



BUSINESS: EDITORIAL

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War and Post-War Zones: A Deficit of Staff Members in the Private Practices

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It is necessary to understand that we have a certain framework, which is not set by us. It is that we are a country that, whether we like it or not, will live in a constant threat of military conflict with our northern neighbor, which could start hostilities at any time, even after the peace is signed. We must turn the country into a fortress. This is a completely different philosophy, a different view of the economy and the content of our social relations within the country.¹

57th day of full-scale Russian war against Ukraine
(April 21, 2022)

—Danylo O. **Hetmantsev**

Chairman of the Committee of the Verkhovna Rada of Ukraine on Finance, Tax and Customs Policy, Doctor of Law Sciences, Professor

The war on European continent continues... 57 days of Russian invasion with tanks, fighters, combat helicopters, warships, missiles attacks but also a heroic defense of Ukrainian army and nation completely changed the work of many private practices in Ukraine.^{2,3}

Deficit of staff members in a war and post-war regions has been developed due to the two main reasons (1) temporary/permanent change of

residence of clinic staff from the eastern, southern and northern regions of Ukraine to the central and western regions and (2) departure/evacuation abroad for temporary/permanent residence.

More than 5 million people have left Ukraine for almost two months of Russian full-scale invasion.⁴ The majority (90 percent)⁴ of those people are women and children; among them a significant number of dentists, nurses, and clinic administrators can be noted. Female orthodontists (i.e., doctor-stomatologist-orthodontists), pediatric dentists (i.e., pediatric doctor-stomatologists), oral surgeons (i.e., doctor-stomatologist-surgeons), interns, students of dental faculties are those health workers who have been evacuated from Kyiv during the last two months according to our data. Also, among the evacuated persons of Kyiv's clinics are nursemaids, nurses, and administrators.

We can state with assurance that gender will be used as a basic guideline for the present and future hiring for the clinic in the war zones (e.g., Kyiv city and region, Chernihiv region, Sumy region, Zhytomyr region, etc.)⁵. This is evidenced by the fact that male employees of the military age (18-60-year-

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old men)⁶ are the subject to a possible mobilization in the army and do not have the opportunity to leave the country during the acting martial law.

It is an opinion of military experts and political scientists that the war in various forms and phases may last till the end of 2022.⁷ In our opinion, among the criteria for employment in private practice in the nearest future may be (1) gender of the employee (preferentially males or females who are not afraid to live and to work in a war zone), (2) apartments proximity to the clinic, (3) car or motorcycle owners. At the same time the employer's questionnaire should include such question as:

- Will you stay in the city where our clinic is located if the outskirts of the city are under fire? Yes or no.

So, we may anticipate the paradigm shift in the human resources policy of Ukrainian private practices at the nearest year or later.

Walton-Roberts and colleagues (2017) indicated on important concern of migration of health workers—deskilling and loss of value through global circulation.⁷ It's true, the dental specialist who evacuate/migrate to other country lose some life period (months or years) for foreign language learning, adaptation, nostrification of the diploma, job offer search, etc. Moreover, we know multiple cases when Ukrainian dentist who migrated to other country due to the family reasons accepted a possibility to work as a dental assistant for a long period of time (years or even decades).

At the same time, inspection of *return migration* data from India showed that only 1.9 percent of the nurse respondents and less than 1 percent of the other health professions were return migrants.⁸ Of course, in case of the Ukrainian *forced evacuation* due to the war it is not an emigration. Some part of those 5 million people⁴ moved to the European Union countries, United Kingdom, and even United States or Canada with a hope to return homes and businesses after end of the war. Or even they start to return to home cities where hostilities have stopped.

Thus, we are faced not only with the loss of personnel for private practices, but also with brain drain for the society and economy in general.⁹

In summary, in constant threat of military conflict the practice owners in Ukraine are to rethink the human resources policy with a goal of saving the

work medical institution, providing diagnostic and treatment services, and making own contribution to the economic stability of the country.

So, the shareholders of the private practices in Ukraine should learn how to manage a wartime dentistry workforce challenges. And those practice owners who will be successful in those new skills will preserve the business.

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