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**NURSING AND THE HEALTH CARE CRISIS
IN UKRAINE**

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Submitted:22.09.2007

Accepted:23.01.2008

ABSTRACT

Ukraine, one of the largest post-Soviet countries in Eastern Europe, has endured social and economic hardships leading to unhealthy lifestyles and stress related conditions. These conditions have translated into an increase in HIV, TB, and infant mortality, along with a decrease in life expectancy for both women and men. Nurses, the cornerstone of a health care system, are ill prepared to address the health crisis. Their current education follows a medical model preparing them to function under a doctor's direct supervision with no preparation in public health principles. Primary care functions such as physical assessment and health education are not part of nurses' curriculum and therefore are performed by physicians. Nursing curriculum is beginning to change, but the changes are not unilateral. The current educational system for nurses and the very low salary they receive have led to a decline in the prestige of nursing as a profession. Collaboration with Western practicing public health nurses, nurse educators, and nurse researchers can help allay the crisis. Improving Ukrainian nurses' educational preparation to include core functions of public health can positively impact the health of the population.

Keywords: Ukraine health care, Ukraine nurses, International health care

INTRODUCTION

Ukraine is one of the largest post-Soviet countries in Eastern Europe (603,700 sq. km). It consists of 24 regions and one autonomous Republic, Crimea. During the past 12 years, Ukraine has endured social and economic hardships that have led to unhealthy lifestyles and stress related conditions (USAID 2002). Inadequate supplies of uncontaminated drinking water, air and water pollution, deforestation, radiation exposure, and chemical soil contamination inherited from the former Soviet Union have all adversely affected the health of the Ukrainian population. Economic decline has exacerbated the negative effects on the health of the people.

**ORGANIZATION OF
HEALTH CARE**

Although Ukraine gained independence in 1991, the health care system is still based on the old Soviet model. Under this model, health care is the responsibility of the Ministry of Health, which distributes a budget for health care and develops norms for care. There are four basic levels of health care in Ukraine today: 1) local (feldsher's posts and ambulatories); 2) district (polyclinics and hospitals); 3) regional (polyclinics, hospitals, specialized hospitals and sanatoriums); and 4) national (specialized clinics and institutes).

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Feldsher's posts and ambulatories are health care units in remote rural villages, where a mid-level health care provider similar to a nurse practitioner and midwife provides most primary health care to the inhabitants. General practice physicians are available at ambulatories. Sixty to 80% of patients' first contacts with the health care system in Ukraine are at this local level (World Bank Study of Ukrainian Healthcare 2001). Emergency cases are sent to the next level of health care, the district level. At this level patients receive care from general practice physicians and from specialists such as surgeons, orthopedists, gynecologists, and pediatricians. Patients with medically complicated cases are sent on to the regional polyclinics and hospitals, which have more sophisticated equipment and can provide care by expert specialists. The specialized hospitals and institutes at the national level have the most sophisticated facilities and provide care to patients who cannot be successfully treated at the regional level.

The health care sector is considered to be overstuffed, underutilized and underperforming (Guess and Sitko 2004). Seven percent of the labor force is in health care and operates 3400 hospitals with 503,200 beds. The ratio of hospital beds per 10,000 population in Ukraine is 118.9 which is 39.4% higher than in Europe. The number of physicians per 10,000 population is 32.4 which is 35.8% higher than in Europe. As for the number of nurses per population, it is 53.6% higher than in Europe. The average length of hospital stay is 16.4 which is much higher than in the US and Europe.

HEALTH CARE FINANCING

The Ukraine health care system is a well developed system. According to the Ukraine constitution, every citizen is guaranteed free basic health care from birth to death (Constitution of Ukraine 1996). However, in reality the quality of

health care provided is dependent on the financial resources of the patient.

Almost all health care institutions are state-owned and financed from the state budget through the Ministry of Health Care (Business Information Service for Newly Independent States 2001). Since the collapse of the Soviet Union, state expenditures on health care have decreased substantially. Per capita expenditure on health care is now approximately \$16 or 2.7% of the GDP, compared with \$4,093 or 14.1% in the United States (US). This level of spending can meet only minimal health care needs of the population. According to the World Health Organization (WHO), on average 8% of the gross world product is spent on health care. Ukraine ranks 8th among post-Soviet countries but 111th among 191 countries based on per capita spending (Business Information Service for Newly Independent States 2001). With low funding, both the quality and quantity of health care have decreased. The small amount of State financing allotted to State health care institutions has resulted in acute shortages in medicine and equipment (The British Council Ukraine 1999). Clinics and hospitals cannot afford the necessary equipment for proper diagnosis of illness. Hospitals and polyclinics are generally old, many of them built before 1940. They are plagued with lack of running water, soap, and towels, even for use by medical personnel, who are then not able to regularly wash their hands. In addition, surgical instruments are not always properly sterilized. These conditions have contributed to an abnormally high rate of infection.

Lack of experience in management of health care institutions and inadequate payment of health care personnel further contribute to the poor quality of health care. In 2002, starting salaries for newly graduated physicians working in hospitals ranged from 180

UAH to 230 UAH, equivalent to \$34 to \$43 per month (The Cabinet Ministers of Ukraine 2002). For the same period, starting salaries for nurses were 130 to 180 UAH, equivalent to \$24.5 to \$34. In 2002 the minimum living wage for one person was 342 UAH or \$64.5 per month (Law of Ukraine About Approval of the Living Minimum for 2002, 2002). Thus, physicians and nurses do not even make a living wage. To compensate for their low salaries, they frequently have two jobs in different hospitals, or are engaged in non health related work as private taxi drivers, selling consumer goods, or cultivating of land for sale of produce. Inadequate funding of health care institutions and inadequate salaries for health care providers have led to expensive care for patients, as they are encouraged to make unofficial payments to physicians, nurses, and hospital administrators (Sofge 2003). Patients are also required to provide everything needed during their hospital stay, including antibiotics, bandages, syringes, blankets, and sometimes even food.

Another factor contributing to the low quality of care provided to patients is the shift work at hospitals. Because of the low salaries paid to physicians and nurses they prefer working 24 hour shifts to save money on transportation to and from work. A typical week for a physician or nurse at a hospital is one 24 hour shift followed by 3 days off. This schedule seriously compromises the care that patients receive because of overworked and tired physicians and nurses.

HEALTH OF THE POPULATION

With its lack of adequate financing and structure, the current health care system, has contributed to the deterioration in health of the Ukrainian population. The birth rate has decreased from 13.30 per 1,000 population in 1989 to 9.59 in 2002 (USAID 2002, CIA 2002). This compares with a birth rate of 14.1 in the US (USAID 2002). The death

rate has increased from 11.61 per 1,000 population in 1989 to 16.48. This compares with a death rate in the US of 8.7 (USAID 2002). Life expectancy for men decreased from 66.2 years in 1989 to 60.86 years in 2002, and for women decreased from 75.2 in 1989 to 72.6 years. While life expectancy is decreasing, the infant mortality rate is increasing, rising from 12.9 per 1000 infants in 1990 to 21.14 in 2002. Fertility rates have fallen from 2.0 in 1989 to 1.32 in 2002. Between the years of 1993 and 2002 the population of Ukraine decreased from 52.24 billion to 48.39 billion people (CIA 2003, Lahmeyer 2003). Ukraine currently has a shrinking demographic base with mortality exceeding birth rates (Baranetsky A 1999). Infectious diseases are also on the increase. Ukraine is the first European country in which up to 1% of the adult population is HIV-positive (The British Council Ukraine 1999). This high rate is attributed to lack of medical supplies, especially syringes, in hospitals and among drug users. The number of cases of tuberculosis in the country has almost doubled in the past decade (Prociuk 2002). There were 680,671 registered infected people in 2002, or 1.4% of the population.

PRIMARY HEALTH CARE AND NURSING

The number of medical personnel in Ukraine is relatively large compared with Western countries. In Ukraine there are about 3.2-4.5 physicians per 1,000 persons, which compares to 2.7 in the US and 2.9 in Germany (Business Information Service for Newly Independent States 2001). On average there are two nurses for every physician in Ukraine. The Soviet government made the decision to increase the number of physicians, nurses, and hospital beds in Ukraine, but no efforts were made to create an efficient system of health care delivery. Most of the funds devoted to health care have been spent on equipment

for hospitals rather than on developing a cost-efficient primary health care system.

HEALTH PROMOTION AND HEALTH EDUCATION

Health promotion and health education are not conducted; the focus of the health care system is on illness. The responsibilities of members of the health care system, including physicians and nurses, are not clearly defined. Physicians provide much of the care that nurses provide in the West and nurses function like nursing auxiliaries (World Bank of Ukrainian Healthcare 2001). They do not practice independently (except for feldshers at feldsher posts), and their tasks generally involve carrying out physician orders such as passing out medications. Nurses do not perform physical assessments or conduct health education. The inadequate system of management for nurses, their lack of independent practice apart from strictly following physician orders, and their low salaries have led to a decline in the prestige of nursing as a profession.

NURSING EDUCATION

Nursing education in Ukraine has not changed significantly since the Soviet years. There are currently 110 Schools of Nursing with only four that are college-based and have four-year programs (Nakonechny and Chernyshenko 1996). The curriculum is medicalized, with courses offered such as therapy, surgery, pediatrics, ophthalmology, and neurology. The medicalization of the curriculum supports the historic view of nurses as physicians' assistants (Nakonechny and Chernyshenko 1996). Students enter nursing programs after the 11th grade, for 2 years (3 years for feldshers) or after the 9th grade for 3.5 years (4 years for feldshers). Most nursing students are taught by physicians rather than nursing professionals at Medical Institutes and Colleges. The nurses that do teach nursing students are older nurses that have had many years of practice in the hospital. Nursing

organizations within cities are beginning but no national organization exists yet making it difficult to network with nurses within Ukraine and globally (Nakonechny and Chernyshenko 1996). Subjects such as health promotion and health education are not taught. Students have limited access to computers, to say nothing of WEB-based education. Some changes in nursing education are beginning to take place. However, any changes to nursing curriculum must be approved by the Central Government Committee on Education. Lviv State Medical University, one of the four that established a 4-year education program, today prepares nurse administrators and nurse managers with bachelor's degrees. However, the current economic situation has made it difficult for these nurses to obtain administrative positions at hospitals. Inadequate payment for nurses, insufficient education, numerous administrative regulations, and poor access to modern sources of information have resulted in the inability of nurses to function as a valuable component of the health care system.

CONCLUSION

Nurses are the corner stone of any health care system. Public health nurses with their focus on health promotion and disease prevention provide the impetus for changes in health behavior and health status. However, without educational preparation in core functions of public health, changes in health behavior and health status are difficult. Given the health care situation in Ukraine, changes in nursing education are critical. Suggestions for changes in nursing education include implementation of Western standards of nursing that include health promotion and disease prevention, the nursing process, and course work focused on nursing care rather than medical care is important for health care reform. This would provide nurses with the skills needed to work with the population to improve their

health and prevent disease. It would also help to improve the status of nurses as they become an integral part of the health care system. Changes in nursing education have begun, but there is still no consistent curriculum for nurses and no emphasis on health promotion and disease prevention. Establishment of high-quality post-graduate training and an increase in the access to modern sources of information, including WEB-based education, are essential. Development of the professional status of nurses and definition of the roles of nurses in the various settings in which they work will enable them to function as independent and responsible health care professionals who can provide the care needed to meet the needs of their patients and society. Finally, developing regional and national nursing organizations and becoming a part of international nursing organizations such as Sigma Theta Tau International will help to raise the status of nurses in Ukraine.

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Collaboration with Western practicing nurses and nurse educators is beginning and changes are slowly being made. For example, Ukraine has developed a national nurse's organization and is seeking collaboration with organizations such as Sigma Theta Tau. This collaboration is essential to improving nurses' skills and ability to manage the changing health care milieu in Ukraine. Collaboration with nurse educators can strengthen and unify nursing programs making student and faculty exchanges feasible. It can also provide for collaborative research on current health care issues in Ukraine. Ukrainian and Western nurses can learn from each other and together begin to improve global health. Nurses are indeed the cornerstone of health care systems. Improving the educational preparation and skills of Ukrainian nurses to include public health principles of health promotion and disease prevention can only positively impact the health of the Ukrainian population.

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