The struggle for decent care work in Ukraine: The case of nurses' movement 'Be Like Nina' (Bud’ yak Nina)

by

Olena Tkalich

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Department of Gender Studies

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Supervisor:

Éva Fodor

Second reader:

Emma Dowling

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Abstract

This thesis addresses the case of grassroots movement of Ukrainian nurses “Be Like Nina”, which arose at the end of 2019 after a Facebook post by a nurse from a small town, single mother Nina Kozlovska. She said that the work of nurses is much more valuable than the work of members of parliament, and called on medical staff to resist. The post attracted the attention of the media, led to the emergence of the Facebook group “Be Like Nina” with 85,000 subscribers, and an NGO of the same name. Soon, the nurses' movement was faced with Covid-19 and the Russian invasion.

1. My research questions are the following:
   Due to what combination of reasons did nurses become able to create the movement, despite the lack of protest traditions and resources in this professional group?
2. *Why was their bargaining power affected differently by Covid-19 and the Russian invasion, even though both shocks increased the need for medical staff?*

I rely on 10 in-depth semi-structured interviews with activists of the movement, as well as analysis of materials related to the Ukrainian medical system.
My findings are the following:

1. This case became unique for Ukraine because before, demands for changes in the medical system were formulated by doctors, not nurses. At different stages of the development of the movement were activated certain mechanisms, which are related to the theories of resource mobilization and emotions of social movements. Instead, the concept of *social movements in health* poorly explains this case and needs to be refined.
2. During Covid-19, the bargaining power of nurses increased, as only medical staff could care for patients in hospitals due to isolation. This resulted in a double increase in wages. During the war, despite the high need for care, it became possible to delegate part of the duties to relatives or partners of the wounded. This reduced the bargaining power of nurses and resulted in curtailment of their rights.

Declaration

I hereby declare that this thesis is original research conducted by me. No part of the thesis is borrowed from other academic or any other publications. Citations of other authors used in the literature review have links to relevant bibliographic sources.

I also declare that the number of words for these theses is:

The body of thesis (chapters): 15633 words.
Entire manuscript: 19681 words.

Signed: Olena Tkalich

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I am also grateful to my colleagues and friends from Ukraine, with whom I talked a lot about the "Be Like Nina" case. Especially to my husband Vitalii, who took a critical position and argued that the nurses' movement is not something exceptional among other Ukrainian labor movements. This allowed me to crystallize my arguments. At the same time, I know that he greatly appreciates the "Be Like Nina" activists and helps them a lot as a lawyer.

Finally, I am grateful to the brave and beautiful participants of the "Be Like Nina" movement, whose activism instilled in me the belief that the struggle for women's equality, decent work and an egalitarian society in Ukraine is possible. Even in spite of the terrible war.

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1. Introduction

In December 2019, Nina Kozlovska, a nurse and single mother from a small town in the Kyiv region, posted a photo of herself in a nurse's uniform and an emotional text on Facebook.

> *With salaries like ours, there will soon be no medicine left, and no one will need that reform, because people will have no one to turn to. Is it so little to save someone's life, is it worth it? And the sleep of PM, their correspondence on the phones, scratching of genitals at meetings, not knowing what law and what they are pressing buttons for is considered "not cheap". So, maybe we will switch places?,* Nina wrote (2019)

Her main criticism was focused on the neoliberal medical reform, which facilitated the closure of "unprofitable" state hospitals and ignored the interests of the ordinary medical staff.

In 2019, President Volodymyr Zelenskyi came to power in Ukraine, and at first he promised to canceled reform (Ukrainian Pravda 2019). In the fall of the same year, parliamentary elections were held, in which the presidential party won, and many new faces entered the Verkhovna Rada. However, the president implemented medical reform, and the new PM quickly became embroiled in numerous scandals due to unprofessional or unethical behavior (UNIAN 2019). Against this political background, Nina's post quickly garnered 25 thousand reposts and more than 500 comments and also attracted great attention of the media (TSN 2019). Subsequently, the first nurses' protest took place (Movchan 2019), leading to the creation of a Facebook group (Movement #BeLikeNina 2024), which currently has over 85,000 members. This marked the beginning of nurses' public activism in Ukraine.

I met the activists in the summer of 2020 as a journalist. Covid-19 continued, the media's interest in the medical field was huge, and it was easy to get informational leads from their group. So it was important to see these "newsmakers" live. They were also interesting to me as a left-wing activist and researcher. That year, my colleagues and I conducted research on kindergarten teachers, with an emphasis on the underestimation of care work. I also knew quite a lot about Ukrainian trade union movements and labor protests. This made it possible to understand that "Be like Nina" is something fundamentally new for Ukraine. Although, given the popularity of the movement, it

was also obvious to people outside the scientific or activist community. I was a little afraid that such crazy fame would give rise to snobbery in activists, and that the first disappointments in cooperation with large trade unions would make them gullible. However, nurses turned out to be very simple and open people with whom I had many common topics, especially about motherhood and the feminization of poverty. I was also afraid that the movement would quickly disappear, trust dubious politicians, quarrel internally, or simply stop working actively due to a lack of resources. However, this did not happen either. But why are they so resilient? And what exactly makes them special? I will try to answer these questions in the research.

1.1. Aim and Research Question

In this study, I want to explain the phenomenon of the grassroots movement of Ukrainian nurses "Be Like Nina", which gained extreme popularity at the beginning of its creation and continued to develop for almost 5 years. It's happening despite the pandemic, the full-scale Russian invasion, medical reform with a pronounced neoliberal character, the lack of a previous tradition of protest in this professional group, and the lack of resources, primarily economic and time. I also want to understand how and why global shocks, such as a pandemic and full-scale war, affected the development of "Be Like Nina" and the overall value of nursing work in Ukraine. The effect was different, even though in both cases the need for the work of nurses is increasing.

The two research questions of this thesis are:

- *Due to what combination of reasons did nurses become able to create the movement "Be Like Nina", despite the lack of protest traditions and resources in this professional group?*
- *Why was their bargaining power affected differently by Covid-19 and the Russian invasion, even though both shocks increased the need for medical personnel?*

1.2. Contribution

This thesis contributes to the research on protest movements among care workers by applying both theories of care work and social movements, namely more traditional approaches to resource

mobilization and more recent approaches to the emotions of social movements. It also contributes to the study of the protests of care workers in Ukraine, which remain an understudied phenomenon in the context of the country. Another aspect and contribution of this work is that it compares the bargaining power of nurses during two shocks: pandemic and war. And it explains why the work of nurses in the conditions of war turned out to be "less" valuable.

1.3. Limitations

This thesis is partly based on the analysis of state and union official websites and social networks, as well as media publications, and observations of nurses during their activity offline and in social networks. This review actually spanned the past four years, so it may be incomplete and have methodological inaccuracies. Also, helpful in a better analysis of the movement could be interviews with experts on social movements in Ukraine or organizations that help nurses. The position of large trade unions and state bodies could also be interesting.

This could help verify the validity of certain interpretations. It was also worth paying more attention to the theory of emotions in social movements. This could allow for a clearer theoretical framework for the study. A comparative analysis of nurses' movements in different countries would help refine the concept of *social movements in health*, considering the intersectional approach (Crenshaw 1989).

2. Methodology

In this chapter, I present the methods that were chosen to conduct this study, the process of analyzing the empirical data, and the difficulties encountered. I also state ethical considerations and state my position.

2.1. Interviews

This thesis is based on 10 in-depth semi-structured interviews with activists of the "Be Like Nina" movement. In the course of the interviews, theories were tested regarding the reasons for the undervaluation of care work, the difficulties of protesting (England 2005), including the gendered of the health care system (Acker 1990). Also, the motives that can encourage care workers to dare to protest (Huget 2020, McCarthy, Edwards 2004). The interviews were conducted via Zoom, Facebook Messenger, Telegram, or Viber, depending on the wishes of the activists. Respondents were drawn to the sample through personal connections and prior knowledge of their contributions to the organization and the history of workplace confrontation. To make the sample more diverse (Cassell, Symon 2012), 5 founders of the movement, 3 active participants, and 2 less active ones were interviewed. The age of the interviewees is from 36 to 62 years, experience in medicine is from 15 to 40 years. Two of the interviewees are doctors, a woman is a gynecologist and a man is a surgeon. It made sense because they are also active participants. Most of the respondents have caring responsibilities — they are single, or mothers of many children, or took care of elderly parents. Two nurses were outside Ukraine and during the interview they talked mainly about their experiences in their homeland. The same for two other respondents who switched to private medicine or other positions due to mobbing. One of the interviews (Inha) was not used as a quote because it lacked uniqueness, the interviewee was a nurse who solved some of her problems thanks to "Be Like Nina" and stopped actively participating. One of the interviews was a group interview (Inna, Rita), but since the respondents are close friends, colleagues, and activists of the same trade union, it can be assumed that this did not affect the level of trust. In general, this interview reached a "saturation point" where the answers began to repeat themselves. However, it was also appropriate to conduct an interview with Vita, as it was known that the "punishment" for her

activism was a criminal case initiated by the chief doctor. This is an important example of the pressures that nurses can face.

Empirical material for the thesis was also a review of the publications of the Ministry of Health, the National Health Service of Ukraine, and large trade unions on the topic of medical reform and nurses. Also, the basis for the analysis for the thesis is Nina Kozlovskaya's first post on Facebook, which started the movement, interviews with participants for journalistic materials about care work, publications about them in mainstream or more niche left-wing media (and single mentions in feminist publications or scientific works), observing them during their online activities, accompanying them as a journalist at protests, trade union meetings and other activities during the last 4 years.

2.2. Ethical considerations

Two respondents, Nina Kozlovska and Oksana Slobodyana, allowed their names and surnames to be used, because it is clear from the description that they are the leaders of the movement and anonymization does not make sense. They gave permission for it. The rest of the respondents are presented under other names and without indicating their place of work. This should protect them from possible pressure at the workplace.

It is important to note that friendly relations have developed with the main participants of the movement, which have currently turned into cooperation on several grant projects. These are mutually beneficial projects, so there was no clear disproportion in the dynamics of power. However, during interviews, some of the participants also expressed gratitude to my husband, who is a labor lawyer and helped pro bono to win several cases in the early days of the movement. The movement now has the resources to pay for ongoing legal aid, but he still consults on request, and there may be some ethical questions about the motivation to participate in the interview. I also feel a different attitude here toward him as a professional expert and to me as someone whose experience is closer to their own, especially in terms of motherhood and the feminization of poverty. Since we talked a lot informally about these topics, this observation seems to be close to the feminist approach when concepts that ideas that can change gender inequality are also created

outside the academic environment (Ahmed 2000, hooks 1991). Previous friendships also soften certain questions about power relations where theories and concepts from the Global North are superimposed on contexts from other countries (Connell 2014).

2.3. Researchers' positionality and difficulties with interpretation

I am a left-wing activist and a member of the "Social Movement" organization, so my interest in "Be Like Nina" was primarily dictated by political views. Then we built friendly relations, but our communication is not frequent, so I don't always have time to follow their activities. Although, on the one hand, this gives more confidence that the respondents were quite open and had a trust, on the other hand, it turned out to be quite difficult to abstract from personal sympathy and, during the analysis, go to a higher level of abstraction and draw my own conclusions. There was a dissolution in the words of the activists, an attempt to speak their judgments instead of my own conclusions, and a desire to give a "voice to the oppressed" in the tradition of oral history (Ritchie 2018).

At this point, the mentoring of colleagues from CEU, who pointed out the need for a broader view and own analysis. It helped me crystallize the main arguments for theses. After that I have returned to the original idea of analyzing this movement, which covered many more questions than the answers received in the interview, including a certain advocacy potential of the research (Abrams 2010), which, however, cannot be revealed only based on the direct speech of the respondents.

Other methods of oral history have also become helpful, which suggest that scholars should not take words literally, but understand the dominant discourse that can influence judgments, the cultural repertoire that a person operates with, and also look from the point of view of "mythological thinking" (Passerini 1990). For example, most often in interviews with nurses, their faith in the "Promised Land" was felt when they spoke about the experience of trade unions from the Global North as a model for imitation. Also, at the stage of interpretation, it is worth keeping in mind the advice not to attach labels from one's own cultural repertoire, prejudices, and political

preferences (Borland 1998). However, although nurses do not call themselves feminists, I will try to explain in my analysis why their activities are essentially so.

An additional interesting point about the positioning was that during the interview, the topic of democracy in terms of freedom of expression, unlike what was under the USSR, arose. At first, I perceived it as a reproduction of the dominant discourse and self-charismatization in the context of the war with Russia, which is still perceived as a continuation of the Soviet tradition. But then I realized the generational difference, since most of the respondents had experience of life in the USSR at a more conscious age than I, and, accordingly, have the opportunity to compare. This also helped in the analysis.

3. Literature Review

To consider the case of the grassroots movement of nurses “Be Like Nina”, it is worth simultaneously turning to theories about care work, as well as theories of social movements. The first conveys the underestimation of the work of Ukrainian nurses and its aggravation in the conditions of neoliberalism, and the second should be used more carefully in accordance with the stages of development of the movement. Several *theories of care* explain why this work is undervalued, why many care workers, most of whom are women, put up with this situation, and what difficulties and ethical dilemmas arise when they try to challenge their situation.

Social movement theories are more complex to apply to “Be Like Nina,” so various basic approaches will be used. This is the theory of *resource mobilization*, the theory of *emotions in social movements*, and the concept of *bargaining power* from the *theory of labor movements*. Resource mobilization theory (Buechler 2000, McAdam 1988, McCarthy, Edwards 2004) at first sight does not seem to apply well to this case, as nurses have few resources to protest. However, it explains the birth of the movement. The theory of emotions in social movements (Shultziner 2013, Jasper 2011) explains well why the nurses firmly united in solidarity after the beginning of the movement, which also has gender aspects of interaction in the women's movement. But it is worse applied to what caused the movement. Labor movement theories that use the concept of *bargaining* or *structural power* (Silver 2003, Wright 2000) in care work research tend to suggest that care workers have poorer *bargaining power* due to ethical constraints. However, the concept of *social movements in health* (Brown, Zavestoski 2004, Brown, Fee 2014), on the contrary, sees *bargaining power* in the expertise of medical workers.

Shultziner (2014) says that existing theories of social movements cannot always be applied to all cases. He sees a too-broad definition of social movements as the reason for this, which prompts the use of different theories for different stages of their development. So I will try, in addition to this important broad description, to narrow the theoretical framework specifically to the nursing movement.

I argue that in the case of nurses, their level of *bargaining power* is affected by both the devaluation of the care work and the expertise of medical workers. This has been particularly acute during Covid-19. In support of my argument, I will analyze care theories in subsection 3.1., and social movement theories in subsection 3.2. and an overview of research on care workers' protests in section 3.3.

3.1. Why is care work undervalued? Theoretical framework

The low salaries and harsh working conditions of Ukrainian nurses, which provoked the movement, are not an exclusively Ukrainian problem. The phenomenon of undervaluation of care work, despite its key function for the reproduction of any human society, is described in the Marxist tradition. The main point is that under capitalism, care work (or reproductive labour in a broader sense) cannot be effectively monetised, and therefore loses its value under this system (Engels 1884, Luxemburg 1912).

Feminist movements have tried to overcome this contradiction, for example, by introducing a state-run care system (Kollontai 1909). To some extent, this was implemented in the USSR and the Eastern Bloc countries. However, for women, this period was rather characterised by a double burden at work and at home, as the attempts to catch-up with industrialisation in these countries required women to enter the labour market, but there were not enough resources to build an adequate care infrastructure (Zimmermann 2010), and extremely limited political representation (Political Bureau of the CPSU Central Committee 2024). Another approach that sought to challenge the undervaluation of care work was the movement in the 1960-70s in the United States to pay for domestic work (Benston 1969, Federici 1975). Participants of the movement insisted that the work done by women at home is accumulated by capital in the form of labour, which continues to create added value for the owner of the means of production, but is not compensated to the women themselves.

A closer look shows that the underestimation of care work explained by the 'commodification of emotion' of care workers, due to which they are emotionally exhausted, the concept of 'love and money', when care workers accept a lower salary because they love his work, and the concept of ‘prisoners of love’ that suggests that other vulnerable people directly depend on care workers, so

it is much more difficult for care workers to go on strike or take other protest (England 2005). This indicates a lack of bargaining power among care workers due to ethical reasons. Hailey Huget (2020) attempts to circumvent these ethical constraints by arguing that care workers, who are often also providers of free care, such as parents of young children, can strike if they can no longer fulfill their role as caregivers.

The current position of care work

Although public care policies and changing gender standards of family responsibilities have changed dramatically in many countries of the world in recent decades, care work, both paid and unpaid, remains undervalued and feminised. This is reflected in gender segregation in the labor market, wage levels, and unequal participation in unpaid care.

In the United States, about 77% of public school teachers, 90% of nurses, and 75% domestic workforce are women (and also women of color) (Huget 2020) . In EU the situation is pretty the same (EIGE 2024). And although care workers are generally more educated than the public, their wages are relatively lower (Himmelweit 2021). In Ukraine, the salary of a kindergarten teacher is minimal (Dutchak, Strelnyk, Tkalich 2020), and the salary of medical workers was 70% of the average (State Statistics Service 2019). In today's neoliberal context, the general trend is for the state care system to be reduced and privatised. A response to this is to promote the concepts of intensive motherhood (Verniers, Bonnot, Assilaméhou-Kunz 2022) or self-care (Dowling 2021), with a focus on individual responsibility for the health, development, and well-being of themselves and their children or other loved ones. However, this approach, especially in the context of rising inequality, precariousness of employment, income instability, and reduced state support, can easily lead to crises. This phenomenon has been called the *care crisis* (Fraser 2016). The issue of the care crisis has naturally become more acute during the coronavirus pandemic, both at the level of individual families, when the main burden of childcare has shifted to women, and to key workers in general (EIGE 2021), and, of course, at the level of healthcare systems. High-income countries can to some extent compensate for the shortage of caregivers by labour migration of women from poorer countries to engage them in paid care work (Wichterich 2023), while sending countries face a crisis in their communities (Isaksen, Devi, Hochschild 2008).

The feminist approach to solving the care crisis is different. Advancing the approach of feminist economists, Susan Himmelweit (2021) points out that equitable and sustainable development of the care sector will bring benefits not only to care workers, but also to all women and society, since it will provide *"more educated, better cared-for, healthier people and more opportunities for women."* Although such goals are quite obvious, there is still a constant struggle for them. And part of it is also the grassroots movement of nurses "Be Like Nina".

3.2. The theoretical framework of the social movement

Research on care workers' protests mostly uses theories of care that explain why care workers have less bargaining power due to ethical "prisoner of love" dilemmas (Huget 2020, Kubisa and Rakowska 2021), but not how these movements arise. Therefore, I will turn to broader theories of social movements, mainly the theory of *resource mobilization* and the theory of *emotions in social movements*.

Resource mobilization theory suggests that participants in social movements are rational and venture into activism when the benefits outweigh the risks (Buechler 2000). In this tradition, there is also a widespread approach that originates from Doug McAdam's book "Freedom Summer" (1988) about the case of a student camp in Mississippi, USA, in 1964, whose participants opposed racial segregation. According to his analysis, the activists had several common features: they had enough resources, optimism, freedom, and faith in themselves, because they came from the upper middle class, studied at good universities, and adopted the political background of the time permeated with liberal idealism. Also, the previous connections of these students in the activist environment were an important prerequisite for activity. Developing this view, researchers concluded that groups with resources are more likely to mobilize for social change. This disparity can be modified to some extent by grant funding policies (McCarthy, Edwards 2004).

The theory of *resource mobilization* is opposed by the theory of *emotions of social movement*s, which says that the availability of resources and the rational calculation of benefits from activism are not always key factors. This point is contested by Doron Shultziner (2013), who studied the

case of the Montgomery Bus Boycott. In the early 1950s, the town's black community resented being denied seats at the front of the bus, demanding fair treatment, boycotting the buses, and other activism. This conflict lasted for several years. Shultziner says that it is difficult to apply the framework described above to this case because the vast majority of participants in this social movement were underprivileged middle-aged people with family responsibilities. He also disputes McAdam's (1982) point that *"shifting political conditions" are assumed to "supply the necessary 'cognitive cues' capable of triggering the process of cognitive liberation."* According to him, the case of the bus boycott took place at a time when the black community could hardly believe that "*the time of liberation is not far off, that the system can be successfully challenged and changed through collective action"* (Shultziner 2013). According to him, the community did not have abstract ideas about changing the world for the better. Their actions were dictated by the specific conditions of their own lives—daily humiliation. And it was the emotional response to this that motivated activism.

James M. Jasper (2011) also writes about humiliation as the starting point of social movements, noting that *"many protest movements revolve around efforts to transform shame into pride.*" A similar case in the Ukrainian context was with trolleybus drivers, who staged a loud protest after the depot director publicly called the workers "slaves" (Tkalich 2021). However, not only acute humiliation but also a sense of powerlessness at work or in other areas of life can push people to collective action (Goodwin, Jasper 2006). Jasper also points to gendered differences between the movements that formed in response to humiliation. Men often consolidate against the enemy, which causes humiliation. Instead, *"women's movement and its offspring show the reverse goal of collective action: emotional repair of one's self-image."* In the case of nurses, this may resonate with the position of wanting recognition that is common to labor movements (Hearn, Knowles 2004). Collective emotions associated with personal connections and solidarity are important factors in people staying in an organization (Flam, King, 2005).

Different approaches at different stages

Researchers tend to believe that social movements go through stages such as social fermentation, popular agitation, formalization, and institutionalization (Della Porta, Diani 2007). Shultziner

(2014) combines various factors contributing to the creation of social movements. These are both the psychological reasons (humiliation; low self-esteem about one's condition; anger; moral outrage) and the social, structural, strategic (social interactions involving power relations; inspiring or dramatic events; macro social and economic conditions; harmful policy decisions). According to him, certain factors can dominate at different stages of the development of a social movement. For further analysis of the theories of social movements in accordance with the case "Be Like Nina," I will use a similar approach. Nurses, like most care workers, appear to fit into groups with limited resources due to low-paying work and a lack of time resulting from frequent overtime (Baines 2023). The concept of "prisoners of love" (England 2005) in turn speaks of moral limitations for the participation of care workers in strikes. Lack of opportunities for women and migrants to participate in trade union movements can also become an obstacle (Guillaume 2018, Cullen 2021.) Given these conditions, it would be possible to apply the approach of the theory of emotions that a constant feeling of humiliation and helplessness can push to unite.

Of course, a certain "fermentation" took place. But "Be Like Nina" movement was provoked by neoliberal medical reform and the change of government, which initially promised to cancel it, but then continued. This was the moment when the consolidation of nursing efforts in joint action could change the decision of the new government. This corresponds to the theory of resource mobilization. Also starting from the first post of Nina Kozlovska, nurses also appeal to the common good — accessible medicine, and the change of socio-economic relations — the redistribution of resources in favor of the care sector. Such an expanded framework also rather speaks in favor of the theory of resource mobilization, since the nurses did not only appeal to their daily problems.

In turn, the theory of emotions in social movements explains well the further development of the movement. A response to their activism, nurses faced humiliation from the doctors, which only united them stronger. Also, two of the movement's three main founders had no prior activism experience and no relevant connections, but a sense of solidarity and a new friendship now holds them firmly together. Further rapid development of "Be Like Nina" was associated with the growth of *bargaining power* due to Covid-19, which can be attributed to the mobilization of resources. However, the fact that the organization continues to work even despite the loss of significant

bargaining power due to the war also resonates with the theory of emotions of social movements (Flam, King, 2005).

The social movements in health and bargaining power

Since the above theories of social movements give too general a description, I will try to find narrower concepts. There is a concept of *social movements in health* (Brown, Zavestoski 2004, Brown, Fee 2014), which suggests that these are formal and informal associations that try to change the policy of the health care system, usually to a more egalitarian one. One of the features of such movements is the expertise of knowledge that medical professionals have, which helps them in advocating for change. As an example of the contribution of nurses to changes in medicine, examples in the 19th century regarding hygiene standards are given mostly. However, this concept does not exploit the problem of care and its underestimation. It unites all medical workers into a group perceived as professionals, while nurses often have to resist the perception of themselves *"as unskilled, kindly "angels" or "pillow-fluffers" rather than skilled and caring professionals"* (Folbre, Nelson 2006). This is what the "Be Like Nina" activists faced.
Framing care and health in the repertoire of social movements that emerged during Covid-19, Donatella Della Porta and Anna Lavizzari (2020) argue that care in the sense of a feminist economy has become a unifying motif for very different social movements. However, this work did not touch on the topic of labor relations of nurses or medical workers in general.

For a better description of the case "Be Like Nina," I will try to combine the concept of *social movements in health* and the concept of *care* (and to some extent *intersectionality*) with the concept of *bargaining power* inherent in the theories of labor movements. The essence of *bargaining (or structural) power* is that workers can advocate their interests thanks to the peculiarities of the economy, the labor market, and the unique skills of workers that make them irreplaceable. Also, codes are favorable opportunities for associations to protect their interests (Silver 2003, Wright 2000). From this point of view, the bargaining power of nurses is impaired by factors inherent in care work (which includes gender, class and race aspects), but strengthened by their belonging as

professionals in the medical field. This was especially felt during Covid-19, and it is difficult to imagine similar shocks in other sectors of care.

The struggle for better working conditions and conditions in medicine as well unwittingly pushes nurses to the feminist economy described by Himmelweit (2021). This, in turn, provides a wider framework of requirements and, thanks to this, greater chances of public support (Huget 2020).

3.3. What are the protests of care workers? Review of research

"Be Like Nina" is, of course, far from the only care workers protesting. In recent years, there have been a lot of cases in the care sector.

One example of nursing activism going beyond their labor rights is the social movement of black nurses in Canada in the wake of Black Lives Matter, who held webinars about their experiences fighting racism (Brathwaite, Versailles, Juüdi-Hope et al. 2022). The authors focus more on the historical context of the position of black nurses. But it seems to me that in explaining the reasons for the birth of the movement, it is possible to rely on the theory of resource mobilization, since political events contributed to the belief in possible changes, and on the theory of emotions, which explains why this movement was long-lasting.

Another example of a protest by care workers is a strike by teachers in West Virginia, USA, in 2018 (Amsler, Hanrahan 2020). The teachers interviewed in the course of this study did not associate themselves with a political movement that should oppose the policy of cuts in the social sphere. Also, only a part of the activists considered their demands to be feminist. Others focused more on the fact that they demand a solution to the "teacher problem". However, the responsibility of the general education system for the public good remained an important narrative of the protests. The authors of the study also emphasized that "*the state can walk away from care, can abandon children, families and communities. These teachers can't and won't."* This protest was prompted by the policy of austerity, as was the protest of Polish teachers in 2019 (Kowzan 2023), which, however, was defeated due to the growing resentment of parents of children before the final exams.

Both of these cases resonates with the concept of "prisoners of love" and the theory of resource mobilization, since the reason was the belief in the possibility of changing the system.

The article *"Care Workers on Strike"* (Huget 2020) focused precisely on the "prisoners of love" dilemma of workers in the US context, citing examples of both the teachers' protests mentioned above and the health workers' strike in the same years. The author expands on the concept of "prisoners of love" by citing the argument of US labor historian Joe Burns that the most successful strikes were those where protesters managed to stop production entirely. However, according to Huget, this is impossible in the case of care workers, because, *"if care workers go on strike and succeed in halting production, what they would be doing is halting social reproduction."* And this, in her opinion, may be one of the reasons why care work remains low-paid. The author cites statistics (Huget 2020, p. 15) on how a health care worker strike can make patients worse off, and says that a teacher strike has limited access to safety and care for children whose parents work. However, it is also indicated there how the strikers tried to minimize the negative impact on their charges. For example, when the medical strike lasted no more than 24 hours, or when teachers refused the school program but did other activities with children and provided them with free meals. The author says that the actions of the strikers are justified, because they are fighting for their "role-ideals", and therefore for the public good.

This study is interesting for comparison with countries where strikes are prohibited in many areas, such as Ukraine (On the procedure for resolving collective labor conflicts 1998) or Poland (Kubisa, Rakowska 2021). Regarding Poland, the authors note that, despite the decline in the influence of trade unions, in the wake of cutbacks before Covid-19, new associations emerged in the field of care. And despite the legal restrictions, they organized strikes and other forms of protest. Therefore, under conditions when the probability of state repression is low, these restrictions can be bypassed. In the conclusion, the authors generally agree with Huget's position that ethical dilemmas of "prisoners of love" are the main obstacle in the negotiating position of care workers. However, they do not describe the reasons for the emergence of new active trade unions, which, in my opinion, rather lies in the plane of the theory of resource mobilization. It is also interesting that, according to the authors, *"miners, teachers, and nurses have been the most vociferous and militant*

occupational groups over the past 30 years in Poland" because there is an ancient tradition and an unchanged form of work in the collective. Historically, the same groups, who were ready for loud protests and strikes despite restrictions, are the most active in Ukraine, except for nurses. One of the tasks of this thesis is to understand why.

Protests during Covid-19

Such a global upheaval as Covid-19 has caused protests in the field of care in most countries of the world, what to expect in terms of social movement theories (Della Porta, Lavizzari 2022). For example, a study of the largest medical workers' strike in Hong Kong caused by Covid-19 in the last several decades (Chan, Tsui, Tang 2023) is viewed from the perspective of the concept of *social movements in health* with a focus on expertise as a bargaining power, without attention to the issue of care, although the majority of staff are nurses (Hong Kong Health Bureau 2015). The biggest burden of caring for patients was on them, and the bargaining power of professionals, accordingly, is less. The concept of *social movements in health* also does not make a class, gender, and race separation between doctors and nurses (intersectionality), which is also characteristic of Ukrainian context and will be described in this thesis. But in this case, the requirements were not only related to working conditions. Here it is rather political: closing due to pandemic on the border with China. These requirements were met.

On the contrary, another case does a focus on class and postcolonial factors, is a study of Brazilian domestic workers who, coordinating through social networks, achieved better working conditions during the pandemic (Acciari 2020). Thanks to such coordination, grassroots trade unions were also able to become more active. This also resonates with the position that in the digital age, despite increasing precariousness and atomization, modern technologies also contribute to the unification of people in social movements (Christiaens 2023). But this study does not provide a theoretical framework for the mobilization of care workers.

The study *"Interwoven, cross-sector, situational and enduring solidarities: crisis, resistance and de-privatisation in care work"* (Baines 2023) from British Columbia, Canada shows how care workers operate within a trade union. The study considers the Hospital Employees Union (HEU),

which 92% of members identified as belonging as women, Indigenous, racialised, LGBTQ+, or a person with a disability (data as of 2017). So this is not a typical "Fordist" trade union, however, it is not marginal and has 50,000 members. Its activism, according to the author, concerned the *"moral economy of 'care' and 'restoration of justice'"*, that *"formed the core of the entwined solidarity narratives and resistance strategies successfully coming together during the time of COVID-19."* During the pandemic, trade unions provided support not only to their members, but also to other care workers in the region. Their demands, which were met, were to raise the salaries of care workers in the private sector to the level of public sector, as well as to speed up the implementation of demands for de-privatization, that is, the return to the public sector of care workers who were laid off under the previous neoliberal reforms, which were later recognized in considered illegal. However, the protest mechanisms used by trade unionists are not entirely clear. The author says that the medical staff violated the instructions by working overtime, which in other conditions is usually self-exploitation rather than protest.

Another example of the struggle of care workers is the research *"Trade Union Mobilization and Female-Dominated Care Work in Ireland: Feminised and/or Feminist?"* (Cullen 2022). This is an example of a more typical trade unions which, until the late 1980s, had a primary focus on men employed in industry. And while women's representation has increased since then, the demands of these unions still *"fit uncomfortably with the gendered, racialized and ethnic realities of low-wage women's care work."* The COVID-19 pandemic, on the one hand, allowed trade unions to speak more convincingly about the undervaluation of essential workers, but on the other hand, the campaigns carried out during this period had limited effect. For example, it was possible to improve the remuneration of kindergarten teachers, as they were recognized as qualified professionals who are undervalued, but at the same time *"calls for state investment in public childcare, a core feminist goal, gained less traction."* The author argues that the undervaluation of care work is reproduced by trade unions as much as by employers, governments, and other social actors, if there is no permanent feminist view that challenges it. However, citing the work of Silvia Federici (2016), the author points out that the anti-marketisation inherent in trade union rhetoric can fit within a feminist anti-capitalist framework. She also points to the need for *"a robust epistemic shift"* to counter the devaluation of care work, especially when *"pandemic response has relied on assumptions of women's capacity to provide paid and unpaid care under any conditions."*

An example of the unification of broader demands within the feminist agenda of challenging the care crisis is documentary "Strajk Kobiet Trwa" (The women's strike continues) (2018) by Polish trade unionist and left-wing activist Magda Malinowska about the life of single mothers in the city of Walbrzych. As the author notes in the interview (Turenko, Malinowska 2024) the film brings together the theme of women's precarious employment and the feminization of poverty in general, the housing crisis and the crisis of care in the context of a lack of public support and what tragedies this can lead to (one of the women's child fell out of the window while the mother was sleeping after a night shift). And also, women's attempts to challenge the existing system, demanding both better working conditions and the state care system, as well as lifting the ban on abortion.

In conclusion, all the cited cases of protests by care workers somehow have a common feature: the activists demand not only the improvement of their working conditions, but also appeal to the common good. Most often, this is access to quality education or medicine, but also the fight against racism, as in the case of Canadian nurses, for political demands in Hong Kong, or the protection of women's reproductive rights, as in the case of the Polish trade union. But it can also be a "survivor's error", since protests with a narrower framework of demands, which, accordingly, were less likely to be successful, could not have caught the attention of researchers.

3. 4. Conclusion of the chapter

The case "Be Like Nina" confirms theories about the underestimation of care work. Theories of social movements, such as the resource mobilization theory and the emotion theory of social movements, can also be applied to explain movement emergence and development. However, different theories are appropriate at different stages, and it is difficult to find a general framework. Therefore, I try to use the concept of bargaining power from theories of labor movements, combining it with the concept of care and the concept of medical social movements. The first reduces bargaining power, and the second increases it, especially in the conditions of Covid-19. Also, the nurses from "Be Like Nina", like the rest of the described protest cases, have broader

demands than labor rights. It is mostly about more egalitarian conditions and the common good, which is in line with the ideas of feminist economics. The fact that care workers are undervalued makes them interested in a more equitable distribution of resources. And this, in turn, can ensure the support of a significant part of society.

4. Context of the care work in Ukraine

In this chapter, I will provide an overview of research on care work in Ukraine. I will also describe in detail the situation in the medical system and the position of nurses in it, the main medical reforms, as well as the gender segregation of the system. This is necessary in order to understand the background that preceded the nurses' protest, as well as how the issue of care work and its undervaluation is raised in Ukraine.

4.1. Who and how writes about care work in Ukraine

The care work in the Ukrainian context is studied on the example of researches on the feminization of poverty in the context of neoliberal reforms (Dutchak 2018), intensive motherhood (Strelnyk 2017), migrants in the EU care sector and their families in Ukraine (Fediuk 2016), the working conditions of young women in the service sector (Oksiutovych 2018), the situation with working conditions of social workers (Filipchuk, Lomonosova 2022), preschool infrastructure and the working conditions of kindergarten teachers (Dutchak, Strelnyk, Tkalich 2020), the situation of single mothers in the conditions of reduced state support (Dutchak, Tkalich 2021), the feminist perspective of the recovery of Ukraine after the war (Lomonosova, Provan 2024) and conditions of care for the wounded during war (Pryncyp 2024). All these studies fix and describe the problem. However, the only exactly female example in Ukraine of challenging the care crisis is the grassroots movement of nurses *'Be like Nina'*, which will be the main object of this thesis. Currently, there are a number of journalistic articles about this movement (TSN 2019, Sokolova 2020, Tkalich 2020), but only one study: *"#будякнина ("be like Nina" movement) in the context of the remake of the concept of class consciousness in philosophy and social practice: a corpus approach (to the 100th anniversary of the publication of György Lukách's work "History and Class Consciousness"(1923-2023))"* (Illin, Nimatova 2023) in which, through a quantitative content analysis of posts from a Facebook group, it is proven that these organized nurses have class consciousness. But in order to better understand the reasons for the birth of the movement, it is necessary to learn more about the Ukrainian medical system.

4.2. The Ukrainian medical system and the position of nurses in it

Ukraine inherited a medical system from the Soviet Union, the foundations of which were laid in 1918. It had the largest in Europe network of hospitals (Slobodian 2023). This is typical for the context of post-Soviet countries, where the network of state care institutions was large enough (and partly remains so until now (Dutchak, Strelnyk, Tkalich 2020)) to ensure high female employment. However, due to catch-up development and the "two earners — one family" gender regime, women's wages were a third less than men's (Zimmermann 2010), and similarly segregated and "unprestigious." This is also indicated by the short post-war period, when women in the countries of the Eastern Bloc were involved in "male" professions and resisted the return to "feminine" ones, which lowered their income and status (Fidelis 2004). Also in Ukraine there is paternalistic attitude toward labor relations, such as protections against dismissal, for example, if they are members of a trade union (suspended during martial law) or single mothers (Labor Code 1972). But management has other mechanisms to force people to quit their jobs, such as mobbing.

This underestimation intensified during the crises of the 1990s. Since then, it never had the WHO-recommended funding of 5% of GDP and as of 2019 had the lowest per capita funding in Europe (World Bank 2019). Such a state resulted in a worse quality of medical care (one of the indicators is newborn mortality, which in Ukraine is twice as high as in the EU (World Bank 2020)), a high level of informal payments (Ukraine had the worst indicator among European countries in terms of out-of-pocket expenditure. Patients actually pay half of the cost (Worldbank 2020, Volosevych, 2020, State of corruption in Ukraine, 2015), and low payment labor, which on average in the medical sphere was about 70% of the average salary in Ukraine, and at the level of nurses and junior medical personnel, it was minimum wage (State Statistics, 2020 data). Low salaries for doctors were offset by informal payments, but this was less so for nurses. Belonging to the upper class opens up more opportunities for corruption, which can also be considered part of white-collar crime (Uslaner 2008). This situation naturally resulted in a lack of personnel: from 1990 to 2017, the number of doctors per capita did not actually change, but the number of nurses decreased by 27% (State Statistics Service 2017).

A pronounced neoliberal reform

On this background of the already existing care crisis in 2016, medical reform began in Ukraine, which had a pronounced neoliberal character. At the first stage, it concerned outpatient clinics, pediatricians and general practitioners. The ward system was abolished, and patients had to choose their own doctor. This raised the question of how patients without medical education can evaluate a doctor's competence when choosing one. Also, at this stage, the reform created a big difference in wages between workers in primary medical care (family doctors, outpatient clinics) and secondary ones (narrow specialists, hospitals), which also caused dissatisfaction. The most radical changes took place in 2020, when the reform affected secondary medical care. It allowed state hospitals, which are considered "incompetent," to be cut off from funding. The Constitution of Ukraine (1996) forbids reducing the network of hospitals and educational institutions, but this mechanism allowed bypassing this norm. The reform also made it possible to receive state funding for private medical institutions, which can now compete for these payments.

Also, the state has abdicated a significant part of its responsibilities for labor control in health care facilities. In the past, the amount of funding for health facilities depended on the number of staff to be paid and the number of hospital beds for patients. Funding now depends on the types of treatment a hospital can provide. The more complex the treatment, the more funding. And the ability to provide such treatment is assessed by the availability of sophisticated equipment and highly qualified doctors. So now the availability of funding depends on the managerial skills of the hospital administration, which, in conditions of constant underfunding, managed or failed to purchase equipment and attract qualified doctors. This position resonates with the point that although some economies invest in the field of care, the focus is not on care work but, for example, on infrastructure (Himmelweit 2021). At the same time, the rules are practically ignored nurses and other medical staff. In 2016, the load norms for the number of cases of care for nurses were abolished, and new ones have not yet been created. There are some units where the number of nurses is prescribed, for example, the intensive care unit and the stroke department (NHSU 2024). But usually the burden on nurses is left to the discretion of the hospital administration. Reform has decentralized power and removed many mandatory norms for all hospitals, for example, nurse workload norms or how much money allocated to the hospital was guaranteed to go to staff salaries

(this changed after the salary increase in 2022 year). All labor issues must now be resolved at the level of each hospital between the administration and the trade union. But since unions rarely performed their functions, this turned into curtailing the rights of nurses and reduction. In the public space, the medical reform was accompanied by an appeal to fight corruption and improve medical services, to abandon outdated practices associated with the Soviet past. However, nothing was said about the underfunding of the sphere. It is also unclear whether the medical reform was able to improve the situation with corruption, because the creation of mechanisms that would be able to assess this was not foreseen (Slobodian 2023). However, instead, it expanded the powers of chief doctors and concentrated significant financial and administrative resources in their hands.

The gender segregation

From this perspective, it is worth paying attention to the gender segregation within the Ukrainian health care system. For 2020 about 82% of women in the health care system of Ukraine. The majority of women are in the ranks of middle and junior medical personnel (97%) of women. In hospitals, 38% of doctors are men and 62% are women. Men dominate in certain fields, for example, surgery, which on the one hand is the most prestigious, and on the other hand, given the prevalence of informal payments in Ukraine, can be the most "profitable". Also, management positions are dominated by men — 61% (Tkalich 2021). So, the Ukrainian health care system can be a good example of the *theory of gendered organization* (Acker 1990).

4.3. Conclusion

In Ukraine, there are quite a lot of scientific studies on the topic of the care crisis, but "Be Like Nina" remains the only exactly female example of resistance to this crisis. The reason for the birth of this movement was the neoliberal reform, which, despite corruption and gender segregation, significantly expanded the powers of chief doctors, instead abolishing statewide regulations on nurses' workload and salary controls. This growing inequality has added to problems with chronic underfunding of medicine and undervaluation of nursing. The pandemic, which began in the same year, strengthened the legitimacy of this movement and exposed the flaws of the medical reform. From the beginning of the birth of the movement, nurses talked about the risks of medical reform, not only for themselves but for patients.

5. How opportunities and emotions intertwined in the creation of the "Be like Nina" movement

This chapter will be devoted to the problem of the first research question, which concerns how the "Be Like Nina" movement was formed despite the absence of resources and a protest tradition among Ukrainian nurses. The founder of the movement, Nina Kozlovska, attributes the great interest in "Be Like Nina" precisely to the fact that it was a new phenomenon in Ukraine.

> *Everyone was very surprised at the beginning because this has never happened in Ukraine, that the average staff, a nurse who does not have the right to vote, who only has to follow orders, went to protest in front of the Verkhovna Rada (Ukrainian Parliament: ed.). It was a surprise for everyone, because before that even doctors did not protest, but here nurses and medical assistants united. We suddenly became popular, and everyone interviewed us (...) Now, probably, every hospital in Ukraine knows about us.*

According to her, nurses for the first time independently created their own agenda and focused on their interests. The class difference between doctors and nurses is quite obvious (for example, Wright 1980), but it was not discussed in Ukrainian society for a long time. This led to great media interest and the creation of a Facebook group with 85,000 members. This became part of their bargaining power, but not enough for them to be able to implement their independent agenda at the level of state decisions, such as medical reform. **My argument** is that despite this failure at the beginning of the movement, "Be Like Nina" continues its independent development with a feminist agenda at the expense of the structural reasons and emotions experienced by the activists. To support my argument, I divide this chapter into three parts:

5.1. How disdain from doctors strengthened the nurses' movement?
5.2. How neoliberal medical reform forces "Be Like Nina" to advocate feminist economics?
5.3. Where do nurses get resources for their activity?

5.1. Has nobody talked about nurses before?

Although Nina is quite critical in her assessment of the previous protest potential of the medical staff, of course, it cannot be said that there had been no protests in this area before the appearance of "Be Like Nina". For example, in 2016, there was a noticeable "march to Kyiv" of medical personnel whose polyclinic was being closed (Hromadske 2016). There are also at least two nationally representative trade unions: the Federation of Trade Unions of Ukraine, which inherited a trade union network from Soviet times (Medprof 2024), as well as the Confederation of Free Trade Unions of Ukraine (KVPU 2024), which arose as an alternative in the wake of significant protests by industrial workers during the period of economic collapse 1990s. Each of them has a significant membership and certain examples of protest, including against medical reform (Ukrinform 2017, Facebook 2020, KVPU 2015, KVPU 2023). Some activists of "Be Like Nina" even participated in them. One of the nurses from Kyiv, 49-year-old Vira (name changed), told how the staff of her hospital went to a trade union meeting at the city hall with the demand to increase the payments for the medical staff.

> *Regarding salaries and benefits, we defended our rights, we gathered near the Kyiv City Council. I don't remember exactly who from the independent medical trade union organized the action. But that was not enough, of course. No one has ever heard us.*

This quote indicates that the involvement of nurses in such actions was sporadic, and they usually did not know the specific organizers of the protests. These trade unions did not receive as much media attention as "Be Like Nina". The mass protests of medical staff, which began in early 2020 due to medical reform and then Covid-19, have already accumulated information in the group "Be like Nina", which will be described in more detail in chapter 6.

The misleading word "medics"

A content analysis of the official websites and Facebook pages of major unions shows that they almost never talk about nurses separately. In their rhetoric (Medprof 2024, KVPU 2024), these

trade unions appeal to the solidarity of all medical workers, using the generalizing word "medics". This word includes all workers in this field: from doctors to nurses, orderlies, ambulances, and so on. However, according to the activists of "Be like Nina", such solidarity is actually misleading, since most often their activism is connected with conflicts at the level of doctors, hospital administrations, or local authorities. The founder of the movement, Nina, says that at the beginning of the creation of the movement, the nurses hoped to gain the support of these trade unions, but they were quickly disappointed in them.

> *At first we tried to unite with them, but we realized that nothing would come of it. Because these trade unions are more adapted to doctors and directors, they are 50% adaptable. And we want only for ourselves. Well, not for ourselves, but not to support the director, but really to protect all medics.*

Her words that nurses want a union "only for ourselves" indicate that existing unions were not suitable for resolving labor conflicts between hospital administrators or doctors and other, less privileged staff. That is why nurses had to create their organization. The passivity of trade unions and the lack of a tradition of protest among female nurses are often explained by the Soviet past, where according to the official rhetoric, there was a classless society and gender equality (Todorova 2021). This is consistent with social movement theories about the political conditions for protest. Nurse Zhanna from a small town in the north of Ukraine, who has a long history of conflicts with the director and won several cases in court, sharply criticizes the passivity of Ukrainians compared to the countries of the Global North.

> *In Western countries, in European countries, people are more active there, they have their own point of view (...) This is the lack of initiative of our people, the slave mentality. We used to be slaves of the Russian Empire, then we became slaves of the Soviet Union, and now we are slaves of those bandits from the 90s who bought everything for themselves, opened a business, and now we are already their slaves. (...) There is always this kind of fear in expressing one's active position, if all the people came out, not only medics, to the square in front of the Verkhovna Rada, then maybe the situation would be generally in favor of people.*

This nurse generalizes that Ukrainians are not inclined to protest because of previous experience. But I assume that she appeals to the inactivity of the Ukrainian working class in particular, and compares it with the working class in the countries of the Global North, where it has representatives in the form of trade unions.

Classism and sexism of "senior colleagues"

Other nurses spoke about authoritarian experiences not from the standpoint of analyzing previous political systems, but about experiences on a personal level during training and working in the medical system. According to them, it was created to make nurses the *"second hand of the doctor," "silent, unfailing, and lawless executor of his instructions.*" In this regard, the dialogue during the group interview between the gynecologist Inna from a maternity hospital in a small town in the center of Ukraine, and the ten years younger nurse Rita (name changed), who is the head of a "militant" trade union there, is interesting. They said that the chief doctor, whom they also accused of corruption, allows himself to humiliate the entire staff: both nurses and doctors. The reason, Inna believes, is that the staff can now oppose changes in social relations, which she labels as "democratic."

> Doctor Inna*: Before, there was no such democracy where everyone could say something like that.*
>
> Nurse Rita: *There is a hospital group (in the social network: ed.) (...) The doctors wrote, and I wrote my reaction. Then the head nurse told us: "What are you, nurses, writing to this general hospital group? Who are we, we are nobody at all." Apparently, there were no such movements before, because nurses were always seated, and we were always told: "Sit down, don't speak out, there is no money, what are you doing there, what do you understand? The head doctor knows better. Did you become the head of the trade union? How dare you raise that head and that nose?!" It is possible, as Mrs. Inna says, now we simply have more democracies, we can at least do something.*

In this dialogue, both the doctor and the nurse agree that they consider the possibility of challenging the existing hierarchy to be a manifestation of "democracy", which corresponds to the theory of resource mobilization. However, it is also important for Rita that she can resist the humiliation (Goodwin, Jasper 2006), which, as indicated in the quote, can sometimes be reproduced by the nurses themselves.

Large medical trade unions did not challenge this hierarchy in the medical system. So "Be Like Nina" instead of trying to cooperate with the existing large system, they went the way of creating a network of their own trade unions. It actually took all 4 years of the movement's existence, and the process of creating a national trade union has not yet been completed. Also, on the part of those who advocated the preservation of the post-Soviet system, there was a significant black PR campaign against the then head of the Ministry of Health, Uliana Suprun, who was a representative of the Ukrainian diaspora from the USA. She was called "doctor death", lookist and sexist statements were used against her (Berezhnaia 2021). Although "Be Like Nina" is also very critical of the medical reform implemented by Suprun, they did not focus on her personality. This is consistent with the emotion theory of social movements that women's movements are less likely to create enemies (Jasper 2011). Moreover, for the head of the movement Oksana Slobodiana, the superior attitude of this doctors to the first actions of "Be like Nina" was the reason she eventually became an activist.

> *I stood up for Nina when she started being attacked on Facebook: "You are a nurse, what are you doing, what do you know, what do you know, what do you understand? Your business is to give injections and drips, and not to get involved in some state affairs. You are a woman, you have children, watch over your husband."(...) These were mostly doctors who considered themselves experts. This is how we met (Nina). I organized a protest in Lviv, which was attended by many people, more than 500. And then we already decided to meet in Kyiv.*

Here, Oksana talks about the humiliation of nurses by the "conservative" camp of doctors not only because of their professional affiliation but also with the use of sexist rhetoric. It caused many nurses to join the "Be Like Nina" movement, and a sense of solidarity and correctness in the fight

for decent treatment was formed. This is consistent with the point that protest movements can transform humiliation into a sense of self-worth (Jasper 2011). The fact that there are also doctors in “Be Like Nina” indicates that not all of them consider themselves better than a nurse, and have access or desire to participate in the corrupt system.

5.2. Neoliberal reform as the reason for the birth of the nurses' movemen

Medical reform, the main part of which began in 2020, sharply criticized the Soviet experience, appealed to transparency, and also flirted a little with the debunking of gender stereotypes (Gender in Details 2019) or the empowerment of female doctors, which was partially relayed by mainstream feminist organizations (50vidsotkiv 2019). However, the nurses from “Be Like Nina” insist that the new medical reform only made their position even more vulnerable and increased their dependence on the will of the chief doctor, who, as mentioned above, was often associated with corruption. Fear and indignation at this prospect (Shultziner 2013, Jasper 2011) mobilized nurses at the end of 2019 when the reform had not yet been introduced. This gave a chance to change the reform, which corresponds rather to the theories of resource mobilization. This did not happen, but further, the popularity of the movement was promoted by Covid-19 which gave nurses more bargaining power.

What the medical reform offers to nurses

Despite the considerable media coverage of “Be Like Nina”, Covid-19, and war, nurses remain “invisible” to authorities. It is well illustrated by the websites and Facebook pages of the Ministry of Health and the National Health Service of Ukraine (MOZ 2024, NSZU 2024), where the main topics are related to new medical equipment, complex operations, and mental health. If the topic of nurses does appear, it is usually related to the need for their professional development. Oksana, the current head of the “Be Like Nina” movement, is very critical of this, especially since nurses have to pay for this. According to her, in public hospitals, the salary will most likely remain the same, but private sector is problematic. Since in Ukraine, the level of control by the state over the private sphere is small (Herasymenko 2023, Worldeconomics 2024), it results in the fact that the employment of medical personnel in the private sphere is mostly precarious. Low state control also raises questions about the quality of medical care in private clinics. Oksana, the current head

of the “Be Like Nina” movement, associates the trend towards privatization with significant risks in the future.

> *I'm not saying that it's bad, but private ones will displace state medical facilities, and then it will be very bad. Because private hospitals will not take difficult cases, in which they do not understand, which are risky, where a large resource or a lot of time is needed.*

She came to this conclusion after the activists of “Be Like Nina” tried to create something like a solidarity fund by introducing private health insurance for their activists but faced the fact that it did not make sense. Since nurses do not belong to wealthy classes, their access to medical care is also in question. Activists of “Be Like Nina” implemented a grant project within the framework of this problem, thanks to which the expensive treatment of 48 medical workers was paid for (Medryh 2023). The main agenda of “Be Like Nina” is that nurses should have decent working conditions within the framework of state medicine. And this medicine must be of high quality. At the end of 2020, they went on a protest (Sotsialnyi Rukh 2020) with a demand to increase state spending on medicine, including at the expense of the fight against offshores.

“Be Like Nina” approach is consistent with the position of feminist economists described by Himmelweit (2021) that a more equitable approach to the organization of care work in society would benefit all women and society in general. However, such an independent agenda requires resources.

5.3. Where do nurses get resources?

At certain stages, internal changes helped. When Nina was exhausted due to dismissal and the family responsibilities of a single mother, Oksana Slobodyana, who has the support of her family, became the head. Another important nuance is that due to low salaries, most nurses have part-time jobs. On the one hand, it takes their time and affects the low involvement of nurses in the movement, which corresponds to the theory of resource mobilization (McCarthy, Edwards 2024). On the other hand, it insures in case of job loss due to activism. For example, when Zhanna waited for a year for a court decision to restore her to work, she was a taxi driver. Such independence

from salary increased their bargaining power. In the case of Oksana, the leader of the movement, she gave up her part-time job and perceives activism as a second job.

> *Well, I work at "Be like Nina". And the girls mostly work in a private clinic, some as a salesperson, some as a manicurist, some as an administrator.*

This somewhat echoes the Hong Kong strike study (Chan, Tsui, Tang 2023), where staff were used to working overtime, so the absence of some colleagues due to the strike was not critical. In Ukraine, nurses are mostly used to a "double" or even a "triple" shift. In Oksana's case, it is important that she gave up some income for the sake of activism, where grant aid is very unstable. For her and other activists, the motivation turned out to be confidence in their rightness and solidarity, which fuels this confidence. This corresponds to the theory of emotions of social movements (Jasper 2011, Shultziner 2013).

However, returning to the theory of resource mobilization, it becomes clear that in the long term such a movement would not be possible without support. And the nurses got it thanks to connections with left-wing organizations, EU and international trade unions, and funding from foundations, which is close to the situation described McCarthy and Edwards (2004). Due to the Russian invasion, attention to Ukraine increased significantly, and in Ukraine, the field of activity narrowed. Oksana considers this opportunity as a tool to influence the authorities.

> *There is international publicity and recognition. Therefore, it is already difficult to suppress the movement. This is quite important, not in terms of resources, but in terms of opportunities.*

According to her, the international popularity of the movement also acts as a bargaining power. But also, interviewees generally see trade unions from the Global North as an example to follow. This mainly coincides with the favorable attitude towards the EU of the majority of the population of Ukraine (Kyiv International Institute of Sociology 2023), a Euro-centrism characteristic of post-Soviet countries (Todorova 2021), and a certain mythologizing of thinking (Passerini 1990). In this case, nurses expressed idealization of experience and perception of the Global North as a Promised Land. The formation of the image of trade unions from the Global North as role models

is also influenced by one of the activists, Hanna, from the USA. She asked American nurses a lot about their working conditions and unions.

> *I was told that 30 years ago there were 12 patients per nurse, now there are 5-6. They achieved all this.*

According to her, due to the large number of staff and various support materials, the level of patient care in the United States is very high. However, she notes that the financial capabilities of the two countries for financing medicine differ radically. The constant comparison of Ukrainian and "Western" large trade unions is rather an expression of disappointment and irritation, because medical trade unions in Ukraine do not fulfill their main task: to protect the class interests of the working class, in this case nurses. This corresponds to the theory of emotions in social movements.

5.4. Conclusion

The novelty for Ukraine in the "Be Like Nina" movement is that nurses began to advocate their interests independently, and not under the leadership of trade unions led by doctors. Their approach, which simultaneously resists both the post-Soviet corruption system and neoliberal reform, attracts not only nurses but also doctors to them. This gave them such an advantage as a media resource. But it, as well as their expertise as medical workers, was not enough for negotiating power in the issue of canceling the medical reform. However, the humiliation they received from a certain category of doctors, as well as the solidarity they felt during the activism, created the main motivated asset of "Be Like Nina". Their agenda remains independent and leans toward the principles of feminist economics, as nurses themselves have an interest in affordable care. The resources for their activity remain both emotional attachment and financing and connections with other organizations of a similar political spectrum. An important role is also played by such an element of bargaining power as a media resource in the form of a Facebook group and the opportunity to earn money differently than only in the position of a nurse. However, nurses only gained the bargaining power that really helped to significantly change their situation in the context of Covid-19. It will be discussed in the next subchapter.

6. Covid-19 and the Russian invasion. Shocks do not always open a "window of opportunity"

To answer second research question about the sources of activity of the "Be like Nina" movement this chapter will focus on how global shocks, such as the Covid-19 pandemic and full-scale Russian invasion, have affected the ability of Ukrainian nurses to advocate for their interests within the "Be Like Nina" movement. I assumed that in both cases, the value of nurses' work increases as the demand for their work and the real risk to the lives of staff increases. A review of research on the topic of protests by care workers in the context of the pandemic confirms that this period was suitable for emphasizing the value of care workers and advocating their interests, not only for medical staff (Baines 2023) but also, for example, kindergarten workers (Cullen 2022). However, both the answers of respondents and the analysis of changes in Ukrainian legislation showed that these two global shocks had different effects on nurses' labor rights. If in the first case, attention to the problems of the medical field and changes in favor of nurses were noticeable, then in the case of war, on the contrary, there was a setback in the observance of their rights. This is also related to the general rollback in labor rights against the background of "anti-crisis" deregulation (Dudin 2022). Activists of "Be Like Nina" explain it as a change in state priorities. However, I argue that the reasons for the difference in their bargaining power related to the very specific conditions of the pandemic, which precluded access to patients by anyone but medical staff, and which take a different form in wartime. And also, the lack of mass migration of nurses, despite the dramatically increased opportunities. To support my argument, I will divide this chapter into two subchapters with the following focus:

6.1. How nurses managed to take advantage of the attention paid to the medical field during Covid-19 and expand the movement, despite the fact that they themselves suffered from poor working conditions and mobbing.

6.2. Why during the Russian invasion, the advocacy of nurses' interests became problematic, despite the great need for nurses and significant opportunities for their migration.

6.1. Challenging the underestimation of the work of nurses in the context of a pandemic

The formation of the "Be Like Nina" movement, the introduction of the main stage of medical reform, and the beginning of the Covid-19 pandemic coincided in time. They successfully took advantage of this temporary coincidence and the great attention of the media to the medical system. Hospital protests due to staff reductions and salary cuts, to which were added the problems of the lack of adequate protection against Covid-19, swept across Ukraine. In February 2020, "Be Like Nina" organized a protest with slogans against medical reform (Movchan 2020). In the spring, after it came into effect and led to the predicted salary cuts, local protests took place in key medical institutions, for example, the Kyiv Diagnostic Center, the largest psychiatric clinic, and the Lviv "emergency care" center. Several hospital managers went on hunger strike (Tkalich 2020a). Then there were reports about inadequate provision of means of protection against Covid-19 and the lack of promised "quarantine" surcharges. Doctors began to publish screenshots of the amounts from their salary bank cards en masse on Facebook (Tkalich 2020b). All this information was accumulated in the Facebook group "Be Like Nina." Hanna from the US, who started this group after Nina's first post, says that for journalists, it became a convenient platform to find heroes and stories about Covid-19, which further added to the popularity of the movement. She is sure that *"Covid made this group influential."*

Interested journalists and brave nurses

I assume that the interest of the mass media could also be related to the fact that the nurses in the "Be Like Nina" group, unlike representatives of hospitals or large trade unions, were freer and sharper in their assessments of the situation. The co-founder of the movement, nurse Yuliya (name changed), says that it was a period when medical personnel were afraid to speak publicly about their dissatisfaction, and the mass media were ready to listen to them.

> *On the background of this pandemic, all the defects and ulcers of the medical system came to the surface. The material and technical base, lack of personnel, disrespect to the staff and*

to the patients too. Thanks to the efforts of patients, medics, and the press, many things simply became impossible to cover up.

However, later, the activists "paid" for this by facing mobbing. For this respondent, the pandemic was a moment when her knowledge was neglected, because she is just "a nurse and should know her place", which corresponds to the theory about mobilization as a consequence of humiliation (Shultziner 2013, Jasper 2011):

When Covid started, a girl came to us. And then I had cool information about Covid, which I brought and wanted to share because I was a listener at an international medical conference. I said that this child has Covid. And then it turned out that I was right. But this doctor, instead of reacting normally, started saying, "Why are you operating with these concepts?! You don't know anything about them!

As a result, she and the department of her hospital became ill with Covid-19. At the same time, the nurse did not receive insurance compensation, like most Ukrainian medical staff (UN 2021, Klievakina 2021), and then faced mobbing and quit her job. According to her, local journalists interviewed her about the situation with Covid-19 in the hospital, but they presented the information in a too provocative form. The headline of the article was "Nurse Accuses the Chief Doctor of Causing her to Contract Covid". This angered her management. And since her husband also worked at the hospital, the anger spread to him as well.

The chief doctor called my husband. It was such a huge additional stress. It was very unpleasant for me because the pressure was on me from that side as well. But after that, he called me too, and I was no longer afraid.

Yulia says that this was the last point for her stay in the hospital. Combined with the previous conflict, this became the impetus for dismissal from work.

The case of Nina, the founder of the movement, in the context of the pandemic, was also revealing. She publicly declared corruption of the chief doctor, who, according to her, sold medical masks in the hospital's pharmacy, while the staff was forced to *"sewn masks by themselves."*

> *Then I went live with the video and said what kind of reform is it that staff don't have masks? Then a day later the district commission came. I was at home then and the girls called and said: "Nina, you have no idea what's going on! Whole packs of masks are brought to us." I understood that this administration is preparing for the commission. After that, this director began to take revenge on me*.

According to Nina, her actions forced the director, if not to stop corrupt actions, at least to create the appearance of normal work during the inspection. For this, she faced mobbing, transferred to a low-paid position, and went to a private clinic, but was able to stay active in the "Be Like Nina" movement. However, she still positively assesses their activity during Covid-19:

> *It was a little easier during the pandemic. We could still go to the protest, we could declare ourselves, that is why they don't pay extra funds, why there is no protective clothing and that's all. Then we had the right to vote.*

I argue that this experience ultimately hardened activists to not return to the previous corrupt and hierarchical system. Also, it demonstrated the inability of the new system to cope with the challenge of the pandemic and to control unscrupulous chief doctors. Since such cases, especially Nina's (Snidanok 1+1 2021), became public, it attracted the attention of even more nurses who could associate themselves with the leaders of the movement. But, at the same time, refrain from active actions, because the examples given ended with mobbing and job loss.

What did Covid-19 change?

However, there have been positive changes for the medical staff at the general level. In the second year of the pandemic in Ukraine, salaries for both doctors and nurses have risen significantly. . In

January 2022, the minimum salary of a nurse became UAH 13,500 (Cabinet of Ministers of Ukraine 2021), which is more than double what it was in December 2019, when the movement was formed (State Statistics Service 2019). And a third higher than the average salary of medical personnel in 2021, when "Covid" supplements were also paid (State Statistics Service 2021). Although the activists do not directly claim their merit in this, such an opinion exists among them. For example, Hanna noted that *"the Covid contributed to the increase in salaries, but we raised this issue earlier."*

However, my argument is that in addition to the undisputed media success of "Be Like Nina," the pay rise was also influenced by the specific conditions created by the pandemic. During Covid-19, care for patients could not be transferred to relatives or other persons, because hospitals were isolated. And, accordingly, no one except the medical staff had access. This contributed to the advocacy of the interests of medical staff. The conditions of care for the wounded due to war are different.

6.2. Why the war made it possible to cut the labor rights of nurses

A month after raising the salaries of medical staff, the war began, which initially brought chaos to the territories affected by hostilities. Some hospitals and staff were under occupation, were shelled or destroyed (after two years of war, 195 medical facilities were destroyed, 1,523 were damaged, about 200 civilian medical staff died (Ministry of Health of Ukraine 2024)), and some hospitals had almost no staff. Nurse Vita from Kyiv, who is a single mother of two teenagers, told how she went to work during the Russian attack on the capital.

> *We went to work for four days. I took over for four days, and then another nurse. She does not have a family or children. I have two children who remained with their mother-in-law almost on the battle line because I live on the outskirts of Kyiv, where there was an offensive not far from Irpin. My mother-in-law sat with the children in a bomb shelter while I worked for four days.*

Hard working conditions and worries about children did not stop her. A similar situation at the beginning of the war was typical, and those who remained at work often motivated their decision by a sense of duty (Tkalich 2022). It seems to me that this also relates to the concept of 'prisoners of love' (England 2005), where care workers refuse to strike or take other actions that might harm their care. In the case of Ukraine, this was a somewhat hypertrophied version, when someone of the staff were ready to sacrifice not better working conditions, but their lives and the safety of their relatives.

Return to the usual underestimation

However, after the first months of shock, most hospitals have resumed normal work.According to respondents, air alarms are mostly ignored by staff except in areas close to the contact line. So now, the work of civilian doctors does not look more dangerous than anyone else in Ukraine, which differs from the situation with the pandemic. In 2023, the government of Ukraine adopted a resolution (Cabinet of Ministers of Ukraine 2023), which allows hospitals to reduce staff salaries to the minimum level if expenses are too high. Several bonuses were also canceled. Instead, the salaries of civilian medical staff in the frontline areas were increased, but this increase is not significant (about 20%) and is not stable (Medryh 2023a). All these changes did not lead to significant protests. According to the founder of the movement, Nina, "t*he war blocked the way to struggle."*

> *Of course, now the main focus is on the front, on the military. And we understand that it is somehow wrong to declare ourselves. Although it is necessary, because, despite the war, medical staff must receive money.*

She feels that nurses' right to protest in the eyes of society is losing legitimacy compared to the period of the pandemic. However, they insist on the importance of their work as key to the existence of society. This inner confidence has not disappeared, but it has become more difficult to articulate this message to the outside. It was indicative that last year the representatives of the Ministry of Health spoke quite rudely with the activists of "Be Like Nina" who wanted to meet

with the minister (Socportal 2023), and the representative of the parliamentary committee on health care Mykhailo Radutsky, according to surgeon Oleh, reduced the conversation to the fact that after the medical reform and decentralization *"neither the Ministry of Health, nor he personally, nor any other higher-echelon functionary can formally do anything, because the communities and the chief doctor appointed by them are responsible for the fate of the medical staff*."

These facts illustrate a shift in the focus of society and government due to military threats. The protagonists in the media have become combat medics who work at the most dangerous stages on the front line and in stabilization points (Radio Liberty Ukraine 2023), from where the wounded are evacuated to safe hospitals. They report to the Ministry of Defense and their salaries are the same as those of the military.

Nurses can again be replaced by relatives or partners

However, I also argue that the reason it is difficult for nurses to advocate their interests in the conditions of war is that, unlike during a pandemic, care can be provided by the relatives of the victims. These are mostly women, which can be perceived as a norm both by society and by the medical staff, especially in the context of the heroization of soldiers.

As researchers from the Pryncyp military advocacy center (2024) say, partners or relatives *"most often take care of the entire range of needs of a wounded or sick person: physical care, emotional care, control of treatment, search for specialists and hospitals, communication."* This certainly poses risks for those soldiers who do not have the support of relatives. However, in general, the situation will lead to the fact that there is less dependence on nurses in caring for the wounded. Such practices were also common before the pandemic when the problem of staff shortages was not solved by increasing the number of nurses, but by involving relatives in care in hospitals. One of the first videos about Nina Kozlovska on one of the main Ukrainian TV channels (TSN 2019) illustrated how relatives, mostly women, were in the ward near the patients and performed some duties of the medical staff. Such a state of affairs, according to Hanna, could lead to negative consequences.

> *Many patients with a stroke die in the first year because relatives do not know how to care for them, and family doctors cannot withstand such a load. In the US, a patient is provided with a caregiver, and a sick relative in your family does not affect your work. But for Ukraine, it is a great problem.*

According to this nurse, the permanent shortage of nurses in the US, despite large investments in their training and the significant involvement of migrants, relates to high standards of medical care.

> *The American system does not have time to produce so many specialists. The nation is aging, medicine is being developed, and other requirements. If our department has one nurse for 30 patients, then here there will be five nurses for 30 patients.*

This echoes to some extent a study of Indian nurses in Germany (Wichterich 2023), who faced some downskilling due to higher demands for quality and a strong separation of responsibilities. In their homeland, they performed much more complex medical manipulations. However, I would argue that in the end a complete disaster with care is avoided by involving the patient's family and the state has less incentive to improve the situation of nurses than it was during the pandemic. This is also evidenced by the fact that citizens with a medical education were not banned from leaving Ukraine, although discussions on this matter began even during the first news about the risk of a Russian invasion (Ministry of Defense Ukraine 2021). There is no data on the fact that there are disproportionately more nurses among Ukrainian refugees. Statistics show (UN 2023) that most people from industrial centers with a high level of education and, probably, a financial "cushion" left Ukraine. Nurses are less likely to belong to this class. In addition, the decisions of some of them could be influenced by the concept of "prisoners of love" (England 2005).

6.3. Conclusion of the chapter

The Covid-19 pandemic contributed to the popularization of the "Be Like Nina" movement, even though some activists faced violations of their rights. The problems revealed by the pandemic

contributed to the concentration of efforts and confidence of activists in their rightness. It also made it possible to win certain victories in the "fight" against the underestimation of the work of nurses. This is partially associated with the "Be Like Nina" activity. However, the pandemic created unique conditions where only medical staff could care for the sick, and they were the ones who risked their lives the most. This was their *bargaining power* as medical professionals, which corresponds to the concept of *social movements in healt*h. Currently, in Ukraine, this role is performed by combat medics, who have the most recognition. Although "Be Like Nina" tries to establish ties with combat medics (Medryh 2024), it is difficult to build a clear association. This situation is unlikely to change until the end of the war.

My contribution can be the position that precisely the impossibility of transferring part of the responsibilities of care to relatives of patients during Covid-19 contributed to the successful advocacy of the interests of nurses. The interviewees did not talk about this, and the only study on the impact of isolation on nurses' working conditions spoke more about emotional stress (Digby, Hopper, Hughes, McCaskie, Tuck 2023). However, this may be due to the fact that the most available studies are from countries of the Global North, where medical standards are higher and where the involvement of partners or relatives in patient care is less common and, accordingly, has less impact on the level of care during the pandemic compared to Ukraine. The increased burden on medical personnel everywhere in the world was associated with an unusually substantial number of patients. But not everywhere, as it was in Ukraine, this fact was worsened by the lack of help from relatives or partners. The specific situation of Ukraine, which sharply moved from one extreme shock to another, showed that although the bargaining power of nurses during the war should have increased, the possibility of attracting unpaid care work instead of paid helps to avoid a complete disaster with care without significant improving the working conditions of care workers.

7. Conclusion

The case of the grassroots movement of nurses "Be Like Nina" made it possible to contribute to the study of social movements in the care sector, which are considered less successful in protests due to lack of resources because of underestimation and less bargaining power for ethical reasons. And to consider in more detail the reason for the increase in the negotiating position of nurses during Covid-19, comparing the conditions of the pandemic and war.

Answering the **first research question** about the reasons for the popularity of the "Be Like Nina" movement of nurses, I concluded that they turned out to be a unique phenomenon for Ukraine since doctors previously played the main role in medical protests. However, to explain the reasons for the creation of the movement and its further development, it is necessary to apply the theory of resource mobilization and the theory of emotions in social movements. At different stages of the formation of "Be Like Nina", rational solutions dominated (for example, large-scale actions against medical reform during the change of government, which was more critical of it), or feelings of solidarity caused by humiliation on the part of doctors or friendship in the middle of the team. To narrow the theoretical framework for social movements, I tried to use the concept of *social movements in health*, but it was poorly adapted to the case of nurses due to the lack of an intersectional approach. However, its point that the bargaining power of medical staff is enhanced by their expertise is allowed to provide answers for the **second research question** on the impact of advocacy on the interests of nurses, Covid-19 and war. This made it possible to see that the bargaining power of the nurse during the pandemic has predictably increased, just like everywhere else in the world. But the isolation factor of hospitals became an important nuance. During Covid-19, patients were cared for only by medical staff, and during the war, despite the large flow of patients, care began to be delegated to relatives or partners. This is less evident in countries of the Global North, where much more care is provided by paid workers. However, in Ukraine, the involvement of family members or friends in the care of patients in the hospital is widely practiced due to the underfunding of medicine and the lack of nurses.

This fact reduces their bargaining power and after Covid-19 their rights have been curtailed. This shows the intermediate and more vulnerable position of nurses between medical experts and care workers, especially in low-income countries. Therefore, this thesis made a contribution to the

development of research on nursing workers' protests, especially in the Ukrainian context, gave an example of the application of social movement theories at various stages of organizational development, and described the specific position of nurses in relation to their bargaining power. To create a clearer theoretical framework for describing nurses' movements, an attempt was made to expand the concept of *social movements in health* using an intersectional approach. However, this requires a comparative analysis of nurses' movements in different countries to make more reliable generalizations. This is one of the limitations of this thesis and at the same time a possible direction for further research development.

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Appendix. The list of the interviewees

№	Region	Caring duties, other status	Position	Activity in Be Like Nina	Gender
Nina Kozlovska	Center, small town	A single mother	Nurse	Foundress	F
Oksana Slobodiana	West, a big city	Mother of 4 children, 3of them is a minor	Nurse	Official head, co-founder	F
Yulia	Center, small town. Not in Ukraine	Mother of 2 children, 1 of them is a minor. Ukrainian refugee in Croatia	Nurse	Co-founder	F
Oleh	Center, small town	Pensioner, 2 adult children	Doctor-surgeon	Co-founder	M
Hanna	Center, small town. Not in Ukraine	Labor migrant in USA	Nurse	Creator of the Facebook group	F
Zhanna	Center, a small town	A single mother	Nurse	Active participant	F
Inha	South, a small town	Single mother, IDP from Donbas	Nurse	Received help, now less active	F
Inna	West, small town	Elderly parents	Gynecologist doctor	Active participant	F
Rita	West, small town	Mother of 3 children	Nurse	Active participant	F
Vita	Kyiv	A single mother	Nurse	Received help, now less active	F