“Мені сняться вибухи

I have nightmares about explosions

State of Health Workforce Mental Health in Ukraine

October 2024

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List of Abbreviations

COVID-19	Coronavirus Disease 2019
FGD	Focus Group Discussion
GBV	Gender-Based Violence
HCW	Healthcare Worker
HF	Health Facility
IDP	Internally Displaced Person
IFRC	International Federation of Red Cross and Red Crescent Societies
IPC	Infection Prevention and Control
IRC	International Rescue Committee
MH	Mental Health
MHPSS	Mental Health and Psychosocial Support
NHSU	National Health Service of Ukraine
PPE	Personal Protective Equipment
QR	Quick Response (as in QR code)
SRH	Sexual and Reproductive Health
WHO	World Health Organization

Introduction

Ukraine's Healthcare Reform, COVID-19 and the war

In the past decade, healthcare workers (HCWs) in Ukraine faced considerable challenges stemming from systemic changes within the healthcare sector, responding to the COVID-19 pandemic, and, recently, the consequences of Russian aggression. Following the 2014 Euromaidan Revolution, the Ukrainian government introduced a series of ambitious reforms aimed at improving health outcomes and combating corruption in the system through the National Healthcare Reform Strategy 2015-2020. Key initiatives included the establishment of the National Health Service of Ukraine (NHSU) in 2018, reconfiguring primary care financing, raising health professionals' wages, and developing an eHealth digital records system. While designed to enhance service delivery, these reforms placed additional tasks on HCWs, requiring them to adapt to new procedures and performance-based compensation models. For instance, under the "money follows the patient" approach, provider salaries became tied to the number of patients they registered, with some health professionals seeing a significant increase in their income directly related to higher workload. HCWs had to navigate increased accountability, changing financial structures, and transitioning to a more regulated system. Additionally, while primary care saw improvements, secondary and tertiary care remained underfunded and outside the NHSU reimbursement system, continuing to pose challenges for patients and health professionals.

In this newly developed system, HCWs were at the forefront of Ukraine's response to the COVID-19 pandemic, putting their lives and both their physical and mental health at risk. Despite their critical role, many HCWs in Ukraine received salaries below the national average during the pandemic. Middle and junior-level HCWs, in particular, often earned only the minimum wage, which did not provide a decent living for them or their families. While the government introduced temporary bonuses to partially improve the situation for some HCWs involved in the COVID-19 response, these measures also raised concerns about the lack of pay security, transparency, accountability, and equal pay for work of equal value, potentially worsening the gender pay gap. In addition to financial struggles, HCWs faced unhealthy and unsafe working

conditions, including insufficient personal protective equipment (PPE), ineffective infection prevention and control (IPC) measures, and limited access to mental health and psychosocial support (MHPSS) services. They also endured increased workloads and insufficient time for rest. Furthermore, HCWs lacked adequate social protection, with only a small percentage of the over 60,000 COVID-19 infections among HCWs by February 2021 being officially recognized as work-related, which hindered their ability to claim compensation. As of mid-2021, around 900 HCWs in Ukraine had tragically died from COVID-19, according to Ukraine's Ministry of Health.

The conflict initiated by the Russian Federation in Ukraine since February 2022 has led to a severe humanitarian crisis, resulting in widespread destruction of infrastructure, including healthcare facilities, and limiting access to essential services. Millions, especially children, have been exposed to trauma, impacting their health, well-being, and education.

The healthcare system has been under immense strain, with bombings damaging health facilities and disrupting services. As per the Ukrainian Ministry of Health, since the beginning of the Russian invasion in February 2022 till September 2024, over 100 HCWs have been killed due to Russian shelling. A total of 1,673 medical facilities were damaged, and another 223 were destroyed. Moreover, 226 ambulances were damaged, 263 destroyed, and 125 seized. According to the World Health Organization (WHO), these attacks, especially those involving heavy weaponry, have been a regular occurrence, making it one of the highest number recorded in any humanitarian emergency globally. The attacks have severely disrupted access to health services, particularly for those near the frontlines, leading to increased mortality and injuries among HCWs and patients. Routine preventative care was largely abandoned, and new healthcare needs emerged, including a greater demand for MHPSS, rehabilitation, and assistance for survivors of gender-based violence (GBV). Despite these challenges, the Ukrainian government quickly moved to ensure that health services, particularly primary care, remained operational.

Healthcare workers have gone beyond their traditional duties, providing emergency care, sexual and reproductive care (SRH) and mental health to ensure continuity of care. However, the war has made HCWs a vulnerable group, with heightened stress, long working hours, and shortages of essential supplies. Despite international financial support, funding gaps persist. HCWs are also facing "moral injury" as they make difficult decisions about resource allocation, all with limited training and support.

The simultaneous impact of the COVID-19 pandemic and war has intensified the mental health crisis among both the general population and the health workforce. The WHO estimates that nearly 10 million individuals in Ukraine may suffer from mental health disorders as a result of the war. Meanwhile, HCWs grapple with post-traumatic stress disorder, depression, anxiety, and other mental health challenges as they struggle to meet rising demands. While MHPSS services are crucial, Ukraine's mental healthcare system is constrained by limited funding, workforce shortages, and persistent stigma.

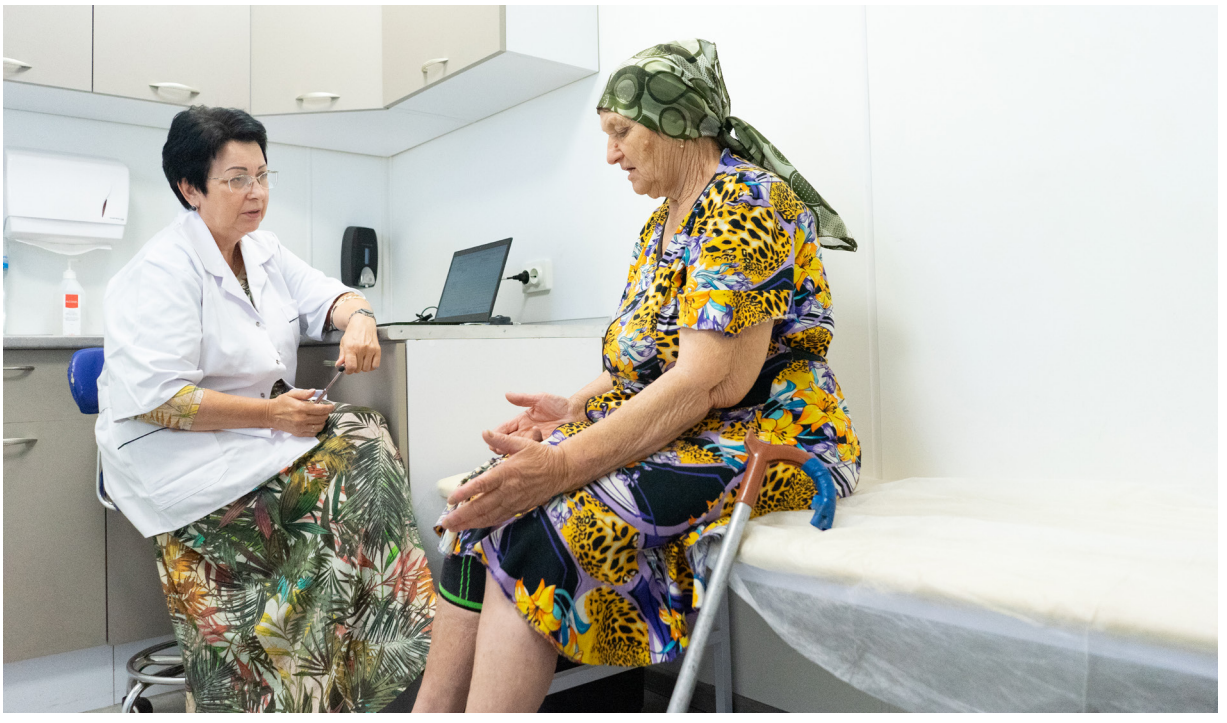
Consequences of prolonged stress in Healthcare Workers – COVID-19 pandemic

Lack of mindfulness, burnout, anxiety, depression, shift work, irregular work hours, as well as high-pressure environments are all recognized as adversely affecting HCW's mental well-being. Clinicians are vulnerable to mental illness; however, there are limited recommendations on how to identify and support healthcare providers who may be affected by these issues. Despite growing awareness of anxiety and depression among the medical profession, there remains a barrier to seeking treatment. Studies show that time limitations, lack of convenient access, perceived stigma of mental illness and its impact on medical licensure prevent appropriate management in the medical profession. This often leads to "informal" consultations, self-diagnosis and management.

While numerous studies and papers have explored the state of mental health among internally displaced persons (IDPs), returnees, and other vulnerable groups, there is a notable lack of studies and evidence-based reports focusing on the mental health of the health workforce and first responders, such as firefighters and rescuers in Ukraine. These professions naturally face constant exposure to stressful situations as part of their daily work, and with the ongoing conflict, the number of emergencies has only increased. Moreover, their standard coping mechanisms have been disrupted due to limited means of travel, socialization, and stability, all taking a significant toll on the mental health of these professions. While many stakeholders recognize this issue, there is a lack of concrete, evidence-based findings and a deeper understanding of the severity of mental health issues faced by these professionals.

Despite the lack of reports on the effects of humanitarian emergencies on the mental health (MH) of HCWs, there is an abundance of papers done on the impact of the COVID-19 pandemic, which could help draw some parallel conclusions.

Different research has shown that the health workforce experiences higher levels of work stress than the general population, even under normal circumstances. Moreover, doctors' stress is associated with physical and MH problems. The impact of the COVID-19 pandemic on the



mental well-being of HCWs has been profound, with studies reporting a range of psychiatric morbidities among frontline HCWs. These are predominantly post-traumatic stress syndromes, depression and anxiety, with also a significant percentage of insomnia, psychological distress, obsessive-compulsive symptoms and somatization. In one study, more than 70% of a group of >1,200 HCWs reported psychological distress with high rates of depression, anxiety and insomnia, with just symptoms of insomnia being reported by approximately 36% of HCWs. In one cohort of 4,000 HCWs, approximate rates of MH issues were 15% for depression, 25% for anxiety and 30% for acute stress symptoms.

Anxiety has been shown to be a significant factor affecting nurses and staff who have direct contact with infected patients during healthcare provision. Long work hours were also found to increase stress levels among nurses, and approximately two-thirds of HCWs working on the frontline reported experiencing moderate-to-high levels of stress. The burden of adhering to strict protective measures was also highlighted as a contributor to levels of distress, especially among HCWs who viewed the protection as insufficient; they rated higher levels of depression, anxiety and acute stress than those who perceived it to be adequate.

Some research proves the detrimental effect of the COVID-19 pandemic on the MH of medical staff, but it also has shown that medical staff are usually very reluctant to seek help. Studies have also shown that many doctors find it difficult to tell their colleagues or employers about their mental health difficulties. Furthermore, there is evidence that many doctors are reluctant to even disclose mental health problems to their friends and family. The most commonly cited reasons are perceived stigma and anticipated damage to future career prospects.

Not only do doctors find it difficult to share mental health concerns with colleagues, but they are also often reluctant to get professional help. They would instead seek help from friends and family than look for psychological/psychiatric consultation.

Assessment goal

The goal of this assessment is to evaluate the impact of prolonged conflict-related stress on the mental health and well-being of the health workforce in the ten most conflict-affected[1] regions of Ukraine. The assessment is focused on understanding the severity of mental health symptoms, exploring potential negative coping strategies already adopted by HCWs and identifying specific MHPSS services needed. The assessment aims to further shape the International Rescue Committee's (IRC) MHPSS program and serve as a stepping stone for a deeper understanding of and response to MH concerns among HCWs in Ukraine.

Data Collection Tool and Methodology

The methodology for conducting this assessment was through quantitative and qualitative data collection.

The quantitative data collection tool used in this assessment aimed to measure the mental health and well-being of the health workforce in Ukraine's ten most conflict-affected regions through a short self-assessment survey focusing on feelings of well-being experienced in the past month. The survey was accessible to HCWs only in an online format and only in the Ukrainian language (Annex1).

The well-being survey was designed to capture multiple well-being areas to understand better the problems that HCWs experience in the current conflict. In general, well-being surveys are one means to measure feelings related to well-being, with an understanding of how the target group experiences and describes well-being. Before developing the survey, several visits were conducted to certain health facilities using the WHO checklist for site visits at institutions in humanitarian settings[2] to assess and understand HCWs' challenges in their working environments.

Subsequently, survey questions were crafted drawing from the well-being indicators in the International Federation of Red Cross and Red Crescent Societies (IFRC) Monitoring and Evaluation toolbox, taking into account the contextual understanding of the current conflict in Ukraine, insights gained from the field visits to the health facilities, and specific interests identified by the surveying team.

The questions were divided into a total of four sections, each highlighting a specific aspect of well-being:

- **Personal Well-being:** questions related to everyday subjective feelings around well-being and the ability to feel good, focusing on the level of stress, positive feelings, and psychological symptoms experienced by the participant.
- **Interpersonal Well-being:** questions related to interpersonal relationships between respondents and family members / broader social circle, and responses to others' suffering.

1 For this report, most conflict-affected regions were identified based on proximity to the frontline, frequency of the attacks and influx of IDPs.

2 WHO, Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for humanitarian settings, 2012.

- **Well-being Capacity:** questions related to respondents' abilities and skills to improve or manage their well-being well, to recognize, manage, and cope with stress, as well as how and where to seek psychological help if needed.
- **Working Environment:** questions addressing the benefits and challenges in the workplace, the ability to openly seek support from management, and providing proper support when needed.

The local partner organization "National Agency ZDOROVI" facilitated the quantitative data collection between May 13 and June 14, 2024. Through an already-established network, ZDOROVI approached multiple health facilities in the predetermined affected regions, inviting and motivating their staff to participate in the survey. Participation was voluntary, and participants were assured confidentiality would be maintained.

There was a total of 35 questions, all formulated as a positive statement, such as "I am worthy of love" and "I am able to have positive (good) feelings." The provided options for answers allowed participants to reflect on their mental health and well-being over the past month, with four response options:

- Always
- Most of the time
- Sometimes
- Rarely

During the data analysis, the options "Always" and "Most of the time" were considered to indicate a higher frequency and potentially a better state of well-being of the respondent. In comparison, the options "Sometimes" and "Rarely" were considered as a lower frequency and potentially a poorer state of well-being. In the report, the percentage of these two group of answers will be cumulated, with a higher frequency presented as "positive coping" and a lower frequency as "negative coping."

While collecting the data, several variables were considered and included in the survey as questions. The variables included:

1. Gender disaggregation (Male, Female, Other).
2. Age disaggregation (18-30; 31-49; 50+).
3. Years of professional experience (<5 years; 5-10; 11-19; 20+).
4. Number of people in the team the respondent works with daily (Alone; One to Two; Three or more).
5. One of ten affected regions (Dnipropetrovsk, Donetsk, Zaporizhia, Kyiv, Lviv, Mykolaiv, Odesa, Sumy, Kharkiv, and Kherson).
6. Professional occupation of the respondent (Medical Doctor; Nurse; Feldscher; Midwife).

Additionally, the name of the health facility was collected. It was not considered a variable in the data analysis but was used to reference the number of health facilities included in the assessment.

When participants accessed the survey by clicking on the link or scanning the QR code, the first question addressed the confidentiality and anonymity of the responses and stated the purpose of the survey. Participants had the option to refuse to participate, which was also recorded as part of the data collection.

Lastly, there were two additional questions at the end of the survey that were not directly related to the well-being assessment. The first question recorded the participants' interest in the topic and their willingness to participate in a focus group discussion (FGD) regarding mental health among the health workforce. The second question asked, "Do you feel there are other more serious symptoms you want to talk about?" Participants were given the option to leave their contact information if they wished to be contacted by an IRC psychologist.

Qualitative data was gathered through FGDs, jointly organized by the IRC and ZDOROVI, between September 11 and 27, 2024. The FGD questionnaire, consisting of six main questions and three additional probing questions for each, was developed based on preliminary findings from the previously conducted survey (Annex 2). The FGD questions were developed based on the survey findings to measure specifics of the challenges faced by HCWs and understand the reasons for different findings across variables. Three main themes were covered in the FGD questions:

- Why were HCWs adopting negative coping strategies;
- What are the factors in the work environment affecting the HCWs; and
- What are HCWs' suggestions for improving their overall well-being and working environment.

Limitations and Shortcomings of the Assessment

The topic of health workforce mental health carries certain stigma and taboo, as there is a common perception that health professionals cannot be sick or struggle with mental health issues. They are expected to be strong to support others. As one medical doctor mentioned during an FGD, “There are no depressed people in our team. We are strong in spirit.”

One of the key shortcomings of the data collection was the lack of feedback from those who chose not to participate in the survey. 18% of individuals who accessed the well-being survey did not continue after reading the survey’s purpose. While this issue was not directly addressed in the FGDs, it can be assumed that the stigma surrounding mental health may have contributed to this dropout.

Another shortcoming was the uneven distribution of HCWs across different regions. Kharkiv region was overrepresented, with its HCWs making up 44% of all respondents. On the other hand, Odesa’s HCWs were underrepresented, comprising less than 1% (only nine respondents) of all respondents. As a result, the overall findings were heavily influenced by the state of well-being of HCWs in Kharkiv region.

An additional challenge was the timing of the first phase of the assessment, which took place just before the summer. Due to the summer vacation season, the qualitative data collection through FGDs was postponed until September. Additionally, during the summer, there were significant changes in stressors for HCWs, including an increase in COVID-19 cases, attacks on the Okhmadyt Children’s Hospital, the attack on Poltava, which resulted in the highest number of casualties from a single attack, and the intrusion into Kursk region by the Russian Federation, which came with the intensification of airstrikes across Ukraine. Furthermore, the overall interest in FGDs was lower compared to the quantitative data collection phase. This is likely due to the increased time commitment required for FGDs compared to filling out a self-assessment survey, as well as the discomfort of discussing personal well-being and mental health openly and in front of colleagues.

Lastly, logistical issues were noted by participants, which affected their full engagement in the assessment process. Some respondents mentioned that regular electricity outages made it difficult to access the survey, attend online FGDs, or receive a consultation from a psychologist. Due to these challenges, some participants expressed a preference not to participate. Additionally, some of the contact information provided by respondents in the well-being survey was either incorrect or unreachable. Unfortunately, no IRC contact was listed for them to reach out later if they changed their mind and wanted to participate.

General overview of respondents/ participants

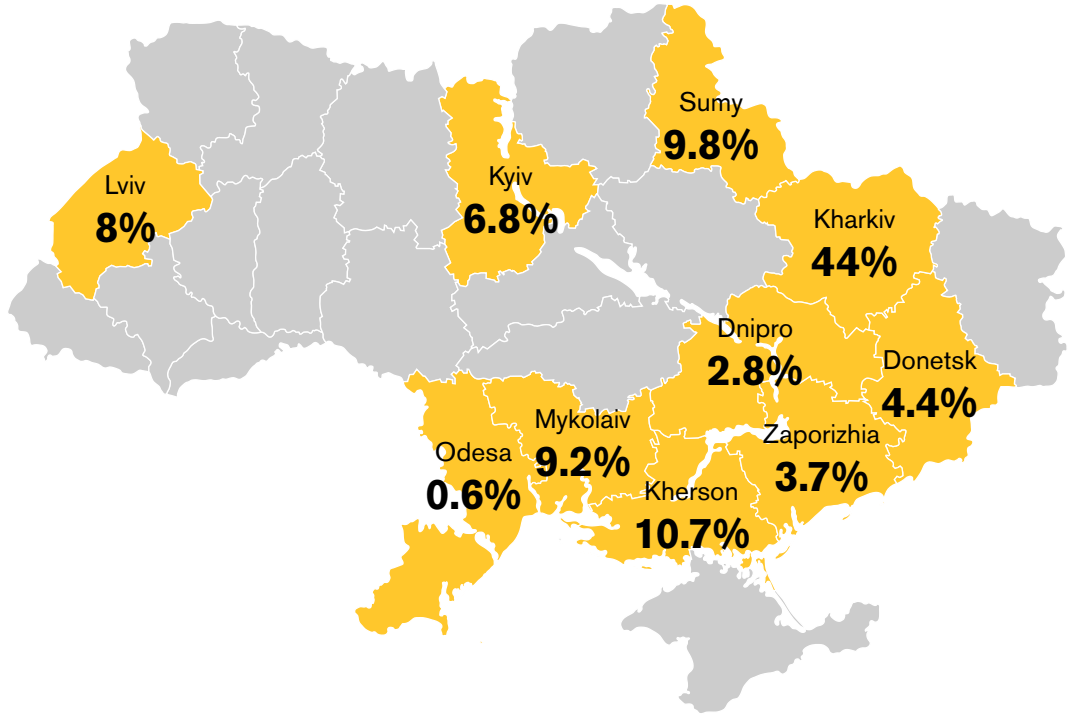
The well-being survey (quantitative data collection) was conducted over one month, between May 13 and June 14, 2024, across Ukraine's ten most conflict-affected regions. 1,896 individuals accessed the online survey. Out of those, 1,552 individuals (82%) agreed to participate in the survey, while the remaining individuals decided not to participate after reading the purpose of the survey. No data was collected on those individuals or their reasons for not participating.

The largest number of respondents were HCWs from Kharkiv (44%), followed by Kherson (10.7%), Sumy (9.8%), and Mykolaiv (9.2%). Respondents were from 72 health facilities, with the highest number of facilities from Lviv (12), followed by Kharkiv and Kyiv (both 11).

Table 1. Distribution of well-being survey respondents per health facilities and regions

Region	# of health facilities	# of respondents	% of respondents
Kharkiv	11	683	44.0%
Kherson	10	166	10.7%
Sumy	6	152	9.8%
Mykolaiv	7	143	9.2%
Lviv	12	124	8.0%
Kyiv	11	106	6.8%
Donetsk	8	69	4.4%
Zaporizhia	2	57	3.7%
Dnipro	4	43	2.8%
Odesa	1	9	0.6%
Total	72	1552	100%

Map 1. Distribution of well-being survey respondents per regions



Of the total respondents, 1,299 (84%) were female, while 253 (16%) were male. The majority of respondents were aged 31-49 (46%), followed by those over 50 (31%) and respondents under 30 (23%). Respondents' years of experience were distributed as follows: less than 5 years (16%), 5-10 years (13%), 11-19 years (20%), and over 20 years (51%). The professional occupations reported were 693 Nurses (44%), 483 Medical Doctors (31%), 337 Feldschers (22%), and 39 Midwives (3%). In terms of team size, most respondents (89%) work in larger teams (more than three people), while 7% work in small teams (2-3 people), and 4% work alone.

The qualitative data was collected through 12 FGDs conducted during September, with ten held in person and two online, involving 72 participants (Medical Doctors, Nurses, Feldschers and Midwives) from five regions across Ukraine (Kharkiv, Sumy, Mykolaiv, Lviv and Kyiv).

Table 2. Distribution of FGD participants per professional occupation and region

Region	Number of HF/FGDs	Number of participants	Number of people
Online	2	6	2 Medical Doctors and 4 Nurses
Kharkiv	1	6	6 Medical Doctors
Mykolaiv	2	11	6 Nurse, 5 Medical doctors
Kyiv City	2	11	6 and 5 Medical doctors
Sumy	2	13	6 Feldschers, 7 Midwives
Lviv	3	25	17 Nurses, 4 Feldschers and 4 Medical doctors
Total	**12**	**72**	**7 Midwives, 10 Feldschers, 27 Nurses and 28 Medical doctors**

General Findings

The quantitative data collected was analyzed by comparing the representation of "positive coping" and "negative coping" answers among four different sections of questions and inside the individual questions with the highest level of "negative coping" per section. Some variables were cross-compared to better understand the potential differences among certain groups and the rationale behind the findings.

By noting the entire data set across all question groups and all variables, the findings on the average well-being level of respondents show that **1 in 5 healthcare workers surveyed (20%) are experiencing "negative coping."** By breaking down the collected data into four sections, the highest level of negative coping is related to personal well-being (30%), followed by the workplace environment (26%), capacity well-being (16%), and lastly, interpersonal well-being (9%).

Table 3. Distribution of positive and negative coping answers per statement

Section	Statement	% positive	% negative
Personal wellbeing	I am able to have positive (good) feelings.	72%	28%
	I can manage my difficult feelings in healthy ways (without hurting myself or others).	70%	30%
	I've been feeling cheerful.	55%	45%
	I have energy for the things I want to do.	69%	31%
	I've been feeling relaxed.	49%	51%
	I've been feeling optimistic about the future.	54%	46%
	I've been thinking clearly.	87%	13%
	I've been feeling good about myself.	74%	26%
	I've been feeling interested in things that usually give me pleasure.	83%	17%
	I know how to recognize signs of serious stress in myself.	82%	18%
Interpersonal wellbeing	I have people in my life who love me.	95%	5%
	There are people who will be there for me if I need help.	92%	8%
	I am worthy of love.	94%	6%
	I feel respected for who I am.	89%	11%
	I am able to love and care for others.	96%	4%
	I know how to recognize signs of serious stress in my team mates.	87%	13%
	I know how to support members of my team during stressful times.	85%	15%
Capacity wellbeing	I have effective strategies for managing my stress.	68%	32%
	I have a good understanding about the kinds of stress I may encounter while working in emergencies	79%	21%
	I have the knowledge to take decisions in my life.	84%	16%
	I am able to meet the responsibilities in my life.	96%	4%
	I am able to adapt to challenges that arise in my life.	89%	11%
	I've been feeling useful.	89%	11%
	I've been dealing with problems well.	83%	17%
	I've been feeling confident.	79%	21%
	I've been able to make up my own mind about things.	92%	8%
	I have a voice in decisions that affect me.	87%	13%
	I can express to others the things that are important to me.	85%	15%
	I know how to get extra help with my stress if I need it.	79%	21%
Working enviornment	My manager/supervisor cares about my well-being.	70%	30%
	My manager/supervisor is available if I need to talk with him/her.	82%	18%
	My manager/supervisor will reach out to me if I am in distress.	77%	23%
	I have received information about stress and coping from the hospital I work in.	78%	22%
	This hospital provides useful support to front line workers in coping with emergency work.	72%	28%
	My work has been acknowledged by my manager/supervisor	79%	21%
Overall		80%	20%

Due to the small number of male respondents, we cannot confidently conclude the level of coping per gender. However, available data indicates that female respondents exhibited a higher level of resilience, with 19.5% reporting "negative coping," compared to 21.5% among male respondents.

Further analysis reveals that Medical Doctors showed the highest level of "negative coping" (23%), followed by Nurses (20%), Feldchers (17%), and Midwives (12%).

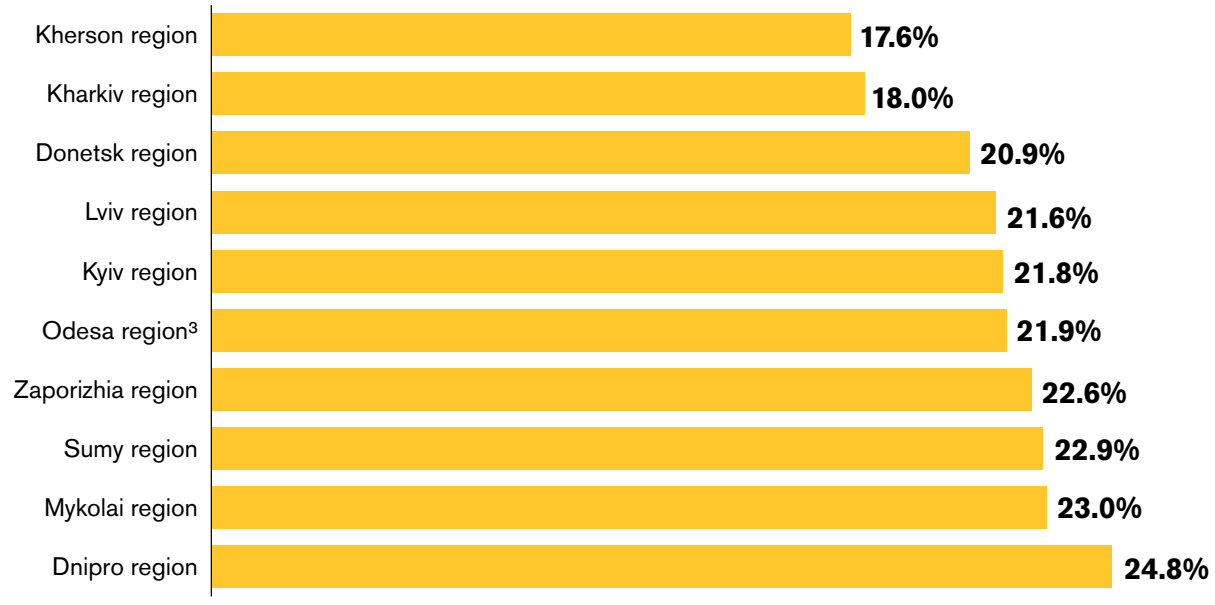
In terms of team size, those working alone reported the highest level of "negative coping" (23.5%), followed by small teams (up to three people) (21.5%) and larger teams (more than three people) (19%).

Older and more experienced individuals tend to have better resilience than their younger or less experienced counterparts:

Chart 1. Level of negative coping per age group

Lastly, data across the assessed regions of Ukraine shows that the highest level of resilience is mainly in the areas experiencing shelling and attacks:

Chart 2. Level of negative coping per region[3]



Based on the overall data, it can be interpreted that the lowest level of resilience is likely among young and less experienced medical doctors working alone or in small teams, particularly in frontline regions not currently occupied by Russian forces.

3 Only nine respondents from Odesa.

Out of all respondents, **63 (4%) left their contact information for an IRC psychologist to call them** and discuss in more detail the serious psychological symptoms they are experiencing. Comparing the data of these 63 individuals with the general data of all respondents shows a higher need for this service among medical doctors who work in small teams and have more than ten years of experience. Based on the region, the highest percentage came from Sumy region.

A total of 282 respondents (18%) expressed interest in participating in FGDs as the next step of the assessment. The overall qualitative data findings from the FGDs corroborated the qualitative findings of the survey, stating that HCWs prioritize the well-being of their patients and families over their well-being.

> *We need to work…*
> *we need to help the victims.* ”

The lack of support from workplace management was highlighted, particularly regarding support following emergency responses, such as group debriefing and psychological support. On the other hand, the overall positive team spirit was praised, with participants noting that they rely on their team members to help overcome difficult situations.

> *Colleagues always calm me down.*
> *A warm atmosphere in the team helps me manage stress.* ”

Personal Well-being Findings

According to WHO, well-being is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Personal well-being is a person's evaluation of their own lives, acknowledging how they feel and think about themselves and determining how satisfied they are with their life. Personal well-being represents a personal aspect of quality of life and encompasses aspects of physical and psychological well-being, which are fundamentally linked.

Personal well-being can be broken down into four components: life satisfaction, anxiety, happiness and feeling that things done in life are worthwhile. These components have been identified as a comprehensive measure of the individual's well-being.

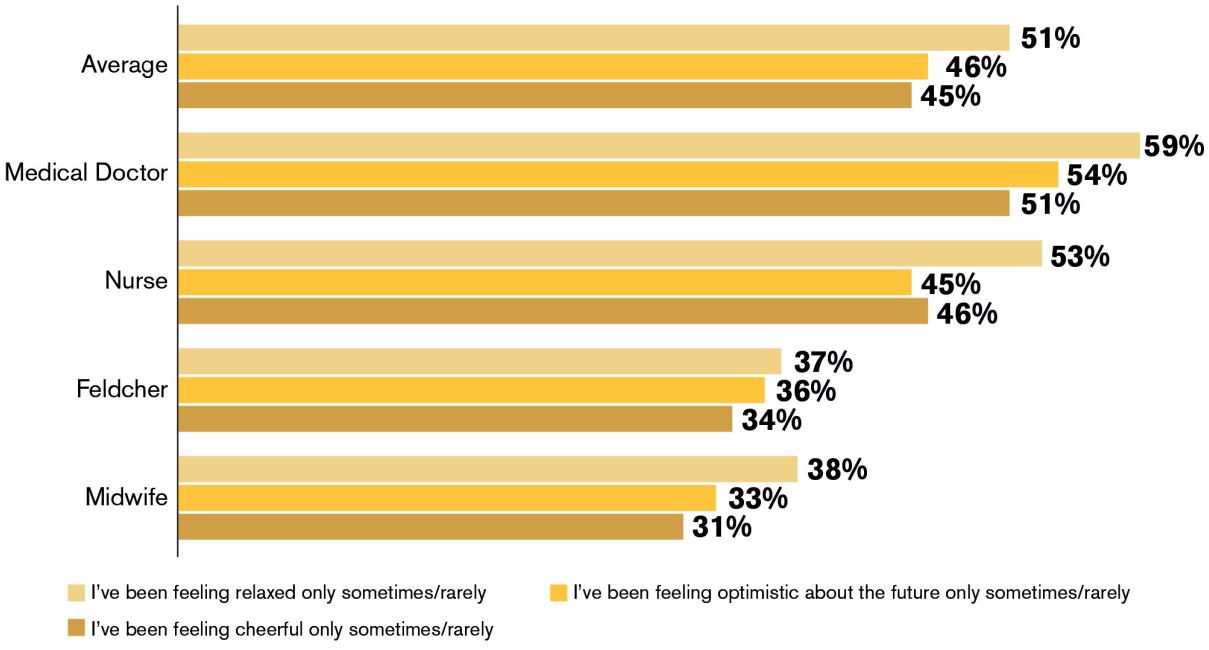
The data from the self-assessment well-being survey show that the lowest level of coping, among all respondents, is related to personal well-being (30% of negative coping).

Out of all 35 statements in the survey, three showed the highest levels of "negative coping" among respondents, all belonging to the personal well-being section:

- "I've been feeling relaxed," with 51% of respondents expressing it.
- "I've been feeling optimistic about the future," with 46% of respondents.
- "I've been feeling cheerful," with 45% of the respondents.

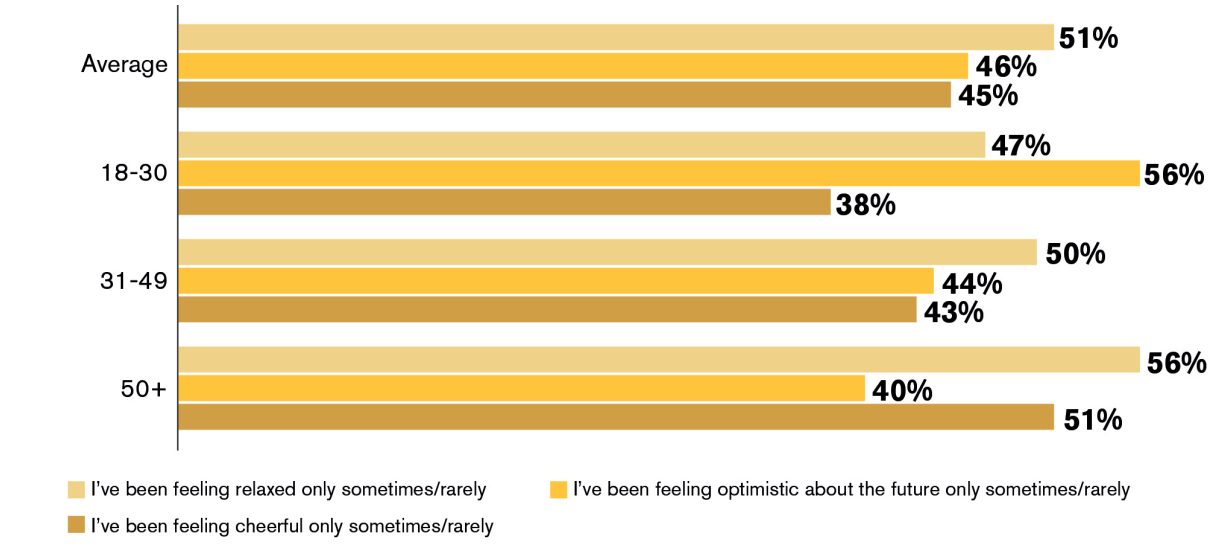
By cross-comparing data related to respondents' occupation, it is noticeable that the highest level of negative coping is among medical doctors across all three statements, as seen in the chart below:

Chart 3. Level of Negative coping per statement, across professional occupation



By cross-comparing data related to the respondents' age, we can assume that younger respondents cope better with feeling relaxed and cheerful but more negatively with feeling optimistic about the future. Conversely, older respondents cope more negatively with feeling relaxed and cheerful but are more optimistic about the future. Data related to years of experience correlates with the findings in the age groups.

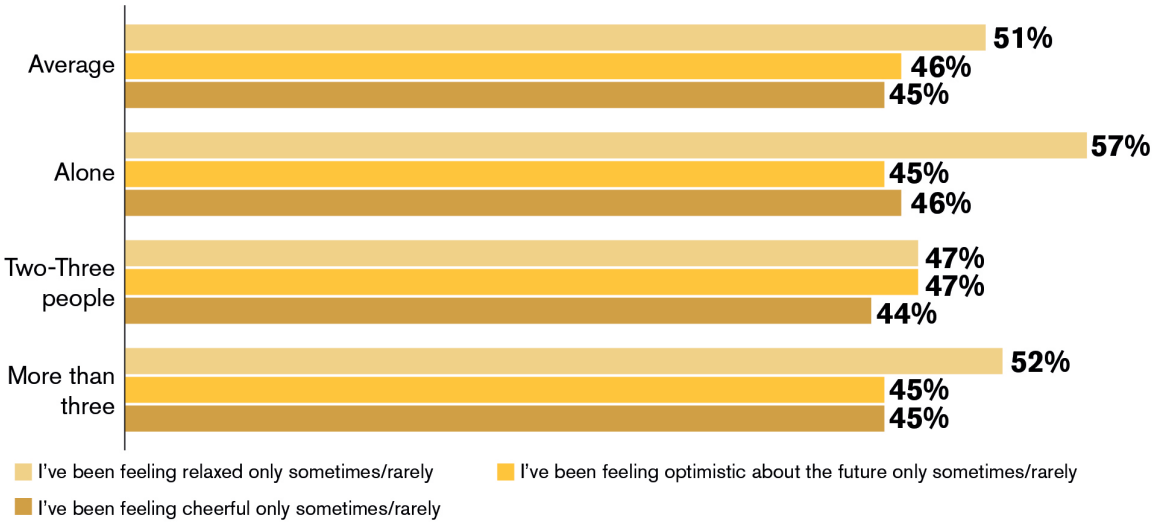
Chart 4. Level of Negative coping per statement, across age groups



Due to the small number of male respondents, we cannot conclude with certainty the level of coping per gender, but the limited data shows that men are coping less than females across all three statements.

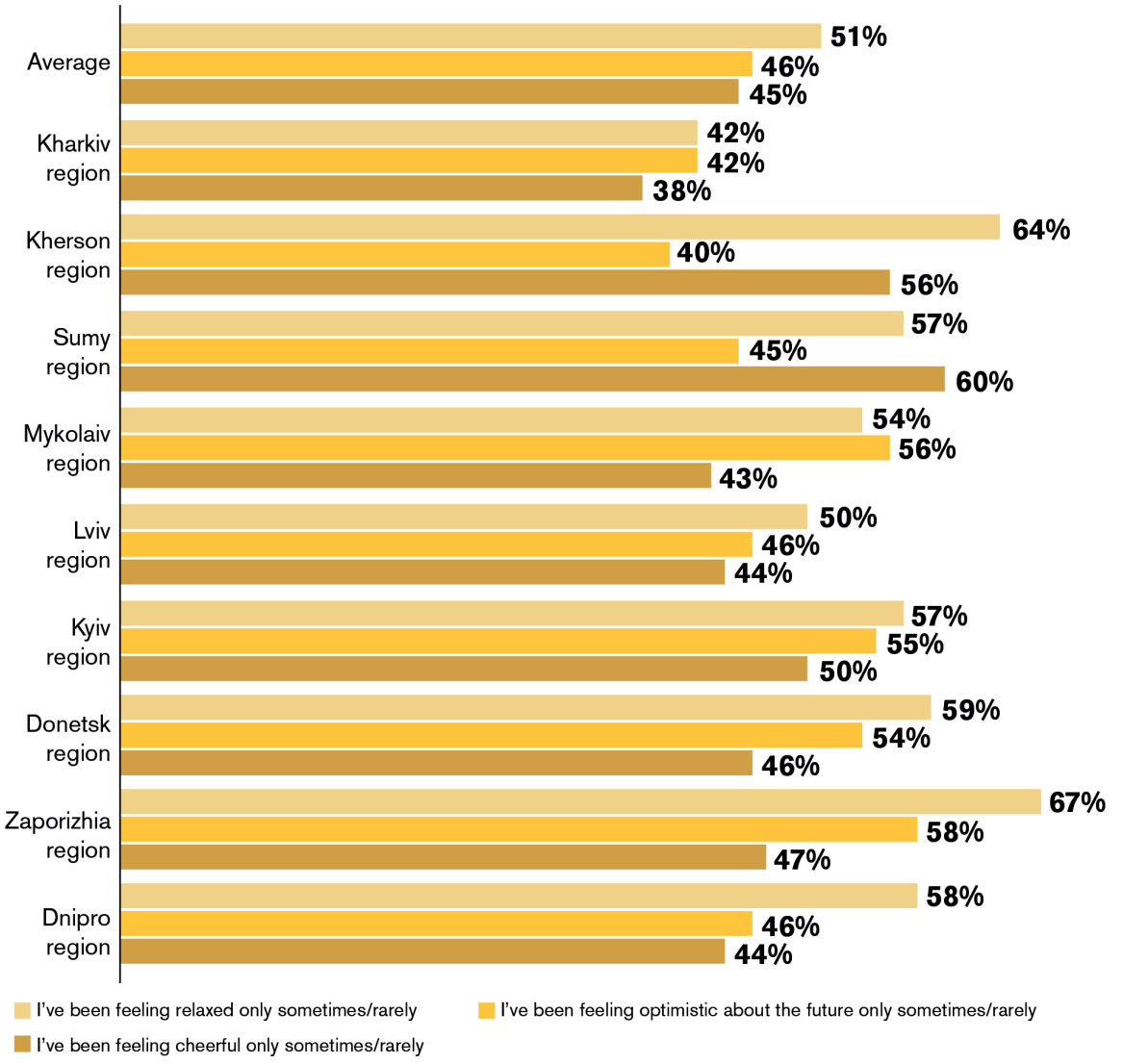
Cross-comparing data related to the number of people in the team shows no substantial differences in coping, except when feeling relaxed, where people working alone cope the most negatively.

Chart 5. Level of Negative coping per statement, across different size teams



Lastly, a comparison of data by region indicates that the highest negative coping levels are found in Zaporizhia, Sumy, Kyiv, Kherson and Donetsk regions. Conversely, Kharkiv region shows the lowest negative coping levels. Odesa region, with only nine respondents, was not analyzed separately.

Chart 6. Level of Negative coping per statement, across regions



Outside the three statements mentioned above, important findings from the personal well-being section showed the following:

- Around 30% of all respondents can only sometimes or rarely manage their difficult feelings in healthy ways (without hurting themselves or others). This is more evident among nurses and medical doctors (32%) working in a larger team, with middle level of experience and age (31-49 years old), specifically in some regions (Lviv, Kherson and Sumy).
- Recognizing serious stress in themselves comes as less difficult for older respondents (17%), compared to younger ones (19%), as well as to doctors (15%), compared to nurses (20%) and feldchers (18%). The lowest level of stress recognition is among HCWs in Sumy region (24%).
- Around 65% of young medical doctors are not optimistic about the future.

Based on analysis of these specific statements and the level of "negative coping" across all the mentioned variables, the **most affected group related to personal well-being includes medical doctors with longer working experience, working alone or in a large team, in regions experiencing daily shelling.**

During the FGDs, the largest discussions regarding personal well-being revolved around daily stressors and future outlook.

Regarding factors contributing to stress levels at work, all participants highlighted the difficulty of working in hospitals during wartime, namely due to many unexpected emergencies. The majority agreed that air alarms and nearby explosions are the most worrying factors that always increase stress levels.

> *I have nightmares about explosions… and then I wake up… and I don't know if it was a dream or if it was a real explosion.* ”

There was consensus among all participants that when explosions are near their health facility, it aggravates their stress significantly. They are not only in fear for their safety but also for the safety of their patients, especially the bedridden ones.

> *It's especially concerning for patients with limited mobility or those in critical condition… if patients need to stay, we stay with them.* ”

The second biggest topic of discussion was thoughts about the future. Many participants of FGDs expressed that they feel the future looks uncertain.

> *The future is uncertain. We must support each other. Life goes on.* ”

They mentioned that many staff live one day at a time, trying to make the most of what they have today rather than planning for the future.

> *There are no thoughts about the future. Every day we live, we try to make the most of it.* ”

Several participants mentioned that they wish this war would end, and until then, it's difficult to see a brighter future. Many also expressed their worry for their children and their future.

> *We worry less about ourselves and more about our children because there is no future for them.* ”

Workplace environment findings

Developing workplace well-being and staff care is essential to maintaining overall well-being. To do so, staff need to build skills that help them pursue what really matters to them. This can include building skills that help them meet professional or life goals, have unique values, and maintain a work-life balance. The organization or workplace also has a role in developing well-structured staff care programs that consider stress points at work and how to counteract them.

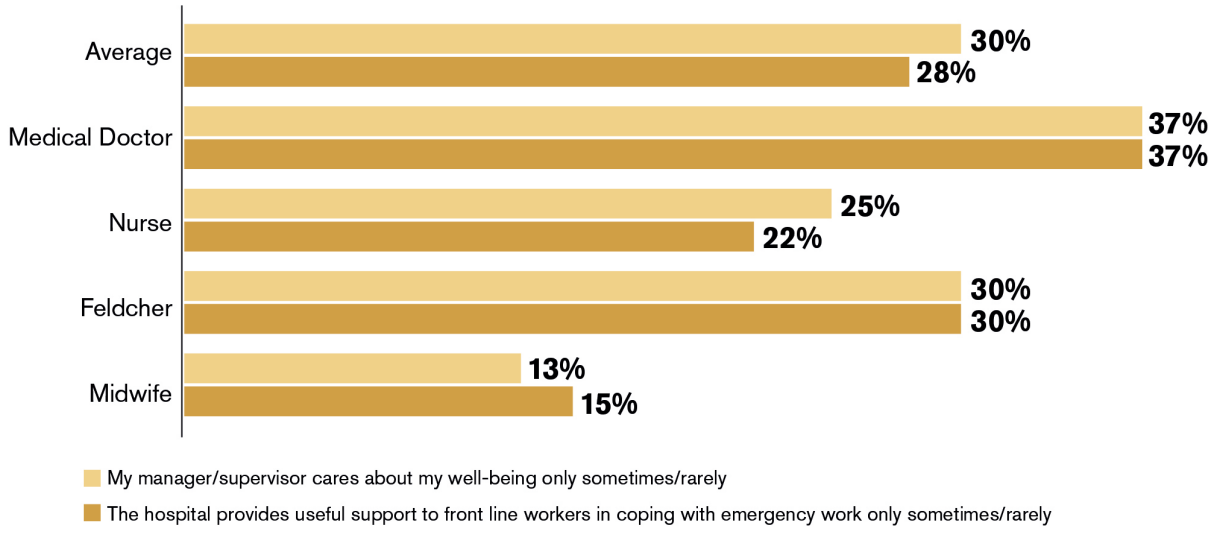
Medical professionals are essential front-line workers, especially in emergency and conflict contexts. However, they are vulnerable to stress like any other profession. This point is always overlooked and sidelined for many reasons; ideas like stigma, the need to help others, and the lack of medical professionals overshadow well-being needs at times. Therefore, planning for HCWs' well-being is crucial.

The second most common reason for "negative coping" among the respondents was the workplace environment, at 26%. There were specifically two questions that had the highest level of negative responses:

- "My manager/supervisor cares about my well-being," with 30% of all responders.
- "The hospital provides useful support to frontline workers in coping with emergency work," with 28% of responders.

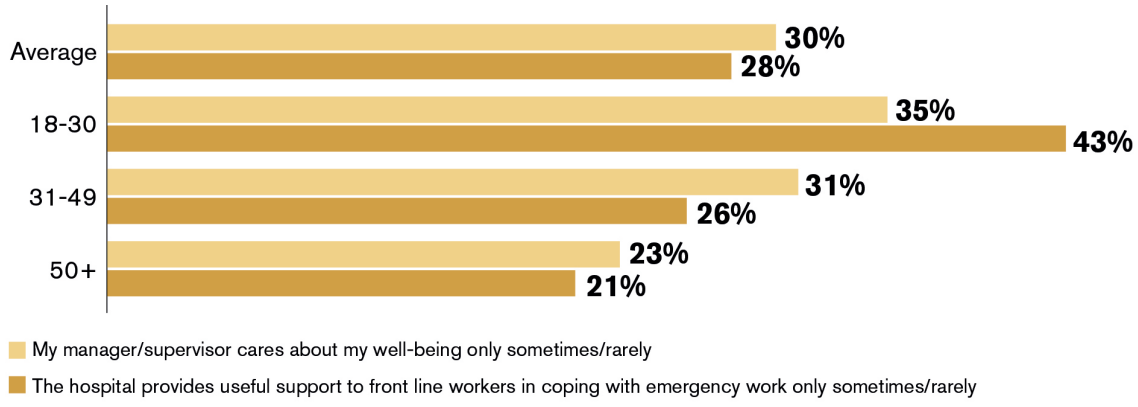
By cross-comparing data related to respondents' professional occupation, it is noticeable that the highest level of negative coping is among medical doctors across both statements, as seen in the chart below:

Chart 7. Level of Negative coping per statement, across professional occupation



When it comes to the workplace environment, by cross-comparing data related to the age of the respondents, as well as the years of experience, we can assume that younger and less experienced respondents are coping less than their older and more experienced colleagues:

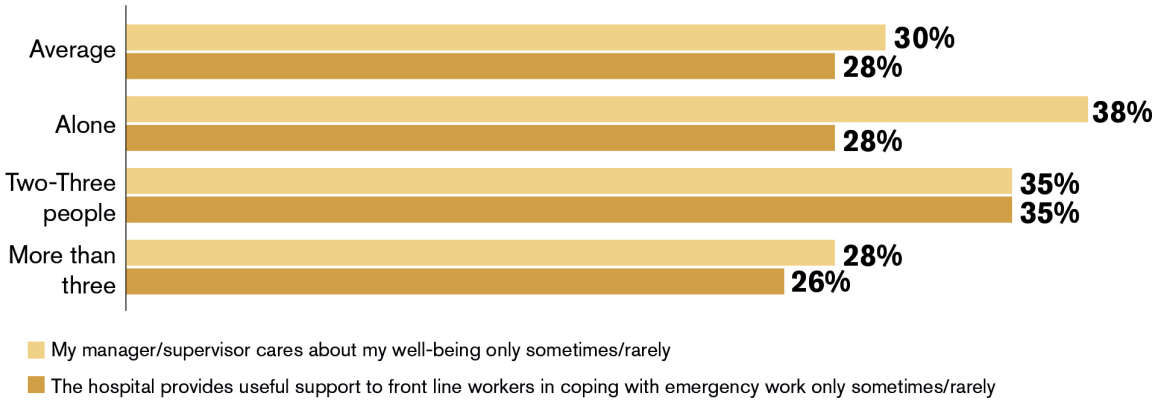
Chart 8. Level of Negative coping per statement, across age groups



Due to the small number of male respondents, we cannot confidently conclude the level of coping per gender; however, the limited data shows that men are coping more negatively than females across both workplace environment statements.

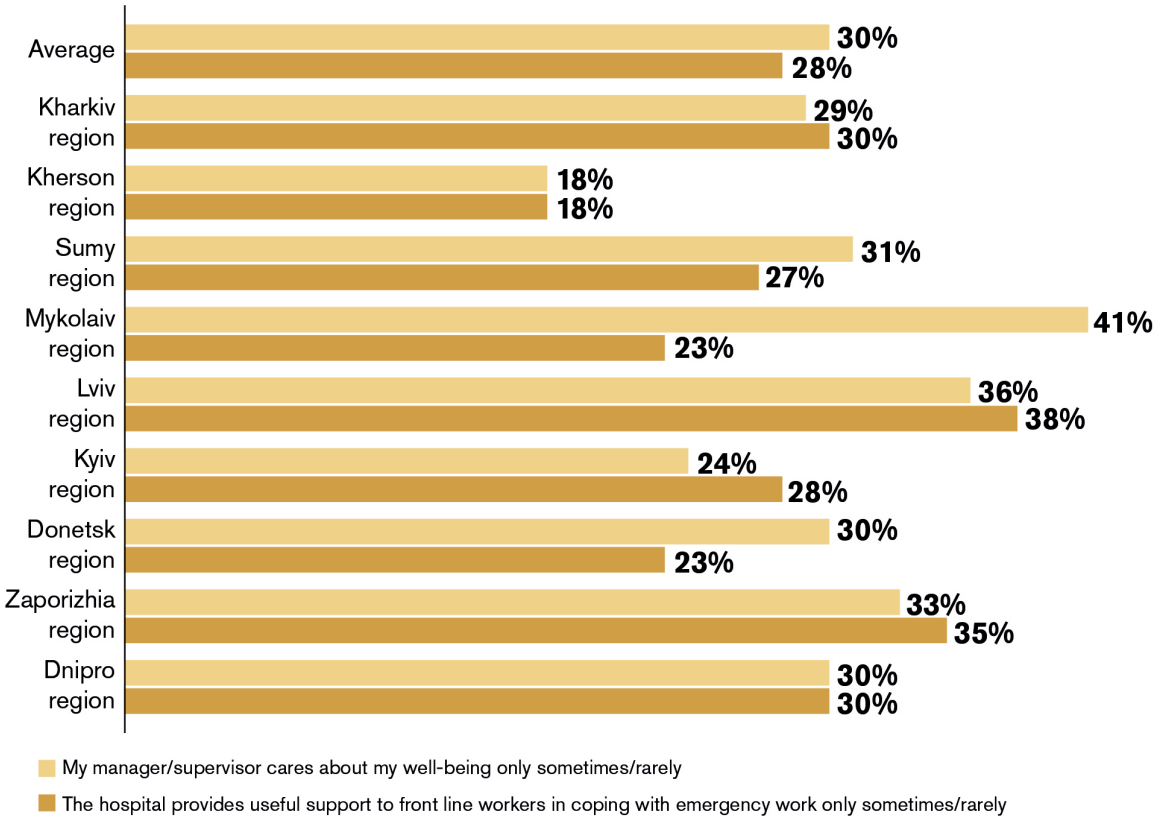
By cross-comparing data related to the number of people in the team, the data shows better workplace environment coping among larger teams:

Chart 9. Level of Negative coping per statement, across different size teams



Lastly, by cross-comparing data related to the region from which respondents are from, there are no specific differences, except regarding Zaporizhia, Mykolaiv and Lviv. Specifically, for Mykolaiv, there is a significant discrepancy between these two questions. By closer analyzing the other variables, most of the “negative coping” regarding the manager support in Mykolaiv comes from nurses (61%), especially the young and less experienced ones.

Chart 10. Level of Negative coping per statement, across regions



The analysis of these specific statements and negative coping across all the mentioned variables reveals that the **group most affected by the workplace environment includes medical doctors with less working experience working in smaller teams.** In particular, 50% of young medical doctors stated that the hospital does not provide proper support for them to cope with emergency work.

During the FGDs, when it comes to the workplace environment, the main discussion was related to poor working conditions, a lack of proper support from management, and surprisingly resilient team spirit.

There appear to be significant differences in the levels of support from supervisors and hospital administration. Many participants mentioned receiving support from their supervisors, while others felt management didn't support them sufficiently, especially right after emergencies. Some participants noted that in-house psychological support was available, while others didn't report such services or stated they were unnecessary.

What doesn't kill us makes us stronger. ”

Several respondents also reported that they might feel challenged or stigmatized by seeking in-house psychological support. On the other hand, those who need it stated that it is difficult to access, mainly due to financial constraints.

> *Medical staff in Ukraine cannot afford such (psychological) services.* ”

Many participants also mentioned that staff shortages significantly impacted them. One participant noted that, although their manager wasn't supportive, they were allowed to take time off when they were very stressed.

> *We have felt that they give us a day off if necessary.* ”

Well-being Capacity Findings

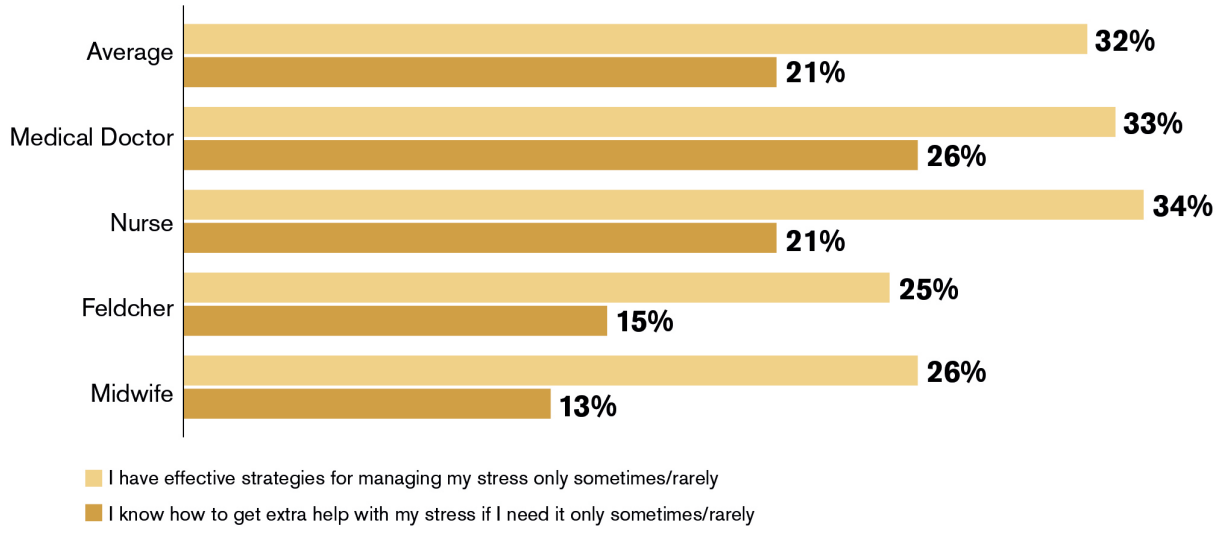
Well-being capacity represents skills and training that professionals may have received to help counteract the effects of stressful incidents or environments. Although this is highly subjective, where some individuals will benefit from these skills and others will not, it is undoubtedly an important protective factor against pervasive stress in emergency contexts.

Well-being capacity was the third most common reason for "negative coping" among the respondents, with 16%. There were specifically two questions that had the highest level of negative responses:

- "I have effective strategies for managing my stress," with 32% of all responders.
- "I know how to get extra help with my stress if I need it," with 21% of responders.

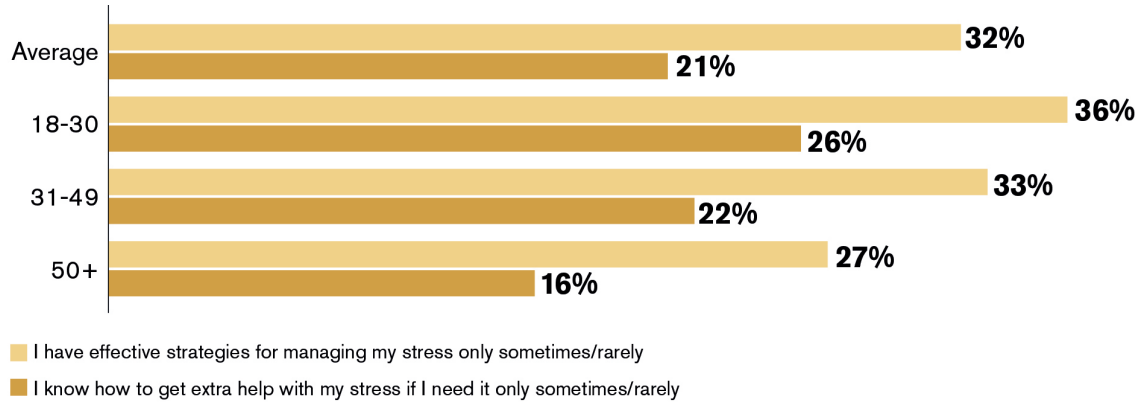
Cross-comparing data related to respondents' professional occupation, it is noticeable that the highest well-being capacity negative coping level is among medical doctors and nurses, as seen in the chart below:

Chart 11. Level of Negative coping per statement, across professional occupation



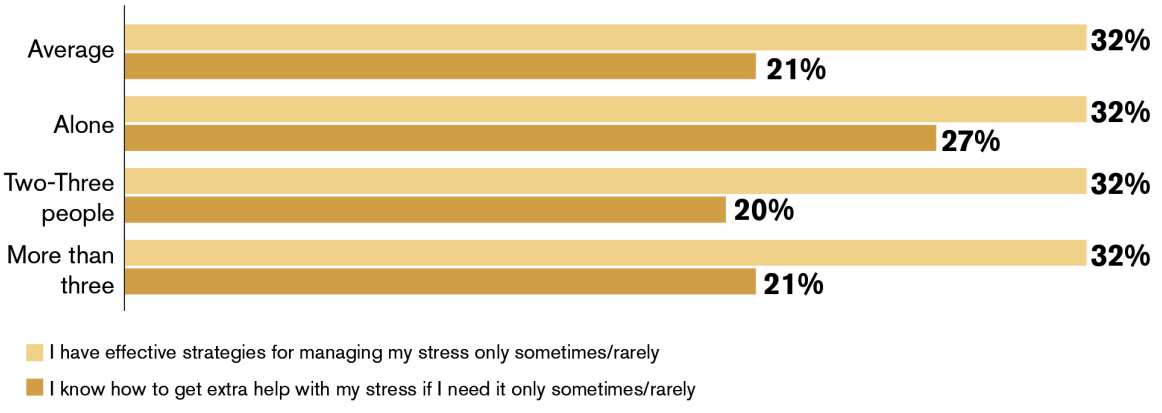
Cross-comparing data related to the age and years of experience of respondents, we can assume that well-being capacity increases with age and years of experience:

Chart 12. Level of Negative coping per statement, across age groups



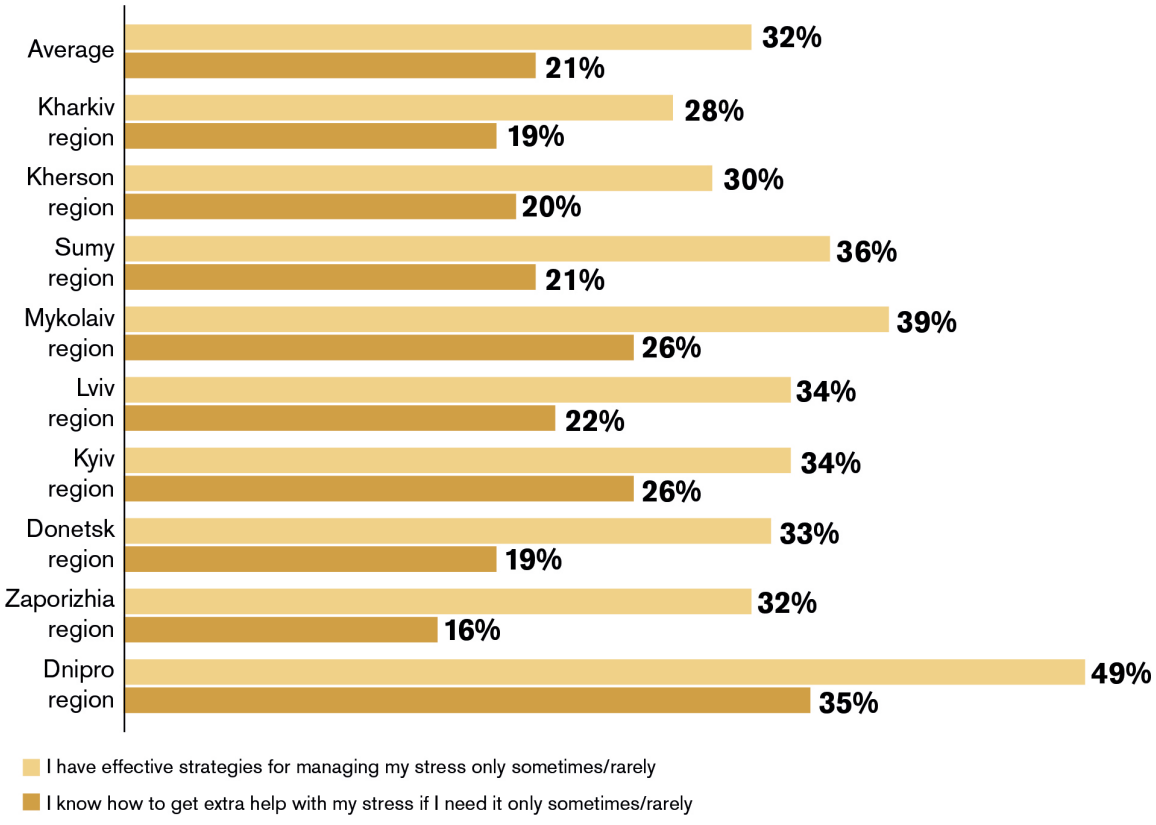
Due to the small number of male respondents, we cannot conclude with certainty the level of coping by gender, but the limited data shows that women have lower coping strategies to handle stress but are better aware of how to seek help compared to male respondents.
Cross-comparing data related to the number of people in the team shows similar trends across both statements. However, respondents working alone demonstrated a lower level of knowledge on how to find help if needed:

Chart 13. Level of Negative coping per statement, across different size teams



Lastly, cross-comparing data related to the respondents' regions, there are no specific differences, except regarding Mykolaiv and Dnipro. In particular, 59% of younger respondents from these regions do not have effective strategies to handle stress:

Chart 14. Level of Negative coping per statement, across regionss



Analyzing these specific statements and negative coping across all the mentioned variables reveals that the group **most affected by well-being capacity includes younger and less experienced nurses working in a smaller team.** In particular, 41% of young nurses stated that they do not have effective strategies to cope with stress.

During the FGDs, the main discussion related to well-being capacity and the different coping strategies HCWs practice, which are not always effective. Most participants mentioned the role of their colleagues in decreasing their stress levels. Talking and supporting each other seemed to be the most used coping strategy.

> *Everyone felt united while in the corridor or the shelter. We cared for each other, we talked, and such support brought us closer.* ”

Several participants mentioned that participating in recreational activities such as taking a walk, playing sports, or spending time with loved ones is an important coping strategy.

> *Baking makes me calm… baking a cake is nice.* ”

Some think the stress is affecting their overall performance and that they are not always fully prepared to help their patients in the best possible way. Namely, this comes from insufficient experience or knowledge of emergency medicine and fear that patients will not survive.

> *When I am stressed, I cannot help my patient properly, and I feel guilty for that.* ”

Interpersonal well-being

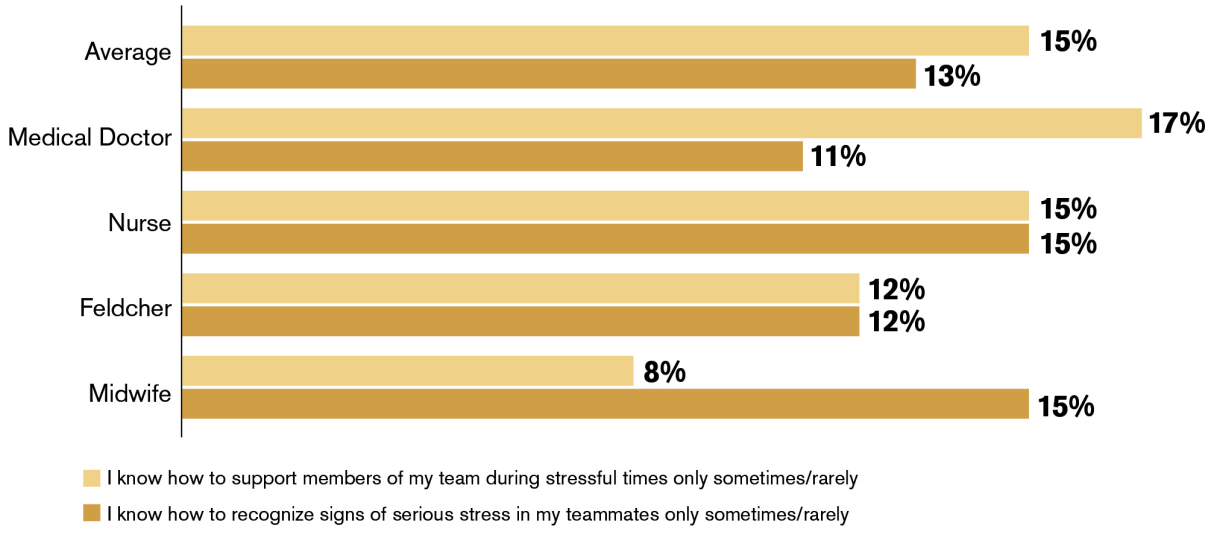
Interpersonal well-being represents social skills and relationships that can help individuals alleviate stress. Skills like gratitude, kindness, and communication make it easier to have positive interactions with others, helping individuals to feel less lonely, angry, or disconnected. Individuals with well-developed interpersonal well-being skills feel more meaningful connections to others and have less negative effects from stressful situations.

Interpersonal well-being is the fourth most common reason for "negative coping" among the respondents, with only 9%, which is expected, keeping in mind that the HCWs' primary responsibility is to provide care for others. Nevertheless, there were specifically two questions that had the highest level of negative responses:

- "I know how to support members of my team during stressful times," with 15% of responders.
- "I know how to recognize signs of serious stress in my teammates," with 13% of responders.

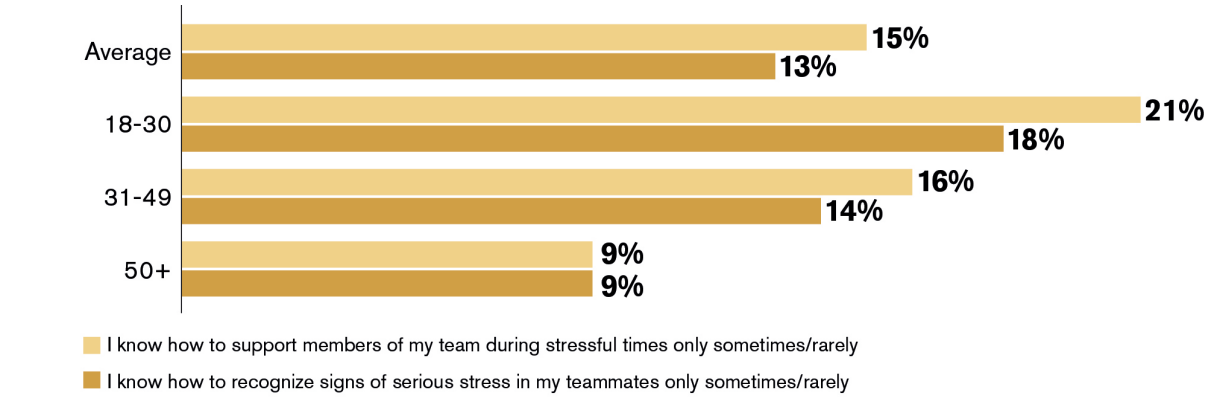
Cross-comparing data related to respondents' occupation, the level of negative coping is similar across all the variables, as seen in the chart below:

Chart 15. Level of Negative coping per statement, across professional occupation



Cross-comparing data related to the age of the respondents, as well as the years of experience, we can assume that younger and less experienced respondents are coping less than their older and more experienced colleagues when it comes to the workplace environment:

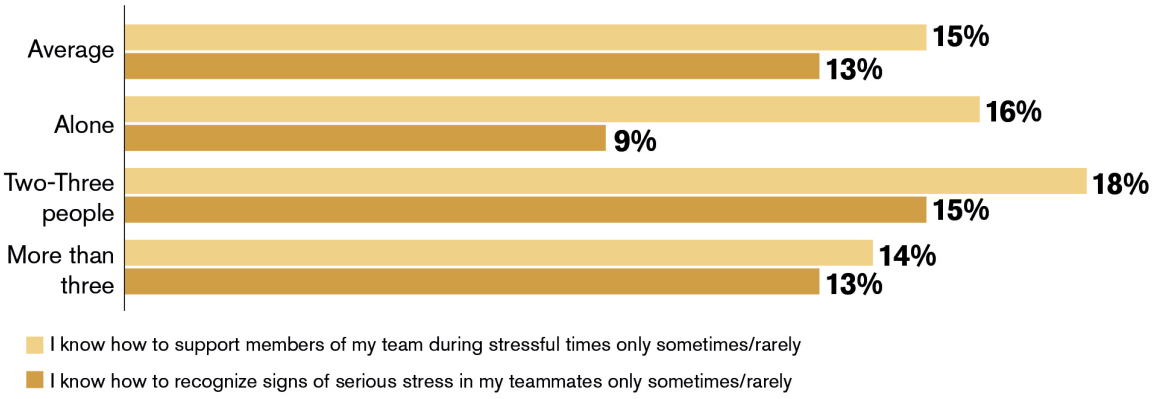
Chart 16. Level of Negative coping per statement, across age groups



Due to the small number of male respondents, we cannot conclude with certainty the level of coping per gender, but the limited data shows that men are slightly more confident in recognizing stress in others and providing support than female respondents.

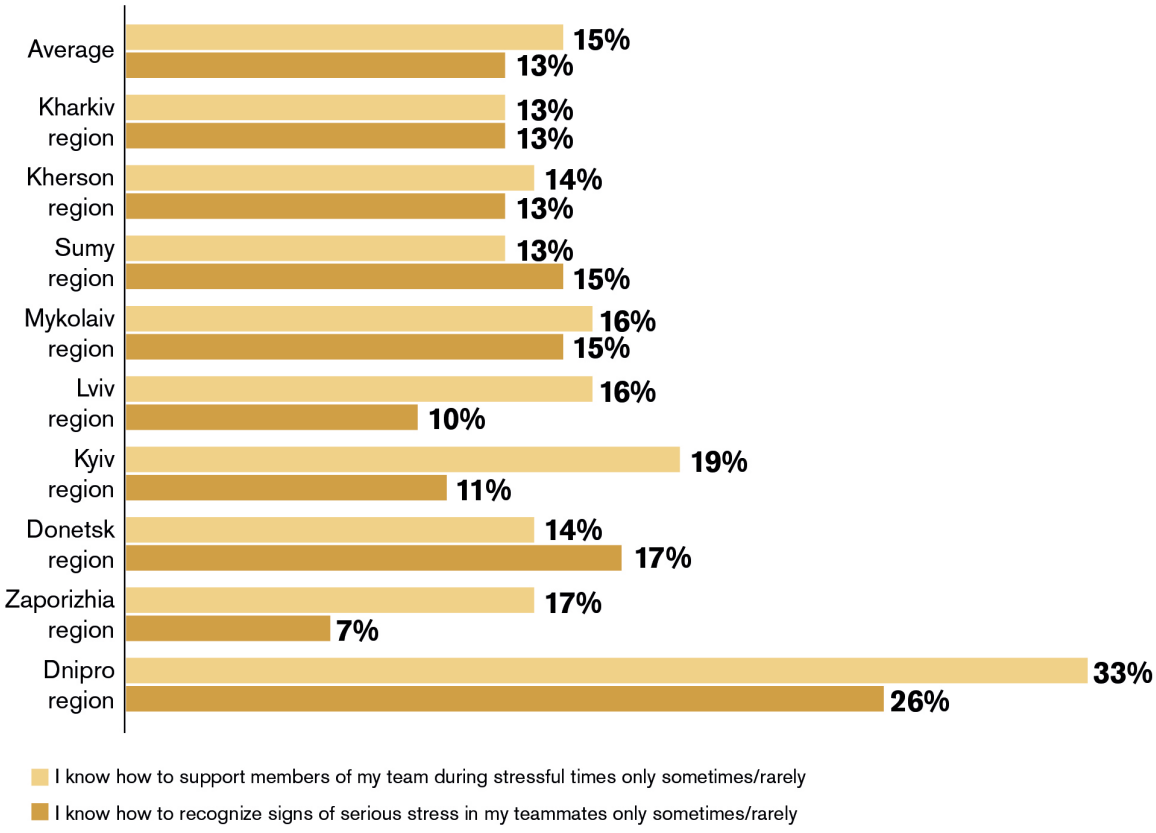
Cross-comparing data related to the number of people in the team, the data show similar trends across both statements:

Chart 17. Level of Negative coping per statement, across different size teams



Lastly, cross-comparing data related to the respondent's region, there are no specific differences, except for Dnipro:

Chart 18. Level of Negative coping per statement, across regions



An analysis of these specific statements and negative coping across all the mentioned variables reveals that the group **most affected by interpersonal well-being includes younger and less experienced HCWs working in a smaller team, namely from Dnipro. I**n particular, 43% of medical doctors struggle to support their teams during stressful situations.

During the FGDs, participants mentioned the fulfillment of helping others and putting other people's priorities ahead of their own. Some even mentioned that helping the patients grounded them.

> *You calm down when you give patients pills or say kind words to them.* ”

Several participants mentioned that being away from their homes during an air alarm negatively affects their psychological well-being. They are worried about their families, and although they try to focus on their work, it's very challenging at times.

> *The fear of death is becoming stronger and stronger… I am always worried about my family.* ”

Main takeaways and ways forward

This assessment sheds light on the often-overlooked vulnerable professional group in the conflict in Ukraine: healthcare workers. Both quantitative data from the well-being survey and qualitative insights from FGDs confirm that the prolonged war has significantly impacted the mental health of HCWs. Personal well-being has been particularly affected, with many reporting increased anxiety, uncertainty, and a decline in life satisfaction, self-worth, and optimism for the future.

However, this assessment also reveals differences in coping strategies among HCWs. While some demonstrate resilience and continue to perform their duties effectively, others struggle with burnout and a negative outlook on the future, which could further jeopardize their ability to provide critical health care. Moreover, this risk of burnout poses a significant threat to the overall healthcare system's capacity to maintain quality services for patients in Ukraine.

The availability of MHPSS for HCWs appears inconsistent, not based on geography, but rather the resources and ability of specific health facilities. In some cases, MHPSS is available through group sessions, while in others, it is lacking. The stigma around seeking psychological support remains a barrier, with some HCWs being reluctant to access in-house services due to different concerns, such as appearing weak in front of colleagues or suffering professional consequences. At the same time, many HCWs expressed interest in practical self-care training to help them cope with their challenges.

It is essential to recognize that colleagues' support is a crucial resource for many HCWs. The feeling of shared experiences and understanding of the challenges has prompted many to seek help from colleagues. However, informal support alone may not be sufficient and can sometimes lead to additional stress. This dynamic must be considered when designing interventions for HCWs.

IRC and ZDOROVI, as humanitarian health actors, recognize the severe impact of the conflict on HCWs' well-being and the urgent need for tailored programming to mitigate the stress and pressure they are experiencing while working. The findings from this assessment should guide the development of targeted interventions, including capacity-building activities that teach positive coping skills. Additionally, a comprehensive, context-specific staff care program must be implemented nationwide in Ukraine. Drawing on successful models from other similar contexts, such a program could protect the mental health of HCWs and prevent further deterioration of their well-being. There is a clear need for more comprehensive research into the mental health impacts of the prolonged conflict on Ukraine's healthcare workforce, delving deeper into specific symptoms, negative coping mechanisms, and stigma regarding mental health.

As the war in Ukraine continues, with no clear end in sight, many HCWs are urgently calling for their mental health needs to be addressed—before the situation worsens beyond repair.

> *I want the people in charge to hear our point of view and take proper care of us.* ”

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Annex 1. Well-being Survey

Informed consent:

Dear colleagues,

We are currently conducting an assessment to evaluate the state of healthcare professional's mental health in Ukraine, with a focus on the most conflict affected regions. This data will greatly assist us in understanding the challenges you face in your daily work and will shape our future initiatives aimed at supporting you and your colleagues.

Participation in this survey is entirely voluntary. Any information you provide will be kept confidential, and only a limited number of individuals within our organization will have access to it. Rest assured, when preparing reports, we will not disclose any information that could personally identify you.

Would you be willing to participate in this survey? **YES / NO**

If **YES**, then:

Thank you for confirming your participation in the survey.

When answering the general information section, please indicate in which group you fit in (in terms of age, gender, profession, etc.)

When answering the rest of the questions, please indicate how often you felt that way in the past month.

Wellbeing Questionnaire				
General Information				
Age	18-30 31-49 50+			
Gender	M F Other			
Profession	Doctor; Nurse; Midwife ; Feldscher			
With how many colleagues you interact/work daily (in person)?	I work alone; One to two; Three or more			
Years of experience working in health care system	<5 5-10 11-19 20+			
Region where you work	Drop down list of regions			
Name of Health facility	[TEXT]			
Personal Well-being	**Rarely**	**Some-times**	**Most of the time**	**Always**
I am able to have positive (good) feelings.				
Everyone has difficult feelings sometimes (feeling upset, sad, angry, anxious). I can manage my difficult feelings in healthy ways (without hurting myself or others).				
I've been feeling cheerful.				
I have energy for the things I want to do.				
I've been feeling relaxed.				
I've been feeling optimistic about the future.				

I've been thinking clearly.				
I've been feeling good about myself.				
I've been feeling interested in things that usually give me pleasure.				
I know how to recognize signs of serious stress in myself.				
Interpersonal Well-being	**Rarely**	**Some-times**	**Most of the time**	**Always**
I have people in my life who love me.				
There are people who will be there for me if I need help.				
I am worthy of love.				
I feel respected for who I am.				
I am able to love and care for others.				
I know how to recognize signs of serious stress in my team mates.				
I know how to support members of my team during stressful times.				
Capacity	**Rarely**	**Some-times**	**Most of the time**	**Always**
I have effective strategies for managing my stress.				
I have a good understanding about the kinds of stress I may encounter while working in emergencies				
I have the knowledge to take decisions in my life.				
I am able to meet the responsibilities in my life.				
I am able to adapt to challenges that arise in my life.				
I've been feeling useful.				
I've been dealing with problems well.				
I've been feeling confident.				
I've been able to make up my own mind about things.				
I have a voice in decisions that affect me.				
I can express to others the things that are important to me.				
I know how to get extra help with my stress if I need it.				
Working environment	**Rarely**	**Some-times**	**Most of the time**	**Always**
My manager/supervisor cares about my well-being.				
My manager/supervisor is available if I need to talk with him/her.				
My manager/supervisor will reach out to me if I am in distress.				
I have received information about stress and coping from the hospital I work in.				
This hospital provides useful support to front line workers in coping with emergency work.				
My work has been acknowledged by my manager/supervisor				
Additional questions				
Do you feel there are other more serious symptoms you want to talk about?	Yes		No	
If yes, please leave your contact here: E-mail and/or phone number				
Would you be willing to participate in Focus Group discussion about the topic of MH in health professionals?	Yes		No	
If yes, please leave your contact here: E-mail and/or phone number				
Do you have any other points you want to mention?				

Annex 2. Focus group discussion questions

Focus Group Discussion on State of Health Workforce Mental Health. Questions and Probing Suggestions

1. **Can you describe how you generally feel in your workplace, when it comes to stress? What factors contribute to you feeling relaxed or stressed?**
   - Can you give specific examples of situations that make you feel particularly relaxed or stressed?
   - How do your interactions with colleagues and supervisors affect your feelings?
   - What changes, if any, would improve your sense of relaxation at work?
2. **What are your thoughts and feelings about your future? What factors influence your outlook?**
   - How has your outlook changed over time, particularly since the onset of the conflict?
   - Are there specific events or circumstances that have shaped your view of the future?
   - What would make you feel more positive about your future?
3. **What strategies or methods do you currently use to cope with stress, and how effective do you find them?**
   - Can you describe a time when a particular strategy was especially effective or ineffective?
   - What additional resources or support would help you manage stress better?
   - How do your stress levels impact your daily life and work performance?
4. **How would you describe the support you receive from your supervisor and the hospital in managing stress? Can you provide examples?**
   - Can you recall instances where you felt supported or unsupported by your supervisor or the hospital?
   - What type of support do you feel is missing or inadequate?
   - How would you suggest improving the support system within your workplace?
5. **How has the ongoing conflict affected your mental and emotional wellbeing, and what types of mental health support would you find most helpful?**
   - In what ways has the conflict influenced your ability to perform your duties?
   - What mental health support services would you prefer, and how would you like them to be delivered (e.g., individual counseling, group sessions, etc)?
   - Can you identify any barriers to accessing mental health support, and how could these be addressed?
6. **Is there anything else you would like to share about your experiences or suggestions for improving mental health support for healthcare professionals in Ukraine?**

Reflection of Facilitators

Facilitators reflect on the Focus Group process after reviewing the assessment report:

Volodymyr:
I live in Mykolaiv and have been in communication with doctors for many years. I know them as resilient and steady professionals, able to solve various problems and effectively respond to any critical situation. For obvious reasons, over the last two and a half years, such critical situations have been occurring daily. This assessment helped me see health workers as regular people, having their own concerns and fears. They open up to us, the facilitators, in ways they likely wouldn't, if it was a regular conversation. I believe assessments and activities like this are crucial for addressing some of the stress healthcare workers face.

Iryna:
Some of the comments from the respondents really stayed with me, as they reflect the reality we are living. One medic stated that routine of work is keeping him stable. If everything goes according to plan, it will act like a "calming pill" to them. Amid sirens and explosions, this routine keeps them grounded. The words that resonated most were those along the lines of: "We've only started living now, because we appreciate each day, although the adaptation was difficult." One thing I can say for sure is that I didn't see a single person whose life hadn't been affected by the war, in one way or another.

Tetyana:
Regarding why healthcare workers rarely seek psychological help from professionals, many participants pointed to the lack of a culture of seeking such help in our society. There is a stereotype that mental health problems should be solved alone.

Vitaliy:
I was surprised by the Feldchers in Sumy. I always thought these professionals are tough, especially in Sumy, a city located in the east, constantly under attack. But from the first question, I saw how vulnerable these people are inside, despite having to wear a "confidence" mask. As they themselves said, no matter what emotional turmoil they feel inside, when they arrive at a scene full of critically wounded people, in the midst of chaos, they have to pull themselves together and do their job – and save lives. The honesty in their tone was so raw, it was hard to listen without expressing emotions. When asked what helps them cope with stress, I heard various answers, but one struck me the most. A 35-year-old Feldcher said the only thing keeping him away from losing his mind was his children. He said he lives, acts, and helps others, all for the sake of his children.

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Photo by Tamara Kiptenko for the IRC

The International Rescue Committee has been working in Ukraine since February 2022. Together with Ukrainian partners, we strive to best serve people affected by the war. The IRC works in the Odesa, Mykolaiv, Kharkiv, Dnipro, Kherson, Zaporizhia, and Donetsk regions, supporting communities in major cities and hard-to-reach rural areas closer to the frontlines.

Together with our local partners, we distribute essential basic items, provide cash assistance to families in need, and ensure that children, vulnerable groups and people with special needs are protected. Our health activities include providing basic medical help to people in remote locations, psychological and mental health assistance, and rehabilitation and resupply of local hospitals and health facilities.

The IRC is continuing its efforts in Europe and the US to match the growing scale of needs of Ukrainians. We have emergency programs in Poland and are also supporting Ukrainian refugees in Romania, Hungary, Slovakia, Czechia, Bulgaria, Germany, Italy, Greece, and the UK.

ZDOROVI is a driving force for change in the healthcare sector, dedicated to building a New Medicine for all Ukrainians—high-quality, evidence-based, accessible, effective, and modern while upholding the highest standards of respect, empathy, and cultural sensitivity.

ZDOROVI team is committed to equipping medical professionals with everything they need to focus solely on their primary mission—caring for patients. The organization's work encompasses humanitarian aid, professional training, healthcare reforms, advocacy for systemic change, mental health support, and enhancing professional skills.

Since the onset of the full-scale war, ZDOROVI has provided humanitarian aid and procured essential supplies for 899 medical institutions across 24 regions of Ukraine. It has also partnered with 65 international organizations to implement projects that strengthen the healthcare system.