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The Voice of Nurses: a Qualitative Study of the History of Nursing in Kazakhstan during 1960–1990

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Background: Historical research in the field of nursing is a valuable approach in broadening the understanding of nursing discipline to determine its place in history and future direction. In 2014, with the approval of the acting Minister of Health of the Republic of Kazakhstan, the country adopted a "Comprehensive plan for the development of nursing in the Republic of Kazakhstan until 2020". By implementing this plan, the history of nursing and historical research can become one of the most important areas of nursing science in Kazakhstan.

Aims: To describe the history of nursing in Kazakhstan in 1960–1990: what was nursing and nursing education like and the relationship between nurses and patients/their relatives in that era as described by nurses.

Methods: A qualitative study was conducted, for which 10 nurses who worked in Kazakhstan in the period 1960–1990 were found to complete a survey using the snowball sampling method. The interviews were analyzed using content analysis.

Results: The data revealed that nursing was a prestigious profession, and parents and their children were happy to choose it. Nursing was a socially significant specialty. In Kazakhstan, nurses in college were taught by doctors. However, during the study it was revealed that during the practical training, nurses were mentored by senior nurses who trained and showed them nursing care. The fact that nurses did not teach in college was because there was no higher education for nurses in the country, and therefore, nurses could not teach in college.

Conclusion: The research led to the conclusion that Kazakh nurses wanted to continue their training. Among them were leaders and activists who were more than willing to try to improve nursing. The lack of provision of opportunities for nurses to continue their studies in higher education institutions led to a shortage of staff, a burden on nurses, and a delay in the development of nursing. Given that the history of nursing in Kazakhstan is little studied, the results of this study may serve as the beginning of further historical research of Kazakh nurses in more narrow areas.

Keywords/tags (subjects)

nursing history, nursing education, nurse patient relationship, Kazakhstan, Historical research

Miscellaneous (Confidential information)

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1 Introduction

The idea for the research arose from a scientific interest in the history of nursing care in Kazakhstan, the period of 1960–1990. The period of choice for conducting scientific research is connected with the choice of the method of conducting research. The author wanted to conduct a scientific study based on a narrative interview and find answers to research questions from the point of view of nurses who worked in 1960-1990.

Historical research in the field of nursing is a valuable approach in broadening the understanding of nursing within the discipline itself and for interpreting the field and its contribution to others. It is stated that when historians describe history, they rely more on facts and in most cases take generalized information and do not pay attention to the people, professions, experience, and feelings of those who help others, in particular nurses. It helps the professions in their search for identity through understanding their heritage and in determining the direction of their future. (Lewenson & Herrmann 2007, 2.)

As a scientific pursuit in the professional sphere, and the historical study of nursing services in Kazakhstan, it is necessary to improve the understanding of nursing cases, future nurses should know the history of nursing in their country. From the point of view of Lewenson and Herrmann (2007, 2), history teaches nurses who they are, defines their identity as a profession, and subsequently, helps them to grow and develop.

According to Rafferty and Wall (2010, 323), history helps to understand the reason for the formation of research in the field of nursing, the impact of these works on the profession, and to understand politicians and patients. It often happens that some new ideas and innovations turn out to be from the past, or it is just a problem that periodically arises and is never completely solved.

The purpose of this research is to define what nursing and nursing education was like in 1960-1990, describe the relationship of nurses with patients and their relatives during this period, described by nurses.

2 Background

2.1 History of Nursing Care

Nursing care is a form of care with a long history that goes from informal care in ancient times to modern professional practice (Kim, 2015, 1). According to Egenes (2017, 4), in many societies, nursing was entrusted to a woman, since a woman cared for a child or a sick member of family. In some societies, male shamans took care of the sick. They transmitted their experience verbally, from generation to generation.

In the middle Ages, nurses were associated with religious nursing orders. Their spirituality formally included caring for the sick, the poor, widows, orphans, strangers, and pilgrims. (Fowler 2011, 12.) According to Egenes (2017, 5), early hospitals were founded by nuns and monks who cared for the sick. For example, he cites the early hospital at Beaune in France and the Hotel-Dieu in Paris, last hospital was operated by the Augustinian sisters.

The second half of the 19th century in the history of nursing is associated with the name Florence Nightingale. From the point of view of Egenes (2017, 6), Florence Nightingale reformed nursing, and founded nursing as a profession. From the point of view of Attewell (1998), one of the important achievements of Florence Nightingale in the history of nursing is her Pedagogical merit. Thanks to Florence Nightingale, nursing training became popular, and women found a new profession

In the USA, in the late 1800s and early 1900s, modern nursing activity turned into a professionally trained profession, but it was like apprenticeship without education. Nurses fought for their education and for their image in society. (Fowler 2011, 9.) According to Andrist (2006, 9), in 1873, there were 3 training centers for nurses in the United States based on the Nightingale model, and by 1880, 15 nursing schools had already been formed, and in 1990 their number increased to 432. This increase in the growth of educational institutions was associated with an increase in the growth of hospitals.

Until 1917, before the seizure of power by the Bolsheviks, Nursing in Russia was the same as in other countries, it was based on religious spirit and values (Grant, 2017,

250). In 1917, the All-Russian Union was founded as part of the Sisters of Mercy. They wanted better nursing, but the Union was not in a strong position and eventually disintegrated approximately 18 months after its formation. Its collapse was due to political affairs in the country, and as a result it was replaced by the Bolshevik medical union − in the supervision of the nursing care organization. People's Commissariat of Health or People's Health Committee, established in July 1918, continued until the 1990s, and was responsible for overseeing nursing. (Grant 2017, 251.)

The First World War was a variable event for nursing; it changed the self-perception and public perception of nurses. Russian patient care expanded and changed; short-term Red Cross courses for nurses have been created and Red Cross Nurses were divided into two categories of nurses: full-time nurses who trained before the war, and wartime nurses who took short courses (Grant 2017, 251.)

From 1917 to 1991, Kazakhstan was part of the Soviet Union, and the history of nursing care in Kazakhstan is closely connected with the history of nursing in the Soviet Union. According to Zhakupova (2014), in 1921 in the territory of Kazakhstan, there were 87 medical stations, of which only 27 were staffed by doctors; 221 outpatient clinics and 394 paramedic points. The most pressing issue was staffing. Kazakhstan had a medical staff shortage.

From the point of view of Kim (2013, 98), the lack of qualified medical personnel was indicated by the fact that the head of the hospital was a nurse. During this period, the main cause of high mortality was epidemiological diseases. Broken sanitary conditions, lack of food, lack of medication, long distances between villages, distrust of the Kazakh population to medical staff, and an insufficient network of medical institutions were the main reasons for the epidemiological background of the 1920s. One of the problems of that period was the training of personnel from the indigenous population. According to Zhakupova (2014) a medical college was opened in Orenburg to train paramedical personnel from the indigenous population, where 150 students studied.

In December 1929, the Kustanai Obstetric College opened in Kustanai city, where the first 18 people were accepted for the preparatory course. Most of them were

children of Kazakh from remote villages, who graduated from grades 4-5. In 1931, they were enrolled in the 1st year of technical school, and in 1934, became the first graduates. (About College. Kustanay higher medical College, N.D.).

In order to train medical workers in accordance with the proposal of the People's Commissariat of Health Care of the KASSR No. 6979 and its telegram No. 6509, and the city council of Petrepaul dated 10/29/1930, the Petrepaul Medical College was opened. There were two departments at Petrepaul Medical College: General Assistance to Patients and Physiotherapists and Radiologists (History of the North Kazakhstan higher medical College, N.D.) Thus, medical colleges gradually began to open in other cities of Kazakhstan: in 1935 in the city of Aktobe (College History. Aktobe Medical College, N.D.), in 1936 in Almaty, and in 1937 in Talgar (Brief history of the College. Talgar medical college, N.D.).

During the Second World War, a network of circles and courses for the training of nurses appeared. In Almaty 11 schools and 26 short-term medical courses were created, and 37 outposts were organized. (Zharkynbayeva, Dulina, & Anufrieva 2020, 99.) From Grant's (2017, 258) point of view, during the Second World War, the participation of women as medics increased the professional and social significance of Soviet nurses, as evidenced by the founding of the professional journal for nurses *Meditsinskaya sestra* in 1942.

After the Second World War, there came a demographic imbalance when fertility became a serious problem. In the 1950s and 1960s, the image of a nurse was presented as the image of a mother. This is evidenced by the second issue of the magazine "Rabotnitsa" in February 1955, where the cover of the magazine depicts a nurse with a child. (Grant 2017, 259.)

Nurses have always been women. The professional success of the nurses was not limited to their scientific preparation, but was mainly centralized to their "gentle touch." At that time, medicine and technology were discussed; care and education were in the spotlight. But the nursing image was concentrated on morality, ethics and motherhood. Nurses should dress neatly, wear hair neatly and preferably avoid makeup. They were modest, simple, and totally loyal to their patients, society, and country. (Grant 2017, 261.)

In Russia, until the end of the 20th century, the training of nurses was carried out in secondary specialized educational institutions, and doctors trained them (Perfilieva, Kamynina, Turkina, Markova, & Zaytsev 2007, 19).

2.2 The Importance of Historical Research in Nursing

According to D'Antonio and Lewenson (2010), the history of nursing is unfolding in a unique way, based on the history of nurses. Their stories add a new dimension to the historical record. As noted by Burns and Grove (2005) historiography explores past events. Historians believe that the greatest value of historical knowledge is a better understanding of oneself. Historical research in nursing has also expanded the understanding of nurses of their profession. (ibid. 59.)

The study of history develops critical thinking, forms a professional identity, and provides contextual practice for nurses. (Wytenbroek & Vandenberg 2017). Levenson and Herrmann, describing historical research nursing in their book, wrote: “History teaches us who we are. We, as a profession, must understand this, because history offers us an identity that we can use to help us grow and evolve”. They also cited the words of the first editor of Nursing History Review, Joanne Lin (1996): “History is our source of identity, our cultural DNA; it gives us collective immortality.” (Lewenson & Herrmann 2007, 2.)

Given the importance of historical research in many countries, special attention is paid to the advancement of this research in nursing. The United States is a leader in nursing research. This is one of the countries where nursing history research is maintained at the proper level, as evidenced by the creation of the American Association for the History of Nursing (AAHN). AAHN is a professional organization open to anyone interested in the history of nursing; its mission is to promote historical science in the field of nursing and health care and to promote the development of historians. The AAHN holds an annual conference, publishes a newsletter, and also publishes an annual publication titled “Review of the History of Nursing”, awards and grants to support historical research in the field of nursing. (Bylaws of AAHN, 2015)

2.3 The Beginnings of the History of Nursing Worldwide

Historical nursing studies were conducted in many countries of the world. There are publications, associations, and journals devoted to historical nursing studies. Studying the history of nursing, the researchers touch upon many of the problems of that time; these can be social, political, economic, racial, gender, as well as professional. For example, describing the history of nurses in the UK Dingwall, Rafferty and Webster describe in their book "An introduction to the social history of nursing" (1988), the social, feminist and professional problems of Britain in the 19th century. From this book one can learn that, despite the existence of hospitals in London, they served more for the rich population. For the ordinary population, in most cases, care was provided by their families or anybody with some reputation with caregiving such as herbalists and healers. In 1923, the Register of the Nursing Council was created; until that time, anyone could call themselves a "nurse". (Dingwall, Rafferty, & Webster 1988, 4.) The book offers information about public health reforms in England that influenced the fate of nurses, and about the initiators who have contributed to the improvement of nursing services.

In their article, Canadian researchers Wytenbroek and Vandenberg (2017) noted that in Canada, the history of nursing started long before the first European settlements were built in Canada. It began with the indigenous women healers. In order to increase interest in the history of nursing and the development of historical science in the field of nursing, the Canadian Association for the History of Nursing (CAHN) was founded in 1987. Members of CAHN are practicing and retired nurses, students, historians, and nursing researchers. (Wytenbroek & Vandenberg, 2017.)

According to James (1984), the history of nurses was comatose. At the beginning of the twentieth century, they began to be interested in it, but then interest disappeared. Its prosperity began after the Second World War. (James 1984, 568).

2.4 The Importance of Studying Nursing History

In 2014, with the approval of the acting Minister of Health of the Republic of Kazakhstan, the country adopted the "Comprehensive Plan development of nursing in the Republic of Kazakhstan until 2020”. In this comprehensive plan it is written:

“For Kazakhstan, the development of the nursing system means its development at all levels of education, monitoring the quality of education at the level of international standards, introducing into the practice of the institute nursing specialists with different positions according to the level of education” (Comprehensive plan development of nursing in the Republic of Kazakhstan until 2020, 2014).

According to Altynbekova, Ramazanova, Kashafutdinova, and Abdimuratova (2016), nursing personals have an important role to play in healthcare, which is ensuring the accessibility and quality of medical and preventive care to the population. Therefore, the training of nursing specialists is the main task in the modernization of Kazakhstan's nursing education.

According to Order of the acting Minister of health and social development of the Republic of Kazakhstan dated July 31, 2015 № 647 “About the approval of the state obligatory standards and standard professional training programs in medical and pharmaceutical specialties” the State standard of compulsory education of the Republic of Kazakhstan (2020) was adopted. Accordance with the standard, the course "History and Philosophy of Science" for students of the Master's program in Nursing is included in the required component (Appendix 2). In this course, advance students study the history of emergence, the stages of the formation of nursing and nursing science, philosophical foundations of nursing science, the basic theories and paradigms of the development of professional nursing and nursing science, key events in the history of nursing and nursing science, and analysis of the achievements of nursing practice in terms of philosophical principles. Also during this course advanced students need to study the history of nursing in their country.

From the point of view of Lewenson (2011, 245), to determine its place in history and its future direction, the nursing profession needs to take new ideas, new thoughts, and new interpretations from its past. Considering the above mentioned data, it is possible to analyze that the history of nursing and historical research is one of the important areas of nursing science in Kazakhstan.

3 Purpose, and Aims

The purpose of the study is to describe the history of nursing in Kazakhstan during 1960–1990.

The aims are:

1. Define what nursing was like in 1960–1990 described by nurses.
2. Define what nursing education was like in 1960–1990 described by nurses.
3. Describe the relationship of nurses with patients and their relatives in 1960 and 1990.

4 Methodology

4.1 Qualitative Research Approach

The adoption of a qualitative approach in the study of nursing arose because of the need to provide a deep understanding of the thinking and behavior of people (Parahoo 2014, 55). According to Burns and Grove (2005, 52), qualitative research is a means of studying the depth, wealth, and complexity inherent in phenomena. In their research, Holloway and Galvin (2016, 3) also define qualitative research as a form of social research that focuses on how people understand their experiences and the world in which they live.

In Parahoo (2014, 39), qualitative research compares with a wide umbrella, covering a number of approaches. These approaches are consistent with the concept that phenomena can really be understood by studying the meaning that people attach to them. The context in which they occur, as well as in qualitative research, researchers will be interactive, flexible, and able to access the experience and perception of people.

This thesis study is devoted to nursing care in Kazakhstan in the period of 1960–1990 and reveals the history of nursing care using a qualitative approach to research. Based on this formulation for historical research, the most appropriate research method is qualitative study, since the study will be based on the experience of old

nurses who worked in Kazakhstan from 1960 to 1990, at the depth of their memories, perceptions, stories and photo data presented by them.

4.2 Snowball Sampling Method and Participants

The study is conducted among nurses who worked in Kazakhstan from 1960–1990, who are now at the age of 60–70 years or more. Finding old nurses of this age was not easy, and therefore, the selection method was the snowball sampling method. The snowball sampling method offers real benefits for studies that seek access to hard-to-reach or hidden populations. (Atkinson & Flint 2011.) Parahoo (2014, 271) also claims that researchers choose the snowball sampling technique when it is difficult to identify people who might take part in the study because of the sensitivity of the topic or because the researcher may not have free access to the sample, for example, he cites samples of drug addicts or petty criminals. The researcher may depend on initial contacts to direct them to other people who may be involved. However, Parahoo writes that the snowball sample is not used exclusively when sensitive topics are explored or when there are few potential participants. Bowling has argued that "snowball technique is used where no sampling frame exists and it cannot be created". (Bowling 2014, 206.)

The definition of "snowball sampling" is also explained by Woodley and Lockard (2016). They write in their article that there are two kinds of definitions for snowball sampling. The first definition regards snowball sampling as a method where people in the sample are asked to recommend or give contacts of other people who would be suitable to participate in this sample (Thompson 2002, according to Woodley & Lockard 2016). The second definition, considers snowball sampling as a form of convenience sampling that is designed to sample among hard-to-reach populations and sensitive individuals (Heckathorn 2011, according to Woodley & Lockard 2016). Both definitions are interconnected with each other. The researcher finds people whom they ask to identify people who could take part in this study, then these people are asked to identify more potential participants, and so on until the data is saturated (Thompson, 2002, according to Woodley & Lockard 2016). In Woodley and Lockard's (2016) article, they examined the use of snowball sampling in Woodland's study about black women educators in New Mexico. First, they received information

from a black hairdresser who was an activist, and using the snowball sample, 15 potential participants were identified of which ten (10) agreed to participate in the research.

Researchers Fatemi, Moonaghi, and Heydari (2019, 118) used the snowball sampling technique to interview experienced home nurses. The first participant was asked to introduce the researcher to other home nurses. During the study, scientists chose nurses, using maximum variation strategies in terms of age, gender, marital status, clinical experience as well as the types of services provided. Fatemi, Moonaghi, and Heydari continued sampling until the data saturation occurred, that is, when no other new codes or categories appeared from the last two interviews.

To find old nurses who worked in Kazakhstan from 1960 to 1990, the researcher first turned to student colleagues from the Advance Nursing Master Program. All of them are from different regions of Kazakhstan and work closely with nurses. Additionally, a request was made to the regional association of nurses of the Aktobe region. The researcher asked the first nurses to contact their colleagues, with their permission, who worked with them 60–80 years ago. One of the first nurses wrote to a WhatsApp chat group where nurses and pensioners communicate with each other. Then she gave the author the phone numbers of those nurses who agreed to an interview. Some nurses contacted their former colleagues and some of them gladly agreed to participate in this study.

In this study, the source of information was data obtained from participants during the interviews. The participants were old nurses who worked in Kazakhstan in 1960–1990. There were two criteria for the selection of participants: they should be nurses who worked in Kazakhstan from 1960 to 1990 and their consent to participate in the study. The participants were from 65 to 85 years old. Nurses graduated from medical college and worked in different regions of Kazakhstan. They all worked as nurses but held different positions in different departments. Five nurses had work experience in rural areas, of which three nurses also had work experience in the city. Five nurses had experience only in the city. Two nurses had been a senior nurse for many years. One participant was a midwife, who had worked at the countryside. Each of them had worked as a nurse for more than 25–30 years.

Table 1. Participants' characteristics

Nurse	age	Region	place of study	Place of work	Place of work	Position	Period
N1	84	Aktobe	Aktobe School of Nursing	Clinic in Aktobe and Almaty	Infection cabinet	nurse	1953–1993
N2	67	Turkestan	Turkestan College of Medicine	Clinic	ambulance	midwife	1969–2009
N3	78	Turkestan	Turkestan College of Medicine	Intensive care unit	Therapy unit	Nurse, senior nurse	1956–1996
N4	85	Aktobe	Pokrovsk School of Nursing	catering unit	Regional Clinical Hospital of Aktyubinsk	Diet-nurse, senior nurse	1951–1971 in Russia. 1971–1995 in KZ
N5	70	Oskemen	Republican Medical College in Almaty	General unit	children's cardiorheumatology department	nurse	1968–2007
N6	68	Turkestan	Turkestan College of Medicine	surgery department	children's department	nurse	1968–1993
N7	65	East Kazakhstan region	Leninogorsk College of Medicine	pediatric nurse	procedural nurse	nurse	1977–2012
N8	66	Kokchetau	Kokchetav College of Medicine	ambulance	ambulance	nurse	1973–2006
№9	65	Turkestan	Turkestan College of Medicine	surgery department	surgery department	nurse	1973–2006
N10	68	Almaty	Republican College of Medicine	children's department	intensive care unit	nurse	1967–2005

4.3 Interview as a Data Collection Method

Interviews are different from everyday conversations; interviews are conducted to obtain information from participants. Identification of feelings, perceptions, and

thoughts of informants is the purpose of the interview. (Holloway & Galvin 2017, 88). Interviews are one of the commonly used methods of data collection in nursing and medical research, as it is an exciting process (Tod 2010, 345). The interview includes communication between the researcher and the subject, during which information is provided to the researcher (Burns & Grove 2005, 396).

According to Holloway and Galvin (2016, 5), in order to understand the experience of the interview participants, you need to familiarize yourself with their world. In the case of this study, this should happen before conducting an interview.

Interviews are widely used in data collection in historical research. From the point of view of Boschma, Scia, Bonifacio, and Roberts (2007, 79), interviews with people, at the same time capturing their experience of social events and cultural and life events in which they participated, provides an opportunity to understand the changes and events from the point of view of those who lived through them. From the early 1970s, historians began to make extensive use of tapes and video recorders; they began to explore the voices and histories of ordinary people, which are often ignored in traditional historiography. Oral history developed in close interdisciplinary communication with other areas of the humanities and social sciences, developing in the interrelated approaches of oral history, life stories or biographies and narrative analysis. Oral history as a historical methodology gives the narrator the freedom to express ideas and thoughts in ways that cannot be preserved in writing about subjects that have not traditionally been the subject of historical research (ibid. 79–80).

The selection of interview participants is an important stage in research work. In the case of this study, the choice of the period of the study was connected with the participants of the interview since Kazakhstan did not have a nursing historical study earlier. This study was conducted based on interviews with older nurses in order to study their story, feelings, and worldview of that period. The period of 1960–1990 was the earliest period for the nurses who are alive in our time, and this was an opportunity to hear and learn straight from them what nursing care was like in Kazakhstan at an early time.

The duration of the interview depends on the participants, the topic of the interview, and the methodological approach. (Holloway & Galvin, 2016, 95.) Tod (2010, 390) cites Robson's (2001) statement, which argues that the most common distinction made between different types of interviews is the degree of structure and standardization. The less structured the interview, the more deep and flexible the survey. For this study, it was important to get rich, deep data, so a semi-structured interview was chosen for data collection. Semi-structured interviews have predefined topics and open-ended questions outlined in the interview schedule. Therefore, before the interview, the main questions were prepared: 1. in what year did you start your career as a nurse? 2. Who were your mentors at the beginning of your career? 3. What were the responsibilities of the nurses and what interventions did they carry out at that time? 4. What was the load of nursing in your time? 5. How did you improve your skills? 6. What kind of overalls did nurses wear in your time? 7. How did patients and their relatives relate to the nurse during your time?

In interview studies, two methods of interviewing were chosen. These were a personal meeting and telephone interviews. Recently, in addition to personal interviews, telephone interviews and other online interviews have been used in research to collect data, and today the telephone interview has become more popular among them. (Holloway & Galvin 2016, 100.)

All participants in the study were from different places of Kazakhstan, so telephone interviewing was the best solution for the researcher. From the perspective of Holloway and Galvin (2016, 102), telephone interviews are one effective way of interviewing. They also note the convenience of telephone interviews for researchers who sometimes have to travel, spend time and money on the road.

According to Holloway and Galvin (2016, 95) before analyzing the data, researchers should preserve the words of participants as precisely as possible. The best form of data recording is tape recording. The tapes contain the exact words of the interview, including the questions, so that the researchers do not forget important answers and words. After receiving consent to record to the recorder, a dictaphone was used during the interview.The interview was conducted after a preliminary agreement. The time of the interview was determined by the participants themself. The language of the interview was also chosen by the participant; it was either Kazakh or Russian,

sometimes with a mixed language. During the study, 10 interviews were collected, of which 1 was conducted face to face and 9 interviews by phone. The face-to-face interview time was 1 hour, and the remaining 9 interviews that were collected by phone lasted from 20 minutes to 32 minutes. During the transcription of the collected data, a repeated clarification interview was conducted with nine participants.

4.4 Data Analysis

In this research, content analysis was used to analyze the data. Content analysis is used in many studies in nursing and has a long history. In their studies, Elo and Kyngäs (2008, 107), analyzing the articles in Cinahl and Medline databases from 1988 to 2007, came to the conclusion that the content analysis in nursing is used quite well. Content analysis is performed on various forms of human communication, which may include, in addition to interviews, various rearrangements of written documents, photographs, and video recordings. The analysis is intended to “code” the content as data in a form that can be used to solve research issues. (Berg & Lune 2012, 350).

Bowling (2014) in her book gives a description of Glaser and Strauss (1967) who argued that coding is essential for the invariable analysis of qualitative data. Coding means associating data sections with categories that the researcher has developed or is developing on an ongoing basis as data is collected. (Bowling 2014, 209). In this study, the inductive method was chosen for data collection. The inductive method is the collection of data and the construction of an observation to verify from them. You can also use the deductive method to collect data, where the researcher can start with a general idea and develop from it a theory and testable hypotheses that will be tested by data. (ibid., 132.) But in this study, only the inductive method of data collection was used, since at the beginning of the study there wasn’t a hypothesis and the researcher did not know what to expect from this study.

According to Kyngäs, Mikkonen, and Kääriäinen (2020, 15), recorded interviews must be transcribed. The researcher should carefully examine the collected data, and for this, the researcher should read the data several times before the analyzing process

and select the unit of analysis. The next step includes the analysis of the transcribed text, and then the analysis of open source codes for the formation of a subcategory, after which the subcategory can be grouped into categories and main categories. Each sentence or another main category should be related to research issues.

Process of analysis

Step 1. Transcribing the text of the interview. Recorded interviews on the audio recorder were transferred to text. The interviews that were recorded on the recorder resulted in 36 pages of transcribed text, Calibri font, space 1.5.

Step 2. Familiarize with the data. In order to select a unit of analysis (for coding), the interview data was listened several times and the transcribed version of the data was carefully read several times.

Step3. Encoding data. Each raw data was encoded. The unit of data was a few words or sentences of 2–3 words. As a result, 203 codes were received. Example compiled codes are shown in Table 2.

Table 2. Content coding examples

Raw data	Condensed	Codes
My mother asks me: will you go to the 8th grade? Or do you go to a nurse school?	Parents offered to choose the profession of a nurse	For parents, the nurse was a priority profession
Nurses wear a white uniform, always walk clean and beautiful	Mandatory to use white uniform Uniform must be clean and beautiful	The nurse uniform attracted people,
And when I went to the village of Batamshy, Kempirsay. Everything was here, and surgery, and gynecology, and children. There was a very beautiful uniform, slippers	It was very important for the nurses how their uniform looked.	it was important for nurses to look like their uniform
Sometimes we were given uniforms not sized	wrong sizes of uniforms were sutured in the studio	

Step4. Analysis of open source codes for the formation of a subcategory. The division into subcategories was based on the similarities and differences between the codes.

Step5. Grouping by main categories. The basis for grouping sub-categories into main categories is questions for the purpose of research. An example of categorization is shown in Table 3.

Table 3. Main categories examples

CODES	SUB-CATEGORIES	MAIN CATEGORIES
For parents, the nurse was a priority profession	priority profession	The profession and image of the nurse was very attractive, the nurses took care of this image.
young people dreamed of becoming a nurse		
young girls chose the profession of a nurse because of the hospital atmosphere		
The nurse uniform attracted people	created the image of a nurse	
it was important for nurses to look like their uniform		

4.5 Trustworthiness

According to Holloway and Wheeler (2009, 297), trustworthiness in quality research means methodological soundness and adequacy. When conducting a qualitative study, the main task for researcher is striving for the maximum possible quality in conducting and reporting research. The perspectives of qualitative research are credibility and trustworthiness. (Cope 2014.) In her article, Cope provides assessment

criteria quality in qualitative research proposed by researchers Lincoln and Guba (1985). At the beginning, they propose five criteria for the development of trustworthiness in qualitative research: credibility, dependability, confirmability, transferability, and authenticity. (Lincoln & Cuba 1985, according to Cope, 2014).

The trustworthiness criteria for qualitative research, which was developed by Lincoln and Guba is relevant to this day, too. In her article, Amankwaa (2016) provides a detailed description of these criteria. According to Amankwaa, trustworthiness is a vital component in the research process. Trustworthiness enhances the completeness and quality of a research product; it must be planned in advance with a protocol. This protocol should include the dates and times of the trust. (Amankwaa 2016).

From the point of view of Kyngäs, Mikkonen, and Kääriäinen (2020, 41), the criteria proposed by Whittemore is currently relevant. Kyngäs and colleagues proposed four primary and six secondary criteria for evaluating confidence. In qualitative research, all four primary criteria are applied, and the application of the secondary criterion is decided by the researchers themselves. The main four criteria are: credibility, authenticity, criticality, and integrity.

One of the criteria of trustworthiness is credibility. Credibility is understood as internal reality. (Holloway & Wheeler 2016, 309). **The credibility** of the study is confirmed by a carefully designed research process, a description of each stage of the study, and a discussion in the final report of the strengths and weaknesses of the study (Kyngäs, Mikkonen, & Kääriäinen 2020, 42). In this study, at each stage in the methodology sections, the author provides clear schemes for collecting participants and collecting interviews from them. The data analysis section describes the steps for conducting content analysis and finally lists the strengths and weaknesses of the research.

The authenticity of the study is based on the use of various quotes from the participants' interviews. It is also necessary to use citations of different participants and be systematic in all texts. In this study, quotation is used in the results section. According to Cope (2014, 90), **Criticality** is the process when a researcher makes a

decision and is critical of the research results. An indicator of **integrity** is a critical reflection on the validity of the data interpretation.

In this study, all participants were from different regions of Kazakhstan. Also, some participants in their midwife activities had to work in different places of Kazakhstan. Attracting participants to the research work and for the richness of the work, the diversity of the positions of the old nurses was taken into account. According to Holloway and Wheeler (2016, 309) the term **transferability** means that the results of one context can be transferred to similar situations. Credibility is the variety of participants in different locations and different positions.

5 Ethical Issues in this Research

This study is a qualitative study where the participants were old nurses. An interview was conducted with nurses about their experience and work in 1960–1990 in Kazakhstan. In order to conduct the study in the first stage, a cover letter was prepared for the participants with formulated questions. After this, study protocol was transferred to the local ethics committee to continue the study. The protocol included: 1. Purpose and objectives of the study; 2. Criteria for the selection of research materials and participants; 3. Methods and procedures; 4. Assessment of the risk/benefit ratio; and 5. Identification of study participants, recruitment, and consent. The permission of the local ethics committee was obtained in March 2020, protocol 3, dated March 10, 2020. After receiving a written opinion authorizing the study, the next stage of the study began. Before the interviews, all participants were sent an email, and some were sent a cover letter via WhatsApp (Appendix 2). The cover letter included information about the researcher and the research goals. In case of refusal, the respondent was not questioned. During the interview, all ethical norms and rules were observed, including confidentiality of information, personal autonomy, voluntary participation, vulnerability, and fairness. Nurses were also notified of their consent to use photographic materials and about the publication of this research work on the site www.theseus.fi.

The approximate duration of the interview is also about recording in a Dictaphone. The participant’s right is to refuse to participate at any time. After the consent of the

participant to the interview and data processing, the respondent was interviewed using audio recordings, and the researcher also used notes to avoid the loss of any data. The interview was conducted in compliance with all ethical rules and norms: confidentiality, voluntariness, personal autonomy, vulnerability. Upon the voluntary consent and suggestion of the respondents themselves, archival photographs were used.

Nurse Sadulaeva Kayrylisa provided 5 photos from her personal archive and agreed to use these photos in the study, as well as agreed to place them in the master's thesis. The photos were taken in different periods in the city of Turkestan. All the photos were taken by one photographer, Karabuzov Kural, who is now dead. Therefore, permission to use the photo was obtained only from the nurse Sadulaeva Kayrylisa.

Thus, adherence to the principles of biomedical ethics in this study was as follows: voluntary participation of the respondent in the study, respect for the confidentiality of personal data of respondents, respect for participants during interviews, and respect for the time of respondents, for example, if a participant wanted to stop an interview.

6 Results

6.1 What Nursing Was Like in 1960–1990

Old nurses, who worked as nurses in the period 1960–1990, shared their point of view on the account of what was nursing like in the territory of Kazakhstan at this time. According to their description, the following main descriptive topics were identified: Image of Nurse, Socially significant profession, Women’s job, Difficult conditions and team spirit, Support from the administration, Nursing errors, Dependence and Independence of the profession, and Nurses as activists.

6.1.1 Image of Nurse

Nurses who worked in between 1960–1990 chose the profession of nursing because for most parents, the image of a nurse was attractive; it was an image of cleanliness, order, and kindness.

> "*My mother asks me: will you go to the 8th grade? Or do you go to a nurse school? Nurses wear a white uniform, always walk clean and beautiful*" (N1)

> "*My father was a military man, he was strict, he said that I should work in the nursing profession*" (N2)

The nursing profession was also popular among young girls. Young girls liked to work in the hospital, and they had dreamed of becoming a nurse since childhood, and some of them followed their dream despite their parents' wishes not to.

> "*Being a nurse was my childhood dream*" (N3)

> "*I became a nurse because I loved the smell of medicine. When I was 13 years old, my mother gave birth to twins. I helped my mother take care of them and she often went to the clinic with me. I really liked the hospital environment*" (N4)

> "*My father wanted me to become a teacher and he handed over my all documents to pedagogical college, and I take my documents from them and gave all to medical college*" (N6)

The nurse's uniform also attracted people. The nurses themselves also took care of the appearance of their uniforms. During the interview, all the nurses spoke with awe and enthusiasm about their uniforms.

> "*Nurses wear a white uniform, always walk clean and beautiful*" (N1)

> "*I consider that in every home there should be a health worker or doctor, for example I gave injection to my parents in law and organized their hospitalizations. But my children didn't follow my way, but I keep my special white uniform in the hope that one of my grandchildren will choose this profession that's my way*" (N3)

> "*Once when I was working in the intensive care unit, we were given beautiful Czech dressing gowns with a stand-up collar. I was very happy to wear this uniform*" (N10)

The image of nurses was made up of an image of cleanliness, neatness, and kindness. This image was attractive among the population. The profession had a great authority and many parents wanted their daughter to become a nurse, and it was popular among young girls, too. Their uniform, which was pure white, also played an important role in the popularity of the profession. Nurses of that time also put a lot of effort to preserve their image, and clearly monitored their uniforms and appearance.

6.1.2 Socially Significant Profession

The nursing profession was a socially significant profession for the state. In the years 1960–1990, young nurses received jobs from the state. The state regulated the provision of nursing staff to the population, especially in rural areas where nurses were provided with housing.

> *"I got a job in a hospital of Turkestan, but there was not a long time. I did not work after a couple of months; I was transferred to Babai-Kurgan rural district midwife. There has not been a midwife and I urgently transferred there" (N2)*

> *"We came to this medical unit, then we were given a room, while everyone was given a room" (N1)*

> *"A month after graduating from College, I went to the district hospital to start working, I was told that I was sent to the village of SR, which is located 800 km from the district. This village was in a dead end, only 40 houses, there was not a single medical worker, and the outpatient clinic was just opening. I cried for 3 days, I didn't want to live so far away and in a dead end. But I couldn't refuse either, so I was ordered to go to this village" (N8)*

The administration of the Department of health or the hospital administration considered the requests of nurses and the state, sometimes sending nurses to their chosen place of work.

"I asked to work in a mine area where nickel was mined and where there was a medical unit with 25 beds, and I was sent there" (N1)

"My mother-in-law personally asked our chief doctor to transfer me to a children's hospital. At that time, the children's hospital was a branch of the regional hospital and its location was closer to our home. The chief doctor immediately complied with my mother-in-law's request and transferred me to the children's hospital by order" (N6)

The decision to send nurses to work on a referral at that time addressed the issue of a shortage of nurses, but despite this, in private, the requests of nurses were also taken into account. Nurses could be transferred to another clinic or department at will.

6.1.3 Women's Job

After marriage, many nurses had to change their jobs in another city or village for family reasons. For example, nurses were dependent on their husband's place of work and their husband's relatives. With this change of job, nurses often had to retrain, for example, from a General Nurse to an anesthesiologist, etc.

"This hospital I worked until 1975, after my husband and I moved to Almaty. He got a job in Almaty and I got a job in a children's hospital №2 Almaty, in cardiorheumatological unit" (N5)

"In 1969 in December I moved to children's hospital. I was already married. My husband and mother in law wanted me to work near the home; children's hospital was nearer than the regional hospital" (N6)

"I got married. When my husband was transferred to Karaganda, I got a job in a hospital there I worked a long time. There was enough work for nurses, so I asked for a surgical Department, a treatment room" (N7)

"My husband was transferred to Almaty, builds the subway, I got a job in the Clinic number 11 and again in the treatment room, 15 years did blood sampling" (N7)

The nurse was one of the purely female professions, so the image of a nurse was formed from a woman and a mother. The nurses at home were supported by her family, and the nurses also believed that nursing was the ideal job for a woman with children. She saw support in the family, and the family could help her in her work.

> *"My children helped me cope with my work, I have three. When they were already schoolchildren, they could all three come and help clean up somewhere, clean the basement of the hospital, of course, under the control of the workers" (N4)*

Nursing was an exclusively female profession. Over time, young nurses formed families and depended on their marital status. They also saw support in the family, and the clinic administration also treated the family and women with children with understanding. Nurses saw support in the family; husbands and children supported the nurses.

6.1.4 Difficult Conditions and Team Spirit

Nurses worked in difficult conditions, sometimes with a working schedule of 12 hours or more. This was mainly due to staff shortages, often with two nurses per shift instead of four. Patients and newborns were visited at home and got there on foot. It was especially difficult in extreme weather conditions.

> ***"****In addition to the fact that we worked in the hospital, after hospital we were on duty, you did not immediately go home, but went to the clinic, we also visited newborns at home" (N1)*
>
> *"At that time our work Schedule was 12 hours" (N1)*
>
> *"The first years of the midwives I was alone, several nurses and all in the maternity ward" (N2)*
>
> *"Arrangement to work was no problem, the nurses are very lacking, instead of 4 nurses working in pairs. Nurses take a job without an interview" (N5)*
>
> *"I was hired without job interviews and internships. The branch has been for 80 beds, 4 nurses were supposed to, but because of the shortage of nurses worked 3 people" (N6)*

Nurses in the workplace always felt a team spirit. All nurses noted the friendly team, helping each other and supporting each other—this was an integral part of daily work. Nurses also noted a well-coordinated team between doctors and nurses, administration and nurses.

> *"The first working day I was met by a nurse, she explained to me what I should do, where and how" (N1)*
>
> *"In operating department worked 4 nurses, all they worked as one team, supported each other, and helped" (N3)*
>
> *"I worked as a chief nurse of the regional clinical hospital in Aktobe for 12 years. During this time we sent a lot of work with the head doctor of the hospital. Great innovations in nurse work organizations such as centralized payroll" (N4)*

Figure 1. Friendly team of nurses, Turkestan regional hospital. 1973. Photo from the personal archive of the nurse Sadulaeva Kayrylisa. Used with her permission.

Nurses worked in difficult conditions, especially in district and rural areas where there was a shortage of staff. These nurses had to do the work of several nurses and went on foot during home care. But despite the difficult conditions, the nurses

especially noted the team spirit in the team, where they taught each other and helped each other.

6.1.5 Support from the Administration

The administration of the hospital and clinic has always supported the nurses. This support was felt in the form of concern for the family welfare of the nurse, for her mental state. In addition, active participation of nurses in celebrations and competitions was also a support for the social activity of nurses.

> *“When my husband died, I was depressed, and I kept visiting his grave. At that time, our clinic served the military unit, soldiers, and draftees. Seeing my condition, the administration invited me to change circumstances, offered to go to Germany with the military to work; they wanted me to get distracted from my grief” (N1)*

> *“As the Chairman of the trade Union Committee, I actively participated together with the administration of our hospital in organizing various holidays, competitions and meetings. We held competitions for nurses, holidays "blue lights", "Nauryz" and meetings with veterans” (N4)*

> *“The administration has always supported us, and once I was even sent to Samarkand to travel” (N6)*

Figure 2. Nurses celebrate the traditional Kazakh holiday Nauryz, 1988. Photo from the personal archive of the nurse Sadulaeva Kayrylisa. Used with her permission.

Figure 3. Nurses celebrate the traditional Kazakh holiday Nauryz, 1985. Photo from the personal archive of the nurses Sadulaeva Kayrylisa. Used with her permission.

The role of the senior nurse of the department was very important in providing the best possible care to patients. The senior nurse was responsible for the organization of patient care for the staff of nurses and orderlies. She took the responsibility for

better adapting new nurses. They taught them and supported them. Thanks to the training and support of the senior nurse, young nurses quickly adapted to their new job, tried not to let the senior nurse down, and became more attached to their work.

> *"After delivery, the senior midwife praised me, the woman was grateful, I was happy, I liked working midwife. After my first duty, I finally decided that I will continue to only midwife" (N2)*

> *"Our clinic carried out preventive work; we had a very good selection of nursing staff. Before me, the head nurse was a very competent strong nurse who picked up very strong, experienced, responsible senior nurses. For example a senior nurse of the urological Department, when she took a new nurse, she will be on duty for 2 nights, although the senior nurse was not required to be on duty. When I asked her why she does this, she said that from the very beginning, a new nurse should learn to do her job as it should be, in order to avoid mistakes" (N4)*

> *"I remember how a heavy child acts, he suffocates there, cyanosis of the nasolabial triangle and my senior nurse says to me "A., let's put intravenous, if you don't get the child will die and it will be on your conscience", so she helped me to disguise my fear" (N7)*

Nurses mostly used the orders on the sanitary condition of the hospital concerning the handling of syringes, particularly about dangerous infections and hospital-acquired infections. The senior nurse was instructing other nurses on new orders and health regulations

> *"The orders mainly on sanitary condition of hospital, syringe processing, especially dangerous infection, nosocomial infection, they were released, updated" (N10)*

Nurses have always had full support from the administration. This was evident during the interviews with each of the participants. They spoke with great pride about the chief nurses and the chief doctor of their clinic, remembered them in good words and expressed their gratitude. All the nurses highlighted and talked about the senior nurses who supported them and taught them nursing.

6.1.6 Nursing Errors

All participating nurses experienced nursing errors in their careers. They expressed their views on how patients and their relatives, as well as the administration, treated these errors:

> *"Chief always reminded nurses to read 3 times each ampoule before injecting and said "Injection is help and weapons at the same time that you can help patients, and if used improperly, harm patients" (N3)*

> *"There were nurses who made mistakes or didn't want to perform their duties. In these cases, as a senior nurse, I reported to the chief doctor. We thought about this case with concern: the nurse was either transferred from the station to the clinic, or to the technical office, or dismissed. But we didn't leave very often, because most of the nurses were married and needed work" (N9)*

Mistakes made by nurses could lead to irreparable consequences, so chief doctors and chief nurses always took preventive measures and tried to prevent mistakes. They always reminded the nurses to be vigilant and always do their work deliberately. But despite this, if the nurses made mistakes, they tried to solve it intelligently. When choosing a punishment, the family status of the nurse was taken into account, so they mostly transferred to a simpler department or from a hospital to a polyclinic, or reduced the position to a cleaner. The penalty of dismissal was used very rarely.

> *"There was a case when I was just starting my career, one nurse, already having experience in her shift, mixed up the medicine for intravenous administration. Then, after an appendectomy, the medicine was injected through the Bobrov's apparatus through the femoral vein, it was mixed and injected with 10% NaCl, the medicine left subcutaneously, and the patient's leg received a chemical focus and became disabled. But the patient did not write a complaint, accepted it as "the work of God," and the nurse was transferred to the emergency department" (N3)*

Many patients treated the nurses' mistakes as a matter of fate. As noted by nurses, this reaction from patients was mainly before the 1970s which was associated with

the literacy of the population. The response in the form of complaints about nurses appeared after the 1970s, when the population became more educated.

6.1.7 Dependence and Independence of the profession

Nurses themselves perceived their profession as a kind of beginning of the doctor's profession. For example, nurses became nurses after failing to qualify for medical university, and alternatively enrolled in a medical college. In addition, some nurses wanted to continue their studies and become a doctor after college, and some did so.

> *"I had a chance to go to medical school when my husband was transferred to Alma-Ata, but I thought when I graduate, I will be 32 years old, why do I need it, then I will be an old woman" (N1)*

> *"Many of my fellow students are nurses, and several of them went on to become doctors" (N9)*

> *"The head teacher recommended me and my girlfriend from Western Ukraine to medical institute. But the commandant did not sign, because I was on the list, our family was recognized as an enemy of the people in 1937, and I was Kulak's daughter. And I couldn't continue to study. I went to work as a nurse in a clinic" (N4)*

The relationship between nurses and doctors has always been respectful. Nurses treated doctors as teachers, learned from them to collect the patient's medical history, and to communicate with patients. A special place was occupied by the mentoring of the chief doctor, who awakened the nurses' responsibility for their work and respect for the patient.

> *"At that time our head physician was respected specialist in field of medicine. And he always taught us and said: To treat to elderly patients as parents and young patients as your sisters and brothers. With this opinion we worked. He was a great teacher for us, he taught and brought us up" (N3)*

"All the doctors were very competent and treated the nurses respectably very well. If suddenly relatives of nurses are ill, then doctors treat them without any questions" (N6)

Rural midwives and nurses were distinguished by the fact that they often had to make their own decisions and show courage in difficult moments. Villages usually had one nurse and one midwife, so they often decided what procedures to prescribe and where to hospitalize the patient. Midwives were aware of their responsibility to pregnant women. They were often brave. Therefore, the village inhabitance appreciated their work and respected them.

"On average, 150 women gave birth each year, of which only 4–5 were sent to the city per year. I tried to assess the risks of childbirth and, as far as possible, delivered myself in the village. When there was a Commission in our rural district, he was very surprised and praised me, saying that I have a heroic heart" (N2)

"I worked in a rural outpatient clinic with another nurse, and as the senior I was responsible for everything. It was very hard during the vaccination, I'm from the area with icepacks took the vaccine, all the way worried about the safety of these vaccines, she organized the vaccination of the population, there was no doctor I had to give access to vaccination, and she also assessed the post-vaccination stage. Until I finish this vaccination, all night I was worried about the light in the village, suddenly if the light is turned off the entire vaccine would be lost" (N8)

Depending on doctors, nurses were not allowed to pay attention to patients' complaints or to show independence in making decisions, which sometimes led to irreversible mistakes. This was especially noticeable in departments where nurses were highly dependent on their doctor's prescriptions for patient care and treatment. They received all the prescriptions from the doctor and were highly dependent on this prescription for their actions.

"There were also cases when the patient knew about it. She is allergic to an antibiotic, and on Saturday she asks the nurse not to give it to her. She also complains of feeling ill. The patient asked to wait until Monday, when the

doctor would arrive, and discuss the appointment schedule with her. But the nurse on duty, referring to the registration sheet that this antibiotic is listed there, insists that all prescriptions must be made. After the injection, the patient received anaphylactic shock and fell into a coma" (N3)

Medical work for nurses was the next stage of the nursing profession, so many nurses sought to enter a medical university to continue their training. At the same time, the relationship between nurses and doctors was respectful, but nurses were very dependent on doctors for their actions. In terms of independent action, rural nurses and midwives were more independent and determined, as due to the lack of doctors in rural areas, nurses often had to work independently. Midwives assisted in labor by themselves and were able to independently assess the condition of the pregnant woman. Nurses in rural areas organized vaccination events themselves and acted more independently. In urban and regional areas, especially in hospitals, nurses were completely dependent on doctors for their actions, which sometimes led to the fact that nurses could not act independently in some situations when they were required to do so.

6.1.8 Nurses as Activists

Nurses were given the opportunity to express themselves actively, and they managed to engage in social work past their work. They showed themselves in organizational matters, and there were also socially active nurses. Active nurses additionally increased their knowledge reading magazines, sharing their experiences, and writing articles.

"*In parallel, I was chief of the prof.com.10 years. I was an activist, was a member of the republican trade union, and facilitated the opening of canteen for employees. At that time, there was canteen for employees in only 2 hospitals, in the republican and in ours. The employees thanked, otherwise they ran to a neighboring organization to eat*" *(N4)*

"I actively wrote articles in newspapers and medical journals. There was an entire union magazine about nurses "Nurse". I wrote an article about certification experience. Now this magazine in the museum" (N4)

Nurses faced seasonal infectious diseases that occurred almost every year. During the outbreak of these diseases, the department was closed for quarantine, and some departments were reformed for these diseases. The work of nurses then included sanitary and educational works, making bulletins. At that time, there were no single-use syringes, and with the mass admission of patients during quarantine, nurses had difficulty handling syringes since there simply was not enough of them.

> *"Quarantine was mostly always for hepatitis A in 1976 and the children's department was quarantined. I also remember once it was about the rabies virus" (N3)*
>
> *"It was a health information Bulletin. We prepared based on materials from books, articles about the disease and produced a wall newspaper for patients, sometimes we commissioned artists ourselves" (N6)*
>
> *"I worked with different syringe for injection, it was enough. And during the quarantine sometimes didn't enough for a shift" (N10)*

Figure 4. Nurses discuss the methodological Bulletin they have developed. 1973. Turkestan city hospital, children's Department. The photo is the property of Nurse Sadulayeva Kairylisa, used with her permission.

There were always active nurses, who in addition to their work, were engaged in improving their knowledge, who took care of their colleagues working in the trade

Union Committee, and wrote articles. Their activity was also shown during the quarantine measures; they themselves issued bulletins and engaged in preventive work among the population.

6.2 What was nursing education like in 1960–1990 described by nurses?

The study participants, old nurses, graduated from different medical colleges (see Table 1). They told about how they were trained, about their teachers, about practical classes. They also spoke about the post-graduate training that they received as nurses.

6.2.1 Deep and Broad Nursing Education

The scope of nursing education was wide and provided high level of knowledge. Nurses were trained in medical colleges, where they took classes such as anatomy, pharmacology, therapy, latin, surgery, and others. In addition, each course had an practical training. The role of practical training played a huge role in the future career of a nurse.

> "*In College, we were taught by competent teachers. They gave us good knowledge and demanded a lot. We studied latin. Therapy, anatomy, and others*" (N1)
>
> *"When we studied, we went through practical training for a long time, a month" (N1)*
>
> *"Study in college was not difficult; the training material was enough only academic buildings were located in different places. The teachers are very good to us, soul taught us lesson were interesting" (N5)*

The students experienced the language barrier while studying in college. Russian was the language of instruction at the medical college, and for many of the country's students, Russian was not their native language. Especially the students from villages experienced these difficulties.

"For me the study was not so hard, but even so there were problems with language. I graduated school in Uzbek language, but in med school all the study was in Russian, that's why I had to study everything in Russian" (N6)

"In college, we studied in Russian. It was easier for me than my group mates from village. Through, I also graduated Kazakh school, but there were Russian classes in our school, that's why it was not difficult for me" (N3)

In order to study at a medical college and become a good nurse, students had to have personal qualities. Nurses associate their academic success with their personal qualities, such as diligence and determination.

"I studied perfectly, and my goal was to study well and to be a leader always" (N4)

"My Golden teachers taught me very well, and I was probably able myself. They showed us in practice and we had a very great desire to learn, to be able to do as we were shown" (N7)

"I was very nimble on their own, are not afraid, do not hesitate. I started out as a nurse and intravenous injections I'm good at" (N9)

Despite deep and broad knowledge on the part of the college, some student nurses experienced difficulties in their studies. The language barrier was one of the main difficulties of that time. But despite such difficulties, students who aspired to learn also overcame these difficulties.

6.2.2 Nurses in the College Were Taught by Doctors

In 1960–1990, medical colleges in Kazakhstan were taught by doctors, that is, as in the entire Soviet Union. Some of the teachers worked as doctors in hospitals.

"Our Director taught us surgery; he was the best surgeon in the city. After receiving diplomas, he recommended 3 best students including me, for working as nurse at surgery department" (N3)

"In College, we were taught by good doctors. They understood and supported the students" (N9)

"The teachers were good. Therapists taught us about therapy, and surgeons taught us about surgery. In pharmacology, we were taught by a great man who later became a Professor; he worked for many years in a medical College" (N6)

During the training period, nursing education was secondary education, and nurses could not teach at the College, so only doctors could train nurses. Therefore, the main theoretical classes were conducted by doctors.

6.2.3 Practice Was the Main Part of Students' Training

After the end of each course, students of the college took practical training. The production practice lasted about a month. During the practice, they learned how to care for patients, building relationships with them. Some students took internships in their own districts by agreement.

"After first course we studied about sanitary practice, in second course we learned about production practice. We were watch for the work of nurses, and learn from them. In the middle of second course I could give an injection" (N6)

"I had a state practice in my district. When I arrived at the district hospital, they were happy to accept me. My father was disabled, our family had many children, and my mother needed help, so the College went to meet me and allowed me to practice in my area." (N7)

"I really liked the production practice. We ran around the room, made the bed, treated wounds, put cans. We were all very interested; we tried" (N10)

Figure 5. Students of the faculty of nursing of Turkestan medical College during practice. 1967. Photo from the personal archive of the nurse Sadulaeva Kayrylisa. Used with her permission.

Practical training in the hospital was one of the most interesting and exciting moments of the educational process for students, where they tried their theoretical knowledge in practice. They were very happy to pass the production practice.

6.2.4 Mentoring

During the practice, students were trained under the supervision and support of mentors who taught students the basics of nursing. According to the description of participants, the mentors of that time were strict, demanding but at the same time kind. Mentors were senior or head nurses, sometimes they supported students to the procedural nurse. All the old nurses noted the important role of the mentor in their career, remembered them with a kind word, and expressed their gratitude to them.

> *"I came to this department, and there the head nurse was kind, but seemingly strict, she gave me a syringe and said: "Give an injection." I took the syringe*

and I dropped it on the floor, I thought to myself: "Oh God, she'll kill me now". She took another syringe, scored the medicine and said, "go to the first ward, "I say: I'm scared". She tells me, "don't be afraid, go to the first wards, we have a very heavy elderly woman lying there, she never scolds, and gives practitioners to give injections. Do not be afraid" (N1)

"During practice, we went to the treatment room and there everything shows you, starting with how to handle your hands and you repeat all this. The syringes were reusable, they were processed. Our mentor watched and observed how we did, if we did something wrong, she immediately explained and we corrected our mistakes on the spot. We had a good mentor and the group and I quickly learned everything" (N7)

As it was already learned, nurses were taught by doctors, but despite this, the role of nurses was also important in the training of future nurses. During the practical training, students were taught by mentors who were from the number of nurses. They were mostly senior nurses, nurses in the treatment room, who taught students the basics of nursing, practical nursing skills, and setting up injections. They had great authority among nursing students.

6.2.5 Training of Working Nurses

Nursing training continued after college. After they were employed, the clinic itself sent them to courses, especially narrowly specialized courses such as nurse anesthetist, infectious diseases nurse, etc. Usually these courses lasted 3–4 months.

"My first workplace in Almaty was clinic number 12, I worked in the treatment room. Then I was sent to vaccination courses and inoculations to the Institute of Blood Transfusion" (N1)

"After graduating from college, I took a three-month course of anesthesiology and resuscitation of a nurse" (N3)

"Almost every 2–3 years, sometimes often we were sent from work to improve our skills. I always attended these courses, especially since they were free and interesting. In our time, there was no Internet, let alone textbooks, professional development courses were the only place where we could get an education and

improve our skills. These courses were held in the city of Turkestan, gathered midwives from all rural areas, shared their experience, helped each other, gave lectures after exams" (N2)

"Just like I was taught, I also taught other nurses. In the treatment room, we worked for a long time 3 nurses, two were my students. And so we have never had any complaints or scandals from patients. I am very happy with my students" (N7)

Passing on their knowledge to young nurses and training new nurses was a normal process among nurses of that time. They thought this was the way it should be. They tried to help each other and worked together.

6.3 The Relationship of Nurses with Patients and Their Relatives in 1960 and 1990

Old nurses expressed their vision of how they and their colleagues built relationships with patients and their relatives.

6.3.1 The Relationship of Students with Patients

During the practice, students closely interacted with patients. Mentors trusted students with patients; they provided such care as massage, smearing ointments, care for pressure ulcer. The patients also very understood of the students, since they understood the importance of practice for the students. This helped future nurses to develop responsibility for the patient and not be indifferent to the patient's pain. This was the first time students try to build a trusting relationship with patients during their college practice.

"I will never forget this patient that I took care of during my practice, this is my first patient. I smeared her bedsores with ointment and rubbed them with alcohol. Everyone said that she was going to die soon, but I took care of her, she liked me, and every morning she said to my mentor, "Give me a girl" after that, she was discharged home with improvement" (N1)

"In our time, patients' respect for students was the same as for nurses. They looked at us as future nurses, apparently because of this they tried to help, especially I remember those patients who have good veins knowing that we students were not afraid and allowed students to do intravenous injections" (N8)

Nurses met their first patients during their work practice in college. Practically all nurses mentioned their first patient with warmth and remembered their name. The relationship with the first patient was the beginning of their nursing career. They loved doing good and realized how much depends on care.

"In my first duty, a Russian woman came for a child of both. I took birth from her; she gave birth to a boy. I still remember her and her baby" (N2)

The relationship between nurses began during their practical training inside the walls of the college. Students understood the importance of building trust and friendly relationships with patients. Therefore, even during practice, they tried to be useful for patients, were happy when patients trusted them and if the patient's condition improved. This was also facilitated by the attitude of patients to future nurses, who allowed students to do nursing manipulations, sometimes requesting this student themselves. The trust of patients further encouraged students to do their job better.

6.3.2 The Relationship of Nurses with Patients

The relationship of nurses with patients was built on mutual respect. Nurses understood the importance of mutual respect with patients, and nurses were taught to treat patients as if they were their own family.

"We respected patients, and they respected us" (N8)

"At that time our head physician was respected specialist in field of medicine. And he always taught us and said: To treat to elderly patients as parents and young patients as your sisters and brothers. With this opinion we worked. He was a great teacher for us, he taught and brought up us" (N4)

"You know, in my life I have learned that patients should be respected and never allow myself to shout or raise my voice to patients" (N7)

“I was a children's nurse, and I mostly had to work with children and mothers of children. In General, mothers are always more panicked than the children themselves. I also always use the Kazakh term of endearment "Ainalayyn" when I address patients, and this word immediately calmed them, disinfected the child's mother” (N7)

Relations between nurses and relatives of patients were friendly. Patients and their relatives treated the nurses very kindly and with great respect. They always tried to help the nurses. In rural areas, the relatives themselves could arrange transport for the nurse or help with the repair of the clinic, since for them it was easy. Respect in rural areas was not only for nurses but also their family members, such as their husband and parents.

“Most of the business we went on foot. But there were times when patient’s relatives themselves organized transport. For example, there was a case when I got to a patient on a donkey, a tractor” (N1)

“The noblest patients are patients in rural areas. As I said, they had a lot of respect for the medical staff. They could arrange transport themselves in cold weather, and they can help you personally if necessary. And yet we still communicated with each other like relatives. Our patients after giving birth, when they had a party (shildehana) they invited me and my husband, my colleagues, it was often” (N2)

“In our village there were 40 houses and of course I knew all the villagers and the year of their birth, children by name and when their next vaccination, who is on the dispensary register. In addition, all the residents knew me and respected me, when I returned from the area, taxi drivers took me for free. Now I have already moved to the city and sometimes there is a grown man on the street saying Hello, sometimes the car stops and takes me home, and they all say: "You don't remember me, me ..."and now it turns out that these are children from my village and of course now they are adults” (N8)

For nurses, the patient's health was always paramount and above all else. Nurses understood their responsibility to patients and in difficult moments they put all their strength and knowledge to help patients and many young nurses managed to

overcome their fear and act correctly at a crucial moment. In difficult situations, young nurses learned to be collected and act for the benefit of the patient.

> *"The midwife was too young, too inexperienced, and I had to pull myself together; my fears disappeared, and I did everything right, I understood my responsibility to the patient and her child" (N2)*

> *"I remember my first shift, when a heavy child came to our Department, he was suffocating, nasolabial triangle cyanosis and the head nurse said to me: "let's give it intravenously, if you don't get it, the child will die and it will be on your conscience" Of course, the first time I was very afraid and worried about the child, but also understanding my responsibility, I gathered my courage and tried for the sake of this child" (N9)*

The relationship between nurses and patients was built on mutual respect. Nurses were taught by their mentors to treat patients as their relatives, and this gave good feedback from patients who in return also treated nurses as relatives. Relatives of patients also respected nurses, understood their hard work, and especially in rural areas, in severe weather conditions, they could arrange transport for nurses themselves and invited nurses with their family and colleagues to a family event. This respect is still felt by nurses even after retirement.

6.3.3 The Role of a Nurse During Non-Anesthetic Operations

Nurses helped doctors during operations that were performed on the vocal organs. During this time, the nurses communicated with the patients; their duties included distracting and talking to the patients.

> *"Back then, doctor did the thyroid operations without anesthesia, and we still talked to patients during operations, since there were vocal nerves and we were asked to speak to patients during operations. Patients trusted us and saw support in us" (N1)*

Surgery without anesthesia was one of the moments when the relationship between the nurse and the patient was strengthened. Nurses helping doctors during the operation conducted conversations with patients and calmed and distracted patients. At such moments, the patient's confidence in the nurses increased.

6.3.4 All attention to patients

Nurses knew that in order to build a trusting relationship with patients and their relatives, it was necessary to listen to their complaints. By paying attention to patient complaints, nurses wanted to find flaws in their day-to-day work and improve patient care.

> *"The chief doctor and I, as the chief nurse, always took care of the patients and the state of the clinic. With the exception of the roundabout, once a month we would gather all the patients in the room to talk to the patients and find out their complaints, he always said that if you want to talk in the room, come to me, we also conducted anonymous surveys, starting in 1984" (N4)*

Nurses tried to listen carefully to patients, without interrupting when the patient described their condition or their pain. They understood the importance of this procedure, that this is the first step to show the patient their respect and willingness to help the patient. In this, they took an example from the doctors and learned from them.

> *"When I worked in the Kemerovo region, I worked with doctors, I learned a lot from them. They knew how to listen to patients. Their attitude towards the patient was as if it hurt them" (N4)*

> *"Working in the clinic, I realized one thing: patients need to listen to the end and carefully, so the nurse shows her respect and willingness to help the patient. And then it's easier for you to help this patient and the patient already knows that the nurse can be trusted. I worked on these principles" (N7)*

Nurses focused all their attention on patients, listened to them carefully, and thus, showed their respect and interest in helping the patient. In this, some nurses took an example from doctors. For nurses, the trust of patients was paramount, and they tried to win the trust of patients in order to further help them.

The nurses were interested in improving their work, and for this purpose, the chief nurses and chief doctors wanted to find out the patients' complaints about the nurses and the clinic through interviews with patients. So, they tried to improve nurses' work from the beginning by finding flaws in it based on dissatisfied patients.

This proves that for nurses, the first indicator of their work was a trusting and satisfied patient. In 1984, an anonymous survey was started in one of the country's clinics.

7 Discussion

The purpose of the study was to describe the history of nursing in Kazakhstan in 1960–1990, from the point of view of nurses who worked in those years. The description was carried out in the study of three main aims: to determine what was nursing in the years 1960–1990, what was nursing education, and what was the relationship of nurses with patients and their relatives. This aim was achieved by studying the experiences of nurses who worked as nurses in the period 1960–1990.

This study is the first historical study of nursing in Kazakhstan, using the point of view of nurses. As a result of this research, it was revealed what nursing was like in Kazakhstan in the period 1960–1990. Nursing was a prestigious profession, and parents and their children were happy to choose it. Cleanliness, neatness, and kindness created the image of nurses of that time. According to Grant (2017, 261), in the Soviet Union, care and education were at the center of attention, but the image of nurses was focused on the image of the mother, which was associated with morality, ethics, and cleanliness. Nurses were required to dress carefully, comb their hair carefully, and preferably avoid makeup. They were humble, simple, and completely devoted to their patients, society, and country. (Grant 2017, 261.) Many parents were attracted to this image. This played a role in creating the image of nurses and their uniforms, which were snow-white. From the point of view of Albert, Wocial, Meyer, Na, and Trochelman (2008), among adult patients, scores on the nurse scale for white uniforms were higher than compared to other uniform colors, so in their opinion, nurses in white uniforms had the highest descriptions of professionalism.

In the study period, nursing was a socially significant specialty. The state tried to provide the population with nurses and nurses with jobs and, if possible, housing. Training and retraining courses were provided free of charge. But despite this, there was still a shortage of personnel which was reflected as a load for nurses. Instead of

four people on the shift, there were two people for a 12-hour shift. Despite such difficulties, there was a strong team spirit among the nurses, which they maintained by helping each other, and the senior nurses taught the junior nurses.

Over time, the fact that nurses did not have higher education also affected the fact that nurses lost their independence and became more of a doctor's assistant. This was especially reflected in the hospital departments, where the nurse did everything according to the doctor's instructions, and as it was revealed, as a result, sometimes made the mistake of prioritizing the appointment of a doctor and was not able to independently assess the patient's condition. But nurses and midwives in rural areas, on the contrary, were independent in their actions; they themselves took delivery, organized vaccination, evaluated the patient's condition, and distributed referrals to the hospital. This was since the midwife in the village worked independently without a gynecologist, and nurses also often had to work without a doctor. Also, rural nurses had more authority among the population. Nursing in rural areas was one of the authoritative professions.

Despite the fact that the nurses had no higher education, there were leaders and activists among them. These were especially chief nurses and senior nurses. During the study, one of the participants gave an example of their senior nurse, her organizational qualities, and leading a new employee to work, which is an indicator of the managerial qualities of a nurse at that time. Such nurses wanted to continue their training. One of the participants noted they her desire to study further, but since she was then a kulak daughter (a daughter of an enemy of the people), she was not given a referral to continue training. There were enough nurses who wanted to continue their training and wanted to get a higher education, but since there was no higher education for nurses in the country, they had to choose a medical school and later became doctors. This could have affected the shortage of nursing staff.

According to Perfilieva, Kamynina, Turkina, Markova and Zaytsev (2007), in Russia, until the end of the 20th century, nurses were trained in specialized secondary schools and trained by doctors. Before the collapse of the Soviet Union, the education system for all countries of the Soviet Union was the same, and in Kazakhstan, nurses in college were also taught by doctors. However, during the study, it was revealed that during the practical training nurses were attached to

senior nurses and they trained and showed them nursing care. The fact that nurses did not teach in college was due to the fact that there was no higher education for nurses in the country, and nurses could not teach in college. But the fact that nurses in hospitals trained nursing students and young aspiring nurses cannot be denied. Most of the study participants highlighted the role of their mentors in their careers, and warmly recalled how they trained them.

During the study of the relationship between nurses and patients, it was revealed that nurses learned to build relationships with patients when they met their first patients during their work practice. The patients were very friendly to the students and allowed them to provide care. This all taught nurses to respect the patient, and in return, they received respect for themselves. The rural nurse and midwife had a special respect among the villagers. They were often invited to a family celebration and were helped. The fact that relatives of patients themselves could arrange transport for nurses is also a form of respect for the profession.

According to Rafferty and Wall (2010, 323), history helps to understand the reasons for the formation of research in the field of nursing and that some new ideas and innovations are from the past, or it is just a problem that occurs periodically and is never fully resolved. When nursing became a higher education in America, Canada, and most of Europe, Kazakhstan, as well as in the entire Soviet Union, nursing was only a secondary education. Ivanchenko, Pavlov, Martyanov, Yusupova, and Kasieva (2014) cite data from Ayapov (2010), who wrote that the country has not paid due attention to nursing for a long time. This has led to a significant lag in this sector of the health care system, and it has reduced the quality of nursing care in Kazakhstan and let to the shortage of staff of secondary medical personnel.

The study proved that the nurse was a prestigious profession; nurses were respected among patients in the study period. But at the same time, it was more difficult to maintain this respect over time, since with the level of education of the population, there was a need to continue their studies among young people and get higher education. Over time, nurses perceived themselves as assistants to doctors, and this led to indecision of the nurse and not applying an independent decision in relation to the health of patients. The study also proved that among nurses there were leaders with a good level of managerial qualities who were able to create a strong team

spirit. With timely nursing reform, the country could have built strong nursing care much earlier. The study revealed the independence and organization of the rural nurse of the studied period, and this at the present stage resembles Advanced Practice Nursing.

Thus, in conclusion, a historical study led to the discovery that in the period of 1960–1990, the nursing profession was a prestigious profession. Nurses were respected, nurses were committed to their profession, there were real leaders among senior nurses, good organizers, the nursing profession was a socially significant profession, and the administration supported nurses. Despite the fact that nurses were taught by doctors in colleges, in the training of future nurses, the role of mentors was played by nurses in hospitals where students were trained. But over time, as the level of education of the population increased and the advent of scientific and technological revolution, it was difficult to keep the prestige of the profession, without paying due attention to the profession by not providing a self-evolving profession but allowing nurses higher education.

According to D'Antonio and Lewenson (2010), the history of nursing unfolds in a unique way, based on the history of nurses. Their stories add a new dimension to the historical record. The greatest value of historical knowledge is a better understanding of oneself. Historical research in nursing has also expanded nurses' understanding of their profession during the period of reform. The adopted comprehensive plan for 2014 in Kazakhstan "Comprehensive plan for the development of nursing in the Republic of Kazakhstan until 2020" is not only the need for Kazakhstan to join the Bologna process, as described in the comprehensive plan. This was a necessity for the nurses themselves, who wanted to develop further, work on the basis of scientific approaches and evidence-based practices, and have their place in medicine regardless of doctors.

8 Conclusion

In this study, historical research using the point of view of nurses was used the first time in Kazakhstan. Using the selected methods of data collection and analysis, the researcher was able to achieve her goals. The results of the study showed the

significant role of nurses in the history of medicine in Kazakhstan. Describing and revealing what nurses were like in the period of 1960–1990 and what nursing was in Kazakhstan, it can be concluded that the Kazakh nurses wanted to continue their training, among them were leaders and activists, who with great desire tried to improve nursing. The lack of provision of nurses with the opportunity to continue their studies in higher education institutions led to a shortage of staff, a burden on nurses, and a lag in the development of nursing. Given that the history of nursing in Kazakhstan is little studied, the results of this study can serve as the beginning of further historical research of Kazakh nurses in more narrow areas. This study has shown a sufficient functional difference between a rural nurse and an urban nurse that deserves attention and disclosure of this topic. Further research is needed to identify the details of this difference. Future research should take into account government orders on the functionality of nurses. Also, the study of the history of nurses in individual departments and their views on the adoption of new treatment protocols is valuable historical material. One important source of material is the point of view of doctors of that time on the work of nurses as well as doctors teaching medical colleges of that time.

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Appendices

Appendix 1. State standard of compulsory education of the Republic of Kazakhstan

Приложение 52
к Типовой профессиональной учебной программе
послевузовского образования по
медицинским и фармацевтическим
специальностям

Структура образовательной программы магистратуры «Сестринское дело» по научно-педагогическому направлению

№ п/п	Наименование циклов дисциплин и видов деятельности	Общая трудоемкость	
		в академических часах	в академических кредитах
1	2	3	4
1.	Теоретическое обучение	2520	84
1.1	Цикл базовых дисциплин (БД)	1050	35
1)	Вузовский компонент (ВК), в том числе:	900	30
	История и философия науки	150	5
	Иностранный язык (профессиональный)	90	3
	Педагогика высшей школы	90	3
	Педагогическая практика	180	6
	Теория и принципы педагогики в сестринском образовании	150	5
	Психология управления	90	3
	Проектный менеджмент в сестринском деле (далее – СД)	150	5
2)	Компонент по выбору (КВ)	150	5
1.2	Цикл профилирующих дисциплин (ПД)	1470	49
1)	Вузовский компонент (ВК)	1050	35
	Внедрение доказательной СД	150	5
	Методология и методы научных исследований в СД	150	5
	Современные концепции и теории СД	150	5
	Методология публикаций научных исследований	150	5
	Современные тенденции в СД	150	5
	Информационно-коммуникационные технологии и цифровизация в здравоохранении и СД	150	5
	Современные парадигмы развития СД	150	5
2)	Компонент по выбору (КВ)	240	8
3)	Исследовательская практика	180	6
2	Научно-исследовательская работа магистранта, включая прохождение стажировки и выполнение магистерской диссертации (НИРМ)	720	24
3	Дополнительные виды обучения (ДВО)		
4	Итоговая аттестация (ИА)	360	12
1)	Оформление и защита магистерской диссертации (ОиЗМД)	360	12
	ИТОГО	3600	120

Appendix 2. Cover letter

Dear nurse,

My name is Guldana Duisebayeva. I am master student. I am exploring the history of nursing care in Kazakhstan. The purpose of this study is to describe the historical of nursing care in Kazakhstan during 1960-1980. The aims of the studies are what kind of nursing methods were performed by nurses in 1960-1980, how did Kazakhstan's nurses improve their knowledge at that time and what was the relationship of nurses with patients and their relatives at that time.

I would like to ask your consent for the interview. Participation in the study is completely voluntary, and refusal at any time does not entail unpleasant consequences. At the initiative of nurses, a voluntarily provided photo from the personal archive of the nurse can be used for research. The photo materials provided by you will be used in this research work and then published on the site www.theseus.fi.

In the interview I want to receive information about your experience as a nurse during 1960-1980 years. The choice of the interviewed nurses was made by volunteers, nurses by veterans who agreed to this form, with whom I will personally contact. The interview takes place as an individual interview, which takes about one hour. The interview situation is recorded.

Research materials collected from interviews and archives are classified by code, so information about one nurse is not visible at any time. The research material is stored in a closed cabinet, only the researcher has the key. The researcher agrees to comply with the current guidelines for the preservation of research material and data protection legislation. Based on the results of the study, candidate dissertations will be performed, and articles will be published in international scientific journals. The research material will be lost by cutting appropriately after the studies have been completed.

Sincerely,

Guldana Duisebayeva, Researcher
e-mail:
Tel: