



World Health  
Organization

REGIONAL OFFICE FOR Europe



# DEVELOPMENT OF PRIMARY HEALTH-CARE NURSING IN UKRAINE





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# ABSTRACT

Nurses play a key role in the provision of primary health care (PHC) and the coordination and organization of medical care overall. Nurses are often the first point of contact with the health system and have an important role to play in leaving no one behind. Large-scale reform of PHC in Ukraine started in 2018, and evolving and expanding practices have led to new challenges for both medical facilities and staff. It has become critically important to initiate new practices in the organization of the nursing profession, to adapt and increase their competencies, invest in skills development and create more nursing posts. This will require policy development and the creation of conditions that allow nursing staff to achieve maximum efficiency and effectiveness, by optimizing their responsibilities, increasing scope of practice and increasing resources for education and continuing professional development. This document presents evidence on opportunities that exist in the Ukraine to improve PHC nursing practice and ensure all patients benefit from the PHC reforms. It makes 10 recommendations for consideration.

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# ABBREVIATIONS

CPD	continuing professional development
GP	general practitioner
NCD	noncommunicable disease
PHC	primary health care
UHC	universal health coverage





# 1. INTRODUCTION

## 1.1 Background

In 2017–2018, a new framework for the health-care financing system was created in Ukraine and transformation of primary health care (PHC) began. By 1 October 2020, more than 30 million Ukrainians had signed declarations with a family doctor. This change has prompted a rethinking of the tasks of nurses, with demand developing for professionals who could act as full partners with doctors in working with patients.

These transformations in PHC align with the WHO Thirteenth General Programme of Work (1), which outlined its triple billion targets: by 2023 one billion more people benefiting from universal health coverage (UHC), one billion more people better protected from health emergencies, and one billion more people enjoying better health and well-being. This is in accordance with the Astana Declaration on Primary Health Care (2) and the 2030 Agenda for Sustainable Development (3), which emphasize that PHC is the most inclusive, effective and efficient approach to achieving these goals, ensuring services improve and preserving public health and well-being.

As recognized in the first State of the Worlds Nursing Report (4), nurses play a key role globally in the provision of PHC and in the coordination and delivery of health care, with 90% of all worker–patient interactions in health care being met by nurses (5). Consequently, it is critical to ensure that nurses are well placed and trained to take on the responsibility and meet changing health needs by delivering safe and effective care, health promotion, diagnosis, treatment and rehabilitation (4). They also need to be able to work effectively in multidisciplinary teams, as recommended in the WISH and UHC Forum in 2018 on the rapid and cost-effective expansion of high-quality UHC (5).

NO GLOBAL HEALTH AGENDA CAN BE REALIZED WITHOUT CONCERTED AND SUSTAINED EFFORTS TO MAXIMIZE THE CONTRIBUTIONS OF THE NURSING WORKFORCE AND THEIR ROLES WITHIN INTERPROFESSIONAL HEALTH TEAMS. TO DO SO REQUIRES POLICY INTERVENTIONS THAT ENABLE THEM TO HAVE MAXIMUM IMPACT AND EFFECTIVENESS BY OPTIMIZING NURSES' SCOPE AND LEADERSHIP, ALONGSIDE ACCELERATED INVESTMENT IN THEIR EDUCATION, SKILLS AND JOBS. SUCH INVESTMENTS WILL ALSO CONTRIBUTE TO THE SDG TARGETS RELATED TO EDUCATION, GENDER, DECENT WORK AND INCLUSIVE ECONOMIC GROWTH.

WHO, 2020 (4).

Nurses working in PHC in particular have an important role to play in leaving no one behind as they work at the front line of the health system, in community-based clinics, in close proximity to the daily lives of individuals and their families across the life course, often before they become sick. For this reason, the presence and competency of nurses to deliver PHC (6) is critical to the successful realization of health system policies to manage the growing challenges of noncommunicable diseases (NCDs), mental health and health emergencies.

For nurses to achieve these expanded roles, however, full and continual investment in the development of skills and knowledge within the nursing workforce is required. Existing competencies need to be adapted to new situations and continued efforts will be required to keep nurses safe from occupational hazards. All will require policy development and the creation of conditions in which nursing staff can achieve maximum efficiency and effectiveness, through optimizing responsibilities, increasing scope of practice and increasing resources for training, education and continuing professional development (CPD). The expanded roles will also mean creating more nursing positions.

During implementation of the reforms, medical facilities and staff are facing new challenges. Nursing staff have to start sourcing and mastering new practices in the organization of their profession. In order for patients to feel the positive results of the reform across the country, it is necessary to exchange information on these practices and scale up the most successful approaches.

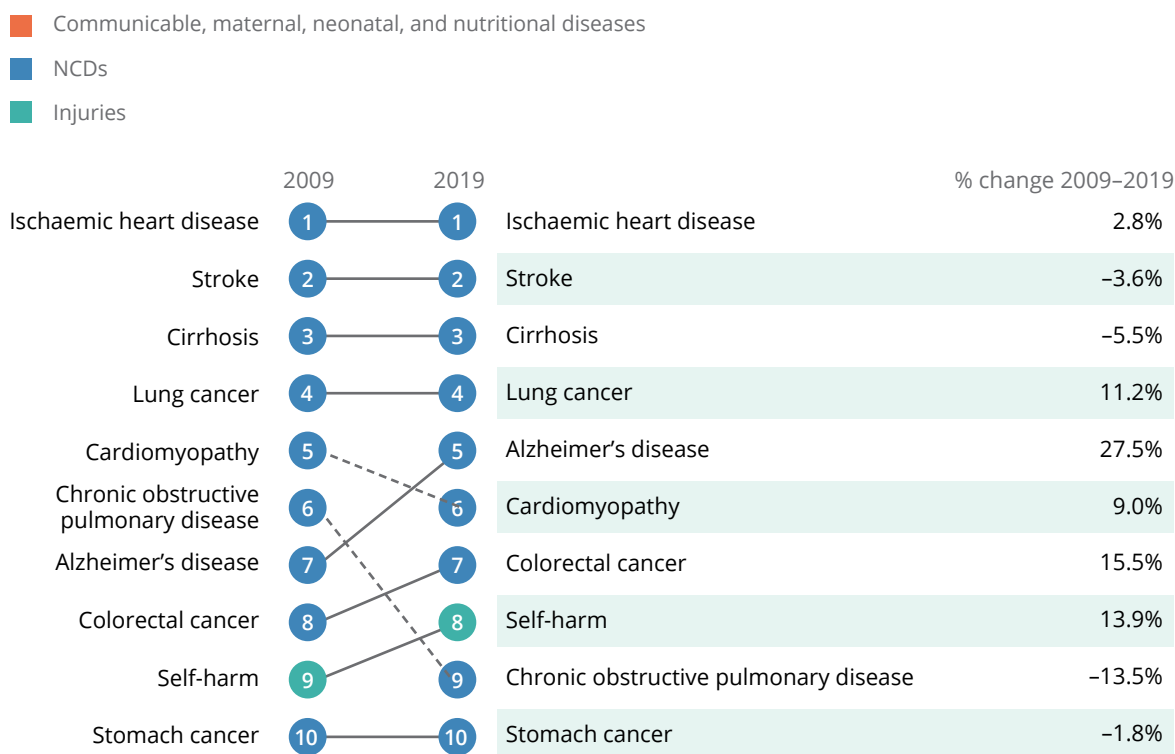
## 1.2 The health context in Ukraine

### □ 1.2.1 The burden of disease

In recent decades Ukraine has seen an increasing trend in average life expectancy, although it still remains lower than in most Member States of the WHO European Region. World Bank data show an increase from 67 years in 1995 to 72 years in 2018 and this is expected to continue to increase (7). Currently, there is a notable difference between male and female life expectancies, at 67 and 77 years, respectively. However, population growth is expected to decrease in coming years, with an increasing proportion of older people.

NCDs (cardiovascular diseases, cancer, liver cirrhosis and Alzheimer's disease) are almost exclusively the leading burden of disease in Ukraine, accounting for 91% of all deaths and 80% of the total and disability-adjusted life-years, which is predictable with an ageing population (Fig. 1) (8,9). Consequently, reducing NCDs is considered one of the main public health challenges in Ukraine. The burden of NCDs has placed huge economic pressures on the population through out-of-pocket payments for treatment and medication, resulting in catastrophic health-care expenditure within households or failure to adhere to medication or treatment through lack of finance (10).

**Fig. 1. Top 10 causes of premature death in Ukraine, 2009 and 2019**



Source: Institute for Health Metrics and Evaluation, 2021 (9).

Behavioural risk factors that cause the biggest burden of disease and contribute most to morbidity and mortality are largely preventable. Risk factors include tobacco use, unhealthy diet, high alcohol use and environmental pollution (11).

### □ 1.2.2 The impacts of conflict

Since the conflict in the east of the country started in 2014, there has been a direct impact on the health of the people living in the conflict-affected region of Donbas. In total, 3.7 million Ukrainians have been affected by the conflict, many lacking access to needed health care through a lack of medications, fewer available health facilities and movement of medical personnel away from conflict areas (12).

### □ 1.2.3 The impact of the COVID-19 pandemic

In the winter months of 2020 and 2021, Ukraine experienced the full impact of the SARS-CoV-2 (COVID-19) pandemic, with 380 000 active cases in the last two weeks of November alone and, tragically, almost 20 000 deaths during these winter months. At the time of writing, Ukraine has recorded 1.2 million infections, which has had significant impact on health services. It is likely, as with most countries, that the pandemic will have a lasting and challenging legacy, both for health, including the as-yet unknown impact of long-COVID, and for the economy.

## 1.3. PHC in Ukraine

### □ 1.3.1 Health system reform

In recent years the Ukraine Government has introduced transformative health system reforms. In 2014 a period of reforms commenced set a strategic direction for Ukraine's long-term development. The Ministry of Health initiated the development of the National Strategy on Health Reform to invigorate reforms thought the health sector. The focus of reform has been to improve population health outcomes, increase access, provide financial protection from out-of-pocket payments, improve standards of care and transform outdated service delivery systems. The primary focus has been not simply on financing reforms but also stimulation of PHC and working towards the attainment of UHC (13).

### □ 1.3.2 Financing and structure of PHC

Implementation of reforms has been rapid and supported by legislative and regulatory acts. There have been a number of key steps towards PHC. In 2018 the Government of Ukraine established a new single purchasing agency, the National Health Service of Ukraine, to provide broad health coverage for the population. This has been key to the development of PHC reform and has introduced the "money follows the patient" principle, meaning that health facilities are funded based on the services provided rather than the previous system, which was based on central financing of facilities to pay providers for outputs rather than inputs. This reform is a critical design feature that enables private health providers to be paid for the services they provide in an equitable way and can create incentive for improved service provision. This new payment system is also designed to be transparent and offers accountability for efficient and economical operations (14).

The private sector, although relatively small, consists mostly of pharmacies, diagnostic facilities and privately practising physicians; however, historically, 55% of all health-care spending went to this sector, 53% from out-of-pocket payments (15).



### □ 1.3.3 Key legislation for health reform and PHC

Since the initiation of health reforms, key legislation and regulatory acts have been implemented to facilitate improvements (Table 1). The implementation of reform was achieved through a phased approach. The first phase of legislative reform focused on the PHC and the second on specialized (secondary and tertiary) care.

**Table 1. Key legislation and regulatory acts**

Variable	Document	Date of approval	Level of approval
1013-present	Decree on approval of the health financing reform concept	30 November 2016	Cabinet of Ministers
180	Affordable Medicines Programme	16 March 2017	Cabinet of Ministers
2168-VIII	Law of Ukraine on government financial guarantees of public medical services	19 October 2017	Parliament
2206-VIII	Law of Ukraine on improving affordability and quality of medical services in rural areas	14 November 2017	Parliament
1101-2017-n	Establishment of the National Health Service of Ukraine	27 December 2017	Cabinet of Ministers
2246-VIII	State budget law of Ukraine 2018	7 December 2017	Parliament
503	Ministry of Health order on open enrollment to PHC doctors and procedures of signing declarations	19 March 2018	Ministry of Health
504	Ministry of Health order on PHC provision	19 March 2018	Ministry of Health
407	Cabinet of Ministers order on PHC financing	25 April 2018	Cabinet of Ministers
2696-VIII	State budget law of Ukraine 2019	28 February 2019	Parliament

### □ 1.3.4 PHC delivery: past, present and future

PHC services were traditionally rooted in a system led by family doctors or general practitioners (GPs) with rigid patient pathways and strong gatekeeping. Patients mostly opposed the concept of gatekeeping, preferring to self-refer and go directly to specialist centres. This was a source of inefficiency in the health system, with one third of those patients making mistakes in their choice of specialist and requiring redirection. Furthermore, hospitals were central to providing PHC at district level and did not allow patient choice. Now patient choice is available and the public can choose services such as paediatrics or long-term care services through a wide selection of public and privately owned PHC practices, thus creating a third way for patients to make choices for their own health and creating an efficient health system. This can be viewed as a success for Ukraine, with 31 million Ukrainians to date signing a declaration with their GP to this end, increasing patient satisfaction and coverage.

The reforms that have expanded PHC have created an important opportunity for developing nursing roles in PHC and introducing a family nurse to provide PHC services. Family nurses work closely with GPs often assisting them in their tasks. With an ageing physician demographic, the opportunity is presented for other professionals to shoulder the burden of work by upskilling and adopting tasks, thus meeting their full potential.

## 1.4 Objectives of this report

Within Ukraine, it is important to identify and address the challenges faced by nurses and health facilities since the implementation of reforms. The objective of this report was to identify practices that are emerging in nursing within PHC in the period 2018–2020 in order to provide insight into not only the opportunities but also the challenges facing the development of nursing in the Ukraine. Evidence collected for this report has been used as a basis for recommendations to consider in order to build on this success, further scale up the most successful practices, develop practice for the future and ensure all patients benefit from the results of these reforms.

## 1.5 Methods

This report has been developed using a dual approach. The report relies heavily on a research initiative led by the Centre for Nursing Development of the Ministry of Health, which was complemented by a desk review.

### □ 1.5.1 Research by the Centre for Nursing Development

The Centre for Nursing Development in the Ministry of Health examined the implementation of PHC reforms and provided recommendations for strengthening PHC nursing within the country. The objectives of the research were (i) to identify innovative practices among nurses working in PHC, (ii) to analyse how the regulatory framework enables or hinders these practices, and (iii) to develop recommendations to address legal barriers that prevent the development of nursing services in PHC. Data were captured in the form of in-depth, semi-structured interviews with nurses and other health-care workers in PHC over the course of 2020. These stakeholders were identified and selected by the Centre for Nursing Development. Virtual interviews were conducted with 23 participants, including nurses, managers and educational facilitators within health care and a representative from the Ukrainian Ministry of Health.

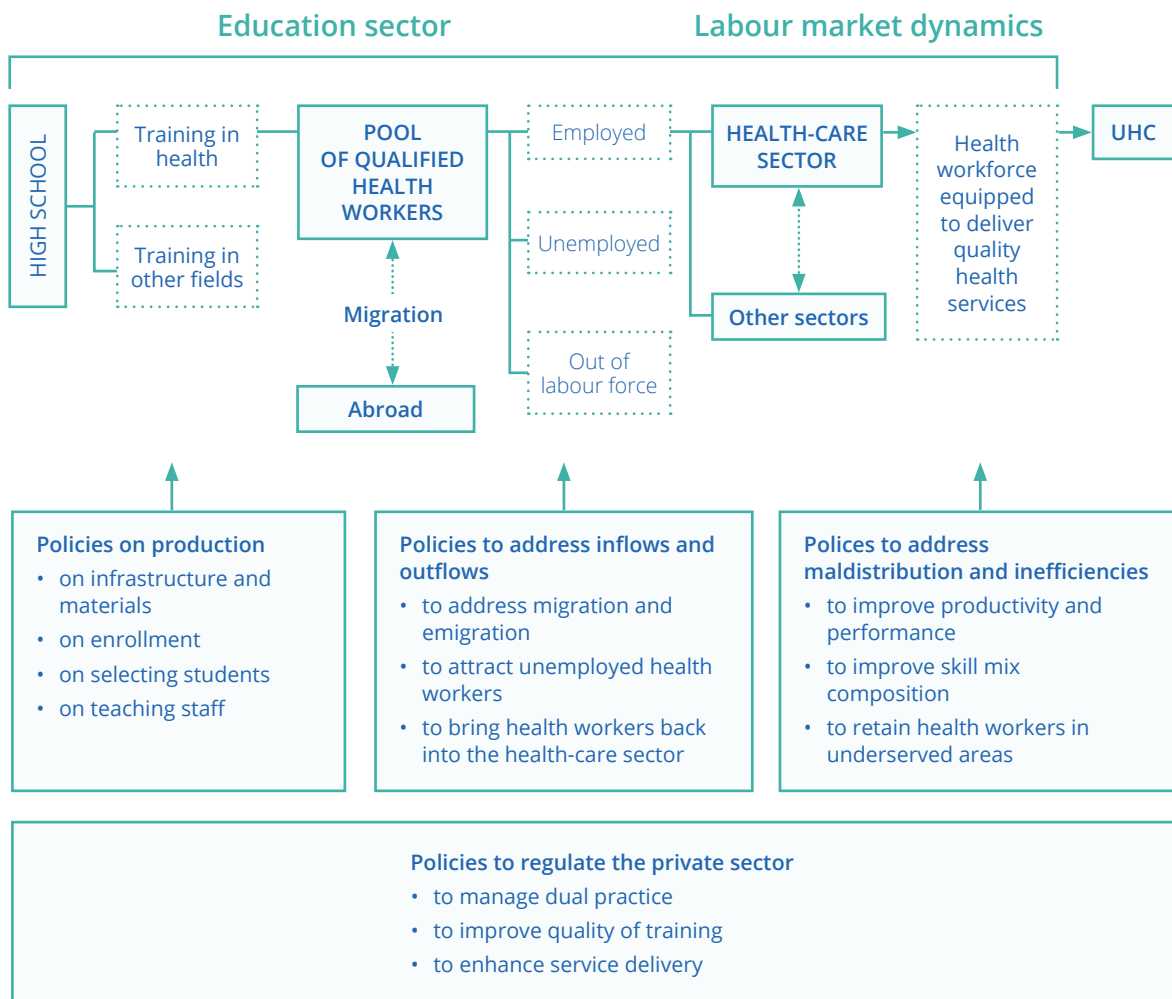
### □ 1.5.2 Desk review

The desk review examined key policy documents related to nursing and PHC developed by WHO and other development partners in order to gain insight from those with relevant PHC experience and apply this to the Ukrainian context to support recommendations for scaling up and improvements.

### □ 1.5.3 Analysis

The analysis was guided by the WHO Health Labour Market Framework for the attainment of UHC (Fig. 2) (16). The Framework provides a comprehensive approach to understand the forces behind health workforce supply and demand and how to develop effective health workforce policies for the attainment of UHC. Health workforce policies that address only a particular issue rather than being comprehensive (for example with a focus on only education) are not effective in addressing health workforce shortages and ensuring equitable access to health services for a country's entire population.

**Fig. 2. The health labour market framework**







## 2. STATUS OF PHC NURSING

### 2.1 Nursing numbers and demographics

Nurses are a cornerstone of health-care reform in Ukraine. In 2017, there were 293 000 practising nurses: 6.6 per 1000 population (17). However, it is not known what proportion of these nurses work in PHC. Discussions are taking place concerning nursing shortages in rural areas and high turnover but details on who these nurses are in terms of demographics, approaching retirement, trends over time and quantities are also unknown.

### 2.2 Governance

The Centre for Nursing Development was established in 2019 to further develop the profession by monitoring standards in educational institutions, developing professional standards and codes, supporting nursing leadership and raising the status of the profession in society. Notably, however, licensing of the nursing profession does not currently exist in Ukraine.

### 2.3 Initial education and training

Nurse training is based on the standards of the World Federation for Medical Education and occurs at three levels: undergraduate, postgraduate and CPD. There are 114 academic institutions that are licensed to train nurses.

Undergraduate training takes three to four years in higher education to achieve a bachelor of higher education; a full degree is achieved with the completion of four years of education. Postgraduate education can be for a master's degree or a doctorate. The master's degree can be in a specialized practice of the nurse's choice. To practise as a nurse in PHC, postgraduates must complete a dedicated PHC course over three months at a regional medical college.

Basic (undergraduate) and postgraduate education are regulated by laws on education (18), on higher education (19) and on professional pre-higher education (20). Postgraduate education is further regulated by Ministry of Health Order on attestation of junior specialists with medical education (21) and Order on some aspects of continuous professional development of doctors (22).

Procedures for attestation of nurses comply with the Order of the Ministry of Health of Ukraine on attestation of junior specialists with medical education (21).

According to the Law on professional pre-higher education (20), 114 institutions have a licence for providing training for a junior bachelor degree in health care, 25 institutions for both bachelors and master's degrees in a nursing specialization and two institutions have doctorate programmes in nursing.

## 2.4 Continuing education and professional development

Continuing education for physicians is regulated by the Resolution of the Cabinet of Ministers of Ukraine on approval of the regulation on continuous professional development in the field of health care (23). However, no such regulation is in place for the continuing education of nurses.

CPD for nurses in the Ukraine is limited to refresher courses that are mandatory to pursue every three, five or seven years depending on the length of experience. CPD is most often provided by regional centres, chosen and funded by local government. Current systems, curricula, approaches and standards vary significantly between these educational institutions. This current system is unpopular as it can stifle development and reduces the impetus for educational centres to remain current and relevant to practice. Further challenges also exist regarding accreditation of these courses by the certification commission, which has left CPD and certification open to corruption risks. CPD for nurses is not standardized, leading to further questions about quality and relevance to PHC. These challenges are currently under review.

There are restrictions on funding and on official recognition of education within the CPD system. Furthermore, the number of facilities with funded CPD opportunities to pursue mandatory refresher courses is limited. Orders of the Ministry of Health (21,24) do not provide scholarships for nurses who chose to pursue CPD outside the state-designated institutions and, consequently, CPD can become expensive.

Individual discretion plays a big role, which makes corruption possible at the stages of professional development and certification.

In recent years, there has been a discussion about the introduction of standards in the medical profession, including nursing. However, drafts of such documents for nursing are still under development.



## 2.5 Scope of practice

Legislation does exist to allow nurses to provide care at the primary level (25). This legislation was implemented to provide most patients with family nursing services. The Handbook of Qualification Requirements approved by Order of the Ministry of Health in 2002 (26) regulates tasks, responsibilities and knowledge requirements, in particular for nurses working in children's polyclinics, general practice/family medicine, patronage outreach nursing and medical polyclinics.

The Order of the Ministry of Health of Ukraine on approval of the procedure for providing primary care (25) determines the composition of PHC services. It states that the nurse is part of the medical care team, working with or under the guidance of a doctor. Medical care is provided directly by the doctor but some services may be provided by nurses who are part of the team depending on their level of qualification.

While the list of current scope of practice for PHC nurses is at first glance extensive (Box 1), the reality is that their capacity nurses may be underutilized.

### The scope of practice for nurses in PHC

- Assist in care practices with a GP
- Provide pre-medical care
- Provide evidenced-informed practice and provide quantitative and qualitative analysis of ongoing practice
- Provide health prevention measures, which includes health promotion to different sectors of society, ensure accurate record-keeping and support adherence to medication
- Provide and administer vaccinations to the community
- Assist the doctor in minor surgery, providing postoperative care
- Perform clinical duties such as catheterization
- Monitor physiological measurements including electrocardiography
- Provide oncological examination
- Provide examinations and monitoring for pregnant women, observe women in labour and support care of newborns
- Provide end-of-life and palliative care
- Take samples for testing, including for pathology and haematology
- Provide public health measures to prevent pathogen spread during epidemics.

Some interviewees estimated that, in reality, 90% of PHC nursing practice is spent on administration, documentation and handling (but not administering) vaccines, resulting in a disconnect from what they have been trained to do. This not only results in inefficiencies in how personnel are distributed to deliver health services but also represents a failure to use the skills achieved during nursing education.

Currently, in PHC, nurses must prioritize administrative tasks over making use of their training and experience in patient care and their clinical skills, such as screening, providing health promotion and performing basic disease and health management in patients without complex conditions.

WE ARE ALSO TAUGHT AT THE BACHELOR'S LEVEL THAT WE HAVE A NURSING EXAMINATION, A NURSING DIAGNOSIS, BUT IN FACT, WE DO NOT HAVE IT IN PRACTICE.

This disconnect between training and practice is putting a strain on nurses' relationships with doctors and in various interviews this relationship has been described as hierarchical. Interviews described practices that often make the nurse a clear subordinate to the physician rather than engaging them as team members with specific contributions.

Additionally, results of this analysis indicated that PHC nurses are also restricted by a lack of legislation that would allow them to have some involvement in overseeing or renewing medications for patients with well-managed NCDs. One example is the inability to renew prescriptions for patients with less-complex ailments, which often results in patients waiting longer for their prescriptions and increases their risk of deterioration. Requirements for prescriptions for medicines and medical devices are set out in the relevant Order of the Ministry of Health (27); however, prescriptions require the signature and personal seal of the doctor, which creates a bottleneck in practice that makes it difficult to support fast renewal of prescriptions or consultations with a nurse to reassess prescriptions.

A NURSE CAN ISSUE ELECTRONIC PRESCRIPTIONS TO CHRONIC PATIENTS [SIC] WHO HAVE SIGNED A DECLARATION WITH A FAMILY DOCTOR. IF, FOR EXAMPLE, THERE ARE NO COMPLICATIONS, COMPLAINTS, NURSES CAN ISSUE ELECTRONIC PRESCRIPTIONS. TODAY, THEY CANNOT DO IT ON THEIR OWN BECAUSE THEY DO NOT HAVE AN ELECTRONIC DIGITAL SIGNATURE AND PERMISSION TO DO SO.





# 3. EMERGING OPPORTUNITIES

Over the course of the interviews conducted by the Centre for Nursing Development, several emerging trends were identified that illustrate barriers and opportunities to empower nurses in the Ukraine.

## 3.1 Provision of person-centred patient care and effective use of clinical time

If nurses can provide aspects of person-centred patient care, this will allow family doctors to have more time to manage more complex conditions. Nurses interviewed were very positive about the reforms in PHC. They seemed excited that that they are in more demand, with busier schedules, increased patient interaction and improved standing in the community. During the interviews, PHC nurses clearly identified what is required of them to be a good nurse. They identified five key qualities to successfully complete the role:

- professionalism
- working in teams effectively
- assuming responsibility for people's health (preventative and curative)
- providing patient-focused care
- reducing physician workload.

NURSES CAN RUN TRAININGS FOR PATIENTS, TEACH THEM HOW TO TAKE CARE OF THEMSELVES PROPERLY, HOW TO LIVE PROPERLY WITH THE DISEASE THEY HAVE. THIS WORK IS PERFORMED BY NURSES VERY COMPETENTLY, WITH MERCY. THEY TREAT THE PATIENT WITH RESPECT, AND PATIENTS LISTEN TO THEM.

Almost all respondents attached great importance to nurses' ability to work in a team and that a nurse is a partner to the doctor. In particular, doctors and nurses attached great importance to the nurse's ability to save the doctor's time. Almost all respondents mentioned that nurses provide patient support in fundamental ways.

Nurses were reported as creating deeper relationships with patients, making services more friendly and personalized, and improving understanding of patient's problems through repeat interactions with patients and their families. Nurses were also identified as helpful to practices for their problem-solving skills when patients' issues arose, for settling patients' anxiety and for being more available as doctors may be detained with more-complex situations.



### 3.2 Independent provision of more services by nurses

Nurses have skills to perform more services independently and there are some examples in Ukraine where a rationally organized service has provided an independent nursing service in a separate part of the clinic. This allows more efficient management of the flow of patients triaging those who need to see a doctor and those who could have their care provided by a nurse. Where appropriate, it would also be possible to create separate clinics for community nurses who work at home with children under-3 years and with pregnant women.

Nurses, it was reported, really liked these initiatives where they conducted full health assessments and screening using a questionnaire; measured blood pressure and carried out assessments such as electrocardiography as needed.

[COMMUNITY HEALTH NURSES] MAKE SCHEDULED HOME VISITS TO CONDUCT NEWBORN SCREENINGS AND ASSESS THE HOME. THIS IS SO THAT A HEALTHY CHILD CAN STAY HOME IN THEIR ENVIRONMENT AND ONLY COMES TO VISIT THE DOCTOR PERIODICALLY AND WHEN IT IS NEEDED. WE TEACH NURSES HOW TO PERFORM DIFFERENTIALS AND UNDERSTAND WHAT IS WITHIN NORMAL PARAMETERS, RECOGNIZING WHEN TO DIRECT THE PATIENT TO THE DOCTOR'S CARE.

WE HAVE APPROVED THE JOB DESCRIPTION, WHICH PROVIDES FOR A SEPARATE NURSING APPOINTMENT BY AN ORDER OF THE HEAD OF THE INSTITUTION. SEPARATE OFFICES WERE MADE FOR THE DOCTOR AND FOR THE NURSE SO THAT THE DOCTOR AND THE NURSE COULD WORK INDEPENDENTLY.

The results suggest that nurses are clear that they want to be able to perform their responsibilities independently but that they need to have clear algorithms in place and knowledge that they have supportive legislation providing professional indemnity protection for them. So-called pre-doctor offices require careful establishment with appropriate decision-making resources.





[T]HE WAY IT WORKS AROUND THE WORLD. WHEN A PERSON COMES IN, GOES TO THE NURSE, THE NURSE ASKS HER QUESTIONS. FOR EXAMPLE, MEASURING BLOOD PRESSURE, SCREENING FOR DEPRESSION, CHECKING IF A PERSON HAS BEEN VACCINATED, VITAL SIGNS: RESPIRATORY RATE, HEART RATE, PULSE. SHE WRITES IT ALL DOWN, IDENTIFIES KEY CONCERNS AND POSSIBLE RISKS, AND ONLY THEN DOES THE PERSON GO TO THE DOCTOR WITH ALL THIS INFORMATION.

Rural areas also represent an important window into the potential of PHC nursing practice because nurses in these settings often have the opportunity to provide more patient care through necessity.



IN THE VILLAGES, THE SITUATION IS DIFFERENT AS THERE ARE OFTEN NURSES WORKING AT THE RECEPTION, DOING MANIPULATIONS, ETC.

### 3.3 Improve CPD through use of new digital platforms

New digital platforms provide an opportunity to increase the accessibility, diversity and relevance of CPD for PHC nurses. Interviewees acknowledged that there are increasingly more learning opportunities available to them in the form of courses but also through webinars and online courses.



I WOULD LIKE TO HAVE A DIFFERENTIATED APPROACH TO THE WORK OF EACH NURSE. BUT WE NEED ABSOLUTELY CLEAR CRITERIA BY WHICH TO EVALUATE THE NURSE, HER ACTIVITIES. THERE HAS TO BE INDEPENDENT EXPERTS GROUP THAT WOULD PROVIDE WITH KNOWLEDGE AND ISSUE CERTIFICATES UPON GRADUATION.



Nurses also appeared to see the new PHC reforms as positive for the developments that they have brought to digital learning platforms, thereby enhancing their opportunities to continuously improve their competencies and knowledge base.

The opportunity to strengthen the workforce through professional development is also increasingly being acknowledged by managers. Demand on managers from nurses who wish to engage in professional development is also increasing, with both stakeholders keen to strengthen skills and knowledge and eliminate gaps that may exist.

THERE ARE MANY LEARNING OPPORTUNITIES – COURSES, WEBINARS, DISTANCE (ONLINE) COURSES. THIS GIVES OPPORTUNITIES TO DEVELOP.

NOW, OUR CLINIC WANTS TO GET AN EDUCATIONAL LICENCE AND PROVIDE SUCH AN OPPORTUNITY TO TAKE PRACTICAL COURSES AT OUR BASE. FIRSTLY, IT WILL PROVIDE AN OPPORTUNITY TO CONDUCT QUALITY TRAINING, AND SECONDLY, AT THE REQUEST OF OUR NURSES AND NURSES OF OTHER CLINICS. THERE IS A GREAT DEMAND FOR SUCH COURSES NOW, BECAUSE NURSES ARE VERY EAGER TO GAIN NEW KNOWLEDGE. AND WE WANT TO ELIMINATE “GAPS” IN THE KNOWLEDGE OF NURSES.





# 4. IMPORTANT OPPORTUNITIES AND POLICY RECOMMENDATIONS

Significant opportunity exists in Ukraine for moving towards UHC, achieving better health outcomes and cost efficiencies, and improving capacity by advocating and supporting further investment and development in nurses working in PHC. Investing in PHC nursing enables nurses and PHC services to operate to their fullest extent and is key to realizing UHC.

Prioritization of the role of nurses and the delivery of PHC are in accord with the spirit of the Declaration of Astana, the 2030 Agenda for Sustainable Development and WHO's Thirteenth General Programme of Work. The findings of this study also support this approach and identified barriers experienced by nurses that prevent the best provision of service. The recommendations here are developed to further demonstrate the importance of nursing in relation to PHC.

## Policy recommendations for strengthening PHC nursing in the Ukraine

- Move towards improved monitoring of the nursing workforce in PHC
- Align the scope of practice for nurses with shifting population health needs
- Develop a national vision/strategy to develop PHC nursing in the Ukraine
- Invest in the development of decision aids and protocols for PHC nursing
- Introduce regulation to ensure quality, relevance and accessibility of CPD for nurses
- Increase access to both mandatory and elective CPD relevant to PHC nursing
- Align initial education and training continually with PHC nursing scopes of practice
- Invest in PHC nursing research
- Increase digital authority for nurses
- Align financial remuneration with scopes of practice.

## 4.1 Move towards improved monitoring of the nursing workforce in PHC

Little is known about the numbers of trained and available PHC nurses in Ukraine. It is essential to collect information on the size, distribution, demographics, hours of work and skill mix for nurses in PHC to support initiatives to ensure a sustainable numbers of nurses in PHC and to create a nursing workforce qualified to meet population needs. The WHO Labour Market Framework (16) provides a good approach to organize this analysis and to identify gaps and opportunities for targeted interventions (such as in education, recruitment, performance management and retirement).

It is important to engage a range of nursing stakeholders (the Nursing Institute, family doctors, nursing educators and patients) in these processes and to link changes with the national vision/strategy for developing PHC nursing.

The absence of monitoring in PHC nursing in Ukraine remains a problem and restricts the ability to produce targeted and appropriate interventions for improvements. By monitoring and gathering data on indicators such as demographics, geographical distribution, education, remuneration, services provided and other metrics, decision-makers can produce effective strategic plans and prioritize investments in areas that need change in order to reap benefits in the future. Until monitoring systems are implemented, future reforms cannot be quantified, operationalized or evaluated, thereby limiting the case for ongoing investments in PHC nursing.

## 4.2 Align the scope of practice for nurses in PHC with shifting population health needs

As for most Member States of the WHO European Region, Ukraine cannot afford to limit people's access to health services. Currently PHC services in Ukraine require nurses working in family medicine to work under the direct supervision of a doctor, which creates inefficiencies, particularly in areas where nurses could take on greater roles, such as maternal health, care of elderly people, health promotion and vaccinations. The interviews carried out with nurses confirmed both the desire and the enormous potential available to ensure continuity of care through management of care planning and follow-up and provision of health screening, disease prevention and health promotion services. Nurses can be trained and supported through legislation to do these tasks independently.

While legislation exists to support evolution in the provision of PHC in Ukraine through increased roles for nurses, it is at the organizational level that these roles should be encouraged in a dynamic and yet pragmatic way. The situation after the COVID-19 pandemic and with the potential for long-COVID will mean that countries will need to fully utilize health system resources, particularly the health workforce. Ukraine will be no exception.

However, there is likely to be wide-ranging resistance to changes in roles for nurses, including challenging traditional hierarchies and professional norms. Therefore, changes should be managed sensitively and reassuringly in consultation with all relevant stakeholders. Changes should not result in loss of income for family doctors; rather the opportunity for nurses to step into gaps in services to increase efficiencies and access to care can be positioned as beneficial to patients and helpful for focusing the scope of family doctors to handle more complicated medical issues.

### 4.3 Develop a national vision / strategy to develop PHC nursing in the Ukraine

It might be useful to articulate the independent and care-focused roles that are needed for nurses in a strategic document that identifies national priorities for strengthening PHC nursing. The creation of the Centre for Nursing Development is a commendable step to investing in nursing in the country. The Centre is an obvious place to start when developing such a national vision for PHC nursing in the Ukraine in collaboration with key stakeholders (including nursing associations, nursing educational institutions, PHC advisory groups, the chamber of family doctors, regulatory bodies and patient groups).

### 4.4 Invest in the development of decision aids and protocols for PHC nursing

Without a clear definition of the expected scope of practice for nurses working in PHC, many nurses will feel insecure regarding the limits of their clinical responsibilities. This has been addressed successfully in some health facilities in Ukraine with the creation of standard operating procedures, algorithms and local protocols for PHC nursing. In order to support nurses working in expanded scopes of practice in PHC, national guidelines will need to align with these. Guidelines can be adopted from those available to family doctors and adjusted to nurses' education and the desired scopes of practice.

Clearly defined guidelines, standard operating procedures, algorithms and protocol training will also need to be shared with other professionals (family doctors and organization managers) working alongside nurses in order to ensure all are involved and implementation is achieved.



## 4.5 Introduce regulation to ensure quality, relevance and accessibility of CPD for nurses

Educational institutions currently designated by the regional health departments facilitate CPD but courses are not always relevant to PHC or accessible (financially or geographically). It is, therefore, important to review the quality, relevance and accessibility of CPD for nurses by introducing a mechanism that ensures educational institutions are meeting a minimum standard and that CPD remains relevant, up to date and able to meet the needs of the nursing workforce. Relevant ministries can then consider how to increase investment in the areas of CPD needed to strengthen the role of PHC nurses.

## 4.6 Increase access to both mandatory and elective CPD relevant to PHC nursing

Although nurses have access to CPD, they are not able to decide on which course or educational institution to attend. One valuable tool to increase the attractiveness of the profession and improve career pathways for PHC nurses would be to allow a balance between a certain number of mandatory CPD courses and a selection of elective ones. Allowing nurses to have freedom of choice of CPD courses relevant to their clinical specialty and scope of practice is critical to improve their motivation and increase their agency over their work. This also allows nurses to develop their own educational trajectory based on opportunities provided through choice.

Furthermore, while legislative systems are in place that demand nurses maintain and uphold their level of competence dependent on experience, in practice access and governance of CPD is largely nonexistent. As nursing roles develop in PHC, it is inevitable that this will increase demand for modern educational opportunities that are not constrained by traditional and centralized education facilities.





The findings of this report leave no doubt that nurses want to develop professionally and to have choices regarding educational institutions and online digital platforms. Improving the self-efficacy of nurses is both an opportunity to advocate for nursing and also an opportunity to improve standards of care and service user outcomes through an evidenced-informed practice approach. Government recognizes the importance of CPD for clinicians and has legislation governing standards of CPD and further provision of opportunities within the profession. It is considered important that similar legislation is instituted for other recognized professions, including nursing.

## **4.7 Align initial education and training continually with PHC nursing scopes of practice**

As areas of investment are identified for PHC nursing and as regulations mandate nurses to have increased scopes of practice, it will be important to further align initial training for PHC nurses with the need to ensure the training is linked to the new practices and that patient safety is maintained. This will also require those who train nurses to be well grounded in the principles of family medicine and nursing both for educational programmes and for mentoring during practical training.

Consequently, initial training for PHC nurses may require a thorough review and the creation/revision of a set of minimum standard of education in order to enable them to provide the care envisioned. It may also be important to have a basic training module for all nurses before they specialize in order to ensure that they are exposed to the revised standards and scopes of nursing practice in PHC before moving on to a chosen speciality. The development of nursing training in PHC could be further enhanced by establishing partnerships between academic and service sectors, advancing online education and developing simulation and reflective learning exercises.

## **4.8 Invest in PHC nursing research**

Education programmes need to match with the screening, prevention and basic management requirements for PHC services. Consequently, advancing faculty expertise and research capacity is required to capture examples of emerging practice from across the country. International research has shown that, with evolving roles, nurses simply do not have enough time to provide care/patronage services to elderly people, the chronically ill and all the patients who need them. A strong research capacity among nurses in academic institutions can help to analyse and assess the demands on nurses and the opportunities for more effectively improving patient outcomes through PHC nursing.

## 4.9 Increase digital authority for nurses

Current scope of practice allows nurses to provide documentation, provide health certificates for schools, issue referrals to specialists and provide electronic prescriptions. However, nurses cannot perform these tasks because of a lack of digital and e-health infrastructure. Provision of adequate digital resources would allow nurses to work digitally and sign documents within their scope of practice.

## 4.10 Align financial remuneration with scopes of practice

Under the revised management and financial mechanisms instituted during PHC reforms, the remuneration of nurses is dependent on decisions made by the management of the facility, and their performance or level of education attainment does not impact greatly on the salary received. Furthermore, although nurses have clinical responsibilities they are not authorized as legal medical providers. This removes incentives for nurses to expand their scope of practice within PHC. Addressing these issues would improve performance, recruitment and retention and would also reduce informal care agreements outside of contractual hours. It may also be advantageous to consider revising regulations to allow nurses to be classified as medical providers, thus expanding their scope of practice, and to remunerate nurses appropriately with a focus on quality, health outcomes and scopes of practice.







## 5. CONCLUSIONS

The duties of a nurse cover a wide range of tasks. In order to support nurses in exercising all of these duties, medical institutions have already begun to pursue new solutions. Most of these are being addressed in theory but practical implementation is weaker. This report has identified some of the opportunities to strengthen the roles of nurses working in PHC in Ukraine based on a review of the current practice and developments and evidence that is emerging from the work of the Centre for Nursing Development.

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