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Attitudes and Expectations of Nurses to the New Clinical Nursing Guidelines in Primary Health Care

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Attitudes and expectations of nurses to the new clinical nursing guidelines in primary health care

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Background: The use of evidence-based clinical nursing guidelines can be an important resource to provide high-quality patient care and to improve patient outcomes. However, evidence-based clinical guidelines for nursing have not been unanimously positive, although the attitude of nurses in recent years has been mostly positive.

Purpose: Describe the attitudes and expectations of primary health care nurses towards new clinical nursing guidelines for the collection of valuable information for further development of an implementation plan of clinical nursing guidelines in Kazakhstan.

Design: Qualitative research approach was applied in the study. Thirty participants took part in the study.

Methods: Four focus group interviews and two individual interviews were conducted. Data were analyzed by using the inductive content analysis method.

Results: Generally, the nurses had a positive attitude with positive expectations. However, nurses experienced barriers, such as the poor knowledge of nurses and low motivation of health care professionals towards the new clinical nursing guidelines.

Conclusion: The positive attitude of the nurses showed the readiness of nurses to adapt to the new clinical nursing guidelines in primary health care. Nevertheless, nurses also had negative attitudes due to negative expectations. Therefore, it is recommended to use multifaceted strategies aimed at existing barriers and other influencing factors for the successful implementation of clinical nursing guidelines into primary health care.

Keywords/tags

nursing guidelines, clinical guidelines, attitude, expectation, qualitative research

Miscellaneous (Confidential information)

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1 Introduction

Clinical guidelines are based on available research results and practical experience. Clinical nursing guidelines is a document that provides information for evidence-based nursing practice (Clinical Practice Guidelines We Can Trust 2011, 9). Yan, Chen, Zhang, Elovainio, and Huang (2019) summed up previous studies to determine that a clinical practical guide is a new tool for improving quality, designed to maintain quality, minimize costs and improve medical care and help medical professionals make sound clinical decisions (Woolf, Grol, Hutchinson, Eccles & Grimshaw 1999, Pagliari & Kahan 1999, According To Yan et Al 2019).

Clinical nursing guide is intended for professionals of nursing in the Republic of Kazakhstan. Clinical nursing guidance can be used by other medical professionals, as well as patients and their families. Clinical nursing guides are not algorithms that explain the execution of procedures but rather a decision-making tool for a nurse. When applying clinical nursing guidance in practice, you need to consider the type of medical organization, the conditions for using the guide, and the preferences of patients and their families. It is important to note that compliance with these recommendations does not necessarily lead to an improvement in the patient's condition. Clinical nursing guidance does not negate the responsibility of the nurse in making appropriate decisions and reasoned use of guidance depending on the situation (Risk assessment and prevention of cardiovascular diseases. Adapted clinical nursing guidance, n.d).

Although evidence-based practice leads to improved care and reduced costs, evidence-based practice has not become a standard in health care (Singleton 2017). According to Bjartmarz, Jónsdóttir, and Hafsteinsdóttir (2017), the implementation of nursing advice is challenging and requires continuous training of nurses and other professionals. Delaying the introduction of superior evidence in medical care promotes errors in health care and patient safety issues, even patient death (Singleton 2017). In the comprehensive plan for the development of nursing in the Republic of Kazakhstan till 2020, it was shown that the expected results by 2020 in Kazakhstan are to organize an individual reception of patients with a nurse at the level of an applied or academic bachelor at the primary health care (hereinafter PHC)

level for frequently encountered chronic diseases. A research committee will be created to develop clinical nursing guidelines in line with the new competencies of nursing specialists (Comprehensive plan for the development of nursing in the Republic of Kazakhstan till 2020).

At this point in Kazakhstan, little is known about the attitudes and expectations of nurses working in primary health care (PHC) to new clinical nursing guidelines. This qualitative study describes the attitude and expectations of nurses to the new clinical nursing guidelines in primary care in the first study conducted in Kazakhstan. The aim of this study is to gather valuable information for the further development of a plan for the implementation of clinical nursing guidelines in Kazakhstan.

2 Background

2.1 Clinical nursing guidelines

Clinical practice guidelines integrate treatment protocols, patient care plans, and relevant health care providers into a single care plan that clearly defines the patient's expected progress and outcomes throughout their stay in the hospital (Johny, Moly, Sreedevi & Rajani 2017). As described in recent years, clinical guidelines have been developed and used in Western countries, based on evidence, to improve the quality of care (Miller & Kearney 2004, Ollenshclager et al. 2004, according to Alanen, Kaila & Välimäki 2009; Dyal, White, Blankenship & Ford 2016). Clinical practice guidelines can improve the process, the quality of patient care (Cabana & Flores 2002, according to Fischer, Lange, Klose, Greiner & Kraemer 2016), and improve patient outcomes (Davies, Edwards, Ploeg & Virani 2008). The goal of clinical guidelines is to provide evidence in a user-friendly form that is understandable to all medical practitioners and nurses (Alanen et al. 2009). According to Dyal and colleagues (2016), Harris, Lloyd, Krastev, Fanaian, Gawaine, Zwar, and Siaw-Teng (2014) note that the use of evidence-based clinical nursing guidelines can be an important resource for providing regular patient care among providers, helping to provide quality healthcare and improving patient outcomes.

According to Duff, Butler, Davies, Williams, and Carlile (2014), Brown, Wickline, Ecoff, and Glaser (2009) and Burgers, Grol, Klazinga, Makela, and Zaat (2003) point out that the World Medical Association and the Coordinating Association viewed evidence-based practice as the gold standard for developing and delivering quality health care. Despite this, there is still a gap between research evidence and current practice (Duff et al. 2014). White and Spruce (2015) argue that evidence-based practice should be the standard of treatment. However, assistance is not always provided based on evidence, and nurses are often unaware of the available evidence (White & Spruce 2015). According to White and Spruce (2015), Rolfe, Segrott, and Jordan (2008) noticed that nurses use their own experience, rather than scientifically based practice, when making clinical decisions. The responsibilities of nursing managers are considered to be providing high-quality, cost-effective assistance based on best practices (White & Spruce 2015). Evidence-based care is associated with better medical care and lower costs. It is important to introduce evidence-based care to eliminate harmful effects and reduce costs. Especially nursing leaders should actively engage in reading, criticizing, and evaluating evidence to constantly change the practice of nursing since it is the nurse leaders who can influence the attitude of other nurses. Managers must participate and follow the clinical guidelines that led to changes in practice. (ibid.)

Mathew-Maich, Ploeg, Dobbins, and Jack (2012) confirmed that nurses believed that the clinical nursing guidelines were research-based and came from a provincial, professional nursing association, making it credible and relevant to their practice. Nursing guidelines should therefore be recognized as credible by the entire health care team (e.g. nurses, managers, administrators, and physicians) to inspire nurses and involve them in the implementation of nursing guidelines. Of course, nurses had to be able to learn and implement the new nursing guidelines. However, ongoing training in the use of clinical nursing guides is important for this. (Mathew-Maich et al. 2012.) Saunders and Vehviläinen-Julkunen (2016) argue that more robust, theoretical, evidence-based nursing research is needed to assess the effectiveness of interventions aimed at developing evidence-based nursing skills, especially to teach them to use scientifically grounded practice in the input of clinical decision-making. The focus should be on changing nurses' knowledge, making evidence-based data

practical for the use of nurses so that it is easily accessible and integrated into the clinical practice of nurses. (Saunders & Vehviläinen-Julkunen 2016.)

2.2 Results of implementation of clinical guidelines

Davies and colleagues (2008) argue that the implementation of evidence-based clinical guidelines can lead to effective results for patients. The use of clinical guidelines by nurses can give good results for the patient, and patients can receive better medical care (Davies et al. 2008). According to Adams and Carter (2010, 2), Grimshaw and Russel (1993) and Worrall, Chaulk, and Freake (1997) noted that adherence to and proper implementation of the recommendations can improve the process of providing medical care and patient health outcomes. The guide to hypertension has been well accepted in clinical practice in Finland (Alanen, Ijäs, Kaila, Mäkelä & Välimäki, 2008). The implementation of clinical guidelines influenced clinical practice and helped delegate some of the duties of a doctor to a nurse, thus creating a division of labor between nurses and doctors (ibid.). According to Gocan and Fisher (2008), the United States Department of Veteran Affairs (2008) describes implementing evidence-based practice guidelines to improve patient outcomes, reducing differences in practice and providing regular quality service. According to Kapp (2012), in nursing care facilities, the implementation of recommendations has led to a reduction in the incidence of pressure sores among the target group of high-risk clients and positive changes in nursing practice.

The results of the study by Bjartmarz and colleagues (2017) show that the implementation of stroke treatment guidelines improved patient care, as shown in the patient's electronic records. Following the implementation of stroke treatment guidelines, nurses reported improved patient education and family education and provided good educational materials for patients and family members (Bjartmarz et al. 2017). It was described that the nurses found the care guide practical and easy to use. However, the implementation of care recommendations is challenging and requires ongoing training of nurses and other professionals (Ibid.).

According to the study by Johny and colleagues (2017), patient satisfaction is an indicator of the quality of the result, showing that clinical management improves the

quality of care when nurses follow clinical nursing guidelines and patients are more satisfied with care. Implementing clinical guidelines has a positive effect on patient outcomes (Sacco & LaRiccia 2016) and strenghthens the confidence of the medical staff (Breimaier, Halfens, & Lorman 2015). Mathew-Maich and colleagues (2013) described that prior to the implementation of clinical guidelines, nurses usually provided assistance based on their personal experience and practice. For this reason, each nurse gave different advice to patients in different ways. Implementing clinical guidelines helps to transfer nurses from practice based on personal experience and transition to evidence-based practice and improve patient care outcomes. Nurses need to learn and know how to apply new techniques from clinical nursing guides, how to manage hospital care plans optimally, and how to intervene in specific problems. (Matthew-Maich et al. 2013.) The findings of the Kapp's study (2012) show that the implementation of clinical practice guidelines has been successful in the pilot project and that pressure risk screening has become a common practice. After implementation, success continued in all organizations (Kapp 2012). Ghanbari, Rahmatpour, Jafaraghaee, Kazemnejad, and Khalili (2018) came to the conclusion that clinical guidelines play a successful role in the prevention, treatment, and reduction of complications in patients with diabetic foot.

According to Bahtsevani, Willman, and Stoltz (2010), the implementation of clinical nursing guidelines is a continuous process of creating robust and flexible procedures that cover all employees, leading to improved quality and safety of patient care, as well as increased knowledge and confidence among the staff. Several factors contribute to the adoption and influence the use and adherence to nursing clinical guidance. To increase support and willingness to use clinical nursing guidelines, it is important to involve all staff in the implementation process, as well as to monitor and continuously provide feedback to staff and management. It seems necessary to evaluate the process of monitoring compliance with clinical care guidelines and to balance priorities and costs. The assessment can also demonstrate the importance of applying guidance. (Bahtsevani et al. 2010.) Implementing clinical guidelines can be a tool for quality assurance, and patients will benefit from the introduction of clinical guidelines, employees will receive more knowledge if the implementation is

successful and conditions such as quality assessment and compliance will be met (Ibid.).

2.3 Nurses' attitudes to guidelines

The overall attitude of nurses towards clinical guidelines has been found to be positive (Alanen et al. 2009; Duff et al. 2014; Quiros, Lin, & Larson 2007). Nurses find the recommendations useful for patient care (Alanen et al. 2009). Kuronen, Jallinoja and Patja (2011) argue that nurses in Finland believe clinical nursing guidelines are reliable because they are based on evidence and developed by experts. Nevertheless, the nurses were less familiar with the clinical guidelines than the doctors were. It should be borne in mind that in Finland, primary care nurses can independently consult on lifestyle issues, as they can devote more time to this task than doctors. (Kuronen et al. 2011.) According to Adams and Carter (2010), Cabana, Rand, Powe, Wu, Wilson, Abboud, and Rubin (1999) noted that for clinical guidelines to affect patient outcomes, clinical guidance must influence the nursing knowledge and attitudes. Similarly, primary care nurses should be aware of the existence of the guideline and then read its recommendations. Attitudes include the adoption of recommendations, self-efficacy, expected results, and the motivation to change current patient care practices. (Cabana et al. 1999, according to Adams & Carter 2010.)

In carrying out clinical guidelines, it has been shown that most nurses have a good attitude toward implementing clinical care guidelines. If nurses have a good attitude to the process of care in clinical practice, they will be firmly convinced that the process of care is effective, since the attitude of a person can significantly affect his/her behavior. This reflects the fact that nurses sought to practice the guideline, even if it was new and rather long. (Johny et al. 2017.) The most positive attitudes were noted to be related to the general attitude towards the guidelines and the usefulness of the guidelines by Breimaier and colleagues (2015). The guidelines have been found to contribute to improving the quality of care, providing a useful learning tool and a convenient source of advice. Nurses believed that most of their team members did not support these recommendations and that they oversimplify nursing practice. (Breimaier et al. 2015.) According to Yan and colleagues (2007), Jun, Kovner,

and Stimpfel (2016) argue that a more positive attitude towards clinical guidelines is associated with the use of clinical guidelines and noted that negative attitudes toward clinical guidelines were associated with the reduced use of clinical guidelines. Jun and colleagues (2016) propose that in order to improve the use of clinical practice guidelines to provide quality care for all patients, nurses need to be actively involved in the design, implementation and maintenance of clinical practice guideline.

Mathew-Maich and colleagues (2010) described that the majority of nurses were initially not ready to experience innovations, they did not trust changes in practice. They were dissatisfied with the fact that their workload will be even more difficult. Nurses had misgivings about the effectiveness and safety of the reform of the practice. According to Mathew-Maich and colleagues (2010), for nurses to overcome fear and adopt new methods they must first be able to trust in the new clinical guidelines. According to Alanen and colleagues (2009), Kuronen Jallinoja, Ilvesmäki, and Patja (2006) and Elovainio, Sinervo, and Pekkarinen (2001) describe the attitude of nurses towards clinical guidelines to be less positive than that of doctors. Alanen and colleagues (2009) sum up several studies (Ajzen 1991; Levin 1999; Puffer & Rashidian 2004; Brown, Stride, Psarou, Brewins and Thompson 2007; Thiel & Ghosh 2008), arguing that the negative attitude of nurses to clinical guidelines can be one of the important factors that influence the implementation of clinical guidelines for nursing. According to Kalies, Schottmer, Simon, Voltz, Crispin and Bausewein (2017), distrust of nursing guides was high because, first, doctors and nurses believed that nursing guides restrict patient care, and second, limit the flexibility of individual patient care. However, an individual approach to palliative care does not seem to contradict the adoption of clinical guidelines. The main barriers were the nurses' doubts about the quality of clinical guidelines and the implementation of recommendations of clinical guidelines in general. (Ibid.)

2.4 Barriers to the implementation of clinical nursing guidelines

Assessing the barriers faced by practitioners is important for developing effective strategies for implementing clinical nursing guides (Adams & Carter 2010), and strategies are undoubtedly needed to successfully optimize clinical guidelines (Kapp

2012). Fischer, Lange, Klose, Geiner, and Kramer (2016) describe, referring to Cabana & Flores (2002), that barriers to the implementation of clinical guidelines can affect the knowledge, attitudes, and behavior of health professionals. Among nurses, barriers to the use of guidelines included time constraints (Chimeddamba, Peeters, Ayton, Tumenjarga, Sodov & Joyce 2015; Bahtsevani et al. 2010), the lack of support from organizations and health professionals (Kuronen et al. 2011; Bahtsevani et al. 2010), and the suspicion that clinical guidance will be harmful to patients (Chenlu, Yun, & Lirong 2017, according to Yan et al. 2019). Time constraints, lack of skills and lack of knowledge of practice (White & Spruce, 2015), lack of awareness of the existing guideline and its recommendations (Cabana et al. 1999, according to Fischer et al. 2016), lack of support from physicians and lack of documentation change (Davies et al. 2008), and lack of support from management are barriers to the implementation of clinical nursing guides (Duff et al. 2014). It is important to carefully consider the barriers in implementing further clinical nursing guides (Chimeddamba et al. 2015; Fischer et al. 2016). Yan and colleagues (2019) note that in the study by Erasmus, Daha, Brug, Richardus, Behrendt, Vos, and Beeck (2010) it was described that no more than 40% of health workers followed the recommendations and in the study by Woolf, Hutchinson, Eccles, and Grimshaw (1999), less than 25% of the guidelines were used by doctors. These results show that clinical guidelines are not very common among care providers, that is, among nurses, since nurses are the largest professional group of health care providers. According to Fischer et al. (2016), even a published manual does not in itself lead to its use, therefore an implementation strategy is needed. Breimaier and colleagues (2015) suggest that when planning the implementation of clinical guidelines, consider local conditions for the local adaptation of clinical guidelines. In addition, locally agreed groups can change social norms and thus improve the implementation of clinical guidelines (Breimaier et al. 2015).

Chimeddamba and colleagues (2015) concluded that the implementation strategy should cover continuing medical education, individual monitoring training and feedback, supplies, resources, and ongoing support from health care managers (Chimeddamba et al., 2015). A scoping review by Fischer and colleagues (2016) noted that continuing education (Lugtenberg, Schaick, Westert & Burgers 2009, Bahrami,

Deery, Clarkson, Pitts, Johnston, Ricketts, MacLennan, Nugent, Tilley, Bonetti & Ramsay 2004, according to Fischer et al. 2016) should embrace the strategies for implementing clinical guidelines in order to improve the knowledge of physicians, the recommendations should be concise and easy to use by readers (Cabana, Rushton & Rush 2002, according to Fischer et al. 2016), and to improve accessibility, tablets, smartphones and mobiles should be used as platforms for distributing the guidelines (Nothacker, Muche-Borowski, Kopp, Selbmann & Neugebauer 2013, according to Fischer et al. 2016). The use of mass media to raise public awareness and healthcare providers is recommended. It is recommended that the strategy for implementing guidance should be directed towards improving knowledge and relationships to improve the implementation of clinical guidelines in practice. (Fischer et al. 2016.)

3 Purpose, objectives and research questions

Purpose. Describe the attitudes and expectations of primary health care nurses in relation to new clinical nursing guidelines to gather valuable information for further development of the implementation plan for clinical nursing guidelines in Kazakhstan.

Objectives:

- Examine the attitudes of nurses towards new clinical nursing guidelines in primary health care.
- Describe the expectations of nurses towards new clinical nursing guidelines.

Research questions:

- What is the attitude of nurses to new clinical nursing guidelines in primary health care?
- What are the expectations of nurses to new clinical nursing guides in primary health care?

4 Methodology

4.1 Qualitative research

The qualitative research method is appropriate for this study because the method helps to describe the attitude and expectations of nurses towards the new clinical nursing guidelines in primary care. The qualitative research method is based on interpretation and focused on the meaning and understanding of human actions and behavior. The qualitative method in this research helps to collect in-depth and complete information about the views and opinions of the nurses in this study. (Topping 2015, 159.)

4.2 Data collection method

In this research, the chosen data collection tool was focus groups interviews because the focus group is a useful method of data collection since it creates a dynamic and thought-provoking dialogue which is ideal to discuss the attitude of health workers. Group interactions in this research are an important feature of focus groups and an integral part of the data collection process. (Laursen, Broholm & Rosenberg, 2016, 548; Goodman & Evans 2015, 401.) To collect data, a qualitative method for researching interviews in focus groups was used as it is well suited for studying people's attitudes. (Krueger & Casey, 2000, 212) The focus group helped learn how participants think and feel about certain problems, and the discussion in the group stimulated ideas for new clinical nursing guidelines. In this study, both individual interviews and focus groups were conducted to enrich the data. Individual interviews allowed people to speak more openly outside the group situation, while focus groups stimulated ideas. Listening and observing how focus group interviews develop in context allows us to identify the various understandings and assumptions described by the group. (Holloway & Wheeler 2010, 125.)

Another reason for choosing the focus group interview as a method for collecting data is because focus groups have proven to be valuable in providing insight into aspects of a medical program that cannot be explored using more traditional quantitative methods (Barbour, 2015). Focus group interview is a valuable method of

qualitative research. The interaction between group members has a certain value, and not just the collection of opinions of people. Collective representation is more important than general representation. (Dilshad & Latif 2013). The focus group also provides “a rich and detailed set of data on people's perceptions, thoughts, feelings and impressions with their own words”. (Stewart & Shamdasani, 1990, 140, according to Dilshad & Latif 2013.)

4.3 Participants

To select interview participants for this study, a target sample was chosen, which is a suitable way to organize interviews in focus groups (Barbour, 2015). Participants in the study were chosen purposefully, all were nurses who perform one duty and worked in a clinic. Participants in the study are community nurses working in the clinic. Community nurses, together with the general practitioners, are engaged in patronage and registering patients for a doctor's appointment, they are engaged in primary and secondary prevention of chronic diseases, screening the population. The inclusion criteria for the study participants were one community nurse from each serviced site, working in clinics from the age of 18, regardless of experience in this clinic. Two nurses participated in semi-structured individual interviews to find out their opinions, attitudes, and expectations regarding the implementation of new clinical nursing guidelines. Twenty-eight primary health care nurses participated in four focus groups with seven nurses in each group. The distribution into focus groups was random, depending on the free time in the nurses' schedule. For the interview, a semi-structured questionnaire was developed for interviewing respondents both in a focus group and individually, which was adapted in the interview process. (Appendix 1). The study was conducted in one of the city polyclinics of Kazakhstan, as the clinical nursing guideline will be introduced in the future in the city polyclinics. The clinic is one of the first-care service providers. The polyclinic is engaged in prevention, screening, and inpatient treatment of the population. There are 30 general practitioner doctor units at this clinic, in each division there is one general practitioner doctor (GPD) and three district nurses, and they serve an average of 1 700–1 900 assigned population.

4.4 Focus group interview

In order to carry out the examination at the polyclinic bases, an explanatory letter was sent in advance to the head physician of the polyclinic for permission for the interviews at the bases of the polyclinic by nurses. (See Appendix 3). After obtaining the Chief Medical Officer's consent, in agreement with the Chief Nurse, a place of interviews in focus groups was chosen; this was in the conditions of their polyclinic (conference hall) at a convenient time for respondents. Data were collected in March 2019 by a researcher. In total, 30 nurses working in the selected polyclinic participated in this study (N = 30). Of these, N = 28 participated in focus group interviews and N = 2 in individual interviews. The individual interview lasted on average 25 minutes. Focus group interviews lasted 45-90 minutes. Interviews were recorded and transcribed to 52 pages in WORD format, font Georgia 12 with an interval of 1.0.

Focus group sessions were held in the conference hall of the polyclinic at a convenient time and face-to-face (all participants were accommodated in a circle) during working hours free from patients. Upon arrival, the participants were provided with a research protocol that reflected the purpose and objectives of the study, describing the focus group process and explaining that the sessions would be taped but that the participants would remain anonymous. Participants were asked to sign informed consent to participate in the interview. (See Appendix 2). (Adams & Carter 2010; Fauker et al. 2016.) Interview participants were also asked to fill out a questionnaire that collected information about gender, age, work experience, and their role. Characteristics are given in Table 1. This is in line with Kazakhstan's legislation on the approval of ethical studies. Prior to the interviews with nurses, the new adapted clinical nursing manual for cardiovascular disease risk assessment was demonstrated for familiarization purposes. The participants were provided with information to familiarize themselves with the terminology used. It took an average of 30 minutes to introduce the clinical nursing guideline. (See Appendix 3). The participants then held open discussions. Following standard focus group methodology, semi-structured questions were used for participants to stimulate conversations between group members (Laursen et al. 2016; Holloway & Wheeler 2010, 128). Interview questions focused on the attitude and expectation of nurses.

(See Appendix 1). The study was conducted in local Kazakh and Russian because it is a means of communication for local nurses. All interviews and discussions were recorded, transcribed and translated into the English language.

Table 1. Participants' characteristics

Demographic variables	Categories	N
Gender	Male	0
	Female	30
Years of experience	1–5	12
	6–10	10
	11–15	5
	16 and above	3
Education level	High school college	28
	Applied bachelor	1
	Academic bachelor	1
Professional status	Community nurse	28
	Healthy lifestyle nurse	1
	Infection control nurse	1

4.5 Research ethics

Ethical approval was obtained from the KAZMUNO Ethics and Social Sciences Management Review and participating organizations. Participants received verbal and written information (see Appendix 2) about the study and they signed informed consent before participating in the analysis of the interview. (Laursen et al. 2016). This is consistent with the ethical law of research. Participants were guaranteed anonymity if their participation in the interview is not taken into account. A semi-structured questionnaire was developed for focus group interviews following advice of Krueger and Casey (2000, 215) on new clinical guidelines for nursing (see Appendix 1). The questions were designed to provide information on nurses' attitudes, as well as on their attitudes to and expectations for the new clinical nursing guidelines.

An explanatory letter was sent in advance to the chief physician of the polyclinic to receive permission to conduct research at the polyclinic. The researcher checked the recorded audio recording of the interview with the consent of each respondent. The interview was encoded by one person using a coding guide. (Braun & Clarke 2013a.) Written informed consent was obtained from all participants. Each participant gave additional informed consent to the interview. (See Appendix 2). Confidentiality was maintained through limited, secure access to data, interruption of audio recordings, and subsequent transcription and identification of transcripts. (Pols, Schipper, Overkamp, Marwijk, Tulder & Adriaanse 2018.)

4.6 Data analysis

Interview transcripts were analyzed using content inductive analysis, as described by Powell and Renner (2003), Erlingsson and Brysiewicz (2017). The focus groups and interviews recorded on tape were transcribed during the data collection phase. Content analysis of the data was used, which included a process of careful study of the text in order to immerse oneself in the data and understand the perceptions of the group members. Content inductive analysis was chosen because it offers a flexible method of developing and distributing attitudes and expectations (Laursen et al. 2016; Fauker et al. 2016). Transcribed focus groups and interviews were read line by line, and quotes were coded to form the main units of analysis. The text was read several times by the researcher to fully understand the content.

Process of analysis

Step 1. Acquaintance with the data. The interview recorded on audio was listened to by the researcher several times to better understand the emotions and impressions of the participating nurses.

Step 2. Text analysis. The answers of the study participants were divided into each table according to general issues relating to the research questions. For example, the attitude of nurses to the clinical nursing guideline, the benefits of the guideline, barriers to the introduction of the guideline, sources of advice, the expectation of nurses for the guideline.

Step 3. Encoding data. Encoding is not just a method of data reduction, it is also an analytical process, so codes capture both semantic and conceptual data reading (Braun & Clarke 2013b, 122). The data was encoded by the researcher. Each sentence was coded for further process. The unit of data was a word, a few words, or a sentence that the participant used to describe his/her knowledge, feelings, and expectations. One hundred and five (105) original codes appeared. An example of the compiled codes is shown in Table 2.

Table 2. Content coding examples

Meaning unit	Condensed meaning units	Code
Nothing at this time did not know	We do not know about the existence of clinical guidelines	Lack of awareness of clinical nursing guidelines
I am against it, we nurses do not know much, because we must first be trained more deeply if we are to introduce CNG in the future. It is necessary, it's good, for example, when we work with chronic patients, we measure the pressure for patients, sometimes patients take 1 year of treatment, someone is treated for 6 months. For example, after 6 months, the patient may need to change the dose of the drug, to know whether the medicine helps or not. I think we do not have enough knowledge to know this. Our knowledge that we got three years in college is not enough to independently accept patients. Therefore I do not support.	I am against, nurse knows little, we must first go through a more in-depth training, if we want to implement the CPG in the future. When we work with chronic patients, we measure the pressure of the patient. Patients can be treated for 1 year, someone treated for 6 months. For example, after 6 months, the patient may need to change the dose of medication to find out whether the medication helps or not. We lack knowledge. Our knowledge is not enough to make their own patients. Therefore, I do not support.	Nurses are against the implementation of new clinical nursing guideline
		Nurses lack knowledge to understand clinical nursing guidelines
When I went to Astana to study at a master class, then we were interviewed for arterial hypertension, bronchial asthma, and diabetes mellitus, asked what opinions can you add? That is, how can a nurse work? For example, it is for patients with chronic diseases how to conduct a medical examination, how a nurse should work with them independently, what kind of medicine can be prescribed to a nurse without a doctor, since these patients have been registered for a long time, nurses already know which medicine the doctor has assigned their doses, I think that is like our algorithm for nursing.	In Astana for a master class on hypertension and bronchial asthma, we were asked about diabetes, asking such questions: how can a nurse work independently? patients with chronic diseases, how to conduct a medical examination? how should a nurse work with them on her own? What medicine can a doctor prescribe without a nurse? Since patients have been registered for a long time, nurses already know what medicine the doctor prescribed their doses, CNG is similar to the algorithm for nurses.	Wonderful that nurses can work independently

Step 4. Categorization of codes. When the dataset is fully encoded, the next step is to search for meaningful categories by code that will help illuminate possible connections and patterns. Related codes were grouped into a category. The transcript was read and re-read several times and categorized in order to collect qualitatively valuable information for identifying further results. A total of 30 subcategories appeared. After several analyzes, 22 subtitles and 2 main themes appeared (Powell & Renner, 2003, 2). An example of categorization is shown in Table 3.

Table 3. An example of categorization

Code	Subcategory	Category	Theme
It's wonderful that nurses can work independently	Have the opportunity to work independently	Nurse ready to implement the clinical nursing guidelines	Nurses' positive attitude towards new clinical nursing guidelines
The desire to conduct reception regardless of the doctor			
Will help delegate the work of doctors to the nurse			
motivation for self-nursing			
Nurses are willing to work independently			
Clinical guideline gives the right to self-admission of patients			
It's wonderful that nurses can work independently	Nurses are ready for		

Work properly with the clinical guideline when there is no doctor	independent work		
Ready to take responsibility for independent work			
Gives the right to advise patients			
It is convenient to work separately from the doctor	Useful for independent work.		
Useful for offline nursing work.			
With the help of the guideline, nurses will be able to advise patients on their own			

4.7 Limitations of the research

The purpose of this study was to describe the attitudes and expectations of nurses regarding the new clinical nursing guidelines to gather valuable information for the research committee to successfully develop an implementation plan for guidance in Kazakhstan. Consequently, the results of this study cannot be generalized to the whole country. The study was conducted in a city clinic, and the opinion of primary health nurses in rural areas was not included. All participants in the study were district nurses who worked in the clinic and had experience in the field of care. The disadvantages of focus group research may be that some people do not like to open their inner thoughts to the public, and they may not want to answer some questions since the research participants work in the same clinic. Team members interact throughout the interview, and one or two people may dominate the discussion and influence the outcome or perhaps contribute to bias since other members may be more passive. (Goodman & Evans, 2015, 409; Holloway & Wheeler 2010, 133.)

5 Results

5.1 Positive attitude of nurses to the new clinical nursing guideline

5.1.1 5.1.1. The emergence of the opportunity to work independently of the doctor

Positive attitude is associated with the emergence of the ability of nurses to work regardless of the doctor. The nurses said that the new clinical nursing guideline (hereafter CNG) helps nurses work independently of the doctor. The autonomy of nurses would help nurses gain authority over patients, help save patient time, and facilitate the work of doctors.

"*I can let go and take the sick myself. It will be better to lead the patients ourselves. I can lead the sick myself. Pressure to measure, discharge, not to make patients wait a long time for a doctor. Sometimes doctors go to a meeting, or do not come to work, now there are not enough doctors and the problem with prescribing medicine, we know which patients we can let go but we have patients who initially come, they need to be registered, these are difficult moments for us " (N23)*

The introduction of CNG solves the problem of a shortage of doctors, as nurses can advise patients with chronic diseases themselves. One nurse said: *"I think it's right to work with clinical nursing guideline. When a doctor sits, we cannot say anything to patients, when there is no doctor, the patient has to be referred to another doctor because the doctor gives recommendations to patients " (N2)*

5.1.2 Independent work of nurses as motivation for nurses

According to the participants, CNG will become the motivation for the independent work of nurses. If they will take patients on their own, it will increase full authority. In this regard, the wages of nurses would increase. From the quote: *"I think that if we take patients on our own, this will be an incentive for me" (N1).*

5.1.3 Clinical nursing guideline helps nurses advise patients on their own

Many nurses said that even now, they are performing the duties of doctors. This was due to the lack of doctors and the fact that the doctors did not have time to do their work. With the advent of electronic cards, it became necessary to enter all patient data into an electronic database, so the nurses helped the doctors, and some of the powers of the doctor were transferred to the nurses. But these responsibilities (to summarize) were documented as the responsibilities of doctors. Therefore, many nurses were pleased with what has already been documented as care responsibilities and the clinical nursing guideline helps advise patients on their own. One nurse's opinion from the interview:

"Working with clinical nursing guideline is correct. We will know our responsibilities and our work "(N14)

5.1.4 Clinical nursing guideline is a useful educational tool

The nurses said that the knowledge of staff would increase. Nurses will know exactly what recommendations to give patients on the basis of evidence-based nursing practice. When nurses clearly know their responsibilities, nurses gain confidence and ease of operation.

"I also think so, if the clinical nursing guideline comes out, it's easier to work with them. You know your job duties. Nurses will increase knowledge." (N8)

5.1.5 Clinical nursing guideline helps raise nursing status

The nurses argued that with the new CNG, they would have the opportunity for career growth since it was important for them to grow in the field of their career and not stand still. This will help raise the status of nurses. Patients will gain confidence in their treatment and be assured that they receive quality care. The nurses expected that after the implementation of the clinical nursing guideline, the status of nurses would rise, as the nurses' knowledge will increase, and they will be able to advise patients on their own. Patients will respect, and over time, trust nurses. Therefore, there will be opportunities for career growth for nurses.

“I can say that I have an order or a clinical nursing guideline, I can say that I have the right to advise patients, it has appointments, and it’s good for us as well. In one place not standing, you can move up, grow. All my life not only being a simple nurse is better than sitting in one place. Patients will be confident, they will think that she knows how a doctor will come without fear.” (N4)

5.1.6 Clinical nursing guideline useful as a study guide

Nurses thought the clinical nursing guideline was useful as a training tool. They also agreed that the clinical nursing guideline is a convenient source of reliable information and advice, and is considered the best option for raising the level of knowledge among nurses. *"Nurses will increase knowledge." (N9)*

5.1.7 Clinical nursing guideline is a convenient source of advice

It was clear for some of the nurses that the clinical nursing guideline is a single source of recommendations. When giving recommendations for patients, all the nurses gave different recommendations based on their experience, not evidence-based sources. The nurses said that they gave their patients different recommendations on how to deal with their illness each time, and they believe that if they work with the clinical nursing guidelines, then the clinical nursing guidance will be the convenient and only source of advice.

5.1.8 Nurses are ready to implement clinical nursing guidelines

The nurses were delighted with the implementation of clinical nursing guideline because they expected positive changes in daily practice. The nurses were ready for changes in practice, which confirms the readiness of the nurses for the introduction of CNG.

“Now we don’t have the right to make diagnoses, if we don’t have a doctor, we can’t do anything, so I think it’s right to implementaion them in the future” (N3)

5.1.9 Nurses are ready to be responsible

Nurses were not afraid to take responsibility for the results of patient treatment. With CNG, they would have a sense of responsibility for the health of the patients.

Clinical nursing guideline increases the responsibility of nurses for their work and stimulates the implementation of quality care. The nurse will take responsibility for his/her work. In the words of a nurse from the interview:

“No, we are not afraid to take responsibility” (N17),

5.1.10 Clinical nursing guidelines evidence based

Participating nurses were of the opinion that the clinical nursing guideline is based on evidence. The nurses thought that CNG was developed by international experts. This proves the validity of the recommendation. Nurses also wanted to practice care based on evidence.

"But on the Internet, people like us can write about anything they can write there. The best if we know from the clinical nursing manuals, they are also developed by experts ”(30)

5.1.11 The official delegation of the work of doctors to nurses

CNG will help to delegate some of the powers of the doctors to nurses. The guidelines help to officially delegate tasks such as the independent consultation of patients with chronic diseases, such as hypertension, asthma and diabetes, to nurses. In this way, work can be divided between doctors and nurses.

“There is a delegation for a long time, I think, if clinical nursing guidelines are to be introduced, all nurses will have to work officially, delegating” (N3),

5.1.12 Clinical nursing guidelines helps nurses gain confidence

The guideline helps gain confidence as the recommendations are based on evidence. In some special cases, the clinical nursing guideline protects the rights of nurses. When counseling patients and relying on recommendations of the CNG, nurses can be confident because the recommendations are based on the latest evidence.

“When, for example, any problems appear, we can protect ourselves with the help of clinical nursing guideline. Save yourself too ”(N16)

5.1.13 Clinical nursing guidelines useful as a single nursing document

Clinical nursing guideline is useful as a single nursing document. The nurses said that at the moment in Kazakhstan, there are no uniform nursing documents based on evidence. Many nurses relied on the knowledge gained in college, from master classes, from trainings, and based on their own experience. In conversations with patients, they relied on the knowledge gained from doctors and read recommendations from the Internet. For this reason, the nurses thought the clinical nursing guideline was useful as a single nursing document.

Answers of nurses*: "We consult patients relying on our practice" (N10), "We learned from doctors, we sit with doctors and listen to what recommendations they give, what to drink, what diets". (N19)*

5.1.14 Clinical nursing guidelines can improve the quality of care

Clinical nursing guidelines may improve the quality of care. The nurses expected that if they followed the recommendations written in the clinical nursing guideline, the complication of chronic diseases could be avoided. This will improve the quality of nursing care.

"Reduce the complications of chronic diseases" (N24)

5.1.15 Most of our team members approve of the guidelines.

Participants also believed that most of their team members supported the introduction of new clinical care guidelines and said that this would simplify the practical work of nurses.

5.2 Negative attitude of nurses to the new clinical nursing guideline

5.2.1 Unwillingness of nurses to work autonomously

The negative attitude of nurses was associated with negative expectations. Nurses were not willing to work autonomously. The nurses said that the nurse does not have enough knowledge, and the nurses were not confident in their knowledge to work independently of the doctor. According to them, nurses do not know enough about

diseases, especially young specialists, or how to interpret tests, and lack competence in the field of pharmacology that would cause them problems in recommending drugs.

“We are not doctors. In order for us to be like doctors, this is when. We need to learn more deeply. The first aid anyway the nurse provides. I think there will be good support for self-admitting patients. Responsibility should be to their work. Do not be careless. Yes, there is a little fear, without a doctor, if we advise ourselves” (H13)

5.2.2 The professional competence of the nurses is insufficient for the adoption of clinical guidelines

The professional competence of the nurses is insufficient for the adoption of clinical guidelines. The nurses were unsure of their knowledge. They said that the knowledge gained in college is not enough to understand and fulfill clinical nursing guidelines. Some nurses were opposed to the introduction of CNG, and they explained this with a lack of necessary skills for the implementation of clinical guidelines. Knowledge from nursing college is not enough to implement the guideline. Opinion of a nurse with extensive experience from the interview:

“I’m against, the average medical staff don’t know much, we must first be trained more deeply if we introduce clinical nursing guideline in the future. When we work with the chronically ill, we measure the patients. Pressure happens. Patients take 1 year of treatment, someone has been treated for 6 months. For example, after 6 months the patient may need to change the dose of the drug, to know whether the medicine helps or not. We do not have enough knowledge to know this. Our knowledge that we received three years in college is not enough to accept patients ourselves. Therefore, I do not support "(N3)

5.2.3 Fear of taking responsibility

Nurses explained their disagreement with the implementation of clinical guidelines for patient care with a reluctance to bear responsibility for unpleasant patient outcomes since currently, doctors are responsible for treatment and consultation on the recommendation of patients. Therefore, it was convenient for nurses to simply

follow the doctor's instructions. Nurses were afraid that they would legally be punished for errors. Opinion of a nurse: *"There is a fear of responsibility, for example, if it concerns a medicine" (N3)*

5.2.4 Lack of motivation from doctors

The nurses said that doctors did not support them because doctors did not trust nurses. The nurses expected support from doctors. The nurses said that if they were supported by doctors, they would love to work with the clinical care recommendations. Nurses in difficult cases with patients need the support and advice of doctors. *"At the beginning, doctors, too, probably will not be able to get used to, compare a doctor with another doctor, okay, but a doctor with a nurse is not the norm. Doctors do not support. A doctor who sits in one department sometimes if she visits another after consulting a nurse will say that she didn't recommend it" (H24)*

5.2.5 Patients' distrust of nurses

The nurses argued that patients might not trust nurses, they might not want to consult nurses, and patients trust doctors more than nurses. After consulting the nurses, patients might go to the doctor's again to be sure. The nurses said that there would be problems with the patients since they may not wish to consult with the nurses.

"We are still talking recommendations to patients, but mostly they don't notice us, patients listen to the doctor," "Patients may not be trusted, the patient, after consulting us, will go to the doctor later to compare" (N10)

5.2.6 Work congestion of nurses

Nurses were against new clinical nursing guidelines because nurses assumed that because of the overload they might not have enough time to implement the recommendations since nurses are very busy with their duties. Work congestion can bring about the emotional burnout of nurses. From the words of the nurses: *"Yes, I am against it, because I even have a shortage of time now" (N11)*

5.2.7 Clinical nursing guideline interferes with the work of nurses

According to the participants, completing documentation makes it difficult to work with clinical nursing manuals. Nurses had a negative expectation that with the implementation of clinical nursing guides, nurses would be required to write many reports. The nurses didn't want to fill out a lot of paperwork, as paperwork takes a lot of time, and they wanted to reduce the number of reports. Instead, they would like to have more time to consult patients.

"If there is a lot of documentation, we don't have enough time to study the clinical nursing guideline" (N5)

6 Discussion

The results of this research are important for improving the implementation of the plan of clinical nursing guidelines in PHC in Kazakhstan. This study is one of the first to describe the attitudes and expectations of nurses to new clinical nursing guidelines in primary health care in Kazakhstan. The results of this study showed that nurses' attitudes towards the clinical nursing guidelines is mostly positive. Nurses had a positive expectation with the introduction of clinical nursing guidelines in the daily practice of nurses. The results of the study show, as many other researchers have asserted, that the attitudes of nurses to clinical nursing guidelines are generally positive (Alanen et al. 2009; Duff et al. 2014; Quiros et al. 2007). These results support the suggestion of Alanen and colleagues (2009) that implementation measures improve attitudes towards clinical guidelines. The nurses said the recommendations are useful for self-care of patients (Ibid.). Kuronen and colleagues (2011) also argued that nurses consider clinical nursing guideline reliable because they are evidence-based and developed by experts.

The nurses believed that the majority of their team members supported CNG and that the guidelines simplified the practice of nurses. This result is not consistent with the results of previous studies by Breimaier and others (2015). The results of this study are not consistent with the studies of Mathew-Maich and others (2010) because in this study, the nurses were positive about changes to practice and were ready to implement the clinical nursing guidelines. Nevertheless, the results of this

study are in some cases consistent with the results of Mathew-Maich and others (2010), in that the nurses were dissatisfied that their workload would be even more complex. A similar result showed that clinical guidelines help to improve the quality of nursing care, they are a useful educational tool, and a convenient source of advice (Breimaier et al. 2015). According to previous studies (Chimeddamba et al. 2015; Bahtsevani et al. 2010), the results here show that the barriers to the use of clinical guidelines were the shortage of nursing time and work overload.

In accordance with the results of other studies, nurses suggested that barriers such as the lack of support from organizations and health workers could prevent the successful implementation of clinical nursing guidelines in primary health care (Kuronen et al. 2011; Bahtsevani et al., 2010). A similar conclusion was made in the studies by Kuronen and colleagues (2011), Davies and others (2008), and Duff and colleagues (2014) that nurses need support from doctors and the management of a medical institution. The successful implementation of new clinical nursing guidelines needs the approval and support of doctors and nurses (Alanen et al. 2009). In accordance with other studies in the same field, the lack of practical knowledge of nurses (White & Spruce 2015; Bahtsevani et al. 2010) and the lack of practical skills (Harting, Rutten, Rutten, & Kremers 2009) led to the poor adoption of clinical nursing guidelines because nurses without the necessary skills will not be able to perform the tasks of clinical nursing guides. According to Chimeddamba and colleagues (2015), one of the barriers to the use of clinical nursing guides among nurses may be the lack of time. The nurses assumed that they would need more time to work with clinical nursing guides than they do now. The nurses now have lot of responsibilities, such as work with documentation, home nursing, recording patients, writing directions, and for this reason, they assumed that the nurse does not have enough time to complete the clinical nursing guidelines. The nurses said they needed time to adapt to the guidelines in practice.

7 Conclusion

The nurses' positive attitude showed the readiness of nurses to adapt the new clinical nursing guideline in primary health care. However, there were also negative attitudes of nurses due to negative expectations. The negative attitudes of nurses

that impede the implementation and adherence to clinical nursing guidelines in each case must be analyzed in advance so that strategies can be developed that are adapted to specific conditions and target groups. Therefore, it is recommended to use multifaceted strategies aimed at existing barriers and other factors affecting the successful implementation of clinical nursing guidelines for primary health care. Strategies should include activities aimed at changing attitudes in a positive way. It is necessary in the implementation of the strategy to attract health managers and interested doctors and other health professionals. In the future, the attitude of doctors and other health care providers to clinical nursing guidelines should be examined to understand their views and attitudes.

Recommendations

1. It is recommended to eliminate the perceived barriers to the implementation of clinical nursing guidelines, for instance, to conduct workshops with nurses on “how to use clinical guidelines” and to conduct training sessions on the use of clinical guidelines before introducing clinical nursing guidelines in primary health care in Kazakhstan.

2. It is recommended that another study be conducted with doctors and nurses after the implementation of clinical nursing guidelines in primary health care in Kazakhstan, in order to describe their deeper attitudes and expectations in the implementation of clinical nursing guidelines.

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Appendices

Appendix 1. Questions of the interview

1. What do you know about clinical nursing guides?

a. Could you explain a little?

2. What do you think of guidelines?

3. "How do you feel about the new nursing guides?"

4. Are you all against or for new nursing manuals?

a. Why? can you explain?

5. Do you find these recommendations helpful or useless?

6. "What problems do you think will be with the new CLINICAL NURSING GUIDELINE"

7. (A number of you said it was too difficult? Could you tell me which things make it so difficult?)

8. Could you tell me more about your views on the implementation of clinical nursing manuals?

9. How did you learn how to give recommendations to patients?

10. What are the roles and responsibilities of various employees in implementing the guidelines?

11. Are there any common documents of sister recommendations?

12. How would management change your practice? (your expectation)

13. What advice would you give to your patients about nursing care?

Appendix 2. Information for respondent

Dear respondent!

You are invited to participate in the clinical study “Attitudes and Expectations of Nurses for the New Clinical Nursing Guidelines in Primary Care”.

Participation in the study is voluntary, if you refuse, it will not affect your work (without adverse consequences).

The research is conducted by Abrazakova Gulbanu Bakhtybaevna under the leadership of Hanna Hopia, PhD, Principal Lecturer JAMK Univesity of Applied Sciences, Finland and Dinara Ospanova, MD, Ass. Professor, Head of the Department of Public Health KazMUNO, Kazakhstan.

Objective of the study: Describe the attitude and expectations of nurses to new clinical guidelines on nursing to gather valuable information for the further development of a plan for the implementation of guidelines on nursing in Kazakhstan.

Your participation in the study will be as follows: the interviewer will ask you questions, respectively, you must answer all questions of the interviewer honestly and openly as part of the study.

Interview duration: about 30-50 minutes.

Your benefit from participating in the study will be that you will be the first of the participants in the new methodology and will contribute to the introduction of a new nursing methodology in the future.

The study is not life-threatening for the respondents and no additional workload is planned for the respondents.

Confidentiality of information and warranty:

When publishing the results of the study, the names of the respondents will not be indicated and are confidential. Respondents are guaranteed anonymity. The respondent gives his written informed consent for taking photographs and recordings for the study.

Contact addresses and phone numbers for additional information:

Abdrazakova Gulbanu Bakhtybaevna

Address:

Phone:

INFORMED VOLUNTARY CONSENT FOR CLINICAL RESEARCH PARTICIPATION

I _____ read (a) information about the research study “Attitude and Expectations of Nurses to New Clinical Nursing Guides” and I agree to participate in it.

I had enough time to decide on participation in the study.

I understand that I can at any time, according to my desire, refuse to participate in the study further and if I do this, it will not affect my subsequent position in the work.

I voluntarily agree that my data obtained in the course of the research should be used for scientific purposes and published subject to confidentiality rules.

I received a copy of Patient Information and Informed Consent of the Respondent.

I,

_____

____ (Fist name, Last name)

I give my written informed consent to the implementation of photo-video shooting and audio recordings. I am aware that photography and audio recordings can be used for educational purposes or for publishing medical books or articles, without publishing photos and names. By agreeing to the use of photographs and audio recordings, I understand that I will not receive payment for them from any of the parties. I am aware that my refusal to give consent to the use of photographs and audio recordings will not affect my work. I can withdraw my consent at any time before the audio recording is published in text form. At the same time, I understand that after the audio recordings (translated into textual form) will be transferred for publication (“go to press”), it will be impossible to withdraw consent. By signing this form, I confirm that the terms of this consent have been clearly and clearly explained to me. I give written informed consent to the use of my audio recordings for educational purposes or for publication in test form in medical books or journals (including their electronic versions). I understand that my audio recordings (translated into text form), in addition to the scientific and medical community, may

be available to the general public, including the media. Despite the fact that the audio recordings will not be accompanied by my personal data (my full name or other identifiers directly pointing to me), and the interviewer will take all measures to ensure my anonymity, I realize the possibility that someone might recognize me.

Date of Birth: _____

Address: _____

Phone number: _____

_____ _____

FULL NAME. respondent (in block letters) (Date)

_____

(Respondent's signature)

_____ _____

FULL NAME. Researcher (in block letters) (Date and time)

Abdrazakova G.B.

Researcher Signature _____

Appendix 3. Explanatory letter

Head physician
To Mrs. _____
From undergraduates of KAZMUCE and JAMK
Specialty " Nursing»
Abdrazakov G. B.

Respected_____

I am a master of two-degree master's degree in nursing at JAMK University of applied Sciences, Finland and JSC Kazakh medical University of continuing education, Kazakhstan, and am writing my thesis entitled" **Attitudes and expectations of nurses to new clinical nursing guidelines in primary health care** " under the guidance of Hanna Hopia, PhD, Principal Lecturer JAMK Univesity of Applied Sciences, Finland and Dinara Ospanova, MD, ACC.Professor, head of Department of public health of Kazmuce, Kazakhstan.

I would like your permission to conduct a master's thesis study at your facility with your nurses to conduct interviews about their relationships and expectations for new clinical nursing guidelines.

Objective: to Describe the attitudes and expectations of nurses towards new clinical nursing guidelines to gather valuable information for the research Committee to develop and adapt the guidelines and to further develop a plan for the implementation of the nursing guidelines in Kazakhstan.

Interview duration: about 30-50 minutes.

The confidentiality of information and guarantee: a Study of sootvetsvuet all the ethical rules of the Republic of Kazakhstan . When publishing the results of the study, the name of the institution and the names of respondents will not be specified and are confidential. Respondents are guaranteed anonymity.

With respect,
Abdrazakov Gulbanu
Candidate for master of science
Signature _____

City polyclinic №
Kazakhstan, Almaty

Contact addresses and phone numbers for more information:
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Phone: _____
Email: banu_banuka@inbox.ru