. And although, in the opinion of the head nurse, the lack of a sufficient number of orderlies is “not as critical as when a nurse doesn’t have the time to administer [medication], pain relief to the patient,” she confirms that in such cases, nurses have to handle cleaning and washing in addition to their main duties. For example, she said that during a recent surgery, “the intern assisted the doctor, there was no nurse at all, and the head nurse went to wash the instruments.”

A **surgical dressing nurse** at one of the hospitals under a security agency described another extreme case of workload. According to her, “now sometimes there are six as many patients [...], the maximum number was, I think, 170 people.” She noted that it was especially difficult during the first month of the full-scale invasion, when the hospital had to receive a large number of wounded, and many staff members were unable to get to work. However, the acute staff shortage is still being felt.

■ *There isn’t enough staff, so I have to do certain things—work instead of an orderly, instead of a junior nurse. I clean the dressing room, help patients to take out bedpans and set them up, I take them to examinations. Sometimes they ask me because there’s no one else.*

32, surgical nurse, agency hospital,
13 years of work experience,
salary of up to 20,000 UAH (426 EUR),
regional center, Center

In addition to her primary work with patients and the need to perform the duties of orderlies, the nurse also fills out logs: “about my work, sterilization, disinfection, surface treatment, 7–8 logs.” She often stays after her shift because she does not have the time to complete all the tasks. For this intensive labor, the staff periodically receives bonuses, and together with allowances from local authorities, this nurse’s salary exceeds the av-

erage nurse’s salary in Ukraine. However, for a big city, it’s not a large amount of money, and the excessive workload pushes staff to leave the medical field.

■ *We have a shortage of nurses, a disastrous shortage. [...] The person physically isn’t there, and physically we lack nurses and positions. [...] It’s come to a critical point when a lot of nurses quit because they just couldn’t cope with the workload of a high number of surgeries. And people who come to these positions, when they see this volume—actually, by the end of the week you can’t feel your own back.*

34, senior operating room nurse,
highly specialized medical facility,
salary of 22,000 UAH (468 EUR)
for 1.5 full-time equivalents,
16 years of work experience,
regional center, Center

In hospitals in smaller cities, staff shortages are generally linked to cost-saving measures. Despite an increase in the number of patients, the staff is not being expanded, and in some cases, even vacant positions are not being filled. A nurse from a frontline city reported that although the facility receives both civilians and military personnel, which has significantly increased the workload, only 15 out of 20 staff positions in the surgical department are filled.

■ *As of today, we have a shortage of nurses, a shortage of orderlies, a shortage of distributors. [So] hire someone from the street. “No, we can’t hire from the street.” Why? “No money.”*

53, surgical nurse,
36 years of work experience,
salary of 10,400 UAH (221 EUR),
regional center, East

So the duties of the vacant positions fall on the shoulders of the remaining staff, and they are forced to perform an excessive amount of work. As a result, this nurse works approximately 20 extra hours per month, and some of her colleagues work over 60 extra hours. And although the staff was promised bonuses for such intensive work, this

never happened: “The director general (we laughed so hard about this) said: ‘Oh, the chief accountant forgot.’”

There are also no “frontline” payments, despite regular enemy bombings of the city, which causes the nurse to constantly worry about the safety of her loved ones and her home, near which strikes often occur. As a result, due to the lack of appropriate bonuses, her salary is noticeably lower than that of other study participants working in surgical departments with a similar workload.

Another surgical nurse from a city in the East also reported the absence of “frontline” payments. At her facility, they were only provided during the first year of the full-scale invasion. Currently, the nurse’s salary is above average because she receives additional pay for an extra 0.5 full-time equivalent for her overtime work. However, this additional pay remains disproportionate to the workload. During a period of intensive intake of wounded patients, their “purulent” surgery department², designed for 20 people, had up to 60–80 patients. Now there are around 40, that is, still twice the intended capacity. At the same time, the nature of the work has changed: in addition to treating the wounded, the workload has increased due to the need to care for elderly people who are alone.

■ *Now retirees are left without children, neglected chronic illnesses, a lot of amputations—and all the burden falls on the nurses and orderlies: care and all kinds of procedures.*

45, surgical nurse,
28 years of work experience, salary of
18,000 UAH (381 EUR) for 1.5 full-time
equivalents, regional center, East

One of the study’s hypotheses was that, under conditions of acute medical staff shortages, part of patient care is shifted onto relatives, which is a point supported by some other studies (Halan et al., 2024). However, this case demonstrates that the situation can

also be the reverse: the lack of care at home adds extra burden on hospital staff. Nurses also noted that while help from relatives does exist, it is infrequent, inconsistent, and not always appropriate. Instead, nurses see staff expansion as the most adequate solution.

In conclusion, in surgical departments, nurses suffer from excessive workloads due to staff shortages, a high number of patients (both military and civilian), the absence of a clear division of duties, and the need to perform some of the junior medical staff’s tasks. Compensation for such intense labor is often either entirely absent or disproportionate. Therefore, even when hospital administrations agree to hire additional staff, finding new nurses, especially in large cities, becomes a challenge, even despite the relatively higher salary.

4.2. Nurses in psychiatry and addiction treatment: “We used to have 40–50 people, now it’s 100”

According to WHO (2024), while the number of doctors per 10,000 population in Ukraine is roughly the same as in EU countries, in certain fields this indicator is significantly lower, particularly in the field of mental health. As a result, psychiatry faces a shortage not only of nurses (as in all other areas), but also of doctors. At the same time, due to the war, the need for psychological support and rehabilitation is growing (MedMovement, 2024).

As part of this study, we conducted interviews with nurses working in the mental health field, specifically in intensive care units of addiction hospitals and psychiatric ambulatory care facilities, as well as in addiction treatment offices.

Based on the collected data, it can be assumed that in psychiatry and addiction care, as in some other fields, nurses working **overtime** is not widespread. It is mostly associated with the need to take “paperwork” home or to stay after a night shift in order to “hand over” information about patients to the colleague working the next 12 hours.

² Surgical infection department where all patients with non-sterile wounds are admitted

In contrast, a far more common issue is the **high work intensity** caused by staff shortages (due to unfilled positions or reduced and cut hours) and the deregulation of nursing care. This can lead both to an increased number of patients and to an expanded range of responsibilities.

For example, one psychiatric nurse reported that after the position of the procedure nurse was cut, all of their duties—administering injections, IV drips, distributing medications, and maintaining related documentation—were shifted onto her. And that is on top of all the other work she is expected to perform.

- *Our work—we distribute Methadone, [it's] substitution maintenance therapy. If we used to have 40–50 people, now it's 100. [...] Twice as much work, but the positions were cut.*

58, nurse at an addiction treatment room at an outpatient clinic, salary of 10,125 UAH (216 EUR), 40 years of work experience, city, South

In addition, even the workload standards established by the hospital's collective agreement can be violated, and nurses are often unable to prevent this: the decision is made by the doctor or even higher-level department or hospital leadership unilaterally. As a result, **the actual number of patients assigned to one ward nurse can exceed the approved limit.**

- *When we file a report, it says “6 beds.” That's what we're supposed to have: 6 beds per nurse. But in reality it's 7–8. [...] We have patients lying both in the rooms and in the hallway. We put them wherever we can. We don't deny care to anyone. Because then you can end up in serious trouble from the chief of medicine [...]. A nurse has no vote whatsoever in this situation. I say, “Doctor, should we set up [the beds] on our own heads? [...]” He says: “Then go and tell the bosses that we can't. Can't you see it? This one has an arrangement, this is over the plan, this*

one's actually here for medical indications.” Well, how can you say something? You keep quiet and do your job quietly.

48, intensive care nurse at an addiction treatment hospital, salary of 10,800 UAH (230 EUR), 28 years of work experience, regional center, East

Since the beginning of the full-scale invasion, the number of patients in psychiatric and addiction departments **has increased**, according to study participants. They associate this with the negative impact of the war on the population's mental health. Moreover, these departments are increasingly treating not only civilians, but primarily military personnel.

- *There are more military personnel now. [...] For some reason, there is no addiction treatment department in the military hospital. The Ministry of Defense doesn't see this as a problem [...]. So where are they taken? To psychiatry. And [there] they do an alcohol test. They say: well, that's psychiatric symptoms combined with addiction. They're taken to addiction care. [...] Out of about 9 people here, around 3, or even more, are military. [...]*

48, intensive care nurse at an addiction treatment hospital, salary of 10,800 UAH (230 EUR), 28 years of work experience, regional center, East

In psychiatric departments and clinics, patients often receive injections of sedatives and other medications, after which they lie still for long periods and are unable to move on their own. Common among patients in such departments are also issues with urinary and fecal incontinence; due to aggressive behavior and a high risk of harming others, patients may, by doctor's orders, be restrained with straps to their beds. In addition, severely ill patients may also be present in psychiatric wards.

Caring for patients who, for various reasons, cannot move on their own places a **significant physical strain on nurses**. Every day

they perform a large number of various procedures with such patients, and the only help they can expect is from junior medical staff (orderlies), since doctors are not involved in this type of work. This working routine negatively affects nurses' health and can lead to the development of occupational diseases of the joints and spine. Several study participants reported that in particularly difficult cases—for example, when patients need to be restrained with special straps due to aggressive behavior or self-harm attempts, or when heavy patients need to be turned to prevent bedsores—they try to involve staff from other departments.

■ *We don't have male orderlies in the ward. Why is the ICU not staffed with male orderlies? Budget savings. So if there are [orderlies], we organize them from the neighboring department. We walk over and say: "Hi, who's on shift? We need a couple of good guys, we've just finished with an episode, we need to move our patient. We need four people." Everyone grabs a limb to lift him onto the bed, for example. That's how we organize everything. [...]*

48, intensive care nurse
at an addiction treatment hospital,
salary of 10,800 UAH (230 EUR),
28 years of work experience,
regional center, East

As in other healthcare facilities, psychiatric institutions also **involve nurses in performing duties not inherent to their role**—for example, cleaning the premises and the area around the hospital, or carrying out minor repair work.

According to the study participants, **neither** the high work intensity, nor the exceeding of the allowable number of patients per nurse, nor overtime work (when it does occur), nor being assigned tasks outside their job description **is compensated additionally**. Nurses receive extra pay only if they agree to work outside their regular shift or if there's an urgent need to cover for a colleague.

High work intensity, a large number of various tasks to be completed during a shift, and a high level of responsibility for patients, especially under conditions of staff shortages, often cause nurses to experience **anxiety and constant stress**, according to their reports (see Section 5.3).

One of the main issues that appears to be particularly relevant in the field of psychiatry is the **inadequate provision of proper workplace hygiene and physical safety**—nearly all study participants spoke about this. In addition to material shortages, particularly of personal protective equipment, which nurses from other fields also reported, psychiatric nurses face physical threats from aggressive patients. Some also spoke about having experienced sexual harassment from patients.

Despite the specifics of the field, medical staff workplaces often do not meet even basic safety requirements—for example, they may lack a panic button to call security or the police. In addition, due to staff shortages in the field, nurses often find themselves alone with patients who may behave aggressively, with no one to call for help. For instance, at night, there may be only one nurse on duty for the entire ward, accompanied by an orderly. The introduction of a panic button where it is currently lacking, as well as truly rapid response from support services, are the main measures that, according to nurses, would positively impact their working conditions.

■ *[There is] no security in the hospital. We only have a red button in the admissions room. [...] Thirty minutes—we timed it—we waited [for the police to arrive].*

46, intensive care nurse
at a psychoneurological clinic,
salary of 11,200 UAH (238 EUR),
23,5 years of work experience,
city, Center

■ *Sometimes, since this is psychiatry, there are conflicts between patients. So we have to somehow resolve their conflicts and calm them down verbally,*

and if a patient becomes agitated, then, if necessary and with the doctor's permission, the patient is restrained with straps. [...] In addition, the nurse administers a calming mixture to the patient. But in such cases, if the patient harms the staff, the staff has nowhere to turn for protection.

28, ward nurse at a psychiatric hospital, salary of 10,900 UAH (232 EUR), 4,9 years of work experience, city, Center

- There have been threats from our clients. One even attacked a nurse with a gun. Some with knives. Some tried to fist-fight a doctor. [...] There's been everything.

58, nurse at an addiction treatment office, salary of 10,125 UAH (216 EUR), 40 years of work experience, city, South

The experience of psychiatric nurses who try to address issues arising in the workplace, particularly those related to workload, is similar to that of nurses in other fields (see Section 3.1). According to the nurses, any complaints about workload raised with the hospital administration usually receive almost the same response: a suggestion to **resign voluntarily**.

- Management calls us in and says: "Girls, if something doesn't suit you, people usually resign. If you don't like it, no one here is going to adjust to you. However many people I think should be in the ICU, that's how many there will be. Based on my judgment, if I believe this person fits all the indications, they'll be hospitalized. And who are you? You're a nurse, your job is to do the work."

48, intensive care nurse at an addiction treatment hospital, salary of 10,800 UAH (230 EUR), 28 years of work experience, regional center, East

Paradoxically, at the same time, all the nurses emphasized the staff shortage which is felt especially acutely in psychiatry due to the difficult working conditions.

- Now they've opened positions, [...] but the people who used to work there [in the positions that were previously cut] don't want to come back because they know it's very hard. They don't believe it will get better. Many have moved. [...] It would be easier for us to work, but people just don't want to go into psychiatry.

54, radiology technician and psychiatric nurse, 34 years of work experience, salary of 10,000 UAH (213 EUR), village, South

As previously mentioned, the regulation of nurses' workloads and other working conditions is currently carried out mainly through collective agreements (see Section 3.7). However, in psychiatry, as in other fields, **staff participation, and specifically nurses' involvement, in the creation and approval of such agreements is very limited**. Some study participants said they saw the contents of the collective agreement only *after* it had been signed, and sometimes even with a delay of several months. In some hospitals, only a small portion of the staff signed the collective agreement. As a result, the document could contain provisions and standards unfavorable to nurses, but they had no opportunity to influence it or represent their interests.

In conclusion, in addition to the high workload typical of nearly all areas of healthcare, psychiatry also stands out for its heightened safety risks for nurses. This is due both to staff shortages, where a nurse may be left alone with patients during shifts, and to the inadequate organization of safety measures by hospital administrations in general.

Furthermore, the full-scale war has had a significant impact on the mental health of both military personnel and civilians, leading to a sharp increase in the workload in the field of psychiatry (second only to surgery). At the same time, the staffing situation in psychiatry—not only with nurses but also

with doctors—remains one of the worst in the specialized medical care system.

Based on the study results, it can be concluded that no measures are being taken at the national level to create proper conditions that would support the retention of medical professionals in the field or attract medical school graduates to work in psychiatry.

4.3. Nurses in maternity hospitals and pediatric wards: “A 24-hour shift with critically ill children is extremely hard, and now there’s only one nurse there”

In contrast to surgery and psychiatry, where the number of patients has increased due to the war, in maternity hospitals it has, as expected, decreased. However, it is precisely in this field that some of the worst working conditions for medical staff have emerged. Against the backdrop of a one-third drop in birth rates (Ukrinform, 2024) due to the war and migration, funding for maternity hospitals has also been reduced. There is now a clear trend toward the closure of some of these facilities.

Under the terms of the NHSU, a maternity hospital can qualify for funding if it handles a sufficient number of births annually. This requirement was introduced to ensure continuous obstetric practice and proper quality of care³. However, the requirements have changed over time: in 2022, the minimum requirement was 75 births over six months (a standard set before the full-scale invasion); in 2023, it was lowered to 38. In 2024, however, it was raised again to as much as 85, and in 2025 to 100. That is, the current **requirement is higher than it was before the Russian invasion**. In other words, instead of supporting maternity hospitals during wartime, knowing that the birth rate has declined, the birth quota was increased. The only logical reason for such

³ Order of the MoH dated October 31, 2011, “On improving the organization of medical care provision for mothers and newborns in perinatal centers.”

a decision appears to be a desire to reduce the number of such facilities as much as possible⁴.

A striking example in this context is that of a midwife from a frontline town who eventually resigned from the maternity hospital and moved to a general hospital. According to her, in the early months of the full-scale invasion, she did not leave her workplace and agreed to work “for two,” as there was a staff shortage.

■ *I was offered to be the senior [nurse] in two departments at the same time, considering that my maternity unit was already the largest in the facility. But I agreed, I never refused, I always helped everyone.*

37, midwife in a maternity ward,
18 years of work experience,
salary of up to 20,000 UAH (426 EUR),
regional center, South

The midwife said it was daily work of 11–12 hours, practically without any vacation. At first, she received “bonuses,”⁵ but later, due to funding cuts, reductions began. In addition, management initiated mass staff layoffs and encouraged senior nurses to write reports on their subordinates to make dismissals appear more legitimate. The study participant firmly refused to take part in such practices, so in addition to exhaustion and the lack of a decent salary, she faced ongoing conflict with the administration. By the time she resigned, she felt like a “*seriously ill, depressed person*.” She now works as a midwife in a general hospital in the same city, where a small maternity ward operates using funds from other “expensive” packages the hospital offers—for example, for stroke or infectious disease treatment. According to her, such packages are much cheaper in maternity hospitals.

⁴ Thus, closures have already taken place in Zaporizhzhia (MedMovement, 2024a) and Vinnytsia (MedMovement, 2024c), and one is also likely in the Khmelnytskyi Region (MedMovement, 2024b).

⁵ This likely refers to additional pay for combined duties, Article 105 of the Labor Code.

■ *One-day surgery is 1,700 hryvnias. How is that possible, if a set of surgical linens costs 600 hryvnias, plus anesthesia drugs? And again, that same amount has to cover salaries: [...] the anesthesiologist, the anesthesia nurse, the surgeon, the scrub nurse, the orderly. Plus the woman needs to be fed. For a facility like a maternity hospital, that's hard. So at my previous job, everyone understood this and treated it with respect... But when people work supposedly part-time, and the director and his close associate are the only ones receiving bonuses—well, excuse me...*

37, midwife in a maternity ward,
18 years of work experience,
salary of up to 20,000 UAH (426 EUR),
regional center, South

In this case, the study participant speaks of the willingness of medical workers to make sacrifices, which, however, disappears in the face of blatant injustice. In addition to the high salaries of administrators, which the midwife attributes to a corrupt element, she also points to discrepancies in how medical personnel are paid, driven by the NHSU's aforementioned priorities. For example, *"the anesthesia team, [because] we need them, there [the payment amounts to] one and a half salaries. But midwives, orderlies—they get half."*

This case confirms that in times of financial hardship, it is the mid-level and junior medical staff who experience the most severe cuts. However, while this participant was able to change jobs, nurses in small towns often do not have that option.

For instance, a pre-retirement-age nurse from a city in the central region continues to work for minimum wage, caring for children and postpartum patients across three floors simultaneously.

■ *The salary now also depends on the NHSU, meaning that we're allocated about 15,000 per woman. Well,*

in theory, since birth rates have decreased, then it means we have no salaries.

54, neonatal ward,
37 years of work experience,
salary of 6,700 UAH (143 EUR),
city, Center

According to her, while the initial reduction in funding led to mass staff layoffs, now there are no candidates willing to work under such conditions and for minimum wage. As a result, junior nurses travel to work in a nearby large city. Ultimately, this situation creates serious risks for patients: one nurse is forced to care for a large number of babies and women, whose condition may suddenly and unpredictably worsen.

■ *We have to leave the women our work phone number because we're not on the same floor. These are newborn babies... I simply don't understand the administration that allowed this, because, God forbid, if there's an unpleasant situation, a situation that's not pretty, the nurse simply won't make it in time, for example, running from the fifth floor to the first, or the other way around.*

54, neonatal ward,
37 years of work experience,
salary of 6,700 UAH (143 EUR),
city, Center

Moreover, due to staff shortages, a nurse may be assigned to work in the neonatal intensive care unit, where specialized skills are required—skills she does not have.

■ *There should be at least two nurses, because a 24-hour shift with critical infants is very hard, but now there's only one nurse. That's why they often send regular ward nurses to the ICU. Well, of course, we don't have the right qualifications anymore, because there's a lot of equipment and everything else there.*

54, neonatal ward,
37 years of work experience,
salary of 6,700 UAH (143 EUR),
city, Center

All of this constitutes a violation of NHSU regulations, but above all, it is a direct threat to the life and health of patients. At the same time, such egregious cases are not isolated. A similar situation was described by a neonatal intensive care unit nurse from a large city.

■ *With this war and with this salary, we're now working one per shift. Even though in this unit we're not allowed to work alone [...]. Because it's such a critical unit, and anything at all can change at any moment.*

34, neonatal intensive care,
14 years of work experience,
salary of 14,000 UAH (298 EUR),
regional center, Center

It can be assumed that one of the reasons for such violations is, as noted above, the weaker oversight by the NHSU regarding the number of nurses and the adequacy of their qualifications compared to doctors or equipment—even in neonatal intensive care units. In addition, nurses at this facility do not receive the mandated bonuses for providing medical care to HIV-positive patients.

A nurse from another maternity hospital said that in their facility, orderlies were replaced by cleaning company staff. However, these workers are responsible solely for cleaning and do not interact with patients. At the same time, this has not reduced the workload for nurses, as they are now forced to perform some of the duties that previously belonged to the orderlies.

■ *It's not something [humiliating] for me. But when a nurse performs medical procedures and at the same time brings out dirty linens and bedpans—that's a bit... I don't think that's right.*

42, neonatal intensive care,
21 years of work experience,
salary of 10,500 UAH (224 EUR),
regional center, West

Thus, in addition to the shortage of qualified staff, there are also serious concerns about compliance with sanitary standards. The same nurse noted that she agrees to take on extra shifts (though she believes this

overtime is not fully paid) and also works at a private clinic alongside her main job (see Section 6.1).

The hypothesis that exhausted nurses delegate caregiving duties to relatives when possible is supported particularly in maternity and pediatric hospitals. In the former, some relief—though not always—is provided by partner-assisted births.

■ *When there are family rooms, it's really good: we talk to the dads, and they support and help us. Mostly, it's the men who help. Grandmothers tend to be more fussy, they get nervous and worry about everything, but the dads are reasonable. Young people today are very informed, modern.*

54, neonatal ward,
37 years of work experience,
salary of 6,700 UAH (143 EUR),
city, Center

However, this mostly concerns emotional support, monitoring the patient's condition, feeding, and hygiene—in other words, tasks that are not directly related to professional nursing duties involving medical procedures. The only case of delegating actual medical procedures reported during the study occurred in a pediatric infectious diseases ward.

■ *Sometimes [mothers] change IV drips. We explain to them how. But of course, only if it's clear that the mother is smart. That's why I explain, if it's clear the mother doesn't really understand, it's much better if we come and do it ourselves.*

49, nurse in a pediatric emergency
and infectious diseases department,
salary of 14,000 UAH (298 EUR),
28 years of work experience,
regional center, Center

It can be assumed that higher expectations of mothers in caring for their children, as well as the practice of their joint hospitalization, create conditions for delegating them more complex tasks.

In conclusion, the lack of caregiving personnel, according to nurses, negatively affects sanitary norms and treatment standards both in maternity hospitals and in other hospitals. However, this “care crisis” has been especially exacerbated in these facilities due to the MoH’s decision to raise the birth threshold required for continued funding. At the same time, the new requirements **exceed pre-war levels by a quarter, while the birth rate has dropped by a third**. This not only worsens the situation for staff but also calls into question the quality of medical care today and the future development prospects of such institutions.

4.4. Nurses in primary and emergency care: “People mostly don’t understand that there are working hours, that they end”

Most healthcare facilities and workers in Ukraine belong to the **secondary or specialized level of medical care**, that is, they involve narrowly focused specialists and inpatient hospitals. The previously described surgical nursing, psychiatry, and maternity care are all part of this level of care.

However, at the start of the healthcare reform, the main focus was placed on **primary care**, which is provided by family doctors, general practitioners, and pediatricians. This sector of the healthcare system employs 17% of doctors and 19% of nurses (WHO, 2024). It is precisely here that most patients are first seen and then, if necessary, referred to the next, more expensive stages of treatment.

For a time, salaries at the primary care level were significantly higher (Kovtiuk, 2018) than those of other healthcare workers. This gap disappeared only after 2022, when wages were increased across the board for all healthcare personnel in institutions subordinate to the MoH. However, even after a long period of prioritizing this sector, a staffing shortage remains prominent here. Ukraine has 5.5 primary care doctors per 10,000

population, compared to 8.9 per 10,000 in the WHO European Region. 20% of positions are vacant, especially in rural areas, and another quarter of family doctors serve more than 1,800 patients each, exceeding the workload standard (WHO, 2024).

This situation also affects nurses working alongside them. According to NHSU regulations, a doctor who has taken on more than half the maximum number of patients must be supported by a dedicated nurse. However, due to staffing shortages, one nurse is often “shared” among several doctors.

■ *In recent years, the facility has simply deteriorated to the point where part of the staff was laid off, and their responsibilities, everything they were supposed to do, were redistributed to the people who remained. So now, as the positions are split, [the worker] is a half-time nurse in one office and a half-time nurse in another office.*

42, nurse in an outpatient clinic,
20 years of work experience,
salary of 10,800 UAH (230 EUR),
city, West

За словами іншої медсестри первинної ланки, щоденна зміна лікарів створює для неї додаткове навантаження і, на її думку, не відповідає посадовій інструкції.

■ *I disagree, they start putting pressure on me. I think that my job description states I’m supposed to work with only one doctor. When I read it, that’s what it said. Now they want to increase my workload, and without my consent.*

47, nurse in an outpatient clinic,
30 years of work experience,
salary of up to 10,000 UAH (213 EUR),
regional center, West

Currently, only 15–20 minutes are allocated per patient, and this intense pace is exhausting for healthcare workers, as they don’t have enough time to “switch” from one patient to another. Overall, they say this time is insufficient for a proper examination. One nurse notes that this is especially noticeable when a patient has multiple conditions. This

is due not only to a lack of time for the examination itself but also to the need to enter separate data into the electronic system for each condition.

■ *A person comes in: “My joint started hurting.” So we put in an episode, joint disease. Then they say, “Oh, you know, I also have thyroid troubles, I’d like to get referred.” That means we need to put in another episode, but we can’t do that because we already have the next person scheduled for this time slot. So we offer them to make another appointment for the day they need.*

57, senior nurse in an outpatient clinic,
38 years of work experience,
salary of 15,000 UAH for 1.5 full-time
equivalents, city, Center

Primary care nurses point out that despite electronic reporting systems, they still face a large volume of paperwork that they cannot complete during working hours, so they often take it home, especially when it comes to quarterly and annual reports.

At the end of 2024, Minister of Health Viktor Liashko stated (Kinsha, Fratsyvir, 2024) that salaries in the primary care sector would increase. However, this will not be through a direct raise in wages, but rather by increasing the capitation rate⁶. The growth of this rate will allow medical institutions to receive more funds, but how these funds are used will depend on the decisions of the administration, as they may be allocated to raise salaries or used for other needs.

The shortage of mid-level medical personnel in primary care appears particularly alarming in rural areas: only 7% of nurses and 17% of family doctors work there, while 30% of Ukraine’s population lives in rural areas.

A study participant from a rural outpatient clinic in one of the central regions reported that due to staff shortages, she simultaneously performs the duties of both the head of the clinic and a nurse. However, she does not receive additional pay for the extra position and regularly faces situations

where patients contact her even outside of working hours.

■ *This is the village I live in. And people mostly don’t understand that there are working hours, that they end. That there is time which requires attention to my family, my kids. And there are conflicts in this [...]. They call, and they come to your home in the evening if you don’t pick up the phone.*

36, nurse and head of an outpatient clinic,
14 years of work experience,
salary of 10,500 UAH (224 EUR),
village, Center

According to her, most misunderstandings arise because many village residents find it difficult to travel to see a doctor in another locality; they also often don’t understand how electronic appointments or referrals work, and therefore expect the nurse to prescribe treatment on her own. However, she is not authorized to do so without a doctor.

■ *If people can’t, don’t know how [to make an appointment with a doctor], or don’t want to travel [to the hospital], they sit at home with high blood pressure and all kinds of chronic illnesses until the evening. Then: “I need an IV drip.” How can you explain to someone that they need an examination? You try to explain, try to make them understand. But no, they pull out some prescription, handwritten on a piece of paper. “They gave me this IV five years ago, give me the same one now.”*

36, nurse and head of an outpatient clinic,
14 years of work experience,
salary of 10,500 UAH (224 EUR),
village, Center

At the same time, according to her, even those patients from rural areas who do manage to see a doctor do not always receive a proper examination or have a correctly issued referral for treatment.

■ *Very often, family doctors don’t issue a referral for day inpatient treatment but simply jot down a list of medications on a notebook sheet, sometimes*

⁶ The amount of payment for medical care per patient.

even without indicating the dosage [...]. And so it turns out that if you want to avoid conflict, you look at the medications, well, more or less, nothing serious is prescribed. You quietly administer the IV and just hope it ends quickly [...] and the person leaves.

36, nurse and head of an outpatient clinic,
14 years of work experience,
salary of 10,500 UAH (224 EUR),
village, Center

Thus, this study participant has to assume additional risks and responsibilities for patients, as she is partially performing the work of family doctors, who are in critically short supply in rural areas.

Overall, within the framework of the healthcare reform, there is a noticeable trend toward the reduction of medical facilities, especially outside large population centers. According to the logic of the reform, the freed-up funding is supposed to be directed toward expanding and improving conditions in large hospitals, while the task of primary care providers is to detect medical conditions requiring specialist intervention or hospitalization. However, due to a lack of staff, this becomes problematic, particularly in rural areas, and leads to increased workload and responsibility for the remaining personnel, especially nurses, even though healthcare facilities are not financially incentivized to expand the number of nurses in their staff.

Another key component of the healthcare system is **emergency medical care**, which is also affected by staffing shortages and underfunding. Currently, there are three types of emergency medical teams (CMU, 2012):

- doctor-led team, which includes a doctor, a physician assistant, a nurse, and a driver;
- physician assistant-led team, which includes a physician assistant, a nurse, and a driver;
- paramedic team, which includes one paramedic and an emergency medical technician (a driver trained in providing emergency medical care).

Starting from January 2025 (CMU, 2012), the paramedic team becomes the “basic” unit for emergency care. According to an ambulance nurse from a small town in a central region, her substation implemented such a team composition even before the new rules were introduced, due to a shortage of staff. According to her, this has significantly complicated the work and, at times, made it dangerous.

■ *I'd like two people to work at once. It's very hard to do it alone. If there's no power, you have to climb the stairs—I have a bag, a cardiograph, another bag with a tablet—I just have no place to put a flashlight. And it's scary alone, especially at night.*

36, nurse with an emergency
medical response team,
15 years of work experience,
salary of 13,500 UAH (287 EUR),
city, Center

Overall, ambulance nurses complained that they never know whom they will be dealing with during a call: they often have to interact with dangerous patients, they are aware of tragic incidents involving colleagues, and they do not understand how they can protect themselves.

■ *You walk in, and there's a group of six completely drunk men. [...] There were threats, too. It's a risk, of course. But what can you do? “You knew what you were signing up for,” they tell us.*

47, nurse with an emergency
medical response team,
salary of 10,800 UAH (230 EUR),
28 years of work experience,
village, South

Regular power outages caused by Russian bombings also significantly complicate the work of emergency medical staff.

■ *I walk carrying a bag that weighs around 25 kilograms... And if I need to bring the defibrillator, if there's a resuscitation, I have to go on foot, say, to wherever the call is: the 14th floor, 16th floor, 20th floor. And if they need to be hospitalized... You carry them down on*

foot too, because there's no electricity, the elevator doesn't work, so you carry them down to the ambulance.

55, nurse with an emergency medical response team, 32 years of work experience, salary of 16,000 UAH (341 EUR), regional center, West

According to an ambulance nurse working in a major regional center, they spend the entire 24-hour shift in the ambulance, going from call to call, and there are usually around 15–17 per shift. Another nurse from a rural area near the frontline shared that due to long distances and bad roads, response times are longer than what the regulations allow.

■ *By law, we are supposed to reach a call within 20 minutes. But in our case, there are villages we get to, say, in 40 minutes, because the distance between the villages can be 40 or even 50 kilometers, and that's on our roads.*

47, nurse with an emergency medical response team, 28 years of work experience, salary of 13,500 UAH (287 EUR), frontline territory, rural area, South

This creates risks for patients and often forces crews to work overtime. Medical workers are also frustrated and exhausted by having to wash the ambulance themselves. One participant of the study noted that this duty was officially added to their job description. According to another, they have to do it because the employer is unable to find junior medical staff.

Since the beginning of the war, new difficulties have compounded the challenges of providing emergency care: direct threats to life and health due to targeted attacks on ambulances by Russian forces⁷; power outages requiring medics to climb high floors without elevators; and patients in the state of stress, especially after losing loved ones. All of these factors significantly complicate the work of medical personnel and may further motivate them to quit.

⁷ As well as due to double strikes, when rescue and medical workers arrive at the site of the first attack, and another missile is launched at them (Mokliak, 2024; Chernysh, 2024).

Overall, the shortage of mid-level medical personnel is acutely felt both at the primary care level, where one nurse is often forced to work with multiple doctors (and, in rural areas, sometimes partially take their place), and in emergency medical services, where crew composition is reduced to a minimum. Primary care nurses also emphasize the significant amount of paperwork, which prevents them from focusing on patient care. At the same time, power outages complicate the work of emergency services. Safety is also a pressing concern for them.

4.5. Nurses in education and social protection: “There were days when I had forty children scheduled”

In Ukraine, some nurses have been removed from the jurisdiction of the MoH and reassigned to other agencies. Specifically, this applies to nurses working in educational institutions, such as schools or kindergartens, who are now under the authority of the Ministry of Education and Science of Ukraine. A similar situation applies to nurses employed in social protection institutions, including residential schools, retirement homes for the elderly and care homes people with disabilities, and psychoneurological residential facilities, which fall under the Ministry of Social Policy.

One of the main consequences of this fragmentation is that the CMU's decision to increase medical staff salaries, effective since 2022, does not apply to nurses in educational and social institutions. In practice, this means that **nurses working in schools, kindergartens, residential facilities, and care homes generally earn significantly less** than their counterparts in healthcare institutions. Among the nurses from the education and social protection sectors who participated in the study, net salaries ranged from 6,500 UAH (a school nurse, 10 years of experience) to 12,100 UAH (a senior kindergarten nurse, 1.5 full-time equivalents, 37 years of experience). In effect, many of these

medical workers earn the minimum wage or close to minimum wage.

- *When the minimum wage was raised on April 1, now, I think, the technical staff probably earn more than I do with the highest category and 31 years of experience. They also get extra pay for disinfectants, for diluting stuff. I think my net salary... I can't say exactly right now, well, probably [I earn] up to 7,000 UAH or somewhat less.*

50, school nurse,
salary of 7,000 UAH (149 EUR),
31 years of work experience, city, Center

As with the increased minimum salary for medical personnel set by the CMU's order, the official salary of nurses in educational and social institutions is calculated according to the salary tariff scale and may not reach the level of the minimum wage. In such cases, some or even all supplementary payments are effectively "absorbed" by the mechanism of "topping up" to the minimum wage (see Section 1.3).

- *My base salary is 6,000, and I get 30% for years of service: I reach the 8,000 minimum thanks to my base and years-of-service bonus. As for the orderlies, their base salary is, I think, something under 5,000 [...] and to reach the 8,000 minimum, they're given material assistance. So in the end, it's 8,000 both for her and for me. [...] If a nurse here doesn't do night shifts, she also gets 6,400 take-home. Everyone gets 6,400 take-home in our workplace [...]: carpenters, electricians, plumbers, [...] the security guard at the entrance and the girls in the kitchen.*

48, nurse in a general ward
at a residential care home for elderly citizens
and persons with disabilities,
salary of 7,100 UAH (151 EUR),
30 years of work experience, city, Center

It is worth noting that in some cases, nurses in social protection and educational institutions do receive additional payments—for example, for night shifts in social protection facilities or for completing mental health

training courses, which come with a 20% supplementary payment. However, even in the latter case, for some nurses, these bonuses are effectively "absorbed" by the minimum wage adjustment.

- *I actually did take the mental health course, I should be receiving that 20% supplementary payment. I submitted the certificate, wrote the application... but they just "folded" that 20% into the minimum wage. [...] When I started asking why, [...] no one could properly explain, because it's not described in our collective agreement.*

36, school nurse,
salary of 6,500 UAH (138 EUR),
10 years of work experience, city, West

The bonuses for mental health training are linked to the fact that, in addition to their primary duties, school nurses are expected to support children and staff, calm them during air raid alerts, and identify signs of depression and other psycho-emotional conditions.

- *At first, there were, of course, these very panicked fears. They cried, wanted their mothers, escaped, ran away. [...] We calmed them down. Tried to handle it somehow. We breathed, did some exercises.*

45, school nurse,
salary of 6,000 UAH (128 EUR),
24 years of work experience,
regional center, West

- *And children often come in with headaches, dizziness—there are just days like that. And staff come too, technical personnel, teachers. People feel unwell, they're anxious, the air raid alerts... It's wartime now—it's generally difficult. Sometimes we spend half a day in the shelter.*

50, school nurse,
salary of 7,000 UAH (149 EUR),
31 years of work experience, city, Center

Given the complexity and importance of school nurses' work, their supplementary payments and salaries appear insufficient. The only way for them to earn a significantly higher wage is to **work more than a full-**

time position—in other words, to have officially longer working hours. In all other cases, the pay system for nurses in social and educational institutions results in their earnings remaining at or just slightly above the minimum wage.

At the same time, some nurses working in educational and social protection institutions report inadequate working conditions. In many cases, schools do not even provide the basic necessities for medical offices: stationery and certain medical supplies are purchased with parents' money. Despite their low salaries, nurses are often forced to equip their own workplaces with their own money, **buying medical supplies and stationery**, required clothing, paying for medical examinations to be cleared for work, etc.

■ *Not only cleaning products, I even buy medications. [...] Containers for disinfectants, for dilution, I buy all that. I also buy sheets for examination couches. I bought an eye chart myself, too, because that chart was probably older than I am. [...] I bought a height meter at my own expense. I've bought a lot of things. An ice bag, because there are injuries, they need to be cooled. And I submitted demands, I submitted demands, but the authorities have no funds, no funds.*

46, school nurse,
salary of 7,600 UAH (162 EUR),
26 years of work experience,
city, West

■ *Previously, we had the [collective agreement], it was on the notice board, but now I don't see it. It's probably hidden, because there's nothing to read. It used to say that the medical check-up was covered and the medical clothing was supposed to be delivered by the administration. Then they crossed it out and that's it. Now the medical check-up is at our own expense, and so is the medical clothing. [...] Plus now, for some reason, the psychiatrist and the narcologist are*

required once a year. That's also 570 hryvnias. Every year.

50, nurse at a psychoneurological residential care facility with palliative and geriatric wards,
salary of 7,500 UAH (160 EUR),
25 years of work experience, city, Center

Since nurses in educational and social protection institutions work with very different population groups, in very different conditions, and with different sets of duties, their workload is difficult to compare. However, there is a common issue both among them and with many categories of nurses working in various medical institutions: workload norms for nurses are effectively unregulated. For example, previously, one school nurse **was to be responsible for no more than 700 children** (see Section 1.2). If the number of students exceeded this figure, the worker was supposed to receive pay for the equivalent of 1.5 positions, or the institution was to employ two nurses. Currently, the respondent works alone and officially holds only one position at **a school with 1,400 students** and 200 adults in the staff, receiving the minimum wage.

■ *I work alone, and 1,400 children and 200 staff members, who also come [to me]... [...] Adults come very often, especially those with hypertension, and they sit, they can stay for an hour because the person feels unwell. Where else can they go? [...] For example, I've had days when I had forty children scheduled. Just imagine: forty children scheduled! And if you divide that by eight, even by an eight-hour day, how many minutes do I have for that child? What doctor serves forty people?*

45, school nurse,
salary of 6,500 UAH (138 EUR),
24 years of work experience,
regional center, West

We have calculated: if you divide 8 working hours among 40 children, and the nurse works without a single pause, she will have 12 minutes per child. For comparison, a primary care doctor in Ukraine typically sees

patients for an average of 4.5 hours a day, receiving about 20 patients and allotting around 13 minutes per person (Duda et al., 2020). Of course, the situations described by the school nurse do not happen every day or to everyone and depend, among other things, on seasonal illnesses. But it is important to note that school nurses, aside from responding to complaints from children and staff, have a number of other—including daily—duties: monitoring nutrition, ensuring disinfection procedures are followed in all rooms of the institution, monitoring temperature conditions, conducting health and hygiene education with children and parents, as well as a large volume of paperwork, for which technical resources are often lacking.

■ *Documents, well, there is a huge amount of them—so many logs that we fill out by hand. We don't have any computers at all. [...] Oh, let me count: for nutrition, one, two, three, four, five—there are five [logs] for nutrition only.*

56, senior kindergarten nurse,
salary of 12,100 UAH (258 EUR),
37 years of work experience,
regional center, West

Undoubtedly, not all educational institutions have more than fifteen hundred children and staff. Kindergartens, for example, are much smaller in terms of numbers. However, the lack of regulation on workload and the necessary number of positions creates a situation where large institutions lack the resources—primarily personnel—to properly monitor nutrition, sanitary conditions, epidemiological situations, and to provide timely first aid to students and staff.

The situation with the workload of nurses in social protection institutions covered in this study has its own specifics. As in educational institutions, the number of people present may vary, and while they are adults, they often have limited mobility or are completely unable to move independently, or have various chronic illnesses. At the same time, social protection institutions usually

employ several nurses and junior medical staff, and work is organized in shifts—so the number of nurses varies depending on the time of day.

To better understand the workload of nurses in social protection institutions, it is worth describing the typical conditions in which the study participants work. In the first case, the institution houses just over 100 people, cared for by two nurses on a 24-hour shift and two more who work only during the day. In another institution designed for 230 residents, there are also two nurses per 24-hour shift, but only one during the day. These two examples show that the lack of standardized workload regulations for nurses in social protection institutions leads to significant disparities: in different facilities, the workload per nurse can differ more than twofold.

■ *[On our shift] there are two nurses. And in the geriatric and palliative care units, there's a nurse, she works during the day and then leaves. So after 5 p.m., all of it is left to two nurses, these 230 people.*

50, nurse at a psychoneurological
residential care facility with palliative
and geriatric wards,
salary of 7,500 UAH (160 EUR),
25 years of work experience, city, Center

It is also important to understand that a significant portion of people residing in social protection institutions, in addition to medical care, also need practically constant and intensive routine care and support, and this burden falls **on the shoulders of the junior medical staff**. The nurses from social protection institutions we spoke with compared their situation to that of the junior medical workers and emphasized that their own workload is even heavier, given the specifics of their work.

■ *You know, it seems a bit easier for [the medical staff] here. But when there are nearly fifty low-mobility and bedridden people in the palliative ward, and only two orderlies there—for*

them it's hard! Sometimes I come in, I look, I'm amazed at how they manage: turning them over, changing [the bedding], bathing and changing diapers, plus cleaning and keeping things in order. That, yes. That's where we have a problem.

50, nurse at a psychoneurological residential care facility with palliative and geriatric wards, salary of 7,500 UAH (160 EUR), 25 years of work experience, city, Center

Under conditions of excessive workload and staff shortages, some medical workers, both in educational institutions and social protection facilities, are even unable to regularly take their lunch break (see Section 3.3). In both types of institutions, this is due to the high level of responsibility for children and adults, as well as the fact that, unlike in other facilities, the nurse here is either the only medical worker in general or may remain on shift alone for a certain amount of time.

- *I kind of have a lunch break, officially, but no—I haven't taken it even once over the past year, because leaving the school from twelve to one, you understand, where there are fifteen hundred children, it's just unrealistic. Because one time I did step out, just wanted to buy some water, but I only made it to these columns we have near the school when they already called me saying someone was already feeling unwell and I had to urgently run back because a child had fallen in the bathroom.*

45, school nurse, salary of 6,500 UAH (138 EUR), 24 years of work experience, regional center, West

- *We have a lunch break, but most often we don't use it. [...] Because, for example, if I'm the only one on shift, there's no way I can leave the medical facility without a medical worker for an hour.*

48, nurse in a general ward at a residential care home for elderly citizens and persons with disabilities, salary of 7,100 UAH (151 EUR), 30 years of work experience, city, Center

The lack of staff and often simply the absence of any replacement also leads to situations where medical workers in educational and social protection institutions may have difficulties taking vacation (see Section 3.3.).

Overtime work is not typical for medical workers in social protection institutions. However, study participants from educational institutions reported that they sometimes have to attend **parent-teacher conferences, accompany children to medical facilities in case of injuries, or complete paperwork** after work, sometimes even filling out logs at home. Under wartime conditions, an additional responsibility has emerged: staying with children **in shelters** even after their official working hours have ended. It is important to emphasize that such overtime work, in the case of our interviewees, is not compensated.

- *Sometimes I stay late because all day long, as we say among ourselves, the children don't let us fill out some logs, do some computer work. And then we sometimes stay late. Sometimes we even take things home if we don't have the time to finish them.*

50, school nurse, salary of 7,000 UAH (149 EUR), 31 years of work experience, city, Center

In social protection institutions, there is a shortage of nurses, their workload is unregulated and therefore non-transparent, and overtime hours are not compensated. While such a situation is common among nurses in general, the issue of salaries significantly worsens the situation specifically for nurses in these institutions. They are not eligible for the increased pay established by the Cabinet of Ministers in 2022, so their salaries largely remain close to the minimum, despite the significant workload and responsibility for the lives and health of children and adults in their care. Low pay, in turn, often forces the nurses in these institutions to seek additional jobs, which leads to chronic tiredness, health problems, exhaustion, and burnout (see Section 5.3.).

In summary, within the current state healthcare system at all levels, a situation is emerging in which institutions are not interested in expanding their nursing staff. The involvement and workload of nurses are poorly controlled by the NHSU, while junior medical personnel are entirely ignored in this system. As a result, primary care nurses often work with several doctors simultaneously, and in rural areas, they are sometimes forced to replace them. Ambulance nurses frequently respond to calls alone and simultaneously perform the duties of orderlies. Secondary care nurses are forced to combine multiple roles,

including that of an orderly. This is especially evident in surgery and psychiatry, where the workload has sharply increased due to the war, as well as in maternity hospitals, where falling birth rates have led to reduced funding and mass layoffs. It is also worth noting the situation of nurses in the education and social protection sectors, who are not subordinate to the MoH, do not receive appropriate supplementary payments, but bear a heavy workload and, in some cases, sole responsibility. All of this directly or indirectly affects the lives of nurses outside of work, and the next section is dedicated to this issue.

5. Outside of work: “I come out feeling like I’ve been run over by a steamroller”

As part of this study, we also set the goal of determining whether the existing workload and other working conditions—in particular, pay—affect nurses' lives outside of work, such as their relationships with loved ones and relatives, the availability of free time and how it is spent, as well as their emotional state.

5.1. Side jobs: “I come home, sleep a little, and then rush to my second job”

Given the low level of nurses' salaries in Ukraine, we asked the study participants whether they are able to set aside any savings, and if not, then how they cope with unforeseen expenses (for example, in case of health problems or breakdowns of household appliances) and how they maintain their financial situation.

Most nurses either said that they barely had enough for daily expenses and were **unable to set aside savings**, or that their nursing **salary was not even enough to cover their family's basic needs**. The latter situation is especially common among study participants who have one or more family members fully dependent on them (children, elderly parents). Nurses try to save money by allowing themselves only the most essential expenses. Some mentioned how they would like to buy something new to wear or go to a cafe, but they cannot afford it.

In case of unforeseen expenses, nurses most often have to turn to close relatives for support, **borrow money from acquaintances, or use credit**.

■ *This salary is not enough, so from time to time I dip into my credit card. Then I look for ways to put money back on it. Often, it's re-borrowing to somehow cover it so that I don't have to pay interest.*

36, ward nurse,
salary of 12,000 UAH (255 EUR),
14 years of work experience,
rural town, Center

■ *No, I can't put aside savings—there's nothing to put aside. This is just to avoid getting into debt on utility fees. And if someone gets sick, we borrow money from friends.*

57, hospital,
salary of 17,000 UAH (362 EUR),
26 years of work experience, East

The exception is mostly situations where, in matters of financially providing for the family and covering emergency expenses, nurses rely on their husband's salary. Notably, when speaking about this, some study participants referred to their job as a “hobby.”

■ *From my salary, I have [no savings at all]. Right now, like I said, it's all thanks to my husband. His pension is much higher than my salary, and now he is serving in the Armed Forces of Ukraine. [...] my salary—it's like, I went to town and shopped [...], with this money, it's not even that I couldn't afford to educate my child, I [...] Well, I could survive on my own thanks to the vegetables I have, which I've grown myself. But, well, it's impossible to survive on this money [with a child].*

48, salary of 7,100 UAH (151 EUR),
30 years of work experience,
residential social protection institution,
city, Center

- *Providing for the family falls more on my husband, I don't think it would be possible to save anything from my salary [...] It's good that I have a husband who goes to work and earns money.*

42, outpatient clinic,
salary of 10,800 UAH (230 EUR),
over 20 years of work experience, city, West

In addition to strict frugality and borrowing in difficult situations, nurses often **take on side jobs**. Based on the experiences of the study participants, some of them find additional work in the healthcare sector, but most find it outside the sector. A fairly common “routine” is as follows: after finishing a shift at the hospital and getting some sleep at home, a nurse spends her “day off” washing dishes in a restaurant or cleaning premises. Very often, such side jobs are informal.

- *Almost everyone here has other jobs because they can't survive on that salary. There are four days off, so nearly everyone has additional jobs: [...] it varies, people find whatever they can. Some clean chimneys, some get into pharmacology, others even found something in the medical field, some do ultrasounds—all sorts of things. Anywhere, because people can't survive on that money.*

51, on-duty pediatric ward nurse,
salary of 16,000 UAH (341 EUR),
32 years of work experience,
regional center, West

- *I also work as a cleaner at a restaurant. It's an unofficial job, because nobody can survive off 10,800 in [a large city]. If I have to pay 7,000 in rent, then how [...]? That money won't even cover food for me. [...] I come home, take a nap and run off to my second job. So everything revolves around work with me. Unfortunately, I want [to have a break], but I realize I'd rather go to the restaurant and earn a penny there.*

48, intensive care nurse at an addiction treatment hospital, salary of 10,800 UAH (230 EUR), 28 years of work experience, regional center, East

Given the generally lower salary, it can also be assumed that nurses working in the field of social protection and in educational institutions likely have to take on side jobs even more often than other medical workers.

- *I'm skilled at intravenous injections, I set up IVs. Sometimes, after work, I set up IVs at home for some acquaintances or relatives if a person doesn't want to be admitted to the hospital. Or, for example, this year during my vacation I had to work—and it was hard. [...] Well, it wasn't in my profession at all, you could say I worked as a maid—it was hard, until 6 p.m., but they paid daily. [...] Now I've returned to my main job, so I work [at the side job] on Saturdays and Sundays—I have no days off at all.*

50, school nurse,
salary of 7,000 UAH (149 EUR),
31 years of work experience, city, Center

Thus, **real days off** that a nurse could use for recovery, let alone for proper leisure, **may be practically nonexistent**. Indeed, several study participants directly stated that their only free time is when they sleep.

- *Essentially, in my personal life I'm in two states: eating and sleeping.*

48, intensive care nurse
at an addiction treatment hospital,
salary of 10,800 UAH (230 EUR),
28 years of work experience,
regional center, East

In addition to side jobs on their days off, nurses also reported **using their vacations to earn some extra money**.

- *I have two kids, eight and nine years old. I've found another job, because the money I earn as a school nurse can in no way be enough for me. [...] I work 24-hour shifts, a day on the job and two off. Now, during my vacation, I've found a second job. My mom is sick, she needs constant care, or medications [...]*

36, school nurse,
salary of 6,400 UAH (136 EUR),
10 years of work experience, city, West

One of the strategies is traveling abroad for seasonal work (mostly to Poland). Some study participants said that in cases of serious financial difficulties in the family, they even took unpaid leave for this purpose.

■ *But whenever there's an opportunity to earn extra, for example, I went abroad during my vacation, took my regular leave and took unpaid leave. I went abroad to work. Locally as well, if there's any side job available, I definitely take it and work after my main job.*

46, school nurse,
salary of 7,600 UAH (162 EUR),
26 years of work experience,
city, West

The financial situation of many is also supported by **having a household plot and domestic farming**. However, the need to care for livestock and tend to gardens not only leaves nurses with even less free time, but also becomes a source of additional physical strain and fatigue.

■ *Should I tell you or cry? I have a cow, two pigs, I have a household because [otherwise] I can't survive, lots of gardens. [...] Yes, and [when] I'm on vacation, I go to Poland to work. For an entire month [of vacation] plus two weeks of unpaid leave.*

46, ward nurse in an infectious
diseases department,
salary of 11,200 UAH (238 EUR),
24 years of work experience,
city, West

5.2. Time and recovery: "You steal a little from sleep, sleep a bit less"

Apart from side jobs, work on the household plot, and sleep, the rest of the time outside of work nurses spend running the household and caring for children and elderly parents. Notably, a significant number of study participants emphasized that they receive no help with this.

■ *I have a 10-hundred-square-meter plot. Then I need [to go] to my mother's house, mom lives with me. I have [to take care of] the chickens and ducks there, water the plants, do the planting. Then at home, I have a husband at home and my mother is with me at home now. To eat, cook something homemade.*

58, nurse at an addiction treatment office,
salary of 10,125 UAH (216 EUR),
40 years of work experience, city, South

■ *My husband is at the frontline, I'm with two children. My mother, who lives outside the city, had an injury, she can't get a job. So, actually, I can't say it's full-time care: she's not bedridden, she walks. Well, bringing groceries from the city, taking her to the doctor, bringing some medications out of town—I mean, that's all on me. And my mother-in-law, who lives with me, has a fractured vertebra.*

37, midwife in a maternity ward,
18 years of work experience,
salary of up to 20,000 UAH (426 EUR),
regional center, South

The study participants emphasized that due to the high work intensity, long shifts, and night duties, they feel the **need for physical recovery**; this was mentioned especially often by older nurses. Unfortunately, most of them do not have enough time for it.

■ *I just sleep for a whole day, I just lie like a corpse, I can't do anything. It's both physical and emotional strain. There are people with dementia who scream the whole shift, they just scream, yell. Well, it's their condition, their condition that's both physical and psychological. We work with people with schizophrenia in the acute phase, with organic disorders.*

46, intensive care nurse
at a psychoneurological clinic,
salary of 11,200 UAH (238 EUR),
23,5 years of work experience, city, Center

- *You come back after a 24-hour shift, and... you lose a whole day because your legs are buzzing, and you can't even come to your senses.*

32, surgical ward nurse,
salary of 10,800 UAH (230 EUR),
13 years of work experience,
city, Center

Nurses do not have the time to recover even during vacation—mostly because they use it for side jobs or to take care of numerous accumulated tasks. Some study participants also noted that due to staff shortages in the hospital, they are not allowed to take more than 10 days of leave at a time, which makes full recovery impossible. In addition, some nurses are unable to use all the vacation days they are entitled to (see Section 3.3).

- *I don't even know what a proper vacation is.*

36, school nurse,
salary of 6,400 UAH (136 EUR),
10 years of work experience, city, West

- *Honestly, I don't even have time to breathe out after this workload.*

49, ward nurse in a trauma department,
salary of 10,600–11,600 UAH (226–247 EUR),
31 years of work experience,
regional center, Center

We also specifically asked nurses what they lack time for the most. Most often, they responded that they **do not have time for themselves**, for any hobbies or favorite activities, **as well as for meaningful communication** with loved ones, particularly with their partners and children.

- *I feel the lack of time. Say, today: God, it's half past eight, the restaurant [where the nurse has a side job] is still open. I need to rush there, if only I could go today, because tomorrow I have a 24-hour shift. You call home: okay, prepare me a packed meal. Right, it's prepared. Did you put it in the fridge, didn't you forget, won't it spoil? Okay, good. Right, we fly home. So, what are we doing? Okay, throw out this uniform. Where's our medical uniform? Okay, put this here, that*

*there, everything's done. Right, wash up and sleep. **That's the whole life.** [...] I see people taking walks. I see people walking on the street, going into restaurants to eat or going somewhere to the central park. And I realize that life is passing me by, because I don't see any of that.*

48, intensive care nurse at an addiction treatment hospital, salary of 10,800 UAH (230 EUR), 28 years of work experience, regional center, East

- *There's not enough time for sleep, not enough time to talk with my husband—we only manage to talk during dinner. [...] I simply don't have the strength. There's not enough time, especially for the grandchildren, I'd like to give them more attention. But it doesn't work out.*

65, kindergarten nurse,
salary of 6,000–6,100 UAH (128–130 EUR),
37 years of work experience, city, West

- *I love to sew something, knit something, but there's no time for hobbies—that's very hard for me. [...] I mean, for me, it's a way to unwind—to sew something, I love doing crafts, but there's not enough time. [...]*

50, school nurse,
salary of 7,000 UAH (149 EUR),
31 years of work experience, city, South

The inability to spend more time with their children causes nurses not only sadness but also a sense of guilt. Many study participants said they feel like bad mothers, that they would like to quit their side jobs, but in that case, they would not be able to provide for their family's basic needs.

- *When teachers say that a mother should sit with the child, do homework... I'll be honest, I come home at seven or eight in the evening, sometimes even nine. [...]. I either earn money so we can survive together and buy a bicycle or some pants [...]. Right? Or I sit and do homework, working at the clinic for 10,000 hryvnias? Those are my conditions and those are the rules.*

[...] I don't teach, and they should forgive me—I don't know. [...] I can't. Though morally, you know how it feels. It's very hard.

34, senior operating room nurse, highly specialized medical facility, salary of 22,000 UAH (468 EUR) for 1.5 full-time equivalents, 16 years of work experience, city, Center

From the stories of the study participants, it is evident that due to the large number of caregiving responsibilities at home, even those nurses who do not have side jobs often have only one kind of “personal” time that belongs to them—the time for sleep. Some of them noted that **if they want to spend time “on themselves,” they have to sacrifice part of their sleep.** This was mentioned especially often by nurses who are raising children on their own.

■ *I'm alone with a child, and after I come home from work after seven, I have no personal time. Only the night time is left for me. But I can be at work until 9 p.m., too.*

38, procedure room at a hospital, salary of 10,700 UAH (228 EUR), 10 years of work experience, city, Center

■ *You steal a little from sleep, sleep a bit less. Well, I try to find time for everything.*

47, nurse with an emergency medical response team, salary of 10,800 UAH (230 EUR), 28 years of work experience, village, South

5.3. Emotional state: “I have to go to work, but I feel like crying”

Care work is inevitably associated with significant emotional involvement. Some nurses noted that they try not to show strong emotions in the workplace and suppress the feelings that arise, avoid conflicts with anyone. However, the emotions accumulated during a shift often find an “outlet” at home, in interactions with family members.

■ *I distance myself, yes. I closed the department door and left the hospital. Got in the car and drove off. That's it. [...] I work like a robot. Well, I already perform my tasks like a robot: came in and switched on for work. Left, switched off. It's easier that way.*

46, intensive care nurse at a psychoneurological clinic, salary of 11,200 UAH (238 EUR), 23,5 years of work experience, city, Center

■ *[At work] I keep myself restrained, calm, but then at home it happens: all that's built up, all that negativity, unfortunately—and it's wrong—spills out onto my loved ones.*

28, ward nurse at a psychiatric hospital, salary of 10,900 UAH (232 EUR), 4,9 years of work experience, city, Center

At the same time, a significant number of nurses noted that even if they try, they are unable to fully distance themselves from situations that arise at work. Some study participants recalled the deaths of patients they cared for and spoke about how difficult it was for them to cope with those experiences. They spoke of **feelings of exhaustion and burnout.**

■ *Most of the time, you pull yourself together so it doesn't affect the children, or my work, because that happens... Yes, I feel burnout very strongly. I give myself to my job one hundred percent. You shouldn't do that.*

32, nurse in a pediatric hemodialysis department, salary of 9,000 UAH (192 EUR), 14 years of work experience, city, Center

■ *There can be despair. And tears. [...] Sometimes, when there are difficult cases—I've been working for so many years, but I still can't come to terms with someone being very ill. Sometimes even my relatives scold me: “You should be used to this by now,” but I always take it to heart.*

42, anesthetist at a maternity hospital, salary of 10,000 UAH (213 EUR), 21 years of work experience, city, West

■ *It's simply impossible not to take it [to heart]. When we would come to help specifically after missile strikes. Deaths. "Oh, you must be used to deaths by now." It's impossible to get used to this... [...] You take it to heart, and after such cases, it takes you more than a day to recover. It doesn't just pass easily, like you shake it off and leave work at work. No. You keep replaying it in your head, it stays with you, and you remember it for several more days.*

47, nurse with an emergency medical response team, salary of 10,800 UAH (230 EUR), 28 years of work experience, village, South

The psycho-emotional state described by many nurses shows signs of so-called **compassion fatigue**. This concept is increasingly used in social research on professions to describe the consequences of work that involves caring for others, especially for people experiencing pain, physical and/or psychological. The emotional exhaustion that develops in such situations not only negatively affects nurses' ability to care for others and perform their professional duties, but also has serious consequences for their mental health. Moreover, it is one of the reasons why many nurses leave the profession (Nolte et al., 2017). In particularly acute cases, medical workers may experience **stress responses caused by so-called secondary trauma**, when they provide care or support to people who have gone through traumatic experiences.

■ *[I feel] fatigue, constant fatigue. It comes from the constant workload, from seriously ill patients. Overall, it's very psychologically hard to look at all this now, at these injuries the military guys come in with.*

32, surgical nurse, agency hospital, 13 years of work experience, salary of up to 20,000 UAH (426 EUR), regional center, Center

■ *Emotions? I'm tired, I'm tired, I'm tired.*

53, dressing nurse at a surgical department, salary of 10,400 UAH (221 EUR), 36 years of work experience, city, East

■ *I want the day to be over as soon as possible. Exhaustion, constant exhaustion and dejection.*

47, nurse in an outpatient clinic, salary of 10,000 UAH (213 EUR), 30 years of work experience, city, West

In addition, nurses shared that at home they are also overtaken by fatigue from constant and at times quite exhausting communication with patients, colleagues, and the administration. Because of this, it becomes difficult for them to enjoy regular interaction with their loved ones. Nurses often said that after a work shift, they deeply crave silence and solitude. At the same time, they feel guilty for not having the energy to give enough attention to their family.

■ *They don't really see me at all. Mom comes: okay, hello. [...] They're telling me things, retelling stories. My husband saw something on TV, he tells me. And I'm not really interested, I want to eat and sleep. They get upset, they feel like they're in the way [...] My child is telling me something, showing me pictures on Instagram. I nod my head, but I couldn't care less about any of it, to put it mildly. I'm tired.*

48, intensive care nurse at an addiction treatment hospital, salary of 10,800 UAH (230 EUR), 28 years of work experience, regional center, East

■ *I'd come home after a shift, mom would always ask me: "Why are you so quiet, are you angry?" I'd turn my phone off, I wouldn't want to talk to anyone for a whole day.*

47, nurse with an emergency medical response team, salary of 10,800 UAH (230 EUR), 28 years of work experience, village, South

Some nurses also said they feel injustice, despair, anger, and hopelessness due to the dismissive attitude toward them from hospital administration and sometimes even from patients' relatives. These emotions are also caused by the low level of pay, which they perceive as a sign of devaluation and invisibility of their work and of the nursing profession as a whole; as well as by the mismatch between their salary and their years of service, etc.

- *Anger, a kind of hopelessness. And regret. From not being understood, from working so hard, and being told: "Well, well, what are you talking about? Why are you even saying this, that it's hard for you?"*

32, surgical ward nurse,
salary of 10,800 UAH (230 EUR),
13 years of work experience, city, Center

- *If a patient [treats you] simply with basic human decency, then you feel positive emotions. But when they come at you from all sides, call you names, film you on their phones—it's just entirely negative emotions.*

34, procedure room nurse,
10 years of work experience,
salary of 10,700 UAH (228 EUR), city, Center

- *I cry very often, probably because of stress and cortisol, and they're looking for an outlet [...] It's a kind of despair, you know, [...] there's this psychological term "frustration," it's [...] a negative emotion you feel when a goal isn't achieved. After 28 years, every person should already have something to show for it. And I realize that these 28 years, excuse me, [went] "down the drain, for the birds." Because it's 28 years, you seem to be a smart person and you do very socially useful work, but something just feels wrong. Ah, burnout. Yes. That's the word I was looking for. Complete, emotional and physical.*

49, nurse in a pediatric emergency and infectious diseases department, salary of 14,000 UAH (298 EUR), 28 years of work experience, regional center, Center

Some nurses, when speaking about their emotions related to work, admitted that they almost forced themselves to go in for a shift; they used metaphors like *katorga*¹ to describe their job and said that thoughts about work cause them intense anxiety. Most often, they explained this by an unhealthy work environment, bullying from management, devaluation, and a sense of powerlessness and oppression.

- *There were times, you know, I'll be honest, there was a time when you'd go to work, do your job, go on vacation, and you couldn't wait to get back to work after the break. Now, that feeling is gone. Now, when it's time to return to work after vacation, you realize you hate it. You hate it only because the management has created such conditions.*

51, on-duty pediatric ward nurse,
salary of 16,000 UAH (341 EUR),
32 years of work experience,
regional center, West

- *There are days when you just don't want to go to work. There's this kind of humiliation from the doctors: you must, you must, I don't care how, you must, carry them yourself if you have to, but you must do that ECG, you must lift that patient somehow.*

44, on-duty nurse in a surgical ward,
salary of 12,300 UAH (262 EUR),
20 years of work experience,
city, Center

- *Nothing is changing, it only gets worse and worse every time. Yeah, there's burnout, you don't even want to come to this job anymore, you force yourself to go there.*

34, nurse at a maternity hospital,
salary of 13,700 UAH (292 EUR),
14 years of work experience,
city, Center

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 said that the positive emotions they experience at work most often come from the cohesion of the nursing team, mutual support, and understanding from fellow nurses.

■ *Well, among ourselves, among the girls, we try to support one another, and of course, we find some comfort in humor, in talking. That's just how it is, because if we didn't all support each other, it would be complete chaos.*

49, ward nurse in a trauma department, salary of 10,600–11,600 UAH (226–247 EUR), 31 years of work experience, regional center, Center

Friendly attitudes from patients and their relatives, words of gratitude from them, the sense of having fulfilled a professional duty, and seeing the usefulness and visible results of their work are also sources of positive emotions for nurses.

■ *There's positivity when the children are discharged, discharged healthy, and their mothers are satisfied. Or sometimes, when the mothers bring something tasty to share during the shift, that's also a positive. The only thing that calms and saves you is, let's say, the understanding that you're doing something useful, a very useful job.*

49, nurse in a pediatric emergency and infectious diseases department, salary of 14,000 UAH (298 EUR), 28 years of work experience, regional center, Center

■ *Positive emotions—I can do this, I know how to do this. Like the quality of my professionalism, when they say: “No one gives injections the way you do.” That's it.*

53, hospital, 36 years of work experience, city, East

■ *There are positive [emotions], yes, it's the communication with colleagues, you can also joke around with some patients. It's nice with them, or it's nice to see when the treatment works and they go from lying there helpless to coming back “to themselves” and becoming a completely different person—this is very pleasant to witness. Or hearing words of gratitude from patients, that's pleasant too.*

28, ward nurse at a psychiatric hospital, salary of 10,900 UAH (232 EUR), 4,9 years of work experience, city, Center

In summary, it should be noted that the low level of pay often pushes nurses to seek alternative sources of income, such as side jobs—both within and outside the medical field—especially on weekends and during vacations. For many, maintaining a household and cultivating a household plot provides additional support, but it only increases the daily workload and hinders full physical and emotional recovery after their main job, which in the long term will have negative consequences for nurses' health.

Due to the unequal distribution of care work between women and men in Ukrainian households, raising children, caring for elderly relatives, cleaning, and cooking become a full-fledged “third work shift” for nurses. As a result, they have practically no free time. The significant emotional involvement and high level of stress that accompany nursing work, as well as the lack of proper psychological support in the workplace, including measures to prevent emotional burnout², have serious negative consequences for nurses. This affects their mental health, family relationships, and ultimately may lead them to leave the profession.

2 At the same time, starting in 2025, as part of a mandatory program developed by the WHO and implemented through the medical guarantee program, all healthcare workers in Ukraine will be required to undergo training in providing psychological support to patients. There is currently no mention of launching similar programs to provide psychological support to healthcare workers themselves.

6. Nurses want change: “So that people want to work, not run away”

During the study, we discussed with nurses a wide range of problems they face at work. In addition, we asked them what changes are needed to improve working conditions, as well as who should do what to make sure that those changes are implemented. Nurses emphasized the need for changes in workload, pay, material working conditions, and society’s attitude toward the nursing profession.

■ *First of all—reduce the workload, increase the number of medical staff: both mid-level and junior. Objectively improve, for example, the working conditions, because we’re working with equipment that’s over thirty years old. And we’d like something new and more modern. Also, reduce the amount of paperwork, because, in my opinion, there’s too much paperwork. I just pointlessly write the same logs three times.*

49, ward nurse in a trauma department, salary of 10,600–11,600 UAH (226–247 EUR), 31 years of work experience, regional center, Center

6.1. Workload: “If the care is as it should be, then it’s around 10 patients”

Since the primary focus of the study was the workload of nurses, many respondents noted that it is critically important to increase the number of positions for mid-level medical staff and fill the vacancies in healthcare facilities. This would help reduce excessive intensity and difficulty of the work, allow for a more reasonable distribution of duties, and make it possible to establish acceptable work schedules (including shifts), breaks, days off, and vacations (see Section 3.3).

■ *[There needs] to be a sufficient number of those medical workers. So that it’s not one or two 24-hour shifts and just one day off, to cover gaps because there’s no one to take the next shift.*

34, procedure room nurse, 10 years of work experience, salary of 10,700 UAH (228 EUR), city, Center

■ *Well, the approach [to organizing the work] should be more rational, so that the work is distributed. A ward nurse cannot do all the work alone.*

45, surgical nurse, 28 years of work experience, salary of 18,000 UAH (381 EUR) for 1.5 full-time equivalents, regional center, East

■ *I’d like for them to add another nurse. Because the workload is very, very heavy. The ward is meant for six people. [...] Sometimes there are two patients in intensive care, and you’re just being torn apart. You go to one patient, quickly disinfect your hands, and then to the other patient. And the doctor wants you to split yourself in two, be in two places at once. But it just doesn’t work that way.*

46, intensive care nurse at a psychoneurological clinic, salary of 11,200 UAH (238 EUR), 23,5 years of work experience, city, Center

In addition to increasing the number of nurses, many study participants also emphasized the need to address the shortage of junior medical staff, as the presence of orderlies is not only essential for the proper functioning of a facility but also directly affects the work of nurses. It is precisely the lack of orderlies that often leads to inappropriate duties being

placed on mid-level medical staff. This complicates the fulfillment of nurses' core caregiving duties.

■ *If only, well, at least if there were an orderly. For a nurse, an orderly, you understand, she has to be there, especially in an intensive care unit. [What's needed] is for there to be three nurses and one orderly working during a shift.*

42, anesthetist at a maternity hospital,
21 years of work experience,
salary of 10,400 UAH (221 EUR),
regional center, West

Some study participants emphasized the need to address the overall staffing shortage in Ukraine's medical institutions, particularly the lack of technical staff, as this shortage increases the number of inappropriate duties placed on nurses.

■ *Personally for me, what needs to improve? It's when more staff are added. [...] That is, there should be a pharmacist on the team, right? A separate person in charge of the operating room. There should be porters so that we don't have to do it all with our own hands. I mean, this is very physical, heavy work.*

34, senior operating room nurse,
highly specialized medical facility,
salary of 22,000 UAH (468 EUR)
for 1.5 full-time equivalents,
16 years of work experience, city, Center

In the context of excessive workload, many nurses spoke about the need to reduce the amount of paperwork. Some of the documentation, in their opinion, is unnecessary and has no practical purpose, yet it takes up time that could be devoted to their main duties: treatment and nursing care.

■ *Reduce this paperwork—it's just... I can't even find the right word for it. It's endless writing. Well, that's what I'd like to get rid of.*

35, nurse in an internal medicine department,
15 years of work experience,
salary of 11,000 UAH (234 EUR),
city, Center

■ *Instead of being able to do something more important, you're doing this checkbox work. The approach to work needs to change.*

44, nurse at a general practitioner's office,
24 years of work experience,
salary of 9,600 UAH (204 EUR),
regional center, Center

■ *We have red tape, we have so many papers—for every certificate, there are three more certificates, as they say. [...] Take away the paperwork and let us do medical work.*

54, radiology technician and psychiatric nurse, 34 years of work experience,
salary of 10,000 UAH (213 EUR),
village, South

A significant number of nurses, having extensive experience working in their specific facilities and departments, identified a range of optimal workload—the number of patients that one nurse can care for effectively.

■ *If care is as it should be, it's probably about 10 patients.*

32, surgical ward nurse,
salary of 10,800 UAH (230 EUR),
13 years of work experience, city, Center

■ *I think that 20–25 people during a full working day would be an optimal option and would allow for a more or less sufficient amount of time to be devoted to each patient, so that they feel fully heard and receive care in full.*

42, nurse in an outpatient clinic,
20 years of work experience,
salary of 10,800 UAH (230 EUR),
city, West

These figures, without a doubt, vary significantly depending on the type of medical care, the facility, the department, or the specific nurse's position. However, overall, they indicate that workers **can and should have a voice in setting workload standards**. This would not only improve their situation but also enable them to **fully and effectively** carry out their duties. Study participants emphasized that a balanced workload would help create proper working conditions and prevent physical and emotional burnout.

6.2. Salaries: “Then what did we study for? Where is my 30% bonus for years of service?”

The issue of low wages, as expected, was another key problem that concerned the study participants. This issue is especially critical for nurses working in social institutions and educational facilities, as the 2022 decision to raise the salaries of medical personnel does not apply to them. However, this problem was raised by nearly all study participants, regardless of their workplace. Nurses emphasized that their wages not only fail to provide a decent standard of living but are also disproportionate to the workload and responsibilities placed on them.

- *I’m 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’m communicative. Well, I’m liked and respected, and I wouldn’t want to leave. But this salary...*

50, school nurse,
31 years of work experience,
salary of 6,500 UAH (138 EUR),
city, Center

Nurses also specifically emphasized the problem of missing supplementary payments mandated by law or their “absorption” due to the adjustment of base salaries to the minimum wage or to the increased rate for medical workers defined by the CMU resolution (see Section 1.3). As a result, salaries often do not depend either on harmful working conditions or on the intensity of the work. One of the greatest injustices noted by nurses is that wages often do not depend on the level of education, years of service, qualifications, or efforts made to improve them. As a result, this devalues knowledge, experience, and skills, significantly reducing motivation for professional development.

- *Then what did we study for? Where is my 30% bonus for years of service? Then why should I improve my level,*

category, certification, then? Then what do I need all of this for?

48, nurse in a general ward
at a residential care home for elderly
citizens and persons with disabilities,
salary of 7,100 UAH (151 EUR),
30 years of work experience, city, Center

- *As far as I know, in Europe, nurses don’t pay for [courses] themselves. And there, if you complete a certain number of courses, [...] your salary increases. And how many courses have I taken? I ask, I say: “So what’s the motivation if I earn 50 points in a year?” And she says: “No motivation, you’ll just confirm your professional eligibility, that you can work.”*

27, nurse at a blood transfusion center,
8 years of work experience,
salary of 10,800 UAH (230 EUR),
city, Center

Solving the problem of low wages would not only allow nurses and their families to achieve an acceptable standard of living, but also eliminate the need for constantly seeking side jobs, combining multiple jobs, and, consequently, the fatigue, exhaustion, and burnout that follow (see Section 5.3). Adequate pay would also help stop the critical outflow of personnel from the profession, encourage the filling of vacant positions, and, as a result, reduce the workload on nurses caused by staff shortages.

- *You know, I think all problems of medical workers are the same in Ukraine. It’s excessive workload, inadequately low wages. Well, something like that. I think if we had a proper number of staff on a shift, [...] so that everyone did their own job and didn’t feel like they were being torn to pieces. And on top of that, the salary [should be] such that it allows you to feel like a human being.*

49, nurse in a pediatric emergency
and infectious diseases department,
salary of 14,000 UAH (298 EUR),
28 years of work experience,
regional center, Center

6.3. Material provision: “A properly equipped office so that I at least have what I need to work properly”

During the study, nurses also raised other issues that require attention within the health-care system, particularly regarding material conditions and workplace safety. They emphasized problems with equipment and the condition of hospitals, the availability of consumables, and repeatedly noted the need to install an “emergency button,” if one is not already present in the facility, to ensure the safety of both staff and patients.

- *Probably [I] would like to have a computer or at least a laptop. [...] And a properly equipped office, so that at the very least I had a way to work normally.*

36, school nurse,
salary of 6,400 UAH (136 EUR),
10 years of work experience, city, West

- *[We need] to have a bit more equipment, a better-equipped operating room, better-equipped wards. Our monitors are 300 years old, same with the blood pressure machines.*

42, anesthetist at a maternity hospital,
21 years of work experience,
salary of 10,400 UAH (221 EUR),
regional center, West

- *The availability of these dressing materials; generally, it would be great if they came already prepared. But no, unfortunately, that’s not the case.*

32, surgical nurse, agency hospital,
13 years of work experience,
salary of up to 20,000 UAH (426 EUR),
regional center, Center

Nurses also emphasized that they should not have to spend their own money on office supplies, work clothing, and medical check-ups, as these should be provided by the institution where they work. Study participants also advocated for the establishment of resting rooms for nurses, the provision of appliances for food storage, and the creation of conditions to maintain hygiene, both for medical staff and for patients.

- *There are absolutely no facilities for staff in our department, except for the nurses’ room, where we have a couple of sofas and a bed. We have nowhere to wash, nowhere [to change]... I mean, no shower, nothing. And it’s the same for the patients, kind of. People stay for weeks, and there’s not even a shower in the department, just so you understand. A small basin and a water heater.*

32, surgical ward nurse,
salary of 10,800 UAH (230 EUR),
13 years of work experience,
city, Center

- *Ideally, of course, there should be a shower, so you can wash up after a shift. Also, even though we write that we wash all our things in the hospital laundry, well, that’s not true, we take everything, everything home. At the very least, there should be a washing machine in the department, so we could wash our clothes there and leave them there. Well, there’s nothing like that.*

46, intensive care nurse
at a psychoneurological clinic,
salary of 11,200 UAH (238 EUR),
23,5 years of work experience,
city, Center

It is worth noting that in some facilities the situation with material provision and working conditions is better. However, given that a significant number of study participants expressed such needs and demands, it can be concluded that the problem of material provision in Ukraine’s healthcare system is a pressing problem.

6.4. Who should fight for this: “So that nurses are united, not waiting for one person to solve it for them”

We also discussed with the study participants who, and at what level, should promote and implement changes in workload, remuneration, and the creation of proper working conditions for nurses. Some of them

emphasized that they see the primary problems at the level of leadership and administration within their own institutions. These problems manifest in the form of corruption, failure to fulfill duties, lack of respect for staff, and an unwillingness to take their opinions into account.

■ *The administration sees their work as a means of outrageous profit. While [orderlies and nurses] are surviving, the administration is getting rich. And that's why their attitude [toward medical staff] is like we're a labor force: we're supposed to make money for them, not provide care.*

37, midwife in a maternity ward,
18 years of work experience,
salary of up to 20,000 UAH (426 EUR),
regional center, South

■ *I said that at least one of the higher-ups should come and simply follow us for a full 24-hour shift and see, because they say, "you [...] get your salary and do nothing." Let them just follow us and see, they don't know our work, there's a lot they don't know.*

44, on-duty nurse in a surgical ward,
salary of 12,300 UAH (262 EUR),
20 years of work experience,
city, Center

At the same time, other study participants noted that many of the problems in their institutions cannot be solved without substantial changes at the central level. They spoke about issues at the level of the MoH, the NHSU, and other executive government bodies: poor management of the healthcare system, chronic underfunding, flaws in the established regulations (regarding workload, wages, etc.), and the lack of effective mechanisms to monitor compliance with legislation and current standards.

■ *[For something to change,] what should happen is that more money starts to be allocated for maintaining the hospital.*

42, nurse in an outpatient clinic,
20 years of work experience,
salary of 10,800 UAH (230 EUR), city, West

■ *This issue absolutely must be resolved at the ministry level. We shouldn't have to go around like beggars to the local authorities, asking to give us something, give us at least 50% for the intensity of work. I mean, that's not normal. It's a humiliation. [...] It's bad because at the legislative level, listen, there are no standards [for workload] like that. [...] Without a doubt, this is wrong.*

46, school nurse,
26 years of work experience,
salary of 7,600 UAH (162 EUR),
city, West

■ *If a hospital signs a package with the NHSU, then, for example, the amount of equipment and the number of doctors is specified in it. But the number of, say, mid-level and junior medical staff [...] isn't specified, because it's possible to save money on nurses and orderlies. That's how it turns out.*

47, ward nurse,
29 years of work experience,
salary of 10,200 UAH (217 EUR),
city, Center

Some study participants expressed skepticism about their own ability to push for necessary changes, and also doubted the capacity of trade unions to influence the situation, as they believed that unions would either be suppressed or subordinated to the institution's administration. These sentiments are likely driven by various factors, including the negative experiences of some nurses when attempting to bring about improvements and change.

However, it should be emphasized that other study participants, on the contrary, highlighted the need for active involvement of nurses and medical workers in general in advancing these much-needed changes. In their view, an association of healthcare workers could become a lever of pressure both on individual facility administrations and at the national level. We assume that, among other factors, this perspective is shaped by existing experiences of collective advocacy

for healthcare workers' rights and the example of MedMovement, which demonstrates the importance of joining forces to achieve change in the medical sector.

- *If there were a few more of us to organize some kind of union, then maybe we could achieve something. But with just two or three [...] women, we won't achieve anything. And if only the doctors were on our side... but they're not on our side, because everything is fine for them.*

46, ward nurse
in an infectious diseases department,
24 years of work experience,
salary of 11,200 UAH (238 EUR),
city, West

- *Everyone needs to stand up and speak to our management so that they finally hear us. But everyone just sits there in silence, everyone's supposedly fine with everything.*

39, radiology technician, 20 years of work
experience, salary of 10,500 UAH (224 EUR),
city, South

- *I think [what's needed] is for nurses to be united, united for their rights, and not to wait for someone else to solve it for them.*

47, nurse in an ophthalmology office,
30 years of work experience,
salary of 10,000 UAH (213 EUR),
regional center, West

- *Maybe if everyone, somehow, just didn't show up for work. Even for one day, so they could try and see what it's like to work without a nurse. Not even a full day, even just a few hours. [...] What, would they fire all of us? [...] Maybe nothing would change that fast. But at least they'd find out that something like that could happen. And if nothing is done, then it's just: "Well, they're working and working. They complained a bit, and they'll keep at it anyway."*

35, nurse in an internal
medicine department,
15 years of work experience,
salary of 11,000 UAH (234 EUR), city, Center

In summary, nurses emphasized the need for substantial changes in their professional activity, particularly regarding workload, salaries, working conditions, and material provision. From the perspective of the core issue of this study, namely the workload of nurses, participants stressed the importance of creating additional positions, filling vacancies for nurses, orderlies, and other staff, distributing duties rationally, and reducing the volume of paperwork. This would not only help prevent overwork, professional burnout, staff shortages, and turnover, but would also improve the overall quality of their work, and thus the quality of healthcare in Ukraine. Many study participants, having long-term work experience and a deep understanding of their position, identified specific optimal workload figures per nurse, which points to the possibility as well as necessity to take the opinions of staff into account in the process of establishing workload standards.

Nurses emphasized the importance of change both at the level of institutional management and at the central level of the healthcare system, which, in their view, should be responsible not only for increasing funding for the sector but also for establishing clear standards and ensuring their enforcement. Many study participants stressed that healthcare workers must unite, stand up for their rights, put pressure on the responsible authorities, and advocate for the necessary changes. They also noted that society must finally recognize the vital role of nursing as an integral part of medical care and support, and have respect for their work. At the same time, the government must ensure decent conditions for nurses, and thus, for a high-quality healthcare system in Ukraine.

Conclusions

The deregulation of nursing care, which takes the form of the lack of clear regulations regarding nurses' duties and workload and which MedMovement activists spoke about as early as 5 years ago, is now manifesting in crisis phenomena within Ukrainian health-care. 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, resign due to their extremely low salaries.

Typical characteristics of the work of Ukrainian nurses include excessive workload, intense labor and frequent overtime shifts; performing the duties of junior staff, often in inadequate and hazardous conditions. At the same time, the level of salaries does not correspond to the effort nurses must exert. Despite high emotional involvement and constant 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. Exhaustion and burnout negatively affect nurses' health and their relationships with their families and, ultimately, push many of them to leave the profession.

A vicious circle emerges, where low salaries, difficult working conditions, overall lack of funding, and poorly thought-through 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 accelerating the outflow of personnel.

Despite this, study participants 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 directly 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. The involvement of the Non-governmental Organization “Be Like Us Medical Movement” and other 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*, is also a reasonable step. 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 LABOR COMPENSATION

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

- 13,500 UAH (287 EUR) gross should be the minimum base salary for a nurse, to which all applicable supplementary payments are added.
- All appropriate supplementary payments must also be added to the base salary for junior nurses.
- The provision of the Resolution No. 28 of the Cabinet of Ministers of Ukraine, 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 (287 EUR) should also be the base salary for nurses working under other ministries (education, social policy).
- Appropriate supplementary payments must also be added to their 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 **in electronic form on the websites of medical institutions, local government bodies, and the MoH.**

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 team dispatches.

3. PREVENTING BURNOUT AMONG NURSES

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. This will be an important step in aligning the feminist movement with the needs of a significant portion of Ukrainian women.

Legal guide: What nurses can do to protect their rights

Awareness of the terms of labor remuneration

1. Employees must familiarize themselves with the collective agreement, carefully analyzing the sections on labor standards and remuneration, as well as the provision (annex) on labor remuneration. These documents may contain provisions regarding financial assistance for health improvement or the amount of additional pay for the combination of professions (positions). When salaries are paid, employees must be provided with itemized information for each type of payment (Article 30 of the Law of Ukraine “On Remuneration of Labor”). They should monitor the issuance of pay slips and check their accuracy. The employer is obliged to ensure accurate accounting of working hours and labor remuneration expenses.
2. If hazardous and harmful factors are present in the workplace but have not been considered by the employer, employees have the right to demand a workplace assessment based on working conditions. Oversight of the assessment is carried out by the State Labor Service. If hazardous conditions are confirmed, employees will be able to exercise the benefits related to salaries and rest time as provided by law.

Prevention of excessive expansion of job duties

3. Employees should familiarize themselves with their job duties by reviewing their job description. If new duties are assigned through changes to the job description, the employee may agree to continue working under the new conditions while

simultaneously requesting additional pay or an increase in staff positions. If such consent is not given, under martial law (Article 3 of Law No. 2136), the employment contract may be terminated on the basis of Paragraph 6 of Article 36 of the Labor Code of Ukraine.

Actions in case of demands to perform work beyond one's job duties

4. According to Article 31 of the Labor Code of Ukraine, the employer has no right to require an employee to perform work that is not stipulated in the employment contract. Employees have the right to refuse to perform such work without facing disciplinary action (the burden of proving the unlawfulness of the employee's actions lies with the employer). If an employee is assigned tasks not outlined in the employment contract or job description, they must inform the employer that such actions are unacceptable. If the employer ignores this demand, the employee should contact the trade union to document the violation and file a complaint with the State Labor Service. If the employer insists on assigning tasks beyond the official job duties, the employee has the right to ask whether additional pay will be provided for working in the conditions of combining positions.

Actions in case of excessive workload

5. Work standardization must comply with the provisions of Articles 85–92 of the Labor Code of Ukraine. In cases where employees face excessive workloads, they should verify whether these duties are stipulated in their job description and

whether they are reasonably related to the core function of their position (usually outlined in the section on general provisions). Employees also have the right to ask the employer who established the work standards at the enterprise and when. If such standards are absent, it will be difficult for the employer to prove any misconduct by the employee. Employers must clearly define standards regarding the scope of duties and workload, taking into account the realistic capacity to complete assigned tasks. For example, the job description should explicitly state that duplicating documentation in both paper and electronic formats is unacceptable, and it should also specify the maximum number of patients a nurse is expected to serve.

The role of the trade union in ensuring predictability in matters of working conditions

6. The trade union participates in signing the collective agreement and monitors its implementation. As a rule, under the terms of the collective agreement, the trade union must approve any changes to job descriptions or pay conditions. Trade union bodies are also responsible for verifying whether the employer fulfills the obligation to timely inform employees about the collective agreement. In cases of suspected excessive selectivity in assigning supplementary payments to certain categories of employees (e.g., for

work in frontline areas), the trade union has the right to demand from the employer information on the list of employees who have been granted such supplementary payments.

7. It is important to push for the inclusion of provisions in the collective agreement that allow changes to job descriptions and essential working conditions only with the approval of the trade union. The agreement should also define the exact amount of extra pay for additional amounts of work, regulate labor standards, and permit the assignment of extra duties only in exceptional cases caused by the absence of relevant personnel. The assignment of such duties must take into account the employee's qualifications and current workload, and must include mandatory additional compensation. Safeguard clauses should be introduced to prevent the "absorption" of supplementary payments into the base salary or minimum wage level. This can be formulated as follows: "When calculating the level of wages, additional payments for work in adverse labor conditions and with increased health risks, for night and overtime work, as well as holiday and anniversary bonuses, shall not be taken into account." To protect the life and health of medical workers, the collective agreement should include a provision granting employees the right to refuse work during an air raid alert without loss of pay.

References

- Aiken, L. H., Sermeus, W., Van Den Heede, K., Sloane, D. M., et. al. (2012).** Patient safety, satisfaction, and quality of hospital care: Cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ*, 344 (mar20 2), e1717–e1717. <https://doi.org/10.1136/bmj.e1717>
- Baines, D. (2004).** Caring for Nothing: Work Organization and Unwaged Labour in Social Services. *Work, Employment and Society*, 18(2), 267–295. <https://doi.org/10.1177/09500172004042770>
- Charmes, J. (2019).** The Unpaid Care Work and the Labour Market. An analysis of time use data based on the latest World Compilation of Time-use Surveys. *International Labour Organization*. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@gender/documents/publication/wcms_732791.pdf
- England, P. (2005).** Emerging Theories of Care Work. *Annual Review of Sociology*, 31(1), 381–399. <https://doi.org/10.1146/annurev.soc.31.041304.122317>
- Fraser, N. (2016).** Contradictions of capital and care. *New Left Review*, 100, 99–117. <https://newleftreview.org/issues/ii100/articles/nancy-fraser-contradictions-of-capital-and-care>
- Himmelweit, S. (2017).** *Why all economists should be feminist economists*. https://wbg.org.uk/wp-content/uploads/2021/02/Feminist_Economics_Himmelweit.pdf
- Folbre, N. (1995).** 'Holding hands at midnight': The paradox of caring labor. *Feminist Economics*, 1(1), 73–92. <https://doi.org/10.1080/714042215>
- Griffiths, P., Dall'Ora, C., Simon, M., Ball, J., Lindqvist, R., Rafferty, A.-M., Schoonhoven, L., Tishelman, C., & Aiken, L. H. (2014).** Nurses' Shift Length and Overtime Working in 12 European Countries: The Association With Perceived Quality of Care and Patient Safety. *Medical Care*, 52(11), 975–981. <https://doi.org/10.1097/MLR.0000000000000233>
- Huget, H. (2020).** Care Workers on Strike. *Feminist Philosophy Quarterly*, 6(1). <https://doi.org/10.5206/fpq/2020.1.8063>
- Jones, D. (2020).** From Theorizing in the Ivory Tower to Creating Change with the People: Activist Research as a Framework for Collaborative Action. In I. R. Management Association (Ed.), *Research Anthology on Instilling Social Justice in the Classroom* (pp. 325–338). IGI Global. <https://doi.org/10.4018/978-1-7998-7706-6.ch021>
- Lasater, K. B., Aiken, L. H., Sloane, D. M., French, R., Anusiewicz, C. V., Martin, B., Renaud, K., Alexander, M., & McHugh, M. D. (2021).** Is Hospital Nurse Staffing Legislation in the Public's Interest?: An Observational Study in New York State. *Medical Care*, 59(5), 444–450. <https://doi.org/10.1097/MLR.0000000000001519>
- McHugh, M. D., Aiken, L. H., Sloane, D. M., Windsor, C., Douglas, C., & Yates, P. (2021a).** Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, re-admissions, and length of stay: A prospective study in a panel of hospitals. *The Lancet*, 397(10288), 1905–1913. [https://doi.org/10.1016/S0140-6736\(21\)00768-6](https://doi.org/10.1016/S0140-6736(21)00768-6)
- Meredith, P., Turner, L., Saville, C., & Griffiths, P. (2024).** Nurse understaffing associated with adverse outcomes for surgical admissions. *British Journal of Surgery*, 111(9), znae215. <https://doi.org/10.1093/bjs/znae215>

- Nolte, A. G., Downing, C., Temane, A., & Hastings-Tolsma, M. (2017).** Compassion fatigue in nurses: A metasynthesis. *Journal of Clinical Nursing*, 26(23–24), 4364–4378. <https://doi.org/10.1111/jocn.13766>
- Rani, R., Sharma, S. K., & Gupta, M. K. (2023).** Standard workload-based estimation of nursing manpower requirement in the ICU of a tertiary care teaching hospital: A time and motion study. *Journal of Education and Health Promotion*, 12(1). https://doi.org/10.4103/jehp.jehp_972_22
- Andreytsiv, I. (2024).** “Help us just to clean.” A honest conversation about the realities of Ukrainian hospitals and dangers that are invisible to patients («Допоможіть нам просто помити». Чесна розмова про реалії українських лікарень і невидимі пацієнтам небезпеки). LB. https://lb.ua/health/2024/10/23/638912_dopomozhit_prosto_pomiti.html
- Verkhovna Rada of Ukraine (VRU) (1993).** Foundations of Ukraine’s legislation on health care (Основи законодавства України про охорону здоров’я). <https://zakon.rada.gov.ua/laws/show/2801-12#Text>
- World Health Organization. European Region (2024).** Results of initial health labour market analysis in Ukraine. <https://iris.who.int/bitstream/handle/10665/379429/WHO-EURO-2024-10458-50230-75692-eng.pdf?sequence=1>
- Volosovets, A., Volosovets, O., Zabolotko, V. (2020).** Human resources in the healthcare sector in Ukraine and worldwide: Current challenges (Кадрове забезпечення галузі охорони здоров’я в Україні та світі: сучасні виклики). Google Scholar. https://scholar.google.com.ua/citations?view_op=view_citation&hl=uk&user=jWXUVWQAAAAJ&citation_for_view=jWXUVWQAAAAJ:zYLM7Y9cAGgC
- Galan, L., Noskova, Ye., Pashkina, A., et al. (2024).** Behind the scenes of care: Veterans’ loved ones and caregiving labor (За лаштунками турботи: близькі ветеранів та доглядова праця). Pryntsypr. <https://www.pryntsypr.com/wp-content/uploads/2024/02/turbota.pdf>
- State Labor Service of Ukraine (2021).** Q&A: What should be the established duration of rest and meal breaks at enterprises? (Питання — відповідь: Яка повинна бути встановлена на підприємствах тривалість перерви для відпочинку та харчування?) <https://dp.dsp.gov.ua/novyny/pytannia-vidpovid-iaka-povynna-buty-vstanovlena-na-pidpryemstvakh-tryvalist-perervy-dlia-vidpochynku-ta-kharchuvannia/>
- State Statistics Service of Ukraine (2020).** Wage fund of all employees by types of economic activity for 2020 (Фонд оплати праці усіх працівників за видами економічної діяльності за 2020 рік).
- Duda, M., Kurinna, I., Sorotsynskyi, O., et al. (2020).** Report on the findings of the study Assessment of primary healthcare providers’ behavior in response to the introduction of capitation (Звіт за результатами дослідження «Оцінка поведінки провайдерів первинної медичної допомоги у відповідь на введення капітації»). National Health Service of Ukraine (NHSU). <https://drive.google.com/file/d/1FcrsKEluLgyFqFWSzelB-muqYr6Vud-1a/view>
- Dutchak, O., Strelnyk, O., Tkalich, O. (2020).** Who cares? Kindergartens in the context of gender inequality. <https://commons.com.ua/file/uploads/eng-who-cares.pdf>
- Cabinet of Ministers of Ukraine (CMU) (2012).** Resolution No. 1114 of November 21, 2012, Kyiv “On the approval of the Model Regulation on the Emergency (Ambulance) Medical Care Team” (Постанова від 21 листопада 2012 р. №1114, Київ «Про затвердження Типового положення про бригаду екстреної (швидкої) медичної допомоги»). <https://zakon.rada.gov.ua/laws/show/1114-2012-%D0%BF#Text>

- Kyiv City State Administration (KCSA) (2023).** Kyiv medical workers continue to receive uninterrupted and full non-repayable financial assistance from the city—Mykola Povoroznyk (Київські медики продовжують отримувати безперервно та у повному обсязі безповоротну фінансову допомогу від міста — Микола Поворозник). https://kyivcity.gov.ua/news/kivski_mediki_prodivzhuyut_otrimuvati_bezperervno_ta_u_povnomu_obsyazi_bezpovorotnu_finansovu_dopomogu_vid_mista__mikola_povoroznik/
- Kinsha, D., Fratsyvir, A. (2024).** Liashko: Family doctors will be able to receive higher salaries (Ляшко: сімейні лікарі зможуть отримати вищу зарплату). Suspilne. <https://suspilne.media/884585-lasko-simejni-likari-zmozut-otrimati-visu-zarplatu/>
- Kovtiuk, P. (2018).** Primary care reform: The salaries of family doctors, general practitioners, and pediatricians who joined the reform have tripled on average (Реформа первинки: зарплата сімейних лікарів, терапевтів і педіатрів, що приєдналися до реформи, в середньому зросла втричі). Ibhugalter. <https://ibhugalter.net/articles/66>
- Lomonosova, N. (2024).** “They are waiting for us”: The impact of the full-scale war on the working conditions of social workers («Вони чекають на нас». Вплив повномасштабної війни на умови праці соціальних працівни_ць). CEDOS. <https://cedos.org.ua/wp-content/uploads/social-workers-conditions-and-the-impact-of-the-full-scale-war-2.pdf>
- Lukashchuk, L. (2020).** Healthcare reform: What will change in 2020? (Медична реформа: що зміниться в 2020-му?) MedPlatforma. <https://medplatforma.com.ua/article/1873-medichna-reforma-v-2020-rots-chogo-ochkuvati#ancex0>
- Liashko, V. (2024).** Ukraine is strong, resilient, and unbreakable (Україна сильна, стійка та незламна). Facebook. <https://www.facebook.com/viktor.liashko/posts/pfbid0RZr9ceAo-GeoxNH1k2ooPc4J1Vu3TttCFwsXD1ney5Q5vdCc4NaV4iPUQuohhQivl>
- Be Like Us Medical Movement (MedMovement) (2023).** What is the salary of Ukrainian nurses: survey results (Якою є зарплата українських медсестер — результати опитування). <http://www.medryh.com.ua/yakoyu-%d1%94-zarplata-ukra%d1%97nskih-medsester-rezultati-opituvannya/>
- Be Like Us Medical Movement (MedMovement) (2024).** Medical workers of the Zaporizhzhia maternity hospital managed to retain their jobs (Медикам Запорізького пологового будинку вдалось зберегти свої робочі місця). <http://www.medryh.com.ua/medikam-zaporizkogo-pologovogo-budinku-vdalos-zberegiti-svo%d1%97-robochi-misczya/>
- Be Like Us Medical Movement (MedMovement) (2024a).** Ukrainian medical workers spoke about the downsizing of healthcare facilities in the conditions of the war (Українські медики розповіли про скорочення медичних закладів в умовах війни). <http://www.medryh.com.ua/ukra%d1%97nski-mediki-rozpovili-pro-skorochennya-medichnih-zakladiv-v-umovah-vijni/>
- Be Like Us Medical Movement (MedMovement) (2024b).** In the Khmelnytskyi Region, a maternity ward is being destroyed. The staff believe this is revenge (На Хмельниччині знищують пологове відділення. Колектив вважає це помстою). <http://www.medryh.com.ua/na-hmelnichchini-nezakonno-zakrivayut-pologove-viddilennya-kolektiv-vvazha%d1%94-cze-pomstoyu/>
- Ministry of Economy of Ukraine (MEU) (2023).** The government has established a 20% additional payment for medical workers in educational institutions who have completed training in mental health support (Уряд встановив доплату медпрацівникам у закладах освіти у 20% від посадового окладу, які пройшли навчання з підтримки ментального здоров'я). <https://www.kmu.gov.ua/news/uriad-vstanovyv-doplatu-medpratsivnykam-u-zaklada-kh-osvity-u-20-vid-posadovoho-okladu-iaki-proishly-navchannia-z-pidtrymky-mentalnoho-zdorovia>

- Ministry of Health of Ukraine (MoH) (2024).** Strategic directions of nursing development in Ukraine. https://moz.gov.ua/storage/uploads/0d87e159-2603-4966-b710-8f4c33ad-fd38/Strategic-directions-of-nursing-development-in-UA_K.pdf
- Ministry of Health of Ukraine (MoH) (2024a).** Activity Plan of the Ministry of Health of Ukraine for 2024 (План діяльності Міністерства охорони здоров'я України на 2024 рік). https://moz.gov.ua/uploads/10/53976-dn_345_29022024_dod.pdf
- National Health Service of Ukraine (NHSU) (2025).** Approved specifications and procurement conditions for areas of medical care to be provided under the Medical Guarantees Program in 2025 (Погоджені специфікації та умови закупівлі за напрямками медичної допомоги, які надаватимуться за Програмою медичних гарантій у 2025 році). <https://contracting.nszu.gov.ua/kontraktuvannya/kontraktuvannya-2025/vymogy-pmg-2025-1720109713>
- United Nations (UN) (2021).** Briefing Note: Impact of the COVID-19 pandemic on healthcare workers in Ukraine
- Trade Union of Healthcare Workers of Ukraine (2024).** The Trade Union of Healthcare Workers of Ukraine appealed to the Minister of Health of Ukraine regarding the development of workload standards (Профспілка працівників охорони здоров'я України звернулася до Міністра охорони здоров'я України про розробку нормативів навантаження). Facebook. <https://www.facebook.com/photo/?fbid=1010150620904301&set=a.539953874590647>
- Accounting Chamber (2021).** Valerii Patskan: There were significant disparities in bonus payments to medical workers during the fight against COVID-19. The largest amounts were received by the heads of medical institutions (Валерій Пацкан: У доплатах медикам у рамках боротьби з COVID-19 суттєві диспропорції. Найбільші отримували керівники медзакладів). <https://rp.gov.ua/PressCenter/News/?id=1307&fbclid=IwAR0Eo5fBu60rd72YlsEEen5LUsjudyw6vVE444p5rUmCCuTbBHGLKWSQvipE>
- Slobodian, O. (2025).** Ukrainian nurses in Germany: Working conditions and prospects of return (Українські медсестри в Німеччині: умови праці і перспективи повернення). UAFem. <https://www.uafem.net/ukrayinski-medsestry-v-nimechchini-umovy-praczi-i-perspektyvy-povernennya/>
- Tkalich, O. (2020).** “Be Like Nina”: How the nurses’ movement emerged during the health-care reform and the pandemic («Будь як Ніна»: як під час медреформи та пандемії зародився рух медсестер). Commons. <https://commons.com.ua/uk/ruh-medsester-pid-chas-medreformy-i-pandemii/>
- Tkalich, O. (2023).** Why are Ukrainian medical workers being shifted to the minimum wage and what can be done about it? (Чому українських медиків переводять на мінімальну зарплату та що з цим робити?). Socportal. <https://socportal.info/ua/news/chomu-ukrain-skikh-medikiv-perevodyat-na-minimalnu-zarplatu-ta-shcho-z-tcim-robiti/>
- Tkalich, O. (2024).** Shocks and “windows of opportunity”: How did COVID-19 and the war affect the situation of nurses? (Потрясіння і «вікна можливостей»: як COVID-19 та війна вплинули на становище медсестер?). Commons. <https://commons.com.ua/uk/yak-covid-ta-vijna-vplinuli-na-stanovishe-medsester/>
- Ukrinform (2021).** 877 medical workers in Ukraine have died from coronavirus (В Україні від коронавірусу померли 877 медиків). <https://www.ukrinform.ua/rubric-society/3267112-v-ukraini-vid-koronavirusu-pomerli-877-medikiv.html>
- Ukrinform (2024).** Birth rates in Ukraine are declining by approximately 7% per year—MoH (Показники народжуваності в Україні падають приблизно на 7% в рік — МОЗ). <https://www.ukrinform.ua/rubric-health/3830746-pokazniki-narodzuvanosti-v-ukraini-padaut-priblizno-na-7-v-rik-moz.html>

One for Three: How Ukrainian Nurses Work During the War

Research manager: **Olena Tkalich**

Research team: **Oksana Dutchak, Nataliia Lomonosova**

Participants in interviewing and preparation for the study: **Ruslana Mazurenko** and **Yuliia Lipich**, activists of the NGO Be Like Us Medical Movement

Academic editor: **Olena Strelnyk**, Doctor of Sociology, Senior Researcher at the Institute of Sociology of the National Academy of Sciences of Ukraine

Professional consultant: **Oleksii Chupryna**, surgeon, activist in NGO Be Like Us Medical Movement, head of the Alternative Trade Union of Medical Workers in Myrhorod

Layout and design: **Iryna Stasiuk**

Translation: **Roksolana Mashkova**

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.

Olena Tkalich is a journalist and gender scholar focused on women's employment in Ukraine, migration, and care labor. She is an activist for the NGO Social Movement and the editor of the news agency Socportal.

olenatkali4@gmail.com

Nataliia Lomonosova is a sociologist and policy analyst focused on social and labor policies, care work, and welfare attitudes.

tasha.lomonosova@gmail.com

Oksana Dutchak is a sociologist and social anthropologist, focused on social reproduction, care labor and gender inequality. She is also a co-editor of Spilne/Commons journal

ok.dutchak@gmail.com

This text was translated to English thanks to the support of the European Public Service Union.

Sponsored by the Rosa Luxemburg Stiftung with funds of the German Ministry of Economic Cooperation and Development (BMZ) of the Federal Republic of Germany. This publication or parts of it can be used by others for free as long as they provide a proper reference to the original publication.

The content of the publication is the sole responsibility of the authors and does not necessarily reflect a position of Rosa Luxemburg Stiftung.