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HEALTHCARE PERCEPTIONS AMONG PATIENTS AND PHYSICIANS IN KYIV, UKRAINE

by

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A thesis submitted in partial fulfillment of the requirements
for graduation with Honors in the Interdepartmental Studies

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All requirements for graduation with Honors in the
Interdepartmental Studies have been completed.

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Healthcare Perceptions among Patients and Physicians in Kyiv, Ukraine

Global Health Honors Thesis

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Abstract

The objective of this study is to analyze the perceptions and beliefs of Ukrainian patients and physicians regarding access to healthcare within Ukraine. The Ukrainian national healthcare system, like that of many post-Soviet countries, is ostensibly free to all Ukrainian citizens and legally-residing foreigners. That said, it is widely considered inefficient, of poor quality, and corrupt. Healthcare in Ukraine has recently begun to undergo several dramatic changes, including reforms to the nationalized system, and the emergence of a rapidly growing privatized healthcare system. Little research has been done in English language journals regarding the experiences of Ukrainian patients and physicians regarding their healthcare system. Non-academic English language media often cites stereotypes endemic to post-Soviet healthcare systems, such as long-waiting lines and the need to pay bribes, as the primary factors identified by the average citizen of post-Soviet countries. Whether such stereotypes are identified as the defining factors of the healthcare system by those who interact with it is a topic that has yet to be studied. This study consists of a thematic analysis of a collection of interviews with Ukrainian patients and doctors gathered in 2018 in the Ukrainian capital of Kyiv. Interview subjects were selected through a snowball sampling method, with initial subjects consisting of contacts through Taras-Shevchenko University in Kyiv. The thematic analysis indicates that the Ukrainian citizens who interact with their healthcare system identify a broad range of causal factors for why their healthcare needs are rarely met, with distrust in physicians and medical authority most critically assigned blame, and the stereotypes so often ascribed to post-Soviet healthcare systems only mentioned tangentially. Funding to perform this research has been provided by the *Stanley Undergraduate Award for International Research* and additional funding to perform the thematic analysis was provided by the *John and Elsie Mae Ferentz Undergraduate Research Fund*.

Introduction

Ukraine maintains a state-run health care system that is, in theory, free and accessible to all Ukrainian citizens. Ukraine's health care system is, however, widely considered inefficient, bloated, and corrupt. A study by the journal *Health Policy* (2015) shows that nearly a quarter of Ukrainians report that they believe it to be unlikely they could receive health care from a state-run clinic if they needed it. Data by the Italian Chamber of Commerce for Ukraine (2017) shows that common complaints about receiving care concern the "expensiveness of the 'unofficial' payments", meaning bribes, and a study by the journal *Health Services Research* (2004) shows that "one in three people with illness are unable to afford care." Ukrainians who can afford the expense go to the cleaner, more efficient privately-run health clinics, but the price prevents lower income Ukrainians from having access to this resource. This creates a scenario where the ability of Ukraine's poorest citizens to access health care is dependent on whether they run into obstacles at state clinics, such as long waiting times, the need to make unofficial payments, or rushed and inadequate service.

The healthcare system in Ukraine is currently undergoing significant changes. A private healthcare system has been present since the fall of communism in the 1990s, though the presence and availability of private clinics has remained limited for a majority of the last three decades (Danyliv, Andriy, Tetiana Stepurko, Irena Gryga, Milena Pavlova, and Wim Groot, 2012). Recent research on the potential future of healthcare in Ukraine has revealed a growing presence of private institutions (Romaniuk, and Semigina, 2018). The picture is complicated by the fact that many physicians work in the Ukrainian healthcare system in nuanced and

multifaceted ways, simultaneously occupying positions and maintaining connections in both public and private institutions (Williams, Onoschenko, Morris, Polese, 2013).

Research by Stickley et al. has demonstrated that there has been a trend towards greater social acceptance and use of alternative forms of healing in post-Soviet states over the last two decades (2013). This rise in prevalence of alternative medicines is based both around modern conceptions of homeopathy that are spread largely through the internet (and so are particular to the present era), and around ideas of health and healing that are associated with traditional Ukrainian beliefs. The practice of homeopathy is most often engaged with by wealthy individuals in urban areas, while, by contrast, alternative medicinal practices associated with traditional Ukrainian beliefs are most popular in rural regions of the country. The significance of the latter should not be understated, as Ukraine is a country in which nearly one third of the population lives in rural areas ("Ukraine - Rural Population."). The prevalence of both methods of alternative healing has risen in the last two decades, and Stickley and colleagues found this rise in popularity to be associated with a popular distrust in modern medicine. Also connected with the lack of faith in modern biomedicine is the rise in antivaccination sentiments in Ukraine in the last decade. Indicative of this trend is the country's 2008 measles and rubella vaccination campaign that failed to reach its immunization targets by a significant margin, largely due to antivaccine resistance (Bazylevych, 2011).

The Ukrainian ministry of health has begun to implement medical reforms since mid-2018 which will significantly alter the state healthcare system over the next several years. This is the first major attempt to reform the healthcare system since Ukraine gained independence. The reforms consist of several significant policy changes, but the primary two are the establishment

of the National Health Service of Ukraine, which acts as a state health insurance fund that functions as a single purchaser of health insurance from providers, and the placement of primary healthcare at a more central point in the healthcare apparatus, with the family doctor now the patient's first point of contact with the state healthcare system. Despite the potential significance of these reforms, and the implications they might have on the future of health outcomes in Ukraine, they have received little attention outside the country (Ukrinform, 2019).

While many experts agree that significant barriers to accessing healthcare exist within the Ukrainian state healthcare system, more work needs to be done to determine what the Ukrainians that use state clinics consider these barriers to be. Many of explanatory models put forward by non-academic sources that seek to identify the primary problems with Ukraine's state healthcare system seem to blame a collection of post-Soviet stereotypes. The term "post-Soviet stereotypes," is used in this paper to identify a collection of barriers that are often identified in non-academic journals as being the primary problems individuals are prone to run into when trying to receive healthcare from the Ukrainian national healthcare system, and can ultimately be traced back to common stereotypes used to explain problems with the Soviet healthcare system during the second half of the 20th century.

These stereotypes include such factors as prohibitively long waiting queues at health clinics, the need to make unofficial payments to receive state-provided healthcare (i.e. the need to pay bribes), and a lack of basic sanitary conditions and medical equipment needed to provide a minimal level of healthcare. These stereotypes are often invoked in non-academic news articles and blog posts to explain the problems with the Ukrainian healthcare system. Examples of such explanations being invoked to explain the deficiencies of Ukraine's healthcare system can be

found in articles written by Skubenko for Vox, Mendel for Politico, and Dorcadie for Equal Times (2017, 2017, & 2019).

Research on the Ukrainian healthcare system has been limited in general. Policy analysts from outside the country (especially who write in English language journals) who examine the country's healthcare system often group Ukraine in with other post-Soviet states in comparative studies (especially Russia and Belarus). See Stepurko et al. (2015), Schieber (1993) Coker et al, (2004) for three examples of such multi-national studies. While such a strategy, given the similar histories of the healthcare systems of Ukraine and other post-Soviet states, is useful, this multi-national perspective gains in versatility what it sacrifices in focus. The situation is improving, with a greater number of English language articles being published that focus exclusively on the Ukrainian healthcare system in the last decade than has been done previously, largely due to the increasing focus on the country's HIV epidemic. See DeBell & Carter (2005), Bachireddy et al. (2014), and Luck (2014) for examples of this increasing focus on the Ukrainian context. Also indicative of the current environment is that two of these papers focus exclusively on the country's HIV epidemic.

The primary focus of academic literature on Ukraine's healthcare system has been on 'expert opinions'. The voices of academics, policy analysts, and politicians provide almost all the information present in both the literature and in non-academic coverage of the Ukrainian healthcare system. See Lekhan et al. (2015) for an example of a study performed on the healthcare system at large, and that is solely based on the perspectives of policy analysts and politicians. While such perspectives are of great significance to understanding the macro factors affecting the healthcare system on a national level, an exclusive focus on them can cause one to ignore or under appreciate the micro factors that affect the lived experiences of the people who

interact with the healthcare system. The voices of such people have largely been absent from both English language literature on the subject, and in the larger conversation about the state of healthcare services in Ukraine in general.

Greater focus on Ukraine's healthcare system is needed to gain a holistic understanding of the particularity of the healthcare system's current situation. Research by Savage has shown that qualitative research regarding the perspectives of those who interact with healthcare systems can provide information regarding gaps in healthcare systems that are not likely to become apparent given a more quantitative, top-down approach of data analysis (2006). Examining the perspectives of the patients and physicians who interact with the Ukrainian healthcare system might provide information that will not be made apparent by more quantitative, macro examinations of the country's healthcare system.

It was the intention of this research project to examine such perspectives by performing a thematic analysis on transcriptions of interviews gathered in the Ukrainian capital of Kyiv during the months of August and September 2018. The focus of these interviews, and of the analysis performed with the interview transcriptions, was two-fold. The first objective was more directed, and that was to determine whether or not the people who interact with the Ukrainian healthcare system identify the post-Soviet stereotypes elaborated upon above as primary causal factors of the barriers that prevent them from accessing the healthcare system, and if not, to examine what role these stereotypes play in the conceptions these individuals hold of their country's healthcare system. The second objective of this study is to identify any underappreciated factors that play into the lived experiences of individuals trying to access healthcare in the Ukrainian context and is exploratory in nature.

A brief overview of the research method of thematic analysis will now be provided, along with an explanation of why this theoretical framework is applicable to this research project. Work by Braun and Clarke has demonstrated that the technique of thematic analysis can be utilized to examine qualitative interviews, and in their 2006 landmark study, the authors demonstrate that thematic analysis can serve as a useful tool in assessing complex beliefs and perceptions surrounding health, comparable to more established theoretical frameworks such as grounded theory, interpretive phenomenological analysis, and discourse analysis. While Braun and Clarke's initial research kept to the realm of psychology, work performed by a variety of other authors have established thematic analysis as a legitimate tool that can be used to analyze perceptions around access to healthcare systems. Work by Park, Butcher, and Maas has demonstrated that thematic analysis can be used to assess beliefs around when to use healthcare services in precarious situations (i.e. the decision of Korean immigrants to place family members with dementia in long-term care facilities, when beliefs surrounding such healthcare facilities are complex, nuanced, and reflective of varied cultural backgrounds) (2004).

This paper adds to the literature regarding post-Soviet healthcare systems and addresses the knowledge gaps surrounding healthcare systems in the Ukrainian context, specifically. Additionally, this paper seeks to add to the available literature that demonstrates the viability of using thematic analysis as a tool to analyze barriers to accessing healthcare. Research by Park et al. (2004) shows that thematic analysis can be effectively used as a tool to identify hidden barriers and factors present in healthcare systems through the examination of the perspectives of individuals interacting with said healthcare system. The thematic analysis performed in association with this r is rooted in work by Braun and Clarke (2006), who provide a comprehensive and step-by-step guideline on how to use this technique in a scientifically

rigorous manner. Their practical guide outlines the steps needed to build on interview-based transcripts to produce themes that can provide insight into the beliefs and perceptions espoused in said interviews. These steps are followed in this research project and are outlined below.

Methodology

Interviews

Sample

A sample of 20 individuals who have experience working with or attempting to access healthcare through the Ukrainian state healthcare system provided the interviews which make up the data analyzed in this study. Eight physicians and twelve patients were interviewed for this study.

Attempts were made to perform interviews with an equal number of patients and physicians, and with individuals who have a wide array of experiences with and perspectives on both the state and private healthcare systems in Ukraine. Interview subjects were first identified by drawing from contacts through the Taras-Shevchenko University in Kyiv, and then through snowball sampling: recruiting additional subjects by drawing from the acquaintances and colleagues suggested by those already interviewed. The unequal number of patients and physicians constitutes a limitation to this study, though the numbers are equitable enough that the data can still be generalized as representing nearly even parts physician and patient perspectives.

Interviews were performed through the months of September and August of 2018.

Interviews

The interviews with physicians and patients lasted from twenty minutes to more than one hour and were conducted by the principle investigator. The interviews were semi-structured and subject-led: if an interview subject demonstrated interest in pursuing a certain line of questioning or discussion, the principle investigator encouraged the interview to go in this direction. This was

done to allow the subjects to share their own personal feelings, beliefs, and experiences regarding access to healthcare in Ukraine, while avoiding any forced discussion inadvertently stemming from the interests of the principle investigator.

Subjects were given a consent document to read, covering the extent to which the audio recorded for the interview would be used for research purposes, and subjects were encouraged to ask questions regarding the consent document. Each subject was told that if they had any reservations about participating in the study they would be free to delay their participation for further consideration, and they were encouraged to terminate the interview early if they wished. No subjects took advantage of either of these offers. Each subject was given a copy of the consent document, which contained the contact details of the principle investigator.

Interviews were held in various locations in Kyiv. Efforts were made to ascertain that the locations allowed for relatively private conversation, and most of the locations were completely secluded from potential outside observance (i.e. inside closed rooms at Taras Shevchenko University and in private rooms at clinics where the physicians worked), and when the interview was held in a more public setting (i.e. in cafes or restaurants), verbal assurance that the subject matter of the conversation was appropriate to discuss in that setting was obtained. Audio was recorded, and the audio was transcribed and deleted within 48 hours of each recording. The transcribed audio, a majority of which was in either Russian or Ukrainian, was then translated into English to be analyzed.

All the practices and assurances of confidentiality described above were found to be in line with the standards set forth by both the University of Iowa's Institutional Review Board, under whose review this project was deemed to be 'exempt' from application review, and by an ethics review supplied by Taras-Shevchenko University in Kyiv, Ukraine.

Thematic Analysis

The methodology of the thematic analysis performed in this paper was heavily influenced by the guidelines for performing thematic analysis supplied by Braun and Clarke (2006). The method used to code and derive themes from the interview transcripts was based on the five phases of thematic analysis outlined in the Braun and Clarke piece, followed by a descriptive analysis of the thematic analysis presented in the discussion section of this paper. Other considerations of the quality of the thematic analysis performed for this study concern the typologies outlined in the Braun and Clarke piece, and are described here. The nature of the thematic analysis performed is both inductive (in the sense that the principle investigator attempted to identify hidden barriers and factors at play in the text in an open-ended manner) and theoretical (as, additionally, any themes directly related to post-Soviet stereotypes and the role they play in the people's conceptions of the Ukrainian healthcare system were explicitly sought after). The themes identified arose out of a surface-level examination of the textual data, and the analysis largely did not exceed anything beyond what the interview subjects spoke on. As such, the analysis took place on a semantic level, and latent themes (those themes which resided beneath the surface level of the textual data) were largely left unexamined. The phases of thematic analysis, and how they were performed in the context of this research study, are outlined below.

1. Familiarization with the data

The first phase of thematic analysis consists of a process of familiarization with the data. The interview transcripts were read and re-read multiple times, though no coding (i.e. the first stage of searching for themes) was performed at this stage. The goal of these multiple readings was to gain a basic yet thorough understanding of the general direction that each interview took, so that the 'researcher as a tool' might accurately account for the nuances of each interview transcript

during the next phase of coding. Certain characteristics of the interview data became apparent even at this early state. After the first few initial readings, it was apparent that the interview subjects' conceptions of both the state and private healthcare systems varied wildly, but an idea that consistently arose was that problems within the wider Ukrainian society and government caused problems that arose in both the state and private systems.

Additionally, time was taken at this point to ascertain that the transcriptions used for data analysis accurately reflected the audio transcriptions collected during the interviews. This process involved re-listening to the audio with the goal of accurately portraying the orthographic and semantic context within which the audio exists in the transcriptions. Examples of this 'double-checking' include the inclusion of more accurate punctuation (e.g. the inclusion of exclamation points where the speaker sounded exciting, a painstaking use of commas, periods, and ellipses to capture the nuances of the speakers' utterances, etc.).

2. Generation of initial codes

The interview transcripts were coded using the NVIVO 12 Pro qualitative data analysis software program. Using this program, each section of the interview respondent's text was examined, and codes were determined organically in response to the text data. The most common codes were concerned with the specific aspect of healthcare in Ukraine being spoken about, with five codes being determined to be useful for this purpose: 'The State Healthcare System,' 'The Private Healthcare System,' 'Both State and Private Healthcare Systems', 'Alternative Healthcare' and 'Healthcare Reforms.' The other codes, correlated alongside the healthcare identifier codes, were used to elaborate on the interview subject's beliefs regarding healthcare access. Two patterns of coding emerged at this stage: while an utterance might (and often did) consist of a mix of positive and negative sentiments regarding the aspect of healthcare currently being discussed, the

specific sections that might be coded were decidedly either positive or negative. The positive codes were grouped together under a body of codes entitled ‘factors facilitating healthcare access in Ukraine’, while the negative codes were grouped together under ‘Factors limiting healthcare access in Ukraine.’ Additional patterns were also identified, such as coding for statements concerning healthcare in ‘rural’ and ‘urban’ settings and comments that contained a gendered element.

As this thematic analysis is partially theoretical in nature, attention was paid to any utterances with reference to post-Soviet stereotypes, and the legacy of the Soviet Union as it affects healthcare access in Ukraine. Even though such codes were explicitly sought out, their representation in the textual data was markedly low, suggesting that the hypothesis of the significance of post-Soviet stereotypes would not be simply confirmed or denied. A total of 76 independent codes were initially identified, with a total 653 references to these codes present across the 20 interview transcriptions.

3. Search for themes

After the interview transcripts were coded, the analysis was re-focused to a broader level to identify specific themes which the codes reflect. Codes were sorted into potential themes, then themes were compared with one another to determine which might be collated into broader overarching themes that manifest consistently across the data. Certain themes were identified as overarching main-themes (with significant relevance in all, or nearly all, of the interview transcripts) while others were identified as sub-themes within them. Other codes were discarded.

A collection of sub-themes was identified that characterized both the positive and negative aspects of healthcare access in Ukraine and were thus placed under the overarching

main-themes of ‘factors facilitating healthcare access in Ukraine’ (positive valued), and ‘Factors limiting healthcare access in Ukraine’ (negative values). The sub-themes identified within the main-theme of ‘factors facilitating healthcare access in Ukraine’ were ‘patient agency,’ ‘physician agency,’ ‘widespread access,’ ‘benefits of bureaucracy,’ and ‘interpersonal connections.’ The sub-themes identified within the main theme of ‘factors limiting healthcare access in Ukraine’ were ‘ineffective healthcare’ ‘ineffective policy,’ ‘distrust of medical institutions,’ ‘distrust of physicians,’ ‘lack of resources,’ and ‘regional inequality.’

During the next phase of the thematic analysis it became evident that the themes listed above were far too specific to be of value in representing the data. Many of the themes were merged into one another, while others were discarded. Therefore, a description of each theme listed above will not be presented here, as it is not necessary to understand the process of the thematic analysis. The final themes will be elaborated upon in detail in the results section of this paper.

4. Reviewing themes

Phase 4 of the Thematic Analysis involves a careful review of the initial themes established in the previous phase, with the goal of creating a body of themes that cohere together meaningfully, that are clearly distinguishable from one another, and that represent the information provided by the data. At this point, several of the themes outlined above were discarded for lacking enough data to support them, while other themes were found to share enough data to see them collated together into a single theme. The candidate themes were revised until they formed a coherent pattern that clearly and accurately reflects the meanings evident in the data set.

The themes established during this phase reflect the ideas and beliefs expressed by the interview subjects, and constitute the themes utilized in the discussion section of this paper. The grouping of sub-themes under the overarching themes of ‘factors facilitating healthcare access in Ukraine’ and ‘Factors limiting healthcare access in Ukraine’ was found to be useful, and this practice was maintained, while the sub-themes were altered to better fit the beliefs and experiences of the interview subjects as reflected in the transcripts. The next phase of the thematic analysis involves refining them to the point where they can practically be used to explain the phenomena of the data set as a whole. Therefore, the themes will be described in more detail below.

5. Defining and naming themes

Phase 5 of the thematic analysis sees the themes being refined to determine the primary significance of each theme within the context of the data set, with the goal of using the themes to form a narrative that accurately reflects the meanings evident within the data set. Each individual theme was analyzed, both in relation to the research questions initially posed at the start of this study (i.e. what role post-Soviet stereotypes play in modern conceptions of healthcare access, and what factors define the experience of trying to access healthcare in Ukraine), and in relation to the other themes.

The overarching main-themes of ‘factors facilitating healthcare access in Ukraine’ and ‘Factors limiting healthcare access in Ukraine’ were elaborated upon by the analysis and refinement of the sub-themes. Five sub-themes were ultimately settled upon, two residing in within the main-theme of ‘factors facilitating healthcare access in Ukraine, and three within the main-theme of ‘factors limiting healthcare access in Ukraine.’ The three themes contained within ‘factors limiting healthcare access in Ukraine’ were ‘lack of faith in physicians,’ ‘lack of faith in

medical authority,' and 'lack of material resources,' while the themes within 'factors facilitating healthcare access in Ukraine' were 'agency of individuals in the healthcare system' and 'positive changes within the healthcare system.'

Results

Two overarching themes were identified in the data set provided by the interview transcripts: ‘factors limiting healthcare access in Ukraine,’ and ‘factors facilitating healthcare access in Ukraine.’ These themes express the mixed beliefs that the interview subjects held regarding the healthcare systems in Ukraine, both state and private. Within these overarching themes five sub-themes were identified that defined both the positive and negative feelings evinced by the interview subjects. The sub-themes classified under ‘factors limiting healthcare access in Ukraine’ are ‘physicians as problematic,’ ‘lack of faith in medical authority,’ and ‘lack of material resources.’ The sub-themes classified under ‘factors facilitating healthcare access in Ukraine’ are ‘agency of individuals in the healthcare system’ and ‘positive changes within the healthcare system.’

Factors limiting healthcare access in Ukraine

Lack of Faith in Physicians

A recurring idea that arose in the interviews was the lack of faith patients and society in general has in physicians, and that this negatively affects one’s ability to access healthcare. This belief was shared by both patients and physicians and applied to physicians practicing in both the state and private healthcare systems, but in different ways. A common opinion was that the relationship between physicians and patients in the state healthcare system is so strained and poor as to limit the efficacy of the physician’s medical interventions. A common thread was that physicians aren’t interested in the welfare of patients, and that, even if they wanted to become

invested in their patients' welfare, the demands and time constraints of their job don't allow physicians to build the rapport with their patients necessary to do a good job.

"...many... medical personnel don't have very good relationships with their patients. Some medical personnel are not understanding, some are rude.... Many people in the general populace also avoid the state healthcare system because of this treatment." – Female physician, age 29

Additionally, the thread of physician incompetence arose repeatedly throughout the interviews. While it was generally acknowledged that there are intelligent, caring, and well-trained physicians present and practicing in the state healthcare system, a common idea was that most of the physicians in the state healthcare system are incompetent and careless due to the poor quality of medical education in Ukraine.

"I think first of all it's about education of doctors. Because I think in the periphery even those people who are doctors have a level of education that is something like medical assistant and not higher, and so they can't give you a level of consultation that is at the level of a doctor that is specialized in any sort of fields." – Male patient, age 26

Complicating this picture is the notion that physicians in both the state and private healthcare systems offer similar levels of healthcare. A common idea espoused was that physicians often hold posts in both the state and private healthcare systems, "moonlighting"

between the two to make a living, as the wages earned in the state healthcare system are relatively low.

“Many physicians who work in the state system separately work in the private system. So that the quality of the consultation with the physician itself is the same in the state system as in the private system, because the same doctors who work in state hospitals work in private clinics, therefore, very often state healthcare and private healthcare only differ in terms of their location, their interior, and, of course, cost, and so on, but the quality of the (medical) service itself is not always good. There aren't separate institutions for the education of state and private doctors, they're all the same.” - Male physician, age 44

That said, the idea that physician incompetence limits access to healthcare predominantly arose in reference to the state healthcare system. Additionally, the idea often arose that one of the primary advantages of the private healthcare system is that the physicians in private clinics are better trained, more caring, and have more time for their patients.

“...All that forms negative opinions about the public health clinic ... about the relationships between doctors and patients. They act that they are better than normal people. From the patient's perspective, you feel like you're not a person – just an object. You're uncomfortable because you can't feel those typical human relations. It's a big problem, while in the private clinic the relations are very different. Just when you come to the reception you always have those kind small talks, and with the therapist and other doctors you can always have that good talk. But in the public health hospital you can't have those good talks.” - Male patient, age 28

These two contradictory ideas, that physicians in the state healthcare system are more often poorly trained and incompetent in comparison to physicians in the private healthcare system, and that the physicians in both the state and private healthcare systems are often the same individuals, will be explored in the discussion section.

Lack of Faith in Medical Authority

A lack of faith in medical authority was mentioned as one of the most significant problems in the sphere of health in Ukraine. This lack of faith and general distrust took three distinct forms in the interviews. The first is a belief that the excessive bureaucracy of the state healthcare system prevents many from accessing healthcare through official means. The second is the idea that the private healthcare system, while of a higher quality than the state healthcare system, is motivated predominantly by greed, and that this prioritization of financial gain over making healthcare accessible limits its use as a method of accessing healthcare for most Ukrainians. The third form of distrust in medical authority takes the form of a distrust in biomedicine in general, with many subjects stating that the belief that the healthcare services offered by both the state and private healthcare systems are in no way superior to alternative forms of healing is widespread.

The excessive bureaucracy of the state healthcare system was commonly stated as both limiting the quality of the healthcare received through state clinics and preventing many from accessing healthcare through state clinics in the first place. A common idea was that attempting to access healthcare through the state healthcare system was tantamount to wasting time. This idea was most often connected to the need to physically travel to the clinics. This need is most

often framed as being exacerbated by the necessity of presenting one's *Propiska* (Прописка), or "pass", to the state healthcare clinic where one wishes to receive treatment.

"So that's a problem with the state clinic; you go there, and they ask you about the Propiska, and if you don't have it or if you don't know, then they can't give you service. So that's one problem. A lot of people don't know if their Propiska will work. Especially in Kyiv, where a lot of people live from other towns, other regions of Ukraine, and that's why it's a problem for them sometimes. They need to know a doctor personally then." - Male patient, age 26

The *Propiska* is tied to one's place of residence, which, for many people residing in Kyiv, is legally somewhere outside of the capital's jurisdiction. Therefore, many people, especially those who can't afford to officially pay for rent within the city limits (often a prohibitive cost), are unable to initiate the process necessary to receive healthcare through the state healthcare system. In order to access healthcare through a state clinic, such individuals must travel outside of the city, back to their region of residence. This is seen as something that might be done in an emergency but is otherwise a complete waste of time.

A distrust of the private healthcare system was also shared by many interview subjects. A common idea was that the profit motive of the private healthcare system causes physicians and clinics in the private system to prioritize financial gains over the welfare of patients.

"Among us (in Ukraine) there exists a stereotype that people in the private healthcare system are just greedy, that they're just trying to take your money. That everything there is expensive, and

why should one spend so much money on something when they can receive free healthcare from the state.” -Male physician, age 33

Additionally, the idea that the quality between the state and private healthcare systems is ultimately not that different, and that the private healthcare system’s primary difference is its greater price, was brought up in many interviews.

“And, you know, sometimes you pay, and you know for what you pay. In this case, it's not true. You really pay ten times more and do not understand for what, if you can get almost the same (from the state healthcare system). So, the difference (of cost between the state and private healthcare systems) is not two times, but ten times, and it's not transparent.” - Female physician, age 37

Compounding this problem is the belief that alternative forms of healing, ranging from traditional Ukrainian medicine to simply “letting the illness pass” are popular was mentioned in many of the interviews. While no interview subjects stated that they personally held such beliefs, many mentioned that the idea that the medical attention one can receive through non-biomedical means is of just as high a quality as biomedical forms of healing is common.

“Many people don't believe in medicine, and others believe in alternative services more than mainstream healthcare. People don't want to be in a bureaucratic system, and the alternative healers are an alternative to that.” -Male patient, age 26

Non-biomedical forms of healing, such as the alternative medicines valued in Ukrainian culture, healthcare advice sought online, and allowing the illness to “pass on its own”, do not require “wasting one’s time” by traveling outside the city, back to one’s original domicile, all in order to utilize one’s *Propiska* to take advantage of the services offered by state clinics. They also are not affected by the excessive bureaucracy of the state healthcare system, nor by the profit motive of the private healthcare system.

A lack of faith in medical authority was also reflected in the rise of hypochondria in the country, an idea that was shared by several interview subjects.

“I give psychological consultations, and really last years, I have a lot of patients with hypochondria. So, people really diagnose nonexistent illnesses. There are many more hypochondriacs than I have seen in the past. The level is, like, the illness of our time. It's a rather paradoxical situation, in Ukraine, where you cannot receive quality medical health, the level of hypochondria raises... (So) even to start with a client my first time, I start the interview with “how soon do you use google to find a list of symptoms”. When people do not have physicians to whom they trust they start to search google, and the level of hypochondria rises.”-Male physician, age 54

A common idea that many interview subjects spoke about was how rising levels of hypochondria, combined with a system in which people view bureaucracy as little more than a barrier to be overcome, has led to increasing amounts of self-diagnosis and self-treatment.

“(some pharmacists) sell medication without any prescriptions, and so people will buy them without the advice of doctors, if think that they have a disease just because they read about it from somewhere. That's the first reason.” – Male physician, age 46

Lack of Material Resources

A common idea espoused by interview subjects was that the lack of material resources in Ukraine prevents people from accessing healthcare through both the state and private healthcare clinics. Physicians in state clinics are limited by the poor physical conditions of the buildings in which they work, the low-quality biomedical equipment they are forced to rely on, and the lack of drugs and medications that they can prescribe.

“What gets in the way is a poor material base (i.e. support). Hospitals are old and need repairs, the equipment in them is old and poor, and new equipment is rare and if there is new equipment few people have access to it. If we want to compare the quality of the services of course the private system is higher.” -Male physician, age 33

This largely stems from a lack of funding that the state healthcare system receives from the government. The poor state of Ukraine’s economy in general was cited as a common reason for why healthcare in the country is so poor. This is due both to the government’s low income preventing greater expenditures on state healthcare, and to the lack of money individuals have which they might use to access healthcare through the private healthcare system.

“Regarding the private healthcare system in Ukraine... We are a poor country, and it's not a place where everybody can receive all the medical attention that they need. There's a saying that “people don't go to the doctor, they are carried to the doctor.” -Male physician, age 35

Additionally, the poor state of the Ukrainian economy precludes the growth of the private healthcare system as an industry.

“The healthcare is a market, it's regulated by demand and supply, so to make private healthcare better you need to increase supply so that competition is higher, so that private companies, like clinics, start looking for clients. Right now, it's not happening, the (private healthcare) market is not competitive. (The healthcare market) should become more appealing, so that more people invest into it.” - Male physician, age 43

Many subjects shared the belief that there is a significant lack of private clinics in the country, preventing most Ukrainians from accessing healthcare through the private clinic even if they might have the financial resources to afford it.

“Some towns don't have enough private clinics. Once a physician friend of mine told me that in Lviv, a very large, touristic Ukrainian city, there are no private clinics at all. In Kyiv there are plenty of private clinics, but in Lviv there are none. So, if you have a problem there you can't do

anything. In Kyiv it's not a problem, but in other regions it can be a very large one.” -Male patient, age 26

Factors facilitating healthcare access in Ukraine

Agency of individuals in the healthcare system

While excessive bureaucracy inherent in the state system was frequently cited as one of the primary problems with Ukraine’s state healthcare system, many interview subjects also spoke about how state physicians and patients used methods to circumvent this bureaucracy, most often using interpersonal connections. A common idea that arose in many of the interviews was that if one knows the right people, they will be able to access healthcare services by utilizing interpersonal connections to receive physician attention and access to biomedical interventions that exist within the state apparatus, but in doing so avoid the excessive bureaucracy that defines much of the experiences of interacting with the state healthcare system through official channels.

“I usually visit private clinics and private doctors in their cabinets, but sometimes I may visit a state doctor in the national healthcare system, but they practice in clinics as if they were private. So, their own cabinet, and their own hours, and I pay them money officially and so on and so on. It's in a state clinic, but it's not a part of the state healthcare system. One's friend or a parent's friend may say that “I know this doctor and you can visit him. He is part of the national healthcare system but he’s a good specialist and he's agreed to meet with you unofficially.” -

Male Patient, age 26

Additionally, many interview subjects spoke about how many, if not a majority of, the physicians who work in either the state or private healthcare systems also practice in the other system.

“First, people don't think that there are good doctors in state clinics. Even though it's the same doctors who work in both the state and private systems, people have become used to thinking that there are no (good) doctors in the state healthcare system.” -Female Physician, age 29

Therefore, even within the apparatus of the state healthcare system, if one knows the right physician, the medical attention and healthcare services they receive through unofficial channels will be able to utilize medical interventions that exist within both the state and private healthcare systems.

Positive changes within the healthcare system

While every single interview subject spoke at length about the barriers that exist preventing access to both the state and private healthcare systems, a common idea that arose was that things were improving, both within the spheres of the state and the private healthcare systems. These improvements are occurring for different reasons, though are connected in how they affect healthcare access in Ukraine.

Thoughts on the improvements to the state healthcare system were largely linked to the reforms being put forward by the Ukrainian Ministry of Health. Two aspects of the state healthcare system that were frequently spoken about as factors negatively affecting one's access

to healthcare services were the lack of insurance available to Ukrainian citizens and the poor relationship between physician and doctor that the state healthcare system tends to be associated with. The two primary policy implementations of the reforms are aimed at addressing these deficiencies. These policy reforms consist of the establishment of the National Health Service of Ukraine, facilitating access to insurance, and the implementation of policy emphasizing primary healthcare services within the state healthcare system, allowing for a potentially better relationship between physician and patient.

“I have a positive feeling (about the reforms). If everyone has a family doctor and the system is reformed, then that will be good... We (would) have services that can be accessed at a local, regional, and national level, and that's part of the soviet legacy. If the reforms can work with the soviet legacy, that will be better. The only problem is that the soviet legacy requires people have the Propiski (passes), and that leads to too much bureaucracy. So, I hope they will work on that, and that it will not be such a bureaucratized system.” -Male Patient, age 28

Additionally, many interview subjects spoke on how improvements to the private healthcare system might arise as a reaction to the policy changes being implemented to the state healthcare system.

“But somehow the connection with private clinics might be more with the government. For example, if (my private clinic) writes an agreement with the national healthcare system, and I can bring my patients with a declaration, then people will come to (my clinic) after reaching out

to the state healthcare system and they'll be happily helped... (With) the connection, a few private clinics sign on to the agreement where they're paid by the state, they are obliged and have responsibilities to their patients, and it's good. But not all (private clinics) do this." Female

Physician, age 29

Discussion

This study provides a novel perspective on healthcare access in Ukraine and uses thematic analysis to give a glimpse at the Ukrainian healthcare system through the lens of those that interact with said system. Thematic analysis, when used to analyze in-depth semi-structured interviews, can provide information on the beliefs of interview subjects regarding complicated and nuanced topics. The thematic analysis performed in the context of this research project reveals a multitude of the interview subjects' beliefs on a variety of factors that affect access to healthcare in the Ukrainian context. By analyzing these beliefs, and how they both affect people's behaviors and reflect their lived experiences, allows us to gain new insights into the overall picture of healthcare access in Ukraine.

The thematic analysis performed for this study identified two overarching main-themes: 'factors limiting healthcare access in Ukraine' and 'factors facilitating healthcare access in Ukraine.' Five sub-themes located within the two main-themes were identified. The sub-themes classified under 'factors limiting healthcare access in Ukraine' are 'physicians as problematic,' 'lack of faith in medical authority,' and 'lack of material resources.' The sub-themes classified under 'factors facilitating healthcare access in Ukraine' are 'agency of individuals in the healthcare system' and 'positive changes within the healthcare system.'

All the interview subjects agreed that the state healthcare system is of a generally poor quality, and that this belief is widespread. The exact reasons for this varied between interview subjects, though a consensus of excessive bureaucracy, material deprivation, and poor relations with state physicians permeated the interviews. The interview subjects had varying opinions on the private healthcare system: while everyone agreed that it was of a higher quality, the extent to

which it was superior varied among the interview subjects' beliefs. Some interview subjects believed that the private healthcare system has both better trained physicians working for it and superior equipment at its disposal, while others believed that the physicians were of a similar quality in both the state and private healthcare systems, with only superior material resources separating the latter from the former.

The difficulties of accessing healthcare in an environment of material deprivation was an idea that ran throughout the interviews. The state healthcare system was framed as lacking sufficient equipment to provide high quality healthcare even when the doctors were competent, while the private clinic was held to be inaccessible to a majority of Ukrainian citizens due its prohibitive costs in a lower-income country. Additionally, many interview subjects shared the idea that a large portion of the physicians in the country have received insufficient training. While some physicians practiced their profession with a high level of competence, a majority were framed as incompetent due to the poor quality of education offered at Ukrainian medical universities. This applies to physicians working in both the state and private healthcare systems, with physicians "moonlighting" between the two to make up for the low pay of their profession.

The difficulties of navigating an environment of material deprivation where it is never guaranteed that the physician you meet with, whether in a state clinic or private, is competent, was framed as the primary struggle one must contend with in one's search for quality healthcare in Ukraine. Key to circumventing these obstacles and receiving healthcare was having the right interpersonal connections. This applied to accessing healthcare through both state and private clinics. The state healthcare clinics were framed as being populated with numerous barriers, the most significant being incompetent doctors and low material resources, and only by knowing the right doctors to contact, and by having the personal connections needed to access medical

resources when there are none available through official channels, is one able to access healthcare services. The private healthcare system, though ostensibly superior in terms of both doctor proficiency and material provisions, was also framed as being inundated with clinics where the physicians are not necessarily better trained than those in the state clinics, and where the profit motive is prioritized over the welfare of patients. The private healthcare system was framed, therefore, as being a maze where one must utilize interpersonal connections in order to avoid low quality or predatory clinics and locate private healthcare services that offer service of a quality comparable to its prices.

Interpersonal connections that allow one to access affordable healthcare of a high quality was framed as being the primary factor facilitating healthcare in Ukraine, within both the state and private healthcare systems. This advantage to the Ukrainian healthcare system, one based on the subversion of official means of healthcare access, was spoken of as the main way the interview participants might “beat the system,” and access healthcare despite the material deprivation, excessive bureaucracy, overcharging private clinics, and poor quality of medical education that otherwise defines the experience of trying to access healthcare in Ukraine.

While utilizing unofficial means allows many in Ukraine to access healthcare when they otherwise would not be able to do so, this disregard for the official healthcare system has other, more complicated ramifications. Distrust of medical authority was one of the primary ideas echoed throughout the interviews, with many subjects stating that such distrust is common in Ukrainian society. This distrust often takes the form of disbelief in modern biomedicine, which can be seen as reflected in the rise of antivaccination sentiments and use of traditional medicine in Ukrainian society, both of which have been explored in greater detail in other papers.

None of the interview subjects expressed beliefs doubting biomedicine. One common theme that several subjects expressed was a belief that their potential health problems, while needing to be treated through biomedical interventions, are not able to be adequately addressed through official means, necessitating alternative methods of diagnosis and treatment. This has led to a rise of hypochondria, a current phenomenon in Ukraine according to several interview subjects. Access to the internet allows many to self-diagnose their medical issues, with interpersonal connections substituting for official channels of healthcare when the patient believes that they should receive a biomedical intervention. This emphasis on self-diagnosis, and friendships with physicians and pharmacists allowing one to treat oneself with biomedical interventions, was voiced as a common occurrence by several patients and physicians.

The interview subjects rarely explicitly mentioned anything that might be considered a post-Soviet stereotype as being a factor preventing people from accessing healthcare. The necessity to pay bribes within the state system, one of the most common post-Soviet stereotypes voiced in news articles and blogs, was never blatantly mentioned as a negative factor. On the contrary, several patients and physicians spoke of paying state physicians through unofficial channels as one of the primary ways one can “beat the system” and access low-cost healthcare in an environment where doing so is nearly impossible without being mired down in excessive bureaucracy and the ever-present risk of ineffective healthcare.

The Soviet legacy was only invoked when speaking of the reforms being administered to the state healthcare system. Several physicians spoke of certain sentiments in line with the principles of the Soviet healthcare system as being key to the reforms’ potential future success, namely a greater emphasis on worker welfare and closer relationships between physician and patient. These physicians believed that if the Ukrainian ministry of health was able to use the

methods and strategies consistent with these positive aspects of Soviet ideology, the healthcare reforms would both be more successful and appreciate wider support.

While post-Soviet stereotypes were not invoked as related to barriers to receiving healthcare, certain aspects of the Soviet healthcare system, retained in the collective imagination of Ukrainian society, were invoked as offering a positive direction for the state healthcare system to take. As distrust of medical authority and of physicians are seemingly the primary barriers to healthcare access in an environment of material deprivation, the conception of gaining wider trust and popular support by reclaiming Soviet principles in the reformulation of the healthcare system is a phenomenon that deserves more study.

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