

CONSTRUCTION OF NURSING CULTURE IN THE CONDITIONS OF SOVIET IDEOLOGY: ESTONIAN EXAMPLE

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Annotation

The aim of the study is to analyse the development of nursing culture in the Estonian Soviet Socialist Republic. The analysis of scientific literature and empirical material (interviews) was conducted in 2019 and 2021. During Soviet era nursing was strongly influenced by ideology. The goal of civil protection was considered important. The nurses' daily work was characterised by poor working conditions, hierarchical employment relationship and miserable career prospects. The last decade of the Soviet period encountered the release of limits initiated by the ideas of perestroika and glasnost.

Keywords: Estonian SSR, nursing culture, Soviet ideology, propagandistic orientation, activity patterns of nurses.

Introduction

Nursing as an activity has existed throughout history, although it has evolved considerably over time. In the current health care system, nurses are one of the most trusted health care professionals with a significant role to perform in the treatment and care of the sick.

Going back to early times, there were religious practices that encouraged nuns and other religious figures to assist people suffering from illnesses. The need to help the wounded and diseased was particularly perceived in times of conflict, with wars and epidemics outbreaks.

During the period of the pre-war Republic of Estonia (1918–1940) the system focused a lot on public health and application of anti-epidemic measures, with the emphasis on nurses' training. Ideas for the development of nursing mainly came from Germany and Scandinavia. It was a period of openness and professionalism in the field of nursing.

The Soviet occupations of Estonia occurred in 1940–1941 and 1944–1991, when the territory of the Republic of Estonia was occupied by Soviet Russia and later by the Soviet Union. During the first occupation that lasted from 1940 to 1941, the Estonian SSR was annexed to the Soviet Union. In 1941, the Soviet occupation of Estonia was replaced by the German occupation. In 1944, Soviet troops conquered Estonian territory and the second Soviet occupation began.

After the forcible incorporation of the Baltic States into the Soviet Union, the nurses lost their professional status and were assimilated into the Soviet health care system as mid-level medical staff (Kalnins, Barkauskas & Šeškevičius, 2001).

The aim of the present study is to reflect the development of nursing culture and the nature of nurse's work in Estonia during the Soviet period, over 50 years. During these years health care was politicised according to the propagandistic orientation of the Soviet state. Nursing culture includes, in addition to nursing activities, norms of behaviour, attitudes and principles of being a nurse (Ernits, Talvik, Tulva, & Puusepp, 2020).

Background and starting points of the study

There is research on the history of nursing in Estonia (Aro, 2006; Kõrran, Onoper, Pruuden, Roots, Ruul-Kasemaa, Saluvere, Sarv & Öunapuu, 2008; Ernits, 2010; Ernits,

Puusepp, Kont & Tulva, 2019a; Ernits, Talvik & Tulva, 2019b; Talvik, Ernits & Tulva, 2019; Ernits et al., 2020), but an overview of Estonian nursing during the Soviet era is scarce and this study seeks to fill the gap. The authors analyse how development of nursing has been influenced by social, historical-cultural and political factors.

The main research question has arisen based on the background and sources: what was the nature and the reputation of the nurse's work and how the nursing culture was constructed in the Soviet Union as well as Soviet Estonia?

The research material consisted of historical sources, evidence-based studies, thematic interviews and an expert interview. The authors collected the sources on the history of Estonian nursing in 2019 and 2021. They mapped, systematised, generalised and analysed the sources. The methodological basis of historical research is Toomas Karjahärm's (2010) approach to historical science, according to which history reflects both the past and the present, as well as has the ability to influence future possibilities. As reported by Carr (1965), the task of history is to promote a deeper understanding of both the past and the present by studying the relationship between them. Carr claims that by generalising the past, the historian draws the boundaries of the future. (Carr, 1965).

Human experiences, which can be expressed in interviews, are a valuable research material. When an individual speaks or writes as a member of a group, his or her membership begins to influence the context through the social representation that the group shares, that is, in the form of group knowledge, attitudes, and ideologies (Dijk, 2005). These representations are manifested in people's speech, thinking and behaviour (Bauer & Gaskell, 1999), but also in cultural products (images and texts). The mentioned cultural products are physical objects that reach us, which we can also observe and analyse from a distance (Dijk, 2005). Thus, an understanding of interpretation is not possible without a context that in turn arises, and is influenced by the culture in which the activity happens.

Texts, concepts and images that have an ideological content or aspect cannot be understood, regardless of who uses them and why. In his opinion, no group can exist or function socially without the identity of the group and the ideological beliefs shared by the members of the group (Dijk, 2005).

The socio-cultural and historical context provides a framework for the analysis of the nursing culture. This interpretation considers Pierre Bourdieu's theory (1993). According to Bourdieu, "Understanding begins primarily with understanding the field what we have developed into and in opposition to" (Bourdieu, 1993, p. 38). Bourdieu is far from analysing only the "fields" but also the people in these fields, the reasons why they act the way they do. People or "social agents" do not exist in a vacuum, but in a complex institutional network that empowers, enables and legitimises their activities. The agents are free in their decisions and choices only insofar as the field allows. It offers space for possibilities for everyone involved. Due to this space of possibilities, the agents of a certain era are established in space and time and are relatively dependent on the direct conditions of the economic and social environment. The opportunities offered by history determine what is possible or impossible to do or think in one given field at the given moment in time. (Bourdieu, 2003).

Methodology

The data used in this research are based on summarising and analysing relevant evidence-based studies, which have been conducted in several European countries, especially in Latvia and Lithuania (Kalnins, 1995; Kalnins et al., 2001; Karosas & Riklikienė, 2011; Odiņa, 2013). The versatility of the research material allows the research problem to be focused on the analysis and synthesis of nursing in the context of Soviet ideology.

The authors of this study conducted thematic interviews in 2019 and 2021. Thematic analysis is one of the most common forms of analysis within qualitative research. It emphasises identifying, analysing and interpreting patterns of meaning (or „themes“) within qualitative data (Braun & Clarke, 2019). "Thematic analysis is a method for systematically identifying, organising, and offering insight into, patterns of meaning (themes) across a dataset." (Braun and Clarke, 2012: 58). Students of Tallinn Health Care College Annika Tagaküla and Gundega Tammaru (2020) were involved in interviewing for the research. They used the interviews in their final thesis. The respondents included 19 nurses from different regions of Estonia. All the respondents had at least 3 years of experience working as a nurse during the Soviet era. The sampling method was snowball method (Lagerspetz, 2017). Interviews were voluntary. Pursuant to the Personal Data Protection Act (2019), informed consent to participate in the survey was obtained from respondents. The researchers explained the purpose of the study and asked for the permission to record the interview, as well as described the information processing procedure. The researchers deleted audio recordings of interviews and the answers of the interviewees after the completion of the study.

All interviewees received coded to ensure the confidentiality of the participants. The code consisted of the following indicators: number of the interviewee, nurse/expert, age, length of work experience as a nurse during the Soviet era. The researchers conducted interviews with nurses over several months from April 2019 to December 2020. In addition, an expert, namely Ilve-Teisi Remmel, a long-term (1988–2002) leader of the Estonian Nurses' Association gave an interview. She was the president of the Baltic States Nurses Association from 1991 to 1993, and she is still working in health care system today. The longest work experience of a respondent nurse during the Soviet era was 23 years, the expert's length of work experience during the Soviet era was 34 years. The coding of the general data of the respondents is characterised by Table 1.

Table 1

Respondents and their coding.

No	Nurse/expert	Age	Years worked as a nurse during the ESSR
1	N	72	23
2	N	55	3
3	N	56	3
4	N	57	3
5	N	56	4
6	N	63	8
7	N	57	5
8	N	55	4
9	N	54	3
10	N	55	3
11	N	59	6
12	N	65	10
13	N	62	9
14	N	56	4
15	N	63	9
16	N	70	18
17	N	68	14
18	N	64	5
19	N	55	5
20	E	83	34

During the interviews, the interviewees shared their experiences on working as a nurse during the Soviet era. The following aspects were focused on: the nature of work and relations with co-workers in the work team, working conditions and tools, society's attitude towards nurses and the reputation of the nursing profession. The expert answered to the questions about how nurses were acknowledged and how Soviet ideology was reflected in the work of nurses.

The average duration of the interviews was about 30 minutes. The transcribed texts accumulated 56 pages. The expert interview lasted 40 minutes and the transcription consisted of 6 pages of text.

Thematic analysis is a flexible method that allows the data to be focused in numerous different ways (Braun and Clarke, 2012). The primary coding of the data was a "bottom-up" approach, according to what was seen in the content of the data. The review of the coded data identified commonalities and differences. As a result the coded data were grouped into themes and subtopics. Three interrelated themes (nature of work, working conditions, relations and communication) emerged, forming nine subtopics (table 2). Information on the work culture and application of ideology in nurses' work was added from the expert interview.

Table 2

Analysing interviews: thematization

Themes	Subtopics
Nature of work	The peculiarities of the era

	Application of ideology in nursing practice
	Acknowledgement of work and reputation
Working conditions	Working environment
	The specificity of the tools
	Work responsibilities
Relations and communication	The peculiarity of the work culture
	Communication with colleagues
	Sharing information with patients

The study used citations from interviews to analyse the results, and all research data as well as research results have been interpreted as objectively as possible. Adherence to ethical principles is common to all research, and this study was guided by the principles of good research: “The most important values of good research are freedom, responsibility, honesty and objectivity, respect and care, justice, openness and cooperation” (Estonian Code..., 2017, p. 7).

Soviet-era ideology as a constructor of nursing culture

Nursing as an activity expanded between the World War I and II. During the Republic of Estonia (1918–1940) social welfare and health care were established on a sound basis. (Kõrran et al., 2008). Before the World War II nursing profession in all three Baltic countries – Estonia, Latvia and Lithuania – was characterised by high prestige, powerful professional associations, wide international contacts, and strict control over nursing curricula (Kalnins et al., 2001). The nurses were striving for the improvement of their training and working conditions by using oral discussions through professional organisations (Karosas & Riklikienė, 2011). In practical nursing, teamwork was emphasised, and the nurse’s activities were seen as cooperation between the nurses themselves and between doctors and nurses (Ernits et al., 2020).

Both the training of nurses and their status on the career ladder changed after the arrival of Soviet power (1940). Nurses were educated in vocational schools, not universities, and nursing was not considered a dignified profession. (Karanikolos, Kühlbrandt & Richardson, 2014). Later, it was possible to study in medical schools on the basis of secondary education. During the Soviet era, medical schools operated under different names, which were changed according to political decisions.

In Soviet Union polyclinics and hospitals were responsible for health care in cities. In the countryside, primary care was provided by *feldsher* and midwife aid points, more complex special treatment was offered in larger district hospitals and polyclinics (Tulva, 1995). A large-scale network of public health stations was established in the Soviet Union. This so-called sanitary-epidemiological (san-epid) service was responsible for health protection, paying special attention to the control of infectious diseases through mass vaccination, sanitary control of water resources, hygienic waste disposal and sewerage, and pasteurization of milk. In the 1950s and 1960s, the scope of the san-epid service was extended to include occupational health and environmental health. (Rechel, 2014).

The centralisation of Soviet power had a massive impact on the health care system. International contacts were scarce and closures were noticeable in all areas of life, including health care. For the Soviet state, health care was not only a right of the individual, but also a “political act” (Starks, 2017, p. 1718). The Soviet ideology promoted an ideal society, in which everybody had to fit in with socialistic standards. 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).

Nursing was a cult profession during the Soviet era, closely associated with propaganda. Next to the figure of a female tractor driver and astronaut, there was a nurse carrying a weapon, who had participated in World War II (called “Great Patriotic War”). The male citizen was an example in constructing the ideal Soviet type of woman. Stalin-era gender policy promoted the mass involvement of women in the work process and social activities (Kivimaa, 2015), the change of their roles and the change of social attitudes.

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 (Shiffrin, 2000), was a common principle in Soviet social policy. The Soviet government decided on achieving a person’s quality of life, not the individual himself. According to the guidelines of paternalistic social policy nurseries and mammoth kindergartens (called “children’s day homes”) were founded to take care of children. This allowed mothers to make the maximum contribution to working life. Parental leave was very short, 56 days before and 56 days after childbirth (Laan, Luiga & Tamm, 1975).

In addition to educators, nurses worked in the nurseries so that one may ensure the health of children. Nurses had to perform various tasks in order to create optimal conditions for children to grow and develop and to prevent the spread of diseases. The nurses worked on the basis of a work plan agreed with the doctor, which included the following sections: treatment and prevention, control of the sanitary and hygienic regime, organisation of rational meals, prevention of infectious diseases, monitoring of daily routine, documentation and training (Laan et al., 1975).

At the same time, there was a positive aspect within the Soviet health care system: all citizens were provided with the opportunity to receive free primary medical services. The establishment of public health protection system, which was free of charge in the Soviet Union, was considered one of the most important achievements of socialism. The quality of citizens' medical services and the level of service culture depended on the professional training of mid-level medical staff, including nurses (Odiņa, 2013). On-site medical care was often provided in schools and workplaces (Healy & McKee, 1997).

The profession of a nurse in the Soviet Union was characterised by a lack of autonomy, poor working conditions and insufficient pay. The description of the main role of a nurse in publications was astounding. A nurse was described as „an indisputable executor of doctors' orders and commands". The publications never mentioned the independent role of a nurse in the assessment of patients' conditions, planning and application of nursing care (Ernits et al., 2019b, p. 15).

The nurse had to know about the diseases and be able to perform various medical procedures. The quality of the nurse's work was judged by how quickly and accurately she did her job. She had to be obedient and her independence was suppressed. "The nurse follows the doctor's orders. She performs some procedures independently, prepares the patient and instruments for more complicated procedures and assists the doctor. The ward nurse takes part in the doctor's ward visitation every day, assists him/her in observing the patients, reports the observations and receives new orders from the doctor." (Gagunova, 1977, p. 8).

Estonia was a militarised society during the Soviet era, hence the training of nurses was related to the military. In the 1950s, the political situation in the world became more alarming, therefore in the Soviet Union, reserve nurses' training was launched as courses completed either by eight months or two years. The aim of the courses was to prepare reserve nurses for the Soviet Army and Air Defence Forces. After finishing the two-year courses, the nurses were given the right to work in health care institutions. If they had worked for at least two years, their training was considered equivalent to nurses with a secondary vocational education. (Odiņa 2013).

In the 1970s, the government of the Soviet Union concentrated on the russification of the Baltic States. Therefore, Russian-speaking population was relocated to the Baltic States, where the Russian-language primary and secondary schools and Russian study groups already existed in several fields in Estonian higher education institutions, as well as in medical schools. (Hiio, 2012). All the work and training of the nurses was politicised. The nursing education curriculum was firmly unified and centralised by the government institutions of the USSR; it was not supposed to be changed or adjusted to any specifications (Toliušienė & Peičius, 2007).

During the Soviet era the profession of a nurse became unpopular among young people as study programs were changed to Soviet. A large number of lessons were spent on teaching Communist-Marxist ideology, and therefore, instructing of nursing philosophy and communication skills were neglected of the curricula, not to mention mercy (Kõrran et al., 2008).

In the 1980s, the health care system in the Baltic region was very underdeveloped in comparison to Western standards. There was a shortage of workers, medicines and equipment. The ratio of hospital beds to patients was disproportionate. There was a lack of nurses and paramedics. The polyclinics were staffed by elderly employees with poor professional training. Younger staff were concentrated in hospitals. (Healy & McKee, 1997). In rural areas, primary care was provided by *feldshers* who performed preventive, diagnostic, and therapeutic functions, prescribed medications, and performed some administrative functions (Karaniolos et al., 2014).

The "new period of awakening" started under Gorbachev's *perestroika* and *glasnost* (1985–1991), beginning a process of democratisation. By 1989, only 61% of Estonia's inhabitants were ethnic Estonians. Intellectuals and rural people were the guardians of Estonian traditions and culture and those who contradicted Soviet policies and practices. In the years 1988 and 1989, the intellectuals emerged on the political arena during the "singing revolution" (Estonian nationalist songs used as a form of protest during student marches in several cities). (Tulva, 1997).

The deterioration of the health of the people of the Soviet republics became visible in the second half of the 1980s, and after the sharp collapse of the Soviet Union, signs of deterioration of health indicators were further observed (Roberts, Karanikolos & Rechel, 2014).

The 50-year occupation ended with Estonia regaining its independence in 1991. The decision was adopted in coordination with the Estonian Committee at the meeting of the Supreme Council of the Republic of Estonia on 20 August. The period of state-building of the democratic country began.

Characterization of nursing culture patterns

Culture is the set of knowledge, beliefs, ways of thinking, values, norms, symbols, customs, practices and communication acquired through the process of socialisation, and learned, shared and passed on between generations and prevalent among a particular social group, influencing thinking, decisions and activities in a certain pattern or way (Leininger & McFarland, 2002; Douglas et al., 2014). Culture gives a person identity and belonging, it is not static, but varies both between generations and in relations with other cultures (Hemberg & Vilander, 2017).

In the field of healthcare, cultural competence means understanding how social and cultural factors influence patients' health behaviours and beliefs, and how high-quality healthcare services are ensured taking these factors into account (Kaihlainen et al., 2019). Thus, nursing culture has a decisive role in the formation of nursing patterns. These patterns were clearly highlighted through the content analysis of the interviews. Three themes (nature of work, working conditions, relations and communication) emerged, each with three subtopics (table 2). Respondents worked with patients throughout the course of their lives, both children and adults and the elderly.

Nature of work

The work experience of nurses during the Soviet era has been described by 19 nurses and one expert. Respondents eagerly recounted their work, recalled the situations and general impressions of the era. Some respondents were very talkative and expressively specified even the minor details, some gave very generalised answers. Work enthusiasm and working in a good mood were highlighted.

Working as a nurse required different skills to solve problems. It was often necessary to combine quick manual skills with technical thinking, in conditions where there were insufficient tools. Blood transfusion systems were self-made and needles were sharpened by nurses. Even cottonwool was in short supply, not to mention other equipment.

The difficulties were to overcome, the common goal united the medical staff. Free over-hours were often needed to finish the job assignments. The nurses had to be ready to serve in the army, they were conscripts in reserve.

After the end of the day shift, the nurse was usually alone in a night shift and was responsible for the patients. „*The nurse had to decide when intervention or medical attention was needed.*” (12N65, 10)

One respondent recalled with generosity contact with nurses educated in the pre-war Republic of Estonia. „*In the operating room there were all the older workers, many of them were single because they spent so much time at work that they had no privacy or free time – real sisters of mercy in my opinion... but then this generation was just starting to disappear, but I still saw them and I was able to be with them – I was the only young person at the time. It happened that way and I was very well accepted by the team.*” (1N72, 23).

The same respondent said that she liked to work as a surgery nurse and to smell the drugs after the operation. „*I was a big fan, when I went to the bakery or somewhere after work, I immediately understood why everyone was turning their heads, because I smelled of aether.*” (1N72, 23).

The peculiarities of the era. In describing the work during the Soviet era, the circumstances and situations characteristic of that era could not be ignored.

In Soviet times, hospitals did not yet have computers, so everything was documented on paper, usually by hand. The hospital had paper medical records, including paper order sheets that the nurses filled out on a daily basis. „*The main tool was an order sheet, where the doctor wrote down all the procedures he considered necessary with this patient, and that's how the nurse worked.*” (7N57, 5).

The Soviet era was characterised by professional competitions between workers (professional skills were assessed) and “socialist competitions” between collectives. „*Professional competitions were organised within the institution as well as nationwide. Socialist competitions between institutions were also organized. The winner received a red flag, which*

travelled to the next winner the following year. There were a lot of requirements to be met, a major book detailing the achievements to be presented to the commission." (20E83, 34).

Civil protection trainings were organised every year within the institutions as well as by districts. "Each health care institution was assigned its own area, which had to be managed in the event of danger. It was also known where the hospital had to be evacuated. There was a person in charge at the health care institution who drew up training plans, which were approved by a higher organisation. The procedure was strict. There was a corresponding person in the Ministry of Health Care who was engaged in civil protection in the Republic." (20E83, 34).

Application of ideology in nursing practice. The nurses resented in the interviews the pressure of the Communist Party and the psychological terror that could follow. "The proportion between Estonians and Russians in the work team also had to be in favour of the Russians. Membership of the party was required, and the working language of many health care institutions was Russian." (20E83, 34).

Ensuring a high percentage of female employment was an important part of Soviet ideology. Nurses also worked in nurseries, as nurseries were considered health care institutions. This directed women to work early after giving birth. Propaganda messages such as "kindergarten liberates mother" were followed. The interviews demonstrate that during the Soviet era, the family was secondary, the mother had to go to work when the child was only 2 months old. The nurses and educators kept the children in the nursery, many used the opportunity to work in the nursery to be with their own children. During the Soviet era, there were many 24-hour nurseries and kindergartens where children stayed all week.

"Working in the nursery was strictly regulated. The nurses had their own responsibilities, the educators had other duties, and the children's time was arranged according to a strict daily schedule. There was very little child-centredness in the system itself. It was thought that a child could do well alone, it was enough to have warm food, clean clothes, toys and supervision, and a roof over his head. The nursery groups were large - up to 32 children per group. Nurses and educators were not able to consider the individual needs of each child." (12N65, 10).

All the training of nurses was subject to ideological principles. "The curriculum did not include such topics as ethics, communication, teamwork, or nursing philosophy. There was no term for "nursing" at all. Not to mention its content. Nor was there a subject of psychology, in the modern understanding of person as a whole: mind, soul, and body." (20E83, 34).

Acknowledgement of work and reputation. Living on a nurse's salary was a major challenge, because of that most nurses worked at double load, preferring to work on weekends and at night when wages were higher. "Additional pay was also included in the cases of an increased health risk, such as radiation, as well as exposure to various diseases such as tuberculosis, leprosy and mental illness." (1N72, 23).

Society's attitude towards nurses and the image of the nurses' profession was not high during the Soviet era. "There was lack of recognition if you weren't recognised by the party line or participated in trade union work". (20E83, 34).

Working conditions

Based on the analysis of the interviews, working conditions of the nurses were quite poor. Many remembered the large crowded wards, the poor hygiene conditions for the patients, and the heavy physical workload.

"Working in a children's hospital, I remember that the wards were big and there were children with special needs, with whom I, as a young nurse, had no knowledge or experience. I worked based on intuition. I had never seen unhealthy impaired children in my life, because during the Soviet era, often everyone who was not in normal development, was hidden somewhere in a care home. The TV also did not show such people. I especially remember this embarrassment." (8N55, 4).

"Much of the nurse's time, which could have been dedicated on patients, was spent on washing, cleaning and sterilising medical equipment, as well as cleaning the treatment room. The parents, when they were with the children, were forced to mop the floors and distribute food, as there was a constant shortage of staff." (15N63, 9).

There was also often a lack of knowledge on how to manage scarce resources in difficult situations. "We had to make decisions based on the little knowledge we had." (14N56, 4).

At night, there was usually one nurse per hospital department, the standard department had up to 60 patients. "There were 4 nurses during the day, about 15 patients for each nurse, the night nurses worked alone for 60 patients." (16N70, 18).

Working environment. The interviewees remembered that the hospitals were in large old houses with large windows and huge wards, dark wall paint, an unpleasant and ubiquitous smell of chlorine. Treatments were rudimentary and lacked appropriate equipment and medications. Many procedures were performed under local anaesthesia with little effect.

„I worked in the traumatology department of a large hospital, where some patients were treated for several months. The working conditions of the nurses were poor: there were no diapers in the hospital, the tap water was cold. The wards had Soviet-era iron beds that could not be moved and were uncomfortable to sleep in and there were no disposable sheets.“ (13N62, 9).

The specificity of the tools. In the 1960s, most of the equipment was lacking, disposable sterile material was not available, so sterile material and equipment had to be constantly added on site. Many blood transfusions were performed in hospitals and the necessary drip systems were made on-spot. Existing reusable equipment had to be thoroughly cleaned, maintained and sterilised. It was the work of the nurses and it was time-consuming.

There were few rubber gloves and they had to be used sparingly to last a long time. „We put on the gloves – when the hole came in, the talc started to come out during the operation and went to the wound – then the nurse immediately pulled a new glove on the surgeon’s broken glove.“ (12N65, 10).

„At the beginning of the Soviet era, there were no cannulas and disposable blood transfusion systems for several decades. The needles were used repeatedly, in the meantime they became blunt. Then they were sharpened on grindstone.“ (1N72, 23).

During the Soviet era, catgut was used as a suture in wound dressings. It was not sent to hospitals in its finished form, the nurses had to prepare it for several weeks, they had to know the appropriate technology in order to finally get high-quality material. „As a surgical nurse, I prepared a catgut, which is a sheep’s intestine, natural, melts. Its preparation lasted 3 weeks. At first it was in iodine and after that it must have been in 95 degree spirits.“ (1N72, 23).

Even plaster bandages were made while working in the department. „In the surgery department, for example, in Soviet times, my fingers worked all the time, everyone sat and worked.“ (1N72, 23).

Work responsibilities. Nurses often worked more than 1.0 workload. It was tiring both mentally and physically. In some hospitals, the workload was shared equally, all with 1.5 places, or 240 hours per month. „Mostly, there were 24-hours shifts in hospitals, sometimes even longer. Short shifts, 8 or 12 hours, were not preferred.“ (17N68, 14).

In the winter during the illnesses of other employees, there was no additional labour available anywhere, hence it also happened that there was a single nurse responsible for several departments during her night shift.

„During influenza outbreaks the nurses in the reception room had to be replaced. This meant that on the ground floor there was one nurse responsible for three departments, running from one end of the house to the other, and occasionally went to the reception room to admit new patients – to make steam to the laryngitis patients ... and everything had to be under control.“ (18N64, 5).

In the sixties and seventies, there was a great obligation to prepare the material. This extended the working time up to 2 hours, for which no extra charge was paid. „I didn’t go to work earlier, but I couldn’t finish my job in time for the evening. There was a lot of work, working days often lasted longer... in short, 2 hours over the working day we continued often and we didn’t complain“. (1N72, 23).

Nurses who could type, did type audio recordings of operations or annual reports at the office as additional work. „I was in the hospital’s office for about 3 weeks each year and typed voluminous annual reports.“ (1N72, 23).

In the 1960s, dangerous, boiler-heated devices were used to sterilise medical materials. In order to use and regulate them safely, the nurses also had to acquire the using skills of a heater.

„Well, and then I finished these... heater courses... Because the nurse prepared the surgery material for sterilisation... So I could autoclave, sterilise the surgery material: sheets, clothes, gloves, everything.“ (1N72, 23).

Intramuscular injections began to be widely used in the 1980s, and various inflammations were treated with antibiotics. Dissolving them and maintaining and sterilising the syringes was the daily responsibility of the nurses. „In the morning, antibiotics were dissolved, glass syringes and drip infusions were prepared. After the procedures, the syringes were soaked, washed and sterilised. Before ending the shift, the treatment room and floor were cleaned, the waste was taken out and then the shift was finished.“ (3N56, 3).

Relations and communication

The interviews show that control and physical health were primary, and the patient’s feelings and experiences during the treatment procedures were secondary. Procedures were often performed without explanation. „Children often experienced physical pain, involuntary medication, carelessness, indifference, and rejection in the hospital. Sadness, longing for home,

feeling pain, crying, feeling boredom and loneliness did not fit in with the Soviet-era image of a happy childhood that prevailed in the Soviet Union." (11N59, 6).

Professional communication was strictly hierarchical. *„In the society of that time, doctors considered nurses to keep their orders. There was a clear hierarchy in health care, much like in the military.*" (20E83, 34).

The peculiarity of the work culture. Work culture has been characterised by respondents through describing uniforms, job satisfaction and joint events of the work team. All nurses had to wear uniforms. From the 1960s to the 1970s there was either an overall or a dress and an apron, and later there was permission to wear trouser suits. The headwear, under which the hair was hidden, must have been worn. *"It was good to be able to wear an open headwear instead of a cap.*" (3N56, 3).

Properly chosen profession and job satisfaction were the driving force in life. It was very encouraging to hear the words of a nurse who has worked as a nurse for 52 years (23 of them during the Soviet time) and has maintained a happy mind and satisfaction with her choice of profession. *„I have really been excited with my work and life. It is really very important that You are satisfied with your learned profession – so in the end, everything is fine for me.*" (1N72, 23).

The nurses have positive memories of the team's joint events, which can be considered part of the work culture. *"One of the most fun events was the Leninist Saturday cleaning campaign, which the whole team had to participate. It usually ended with a party in the department.*" (15N63, 9).

"There were many happy joint events both in hospitals and nationwide. Nurses from all over the country gathered in the summer camps of the Nurses' Association, also together with their families." (20E83, 34).

Communication with colleagues. Respondents remembered the way tasks were divided. The chief nurse prepared work schedules, checked the nurses' work and, if necessary, gave additional tasks. *„The chief nurse was a very respected and important person in the department, she could not be argued with. She drew up work schedules. Personal wishes were not taken into account there.*" (2N55, 3).

According to the respondents, doctors made most of the decisions and they were treated with respect. *„The nurse was a doctor's assistant and was treated as such, she had no decision-making rights. For example, at receptions at the polyclinic, the nurse prepared the office, invited the patients into the room. The nurse often prepared for the doctor both the necessary equipment and the overall and helped the overall on. The situation in the hospitals was a little better. The nurses visited patients with the doctor and received their instructions from the doctor during the visit. Nothing could be decided on its own.*" (20E83, 34).

The communication between the nurses was good. *"The nurses have always managed well with each other. The chief nurse was honoured. When she came to visit, the nurses stood up to talk. There was a strict subordination and it was respected. What was good – the nurses were always cohesive.*" (20E83, 34).

Sharing information with patients. No empathy or compassion was expected from the nurses, control over the exact execution of orders and commands was considered more important. At the same children's hospital, it was possible that a nurse who traumatised the children with her severity could be at work, as well as a gentle and maternal nurse, who left warm memories for the children. Patients were confident in the doctors and believed only what they heard from them. Therefore, the nurses did not provide the necessary information to the patients.

„The nurses mainly performed procedures, measured blood sugar and so on... and we did not share much information with patients." (14N56, 4). *"Patients were happy to share their concerns with the nurses when the nurses had time to listen. But only the doctors were trusted.*" (20E83, 34).

Discussion and conclusions

The Soviet regime lowered and ruined the nursing culture what had been constantly developed during the pre-war Republic of Estonia. During the Soviet era, the training of nurses changed significantly (Odiņa, 2013), the previously established training system for nurses was demolished. The changes were introduced in norms of behaviour, attitudes, principles of being a nurse and a responsible person. The whole system of values as a symbolic capital (Bourdieu, 2003) combined the education and behavioural culture that nurses had to embrace and follow.

This left a deep mark on the nurse's reputation. The nurses monitored the treatment on a daily basis, but there was no time to communicate with the patients. No empathy was expected from the nurses, the exact execution of the orders was more appreciated (Ernits et al., 2019b). As communication psychology and the nursing philosophy were replaced by political ideology in

the training of nurses (Kalnins et al., 2001), patients who lacked the usual supportive conversation, suffered the most.

Based on the nurses' experiences outlined above, cleaning, sterilisation and preparation of equipment took considerable time of nurses' shift. The nursing profession was not well paid by the state, and the nurses had to constantly look for extra jobs.

During the Soviet era, medicine lacked all tools, personal protective and medical equipment. This was the situation offered by the Soviet-era space of possibilities (Bourdieu, 2003). However, the work assignments were performed with enthusiasm and good mood. The nurses' work also needed the manual skills of other fields, such as a typist, craftsman, etc. Working as a nurse required problem solving skills, too. After the day shift, the nurse was usually alone in her night shift and was responsible for the patients. It was often necessary to combine quick manual skilfulness with technical thinking, in conditions where there were insufficient tools. The responsibility of nurses is characterised by the quote: „*the Soviet nurse was able and knew everything.*“ (1N72, 23).

The difficulties were to overcome, the common goal, the treatment, united the medical staff. At the same time, doctors and the chief nurse were always more important than ward nurses in the employment relationship. Suppression and hierarchy were inherent to this period.

Centralisation of Soviet authorities had a deep impact on health care system. State surveillance and control in health care was characteristic of the Soviet period. Social policies were paternalistic and depended on the policies of the communist regime. The state role in social policy grew, while that of local authorities and voluntary organisations vanished. Nurses and other health and social care workers were seen as „doctors of society“ (Tulva, 1997, p. 112), and such work was done by various human service professionals (doctors, teachers, lawyers, psychologists, and kindergarten teachers).

Nurses played a key role in disseminating Soviet ideology and carrying out reforms (Healy, & McKee, 1997). Nursing is part of culture (Leininger & McFarland, 2002) and in this sense, interviews with nurses provide important information about the functioning of society and cultural identity at that time. People's perception of reality is as important as reality itself (Tamm, 2016).

In the 1980s, a gradual liberation began, the ideas of the Western world penetrated through the Iron Curtain, and this gave the opportunity to act more freely and it was possible to start changing the status of nurses for the better again. What happened during the Soviet era affects society today and will continue to do so, but it needs to be reconsidered.

Health care in the Soviet Union was politicised and nursing culture was constructed based on Soviet ideology. This was reflected in the daily work of the nurses. As long as society is changing, and nurses are going to meet and adapt to societies' needs, the nursing culture will also have to change and develop continuously.

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References

1. Aro, I. (2006). Õendusteaduse osakond 1991–2006. In K. Toode (Ed.), *15 aastat akadeemilist õendusharidust Eestis. Tartu Ülikooli arstiteaduskonna õendusteaduse osakonna juubelikonverentsi kogumik*, 10.10. Tartu.
2. Bauer, M. W. & Gaskell, G. (1999). Towards a Paradigm for Research on Social Representations. *Journal for the Theory of Social Behavior*, 29, 2, 163–185.
3. Birley, J. (2002). Political Abuse of Psychiatry in the Soviet Union and China: A Rough Guide for Bystanders. *Journal of the American Academy of Psychiatry and the Law*, 30(1), 145–147.
4. Bourdieu, P. (1993). *The Field of Cultural Production. Essays on Art and Literature*. Edited and introduced by R. Johnson. Cambridge: Polity Press.
5. Bourdieu, P. (2003). *Praktilised põhjused. Teeteooriast*. Translated by L. Tomasberg. Tallinn: Tänapäev.
6. Braun, V. & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). Washington, DC: American Psychological Association.
7. Braun, V. & Clarke, V. (2019). Thematic analysis. *Handbook of Research Methods in Health and Social Sciences*. Hoboken, New Jersey: Springer, 843–860. http://doi.org/10.1007/978-981-10-5251-4_103

8. Carr, E. H. (1965). *What is history?* Penguin Books.
9. Douglas, M. K., Rosenkoetter, M., Pacquiao, D. F., Callister, L. C., Hattar-Pollara, M., Lauderdale, J., Milstead, J., Nardi, D. & Purnell, L. (2014). Guidelines for implementing culturally competent nursing care. *Journal of Transcultural Nursing: Official Journal of the Transcultural Nursing Society*, 25(2), 109–121. <http://doi.org/10.1177/1043659614520998>
10. Ernits, Ü. (2010). Murrangulised 1990-ndad ja 2010. In Ü. Ernits & A. Sepp (Eds.), *Tallinna Tervishoiu Kõrgkool 1940–2010: Artiklite kogumik*. Tallinn: Tallinna Tervishoiu Kõrgkool, 1–4.
11. Ernits, Ü., Puusepp, K., Kont, K.-R., Tulva, T. (2019a). Development of Estonian nursing profession and nurses' training: Historical, political and social perspectives. *Professional Studies: Theory and Practice*, 5 (20), 9–27. <https://svako.lt/uploads/pstp-2019-5-20-2.pdf> (21.04.2021)
12. Ernits, Ü., Talvik, M. & Tulva, T. (2019b). Nursing education in the wind of changes: Estonian experience. In *Proceedings of the International Conference on Research in Education, 5.-7.04, Barcelona, Spain*, 1–14. Diamond Scientific Publication. <https://www.dpublication.com/wp-content/uploads/2019/05/icreconf-60-174.pdf> (21.04.2020)
13. Ernits, Ü.; Talvik, M.; Tulva, T.; Puusepp, K. (2020). Eesti õenduse ja õdede koolituse kujunemisest ühiskonna muutumise tõmbetuultes. In T. Tulva, M. Talvik, K. Puusepp, Ü. Ernits & P. E. Routasalo, (Eds.), *Eesti õendus ajas ja muutumises: Teadus- ja õppemetoodiliste artiklite kogumik*, 16–42. Tallinn: Tallinna Tervishoiu Kõrgkool.
14. Estonian Code of Conduct for Research Integrity, 2017. *Eetikaveeb/ Ethics in Estonia*. Online: <https://www.eetika.ee/en/ethics-estonia/estonian-code-conduct-research-integrity> (14.04.2021)
15. Gagunova J. (1977). *Haigete põetamine*. Tallinn: Valgus.
16. Healy, J. & McKee, M. (1997). Health Sector Reform in Central and Eastern Europe: The Professional Dimension. *Health Policy and Planning*, 12(4), 286–295.
17. Hemberg, J. A. V. & Vilander, S. (2017). Cultural and communicative competence in the caring relationship with patients from another culture. *Scandinavian Journal of Caring Sciences*, 31(4), 822–829. <http://doi.org/10.1111/scs.12403>
18. Hiio, T. (2012). Haridus- ja teaduskorraldus Eesti NSVs 1940–1991. *Estonica: Entsüklopeedi Eestist*. 01.10. http://www.estonica.org/et/Haridus-ja_teaduskorraldus_Eesti_NSVs_1940-1991/ (27.05.2021)
19. Kaihlanen, A. M., Hietapakka, L. & Heponiemi, T. (2019). Increasing cultural awareness: qualitative study of nurses' perceptions about cultural competence training. *BMC Nursing*, 18, 38. <http://doi.org/10.1186/s12912-019-0363-x>
20. Kalnins, I. (1995). Pioneers in academia: higher education for nurses in Estonia, Latvia and Lithuania. *Nursing Outlook*, 43, 84–87.
21. Kalnins, I., Barkauskas, V. H. & Šeškevičius, A. (2001). Baccalaureate nursing education development in 2 Baltic countries: Outcomes 10 years after initiation. *Nursing Outlook*, 49(3), 142–147.
22. Karanikolos, M., Kühlbrandt, C. & Richardson, E. (2014). Health workforce. In: Rechel, B., Richardson, E. & McKee, M. (Eds.). *Trends in health care system in the former soviet countries. Observatory Studies Series 35*. (pp. 77–90). Copenhagen: WHO Regional Office for Europe, http://www.euro.who.int/_data/assets/pdf_file/0019/261271/Trends-in-health-systems-in-the-former-Soviet-countries.pdf (16.04.2021)
23. Karjahärm, T. (2010). *Oleviku minevikud. Ajaloolase käsiraamat*. Tln: Argo.
24. Karosas, L. & Riklikienė, O. (2011). Development of the nursing profession in pre-war independent Lithuania (1918–1939): A comparison between past and present. *The Journal Nursing Education, Research, & Practice*, 1, 4–11.
25. Kivimaa, K. (2015). *Naiste rollid ja õigused kui riikliku propaganda osa*. 29.10. <https://feministeerium.ee/naiste-rollid-ja-oigused-kui-riikliku-propaganda-osa/> (23.04.2021)
26. Kõrran, T., Onoper, A., Pruuden, E., Roots, E., Ruul-Kasemaa, K., Saluvere, T., Sarv, H. & Öunapuu, M. (2008). *Sammud käänulisel teel: Eesti õenduse arengutest 21. sajandini*. Tartu: Eesti Õdede Liit.
27. Laan, I., Luiga, E. & Tamm, S. (1975). *Lastehaigused*. Tallinn: Valgus.
28. Lagerspetz, M. (2017). *Ühiskonna uurimise meetodid. Sissejuhatus ja väljajuhatus*. Tallinn: TLÜ Kirjastus.
29. Leininger, M. & McFarland, M. R. (2002). *Transcultural Nursing: Concepts, Theories, Research, and Practice*. New York: Mc Graw-Hill.
30. Odiņa, O. (2013) *Development of the nurse profession in Latvia (18th-20th centuries)*. Rigas Stradina Universitate. Summary of the Doctoral Thesis.

https://www.rsu.lv/sites/default/files/dissertations/OOdina_Promocijas_darba_kopsavilkums_EN.pdf (23.04.2021)

31. Personal Data Protection Act. (2019). *Riigi Teataja* (RT I, 04.01.2019, 11). <https://www.riigiteataja.ee/akt/104012019011> (18.05.2021)

32. Rechel, B. (2014). Public health. In B. Rechel, E. Richardson & M. McKee, (Eds.), *Trends in health care system in the former soviet countries. Observatory Studies Series 35* (pp. 91–110). Copenhagen: WHO Regional Office for Europe, http://www.euro.who.int/__data/assets/pdf_file/0019/261271/Trends-in-health-systems-in-the-former-Soviet-countries.pdf (17.04.2021)

33. Renn, O., & Levine, D. (1991). Credibility and trust in risk communication. In R. E. Kasperson & P. J. M. Stallen (Eds.), *Communicating risks to the public* (pp. 175–217). Springer.

34. Roberts, B., Karanikolos, M. & Rechel, B. (2014). Health trends. In B. Rechel, E. Richardson & M. McKee (Eds.), *Trends in health care system in the former soviet countries. Observatory Studies Series 35* (pp. 9–28). Copenhagen: WHO Regional Office for Europe. http://www.euro.who.int/__data/assets/pdf_file/0019/261271/Trends-in-health-systems-in-the-former-Soviet-countries.pdf (16.04.2021)

35. Shiffrin, S. (2000). Paternalism, Unconscionability Doctrine, and Accommodation. *Philosophy and Public Affairs*, 29(3), 205–50.

36. Starks, T. A. (2017). Propagandizing the healthy, bolshevik life in the early USSR. *American Journal of Public Health*, November, 107(11), 1718–1724.

37. Talvik, M., Ernits, Ü. & Tulva, T. (2019). The past is in the future: The challenges of educating Estonian nurses in historical-cultural context. In *Proceedings of International Conference Sustainable Caring for Health and Wellbeing: International Conference Sustainable Caring for Health and Wellbeing*, 1.–3.10.2019. Vaasa, Finland. Abo Academy Press, 46–46.

38. Tamm, M. (2016). *Humanitaarteaduse metodoloogia. Uusi väljavaateid*. Tallinn: TLÜ Kirjastus.

39. Tagaküla, A. & Tammaru, G. (2020). *Nõukogudeaegne õendus narratiivides*. Final Thesis. Tallinn: Tallinn Health Care College.

40. Toliušienė, J. & Peičius, E. (2007). Changes in Nursing Ethics Education in Lithuania. *Nursing Ethics*, 14(6), 753–757.

41. Tulva, T. (1995). *Viron sosiaalityön muotoutuminen murroskaudella*. Akateeminen väitöskirja. Rovaniemi: Lapin Yliopisto.

42. Tulva, T. (1997). Reflections from the Field: Changes in Social Work in Estonia: Transitions in Welfare. *Social Development Issues*, Vol 19(1), 109–121.

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