

# **INTERNATIONAL NURSING LEADERSHIP INSTITUTE**

## **ASSESSMENT REPORT**



**AMERICAN INTERNATIONAL HEALTH ALLIANCE**

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## **ACRONYMS AND ABBREVIATIONS:**

AIHA	American International Health Alliance
AONE	American Organization of Nurse Executives
CAR	Central Asia Region
CEE	Central and Eastern Europe
ICN	International Council of Nurses
INLI	International Leadership Nursing Association
NIS	New Independent States
NRC	Nursing Resource Center
STD	Sexually Transmitted Disease
STTI	Sigma Theta Tau International
SWOT	Strengths, Weaknesses, Opportunities, and Threats

## I. EXECUTIVE SUMMARY

As part of its ongoing commitment to strengthening the professionalism and role of nurses, the American International Health Alliance (AIHA) established the International Nursing Leadership Institute (INLI) in 1999. The main goal of the INLI program was to build a cadre of nurse leaders in the New Independent States (NIS) and Central and Eastern Europe (CEE) trained in leadership and management skills who could serve as leaders and mentors. Between 1999 and 2002, a total of 56 nurses from the NIS and CEE were trained.

AIHA conducted a qualitative assessment of the program during the spring/summer of 2003, with the purpose of evaluating it from the perspective of participants. The assessment was based on a written questionnaire sent to all INLI graduates, supplemented by extended telephone interviews of selected graduates. The response rate to the questionnaires was 84%. Almost all nurses were either very satisfied (72%) or satisfied (23%) with the INLI program.

Of 47 respondents, 21 had implemented projects, 23 had projects in progress, and three had either abandoned or never started projects. The projects improved the knowledge and skills of nurses and the quality of nursing care. The projects contributed to improved communication between nurses and physicians and between nurses and patients; establishment of a patient school and nursing association; development of curricula, training, and health education programs; standardization of nursing processes; and MOH approval of the leadership training program. Financial constraints were the largest impediment to completing projects.

More than half of INLI graduates reported gaining new skills in publishing; systems thinking; adult learning; negotiation; management ethics; conference planning; personnel, barrier and time management; conflict resolution; communication; quality improvement; and English. The most prevalent and largest improvement was in such skills as communication, negotiation and continuous quality improvement. Nearly 90% of respondents *always* applied quality improvement skills in the course of daily duties. Among the skills *rarely* used, the most common were English and publishing skills. Almost all graduates reported disseminating information or skills to other nurses through seminars, articles, presentations, and educational materials.

Seventy-two percent of nurses said the program helped them gain respect from physicians. Almost all (87%) felt that graduating from the Institute had helped them recognize their professional and leadership capabilities. During or after training, 34% were promoted at their workplace and 23% were offered a new job at a different workplace. These nurses stated that participation in the course was a significant factor in their career advancement. Among all respondents, 77% indicated an increase in roles and responsibilities, such as providing lectures and training; undertaking supervisory tasks; conducting outreach activities; becoming members of healthcare boards and associations; and developing nursing standards and guidelines. INLI also prompted international or intra-national collaborations and involvement in nursing associations.

The assessment revealed that the INLI program met its objective of helping nurses develop new leadership skills and competencies. The projects led to changes within the health care system and the quality of nursing care and the nursing role improved. The INLI program modified nurses' attitudes toward their profession, enabled them to gain self-confidence, helped advance careers, promoted standardization of nursing processes, and strengthened ties among nurses across regions. The program can be strengthened by prolonged faculty-student interaction and more collaboration among graduates, curriculum revisions in English and publishing, and syllabus additions in computer training and association building.

## **II. INTRODUCTION**

AIHA established the INLI program in 1999 as part of a broader program in support of advancing nursing in the NIS and CEE countries. Developed in close coordination with leading U.S. nursing professionals, INLI provided a year-long learning experience in which NIS and CEE nurses could gain the skills and knowledge necessary to be successful leaders and mentors in their own countries. Each INLI nurse continued to work in his/her home country throughout the program, traveling to attend three intensive, one-week class sessions and international nursing meetings. The sessions were held in the U.S., Russia, England, and Denmark.

The program utilized varied teaching methodologies to create an integrated curriculum that used adult learning models. Faculty members for INLI were U.S. nurse leaders who, in subsequent years, were joined by NIS/CEE nurses chosen from among the INLI graduates. Participants were trained in leadership, management, public speaking, and publishing skills. They were encouraged to become part of an ongoing community of colleagues and peers. At the end of each class, the INLI participants were asked to employ their new competencies to develop a project in their home countries that would enhance healthcare and the nursing profession at a regional level.

Three classes, with a total of 56 nurses, have graduated from the INLI to date. Class I, which was held from June, 1999 to July, 2000, was attended by 14 NIS and four CEE nurses, largely drawn from AIHA partnerships. Class II, which was held from July, 2000 to June, 2001, was attended by 16 nurses from AIHA's primary health care partnerships in Armenia, Azerbaijan, Georgia, the Russian Federation, and Ukraine. Class III, which was held from November, 2001 to June 2002, was attended by 22 nurses from six NIS countries.

## **III. OBJECTIVES**

The purpose of the assessment was to evaluate the success of the INLI program from the perspective of its participants. Program success was defined in relation to the results of individual projects initiated by INLI nurses at the end of training, the level and utilization of skills acquired, the dissemination of knowledge and skills to other nurses, and the extent to which participants were promoted or given increased responsibilities after completing the INLI program.

## **IV. METHODOLOGY**

AIHA conducted the assessment of the INLI program in the spring/summer of 2003, using a standardized survey instrument developed by staff and translated into Russian. A copy of the questionnaire was distributed to all INLI graduates via e-mail. Two nurses from the CEE region received the English version of the survey. The assessment tool included six sections: contact information, project information, skills development, dissemination, professional advancement, and overall INLI program (see Appendix 1).

With input from INLI faculty, AIHA selected seven graduates for in-depth interviews. The nurses, representing all sub-regions, were those considered to have the most compelling stories about how the INLI program had affected their professional and personal lives. The telephone interviews were conducted by the regional AIHA staff and each interview lasted approximately one to one and a half hours. Prior to the interview, the selected INLI graduates received a list of interview questions to enable them to prepare comprehensive answers beforehand.

## V. FINDINGS

### General

Out of the total number of 56 INLI graduates, 47 (84%) returned completed forms to AIHA. The breakdown of respondents by region was as follows:

- 18 nurses from West NIS (Belarus, Moldova, and Ukraine);
- 2 nurses from CEE (Croatia and Romania);
- 1 nurse from Central Asia (Kazakhstan);
- 18 nurses from the Caucasus (Armenia, Azerbaijan and Georgia); and
- 8 nurses from Russia.

Of the 47 respondents, 13 (27.6%) were graduates of Class I, 13 (27.6%) were graduates of Class II, and 21 (44.6%) were graduates of Class III.

### Projects

Each participant in INLI was required to identify and develop a project that would enable the nurse to apply newly-acquired skills and contribute to improving health care and the nursing profession in his/her home country. The individual projects differed in the scope and complexity of selected objectives, from organizing training to improving the quality of nurses' work, developing post-education programs for nurses, and decreasing complications after gynecological surgeries. Depending on the scope of work, the realization of the project varied between six months to two years. Five of the ongoing projects were expected to be finished in 2003, while two graduates were aiming for 2005 and the other did not specify a completion date.

As of April 2003, 21 nurses successfully completed their projects, 23 declared their projects to be still in progress, and only 3 indicated that their projects were either abandoned or had never started (the full list of objectives and project titles is included in Appendix 2).

#### *Projects completed*

As a result of the accomplished projects, nurses received professional training and gained new knowledge and skills. According to INLI graduates, the quality of nursing care and the nursing role improved significantly. Nurses enhanced their competency level and increased the scope of their responsibilities. Many health care institutions implemented independent nursing practices – including patient assessment, referral to labs, and keeping patient records – and revised nurses' job descriptions. Other projects improved the quality of nursing care in the areas of patient rehabilitation, neonatology, and surgery. Nurses became more involved in providing medical care to refugees, vulnerable populations, nursing homes, and orphanages. In some cases, nurses modified their attitude toward the nursing profession and gained self-confidence.

Projects also improved the overall quality of care by implementing community health education activities, such as classes for patients with diabetes, hypertension, or bronchial asthma. Due to community awareness programs, the general population learned about the prevention of TB, cancer, and cardiovascular diseases, healthy lifestyles, women's health, STDs, and substance abuse. Educational materials, such as brochures and newsletters for patients, were developed and issued. The improved quality of health care was also demonstrated by specific examples, such as decreased morbidity and obesity among preschool children, early detection of diseases, timely treatment, and an increased number of visits to the polyclinic.

Another important outcome of the INLI projects was better communication between nurses and physicians and between nurses and their patients. Some nurses created working groups which helped them to increase their competences (e.g., computer skills) and other nurses learned about healthcare needs assessments. Individual projects contributed to the establishment of an antenatal patient school and nursing association; introduction of special methods of psychological services; approval of the enlargement of the nursing faculty; and MOH approval of the leadership training program, which is used to train head nurses.

### ***Projects still in progress***

According to INLI graduates, the projects were helping nurses gain new professional skills and competency, and in some cases, qualification as a Family Practice Nurse. Several graduates mentioned that the role of nurses has been enhanced and the quality of nursing care has improved; for instance, one of the clinics reported that the rate of breast cancer cases detected by nurses had doubled over the six-month period following training. Because of the projects, many outreach and patient education programs were conducted, and a number resulted in positive changes, for example, a reduced number of smokers among teenagers at targeted schools. The cadre of trainers was selected and trained, and some have begun disseminating knowledge through community outreach and healthy lifestyle promotion classes for targeted groups.

Other ongoing projects resulted in creating nursing associations, a nursing council, and training centers; development of curricula, training programs, and educational materials; formation of steering committees; improvement of workplans; endorsement of research programs; standardization of nursing processes; and improved collaboration with such health institutions as nursing colleges, medical associations, and even the Ministry of Health.

Almost half of the nurses whose projects were still in progress indicated financial constraints as the largest impediment to completing projects. Other explanations referred to such concerns as lack of time; lack of educational materials; shortage of office equipment; insufficient number of nurses willing to participate in a project or nursing-related activities; legal barriers; lack of ministerial support; difficulties in accessing statistical data; and patient or community resentment.

### ***Projects abandoned***

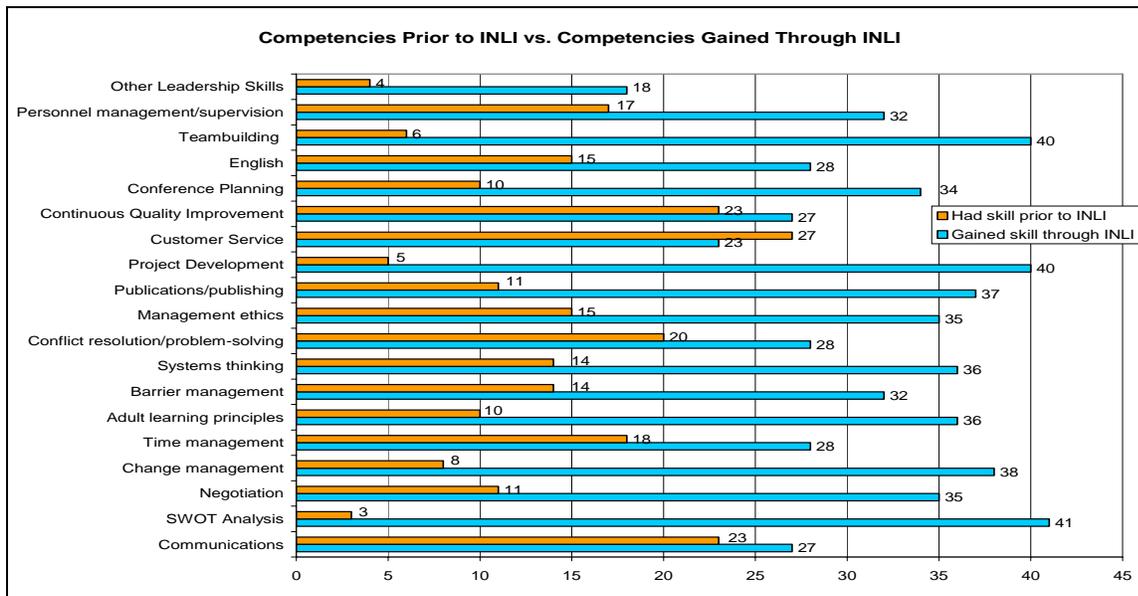
One of the three abandoned projects was to have introduced a continuous education program for obstetricians, but it was terminated due to the absence of a continuous post-education system for nurses and midwives in the country. The second project, aiming to establish a Volunteer Nurses Committee, was discontinued because of the shortage of funds. Although the Committee was formed, it could not cover the expenses of humanitarian activities. The financial obstacles and inadequate goal rationale were the reasons for abandoning the third project, which was to have improved eye care in the oblast hospital and reduced patient beds.

### **Skills Development**

Over 80% of INLI graduates reported gaining new skills in SWOT analysis, project development, teambuilding, and change management (87%, 85%, 85%, and 81%, respectively). Between 60 and 79 percent indicated that during training they learned about publishing (79%), system thinking (77%), adult learning principles (77%), negotiation (74%), management ethics (74%), conference planning (72%), personnel management (68%), barrier management (68%), time management (60%), conflict resolution (60%), and English skills (60%). More than 50% obtained new competencies in communications (57%)

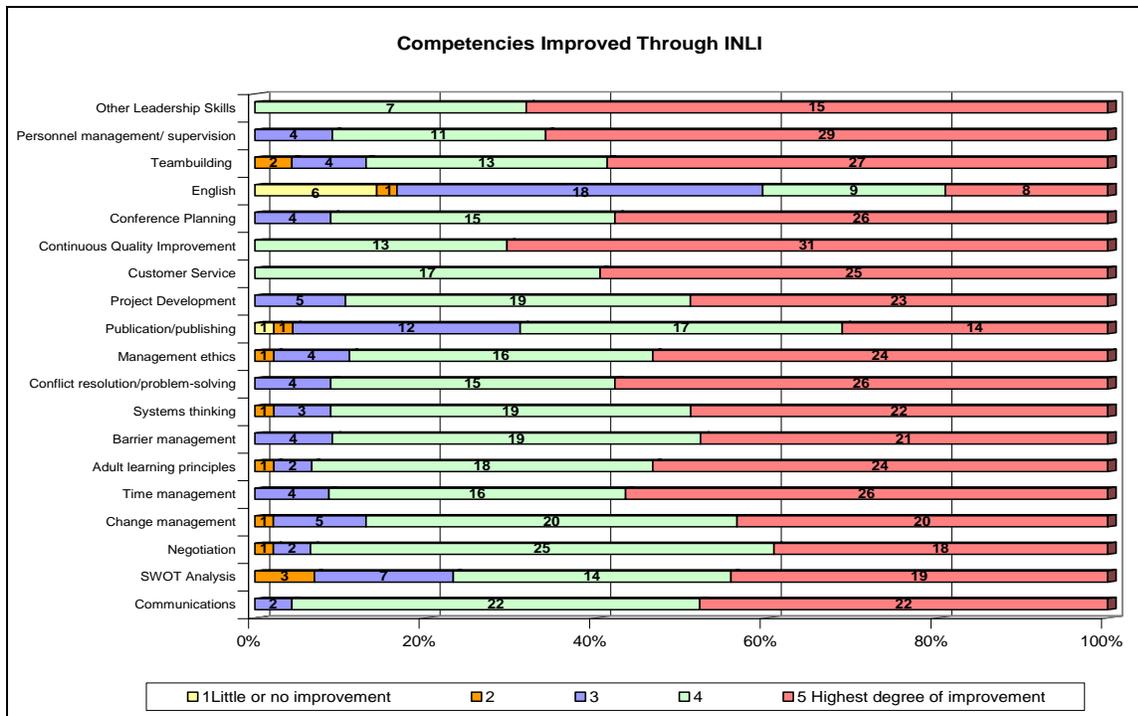
and continuous quality improvement techniques (57%). Forty-nine percent mastered customer service and nearly 40% learned other leadership skills such as mentorship, decision-making, cooperativeness, and group work.

A few graduates checked some of the skill areas in both the before and after training columns, which may mean that they had a particular skill prior to the INLI training but enhanced it through participation in the program. These skills were: communication, system thinking, management ethics, customer service, continuous quality improvement, personnel management, conflict resolution, and publications.



Over ninety percent of graduates who selected responses four or five on the five-level scale reported improving significantly their communication skills (94%), negotiation skills (91%), and continuous quality improvement skills (94%). At least eighty-five percent noted that they gained a high degree of improvement in change management (85%), time management (89%), adult learning principles (89%), barrier management (85%), system thinking (87%), conflict resolution (87%), management ethics (85%), project development (89%), customer service (89%), conference planning (87%), teambuilding (85%), and personnel management (85%).

A majority of nurses indicated the “highest degree of improvement” in conference planning (66%) and personnel management (62%). Over 50% asserted that they radically advanced their proficiency in time management (55%), adult learning principles (51%), conflict resolution (55%), management ethics (51%), customer service (53%), conference planning (55%), and teambuilding (57%). Only one nurse reported she gained little or no improvement in handling publishing responsibilities, and six others reported a similar result about English proficiency. English language and publication principles were also the least common among skills (only 17% and 30%, respectively) in which nurses obtained the highest degree of improvement.



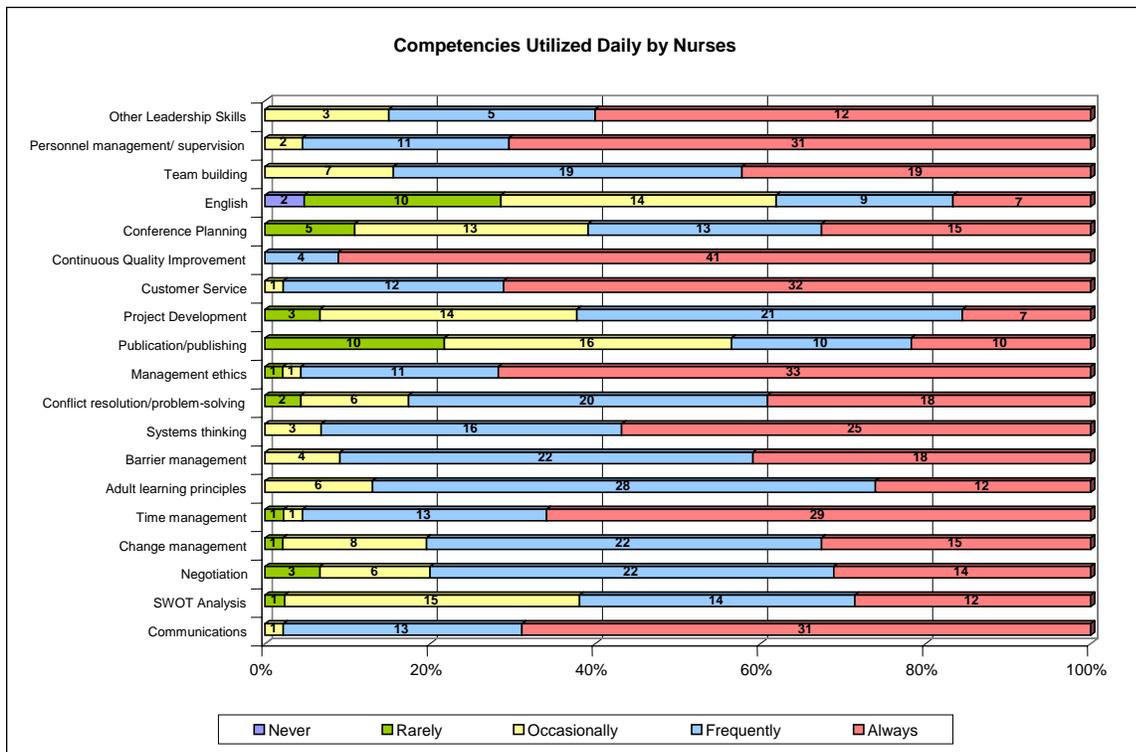
More than fifty percent of nurses *always* applied in daily responsibilities quality improvement principles (87%), management ethics (70%), customer service skills (68%), supervision techniques (66%), communication skills (66%), time management (62%) and standards of system thinking (53%). The rest of the competencies were used daily by 15 to 40% of nurses.

Sixty percent of graduates *frequently* used skills related to adult learning principles. At least 30% regularly conducted negotiations (47%), applied change and barrier management principles (both 47%), participated in project development (45%), engaged in problem solving and teambuilding (43% and 40%, respectively), and utilized SWOT analysis (30%). More than 20% *frequently* applied other skills, such as communication (28%), time management (28%), system thinking (34%), and customer service (26%).

Between 30 and 34% of nurses *occasionally* performed SWOT analysis (32%), used publishing methods (34%), and used English language and project development (both 30%). Twenty-eight percent were infrequently involved in conference planning, 17% in change management, 15% in teambuilding, and 13% in negotiation and conflict resolution.

Twenty-one percent of graduates *rarely* spoke English or used publishing skills. Eleven percent infrequently engaged in conference planning. Six percent seldom had a chance to apply negotiation and project development skills. Four percent *rarely* engaged in problem solving and two percent *rarely* used SWOT analysis and management ethics or change and time management.

Only two nurses (4%) indicated that they *never* used English in their job.



### **Skills Dissemination**

All except one graduate disseminated information or skills gained through INLI to other nurses. According to the graduates’ own estimates, approximately 15,500<sup>1</sup> nurses from nine different countries were trained during workshops, seminars, discussions, and lectures given by the graduates on an annual, quarterly, monthly, or other basis (e.g., a few times a year, twice a month, one time). In addition, INLI students disseminated knowledge through publishing articles in local magazines and newspapers; delivering speeches and presentations during nursing conferences; and developing booklets and other educational materials for patients and the nursing community.

### **Professional Advancement**

The majority (72%) of INLI graduates believed the program had helped them in gaining a lot of respect from their physician colleagues. Fifteen percent thought they had gained “more than a little” of physicians’ respect. Six percent felt physicians’ opinion about them had changed only “a little,” and four percent did not have an opinion about it. Almost all (87%) felt that graduating from the Institute helped them significantly to recognize their professional and leadership capabilities. At the same time, eleven percent believed the program helped them identify their skills only “more than a little” and two percent (one nurse) did not have an opinion.

Out of the 47 nurses, 34% received a promotion at their workplace during or after the training. Three graduates were promoted to the position of Head Nurse; two changed their position to Chief Nurse and Deputy Chief Physician; and the rest had new titles such as Chair of Nursing Department, Lab Specialist, and District Leader Nurse. Not all of the nurses who were promoted specified their new job title. About

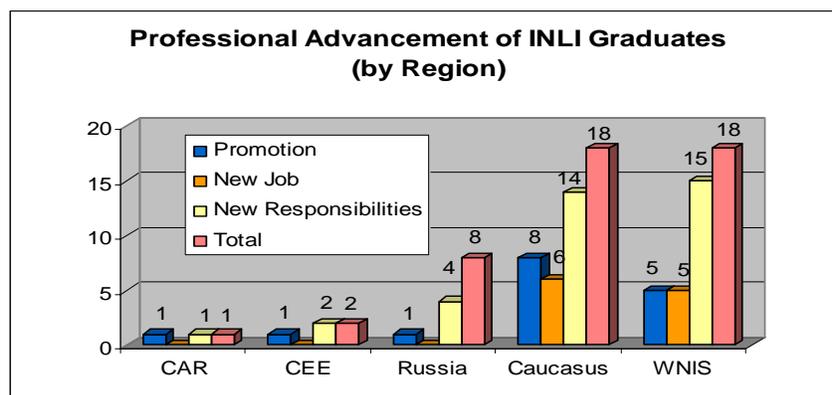
<sup>1</sup> The number of trainees is broadly estimated and very likely it includes duplications.

23% of graduates changed jobs and were at a different workplace, for example, as a teacher in a medical college, president of the Oblast Nursing Association, and Head Nurse in the National Medical Center. Similar to the previous question, not all of the nurses specified their new workplace.

Nurses who were promoted or offered new jobs credited participation in the course as a significant factor in their career advancement. They indicated that gaining and enhancing leadership and management skills, such as conflict resolution, time management, interpersonal communication, and continuous quality improvement, had contributed to their success. Some graduates felt that participating in the international program allowed them to gain more respect among colleagues. Nurses were better able to assess their professional and personal abilities, build self-confidence, and improve their perception about the nursing profession.

Regardless of whether they received a promotion, 77% of graduates indicated their roles and responsibilities had increased as a result of participation in INLI. They felt that the INLI experience was a dominant factor in being given new opportunities. The training built confidence and strong leadership skills and they learned how to find opportunities to reach their goals, how to cope with problems and difficult tasks, and how to approach their jobs in more creative ways.

As a result of new responsibilities, some nurses began providing lectures, training, seminars, and workshops for nurses and other professionals (e.g., female politicians). A few graduates increased their responsibilities in coordinating nursing personnel and their activities, overseeing the quality of nursing care, and enhancing nursing qualifications. Nurses became involved in outreach activities and health-related projects, became members of healthcare boards and associations, developed nursing standards and guidelines, oversaw preparation and dissemination of educational materials and programs, participated in developing national programs, and expanded responsibilities in dispensing medication to patients. Graduates gained responsibility for the hiring of nurses, organizing the workplace and preparing schedules, translating literature, editing, organizing conferences, and developing curricula.



Participation in INLI enabled 64% of nurses to establish international or intra-national collaborations with fellow INLI graduates. Most respondents misunderstood the question and only provided the names of people with whom they collaborated rather than examples of the collaboration. A few nurses described how they discussed with other graduates the future of nursing in their countries; exchanged experience, information, and educational materials; and jointly conducted workshops and training.

About 62% of graduates reported involvement in national, regional, or international nursing associations, such as STTI and AONE. The majority of nurses held association memberships, both as regular association members and as board members, audit group members, or executive committee members.

Approximately one-fourth of INLI students ran associations as a president (one as a vice president) and a few acted in an advisory capacity.

According to the survey data, less than half of the INLI graduates (49%) currently had access to an AIHA-established Nursing Resource Center (NRC). Nurses visited the local NRC to obtain the latest medical information; use learning resources; participate in distant education courses or conferences; conduct workshops or classes; or prepare training materials.

### **Value of INLI Program**

Almost all nurses responded that they were either very satisfied (72%) or satisfied (23%) with the INLI program, and only two nurses said they were only somewhat satisfied. About 15% indicated they liked everything about the program. Around 23% liked the multicultural experience of the training, e.g., the possibility to share practices with nurses from different countries; and 28% liked the opportunity to obtain new knowledge and professional skills, such as leadership (17%), teambuilding (17%), adult learning (9%), project development (17%), barrier (13%) and time management (15%), communication (13%) and presentation skills (11%), conflict resolution (9%), change management (17%), negotiation (9%), system thinking (9%), client service (6%), publishing (6%), and continuous quality improvement (6%).

Approximately 9% of nurses praised the selection of the faculty, including their experience and high level of professionalism. Six percent were pleased with the topics selected for training, the variety of activities (e.g., role playing), and materials/handouts they obtained.

The respondents had several suggestions for improving the INLI program. The two most frequent suggestions were to continue both the INLI project (23%) and collaboration of INLI students and faculty (26%) by, for example, organizing annual conferences where graduates would have an opportunity to share their experiences. Another suggestion mentioned by more than 10% of students was to utilize English more extensively during the training.

Individual nurses also recommended:

- introduce distance learning;
- enable INLI training to participants from more NIS countries;
- increase the number of participants;
- add more skills and topics to the curriculum, e.g., research and creating strong structures for professional nursing associations, computer training, and medical issues;
- provide assistance in obtaining recognition of INLI certificates at the national level;
- introduce competitions for, for example, “best paper,” development of “best project,” or “best workplan;”
- introduce more in-depth training on publications and article development; and
- select trainers among INLI graduates (although one nurse had the opposite opinion).

## **VI. CONCLUSIONS**

Based on the responses of INLI graduates, the program was successful and met its objective to help nurses develop new skills and competencies necessary in becoming a leader in health care. The vast majority of them gained or improved new leadership and management competencies, such as SWOT analysis, project development, teambuilding, change management, publishing, adult learning, negotiation, system thinking, conflict resolution, and customer service. The least improves skills were English and publishing principles. While the majority of nurses applied leadership skills daily or frequently, some utilized certain proficiencies, such as SWOT analysis, publishing methods, English language, conference planning, teambuilding, or negotiation, only occasionally or even rarely.

The positive effect of the program is demonstrated by the successful launch of 44 individual projects, of which 21 were effectively accomplished. The main factor obstructing completion or initiation of selected projects was financial. The assessment revealed that the projects influenced significant transformations within the health care environment in the home countries of INLI graduates. Through knowledge dissemination, nurses received new professional competencies and the quality of nursing care and the nursing role improved significantly. Because of the changes, many health care institutions implemented independent nursing practices and adopted standardized nursing processes.

The assessment also illustrates that the INLI program modified nurses' attitudes toward their profession, and enabled them to recognize their capabilities, gain self-confidence, and advance their careers. Using these skills, the graduates took the initiative to implement community health education activities; train nurse trainers; develop and issue educational materials, curricula, and training programs; help in the establishment of patient schools, training centers, and nursing associations; and form steering committees. They improved communication with physicians and patients and collaboration with health institutions. The nurses gained respect among fellow nurses and physicians, were promoted, and granted increased responsibilities as a result of their participation in INLI.

Undoubtedly, the INLI program contributed to disseminating nursing and leadership principles across the regions. Armed with new skills and self-assurance, the graduates distributed acquired information and knowledge to an estimated 15,000 other nurses and nurse students. The participants had the opportunity to establish international or intra-national collaborations, promoting nursing-related discussions, exchange of experiences, and joint workshops and training. Finally, INLI influenced involvement in national, regional, or international nursing associations, though it is hard to attribute this fact entirely to the participation in INLI curriculum.

Overall, the results of the assessment indicate that the INLI program was very satisfactory for all participating nurses. The graduates appreciated various components of the training and perceived, as the main area for improvement, the continuation of both the INLI project and collaboration of the INLI students and faculty after termination of the training.

### ***Lessons Learned***

The assessment of INLI provided AIHA useful information about program outcomes and allowed it to reflect on the continuation of the program. Based on the assessment results, AIHA has learned the following:

- Feasibility and fundraising are two important factors influencing successful implementation of the individual INLI projects. Inappropriate goals and the inability to raise money obstruct project completion or initiation. Therefore, it is advisable that nurses be guided by the INLI faculty while deciding on the project objectives. In addition, as a part of the INLI curriculum, nurses should learn advocacy principles and what steps to take to raise necessary funds. The faculty should maintain contact with the graduates and continue advising them on their projects after the training program terminates.
- Additional emphasis should be put on English language and publishing skills. According to the assessment, the graduates improved least their competencies in English and publication principles during training. Therefore, the INLI faculty should consider revision of curriculum related to publishing techniques and more extensive use of English during the training. Proficiency in English will help nurses in communicating with international health and nursing associations and in using English-language resources, such as the Internet, professional books, and magazines.

- The INLI graduates would benefit from more active encouragement of collaboration with fellow nurses and nursing associations. Over 60% of nurses reported cooperation with other graduates and involvement in nursing associations. This needs to be strengthened further so that nurses can continuously share experiences and exchange information and knowledge related to projects and nursing issues.
- The course curriculum should be adjusted to nurses' needs and expectations. Although almost all graduates were satisfied with the training, some alterations in the program syllabus are desirable, such as the introduction of distance learning, instruction on the elements of creating a nursing association, and computer training.

While the INLI project has clearly been successful in accomplishing its overall objectives, the above lessons learned can serve to guide the formulation of new INLI classes.

## VII. SUCCESS STORIES

### *Moldova: Elena Stempovskaya*

The economic crisis following the collapse of the Soviet Union served as an impetus for creating a "new generation" of leaders who were compelled by the political and economic instability to find new, nontraditional approaches to resolving old problems. Health care became one of the most vulnerable areas of social life in that period. Urgent action was needed by public institutions and structures to support the scientific and economic development of the sector as well as the reform of medical education.

Elena Stempovskaya, the head nurse of the Moldovan Ministry of Health and the president of the Moldovan Nurses Association, was one of the first in her country to recognize the value of strong leaders in the medical community. As she recounts, the idea for the nursing leadership project, which was introduced in Moldova four years ago, came to her while she was an INLI student. Elena was a member of the first class of AIHA's INLI program. The goal of her project was to provide training for head nurses from medical institutions at the republic, city, and district levels in economics, management, psychology, methods for improving the quality of care, and, most importantly, teamwork. "My project was successful because I had exceptional teachers at INLI," Elena says, "and I tried to convey everything they taught me to my colleagues."

The 25 nurses who participated in her project developed and implemented their own programs in their workplaces and the most successful ones were chosen as model projects for the whole country. For example, Veronika Adamakeu, the head nurse at the National Neurosurgery Center, founded the first multidisciplinary department in the country, forming a team of specialists in different disciplines concerned with the rehabilitation of patients with complications. Another example was Aleksandra Tetyu, a district head nurse, who developed a program to train nursing leaders at the district and village level. Tetyu created a system to survey nurses to determine their professional capabilities and developed an outline of the functional duties of leaders in the nursing profession. She created new jobs by convincing the personnel of a local hospital to form a rehabilitation ward for senior citizens and the disabled. She inspired her colleagues and the local population to refurbish the building that now houses this ward.

These stories exemplify the success of Stempovskaya's program. Since 2000 it has been used as the baseline program for head nurses and senior nurses at the Chisinau School of Continuing Education for Nursing Personnel. Elena, who teaches the leadership program at the school, believes that spreading knowledge leads to activism by nurses as a group, which gradually produces new leaders.

The project to train nursing leaders helped create a model of home health care, which has become a necessity as the country makes the transition to a fee-for-service system. "Eighty percent of medical care is now provided in patients' homes, because most people cannot afford treatment at a hospital," Stempovskaya explains. "Therefore, it is very important that the physician, the nurse, the social workers, the volunteers, and the medical specialists work together in harmony, like a machine, as a single cohesive team. And this depends to a great extent on the capabilities of the leader. If the leader is well trained, the whole team can do its job easily," Stempovskaya states confidently, emphasizing that the leadership program improves nurses' skills. "The program gives nurses the knowledge and confidence they need to make decisions independently, which is crucial in the home care of patients with cancer, diabetes, or mental illness—in situations when the nurse is with the patient one-on-one and she must decide what to do."

Elena combines teaching at the nursing school with teaching at the Nicolae Testemitanu State University of Medicine and Pharmacy, in the Departments of Advanced Nursing Education and Family Medicine. Both new departments are training the type of specialists needed to implement medical reform in the country. "INLI helped me become a teacher. I acquired teaching skills there, and I learned how to argue, explain, persuade, and prove a point, to say nothing of the knowledge that helps me implement new programs and make timely decisions," says Stempovskaya. She explains that until recently, nurses worked in a specialty, but now the new concept of the family nurse is being introduced in the health care system. A family nurse must care for all members of the family, regardless of age and health status. "If it weren't for the Institute, I would have trouble finding my way in complex situations, because I am responsible for the work of all the nurses in the country. In light of the reforms in the area of primary health care and the introduction of medical insurance, I often have to give explanations and information to my colleagues, and in that process I try to make nurses aware of and prepared to deal with the changes that are occurring. Without the special skills taught at INLI, it's hard for me to imagine how the nursing profession could succeed in our country."

Elena not only learned to be a teacher at INLI, but took a course on how to write scholarly papers which helped her advance professionally and write and defend her doctoral dissertation on the psychology of teaching. In addition to duties in academia and the Ministry, she has led the Moldovan Nurses Association for almost ten years. "The association brought us together," Elena says, adding that she means not only nurses in Moldova, but their colleagues in other countries of the former Soviet Union. "At AIHA conferences and at INLI, I met the leaders of nursing associations in other countries. Ever since, we have been working closely with the Romanian and Belarusian Nurses Associations. We hold joint meetings to share experience, and we organize conferences together. By the way, we are planning to hold a conference on leadership this December, and of course our partners from Romania and Belarus will participate very actively. After all, we are working toward a common goal, and we are successful to the extent that we can understand and support each other, speak with a single voice, and solve problems together."

According to Elena, nursing in Moldova is enjoying its best years despite the economic hardships. "Nurses are operating on their own enthusiasm," but Elena has passed on to her colleagues the faith in their own strength that she learned at INLI. Leaders in the nursing profession have drafted a law on nursing that expands the rights and duties of nurses and establishes a more independent status for the profession. The draft law is expected to be heard soon in Parliament. The first republican congress of nurses was held recently and, for the first time in Moldova, standards for quality of care of patients were drafted for every nursing specialty. Even more importantly, the Department of Advanced Nursing Education has been established at the Nicolae Testemitanu State University of Medicine and Pharmacy.

"Doctors envy us now, because we are so organized and friendly with each other and we have so much initiative," Stempovskaya laughs. "Now we are getting exposure in the press and on television, and a book has even been published about our leaders—the first book about nurses ever published in our country."

*Ukraine: Natalia Florina*

When Natalia Florina applied for a job at the Primary Health Care Center (PHCC) that was opening at Oblast Student Hospital No. 20 in Kharkiv, she was warned that the job required travel. At that time, Florina—a midwife with twenty years of experience—says she never imagined that this would mean attending INLI and that these trips would change her life: "The first session of the Institute was held in St. Petersburg," Natalia recalls, "and at first I had a very hard time. I'm an ordinary midwife, and the students there included head nurses of ministries of health and heads of national nursing associations. But the atmosphere of mutual support helped me a lot. The teachers created an excellent environment to get to know people and to work. Looking back, I can say with confidence that everything I have achieved in my professional life is due to my experience with INLI."

And Natalia's achievements are numerous. After graduating from INLI in 2001, she founded and led the Nursing Association of the City of Kharkiv and Kharkiv Oblast. "I promoted the idea of forming an association at the XII Congress of the International Congress of Nurses in Copenhagen, which I had the pleasure of attending through the INLI program," Natalia recalls. "Many of the sessions that year were devoted to the formation of professional associations. Also, my classmates at INLI included Tatyana Shudra, the president of the Kiev Nursing Association, Galina Kulagina, the head of the Belorussian Nursing Association, and other leaders of the nursing movement. So I had an excellent opportunity to get the knowledge I needed, along with the support of my more experienced colleagues, which ultimately inspired me to form the association in Kharkiv."

According to Natalia, it became necessary to organize a professional union of nurses for several reasons: "We had to energize our nurses and prove to them that they can be leaders, they can develop their practice and improve themselves. This was important because for many years, nurses were accustomed to performing strictly defined duties. They had no initiative, no voice," says Natalia. As she describes it, the Nursing Association in Kharkiv became a platform to protect the social, creative, economic, and other interests of nurses. The organization focused on improving nurses' skills and training and participated in research programs on disease prevention and implemented progressive methods for diagnosing and rehabilitating patients.

"Generally, our work is coming along," Natalia laughs, admitting that it was difficult at first. "Not everyone accepted us right away. Many were cautious. After all, joining professional organizations is a new thing for our nurses. But things got going gradually. We are now working actively with the Nurses Union and the Nurses Council of Kharkiv, and we have a friendly relationship and work together actively with the Kiev Nursing Association, our colleagues in Belarus, and the Kharkiv Medical Postgraduate Academy (KMPA), which opened a department of advanced training for nurses last year." Natalia herself is a student in that department and she is very happy to be learning again. "Studying at INLI gave me the opportunity to recognize the potential and value of continuing professional education. I often think that I would not be a student now if I hadn't attended the sessions of that institute. But after the INLI, I began to feel the need to grow constantly, since learning new things is always useful, and there's no harm in reinforcing what you already know," Natalia says confidently.

Natalia has also been successful in the area of obstetrics and gynecology. Her project to reduce sexually transmitted infections among students, which she began working on at INLI in 2001, is still operating and producing positive results. "It was extremely important to implement a program to reduce STIs, because

these diseases make up 61.3% of gynecological problems,” Natalia explains. “We have not yet been successful with all the diseases, but the most important thing is that we have put together a good team and started working actively to educate students on issues of preventing HIV and STIs. This is gradually changing young people’s attitudes toward these problems. They are becoming more responsible about their behavior and health.”

According to Florina, the outreach efforts take place regularly at the PHCC in the form of discussions, lectures, surveys, and individual walk-in meetings. The program also emphasizes early detection of STIs, which reduces the transmission rate of these diseases and minimizes their effects. STI treatment protocols have been developed and introduced at the PHCC. In particular, a team comprising Florina and three physicians specializing in women’s health has implemented a protocol to treat bacterial vaginosis. Using this protocol, a midwife working independently can prescribe treatment to patients. The PHCC is conducting STI prevention activities among at-risk students in cooperation with the Kharkiv AIDS Center, which is providing STI prevention tools and educational materials.

Recently, Natalia began working at the Kharkiv Academy of Postgraduate Education as an instructor in the postgraduate nursing department, where nurses from 53 specialties receive additional training. In the area of student health, Natalia has passed the baton to a colleague, who is successfully continuing the program at the PHCC. Florina herself is now busy with plans and projects that she intends to implement in her new position.

“I feel that I have been very lucky in life,” Natalia says. “First in my profession and second in that I had the opportunity to study at INLI. It’s just great when you can use your knowledge and skills to help someone who is ill, and it’s even better when you have the ability to teach others to do this, to get your colleagues to believe in their abilities, to study, to improve their skills, and to expand their opportunities, which ultimately improves the health of our nation. This is our challenge now, and it inspires us!”

### ***Russia: Valentina Sarkisova***

The INLI faculty referred to Valentina Sarkisova, the devoted president of the Russian Nurses’ Association since its establishment 10 years ago, as the Russian Hillary Clinton. Although Valentina is unsure she deserves this honorary comparison, she has many accomplishments. In her current position as a Chief Specialist on Nursing for Leningrad Oblast, she coordinates and monitors the work of all Chief Nurses for the Oblast by leading the Nursing Council, overseeing licensing and certification, and teaching at the Postgraduate Education School for Leningrad Oblast.

While studying at INLI, Valentina selected the development of the Nursing Association as her project and “the journey started from there” in 1999. She recalls that mobilizing nursing associations throughout Russia was a considerable challenge. Communications were difficult as no one had fax machines, Internet access, or computers. The telephone was the sole means of communicating and with the time difference across the regions of Russia, she spoke with the other association members from home and office. Today, the Association has over 68,000 members in 57 regional associations of the Russian Federation. The former Interregional Nursing Association has been transformed into the Russian Nurses’ Association, which was registered in 2002, three years ahead of schedule.

Sarkisova admits to growing both personally and professionally as a result of participating in INLI. She “changed her leadership style,” learning to be more attentive to her colleagues’ opinions and to delegate responsibility. INLI helped her to “recognize her potential on a federal level” and she feels confident when participating in nationwide conferences and meetings. She routinely uses skills she learned at INLI, such as strategic planning and personnel management. The INLI training related to presentations and organizing conferences was especially helpful for her and she uses INLI materials and methods for

meetings and educational brochures. She attends about 10 conferences a year and gives presentations on nursing leadership. Her presence has promoted the Association and increased membership.

Valentina says that she is also more self-confident, describing a recent trip to Ufa city, “following roundtable discussion, I was invited for live interview at a TV channel. And I felt quite confident asking them where to sit, what to wear, what to expect and, of course, it went very well.” The Russian Nurses’ Association is effective and advocates for its concerns at the Duma and the Ministry of Health. Each of its conferences is followed by a note to the Ministry of Health and this leads to concrete results. For example, recently the Ministry had excluded Chief Nurses from a list of positions qualified for exempt retirement pension after a period of service. Through addressing the Ministry of Health, the Association was able to restore the Chief Nurses to the list. A similar effort targeting the Duma resulted in nurses becoming eligible for the “Honored Medical Worker of the Russian Federation” award.

Among the Association’s many accomplishments are the introduction of a multi-level system of nursing education; a unified system of nursing certification for 3 specialties (management in nursing, nursing, and obstetrical nursing); the development of 2,500 tests for self-education of nurses in different fields; the development of workbooks for patient room nurses, dressing nurses, and operating room nurses; and the development of standards of nursing practice. Because of the Association, there are 32 departments of higher nursing education in Russia and there are more home-study options available at these departments due to the efforts of local nursing associations.

Through INLI, Valentina began collaborating with other nursing associations – Belarus, Ukraine, and Kazakhstan. She signed agreements of cooperation with nursing associations in Belarus and Ukraine. In Minsk, a friendship avenue was created in front of Minsk Oblast hospital with trees planted by nursing associations from Belarus, Ukraine, and the cities of Minsk, Moscow, and Izhevsk. The Swedish Nursing Association has been a financial and program supporter of the Russian Nurses’ Association and the two groups have been collaborating for 4 years.

The role of nursing is changing in Russia, and Valentina is helping the profession to adapt. With the knowledge and skills gained through INLI, she is enhancing the nurses’ role and achieving her main goal – to make the Russian Nurses’ Association a member of the International Council of Nurses. Valentina will continue to work on the many continuing concerns of the nursing profession, such as low salaries and low status and staff shortages, particularly in rural areas.

### ***Kazakhstan: Zhumabike Rumashova***

As in other former Soviet Republics, nurses in Central Asia are adapting their roles to changing health care systems. With primary care a central tenet of national health reform, the Ministry of Health in Kazakhstan is looking to nurses for leadership in nurse education and practice.

Zhumabike Romashova, Chief Nurse at the Kazakhstan Ministry of Health and specialist on nursing at the Kazakh Scientific Research Center of Pediatrics and Children’s Surgery, is part of the new leadership. She is in charge of coordinating nursing activities throughout the country, responsible for planning, nursing education, quality of care, and continuous monitoring, analysis, and evaluation. She coordinates closely with the Chief Nurses of the Oblast Health Departments for the purpose of promoting the nursing profession in the regions.

A graduate of the second INLI class, Zhumabike says, “the skills I gained through INLI allowed me to develop my personal potential as well as my INLI project, management and leadership courses for nurses.” She has applied the skills broadly, saying “I also use those skills for teaching and identifying the nurse leaders and in assisting them in developing their own projects.” As she began her INLI project, she

encountered obstacles, such as lack of funds for involving nurses in education and doubts among Ministry officials concerning her project. Zhumabike used her newly learned skills to develop the Nursing Management Leadership program; to advocate for the program at various administrative levels, including approval at the Ministerial level; to seek funds from local and international sources; and to identify potential leaders and train them as leaders and trainers to ensure a sustainable program at the regional level.

Since 2000, Zhumabike has participated in training 147 nurse-leaders from the regions of Kazakhstan. In designing the program, Zhumabike was aware of the critical role of potential leaders among the trainees. She carefully selected nurses who were capable of disseminating knowledge. Thus far, 26 individual projects developed by the trainees have been tracked by the program. Many trainees have been promoted to Chief Nurse for their locations. They have implemented joint projects with other nurses tailored to specific clinical needs and established local nursing councils that serve as a forum for nurses to share knowledge as well as concerns. Three projects resulted in the development of regional nursing associations in West Kazakhstan, Taldy Korgan, and Aktobe. Zhumabike has been a mentor and consultant to the regional associations and is heartened by seeing nurses becoming mobilized and active.

The trainers of the Nursing Management Leadership program conducted outreach courses in the regions, covering such topics as nursing management and leadership, promotion of the nursing profession, organization of associations, role of nurses in primary care, nursing reform, and organizing team work. Through contacts with nurse leaders from other countries, Zhumabike has exchanged information and experience with respect to nursing standards and protocols, regulations, nursing registries, educational materials, and nursing associations. She attends regional training events and develops nursing activities with the Ministry of Health and the Kazakhstan School of Public Health.

Since graduating from INLI, Zhumabike was promoted to manager-trainer of the WHO project on IMCD. “I was promoted because I had a status of an international-level trainer and teaching experience. My involvement with the WHO project has allowed me to use all of my INLI skills, such as analysis methods, participatory teaching, focus groups, etc. My experiences in Latvia, Romania, Russia, and USA were valuable and assisted me in this position.”

Zhumabike is a member of the Central Asia Republic Nursing Coordinating Council (CARNCC) and also serves on the Executive Committee representing Kazakhstan. CARNCC was established with AIHA’s support in 1999 to assist regional collaboration on nursing education and skills-based training programs focused on primary care and prevention. Members of CARNCC developed a family nurse training curriculum. Zhumabike explains, “The curriculum provides an educational framework based on the World Health Organization family nursing guidelines that will allow nurses to expand both their capabilities and their responsibilities. Nursing functions are changing, people feel they need new knowledge, skills, and approaches. Nursing is important in development of health lifestyles, community work, and quality of care.” For Zhumabike, the Council has been, “a door to international nursing movement, opportunity to make bridges between the nurse professionals of different countries.”

## Appendix 1 – Survey Tool

**AMERICAN INTERNATIONAL HEALTH ALLIANCE  
INTERNATIONAL NURSING LEADERSHIP INSTITUTE  
Program Evaluation**

### I. CONTACT INFORMATION

Last Name: \_\_\_\_\_ INLI Class: I \_\_\_ II \_\_\_ III \_\_\_  
 First Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

#### **Position at the time of INLI participation:**

Title: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

#### **Current Position:**

Title: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Work Address/Phone: \_\_\_\_\_

### II. PROJECT INFORMATION

1. Project Title: \_\_\_\_\_

2. List all project objectives: \_\_\_\_\_

3. Indicate the status of your project. (Please check **one** of the choices below -- a, b or c -- and answer all related questions.)

a) **Project completed** \_\_\_\_\_ Start date \_\_\_\_\_ End Date \_\_\_\_\_

Describe the extent to which project objectives were met, including **data** about outcomes if possible:

\_\_\_\_\_

b) **Project still in progress** \_\_\_\_\_ Start date \_\_\_\_\_ End Date \_\_\_\_\_

Describe status of achieving objectives to date:

\_\_\_\_\_

Describe any barriers to date:

\_\_\_\_\_

Describe any outcomes to date (including all available data):

\_\_\_\_\_

c) **Project never started, or started and then was abandoned** \_\_\_\_\_

Please explain:

### III. SKILLS DEVELOPMENT

1. Please indicate whether the following competencies targeted by the INLI program are ones you gained as a result of INLI or are ones you possessed prior to enrolling in INLI. (*Highlight box in yellow*)

Skill Areas	Gained skill through INLI	Had skill prior to INLI
Communications	<input type="checkbox"/>	<input type="checkbox"/>

SWOT Analysis	<input type="checkbox"/>	<input type="checkbox"/>
Negotiation	<input type="checkbox"/>	<input type="checkbox"/>
Change management	<input type="checkbox"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<input type="checkbox"/>
Adult learning principles	<input type="checkbox"/>	<input type="checkbox"/>
Barrier management	<input type="checkbox"/>	<input type="checkbox"/>
Systems thinking	<input type="checkbox"/>	<input type="checkbox"/>
Conflict resolution/problem-solving	<input type="checkbox"/>	<input type="checkbox"/>
Management ethics	<input type="checkbox"/>	<input type="checkbox"/>
Publications/publishing	<input type="checkbox"/>	<input type="checkbox"/>
Project Development	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Quality Improvement	<input type="checkbox"/>	<input type="checkbox"/>
Conference Planning	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>
Teambuilding	<input type="checkbox"/>	<input type="checkbox"/>
Personnel management/supervision	<input type="checkbox"/>	<input type="checkbox"/>
Other Leadership Skills (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

2. Based on your participation in the INLI program, please indicate the extent to which you increased competencies in these skills. *(Highlight appropriate box in yellow)*

Skill Areas	1 Little or no improvement	2	3	4	5 Highest degree of improvement
Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWOT Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negotiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult learning principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barrier management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systems thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict resolution/problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publication/publishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Quality Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teambuilding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel management/ supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Leadership Skills (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. To what extent do you apply these skills in performing your daily job responsibilities? *(Highlight appropriate box in yellow)*

Skill Areas	Never	Rarely	Occasionally	Frequently	Always
Communications	<input type="checkbox"/>				
SWOT Analysis	<input type="checkbox"/>				
Negotiation	<input type="checkbox"/>				

<b>Change management</b>	<input type="checkbox"/>				
<b>Time management</b>	<input type="checkbox"/>				
<b>Adult learning principles</b>	<input type="checkbox"/>				
<b>Barrier management</b>	<input type="checkbox"/>				
<b>Systems thinking</b>	<input type="checkbox"/>				
<b>Conflict resolution/ problem-solving</b>	<input type="checkbox"/>				
<b>Management ethics</b>	<input type="checkbox"/>				
<b>Publication/publishing</b>	<input type="checkbox"/>				
<b>Project Development</b>	<input type="checkbox"/>				
<b>Customer Service</b>	<input type="checkbox"/>				
<b>Continuous Quality Improvement</b>	<input type="checkbox"/>				
<b>Conference Planning</b>	<input type="checkbox"/>				
<b>English</b>	<input type="checkbox"/>				
<b>Team building</b>	<input type="checkbox"/>				
<b>Personnel management/ supervision</b>	<input type="checkbox"/>				
<b>Other Leadership Skills</b> (specify: _____ )	<input type="checkbox"/>				

**IV. DISSEMINATION**

1. Have you engaged in disseminating information or skills gained through INLI to other nurses?  
**Yes** \_\_\_ (go to question #2)                      **No** \_\_\_

If you answered “No,” please describe why:

--

2. List all dissemination activities, dates when the activities happened and the number of nurses trained:

#	Activity	Dates	# Nurses Trained
1			
2			
3			

**V. PROFESSIONAL ADVANCEMENT**

(Please place an “X” under the appropriate response for each question.)

1. To what extent do you feel that graduating from INLI has helped you in gaining more respect from your physician colleagues?

Not at all              A little              More than a little              A lot              Hard to say  
 \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_

2. To what extent do you feel that graduating from INLI has helped you recognize your professional and leadership capabilities?

Not at all              A little              More than a little              A lot              Hard to say  
 \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_

3. Did you receive a promotion at your workplace during or after your year with INLI?

**Yes** \_\_\_ Promoted to: \_\_\_\_\_                      **No** \_\_\_

4. Were you offered a new job at a different workplace during or after your year with INLI?

Yes \_\_\_ New job: \_\_\_\_\_ No \_\_\_

If you answered "Yes" to either of the above questions (Q.3 or Q. 4), do you feel that your participation with INLI was a factor in your obtaining this promotion? Please explain:

5. Have your roles and responsibilities increased (regardless of a promotion) as a result of your participation in the INLI program? Yes \_\_\_ No \_\_\_

If yes, please describe how they have changed:

If yes, do you feel that your participation in INLI was a factor in your being given these new roles and responsibilities? Please explain:

6. As a result of INLI have you established any international or intra-national collaborations with fellow INLI graduates? Yes \_\_\_ No \_\_\_

If yes, please provide examples:

7. Are you involved in any nursing associations? Yes \_\_\_ No \_\_\_

If yes, please provide the name of the association(s) and describe the nature of your involvement and whether your INLI participation played a role in your involvement.

8. Do you have access to an AIHA-established Nursing Resource Center? Yes \_\_\_ No \_\_\_

If yes, do you utilize its resources? Please explain:

## **VI. OVERALL INLI PROGRAM**

1. Please rate your overall satisfaction with the INLI program by placing an "X" next to your response.

- \_\_\_ Very dissatisfied
- \_\_\_ Dissatisfied
- \_\_\_ Somewhat dissatisfied
- \_\_\_ Neutral
- \_\_\_ Somewhat satisfied
- \_\_\_ Satisfied
- \_\_\_ Very satisfied

2. What was the most useful aspect of the INLI program?

3. Do you have any suggestions for improving the INLI program? If so, please describe:

## Appendix 2 – Project Objectives and Titles

### Projects completed:

Project Title	Objectives
<b>CEE</b>	
Development Of The Romanian Nursing Associations Through Strong Leadership	a) Define the needs of branches and participants; b) Organize the leadership course for RNA members according to defined needs; c) Introduce changes in the association /professional activity developing projects specific for the branch/work place; d) Implement and evaluate the outcomes of the participants' projects.
<b>CAUCASUS</b>	
Post-education program for nurses to improve the medical care to the community	a) Develop post-education program for nurses; choose nurse-instructors from bachelor's degree; b) To get approval on the program from the National Institute of Health of Armenia.
Improving post graduate education of nurses	a) Approve the enlargement of the faculty; b) Analyze practical healthcare needs; c) Development of the workplan for each cycle; d) Monitoring: knowledge obtained after the completion of the course: Teaching (questioning students)
District pediatric nurse training in primary health care	a) Improve professional skills of nurses; b) Improve quality of health care services provided by nurses; c) To understand the nursing as a separate profession, respect nursing profession and do not consider a nurse only as an assistant of a physician.
Nursing care of refugees and vulnerable population	a) Create a group of volunteer nurses; b) Develop a training program; c) Collaborate with humanitarian organizations
Health Promotion in prenatal patients through promotion of Healthy Lifestyle	a) To establish an antenatal school of parents; b) To organize and form a Regional system
Status and qualification characteristics of nursing specialists	Form status and qualification characteristics of nursing specialists that will determine the framework of nursing professional activities, volume of the knowledge and skills.
<b>RUSSIA</b>	
Teaching nurse assistants to take care of the patients	a) Develop educational programs for hospital's nurse assistants; b) Relieve the nurses of performing non-qualified duties; c) Improve patient care
Improving patient care in perioperative period	a) Implement perioperative process in operating nurses' practice; b) Decrease the number of post-operative complications – infections, burns, pressure, sores; c) Increase the image of operating nurse
Pre-operative preparation of patients to gynecological operations	a) Psychological preparation of patients to surgery and post-operative period; b) Train the nurses on the project program; c) Improve the quality of patient care; d) Decrease complications after gynecological surgeries; e) Enhance the image of the department and the maternity house in the city and oblast
Organizational Technologies in Chief nurses' work	a) Develop unified approach to nursing leadership; b) Standardize management; c) Identify leaders among nurse managers
<b>WEST NIS</b>	
Training Strong Leaders	a) train 25 leaders of large republican institutions; b) select a working team; c) develop training program and to have it approved by Ministry of Health; d) develop questionnaires for the participants; e) select leaders-participants through competition; f) assess the participants' knowledge; g) participants have to develop 25 new projects; h) report on implementation of the developed projects; i) implement program for training leaders into the College for Professional Development of Midlevel Medical Personnel
Deontologism (Medical Ethics) in Nursing	To improve Primary Health Care services provided to the community, to enhance the Center's rating, to attract more patients to the Center, to enhance the knowledge level of midlevel medical personnel in this area
Nursing Health Promotion Movement in Trans-Carpathian Region	a) enhance nursing role in primary health care delivery, health promotion and disease prevention; b) To create nursing association as a team; c) master nursing leadership skills d) involve rayon nurses across the oblast into the project to improve quality of health care services; e) develop nursing movement in Trans-Carpathian region
Improvement of Interpersonal Communication Skills	a) to develop a standard of interpersonal/patient communication; b) improve the quality of nursing care; c) provide nurses with the opportunity to self- assess the quality of their activities

Retraining of Family Practice Nurses	a) provide training in leadership and teaching skills; b) Team building; c) To develop program for work with nurses; d) To develop questionnaires for the training participants e) To conduct trainings; f) To evaluate results
STDs and health of female students	a) To decrease morbidity rate among student population by 3% during a year
Standards of Postoperative Nursing Care for Patients Operated on Thyroid Gland	To improve postoperative nursing care
Role of a Family Practice Nurse in Maintaining and Improving Child Health	a) to improve the health status of sick children; b) to maintain health and prevent diseases in well children; c) to implement healthy lifestyles; d) to advocate rise in births of healthy children
Prevention of Chronic Bronchitis among Miners	a) To increase the miners' awareness and their responsibility for their own health; b) To enhance nursing competency level and to train them as community education instructors
Enhancing Nursing Role in Primary Health Care	a) To enhance the policlinic nurse competency level; b) To implement the nursing process

### Projects Still in Progress:

Project Title	Objectives
<b>CAR</b>	
Nursing Management and Leadership	a) Increase role of nurses through identifying and training nurse-leaders; b) Teach leadership and management skills; c) Assess performance of trainees via conducting workshops with their involvement
<b>CEE</b>	
Educating Croatian nurses about new trends in nursing	a) Widening current knowledge about nursing in Croatia; b) Implementation of new methods of communication, education, motivation in nursing in Croatia
<b>CAUCASUS</b>	
To improve quality of care in nurses working in endocrinology departments and secondary schools working with diabetics patients.	a) To educate diabetic patients and their family members.; b) Improve quality of nursing care.
Promote healthcare services through extended educational programs for nurses.	Provide qualified healthcare services to improve professional skills. The program gives the possibility to improve theoretical knowledge and practical skills of nurses and improve the quality of public service delivery. Recognize nursing as an independent profession.
Smoking risk and cessation	a) To raise the standard of district nurse work quality related to smoking cessation; b) Promotion of healthy lifestyle; c) Decrease the number of tobacco users in teens
To increase theoretical and practical skills in polyclinic nurses and nurses working at secondary schools.	To increase theoretical and practical skills of nurses to improve the quality of nursing care in the community
Implementation of "Magnet" program in nursing practice at the EMSC	a) To evaluate knowledge of nurses after completing the patient care training courses by conducting testing; b) Conduct anonymous questioning of patients in order to evaluate the quality of patient care; c) Analyze quality of nursing care after the completion of the course
Create a Nursing Association in Azerbaijan	The main goal of the Association is to protect nursing rights, to attract the attention of health administration to the nursing problems; to strengthen the nursing professional skills.
Development of Nursing care	a) To attract attention to the existing nursing problems; b) Improve professional and educational skills of nurses; c) Early detection of diseases; d) Provide appropriate timely care to patient
Create Continues Nursing Education Center	a) Conduct competition to select trainers; b) Distribute questionnaires for problem analysis; c) Liaison with the offices of AIHA, WHO, Georgian Nursing Association; d) Create training schedule; e) Conduct training activities
Prepare general nurse practitioner	a) Establish a nursing training center; b) Provide training center with appropriate teaching materials; c) Conduct trainings to improve the nursing skills
Re-Training of nurse leaders	a) Create a working group; b) Collect and develop educational materials; c) Select and re-train of nurses; d) Management and coordination of the project

<b>RUSSIA</b>	
Increasing the quality of nursing education	a) Develop new programs of skills enhancement; b) Conduct seminars and skills enhancements programs, re-training
Implementing Magnet project in CCH pilot departments	a) Improve quality of patient care; b) Increase knowledge base of nurses; c) Improve psychological atmosphere (interaction between physicians and nurses)
Development of Nursing Associations	a) Establishment of nursing associations in 45 territories of the Russian Federation; b) Their inclusion into Interregional Nursing Association; c) Re-registration into National nursing association
Magnet	Improve quality of nurses' work, improve work environment for professional nursing practice
<b>WEST NIS</b>	
Family Practice Clinic, Using Standards in Nursing Practice	To improve patient care in Family Practice Clinic through implementation of standards into nursing practice
Nursing Role in Identifying Risk Factors and Screening for Breast Cancer	To train nurses and midwives in screening techniques and breast physical* (clinical?) examination skills for prevention. To provide community education in the area of disease prevention
Development of interregional Association of Psychiatric Nurses, improvement of nursing care provided to patients with mental problems	To set up Regional Associations of Psychiatric Nurses countrywide
Nursing Role in Prevention of STDs and Unwanted Pregnancies in Adolescents	To train nurses in providing education and information on STD prevention and in promotion of healthy lifestyles; to ensure professional development for nurses
Training of qualified nurses - an important step towards high quality health care	a) enhance competency level of nurses of all specialties; b) enhance nursing role and their professional status in the community; c) improve the quality of all levels of patient care and to increase the level of community awareness to ensure disease prevention in our rayon; d) involve nurses from other rayons into the project activities and to set up Nursing LRCs at rayon hospitals across the oblast; e) proceed with the project based training programs for nurses with new groups of nurses; f) With support of rayon and oblast Nursing Associations to conduct conferences and workshops to exchange experience with other health care institutions; g) To collaborate with Lvov College of Postgraduate Training of Nurses, with Lvov State Medical University Department of Health Care Administration/ Management to optimize resources, to expand the target audience and to improve outcomes
Setting up Management Training Center for Hospital Nurses	To improve the quality of work of all the hospital nurses
Role enhancement and quality improvement in family practice nursing	a) to enhance the role of nurses in the community; b) to modify individual attitude towards this profession, to recognize increased responsibility; c) to improve patients' health; d) to foster healthy lifestyles

### **Projects Never Started/Abandoned:**

<b>Project Title</b>	<b>Objectives</b>
<b>CAUCASUS</b>	
Continues medical education of midwives in Armenia	Continuous Education of Obstetricians in Armenia
To establish a Volunteer Nurses Committee (VNC)	a) To establish a Volunteer nurses committee; b) To attract attention of leader nurses in Azerbaijan; c) Organize a charity Fond (providing both moral and financial support); d) Conduct trips to orphanages, nursing (elderly) homes and refugees camps
<b>WEST NIS</b>	
Improving Quality of Eye Care at Oblast Trauma Hospital Through Decreased Patient Population in the Patient Area	a) To enhance infection control procedures in diagnosis and treatment processes; b) To provide positive psychotherapy for the patient; c) To improve the quality of nursing patient care