



Nurses' professional activity and work culture in Soviet Estonia and in the transition period

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Received 19 December 2022, accepted 21 April 2023, available online 21 August 2023

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Abstract. The qualitative study aimed to analyse Estonian nurses' professional activity and work culture during the Soviet era and the transition period of the 1990s from the perspective of senior nurses.

In 1940–1941 and 1944–1991, the territory of the Republic of Estonia was occupied by Soviet Russia. The 'new period of awakening' was initiated under Gorbachev's *perestroika* and *glasnost* (1985–1991), leading to democratisation. As soon as the Soviet Union collapsed in 1991, Estonia began to establish a new healthcare system based on European standards.

The research was conducted in 2021 and 2022. Senior nurses (aged 69–87) who had worked for at least 20 years during the Soviet era and at least 5 years during the transition period were surveyed. Thematic interviews were conducted in written form and orally (13 interviewees), followed by a focus group interview (8 interviewees). A thematic content analysis was performed.

Nurses' daily work during the Soviet era was characterised by poor working conditions, hierarchical professional relations, and miserable career prospects. Nursing, like many other fields, was strongly influenced by Soviet ideology. The relationship between nurses was mutually supportive. The period of transition created a chaotic situation – the working methods of the previous period were considered outdated, but no new direction had yet been established. Nurses' knowledge was improved through professional training and access to foreign experience.

Keywords: Estonian nursing, Soviet ideology, nurses' professional activity, nurses' work culture, transition period.

1. INTRODUCTION AND BACKGROUND

Nurses' professional activity is always tied to the work culture and value system which includes the education and behavioural models nurses adopt and follow. The culture of the healthcare workplace is influential in delivering care that is patient-centred, clinically effective, and continually improving in response to a changing context. Workplace culture in healthcare facilities affects patient and staff experience, staff motivation, commitment and effectiveness, patient safety and the rate at which innovation is implemented (Manley et al. 2011).

Nursing became a very prestigious profession during the first Republic of Estonia (1918–1940). Continuous training of nurses began, facilitated by the formation of the Estonian Nurses Association (1923). Florence Nightingale's ideas about patient-centred care spread to Estonia (Talvik et al. 2022). In 1940–1941 and 1944–1991, the territory of the Republic of Estonia was occupied by the Soviet Union.

After the forcible incorporation of Estonia and the other Baltic States into the Soviet Union, nurses lost their professional status and were assimilated into the Soviet healthcare system as mid-level medical staff (Kalnins et al. 2001). The Soviet era degraded and ruined the previously built nurses' professional development system

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in Estonia (Talvik et al. 2021). In the 1980s, progressive liberation started, and this began to shift the status and professional activity of nurses towards democratisation and humanism. The transformation proved to be a serious challenge for the healthcare system, the training of nurses and society as a whole (Riska and Novelskaite 2008; Ernits et al. 2019).

In Soviet times, nurses were educated in vocational schools, not in universities, and nursing was not considered a dignified profession (Karanikolos et al. 2014). In the Soviet Union, polyclinics and hospitals were responsible for healthcare in cities. In the countryside, primary care was provided by feldsher and midwife aid points (Tulva 1995). The specificity of the Soviet healthcare system was centralisation (Riska et al. 2008; Grant 2022). For the Soviet state, healthcare was not only a right of the individual but also a 'political act' (Starks 2017, 2018). The Soviet period was marked by two main factors: the socialist ideology of the perfect Soviet *tovarishch* (comrade) and the oppression of people opposed to the political system (Birley 2002, 159). Nurses were instrumental in helping to build the New Soviet Person and in constructing a socialist society (Grant 2022).

During the Soviet era, nurses were mainly women (Puetz 1982), and the same tendency was noticeable in other healthcare professions (Riska et al. 2008). The male citizen was an example in constructing the ideal Soviet type of woman. Stalin-era gender policy promoted mass involvement of women in the work process and social activities (Kivimaa 2015).

However, there was a positive aspect within the Soviet healthcare system: all citizens were provided with the opportunity to receive free primary medical services. The establishment of a free public healthcare system in the Soviet Union was considered one of the most important achievements of socialism. The quality and level of medical services depended on the professional training of mid-level medical staff, including nurses (Odiņa 2013). Meanwhile, nurses suffered low wages, long shifts, and a chronic shortage of housing, and often worked in dismal conditions without running water or functioning sewage systems (Grant 2022).

In the 1980s, the Baltic healthcare system was underdeveloped compared to Western standards. There was a shortage of workers, medicines, and equipment (Healy and McKee 1997). The deterioration of the health of the people of the Soviet republics became apparent in the second half of the 1980s, and after the abrupt collapse of the Soviet Union further signs of health deterioration were observed (Roberts et al. 2014).

The 'new period of awakening' started under Gorbachev's *perestroika* and *glasnost* (1985–1991), initiating a process of democratisation. Intellectuals and rural people were the guardians of Estonian traditions and

culture, who contradicted Soviet policies and practices. In 1988 and 1989, intellectuals emerged in the political arena during the 'singing revolution': Estonian national songs were used as a form of protest during student marches in several cities and these events paved the way for the collapse of the Soviet Union (Tulva 1997). Estonia's 50-year occupation ended when it regained independence on 20 August 1991. The period of building up a democratic state began.

The development of healthcare is strongly related to the development of society. In the 1990s, the activities of the Estonian Nurses Association expanded significantly and international contacts, especially with Finland, Sweden and Denmark, were enhanced. As in Western European countries, the development of nursing in Estonia was driven by human rights and ethics. Cultural sensitivity was also identified as significant (Ernits et al. 2019).

Human experiences, which can be expressed through interviews, are valuable insights. The socio-cultural and historical context provides a framework for the analysis of nursing culture. The interpretation considers Pierre Bourdieu's theory (2003). Bourdieu analyses people in social and cultural fields, and the reasons why they act the way they do. The opportunities presented by history determine what is possible or impossible to do or think in a given field at a given moment in time (Bourdieu 2003).

Soviet-era nursing has been discussed previously. Important studies (e.g., Kalnins 1995; Kalnins et al. 2001; Riska and Novelskaite 2008; Odiņa 2013) have been published in other Baltic countries and Finland. In a broader context, nursing during the Soviet period has been discussed by researchers from different countries, e.g., Puetz (1982), Fahey (1987), Healy and McKee (1997), Rechel et al. (2014b), Starks (2017). A prolific author Susan Grant (2022) describes how the Bolsheviks tried to define the 'Soviet' nurse and organise a new system of socialist care for the masses.

There is some research on the history of nursing in Estonia (Kõrran et al. 2008; Ernits 2010; Ernits 2018; Ernits et al. 2019; Talvik et al. 2021), but knowledge of Estonian nursing during the Soviet era is scarce and mainly chronological. Even more, there are no in-depth studies that involve people who can still reproduce the manifestations of the Soviet era and the transition period in nursing. This study seeks to fill the gap in order to open the development patterns of Estonian nursing on the timeline through the experiences of senior nurses, and also to understand and interpret the factors that shaped the environment. For example, it is necessary to know how ideology reinvented the role of the nurse and shaped the profession, and how this process took place in Estonia.

The study aimed to analyse nurses' professional activity and work culture during the Soviet era and the tran-

Table 1. Sample characterisation

No.	Age	Years worked as a nurse in total	Years worked as a nurse during the Soviet era
1	69	51	20
2	83	60	34
3	72	51	23
4	81	37	31
5	80	45	21
6	72	55	25
7	72	29	23
8	80	51	31
9	73	48	27
10	73	53	23
11	82	50	31
12	87	37	34
13	87	64	38

sition period of the 1990s from the perspective of senior nurses (aged 69–87). Nurses in retirement were considered senior nurses. The main research questions were formulated based on the background and sources: (1) how senior nurses perceive their professional activity during the Soviet era and its change during the transition period; (2) how senior nurses perceive the work culture during the Soviet era and the transition period; and (3) how Soviet ideology constructed nurses' work culture.

2. MATERIALS AND METHODOLOGY

The article addresses retrospective reflections and discussions. The research was conducted in 2021 and 2022. The research material consisted of historical sources, evidence-based studies, and thematic interviews. Thirteen senior nurses agreed to participate in the interviews. First, 12 written and one oral interview were conducted, followed by a focus group interview with people amongst the same group (8 respondents) to further explore the themes and understand the patterns of meaning. The sample consisted of senior nurses who had worked for at least 20 years during the Soviet era and at least 5 years during the transition period.

All respondents were female and from Tallinn. The sampling method used was the snowball method. Pursuant to the Personal Data Protection Act (Riigi Teataja 2019), the researchers explained the purpose of the study, asked permission to record the interviews and described the information processing procedure. All interviewees received codes to ensure the confidentiality of the participants. The code consisted of the following indicators: number of the interviewee, age, total length of work experience as a nurse, length of work experience as a nurse during the Soviet era (e.g., 1-69-51-20). The coding of the general data of the respondents is illustrated in Table 1.

A thematic content analysis was performed. Thematic analysis emphasises identifying, analysing and interpreting the patterns of meaning (or 'themes') within qualitative data (Braun and Clarke 2019). The primary coding of the data was a 'bottom-up' approach, according to what was seen in the content of the data. As a result, the coded data were grouped into themes and subthemes. Three main interrelated themes emerged: professional activity, work culture and relations, and manifestations of ideology. It was also possible to distinguish six subthemes (Table 2). Within each theme and subtheme, the Soviet era and the specificity of the transition period were examined.

Table 2. Thematisation of interviews

Themes	Subthemes
Professional activity	Nature of the work
	Working conditions and equipment
Work culture and relations	Communication and occupational hierarchy
	Recognition of work and reputation
Manifestations of ideology	Ideological activities
	Ideological control function

The study was guided by the principles of good research practice: freedom, responsibility, honesty and objectivity, respect and care, justice, openness, and cooperation (Eetikaveeb 2017).

3. RESULTS

3.1. Professional activity

Working as a nurse during the Soviet era required a variety of problem-solving skills. It was often required to combine quick manual skills with technical thinking ability, in conditions where there was a lack of supplies and equipment.

The transition period led to a gradual change in work organisation, duties, and areas of responsibility, as well as the renewal and improvement of tools and the working environment. *'In several hospitals, nursing posts in the procedure rooms and bandaging rooms were eliminated and the ward nurse was left to carry out all operations on her patients.'* (13-87-64-38)

'We started to get used to the changes and embrace them in the late 90s – documentation, operational manuals, patient education materials, customer service principles, etc. A greater, more active impetus for changes in nursing emerged in the 2000s.' (3-72-51-23)

3.1.1. Nature of the work

Throughout the Soviet period, the essence of the nurse's work consisted predominantly in being a conscientious executor of tasks and orders given by doctors. The quality of the nurse's work was judged by how quickly and accurately she did her job.

'Treatment orders were given by the doctor, and the medical team's opinion was that only the doctor was responsible for the treatment of the patient, the nurse was only an executor.' (3-72-51-23)

The organisation of work was not optimal, various occupational groups had no specific boundaries for their duties. There was not a sufficient number of caregivers (called orderlies at that time). *'They were often addicted to alcohol and stayed at work for a short period of time. The duties of orderlies (washing floors, distributing food, washing patients, handling dirty laundry, etc.) often had to be done by nurses, in addition to their own work.'* (3-72-51-23). The head nurse was the one who assigned responsibilities in the work schedules (ward nurse, procedure nurse, bandaging room nurse, etc.).

Nurses' income was insufficient, which forced them to work overtime. *'Night shifts were 24 hours and day shifts were 8 hours. Very rarely 12 hours. We worked full-time plus overtime (workload of 1.5 positions). Nurses*

were taught to put work first and everything else second. Yet somehow we survived.' (13-87-64-38)

Nurses performed certain activities independently, and they helped doctors with more complex activities. Not all activities were documented during the Soviet period. *'We did not document our activities. In newly independent Estonia, nursing changed and all activities are documented.'* (10-73-53-23)

During the transition period, nurses' need for autonomy started to emerge, the areas of work were expanded and the right to make decisions increased, which led to increased responsibilities. Nurses started making independent appointments and counselling patients.

'Greater emphasis has been placed on health promotion, in which the nurse participates as an equal member of the team.' (9-73-48-27)

3.1.2. Working conditions and equipment

During the Soviet period, medical personnel often worked in old buildings that were awaiting renovation, and the working conditions did not meet their needs. Nurses' equipment was of poor quality and in short supply. Syringes, drip and blood transfusion sets, urinary catheters, etc. were reusable. There was also a lack of cleaning supplies and disinfectants for the premises. Documentation was all on paper.

'The syringes were made of glass, they had to be washed after use, heated in a solution of hydrogen and washing powder, washed again, boiled and then stored in a dry metal steriliser. Metal syringe needles were also washed in the same way. The needles of the syringes had to be pierced through with a wire.' (3-72-51-23); *'The needles were blunt, they had to be sharpened from time to time.'* (2-83-60-34)

'The means of disinfection were water, soap and alcohol (for hands and surfaces). If the patient needed to be washed, we used rubber gloves. There were not sufficient rubber gloves, they also needed to be washed and reused. We made cotton balls ourselves. The personal protection equipment was gauze masks, which we sewed, washed and ironed ourselves.' (6-72-55-25); *'There was also a lack of bandages. They were washed and rolled up again.'* (11-82-50-31)

In the Soviet era, nurses wore uniforms, overalls. Towards the end of the Soviet era, trouser suits could already be worn. *'In the hospital, it was much better to work wearing trousers and a jacket, especially when dealing with the sick, bending over the patient was safe for both yourself and the patient. During the Soviet era, trousers were unknown in the nurse's wardrobe.'* (7-72-29-23)

In Soviet times, nurses were responsible for taking care of all their clothes. This was time-consuming. *'Since*

the transition period, the situation has changed – today it is much easier; all clothes, as well as the care of the clothes are provided by the hospital.' (6-72-55-25)

During the transition period, disposable tools began to appear, which significantly improved the quality of nurses' work.

3.2. Work culture and relations

Organisational work culture is the driving force aimed at ensuring the achievement of the company's goals in accordance with the behaviour of the people working to achieve them. The success of a company is often determined by the work culture implemented in the organisation. Despite the heavy workload and lack of staff, most of the interviewees mentioned that the work culture was friendly during the Soviet era.

'When I came to work, the head nurse explained what is important in the workplace – proper clothing, confidentiality. All orders must be completed accurately. Every employee of the institution represents the institution.' (6-72-55-25)

There may have been differences in work culture from department to department. *'In the reanimation department, the doctors taught and supported the nurses in every way, there were also joint meetings.'* (3-72-51-23)

During the transition period, the nature of occupational relationship changed. Nurses became acceptable partners and team members for doctors. *'In Soviet times, the team included doctors, nurses and orderlies. Everything changed in newly independent Estonia. The training of nurses changed completely. Nurses are now team members, cooperation partners, not assistants to physicians.'* (10-73-53-23)

'Regained independence led to a certain chaos – the "old" was all bad and wrong, but it was unknown how to make it new and better.' (3-72-51-23); *'The era of family doctors and family nurses began – paperwork was reduced, we started to use personal computers, the nature of the work and the work culture changed.'* (7-72-29-23)

3.2.1. Communication and occupational hierarchy

During the Soviet period there were certain subordinate relations. Hierarchy was observed in every section of work and communication.

'There was a definite hierarchy in healthcare facilities, much like in the military.' (2-83-60-34); *'The concept of teamwork was unknown at that time.'* (6-72-55-25); *'Subordination relationships were in place and everyone knew their duties.'* (1-69-51-20)

Party affiliation was also crucial in the hierarchy. *'The chief physician, the partorg (party organiser) and the chairman of the trade union were the most important*

persons in the organisation, the benefits (travel allowances, car and apartment purchase permits, etc.) distributed by their decision were mostly enjoyed by doctors.' (3-72-51-23)

In general, nurses had good relations with patients. *'Patients trusted nurses, often patients told nurses things they were afraid to tell doctors, or clarified with the nurse what the doctor had told them.'* (3-72-51-23)

Hospitals had different relationship characteristics, which depended on the hospital's profile. *'The closed system of the infectious disease clinics created tensions with the parents of the children undergoing treatment.'* (8-80-51-31); *'In order to work with psychiatric patients, in addition to the nurse's ability to perform medical procedures, knowledge of the human psyche and details of the patient's diagnosis were required. Many patients were violent. In my opinion, this also forced employees to stick together.'* (9-73-48-27)

'Professional relations between the doctors and nurses of the ophthalmology department were good, there were joint meetings and activities.' (5-80-45-21). This was also confirmed by other interviewees: *'Relations in the organisation were good during the Soviet times.'* (12-87-37-34)

The change in relations came to the fore during the transition period. The new role and responsibilities of nurses may have led to tensions characteristic of an era of change. *'The introduction of innovations in the work of nurses during the transition period was often met with opposition from doctors, for example, the change in work organisation from task-oriented to nurse-oriented;'* (3-72-51-23); *'The demands of the nurses regarding their salary became relevant because the nurses felt that the expectations for their work were increasing due to the change in work organisation and tasks.'* (2-83-60-34)

The situation became more open when doctors started visiting and working in hospitals in Finland and Sweden and observed how nurses' work was organised, how responsibility was shared, etc. The horizons of nurses also broadened, thanks to access to foreign hospitals, whether to visit, work or study. *'Gradually, but persistently, the resistance to changes in nurses' work began to disappear, and an understanding of working as a team began to emerge.'* (3-72-51-23)

3.2.2. Recognition of work and reputation

In Soviet times, the nurse's work was not as recognised as it is today, and the work of nurses received less media coverage. However, a time-specific recognition system existed.

'We had professional competitions, it was considered recognition. One to two nurses from each department participated. The more active ones were sent to training. Being sent to training was also a recognition.' (13-87-64-38)

'It was good if the head nurse noticed and valued your work, presenting a good nurse to receive a letter of honour; for example, on some socialist holiday (e.g., 1 May), even more so if the nurse received a financial reward as recognition.' (3-72-51-23); *'Certificates of honour, titles of honour and medals were also awarded.'* (2-83-60-34)

Nurses could apply for a category that allowed a pay rise. *'The most important thing was to assign categories to the nurses. This was preceded by a comprehensive report on her work.'* (7-72-29-23)

The attitude towards nurses during the Soviet era was ambivalent. On the one hand, their work was valued, on the other hand, it was considered a low-level activity. *'The profession of nurse was honoured. When the patient got well, the nurses were still praised. On the street, people approached to thank us.'* (13-87-64-38); *'Young people did not particularly want to study nursing, they felt that this work was not valued, and the salary was also low. It didn't suit the boys at all!'* (3-72-51-23)

In the period of regaining independence, rapid changes occurred in that the work and education of nurses began to be valued. *'Recognising nurses and valuing their work was like setting a big, big wheel in motion, it required a lot of energy, proof, courage, entrepreneurship. A lot depended on the willingness of nurses themselves, especially the willingness to learn, to make changes, to change themselves and to go along with the innovations.'* (3-72-51-23)

The respondents emphasised that the nurse's work is necessary and worthy of recognition in every society. *'Ill persons are always waiting for their nurse who will take care of them and treat them, whatever the political order.'* (11-82-50-31)

3.3. Manifestations of ideology

As in society, political pressure was sensed daily in the hospitals of Soviet Estonia. Thus, for example, attending parades celebrating the holidays of the Soviet Union was mandatory (May Day, Victory Day (end of World War II), October Revolution Day), going to church was forbidden, work culture was politicised, and members of the Communist Party were in a privileged position in the employees' hierarchy. In many institutions, the official language was Russian.

'While working at the Republican Tuberculosis Dispensary, most of the staff were Russian-speaking. All instructions had to be translated from Estonian to Russian.' (10-73-53-23)

'Receiving several benefits, e.g., receiving a tourist voucher or permit to buy a car, depended on the political party's favour and affiliation as well as on the trade union.' (3-72-51-23)

Nurses also had to be ready to serve in the Soviet army, they were conscripts in reserve.

3.3.1. Ideological activities

In the 1970s and 1980s, professional skills competitions were organised for nurses, which were the instruments of constructing a new Soviet Person. The heroic nature of the work was emphasised. There were also so-called socialist competitions, which evaluated the quality of work and social activity of nurses and the entire organisation.

'Professional skills competitions and socialist competitions between departments were held in the hospital. Civil defence exercises took place once a year, where we had to evacuate the patients of the department according to the emergency situation (fire, attacks, etc.). We also sewed cotton-gauze masks.' (1-69-51-20)

'There were political lectures every week. The nurses had to attend Communist Party meetings, which were held in Russian.' (10-73-53-23); *'One of the mandatory events was Leninist Saturday, in which the entire team had to take part.'* (2-83-60-34). Leninist Saturday was the day when the entire organisation came together to do community work, e.g., washing windows or cleaning the yard. Every autumn there were mandatory days of helping collective farms and state farms.

Regaining of independence ended socialist competitions and civil defence exercises. *'All these activities ceased as relics of the Soviet era. But now, such things have re-emerged like civil protection and coping in a crisis situation – so everything new is forgotten old.'* (3-72-51-23)

3.3.2. Ideological control function

The work of nurses was systematically checked. Each institution had a *partorg*. An official (staff inspector) was employed for monitoring the work and his signature was always added next to those of the head of the institution, the *partorg* and the head of the trade union when receiving benefits.

'There were also so-called informants (spies) in the organisations, you had to recognise them. The situation became less restricted towards the end of the 80s.' (3-72-51-23); *'The hospital buildings had interception devices installed, which were called bugs.'* (6-72-55-25). These devices were used to eavesdrop on interactions between doctors, nurses and patients, as well as interactions between patients.

Those nurses who attended church were not particularly favoured in society. *'When they told me to take the cross off my neck, it made me sad.'* (7-72-29-23). Also, celebration of religious holidays such as Christmas was

not allowed, although these were still celebrated in secret. *'But we still lit candles. The partorg was such a nice man that he came and sat with us. The nurses did not get punished.'* (6-72-55-25)

Ideological pressure did not directly hinder the daily work of nurses at the level of activities, but it did affect the world view of the employees and the relations within the institution.

4. DISCUSSION AND CONCLUSION

The history of healthcare gives us the opportunity to examine the past of medicine and evaluate the present. Nursing is part of society's culture and in this sense, interviews with nurses provide us with critical information about the functioning of society and cultural identity at a given time. The focus of this article was the reflection of senior nurses on the professional activity and ideological work culture in the Soviet era and the changes during the transition period.

As written by Starks (2017), in the Soviet Union, politics and healthcare were inextricably linked. The ideology and propaganda of communism were carried out everywhere, including in healthcare. This information is validated by insights gathered in conducted interviews, where Estonian nurses shared their memories of the Soviet era: nurses had to participate in party meetings, which were held in Russian, and it was mandatory to celebrate Soviet anniversaries. The nurse's work at the operational level was not and could not be ideological, but ideology was embedded in it and even more, it organised and determined the work culture of the institution and the daily life of the hospital in many ways. For example, benefits were distributed to healthcare professionals according to party affiliation.

The Soviet government, not the individuals themselves, decided on achieving a person's quality of life. Paternalism, as an activity that restricts the freedom or autonomy of a person or group and in which the state decides what is good for the person (Shiffirin 2000), was a common principle in Soviet social policy. These positions were also reflected in the results of this study. Estonian senior nurses noted that healthcare in the Soviet Union was politicised, and nursing culture was constructed based on Soviet ideology. It affected nurses on a daily basis and also profoundly impacted nurses' reputation. The activities of nurses were monitored, and nurses were strictly required to fulfil their duties and orders, they could not show their own initiative. The working environment did not encourage the motivation to work due to poor quality of tools and shortage of equipment.

In the framework of this study, not only the specific nature of the work of nurses in the Soviet Estonia is shown,

but also the burden under which nurses had to work. All tools, personal protective equipment and medical equipment were scarce. This was the situation offered by the Soviet-era space of possibilities (Bourdieu 2003). Despite that, nurses and doctors were able to maintain good organisational relations.

The whole system of values as a symbolic capital (Bourdieu 2003) combined the education and behavioural culture that nurses had to embrace and follow. The Soviet regime lowered and ruined the nursing culture that had been continuously developed during the pre-war Republic of Estonia. According to Odiņa (2013), nurses were mainly the executors of doctors' orders, and this also emerged from interviews with senior nurses. No empathy was expected from nurses, exact execution of orders was more appreciated. However, during the Soviet period, efforts were made to create a patient-centred working environment, but this was hindered by financial, economic, and organisational conditions.

According to Healy and McKee (1997), in the immediate aftermath of the collapse of the Soviet Union, each country faced a major economic shock with falling economic output and rising inflation. The collapse of the Soviet Union not only changed the political map of Europe but also generated many other fundamental changes in the countries affected, including economic collapse and, in some places, war. Each country had to construct a new national identity, with new constitution, political system, and symbols of nationhood (Rechel et al. 2014a), including in the provision of health services. Together with regaining independence, the nature of the work of nurses in Estonia also changed, the reputation of the profession was improved, and the work culture reconsidered.

The renovation of the entire healthcare system had an impact on the effectiveness of work and professional performance of nurses. Teamwork became important in organisational culture. Estonian senior nurses perceived this as an important change in their work. Tools and all medical equipment improved. There was some chaos during the transition period, as the old methods were no longer valid and the new ones had not yet been implemented. Opportunities for training and internationalisation opened up for nurses, which supported their professional development.

The research is of significant value in the context of the history of Estonian nursing, as it helps to understand the difficulties and complexity of the development of nursing on the timeline. The Soviet era and the period of transition still affect Estonian society today and will continue to do so in the future. The same type of developments occurred in other post-Soviet countries. Apparently, it would be effective to analyse the specifics of the nature of nursing and nurses' training in the Baltic countries, highlighting common features and differences.

The demographic indicators of the respondents can be considered a limitation of the present study, since there are fewer and fewer respondents aged 70–80 who have a long working experience both in the Soviet era and in the transition period. Learning about inspiring success stories could also serve as an incentive for the young generation to understand the possibility of working in tight conditions and under ideological pressure, while maintaining the dignity of the profession.

ACKNOWLEDGEMENTS

The study was carried out within the framework of the research project ‘Soviet-era nursing in the context of Estonian society’ (No. 1-16 / 271; 2020–2023), Chair of Nursing, Tallinn Health Care College. The publication costs of this article were partially covered by the Estonian Academy of Sciences.

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Õdede kutsetegevus ja töökultuur Eesti NSV-s ning üleminekuajal

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Kvalitatiivse uuringu eesmärk oli analüüsida Eesti õdede kutsetegevust ja töökultuuri nõukogude ajal ja üleminekupeerioidil (1990. aastatel) seeniorõdede vaatenurgast.

Aastatel 1940–1941 ja 1944–1991 oli Eesti Vabariigi territoorium Nõukogude Liidu poolt okupeeritud. „Uus ärkamisaeg“, mis viis demokraatiseerumiseni, algas Gorbatšovi perestroika ja glastnostiga aastail 1985–1991. Niipea kui Nõukogude Liit 1991. aastal lagunes, hakati Eestis üles ehitama uut Euroopa standarditel põhinevat tervishoiusüsteemi.

See uuring on tehtud 2021. ja 2022. aastal. Küsitleti seeniorõdesid (vanus 69–87), kes töötasid vähemalt 20 aastat nõukogude ajal ja vähemalt 5 aastat üleminekuajal. Teemaintervjuud viidi läbi kirjalikult ja suuliselt (13 intervjuueeritavat) ja seejärel tehti fookusgrupi intervjuu (8 osalejat). Tulemuste analüüsimiseks kasutati temaatilist sisuanalüüsi.

Õdede igapäevatööd iseloomustasid nõukogude ajal kehvad töötingimused, hierarhilised ametisuhted ja viletsad karjääriväljavaated. Õendus, nagu paljud teisedki valdkonnad, oli tugevalt mõjutatud nõukogude ideoloogiast. Õdede omavaheline suhtlus oli üksteist toetav. Üleminekuajal tekitas kaootilise olukorra, sest eelmise perioodi töövõtteid peeti aegunuiks, kuid uut suunda poldud veel välja arendatud. Õdede teadmised täienesid eelkõige läbi erialase koolituse ja avanenud juurdepääsu välisriikide kogemustele.