

# Training and Professional Practice of Nurses in Soviet Estonia in Light of Their Ideological Context

Merle Talvik<sup>1\*</sup>, Taimi Tulva<sup>1,2</sup>, Kristi Puusepp<sup>1</sup>, Ülle Ernits<sup>1</sup>

<sup>1</sup>Tallinn Health Care College, Tallinn, Estonia

<sup>2</sup>Tallinn University, Tallinn, Estonia

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## ABSTRACT

**Background data.** In 1940–1941 and 1945–1991 Estonian territory was occupied by Soviet Russia. The “new period of awakening” was initiated under Gorbachev’s *perestroika* and *glasnost* (1985–1991), leading to democratization. **Aim.** This qualitative study aimed to analyze the training and professional activity of nurses in Soviet Estonia against the background of ideology. **Method.** The research was conducted in 2021 and 2023. The authors surveyed senior nurses who worked during the Soviet era for at least 20 years. There were written and oral thematic interviews, as well as a focus group interview were conducted. A thematic content analysis was carried out. **Results.** During the Soviet era the training of nurses occurred within vocational training institutions. The curricula underwent a shift towards a Soviet-oriented approach. A significant portion of lessons were dedicated to imparting knowledge on the principles and tenets of Communist-Marxist ideology. Therefore, practical subjects were frequently allocated limited space. In the Soviet Union politics and healthcare were tightly linked. The nurses were required to attend party meetings, which were often conducted in Russian, and it was mandatory to commemorate Soviet anniversaries. The activities of the nurses were monitored, and nurses were strictly required to fulfill their duties and orders without exercising personal initiative. In the Soviet period all nurses were members of trade unions and the Estonian SSR Society of Medical Nurses (ESN).

## 1. Introduction

The development of Estonian nursing and nurses’ training has been intricately linked to societal transformations. During the era of the Republic of Estonia (1918–1940), the health care system placed a lot of emphasis on public health, with particular attention given to nurses’ training. Ideas for nursing advancements primarily originated from Germany and Scandinavia (Ernits, Puusepp, Kont & Tulva, 2019). It marked a period of openness and professionalism in the field of nursing, when the Estonian Nurses’ Association (1923) and the School of Nurses at the University of Tartu (1925) were founded (Ernits, Talvik, Tulva & Puusepp, 2020).

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

\* Corresponding author E-mail address: merle.talvik@tk.ee

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the first occupation, which 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, marking the beginning of the second Soviet occupation.

During the Soviet rule, the nurses' education system collapsed like numerous other fields. Following the involuntary incorporation of Estonia and other Baltic States into the Soviet Union, nurses experienced a decline in their professional standing and were assimilated into the Soviet health care system as midlevel medical personnel, who were trained in vocational (medical) schools after the completion of general education (Kalmins, Barkauskas & Šeškevičius, 2001). Subsequent to the 1960ies, it became possible to pursue education in medical schools on the basis of secondary education. The training of nurses in the Soviet Union reflected the relatively low status of nurses on the professional hierarchy, as nursing was not considered a dignified profession. (Karanikolos, Kühlbrandt & Richardson, 2014). Nurses received low wages, long shifts, and a chronic shortage of housing and often worked in dismal conditions without running water or functional sewage systems (Grant, 2022).

During the Soviet era, medical schools operated under different names, which were changed according to political decisions. So, for example, in 1941, Tartu Medical School evolved out of the School of Nurses of the Estonian Nurses' Association. In 1944–1964, the institution was called the Tartu Republican Medical High School, and in 1964 it was again altered to Tartu Medical School (Kõrran et al., 2008).

In 1940, the Tallinn Nurses' School was established at Tallinn Central Hospital. In 1941, the Tallinn Nurses' School was transformed into the Tallinn Medical High School. During World War II all activities of medical schools in Tallinn and Tartu were interrupted, although the Tallinn Medical School operated in the Russian City Tambov as the Tambov Estonian School of Feldshers and Midwives (1943–1944) (Ernits et al., 2020). In the postwar years medical schools were reopened. In September 1944, the medical school transferred to Tallinn again and also received its former name, Tallinn Medical High School. In 1945–1964, the school was referred to as the Tallinn Republican Medical School, and since 1964, the Tallinn Medical School. (Pöldla et al., 2010).

After the Second World War, polyclinics and hospitals provided health services in the cities. In rural areas, primary medical care was provided by feldshers and midwives; more complex specialized treatment was dispensed in larger district hospitals and polyclinics (Ernits et al., 2020).

An extensive network of public health institutions was established in the Soviet Union. The mission and organization of this so-called Sanitary Epidemiological (san-epid) Service were first outlined in 1924 by N. A. Semashko, the first People's Commissar for Public Health, whose name is renowned within the overall Soviet health system. The task of the san-epid service was health protection, with a particular emphasis on communicable disease control through mass vaccinations, the sanitary control of water supplies, hygienic waste disposal and sewage treatment, and the pasteurization of milk. In the 1950s and 1960s, the scope of the san-epid service was expanded to include occupational and environmental health (Rechel, 2014).

In 1966, the Estonian SSR Society of Medical Nurses (ESN) was established, which was the only one in the whole Soviet Union. The ESN remained operational until 1990. It had a central board and regional boards. The society organized conferences and seminars. During the conferences various topics were discussed, such as the main tasks of nurses (Rüütli, 1975) and the shortage of nurses (Gustavson, 1981). Furthermore, the Red Cross Society continued its existence during the Soviet period. (Ernits et al., 2019).

The centralization of the Soviet regime had a major impact on the health care system; international contacts were scarce, and the pervasive closure permeated all aspects of life, including health care. For the Soviet state, health care was not only an individual right, but also a “political act” (Starks, 2017: 1718). Under communism, a common healthcare model was based on state ownership and control (Roberts, 2009).

It was the Soviet government that determined the attainment of a person’s quality of life rather than the individual themselves. Paternalism, as an activity that restricts the freedom or autonomy of a person or group and allowing the state to decide what is good for the person (Shiffrin, 2000), was a common principle in Soviet social policy. 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). Thus, members of the Communist Party and their families, as well as trade union leaders, were in a privileged position to receive perks.

However, there was a positive aspect to the Soviet healthcare system: all citizens were provided with the opportunity to obtain primary medical services at no cost. The establishment of a free public healthcare system in the Soviet Union was considered as one of the most important achievements of socialism. The quality and standard of medical services were contingent upon the level of professional training of mid-level medical staff, including nurses. (Odiņa, 2013).

During the Soviet era, professional education was dominated by communist ideology. After the Second World War, “sisters of mercy” were renamed to “medical nurses”. (Odiņa, 2013). The reduction in the duration of the training period resulted in a decline in the level of education. The nursing profession became unpopular among young people as training programs were reminiscent of the Soviet style. Many lessons were devoted to teaching communist-Marxist ideology and therefore practical nursing education and communication skills, not to mention compassion, were excluded from the curricula (Kõrran et al., 2008). The study period at the medical school spanned a period of three years. The majority of student candidates were female. (Pöldla et al., 2010). In addition to basic training, advanced training was also launched.

The training of nurses was related to the military. In the 1950ies, the political situation in the world grew more alarming, largely due to the manifestations of the Cold War. It resulted in the Soviet Union implementing a training for reserve nurses. The purpose of these courses was to prepare reserve nurses for the Soviet Army and Air Defense Forces (Odiņa, 2013).

At the end of the 1950ies, it was discovered that to enhance the quality of medical training, it was very practical to carry out admissions solely on the grounds of secondary schools. (Pöldla et al., 2010). Hence, the schools did not have the responsibility of teaching general educational subjects, but all attention could be focused on medical training.

In the 1960ies, students’ communist orientation and the formation of a materialistic worldview had to be constantly carried out in all study and practice classes. General and clinical subjects lacked Estonian textbooks. They were in Russian. Since the students knew Russian well, they encountered no obstacles using Russian language textbooks. Topical reviews, or papers, were used in the subjects. During the practical work, the students’ skillfulness and ability to connect theory with practice had to be assessed. Whereas the assessment of the practical part was more important than the theoretical part. It was considered crucial for the teachers to know the theories of Marxism-Leninism and the materials of the Communist Party congresses in order to introduce them to the students in an understandable form. (Pöldla et al., 2010).

Centralized power had an enormous impact on the Soviet health care system. A limited number of international contacts and the closure of society were dominant in all areas, including

healthcare. In the 1980ies, the health care systems of the Baltic region were lagging far behind western standards. There was a shortage of employees, medicines, and equipment. The ratio of hospital beds to patients was disproportional. The primary insufficiency was noted among support staff, including nurses and paramedics (Healy & McKee, 1997).

By the 1990ies, health services were delivered in dilapidated facilities by low-paid staff. The profession of nurse in the Soviet Union was characterized by low prestige, an absence of autonomy, unfavourable working conditions, and insufficient remuneration. (Kalnins et al., 2001).

A nurse had to have knowledge about diseases and skills to accomplish different procedures. The quality of the nurse's work was assessed on the basis of its speed and accuracy. A nurse had to be obedient, and the independence of nurses was suppressed. "A medical nurse follows the orders of a doctor. Some procedures (injections, cups, mustard plasters, enemas, etc.) can be accomplished by a nurse autonomously. In the case of more complicated procedures, the task of a nurse is to prepare the patient and instruments and to assist the doctor." (Gagunova, 1977: 8).

The "new period of awakening" was initiated under Gorbachev's *perestroika* and *glasnost* (1985–1991), launching a process of democratization. During the period of 1988-1989, Estonian intellectuals emerged in the political arena during the "singing revolution": Estonian nationalist songs were used as a form of protest during student marches in several cities, and these events paved the way to the collapse of the Soviet Union (Tulva, 1997). Estonia's 50-year occupation ended when it regained its independence on August 20, 1991. The era of constructing a democratic state began.

## **2. Theoretical Background and Methodology**

This research is based on the principles of health humanities, which create a conceptual nexus between health and other fields (history, literature, art, philosophy, cultural studies, etc.). They identify areas of overlap, where each, from its own perspective, methods, and resources, can raise questions or shed light for the mutual benefit of both (Jones et al., 2017).

The modern cultural historical perspective is characterized by a focus not on historical realities (facts and dates) but on their representations and conceptions, on meanings. People's perceptions of reality are as important, if not more important, than reality itself. (Tamm, 2016). Cultural history aims to place the emphasis on the internal perspective of the participants in historical process (Rubin, 2002).

The problem of this study is how ideology manifested itself in the training and professional practice of nurses in Soviet Estonia. There are still people alive and in the labor market who were educated during the Soviet era and gained their first work experience during that time. The aforementioned nurses have also been the developers of new and modern nursing education and the founders of the principles of innovative nursing in Estonia (Talvik, Ernits & Tulva, 2019; Talvik, Tulva, Ernits & Puusepp, 2021), which is why the peculiarities of the Soviet era deserve to be studied from a social-historical perspective. People's memories and the meanings attributed to events by people are worthy of study, as long as there is still a possibility to research them.

The study aimed to analyze nurses' training and professional practice during the Soviet era from the perspective of senior nurses. The main research questions were: (1) how senior nurses perceive their training and professional practice during the Soviet era; and (2) how senior nurses reflect the Soviet ideology manifested in their professional practice and education.

This article pertains to retrospective reflections and discussions. According to Jupp (2006), relying on retrospective analysis allows for a flexible and multifaceted approach to the issue. Research was conducted in 2021 and 2023. The research material comprised of historical sources, evidence-based studies, and thematic interviews. 13 senior nurses were involved in the interviews. A total of 12 written and one oral interviews were conducted first, followed by a focus group interview with people in 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 during the Soviet era. Nurses in retirement were considered senior nurses.

The respondents were individuals residing in Tallinn, and they possessed a minimum of 20 years of experience working as nurses during the Soviet era. All respondents were female. The sampling method was the snowball method (Lagerspetz, 2017). Pursuant to the Personal Data Protection Act (2019), informed consent to participate in the survey was obtained from respondents. The researchers elucidated the purpose of the study, asked for permission to record the interviews, and described the information processing procedure. Both the audio recordings of the oral and focus group interviews and the written interviews were deleted after the completion of the study. Six students of Tallinn Health Care College (A. Aleksandrova, A. Holter-Kala, A. Kalashnikov, K. Küttis, V. Raadik, A. Sahno) were involved in interviewing for the research. All interviewees received codes to ensure the confidentiality of the participants. The code consisted of the following indicators: number of the interviewee, age, length of work experience as a nurse in general, and length of work experience as a nurse during the Soviet era (e.g. 1-69-51-20). Table 1 presents the coding of the general data of the respondents.

Table 1.

*Sample characterization*

No	Age	Years worked as a nurse in general	Years worked as a nurse during Soviet time
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

A thematic content analysis was performed. Thematic analysis emphasizes identifying, analyzing and interpreting patterns of meaning (or “themes”) within qualitative data (Braun et al., 2019). Thematic analysis is a flexible method that allows the data to be focused in numerous different ways (Braun & Clarke, 2012). The primary coding of the data was a “bottom-up” inductive approach, according to what was seen in the content of the data without preconceptions.

Coding and thematization consisted of six distinct steps: (1) familiarizing oneself with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) naming the themes, and (6) writing a report. In order to become familiar with the data, the researchers read

the interviews several times to gain a general understanding of the material, taking notes on initial thoughts. The study's research questions guided the coding of the data. The codes were interpreted and placed into potential subthemes based on how they related to each other and how similarities and variations emerged in the data.

Then a re-reading of the coded extracts was carried out to check the relevance and meaning of the formed subthemes. In the next step, subthemes were reviewed in relation to the whole, several subthemes were combined to create themes, and two main themes were formed as a result. Next, themes were named based on their nature and content. In the final step, a report was written to describe the findings. Analyzed data resulted in 4 subthemes and 2 main themes (see Table 2).

Table 2.

*Analyzing interviews: thematization*

<b>Subthemes</b>	<b>Main themes</b>
Specifics of study	Professional training of nurses and advanced training
Advanced training and activities in professional associations	
Ideological activities in nurses' professional practice	Ideology in nursing practice and education
Nurses' training in an ideological context	

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

### 3. Results

The results will be analyzed based on main themes, subthemes, and quotations.

#### 3.1. Professional Training of Nurses and Advanced Training

Senior nurses recall that teaching in medical schools during the Soviet era was both theoretical and practical. Such subjects as anatomy, children's diseases, surgery, skin and infectious diseases, pharmacology, nursing, etc. were instructed. Latin was also essential. Additionally, nurses were taught to cooperate with orderlies. Medical school graduates were assigned to jobs across the country using a general assignment scheme. Upon starting a new position, bottlenecks in knowledge were often revealed, necessitating specialized additional training.

*"I studied in Tallinn at the courses of the Estonian Red Cross from 1967 to 1969. It was valuable that the teachers were working doctors. When I went to work, it turned out that there was still a lack of practical skills, and I had to start improving my skills."* (6-72-55-25).

*"During the Soviet era, there was forced referral after finishing school. After all, education was free and thus people were guaranteed a job, and there were also enough nurses in medical institutions. Often living space in hospital dormitories was provided to those referred."* (6-72-55-25).

##### 3.1.1. Specifics of Study

At the beginning of the period, nurses were trained in medical high schools. For example, in the years 1944-1950, at the conclusion of each semester, Tallinn Medical High School held professional exams and final exams at the end of the school. Exams were required in the following subjects: Physics, Biology, Latin, Anatomy and Physiology, Pharmacology, Pathology, Diseases of Children, Surgery and Military Instruction. It was also possible to study as an external student. In addition to the aforementioned, externs were required to take the

following exams: educational work in children's institutions, hygiene, pathological physiology, prescription, internal diseases and sick nursing, infectious diseases, epidemiology, theory and practice of vaccinations, skin and venereal diseases, anatomy and physiology of children. The grades awarded for subject performance in the five-point system were recorded in the study books, which provided an overview of the subjects acquired and the internships completed over the entire course of study.

*"I studied at Tallinn Medical High School in 1954-1957. I studied to be a feldsher. The subjects were: anatomy, physiology, biology, pharmacology, Latin, sanitary education, within the framework of which sanitary squads were formed and competitions were organized for them. Nursing was also taught. Practical activities, such as injections, taking blood from a vein, were practiced on each other. All diseases were studied in feldsher's specialty: internal medicine, surgery, ear-nose-throat diseases, children's diseases, gynecology and obstetrics, infectious diseases, etc. I believe that when we went to work, we didn't even know what knowledge we were missing. Since, for family reasons, I could not go to the country to work at the health clinic, I stayed at Tallinn Children's Polyclinic."* (2-83-60-34).

*"Everything had to be done and everything had to be learned. That's how it was taught at school."* (13-87-64-38).

Interviewed nurses noticed that there was a lack of practical skills in their studies. *"I studied at the Tallinn Medical School in 1968-1971. I obtained a secondary-professional education. We acquired both theoretical and practical skills, which could have been more. We gained practical experience mainly during internships in hospitals."* (1-69-51-20).

*"Back then, you had to do what the doctor ordered. Patronage visits, visits to sick children, teaching mothers. I personally missed practical training, but I could learn it with the help of experienced colleagues."* (2-83-60-34).

*"Then there was Tallinn Medical High School. I went there after finishing seventh grade. The high school students studied in two shifts and then there was us, the third shift. Classes started at six and I got home at half past eleven. I finished school in 1953 (I was 18 years old then) and got the professional title of "nurse of children's institutions"."* (13-87-64-38).

Beginning in 1964, the term medical school was utilized. In the final years of the Soviet period (from 1985), the nursing curriculum was updated, and with this, nurses became more knowledgeable, better able to communicate with patients and recognize their concerns. Opportunities for learning abroad expanded.

*"Emphasis on the nurse's education became important, but the understanding that a smart nurse can work better, more independently, make her own decisions, dares to take responsibility, is an equal partner to a doctor, was difficult to put into practice. Transferring this knowledge and reaching the nurses was a long and complex process, in the opinion of many it was easier to follow the old path, because changes brought new obligations, nurses were afraid of the accompanying responsibility."* (3-72-51-23).

In the 1980ies the doctor's attitude and understanding of the nurse's education were contradictory. *"Why a higher education for a nurse, why a university education (nursing faculty), what research, what master's degrees, the university teaches doctors!! The change in the training level of nurses received persistent resistance before being accepted by doctors."* (3-72-51-23).

### **3.1.2. Advanced Training and Activities in Professional Associations**

In the process of training nurses, it was discovered that advanced training was required.

*“I personally felt the need for immunization training. Later in 1978, when I started working as a head nurse at the hospital, I realized how much knowledge is needed in work organization, communication, ethical issues, as well as sterilization. Specialization courses for head nurses were held. A lot of in-hospital trainings were organized. In most cases, the lecturers were doctors.” (2-83-60-34).*

Russian was the working language in several hospitals, and advanced training was also conducted in Russian. The Nursing Council of the hospital prepared the annual training plans and determined the topics of the advanced training. The training mostly took place in special training centers for healthcare employees.

*“There were few trainings, the nurse could not choose the training herself, the decision was made by the head nurse, who had to get approval to send a nurse to the training from the head of the hospital, the chief doctor. The head nurse coordinated with the chief doctor and the party organizer (partorg), where and how many nurses can attend the training.” (3-72-51-23).*

*“The topics of advanced training were, for example, questions about the development of central medicine in the USSR, questions of first aid, etc.” (2-83-60-34).*

At the end of the Soviet era, some opportunities existed to visit foreign hospitals. *“It largely depended on the hospital management and both the Ministry of Health and the Ministry of Foreign Affairs, while the background of the nurses who qualified to go abroad had to be reliable from a political point of view.” (3-72-51-23).*

*“The institution guided, monitored and supported the development and growth of employees.” (6-72-55-25).*

*“The opportunities to participate in advanced training and to go abroad to improve one’s knowledge or to work (e.g. Finland, Sweden, Norway, England) contributed to the nurses’ independence.” (3-72-51-23).* Larger hospitals established their own training centers, instructors were invited from abroad, joint projects were started for training (e.g., with Denmark).

*“We cooperated with Finland and Sweden. We mostly communicated in English. On one occasion, as a head nurse, I had to translate official training sessions for my nurses. No translator was available. Later there was an opportunity to participate in English language courses as well.” (13-87-64-38).*

During Soviet times all employees belonged to a trade union and were members of the Estonian SSR Society of Medical Nurses Nurses’ (ESN). *“Membership was an honor.” (6-72-55-25).*

The ESN was the largest nurses’ organization in Estonia in the 1980ies. The main goals of the society were to improve professional knowledge, broaden horizons and improve the working and living conditions of nurses. The society’s activities also included raising the qualifications of nurses and equipping hospitals with necessary medical supplies, uniforms, and work shoes. In addition, the ESN organized holiday camps every year, where sports competitions, games, quizzes, and presentations were performed.

In Soviet times, it was natural that every nurse belonged to the ESN. There was also dissatisfaction with ESN’s work. *“In the 1980ies, the desire to belong to the association began to decline, the nurse’s salary was low, the association’s membership fee increased, although not by much, but the effect was there. The nurses asked what I would get for it.” (3-72-51-23).*

The training and advanced training of nurses encountered several difficulties during the Soviet era, but nurses still contributed to expanding their knowledge, independence, and responsibility.



### **3.2. Ideology in Nursing Practice and Education**

Ideological pressure was manifested both in workplaces and in education. According to the position, party membership was required. For example, all department heads and doctors were members of the Communist Party. Party affiliation was also considered essential when working as a nurse. Mid-level employees were not directly forced to join the party. But those who desired to travel abroad had to enlist. Many subjects in the nurses' training were also ideologically oriented, e.g., the history of the Communist Party of the Soviet Union.

*"We had a neurosurgeon as a partorg and attended party meetings. I, as the head nurse, also had to attend larger meetings." (13-87-64-38).*

*"The political pressure was still strict. This was especially noticeable in our hospital, as it was a psychiatric hospital. Twice a week, the employee of the State Security Committee of the USSR (KGB) came to talk to me as a head nurse. It was like that for a head nurse, but an ordinary nurse who was not a leader, she did not know or perceive it. It didn't concern her much." (6-72-55-25).*

*"We did not particularly perceive ideological influences in our professional work, but we did in the general management of the hospital." (2-83-60-34).*

#### **3.2.1. Ideological Activities in Nurses' Professional Practice**

In terms of practical activity, the ideology was expressed mainly at party meetings and lectures with political content and through participation in various socialist competitions. The policy of russification was clearly perceived in the medical institutions.

*"We had to attend party meetings, which were held in Russian. The anniversaries of the Soviet Union were also celebrated." (1-69-51-20).*

*"Participation in the May 1st and November 7th parades was mandatory. It was determined how many employees from the department had to go on parade, often it was nurses and orderlies, because the doctors tried to evade." (3-72-51-23).*

*"The saddest memories are of the psychological terror of the Communist Party. For example, how was the relationship between Estonians and Russians in the institution. In many hospitals, the official language had to be Russian. When I remember this – there is anxiety in my soul." (2-83-60-34).*

*"Once a week there were political lectures, which were often conducted formally. The hospital where I worked served sailors who went overseas. There was a requirement that patients whose political background was not correct should not be placed in the same ward with a sailor who knew how life was like abroad." (2-83-60-34).*

*"Nurses who worked in the tuberculosis department, most of whom were war veterans. The work culture was politicized. All instructions had to be translated from Estonian to Russian. I often had to be a translator for the doctors, as not all patients knew Russian, and at the same time, the doctors did not know Estonian." (10-73-53-23).*

Professional skills competitions and socialist competitions between departments were organized in the hospitals. Annual civil defense exercises were conducted, during which it was necessary to evacuate the department's patients according to the situation (fire, attacks, etc.).

*"We competed both in theory and in practical tasks, the best received certificates for I-III place in the professional competition. These competitions were not particularly popular, the guidelines came from the Ministry of Health, rather it was an imposed obligation. But it cannot*

*be denied that it raised the self-esteem and image of the nurses who reached the top three, in the 1980ies they also started paying them a small bonus.” (3-72-51-23).*

*“Nobody was in favor of the tasks of civil defense, but the duties had to be fulfilled.” (3-72-51-23). “Civil defense exercises took place regularly, we made cotton-gauze masks, we evacuated in gas masks to the shelter next to the medieval tower Fat Margaret, to the premises of the polyclinic’s basement floor.” (5-80-45-21).*

Trade unions played an important role in the work process, especially when doing community work.

*“The work of the trade union was very active at the polyclinic, the trade union members often received tourist trips to different countries as a reward. In addition, checks for various scarce items. It seems funny now, but at the time it gave me a lot of energy to do community work.” (11-82-50-31).*

There were separate hospitals for the party nomenclature, where other patients were not admitted. Enhanced patient services were also provided to patients in this kind of hospital. *“There was a separate hospital for party members, other patients could not go there.” (11-82-50-31).*

There were also so-called “knockers” in the collectives, people who earned better benefits by complaining about their colleagues. *“It was necessary to recognize them, and often they were known, and one tried not to get caught up by them. The situation became freer towards the end of the 1980ies.” (3-72-51-23).*

### **3.2.2. Nurses’ Training in an Ideological Context**

During the Soviet era, the training of nurses changed considerably; the previously established training system for nurses was demolished. A paternalistic orientation prevailed in health care: just as the state regulated how to cure, spread hygiene, and healthy lifestyles propaganda, training was also determined by the management of the institution, thereby limiting the person’s autonomy to decide what kind of training was needed. All-Union study plans, which stipulated the study content and volume, became decisive in the training of nurses. A large proportion of professional training consisted of the ideological education of students. It was integrated into the nursing curriculum, and nurses were expected to have a cultural and technical education that would meet the needs of Soviet workers.

*“In the hospital, it was customary to send employees to evening school, nursing school if necessary. In short, the institution directed, monitored and supported the development and growth of employees.” (6-72-55-25).*

*“In Soviet times, nurses had to be medical and scientific workers as well as cultural workers with a Marxist-Leninist education.” (6-72-55-25).*

There were issues with lacking study materials, and therefore translated textbooks from the Russian language were used. *“There was almost no professional literature for nurses, except Russian-language and so-called medical books, mostly intended for doctors. The first nursing books were obtained from Finland in the second half of the 1980ies and they were tried to be translated and distributed in the hospital with our own efforts or with the help of the Nurses’ Association.” (3-72-51-23).*

## **4. Discussion and Conclusion**

The focus of this article was the reflection of senior nurses on the nurses’ training and practice as well as how the ideology manifested in their practice and education. As written by Grant

(2022) the state health care system of the USSR suffered from numerous problems, including inadequate resources, underqualified personnel, and a lack of prestige. Soviet nurses devoted themselves to their work and provision of care to patients but were disillusioned and perceived being betrayed by socialism and the state. Nurses' wages were low, and working and living conditions were poor, which increased distrust towards the ideology.

The present study revealed that the interviewees have perceived ideological pressure both in preparation for becoming nurses and in subsequent professional practice. The nurses' training included ideologically oriented disciplines, which is why there was an insufficient amount of practical training. Therefore, nurses experienced themselves incompetent in their workplaces and needed advanced training to address deficiencies in practical competencies.

Starks (2017) wrote that in the Soviet Union, politics and healthcare were inextricably linked. The ideology and propaganda of communism were carried out everywhere, including healthcare. This information is validated by insights gathered in conducted interviews: the nurses were required to participate in party meetings, which were conducted in Russian, and it was mandatory to celebrate Soviet anniversaries. The nurse's work at the level of activities was not and could not be ideological, but ideology was embedded, and it determined the work culture of the institution and the daily life of the hospital in many ways, e.g., there were various socialist competitions and civil defense exercises.

The Soviet government, not the individuals themselves, decided on achieving a person's quality of life. Paternalism was a common principle in Soviet social policy. This position was also reflected in the results of this study. Estonian senior nurses noted that healthcare in the Soviet Union was politicized, and nurses' training was based on Soviet ideology. It affected the nurses daily and profoundly impacted their reputation. The activities of the nurses were monitored, and nurses were strictly required to fulfill their duties and orders; they could not display their own initiative.

In the Soviet period, it was customary that all employees belonged to informal associations, resulting in all nurses being members of trade unions and the Estonian SSR Society of Medical Nurses (ESN). The Society tried to improve professional knowledge, broaden horizons, and improve the occupational and living conditions of nurses. In addition, the ESN organized holiday camps every year, the participation of which was always numerous, and the nurses fostered common sense through it.

The research is of substantial academic value in the context of the history of Estonian nursing, as it helps to understand the difficulties and complexity of the development of nursing over time. The Soviet era still affects Estonian society today and will continue to do so in the foreseeable future. Similar developments occurred in other post-Soviet countries, which could be studied in the future in cooperation with researchers from neighboring countries. Presumably, it will be rational in the future to concentrate on researching the recent past as well.

The demographic indicators of the respondents can be considered a limitation of the present study, since there are fewer and fewer respondents within the age range of 70 to 80 who have had a long work experience in the Soviet era.

The analysis of the interviews and the theoretical material allowed us to highlight the following: senior nurses perceived deficiency in practical skills within their training, which is why additional training was needed to strengthen professional skills. Political pressure was perceived throughout society, including in education and professional life. However, community organizations (for example, trade unions and ESN) helped foster employee cooperation and increased job motivation.

Nursing is part of society's culture, and interviews with nurses provide us with critical information about the functioning of society and cultural identity at a given time.

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