

NIS Nurses Take the Stage in Kiev

By Julia Ross

At AIHA's Third International Nursing Conference, held this spring in Kiev, Ukraine, 250 nurses from 11 NIS nations and the US reflected on how far they've come, and encouraged one another to continue to seek new opportunities for their profession. The conference theme of "Nurse Leaders Creating Change" characterized the many partnership nursing achievements addressed at the April 14-17 gathering, and participants' personal and professional growth was evident in presentations on topics such as education reform, leadership development, clinical skill-building and association management.

During the conference's opening session, several speakers praised NIS nurses for forging new paths in their home nations.

"Nurses are a critical part of health care services," US First Lady Hillary Rodham Clinton told attendees via videotape. "I hope this opportunity enables you to exchange ideas and return home inspired and invigorated, ready to share your knowledge in your communities and to further the goals of partnership programs throughout the world."

"This conference builds upon an extraordinary record of achievement in partnerships, and in the improvement of the status of nursing in the NIS ... Each of you has demonstrated that nursing can make a significant contribution to improving quality of care," AIHA executive director Jim Smith said of the legacy of AIHA's nursing initiative.

Yuri Voronenko, MD, head of the Department of Medical Education, Ukrainian Ministry of Health, told participants that his country is committed to upgrading training and education of nurses, and to developing nursing associations--in fact, the Association of Nurses of Ukraine is now up and running after two years of planning.

"We are aware of the need to better balance the health care workforce. We need to achieve standards whereby the nurse is just as important as the physician," he said.

In a second videotaped message, American Nurses Association President Beverly Malone, RN, PhD, talked about the benefits of forming associations and encouraged NIS nurses to be persistent in recruiting members. She pointed out that US nursing associations have been successful in providing nurses with a platform to influence policymakers: "There is power in our association and we need to be powerful for our patients."

The role of international nursing organizations also was addressed in the opening plenary session by Ainna Fawcett-Henesy, RN, regional adviser for nursing and midwifery, World Health Organization (WHO) Regional Office for Europe. She discussed WHO's "Nursing in Transition" program, which seeks to "help nurses identify their role in health care reform." The program documents innovative nursing practices, lobbies ministries of health to improve the status of nursing and develops nursing standards and quality indicators across Europe and the NIS.

Fawcett-Henesy promised that WHO would redouble its efforts to disseminate more Russian language nursing publications in the NIS after many countries reported a shortage of translated materials. A new collaborative relationship between AIHA and WHO will allow AIHA's NIS Nursing Resource Centers to serve as distribution centers for WHO's nursing publications, she added.

A Vision for NIS Nursing

Addressing a plenary session on the second day of the conference, NIS Nursing Task Force co-chairs Tatiana Mikheeva, RN, head of nursing education at the Sokolov Medical Center in St. Petersburg,

Russia, and Jane Younger, RN, chief operating officer of Clark Memorial Hospital in Jeffersonville, Indiana, offered a few thoughts on the current status of the NIS nurse, and the opportunities and challenges that lie ahead.

Younger told her NIS counterparts that "creating a vision for nursing" requires persistence and taking risks, noting that US nurses began their fight for increased professional prestige 50 years ago and slowly gained it through better education.

Though nurses in NIS partnership institutions have accomplished a great deal, the individual NIS nurse is still struggling to manage a host of professional burdens and much remains to be done, said Mikheeva.

"We have a picture of the NIS nurse as hurried, depressed and tired. Low salaries are offered to nurses, and they work extra hours and perform ancillary tasks, which often compromises patient care," she said. Additional challenges facing NIS nurses include an often inadequate knowledge base for proper patient care, a shortage of equipment and supplies, nursing departments run by physicians, and an ongoing effort by government and health officials to save on health care costs at the expense of nursing.

But reforms are starting to change this picture. Broader educational opportunities, better nursing management practices, an emphasis on teamwork and disease prevention, and greater involvement in determining strategies for patient care are forming the basis for a successful new model of nursing in the region, she said.

"Nurses deserve every attention and incentive if they perform well and are passionate about their work," Mikheeva said.

Expanding Educational Opportunity

In addition to presentations on advances in clinical skill-building, education reform occupied a prominent place on the conference agenda. Three NIS speakers covered the spectrum of educational programs available to nurses in the region today--from four-year baccalaureate degrees to continuing education courses for the professional nurse.

Erebuni Nursing College in Yerevan, Armenia, for example, is the first school in that country to offer three- and four-year programs for nurses; 23 students will begin a third year of study this fall for the first time. Director Alina Koushkyan, MD, told conference participants that being a pioneer in nursing education had been difficult, but with the support of partners at UCLA Medical Center in Los Angeles, California, her college now has the backing of the Armenian Ministry of Health and the First Lady of Armenia. "We had to start at ground zero and constantly prove we were right," she said.

The four-year Bachelor's of Science in Nursing (BSN) program at Erebuni includes two years of basic arts and sciences education, while years three and four are focused specifically on clinical nursing education. The school's goal, Koushkyan said, is to educate nurses to be critical thinkers, managers, patient educators, researchers and nurse educators themselves.

"This is the future of nursing," she said. "This program is good for us from a political and an economic point of view."

Salpy Akaragian, RN, director of the International Nursing Center at UCLA, said Erebuni's four-year degree will enable Armenian nurses to "look at the patient as a total person, think through the assessment and come up with a diagnosis."

In Bishkek, Kyrgyzstan, training nurse educators is a priority, said Tulgen Chubakov, MD, PhD, director of the Republican Center for Continuing Medical and Pharmaceutical Education. Chubakov

spoke about the need for educators "who have clinical experience and are well-versed in the newest teaching methods." He said his institution currently is working with the Kyrgyz Medical Academy to develop certification and accreditation standards for nurse educators.

"Nursing educators should be prepared to mold a team of nurses, pay attention to personal qualities, and to improve and leadership communication skills," he noted.

In a third presentation, Irina Bakhtina, MD, director of the Postgraduate Nursing School at Sokolov Medical Center in St. Petersburg, Russia, gave a historical overview of the development of postgraduate nursing schools in the Russian Federation, which began to emerge in the 1970's.

The Sokolov school, founded in 1988, offered more than 20 continuing education courses last year, and sponsored 12 international conferences. During the 1995-96 school year, 400 Russian nurse specialists received advanced training there. The postgraduate school model, Bakhtina said, should take into account the nuances of educating adults, who respond better to different methods of instruction--learning in small groups, role playing, learning by example are a few such approaches.

Ninety postgraduate programs for nurses are operating in Russia today, and they provide many advantages to those who enroll, she added. Nurses are often able to parlay newly acquired qualifications into role changes and job promotions at their hospitals, and advanced coursework can serve as the basis for scientific research.

But Bakhtina cautioned that a scarcity of government funds for nursing education means that postgraduate schools must be vigilant in marketing their services and strengthening bonds with health care institutions and professional associations

"More and more nurses realize that, to be competitive, they have to be responsible for their education and consider it their first need," she concluded.

Developing Nurse Leaders

Across the NIS--in nations like Kazakstan, Georgia and Moldova--Ministries of Health have begun to create head nurse positions to give the nursing profession a seat at the policymaking table. Lia Mamaladze, RN, head nurse in the Georgian Ministry of Health and president, Georgian Association of Nurses, began her ministry position last summer, and has since pursued many avenues to increase nursing's status in her country.

In describing her role, she told conference attendees that she is currently developing a national program for nursing, providing consultation on all nursing issues to ministry officials, serving as an advisor on national health promotion, and overseeing the production of all ministry documents related to nursing. She also plans to develop a national decree for nursing and convene a committee to publish a standard nursing textbook.

"We have to save nursing and help it because it is a separate profession, and we need a united leadership," she noted. "The nurse as physician's helper isn't true anymore."

As the US counterpart to the NIS ministry nurse, Denise Geolot, RN, PhD, deputy director, Division of Nursing, US Department of Health and Human Services, provided an overview of the federal government's role in developing the nursing profession in the US. Geolot's division is responsible for determining national supply and demand for nurses, advising on congressional legislation aimed at nurses, supporting innovations in nursing education and practice, and providing technical assistance to schools of nursing and hospitals.

"The role of the US government is to enhance the health of the public through nursing, not to promote the profession of nursing," she clarified. "The government's role is not to set standards--that is up to the profession itself."

Nurse leaders can also be found in the many associations that have sprung up in the NIS in recent years. Several conference breakout sessions addressed the founding and management of nursing associations, many of which got their start due to the initiative of NIS partnership nurses.

For the past two years, the 10,000-member Moldovan Nurses Association has worked to inform the public about nursing, coordinate professional events and activities for nurses, and protect nurses' rights in the workplace. Association president Elena Stempovskaya, RN, said a coordinating council of five nurses got the association off the ground by inviting all head nurses working in the capital city of Chisinau to join as charter members. The organization now meets once a month and charges a \$1.00 per year membership fee. Ministry of Health representatives are regularly invited to meetings, and several working groups within the association have been established by nurses in particular specialties--pediatric, surgical and anesthetic nursing are examples.

"One of the most important parts of an association is what I can learn from my colleagues--we share ideas, solve problems and share resources," Kay Oliver, RN, director of educational services for the Central Iowa Health System in Des Moines, Iowa, said of her local nursing association's role.

Nurses Managing Change

In a two-part presentation during the final days of the conference, Catherine Futch, RN, MN, regional clinical services coordinator at Kaiser Permanente in Atlanta, Georgia, outlined the "Tools of the Trade for Change Management," encouraging nurses to challenge the status quo and advocate for improved clinical services. Futch, formerly with Grady Health System, has been active in the Tbilisi, Georgia-Atlanta partnership.

She talked about her own experience with managing change among her nursing staff in Atlanta to improve maternity care, and offered a checklist of steps for nurse managers to follow: explain the urgency of the need for change; sell the problem, not the solution; hold regular staff meetings to talk about what change will bring; and talk about expectations and attitudes toward change. Futch said the "neutral zone," or the period of time when change is taking effect, is the most difficult part of the process, but is the best time for creativity and innovation to blossom.

In several breakout sessions following Futch's presentation, NIS nurses discussed areas where change may be needed in their home institutions, and the methods they would use to achieve such a transition. Groups chose topics like improving nursing education and orienting a new nursing graduate to the hospital, and identified open communication among staff, choosing a leader and consensus-building as important parts of the change process.

"It is very important to explain to people what they will get from change," one NIS participant noted. "Everybody has to trust everybody else, and anybody should be able to ask any question they want."

"You are the leaders and the change agents. You are the ones, as physicians and nurses, who put yourselves on the front line every day," Futch told conference attendees. "The truth is we have to continue to change. Without it we become still waters ... and still waters don't support life."

Three Years of Progress

Looking back on AIHA's three International Nursing Conferences--from Golitsino, Russia to Almaty, Kazakstan to Kiev--NIS nurses agreed that they have made great progress in transforming the status of their profession and in improving their clinical abilities.

"When we were a part of the first two nursing conferences, we didn't know what we were supposed to do ... but after Almaty, we knew we needed to solve problems for today," said Liudmilla Kapitonova, RN, chief nurse at Odessa Oblast Hospital in Odessa, Ukraine. "The second conference changed our lives--we really understood that we have to use all our skills to upgrade the level of our nurses. This movement is having a snowball effect. Five years ago, we couldn't imagine it."

Rusanna Ginosyan, RN, chief nurse at the Emergency Scientific Medical Center in Yerevan, Armenia, described the transformation in more personal terms. "I find myself very changed," she said. "Three-and-a-half years ago, when [AIHA] came to my hospital, I was making lunch and couldn't even sit at the same table [with AIHA staff]. Now I'm a chief nurse. I feel good about myself and my nurses feel good about themselves."

A new video shown at this year's conference--*Partner to Partner: The Story of the AIHA Nursing Initiative* (funded by Alaris Medical Systems of San Diego, California)--attested to the partnerships' success in nurturing nurses' leadership and decision-making skills.

"We are walking a new walk and talking a new talk," summed up Laura Hurt, RN, director of medical surgical nursing at Grady Health System in Atlanta, Georgia.