

Development and Integration of Professional Nursing Associations in the Republic of Kazakhstan

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<p>Background: Professional nursing organizations play an important role in improving the image of nurses in the health care system, improving the quality of medical care, spreading best practices and scientific achievements in the field of nursing, reviving the traditions of nursing, protecting the interests of nurses in legislative, administrative and other bodies, and much more.</p> <p>Aims: The purpose of this study was to study the activities of regional associations of nurses to support the association in the National Association of Professional Nurses of the Republic of Kazakhstan, which will allow participation in the international community of nurses.</p> <p>Methods: This study used a qualitative research method. A thematic method was used for data analysis. Ten representatives of professional organizations took part in the study.</p> <p>Results: Respondents expressed the opinion that one of the advantages of the National Association is access to the international level. They wished that Nursing in Kazakhstan would not lag behind other developed countries, and the chairs of the national Association of nurses of Kazakhstan could protect the interests of nurses at the international level. In addition, the main advantage of national associations is to achieve interprofessional cooperation with other developed countries.</p> <p>Conclusions: Leaders and members of associations are highly motivated to create a new structure and membership in the International Council of Nurses. However, one of the main obstacles is the small number of members of regional associations and the lack of understanding by ordinary nurses of the advantages of membership in a particular Association.</p>		
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1 Introduction

The nursing profession is the largest segment of the health workforce in all countries of the world. Nurses practice in hospitals, schools, homes, clinics, long-term care facilities, battlefields, and in public and medical centers. They have different levels of education and competencies: from licensed nurse practitioners (who provide direct care for patients in nursing homes) to nursing scientists (who research and evaluate more effective ways of caring for patients and promoting health). (The Future of Nursing: Leading Change, Advancing Health 2011.)

The experience and knowledge possessed by nurses oblige them to play a role in the political sphere of the country in order to increase their effectiveness as patient advocates (DeLeskey 2003). Nurses are often limited by the health policy and the policies of the institutions in which they work. Professional nursing organizations provide the opportunity to voice their perspectives and decisions without this restriction. (Cherry, Caramanica, Everett, Fennimore, & Scott 2019.) Therefore, active membership in one or more professional nursing organizations/associations is necessary for the professional development and protection of the rights of a nurse. Professional associations play the role of defenders of their profession and those who serve its members. Professional nursing organizations/associations provide members with support and guidance to achieve their goals, discuss emerging issues and new achievements in their profession, establish rules and laws for practice, and promote evidence-based practice. Membership in professional organizations/associations provides nurses with access to educational resources (websites, webinars, publications, conferences) and provides opportunities for communication with colleagues. Professional organizations also provide a network of experts to exchange clinical and administrative tasks and gain new ideas and/or knowledge. (Cherry et al. 2019.)

There are regional nurses professional associations in the Republic of Kazakhstan, but they operate separately and independently. One of the important and main goals of nursing in Kazakhstan is the creation of the Association of Nursing Specialists of

Kazakhstan to transition to a new format of education and healthcare in the field of nursing (Comprehensive Nursing Development Plan in the Republic of Kazakhstan until 2020).

This study aims to study the work of regional nursing associations in Kazakhstan with the aim of combining them into the National Association of Nurses of Kazakhstan and further integration into the International Council of Nurses.

2 Organisation and Functions of National Nursing Associations World Wide

2.1 Structure and Functions of Professional Nursing Organizations

Professional organizations and associations in the field of nursing are of great importance for active work, generating energy, and protecting the needs of nurses (Matthews 2012). Professional nurses organizations have existed for more than 125 years. There are more than 100 nurses organizations in the world, each of which represents a subgroup of the profession, and all of them strive to unite to promote the mission of this organization. Their activities are aimed at maintaining nursing practice, formulating nursing values, and promoting self-regulation. (Cherry et al. 2019.)

The traditional role of Professional Associations is to conclude an agreement with the company on behalf of its individual members. This function of the Professional Association is more important today than ever before. Professional Associations are a powerful means by which healthcare professionals can influence healthcare policies. Professional Associations are more important when its members adopt advanced nursing practices. (Dollinger 2000.)

As they become independent, these nurses become more vulnerable to the effects of government policy, in particular legislation, which may limit their practice and limit their reimbursement for services best practice nurses who seek legislative changes to advance their practice have an additional incentive to participate in the Professional Association. Professional Associations are more important when its members adopt advanced nursing practices. As nursing care moves from emergency care to family

medicine, nurses with best practice skills will gain autonomy in their practice.

(Dollinger 2000.)

Morton (1958) explained the essence of a professional association as an organization of practicing professionals who value each other as being professionally competent and who have joined together to perform social functions that they cannot perform in their individual capacity as individuals (Morton 1958). Professional associations are the link between professions and individual professional people. They provide an opportunity for a person who is trapped in everyday problems and struggles at work, to remain connected with other like-minded professionals. Professional associations also help maintain and develop a sense of professional identity. (Smoyak 1989.)

Professional nursing organizations can be local, regional, national, or international. National and international nursing organizations have local or regional affiliates. Examples of an international nurses organization are the International Council of Nurses (ICN) and the Sigma Theta Tau International Nursing Honor Society (STTI). (Halstead 2017, 109–110.)

An example of a national organization is the American Nurses Association (ANA). Each professional nurses' organization has a mission. The mission gives an idea of the goals and objectives of the organization and determines the strategic plan. Studying an organization's mission allows nurses to choose an organization that suits their interests. (Halstead 2017, 110.)

Professional nursing organizations are divided into three types: 1) those that represent all nurses, 2) those that meet the needs of nurses in the specialties, and 3) those that represent special interests. Specialized nursing organizations represent the special interests of nurses in the clinical areas of specialization. Examples of clinically oriented professional organizations include the American Association of Psychiatric Nurses, the Society for Vascular Nursing, the Academy of Medical and Surgical Nurses, and the National Association of Orthopedic Nurses. Part of the mission of a nursing specialist organization is to improve the health of patients in their care. Membership in a specialized clinical organization gives one access to up-to-date practical information for a specific patient population that a nurse cares for. (Halstead 2017, 111–113.)

Professional organizations of nurses perform many important functions and have different lines of activity: pedagogical, clinical, political, and normative. Professional nursing organizations are the means by which the nursing profession can represent and protect the interests of nurses, provide continuing education opportunities for nurses, influence health policies, and advocate for the provision of the highest quality medical care to the country's population. (Halstead 2017, 108–110.)

Professional nursing organizations are affiliates. Membership fees vary greatly by country and organization. The cost of membership in a multi-organization can create certain financial problems for nurses. The main constraints to membership are financial costs and lack of time. (DeLeskey 2003.)

However, membership in professional organizations offers many advantages: continuing education, certification, access to professional magazines, networking, special standards, and leadership development. Individual membership in nursing organizations provides nurses with collective means to participate in health policies and helps nurses to keep abreast of issues that affect their area of practice. Membership in professional organizations also contributes to the development of teamwork skills and leadership skills. Active participation in the organization of nursing allows nurses to provide the best results for their professional growth and for the health of their patients. (Halstead 2017, 108–110.)

The highest step in the career of every nurse can be the leadership of a national or international professional organization/association of nurses. A leadership position in a professional nursing organization/association provides the head of nursing with many opportunities and responsibilities. The supervisor has the right to influence nurses, advocate for nursing and healthcare policies, and determine the future direction of nursing practice. A nurse who seeks to occupy a leading position in the organization of nurses should be ready to accept and promote four main responsibilities: 1) promoting professional development; 2) push through the envelope to promote nursing standards and competencies; 3) solve current and unique problems of nursing; and 4) work within a professional organizational structure to achieve goals. Leaders of a professional organization should remain vigilant with regard to the legislation, social trends, and regulation that affect them. In response to these external influences, board leaders must collectively determine,

prioritize, and take positions that lead to innovation and improvement without compromising core values and beliefs. The nursing leader should listen to all points of view, negotiate, and reach consensus. The future success of professional medical nursing organizations depends on the next generation of leaders who are ready to learn from the experience of past leaders but at the same time introduce innovations. Therefore, the leader of nurses must educate and support the younger generation of nurses who strive to become leaders. (Cherry et al. 2019.)

In the United States, 134 registered nurses with leadership positions in professional nursing associations (PNAs) were studied using the Leadership Practices Inventory questionnaire in 2013. The survey found that leading nurses in the PNA emulate the practices of transformational leaders who can mobilize and guide members of society to achieve shared values, goals, and results. Understanding the practice of these nursing leaders at PNAs is essential for the future of nursing to enable nurses to manage change and promote health through these organizations. (Ross, Fitzpatrick, Click, Krouse, & Clavelle 2014.)

The leaders of nursing organizations should raise awareness about the important priorities of nursing care. By knowing the expectations of nurses, professional associations can improve the services they provide to their members. Recognizing the mutual expectations of professional associations and their members is important in expanding cooperation and improving the professional level of nursing. Making nursing leaders aware of issues related to nursing membership can help remove barriers and increase membership. (Esmaeili, Dehghan-Nayeri, & Negarandeh 2013.)

Since every nurse plays an important role in this ethical decision-making process, it is important that professionals join the association in significant numbers. Only if the majority of nurses are members of the Association will the ideas, Questions, Concerns and participation be broad enough to really do justice to the profession as a whole. From a public point of view, the professional association is expected to act on behalf of each nurse, regardless of membership of the Association. Nurses, acting through professional associations, will set their own ethical standards and influence national debates on the ethics of access to care for all. (Dollinger 2000.)

2.2 Benefits of Joining Professional Nursing Organizations/Associations

Membership in an organization/association provides up-to-date peer-reviewed information on nursing practice and what is happening in the nursing community at national, regional, and local levels (Diesi 2018). Membership in professional nursing organizations/associations offers opportunities for professional and career development. Continuing education is an advantage of joining a professional nursing organization/association. Education is available in many formats: conferences, webinars, meetings, journal articles. Certification in the specialty also serves as an educational experience. Many organizations help their members continue their education through scholarships and research grants. Within professional organizations, there are special interest groups (for example, the American Pain Society ad hoc group) that expand the professional knowledge of members and provide them with the experience and understanding of their colleagues.

Membership promotes nursing leadership development. At the organization/association, nurses can find a mentor and/or improve their mentor skills. (Guerrieri 2010.)

Nurses increase their awareness of public and public health policies and can contribute to patient protection through their professional practices at local, state, and national levels (Guerrieri 2010). A systematic website review of international and national professional nursing organizations to determine how they involved registered nurses in health policy activities examined 38 organizations for compliance. It was found that 15 organization websites met the inclusion criteria. Six professional nursing organizations had comprehensive websites discussing specific policy goals and objectives, policy-related products, and mechanisms for attracting nurses. (Catallo, Spalding, & Haghiri-Vijeh 2014.)

One of the most beneficial benefits of membership in a professional nursing organization is the opportunity to meet other nurses and expand a person's professional circle. Networking facilitates the exchange of ideas and best practices and supports the application of knowledge and education. (Guerrieri 2010.)

Interacting with other nurses in a professional organization/association gives a sense of belonging and reduces the risk of professional burnout. Acquaintance with the

achievements of colleagues can induce nurses to similar achievements and inspire new goals. (Guerrieri 2010.)

Membership in a professional organization helps to make nurses more competitive and improve their resume. Those who take advantage of these opportunities for professional development, leadership, and volunteering can include them in their resumes to demonstrate their commitment to continuing education, growth, and career support. (Echevarria 2018.)

Nurses can work on regional and national projects, including writing or revising certification exams, working on legislative issues, acting as a regional director, or working on an education committee. (Echevarria 2018.) The professional association is also in a unique position to identify and use trained teachers for its continuing education programs. Many actual and potential continuing education teachers work in association committees, task forces, and association offices (Puetz 1985).

2.3 The role of the Chairman of the Association

Step by step in the career of every nurse can be the leadership of a national or international professional organization / association of nurses. A leadership position by a professional nursing organization / association provides the head of nursing with many opportunities and responsibilities. The supervisor has the right to influence nurses, advocate for nursing and healthcare policies, and determine the future direction of nursing practice. (Cherry et al. 2019.)

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The leaders of nursing organizations should raise awareness about the important priorities of nursing care. By knowing the expectations of nurses, professional associations can improve the services they can provide to their members. Recognizing the mutual expectations of professional associations and their members plays an important role in expanding cooperation and improving the professional level of nursing. Making nursing leaders aware of issues related to nursing membership can help remove barriers and increase membership. (Esmaeili et al. 2013.)

2.4 Nursing Research on Professional Associations

The Association of Rehabilitation Nurses (ARN) Southeast Texas Research Committee conducted a survey of members of four specialized nursing organizations and full-time nurses in a geographic area. It was found that members of professional

organizations are older in age, more professional, and better educated than those who were not members of professional nursing organizations. It was also found that membership in professional organizations is much more common among experienced nurses; about 70% of the members surveyed had more than 15 years of work experience. Members of professional organizations tended to be certified. The second part of the survey concerned the reasons for joining or not joining the organization. The reasons why nurses indicated that they did not join the organization were family responsibilities (25%), lack of information (18%), too little time (18%), and too expensive (13%). Meeting points, lack of benefits, and organization policies were mentioned as other reasons. The reasons nurse members joined their organization were to increase knowledge (22%), professional gain (21%), build networks (21%), and gain CEU (17%). Social interaction and mentoring opportunities were 9.3% and 7.9%, respectively. Only 0.7% indicated membership as a job requirement. (White & Olson 2004.)

A study conducted by Joufi, Wilder, Curran, and Brame (2018) evaluated the opinion of dental hygienists in Saudi Arabia regarding the establishment of a professional association, including the role that it should fulfill to meet its professional needs. The study found that the majority (91.5%) of respondents supported the creation of a Saudi dental hygiene professional association, 88% said that such an association would at least to some extent promote the development of a profession in the country, and 86.6% agreed that the institution could be able to satisfy their professional needs. (Joufi et al. 2018.)

DeLeskey (2003) interviewed professional nurses who were either current or former members of The American School Health Association (ASHA) to find out the reasons for their membership in the organization. The researcher asked two questions: what factors motivate nurses to join their professional organizations and what factors influence the decision of former members of a professional organization not to renew membership? The study found that the variables most affecting ASHA members and non-members were self-improvement, education, new ideas, programs, professionalism, validation of ideas, improvement of my profession, improvement of my work, and maintenance of a professional level. The only variable that was rated statistically significantly higher by current participants was

“improvement in my performance”. Former members indicated that financial constraints and time constraints are the main constraints on membership. (DeLeskey 2003.)

3 Models of Nursing Associations

3.1 International Council of Nurses (ICN)

According to Matthews (2012), the International Council of Nurses based in Geneva, Switzerland brings together more than 130 national nursing associations, which include more than 13 million nurses worldwide. ICN was founded in 1899 in conjunction with the UK, USA, and Germany. ICN is the first large-scale international organization for nursing healthcare providers. (Matthews 2012.) This was the initiative of the British nurse and suffragist Ethel Gordon Manson, later Mrs. Bedford Fenwick, a prominent leader of the British Nursing Association (BNA). The professional well-being of nurses, the interests of women and the improvement of people's health were interrelated goals for the founders of ICN. Care as a respected, paid profession for middle-class women was a new phenomenon in the late 19th century.

Health care has changed dramatically as a result of industrialization and urbanization and has generated a demand for nurses. The scientific advances in medicine have prompted the rapid development of modern hospitals and led to the creation of hospital schools for the training of nurses. The founding members of ICN were part of a growing number of women who actively participated in social and health care reform, while striving to improve the social status of women and gain voting rights. Although World War I and II interrupted the efforts of nurses to organize international activities, efforts to meet the demand for military nurses have also had a decisive influence on the search for professional nursing and a better education. In the 1950s, the leadership of ICN withdrew from Anglo-European domination as a result of new internationalism. This change occurred with the emergence of new membership associations from a wider range of countries. Improving the economic and working conditions of women has further strengthened the ability of nurses to set up organizations in Africa, Asia, South America, and Latin America. In the second

half of the 20th century, ICN established links with new international organizations such as the World Health Organization. Towards the end of the 20th century, ICN was a thriving organization that continued to provide guidance and assistance to its members in meeting their immediate health needs. (Boschma 2014.)

The ICN's mission is "to represent Nursing worldwide, advancing the profession, and influencing health policy" (Matthews 2012). ICN is regulated by the Council of National Nursing Association Representatives (CNR). The CNR defines policies at the macro level, including admission of members, election of the board of directors, amending the Constitution, and setting fees. A national representative is a nurse selected by a member association as its representative, who may or may not be the president of the association but who meets the ICN definition of a nurse. The CNR meets every two years. (ICN 2020. Council of National Nursing Association Representatives (CNR).)

The agent of the Board of Representatives of the National Association of Nursing (CNR) is the board of directors, which sets and implements policies consistent with the framework established by CNR. The ICN Board of Directors has 14 members: the president, three vice presidents, and 10 members, elected on the basis of ICN voting zones. All board members must comply with the ICN nurse's definition. No member of the board of directors may hold office for more than two consecutive terms. The functions of the board of directors include those defined by the Constitution and common to all boards of directors related to the establishment and monitoring of policies. Policy implementation and overall management of the ICN are the responsibility of the Chief Executive Officer and ICN staff. (ICN 2020. Board of Directors.)

ICN according to 2020 has eight branches: in the USA, there are four branches of the Council of International Neonatal Nurses (COINN), International Nurses Society on Addictions (IntNSA), NANDA International, and Sigma Theta Tau International (Sigma); in France, one branch of the International Federation of Nurse Anesthetists (IFNA); in Australia, two branches of the International Federation of Perioperative Nurses (IFPN) and the World Federation of Critical Care Nurses (WFCCN); and Canada one branch of the International Society of Nurses in Cancer Care (ISNCC). (ICN 2020. Specialist Affiliates.)

The ICN has two foundations: the Florence Nightingale International Foundation (FNIF) and the International Council of Nursing Foundation (ICNF). FNIF is the main fund of ICN. FNIF supports and complements the work and goals of ICN. FNIF's goal is to support the development of nursing education, research, and services for the public good. (ICN 2020. Foundations. The main project of the FNIF is the Foundation for the Education of Girls (GCEF) (International Perspective 2015). ICNF is a Swiss ICN foundation created exclusively for charitable, scientific, literary, and educational purposes. (ICN 2020. Foundations).

ICN focuses on care and health policies and seeks to align and integrate care with global health priorities. ICN seeks to influence the World Health Organization and other governing bodies to ensure that nurses are part of decision-making, policy development, and national and international policies and strategies. (Kennedy 2018.)

3.2 American Nurses Association (ANA)

American Nurses Association (ANA) represents four million registered nurses in all 50 states and territories of the United States and is a representative of the United States on ICN. ANA is the largest of all professional medical nursing organizations in the United States. (Halstead 2017.)

From the history of the creation of ANA, it is known that in 1896, graduates of the Nursing School came together and created the National Organization "Associated Alumnae of Trained Nurses of the United States and Canada" to raise standards in nursing education, establish a code of ethics, and promote the interests of nursing. This organization was renamed the American Nurses Association (ANA) in 1911. Thus, the formal foundations were laid for the profession of a nurse and for the interests of professional nurses and the whole society. (Matthews 2012.)

Today, ANA is the only full-service professional organization. ANA promotes the nursing profession by promoting high standards of nursing practice, creating a safe and ethical working environment, promoting the health and well-being of nurses, and promoting health issues that affect nurses and the public. ANA states its mission as "Nurses advancing our profession to improve health for all". (Matthews 2012.)

The fundamental documents of the American Nurses Association are: Code of Ethics for Nurses with Interpretative Statements, the Social Policy Statement: Essence of the Profession, and Nursing: Scope and Standards of Practice. These important documents continue to support nursing as a profession and outline its perspective, essence, and basic processes. (Matthews 2012.)

ANA is committed to quality healthcare based on high standards of nursing practice. ANA states that advocacy is a pillar of nursing, and legislative and political advocacy are critical to the development of the profession and patient care. (Waddell 2019.) ANA has three subsidiaries: the American Academy of Nursing, to serve the public and health care professions through policy and practice through generations, compilation, and dissemination of elderly knowledge; the American Nursing Foundation, the charity and philanthropic arm; and the American Nursing Certification Center, which credentialis nurses by specialization and the facilities that possess nursing excellence and skills. ANA Organizational Affiliates are specialized nurses organizations that have ANA organizational level membership. (American Nurses Association 2020.)

The governing and official voting body of the ANA nurses is the Assembly of ANA Members. One of the key responsibilities of the ANA Assembly of Members is to determine the policies and positions of the Association. The ANA Member Assembly is a forum for discussing critical issues of care practice and policy. The ANA membership meeting consists of ANA members who are representatives from the ANA's founding organizations (C/SNAs), the Individual Members Division (IMD), subsidiaries, or ANA Board of Directors. (ANA 2020. Membership assembly)

3.3 Canadian Nurses Association (CNA)

The Canadian Nurses Association (CNA) is the national professional association representing more than 135,000 nurses in Canada. From the history of the creation of the CNA, it is known that in 1907 representatives of 16 organized nursing bodies met in Ottawa to form the Canadian National Association of Prepared Nurses (CNATN). By 1911, CNATN consisted of 28 affiliated member societies, including the Association of Graduates of Hospital Schools of Nursing, as well as local and regional

groups of nurses. In 1924, CNATN changed its name to the Canadian Nurses Association (CNA). (Canadian Nurses Association 2020.)

Today, the CNA is a powerful, unified voice for the Canadian nursing profession. The CNA represents nursing interests in all 13 jurisdictions, as well as retired nurses from across the country. The CNA promotes the practice and profession of nursing to improve healthcare outcomes and strengthen Canada's state-funded, non-profit healthcare system. The CNA represents the nurse profession to other organizations and governments at the national and international levels. (CNA 2020. Who We Are.) The CNA provides nurses with nursing and health policy consultants and experts in other areas (communication and certification). The CNA plays an active role in the country's legislative policy. The CNA influences health policy decisions that affect nursing interests. (Canadian Nurses Association 2020.)

The CNA mission reports: "The CNA is the national and global professional voice of Canadian Nursing, advancing the practice of nursing and the profession to improve health outcomes in a publicly funded, not-for-profit health system. The actions to reach this goal are listed to include integrating the voices of nurses, strengthening nursing leadership, promotion of nursing skills and a vibrant profession, promotion of sound public policies and a quality health care system, and serving the public interest". (CNA 2020. Who We Are.)

The CNA has set the following goals: to promote and enhance the role of nurses in strengthening nursing and the Canadian health system; to formulate and promote healthy state policy at the provincial/ territorial, national and international levels; to promote nursing guidance for nursing and for health; involve nurses widely in nursing and healthcare (CNA 2020. About Us).

The board of directors administers the CNA on behalf of members and reports to board members. The Board of Directors consists of 19 members. The main role of the council is to manage the CNA and determine its objectives. The board of directors also develops, establishes, and oversees policies to help manage the CNA. The three main functions of a management council are policy development, advocacy, and vision. (CNA 2020. Board of Directors.)

CNA includes: provincial and territorial associations and colleges of nursing, licensed/registered practice nurses, registered psychiatric nurses, independent RNs from Ontario and Quebec, retired nurses, Canadian Nursing Student Association, and Canadian Network of Nursing Specialties (CNA 2020. Our Members).

3.4 All-Russian Public Organization "Association of Russian Nurses"

The Association of Russian nurses (RAMS) was founded in 1992 and brought together 43 regions with about 180,000 members. Members of the Association are midwives, nurses, paramedics, and laboratory assistants. At the end of 2002, thanks to a significant increase in the number of members, the Association was re-registered as a national association of nurses. From that moment, the Association received the official right to represent the interests of all Russian nurses at the international level. Since 1998, RAMS has been a member of the European Forum of National Nursing and Midwifery Associations and WHO. (Association of Russian Nurses 2020. History.)

In 1992, the reform of nursing in Russia underwent a number of changes, including the development of professional nursing associations and associations throughout the country, thus the Russian Association of nurses which developed the policy and sent nursing in the right direction (Uhlich, Michaud, & Giblin 2007).

Today, RAMS unites more than 140,000 people and more than 40 regional associations. There are 16 specialized sections in the structure of the Association, uniting the most active members—specialists in narrow areas of clinical nursing practice. Key goals of the Association are: scientific, organizational, and practical development of the profession; the widespread introduction of best practices; and the integration of the Russian sister community in the global scientific space (Association of Russian Nurses 2020).

3.5 Professional Nursing Associations in Kazakhstan

There is currently no national professional nursing organization in Kazakhstan. As part of the development of nursing in Kazakhstan, it is planned to create a National Association of Nurses of Kazakhstan, uniting regional associations in all regions of the country, functioning in accordance with the needs of the republic's health care,

international concepts, and the experience of similar organizations abroad. (Comprehensive plan for the development of nursing in the Republic of Kazakhstan until 2020.)

The Republican public association Specialists in Nursing "Paryz" operates in Kazakhstan, which includes 3 branches of Atyrau, Uralsk, and North-Kazakhstan region. The public association "Paryz" was created in 2015 with the support of the Ministry of Health of the Republic of Kazakhstan and nurses of the republic. The public organization "Paryz" sets the task of its activity to protect the rights and legitimate interests of members of the organization, the development of nursing in Kazakhstan, increasing the prestige, authority, and social status of the nursing profession. (Meeting with a member of the public association Nursing Specialists "Paryz" 2020.)

4 Purpose and Research Questions

The purpose of this research is to study the activities of regional associations of nurses in order to support the creation of the National Association of Professional Nurses of the Republic of Kazakhstan to expand participation in the international community of nursing. The development of a single nurses' community provides an opportunity to join the International Council of Nursing (ICN).

Research Questions:

1. What is the regulatory framework/strategy/structure and administrative functions of the regional associations?
2. How are regional associations involved in effective clinical training, knowledge assessment, skills assessment and further development of the nursing education trajectory, and raising awareness of stakeholders about nursing reform in order to create a positive image of the new model of nursing services?
3. What actions are needed to provide social assistance to members of the Association?
4. What is the attitude and vision of regional associations to the creation of a new National Association of Nursing Professionals in the Republic of Kazakhstan?

5 Methodology

5.1 Qualitative Research Method

In this study, a qualitative method was chosen. Qualitative approaches are used by researchers in the study of change or conflict. This method was chosen because a qualitative study focuses on how people (participants/informants) participating in the study understand their experience and the world in which they live. (Holloway & Galvin 2016, 3.) Qualitative analysis consists of five main stages: 1) creating a written text based on interview data; 2) the definition of units of analysis, such as paragraphs, sentences or semantic units; 3) data reduction using a coding or classification system; 4) grouping of codes by categories, themes or templates; 5) providing an interpretation of relationships that constitute a descriptive or explanatory framework. Qualitative analysis is a creative process that includes decontextualization of data in units of analysis and reconceptualization in a new whole, which allows you to get new ideas and interpretations. (Kuckelman & Forbes 2002.)

Researchers turn to people to collect data and find out their problems, which can then become the basis for theorizing. These data are of paramount importance, generate new ideas, and modify existing theories. Researchers go from concrete to general, from data to theory or analytical description. They do not impose ideas, but talk about reality from the point of view of the participants. Qualitative research is not static but developing and dynamic. Qualitative research focuses on the process and results. (Holloway & Galvin 2016, 4.)

Qualitative research is associated with the subjective nature of social reality. These studies provide an understanding of the problem from the point of view of participants, allowing researchers to see events in the same way as their informants. Qualitative research is based on the fact that people best describe situations and feelings in their own words. The people studied are called participants or informants. The relationship between the researcher and the informant must be trustworthy. A trusting relationship and a deep knowledge of the researcher's vision of an informant makes deception unlikely (although not impossible). (Holloway & Galvin 2016, 5.)

In a qualitative survey, informants have great power because they can guide the researcher to questions that concern them (Holloway & Galvin 2016, 8). Therefore, it is very important that the questions (oral or written) be properly formulated so that the researcher can find some understanding of the phenomena being studied (Bengtsson 2016).

According to Javadi and Zarea (2016), Guest and Namey (2012) report that case analysis is one of the simplest and most common forms of analysis of qualitative research. Nursing researchers often use case analysis in qualitative descriptive research (Vaismoradi, Turunen, & Bondas 2013).

It was no coincidence that interviews were chosen as the method of collecting qualitative research data, since one of the advantages was the open-ended questions asked by the respondent. Qualitative research makes it possible to reveal not only the attitude of the chairman of the regional professional nursing organization in the creation of the National professional nursing organization, but also possible assumptions, ideas for the future and their expectations. It follows from this that the readiness of each regional professional nursing organization to reveal a true attitude towards the structure, regulatory framework, membership and activities in the creation of the National professional nursing organization.

5.2 Data Collection Method

Interviews are one of the most commonly used methods for collecting quality data. During the interview, the researcher must gain access to the true thoughts, feelings, and experience of informants. In this case, the researcher should take a non-judgmental position in relation to the thoughts and words of the informant. In interviews and observations, mutual trust between the researcher and the informant is especially important. The listener (researcher) in the interview becomes a student, and the informant is a teacher who is encouraged to think. (Holloway & Galvin 2016, 8.) Data in a qualitative study can be obtained through verbal and/or non-verbal interaction between informants and researchers (Bengtsson 2016).

One effective verbal tool for collecting data is the telephone. Telephone surveys can be an effective method of collecting data when researchers/interviewers understand

the potential benefits and difficulties. Benefits for the researcher associated with the use of telephone interviews include: a) efficient use of economic and human resources; b) neutralizing the shortcomings associated with conducting personal interviews; c) the development of a positive relationship between the researcher and informants; and d) improving the quality of data collection. The difficulties of telephone interviews include: a) maintaining the participation of informants, b) maintaining good telephone communications, c) communicating with participants who provide outside information, d) meeting with informants who have health problems, and e) communicating with a third party. (Musselwhite, Cuff, McGregor, & King, 2007.)

The interview questions were compiled from the study of the literature review. The open-ended questions were divided into five main sections, with additional questions in each section. (Appendix 4)

- Section 1: Passport data of the organization
- Section 2: Professional activities of the organization
- Section 3: Charitable assistance in the activities of the organization
- Section 4: Social assistance in the activities of the organization
- Section 5: Awareness of Association Members of the National Nursing Association

In total, there were 36 questions in the interview, some of them related to quantitative issues and covered demographic indicators.

During the study, associations of nurses operating in the Republic of Kazakhstan were selected. The chairpersons of the nursing associations were chosen as informants, as they possess all the information about the organization. In this study, the chairs of nursing organizations that currently exist in Kazakhstan were selected. In total, at the time of the study, in Kazakhstan there are 10 nurses associations, which are presented in Appendix 5.

Data was collected from November 2019 to February 2020. To obtain complete and necessary information, the data was collected using the interview method. Calls were made in advance to all respondents about the upcoming interview, and after

the consent of each interviewer, a schedule for the interview (date and time) was drawn up and data was collected at the appointed time. An interview with the informant was conducted by telephone. Questions for informants were prepared in accordance with the goals and objectives of our study in advance, so that all information was received during one call (see Appendix 2). The interview was conducted during the working day. The issue of acceptability of recording and transcribing interviews was also discussed in advance. The interview was conducted with each informant individually. Russian was the language of the interview, since the informants spoke Russian, although the indigenous population could also respond in the national language. The total duration of the interview ranged from 60 to 130 minutes. The shortest interview was with the respondent, who heads the association for less than two years, and the longest interview, 130 minutes, was with the respondent (chairman), who has headed the association for several years. Another note is how some respondents quickly answered and responded to questions and who thought for a long time how to answer. All informants gave complete and open answers. All answers were written down verbatim to the recorder and transcribed into Word format, which consists of 89 pages of text (Calibri font, font size 12 pt, line spacing one and a half). After the interview, all notes were printed for further analysis.

5.3 Data Analysis

When analyzing the data, a thematic method was used. Thematic analysis is the process of identifying topics (templates) in qualitative research. Thematic analysis is not tied to a specific epistemological or theoretical point of view (Maguire & Delahunt 2017). Researchers should take into account the general context of people's lives, the political and social framework of the culture in which the study is conducted. If researchers understand the context, they can determine the actions and perceptions of people and thus understand the meanings that they communicate. (Holloway & Galvin 2016, 5.)

Thematic analysis consists of five stages. The first step is getting to know the data. This stage is the most difficult and difficult, because it is necessary not to lose the data and catch the main meaning of what the Respondent said and his idea. The

second stage is to divide the text into semantic units and compress these units. The third stage is data encoding. (Erlingsson & Brysiewicz 2017.) Coding is the analysis of data for a specific category and the accumulation of information (Madison 2012). Codes briefly describe the reduced value. From many codes were formed sub-categories and categories, which is the fourth stage and at the end of the thematic analysis, the topics are output-this is the 5th stage, which leads to the result of this study. (Erlingsson & Brysiewicz 2017.) Data analysis was performed in accordance with these stages (see Appendix 5). As a result of the thematic analysis, 104 codes, 13 categories, 7 sub-themes and 3 topics (see Figure 1).

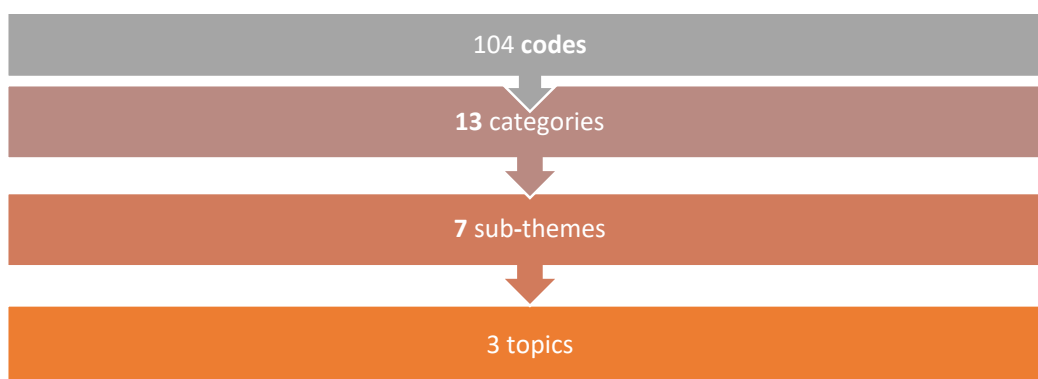


Figure 1. Results of thematic analysis

For research question 1, an analysis was performed and one theme and two sub-topics were obtained, which were divided into 4 categories. Research questions 2 and 3 were combined and analyzed, resulting in one topic with two sub-themes, the first with six categories, and the second sub-theme with three categories. The analysis of 4 research questions resulted in one topic and three sub-topics.

5.4 Ethical Issues

Access to informants and their consent to participate in the study was obtained. Interviews were conducted with the chairmen of 10 regional associations between November 2019 and February 2020. This study was a qualitative study in the field of nursing. The local ethics Commission of the Kazakh medical University of continuing education approved the research topic and gave permission to conduct the study (may 2019, Appendix 5). After receiving official consent to conduct the study, each

regional Association was sent an information letter (Appendix 2), which specified the purpose and objectives of the study, as well as the confidentiality of information. The identity of each informant was not disclosed at any stage of the study. All data is stored in a safe in the center for the development of nursing in the Aktobe region of Kazakhstan. No one will be given a record or documents in the system.

Confidentiality was maintained. Access to data is provided only to the author of the study and its managers.

5.5 Trustworthiness and Limitations

Qualitative research is systematic and must be reliable for research. Thematic analysis is purely qualitative in nature, so reconciling the reliability of the intercoder is not always possible, as there is skepticism about the value of such testing.

(Vaismoradi et al. 2013.) During the interview, some chairpersons had a desire not to answer questions, since they did not have information. This made the task a bit more difficult in terms of coding and decryption and analysis of the received data. Many did not understand the questions and answered vaguely and left the topic.

The study selected associations of nurses operating in the territory of the Republic of Kazakhstan. The chairmen of the associations were chosen as informants, since they have all the information about the organization and experience in this field was more than 20 years, some of them had more than a year. Everyone was turned on. There are 17 regions in Kazakhstan. The study involved 10 regions. Regions of Kazakhstan where registered nursing associations exist. The chairman of the Almaty Association of Nurses refused to participate in the study due to lack of time, since phone calls were made repeatedly, and informational consent was sent, to which no response was received). The chairman of the public medical association of Pavlodar explained her refusal by the fact that at the moment the association does not carry out its activities and will not be able to give clear and complete answers to the interview questions. No data was found for the South Kazakhstan Association.

The strengths of this method were that the interview was voluminous, the data collected was rich, and the respondents answered the question in a relaxed, sincere,

and emotional way. The data was analyzed carefully. The weak side of this method can be considered a large amount of time spent on encoding information.

The most complete and interesting answers were received from respondents with an academic degree and a long period of work of the Association. Incomplete answers were given by associations that are affiliated with Paryz and have a short period of activity. The interpretation of the data obtained was carried out in accordance with the objectives of the study. Recommendations are given for the creation of a new National Association of Nurses. The data obtained is interpreted as evidence of quotes from interviews with respondents.

6 Results

6.1 Demographic Characteristics of Nursing Associations in Kazakhstan

The survey involved nine chairmen of regional public associations and one from republican public nursing association operating in the territory of the Republic of Kazakhstan, the Public Association "Aktobe Association of paramedical workers", which has been operating since 2003 and currently has 2,115 members, 40 of which are active in the work of the association. Twenty nurses are in leadership positions, and all are members of the association. Public association (PA) "Sharapat" of paramedical workers of the Kostanay region has been operating since 2013 and has 500 members, of which 10–15 are active members with leadership positions and are members of the association. PA "Sharapat" of paramedical workers of the Karaganda region was organized in 2009 and has 800 members, of which all are active chief nurses of health care facilities, including five-six deputy chief physicians for nursing. The branch of the North Kazakhstan Public Association of the Republican Public Association "Paryz" in the city of Petropavlovsk has 465 members and has existed since 2016. Eight people are the most active, representing the association in various medical organizations.

The Republican Public Association of Nursing Specialists "Paryz" in the city of Astana has been operating since 2014 and has about 2,500 nurses, of which 5% are active members and leaders of the organization. The Public Association "Meyirim" in

Zhezkazgan, organized in 1999, is represented by one chairman, who has been working for the association since the day of its foundation. "Meyirim" has 856 nurses, and there are 420 active members of the association, but nine nurses are the most active ones. The branch of the West Kazakhstan public association of the republican public association, "Paryz", in the city of Uralsk, unites 330 paramedical workers, 12 of whom are active members. "Paryz" was formed in 2018. The Atyrau regional branch of the Republican Public Association of Nursing Professionals "Paryz", Atyrau city, was organized in 2016 and has 418 nursing specialists, 10 of whom are active members. The public association of the association of middle and pharmaceutical workers in the city of Temirtau, Karaganda region, was registered in August 2011. The association has 500 members, 154 of which are actively involved, including 50 leaders. The "Public Association of the Society of Nurses of the East Kazakhstan Region" was organized in 2017; the number of members in the association is 2,020 nurses, of which 30 nurses are active, and 27 nurses are in leadership positions.

There are three more regional associations in the Republic of Kazakhstan that did not participate in this study. So, according to interviews conducted among ten nursing associations who took part in this study, there are 10,504 nurse members in nursing associations of the Republic of Kazakhstan, which is 6.7% of the total number of nurses in the country (about 155,000). Demographic characteristics and the number of members of all the professional nursing associations involved in the study are presented in Table 1.

Table 1. Description of nursing associations in Kazakhstan

Name of the Association	Year of foundation	Region	Members
Republican public Association "Paryz"			3,713
Including: Republican public Association "Paryz"	2014	Nur-Sultan	2,500
Branch Republican public Association "Paryz"	2016	North Kazakhst	465

		an region	
Branch Republican public Association "Paryz"	2016	Atyrau	418
Branch Republican public Association "Paryz"	2018	Uralsk	330
Public organization "Aktobe Association of secondary medical workers"	2003	Aktobe	2,115
Public organization "Semipalatinsk Association of nurses"	2017	Semipala tinsk	2,020
Public organization "Meirim"	1999	Zhezkazg an	856
Public organization "Sharapat"	2009	Karagan da	800
Public organization "Sharapat" of average medical workers of Kostanay region	2013	Kostanay	500
Temirtau association nurses	2011	Temirtau	500
Total			10,504

As shown in Figure 2, the Republican Association "Paryz" has three branches: Atyrau, Uralsk, North Kazakhstan Region. The total number of members of the "Paryz" Association is 3,713, which is 35.3% of all respondents in the associations participating in the interview. The smallest number of members is 330 (3.0%) in the branch of the city of Uralsk of the Republican association "Paryz".

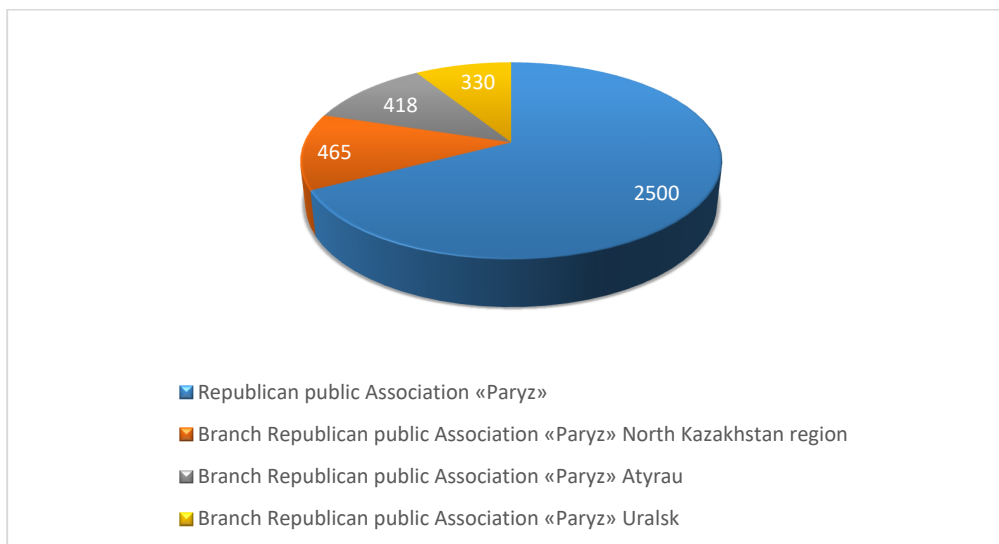


Figure 2. Number of members of the Republican professional Association "Paryz"

When studying the number of members of regional professional associations, it turned out that 2,115 (20%) are members of the Public organization "Aktobe Association of secondary medical workers", which is 1% higher than in the Public organization "Semipalatinsk Association of nurses" (2,020; 19%). The Public organization "Meirim" (Zhezkazgan) has 856 members (8.15%) and the Public organization "Sharapat" (Karaganda) 800 members (7.62%). Five percent of the total number of all members of the association is in two public associations— public organization "Sharapat" of nurses of Kostanay region and Temirtau Association of nurses. (See Figure 3.)

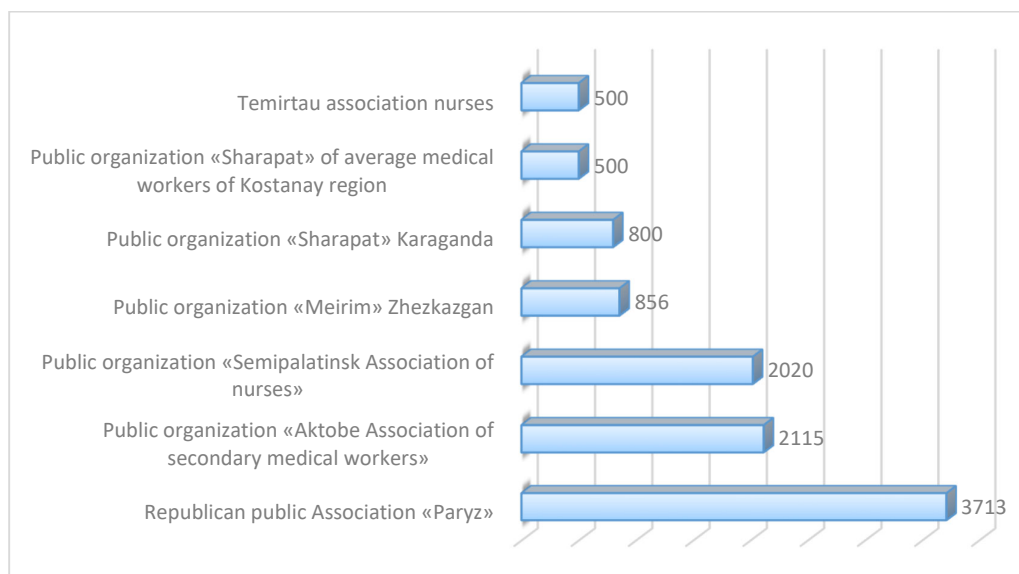


Figure 3. Name and number of members of regional professional nursing associations in Kazakhstan

The longest period of activity of a professional nursing association is more than 20 years for the public association "Meyirim", Zhezkazgan. The public association "Aktobe Nursing Association" has been operating for 17 years, since 2003. The public organization "Sharapat" of workers of the secondary medical level of the Karaganda region has been operating for 11 years and the public association of the association of middle and pharmaceutical workers in Temirtau, Karaganda nine. The rest of the associations have been operating for two to seven years (see Figure 4).

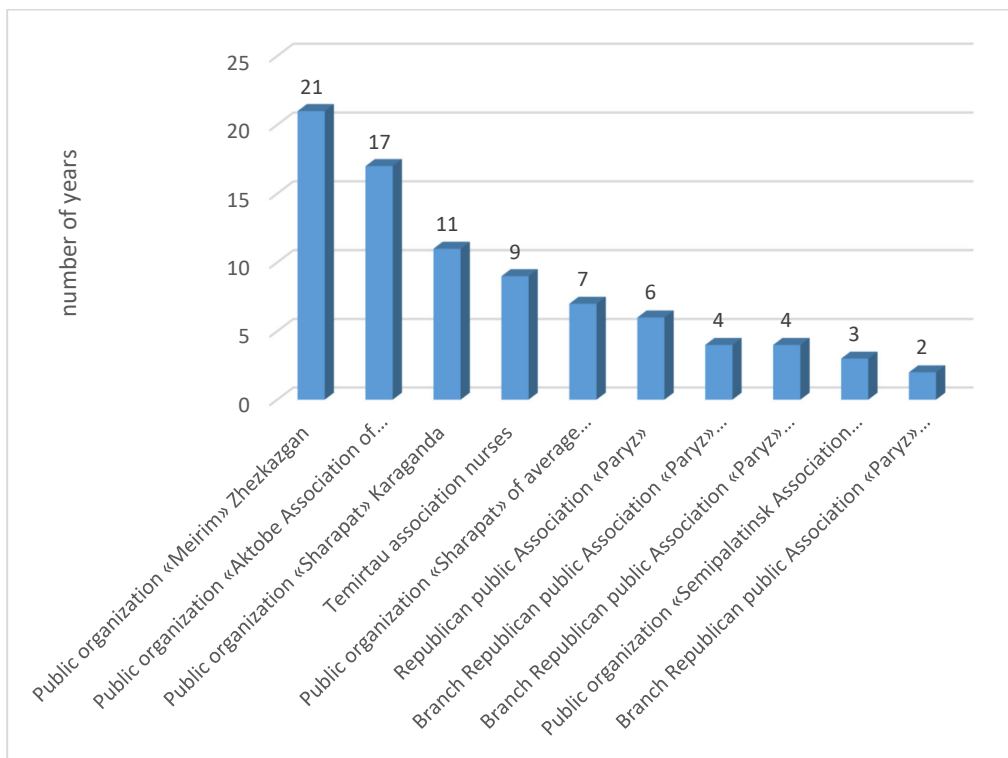


Figure 4. The year of establishment of regional nursing associations

As shown in Figure 5, membership fees of regional nursing associations vary from 50 to 300 tenge monthly. The funds received from the receipt of membership fees are spent in accordance with the goals and objectives stipulated by the charter of each association.

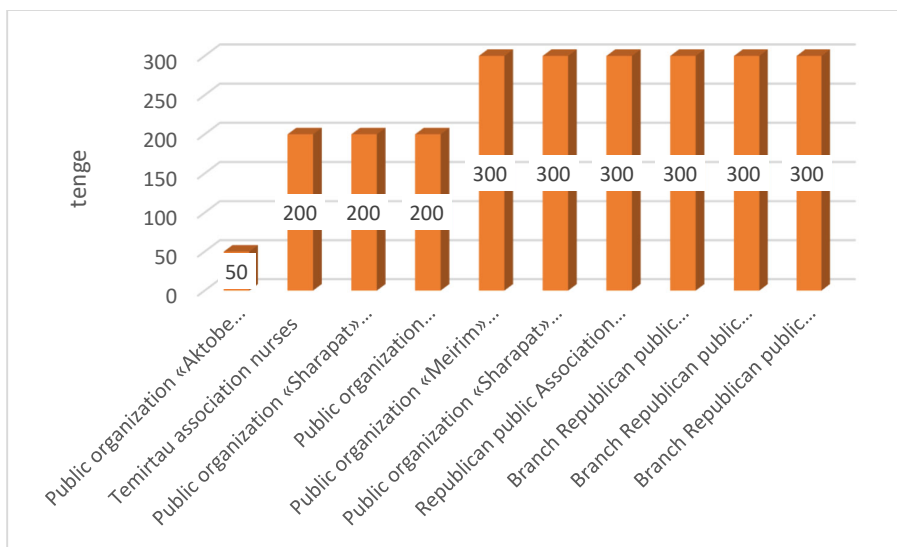


Figure 5. Monthly membership fees in tenge of regional nursing associations

Of the 10 respondents participating in the study, five chairmen are doctors and directors of medical colleges (they are managers with a PhD in medical sciences), and five are nurses who have a bachelor's degree in nursing or are studying for a master's degree in nursing. Not all chairpersons have the same terms of office. For example, the term of chairmanship of the "Aktobe Association of Nursing Workers" is two years, whereas in the Public organization "Meirim", the term of chairmanship changes as necessary without a definite term, and the current chairman has been heading the association for 20 years. In other associations, the term of office of the head of the association is generally five years.

6.2 Structure of the Professional Nursing Association

As a result of data analysis, one topic and two main sub-themes emerged. The first sub-theme is the internal structure of the Association, which includes the regulatory framework, structure, goals and objectives of professional associations. The second sub-theme concerns strategy and coordination activities-interaction with various organizations in the region and international organizations. (See Figure 6).

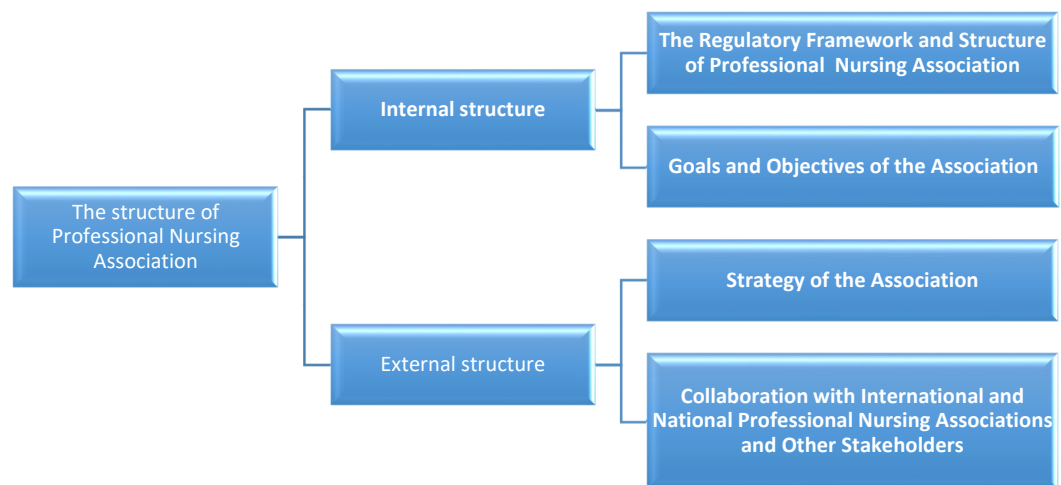


Figure 6. The structure of Professional Nursing Association

6.2.1 The Regulatory framework and structure of Professional Nursing Associations

The statutory framework of associations primarily includes the Association's Charter. According to the responses of the participants, the Charter regulates the goals of the organization, the activities of the management and control bodies of the organization, and the rights and obligations of the members of the association. All respondents noted the presence of strategic documents of the Ministry of Health of the Republic of Kazakhstan on the reform of nursing and orders of the Ministry of Health of the Republic of Kazakhstan on the regulation of the activities of nursing specialists. The goals and objectives of the associations differ depending on the number of members, but the work of all associations is aimed at improving nursing activities.

The structure of each association looks approximately the same: the governing body is the Constituent Assembly, the executive body is the board, and the board elects a chairman. The board also determines the procedure for holding elections, meetings with board members, strategic decisions, decisions of the president, the right to sign documents by the chairman of the board. The structure also includes an audit commission that controls the financial activities of the association. The strategy of the Association is determined by the charter of the professional association. Issues under consideration include admission to membership in the Association.

All Association documents are signed by the Chairman or President of almost all associations, but according to the A3 Chairman, in the absence of the Chairman, the documents are signed by the Vice-Chairman. The number of Board members ranges on average from five to eight and even 10–15 in professional nursing organizations. The Board of Directors is usually elected for five years but in some professional associations for two years. In almost every professional Association, the agenda of the meeting, which issues should be discussed, is discussed in advance, but decisions are also made by a majority vote of the Board members.

During the interview with the chairmen, it was established that elections to the Board are held every five years, and meetings are held quarterly to discuss pressing issues and resolve them as they become available. Any decision is taken by a General

vote in the management board, where the mandatory criterion must be the presence of at least two-thirds of the total number of members of the Association. When voting, a question is considered accepted if two-thirds of the members of the Association voted for it. For example, any member of a public organization elected at the conference can participate in the election. In another association, it has the fourth President during the Association's existence since elections are held every two years and formal meetings are organized once a quarter. Also, some hold official meetings once a quarter, if there are no force majeure circumstances, but the election was held in December 2018 (although the term of office of the previous candidate had not passed), and candidates were nominated, a vote was held, and the current President was elected. These branches operate similarly to the Republican Association. If we talk about the election of a public organization, the decisive vote is the election of members and making a decision.

"To carry out the current work, the Presidium, the Board of the Association, the President, the Audit Commission are elected, which controls financial flows, contributions, expenditure-income, all this is under strict control under the Audit Commission. We also have a board of trustees. We have created a Board of Trustees, as you asked me before, about social assistance, the head nurses, for example, collect some applications from paramedics at their site, and provide some kind of material assistance. All this is collected and submitted to the Board of Trustees, then the Board of Trustees decides who to give out, to whom to help the issuance of material aid, like this is our structure, and then elections, meetings, the president are held by open voting." (A10)

It is very important to keep records and create a database of members of certain nursing associations. To date, the database of members of the Association is maintained in half of the associations participating in this study (A1, Paryz branches: A4, A7, A8). The database for nurses who are members of the Association contains information about personal data (last name, first name, patronymic), place of work, work experience, categorization, and professional development (when it was planned and for how long). Members of the organization can be citizens who have

reached the age of 18, have a nursing degree, recognize the Association's Charter, and participate in its activities.

6.2.2 Goals and Objectives of the Association

Each regional association has its own set of goals and objectives, spelled out in the organization's charter. The analysis identified three main directions of goals, which can be distinguished as follows:

1. Improving the professional efficiency of nurses
2. Protecting the legal and economic interests of nurses
3. Improving the image of a nurse's work

The goals of the associations are presented in different ways: there are similarities, but there are also many differences. For example, there is a republican public association "Paryz". The objectives of the central association are not the same as the three branches.

"The most important thing is the provision of professional, legal assistance to nurses, assistance in employment, this is very important, increasing the achievement of the social status of nurses in society" (A2)

"Improving the level of quality of medical care, further increasing the role and prestige of the nursing profession, generalizing and disseminating practical experience, knowledge, improving the professional level of nurses" (A3)

Other goals are also outlined, such as generalization and dissemination of practical experience, raising the professional level of nurses, developing and strengthening professional ties between medical institutions in the region, protecting the socio-economic and professional interests of nursing staff, and others.

"The best trained members of professional associations participate as experts in the qualification exams". (A5).

"Members of the association participate in the testing of the Peer Review Center. When introducing new test questions, the experts considered 5 questions to be incorrect, so they were replaced" (A6)

To improve the image of the work of the associations, the respondents aim at an increase in the number of members and a change in the population's opinion about paramedical workers.

"The goal is to increase the number of members of the association" (A9)

The tasks and strategy of the Association are decided mainly by The Association's *Chairmen*, that is, the head of the organization. The main tasks of the Association, which is performed by the Chairmen, are to solve financial issues, representation of the Association at various conferences, meetings, symposiums, and congresses, speaking on behalf of the Association in the media and government agencies, establishing links with health and social authorities.

The tasks of associations are related to the internal activities of the Association. In one of the professional associations (A1), there are different sectors available for areas of work, for instance, educational activities which is the organization of seminars, master classes, and field trips. Methodical work is the release of methodological literature, the journal of the association which is provided free of charge to the members of the association, and research work. Members of the association participate in the selection of the topic of theses for students of applied bachelor's degree. In addition to organizing the activities in the form of sectors, another way is to have Association (A4) courses in the specialties, *"Nursing in pediatrics, surgery, anesthesiology and resuscitation, obstetrics."* For this, a plan is drawn up, and training sessions and master classes are held in the selected areas.

"The main task is to improve the professional level of our nurses, so we have such small sectors of work. We have divided our work into the following parts: the training sector, where professional development is mainly carried out, such as seminars, conferences, and master classes. The second sector is scientific and methodological, where people who are involved in the development of various programs, for example, standards for patient care, clinical protocols, and so on. And there is

also the charity sector,..... In each sector, there is a responsible nurse who is a professional, so she heads this sector.” (A1)

“... this is nursing in Pediatrics, nursing in surgery, nursing in Oncology, nursing, obstetrics, nursing in anesthesiology and resuscitation.

According to the plan, these chairs develop a topic and we hold monthly classes with nurses, midwives, and laboratory assistants, except for the summer months.” (A4)

6.2.3 Strategy of the Association

The strategy of the association refers to the external activities of the organization, and the vision of the Chairmen is to establish international relations.

The supreme body is the Assembly at five public associations (A1, A2, A3, A9, A10). At association 8, the supreme body is the Conference. For associations A4, A5, A6, A7, the Board is the supreme body. According to the respondents, two organizations have vice-chairmen, A1 and A3. The structure of the Board depends on the number of members, which ranges from five to eight, but in some associations it can be up to 10–15 (A10).

A1 is elected for two years and meets on a quarterly basis. Board A3, A4, A5, A6, A7 is elected for five years, however, in case of reorganization or amendment and addition to the constituent documents, an extra meeting is held. The A8 board is elected at the conference for an unlimited time, and any member elected at the conference can participate in the elections. According to the chairman of A9, they have no Management Board:

“The direction is carried out by the highest executive body, the General Meeting of the Association, and it meets at least once a year. And the sole executive body is the chairman, that is, the Board, as such, we do not have. ”

Elections are also held in each professional association independently. If we talk about elections according to A3, then the casting vote is the vote and the decision is made with the voting of the members. At least two-thirds of the total number of the association are present. When voting, an issue is considered adopted if two-thirds of

the members of the association voted for it. For example, In the course of an interview with the chairman of A2, it was found that elections are held once every five years, and meetings are held to discuss pressing issues which are then resolved when they become available.

"To conduct the current work, the Presidium, the Board of the Association, the President, the Audit Commission are elected, which controls financial flows, contributions, expenditure and receipts, all this is under strict control under the Audit Commission. We also have a board of trustees. We have created a board of trustees, as you asked me before, about social assistance, for example, chief nurses collect some statements from paramedics at their site of work and provide some kind of material assistance. All this is collected and submitted to the Board of Trustees, then the Board of Trustees decides who to give out, to whom to help the issuance of material aid, like this is our structure, and then elections, meetings, the president are held by open voting. " (A10)

"The Chairman makes decisions on behalf of the Board or on his own behalf on all issues. Organizes the work of the department, holds its meetings, issues orders, instructions, regulations, and other documents " (A10)

Association chairmen have a high educational level of 70%. The heads of associations have higher education, two of them with doctor's and candidate's degrees in medicine, four people are studying for a master's degree, and one respondent with secondary education is studying for an academic bachelor's degree. Fifty percent of respondents are directors of colleges and one person works in the medical center at the college, which contributes to the continuous improvement of the average qualifications of medical workers in the regions, the participation of members of the Association in the development of nursing documentation.

6.2.4 Collaboration with International and National Professional Nursing Associations and Other Stakeholders

As part of the strategic planning of regional professional nursing associations, work plans for the year are developed, and memoranda are formed with Russian partners on training and experience exchange.

"In 2017, we traveled from St. Petersburg, this is Russia, our nurses saw the work of St. Petersburg nurses, shared their experiences, saw a lot of new things. A memorandum on mutually beneficial cooperation and international cooperation was adopted. Also, our colleagues came to us from there, looked at our hospitals, the work of nurses "(A1)

"In 2015, I met with the general director of "Gaudemaus" of the educational organization and I wanted the nurses of the region to receive higher education. 74 people...They will now receive a diploma of higher education "(A2)

"A memorandum was signed with the association of the Omsk region and the Yekaterinburg region in Russia. A very close relationship for seven-eight years. At the expense of the association, nurses travel to the Omsk region for free, they carry out specialization there, and they participate in various competitions. They came to us twice, and we also paid for the way for the head and members of the Omsk region association. This is a very mutually beneficial cooperation, we exchange views. Members of the association and people who visited us from Omsk speak positively. "(A3)

A5 mainly cooperates with its branches in North Kazakhstan, Atyrau, and West Kazakhstan regions to hold conferences and award the best medical professionals as well as to collect contributions. A3 medical professionals work closely with A6 and A9, hold joint meetings and roundtables. All associations have a well-established cooperation with chief nurses, and regardless of membership in the association, chief doctors of medical and preventive institutions are invited to competitions and roundtables to discuss current issues.

"We do not cooperate with other associations, they see us as competitors."(A5)

"At the beginning of our Association, it was with neighboring regions-Uralsk, Atyrau region. To date, we do not have such a connection, of course, each Association works on its own." (A1)

According to the responses, the activity of the associations in social networks is not very active. Few associations have their own website, and some associations have joint websites with colleges. Associations practically do not work with mass media.

"As for social networks, the Association has a website, but it is not independent, but joint with the College since we are located on their base. I can't say that we are active in social networks, we still need to work on this." (A8)

"We have our own website on the Internet, where of course we do not fully cover our work. In this regard, we would like to see all our work in more or less detail in Instagram and Facebook in the future." (A1)

"We are in Instagram, we are also in telegram channel and Twitter. A special event that we have prepared for the day of the nurse, with photos, video, posted in the telegram channel. We are not on Facebook." (A5)

"Aat the moment we are not involved in social networks." (A8)

Conclusions: that internal activities of associations are determined by the Association's Charter, which defines the goals and objectives, and the structure of each Association. The structure consists of the Chairman, members of the management Board, and departments of the Association. During the analysis, we noticed that there is no unified approach to administrative activities. This depends on the period of activity of the Association and the number of members, so if the Association works for a little more than 3 years, then the governing bodies consist of a Chairman, Secretary, and audit Commission. All important decisions are made by a General meeting attended by all members of the Association, which meets once a year. The terms of election of the Chairman and members of the Management Board

vary from 2 to 5 years. Thus, professional associations do not have a unified approach to administrative functions.

The external activities of the Association include the Association's strategy and coordination activities-interaction with various organizations in the region and international organizations. The strategy is determined by the Chairman, who has the right to sign documents. The strategy of all associations is aimed at improving the quality of nursing care through interaction and exchange of experience with medical organizations and other associations, including Russian associations.

6.3 Professional Nursing Associations' Involvement in the Development of Nursing

As a result of the data analysis, two main themes emerged. The first topic is the participation of professional associations in effective clinical training, knowledge assessment, qualifications, from which three sub-topics emerged: improving the clinical training of nurses, expert activity of nurses associations, and mentoring in professional associations. These are consistent with the research objectives and meet the research questions. The second topic concerns cooperation with educational institutions to implement the career path of nurses in accordance with European directives. Three sub-themes emerged from this topic that correspond to the objectives of the study. (See Figure 7).

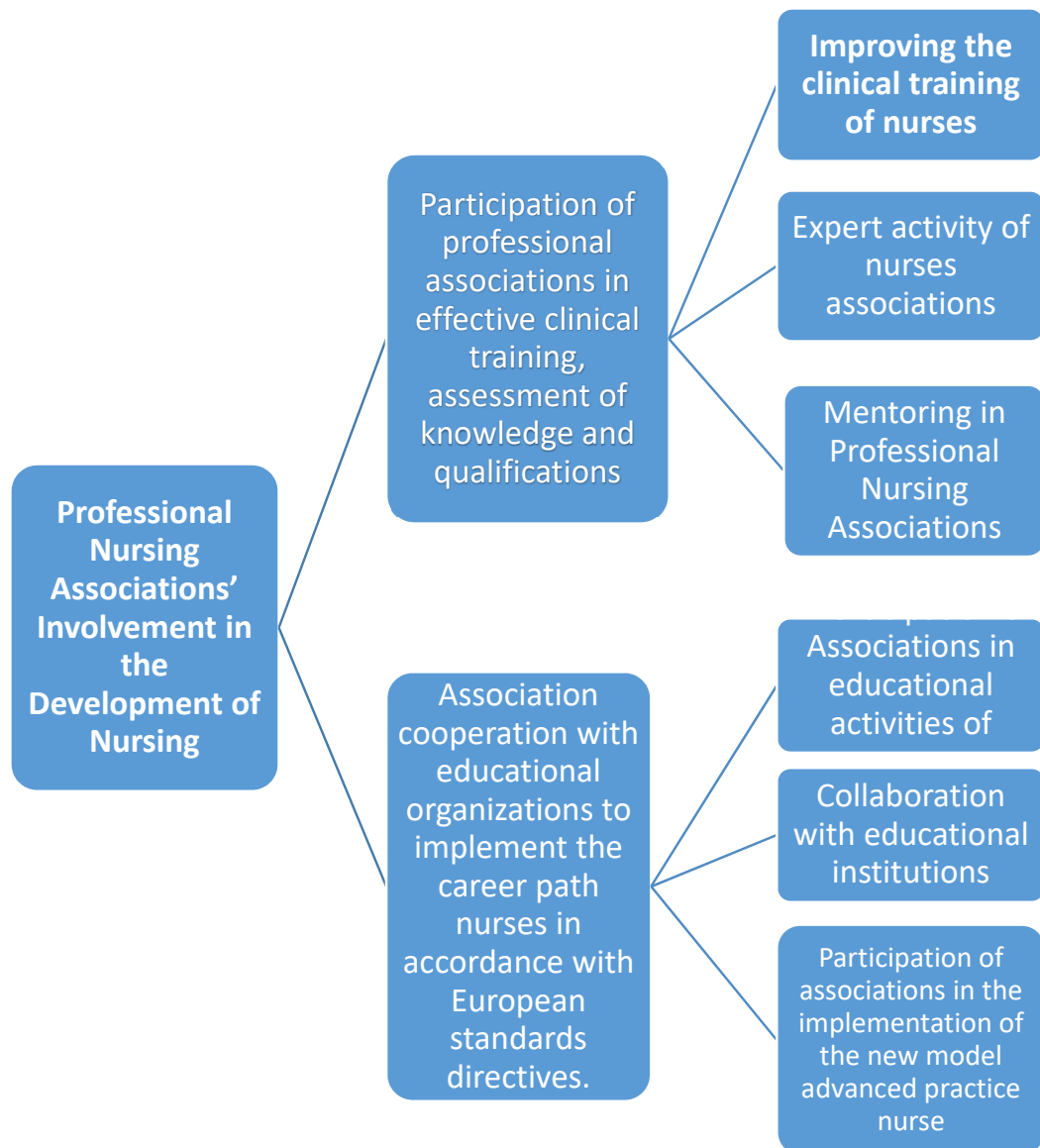


Figure 7. Activities of professional associations in the field of training and activities of nurses

6.3.1 Improving the Clinical Practise of Nurses

The analysis showed that the members of the association participated in the work of working groups on the development of clinical nursing guidelines (A1, A3, A5) and in the development of standards for operational procedures in priority areas (A2, A5). Participation in the development of a medicinal formulary for nurses was developed by A8. In some professional associations, members of the association participate at the local level—in the work of refresher courses, in the development of promising current programs on issues related to nursing personnel, and also participate in the training of paramedics in colleges. Members of A9 participate in the development of standards and algorithms for nursing together with A3 and take part in the development of the state educational standard for nursing in the Republic of Kazakhstan. For example, members of A3, together with college teachers, released a "collection of standards for nursing manipulations" in 2016, which was used by all colleges in the Republic of Kazakhstan.

"We are developing a program in priority areas for nurses, pharmacists, paramedics and laboratory assistants, this is an information system (CNIS) - yes, this is a must, plus, for example, for a universal patronage nurse, this is IBVBD, 3H system for cardiopulmonary resuscitation, we work with them more deeply. "(A2)

6.3.2 Expert Activity of Nursing Associations

According to the respondents, expert activity of nurses is important in assessing the knowledge and skills of nurses in the provision of nursing care. Nurses need to evaluate the clinical part of decision-making; the process and the outcome of health care delivery. This is directly related to the quality of work and patient care. According to the chairpersons of the associations, expert work is performed by chief and senior nurses with practical experience who should evaluate the work of nurses and also invite nurses to take responsibility for demonstrating their professional competence and assessing the quality of work of nurses. Respondents note that members of associations participate as experts in preparing test items for applicants

for assigning categories. All professional associations participate in the formation of a Bank of test tasks for the certification of secondary medical workers.

"We have signed a Memorandum with the National center for independent expertise, which assigns qualification categories to nurses where members of the Association are experts. An analysis of the strengths and weaknesses of skill development is conducted and communicated to nurses." (A5)

"Certification of nurses should be carried out by experienced nurses themselves, since doctors do not know the specifics of the practical work of nurses..."(A2)

"We have published a test answers for job seekers category (nurses, midwives, paramedics) in the magazine "Meyirbike"." (A3)

6.3.3 Mentoring in Professional Nursing Associations

Experienced nurses are now mentors who share their knowledge, skills, and abilities with young professionals. This is especially true for the preparation of applied bachelors, who devote many hours to clinical practice. At clinical sites, senior nurses play an important role in identifying mentors for students. Senior nurses know each employee, what competencies they have, work experience, and the availability of a qualification category. According to these requirements, they identify mentors.

"Mentoring is at a good level. Why? Because there are a lot of experienced nurses with extensive work experience. Each mentor has young specialists from each medical institution attached." (A1)

"Mentoring is a necessary element for young professionals, and mentoring is developing in all medical bases. Young professionals who have just graduated from medical school, despite the fact that they have had a large number of hours of practice, come to the workplace and assign mentors to them." (A9)

“Head nurses of each medical institution are responsible for mentoring. It is very relevant at the moment and it is developing professionally.”
(A5)

“The head sisters know each employee, what competencies they have. For example, to train mentors who are further, having their own life experience, or rather, having their own work experience, having a certain qualification category, who can work with students, only the head nurse knows this. We say that give us a list of whom we would like to teach, so that later they teach our students an applied bachelor's degree program. They go with pleasure. Today we have a lot of mentors trained and they help us very well in training specialists.” (A2)

6.3.4 Participation of Associations in Educational Activities of Nurses

Members of the associations combine their work as teachers in colleges or universities. They conduct trainings and seminars on relevant topics together with teachers of colleges or universities in remote areas of the region and identify gaps in the training of nurses. After the training, the training topics are updated. Nurses improve their competence through self-organization and self-development.

Preparation of reports on topical issues at conferences of nursing in their medical organizations include themes such as *"The role of nursing personnel in the primary health care screening program"* (A1), *"The role of a nurse in the triage system"* (A8), as well as the preparation of a report for the first congress of nurses of the Republic of Kazakhstan, *"Ethical foundations of the work of professional nurses"* (A5).

Members of the association are members of the pedagogical council of colleges (A2, A3, A10).

The expertise of nurses is important in assessing the knowledge and skills of nurses in the provision of nursing care. First, the nurses themselves must take responsibility for demonstrating their professional competence and assessing the quality of the nurses' work. The expert work is performed by the head and head nurses with practical experience, and they should evaluate the work of nurses.

Secondly, the members of the associations, as experts, participate in the preparation of test assignments for applicants for assigning categories. Association 3 publishes test items with answers for category applicants (nurses, midwives, paramedics) in the magazine "Meyirbike."

"Examinations to assess practical skills at stations. Analysis of the strengths and weaknesses of skills development is carried out and brought to the attention of nurses. Work of nurses. Doctors - let doctors train. Must be equal to equal in training." (A5)

"I would like to organize the training of chief nurses at RCHC on topics that are important for chief nurses - this is the assessment of internal and external expertise, this is training in mediation skills, this is the implementation of the knowledge gained and, of course, we are interested in the hospital service. I would like these cycles to be based on our college." (A4)

6.3.5 Collaboration with Educational Institutions

A1 cooperates with the center for nursing development, where it jointly sends nursing specialists from the region that are members of the Association to additional advanced training courses in Russia, Turkey, and Israel. A1 also cooperates with the University and holds roundtables where they talk about the need to improve the skills of nurses.

"Every year, members of the association, together with college teachers, travel to remote areas, 200-300 km from the city, medical workers of the central district hospitals are involved from nurses to chief doctors. Master classes, roundtables, trainings are held. In collaborative learning, discussion identifies challenges in teaching nurses what and how to teach." (A3)

"There is interaction with the Medical University of Karaganda on theoretical issues, certain issues of accreditation, there is close cooperation and information about innovations in medicine, on the

preparation of bachelors, masters and we provide this information to our members of the nursing association "(A9).

6.3.6 Activities of Associations with Government and Public Organizations to Promote Nursing Reform

To study public opinion, the Associations conducted a survey of nurses, residents of the city, and chief doctors about the new role of nurses. After completing the applied bachelor's degree, nurses are delegated certain functions from the doctor. Chief doctors and patients doubt that nurses will be able to replace doctors on a number of issues. Many nurses do not want to take responsibility themselves. Associations carry out organizational work to inform structures (departments, trade unions, the population) about the change in the role of nurses: 40% of nurses will receive higher education by 2030. Professional associations coordinate work with chief and senior nurses of medical organizations, regardless of membership in association, on topical issues of nursing. Questions of introduction of medical insurance in medical institutions are considered.

"Many nurses are not ready for a new role, and some chief doctors are doubtful, and even more so patients are not ready yet, because nurses have replaced doctors on a number of issues, and for this, we have studied this issue at the Commission on socio-cultural development and social protection of the population of the regional akimat." (A8)

"Many nurses and members of the Association work as volunteers: they are currently working on the introduction of health insurance in medical organizations." (A3).

"Then, after all, our doctors are not yet adjusted to the reforms of nursing, they believe that the nurse is and will remain a nurse. Although the nurse performs 90% of the work on the patient's recovery. The doctor came, appointed, left, the nurse is with him, with the patient to the end and she nurses this sick patient to recovery, so the attitude of doctors to the nurse should change as a partner, not an assistant."(A2)

“Many do not believe, they think that it is unattainable—bachelor's degree, a nurse with a higher education, a master's degree, a doctorate for nursing. That you can diagnose nursing, nursing process. We try to let everyone know about this, especially the medical community. Again, both doctors and health authorities of the region.”
(A3)

The associations believe that the introduction of the extended practice nurse position contributes to the transition of nursing to international requirements. Training of applied bachelors on the basis of medical colleges increases the prestige of prestige colleges. After completing an applied bachelor's degree, the nurse becomes a doctor's partner instead of a doctor's assistant. Associations support the opportunity to study for the academic baccalaureate under the accelerated program after graduation from the applied baccalaureate program. Then nurses have the opportunity to study in master's and doctoral studies.

“Changing the status of medical colleges to Higher Schools contributes to raising the prestige of colleges. Nursing education in applied bachelor's degree transition to international requirements. Gradual education for nurses is a big breakthrough.”(A9)

“After graduation from the applied undergraduate degree, undergraduate degree. 3 years, 6 months we recommend continuing education for 2.5 years in an academic bachelor's degree. The training period is long, the first option in which provided for a year of training more satisfied with the construction and installation work. There were many who wanted to study.” (A10)

“Doctors - let doctors train. Must be peer to peer in training. The nurse must train the nurse.”(A2)

“The medical college was transformed into a high school, graduation of applied. Bachelors the possibility of admission to the magistracy and doctoral studies.”(A1)

6.4 Actions to Provide Social Assistance to Members of the Association

As a result of the data analysis, the main topic "Actions to provide social assistance to members of the association " was identified, which was divided into three sub-topics: "Charitable and social assistance in the activities of associations", "Activities of associations to motivate the activities of secondary medical workers", and "Information about the activities of associations on the Internet and social networks". These correspond to the objectives of the study as well as answer the questions and objectives of the study. (See Figure 8).

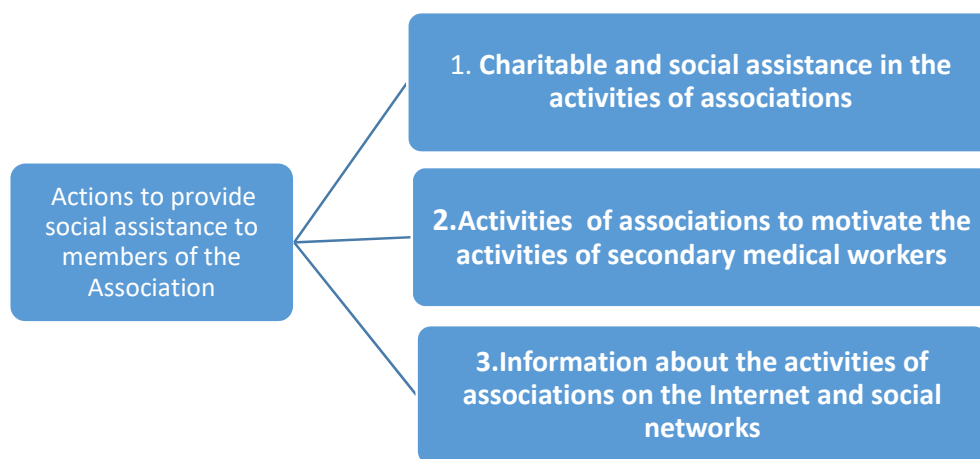


Figure 8. Actions to provide social assistance to members of the association

6.4.1 Charitable and Social Assistance in the Activities of Associations

Charitable assistance is mostly not spelled out in the Statute of associations. But with volunteers, associations provide palliative care to hopeless cancer patients in a nursing hospital. They help single veterans of nursing. Every year, they provide assistance to large and low-income families, disabled children, children in boarding schools, and sponsors nursing departments. Social assistance consists of providing financial assistance in difficult life situations. The packages with financial assistance are delivered by May 12—the day of the nurse. When taking advanced training courses, if possible, training is provided free of charge or with a 50% discount. Together with the trade Union of medical organizations, one association applies for a

down payment free of charge for the purchase of housing for socially vulnerable segments of the population. Unfortunately, such assistance is rarely provided.

"We do not include charity as the subject of our Association's activities, and we do not have a Charter for it, but we are engaged in it nonetheless. The city opened a nursing hospital, where there are hopeless cancer patients in the last stage. We go there every weekend as volunteers, providing palliative care to patients." (A5)

"The association works a lot for charity. In particular, we help children in the orphanage - these are things, food, toys that we deliver to them. We also help low-income families with many children. These are children of orphanages, an anti-tuberculosis sanatorium. In addition, we help our own nurses after severe illnesses, it may be a small material aid, but mostly it is packages, things, medicines. The association, for example, donated 3 wheelchairs to the nursing department of the Emergency Hospital." (A1)

"We provide charitable assistance. We have a free subscription to our Nurse Bulletin, which we distribute. We provide sponsorship assistance to low-income families (nurses), together with the medical college, we help reduce tuition fees for low-income segments of the population. We arrange concerts for free in a nursing home." (A9)

"We also spent this year, together with the trade union organization in the form of gratuitous assistance to obtain apartments for nurses, they were given an initial contribution, paid by the trade union and the association. That is, this is social assistance, for obtaining a housing loan, for the purchase of housing, together with the trade union organization of our region." (A10)

6.4.2 Activities of Associations to Motivate the Activities of Secondary Medical Workers

To motivate secondary medical workers, associations hold professional competitions: "the best in the profession", "the club of fun and resourcefulness", sports

competitions; offering encouragement with a cash prize in the amount of 150,000 tenge for the first place and 50,000 for the third place; congratulating for the professional holiday "The Day of the Nurse"; and presenting awards, letters of thanks, diplomas, and certificates. They also encourage the issuance of certificates to nurses and midwives who provide medical care to the population. Financial motivation includes the payment of lifting fees when hiring medical personnel, which allowed to increase the number of employed up to 20 people. At the expense of the Association, free professional development of nurses is offered in the border regions of Russia. To evaluate the performance of nurses, professional skills contests are held, for example, Best Operating Room Nurse or Best Pediatric Nurse.

"This year there was a Professional Skills Competition within the Word Skills, where paramedics participated in the role of patient, nurse and expert. This was a standardized patient. They themselves assess these situations, mainly by caring for the patient." (A1)

"We conduct various professional contests with the participation of paramedics from our city and neighboring districts of our region. For the won prizes, we give them good prizes, certificates, starting from 150 thousand for the first place and 50 thousand for the third place. The nurses were actively involved." (A10)

"I contacted our local trade Union "SENIM" when they issued certificates to our doctors. I have nothing against doctors, but the average personnel who work at the paramedic-midwifery point should also receive certificates. There is one paramedic or one midwife working there .Why not give them a certificate?"(A2).

"We give members of the association for state awards - the medal "Excellence in Healthcare", "For Contribution to Healthcare" medal "Veteran of Labor" and letters of thanks from the Ministry of Health, certificates of honor."(A5)

"There is, for example, a polyclinic in our city, where they give lift to average medical workers and this year the polyclinic has recruited more

than 20 people to work and let it even be 100,000 tenge for each employee. This amount will be for average health workers as an incentive to pay.” (A2)

6.4.3 Information about the Activities of Associations on the Internet and Social Networks

Almost no association has its own website. Information is available on the college website. (A3, A9, A10). One association has a web page on Instagram that contains data on various events. There is open access to information via e-mail and telephone. Also, respondents from professional associations note that it is necessary to work on this problem and be active on the Internet.

“We have a Facebook page. Unfortunately, there was a College website along with the Association. Now we have separated and will now have our own website...” (A3)

“As for social networks, the Association has a website, but it is not independent, and it is included in the College's website, since we are located on their base. I can't say that we are active in social networks, we still need to work on this.” (A9)

“We are on Instagram.... We are not on Facebook, but I think next year we will probably go there.” (A5)

6.5 Attitude and Vision of Regional Associations to the Creation of a New National Association of Nursing Professionals in the Republic of Kazakhstan

As a result of analyzing data on the topic "The relationship of regional associations to the creation of a new National Nurses Association of the Republic of Kazakhstan", three sub-themes were identified: the participation of regional associations to create the National Nurses Association of Kazakhstan, the participation of the most prepared members of the National Nurses Association in the preparation of a new

model of nursing care, and determining steps to join the International Council of Nurses. (See Figure 9).

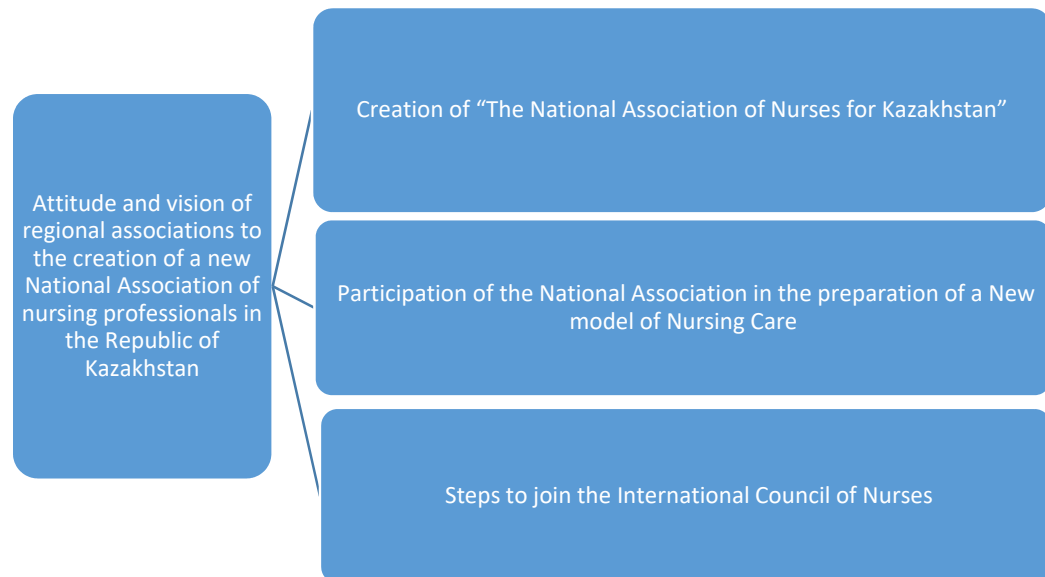


Figure 9. Attitude and vision of regional associations to the creation of a new National Association of nursing professionals in the Republic of Kazakhstan

6.5.1 Creation of "The National Association of Nurses for Kazakhstan"

All respondents believe that there should be one national association. The National Association of Nurses of Kazakhstan should unite all regions while maintaining the independence of regional associations. The need for centralization must have a legal basis. The need to create a National Association of nurses in Kazakhstan is caused by the fact that issues of nursing are little considered in the structures of health management. For this purpose, a single coordination center is needed, headed by a Department that is a leader in the field of nursing and related nursing education.

"I believe that there should be somebody at the head that would unite us all together...The National Association should unite all of us."(A1)

"Necessary for the unification of all associations of the Republic of Kazakhstan." (A2)

"Creating a single Provision on the National Association without infringing on the rights of professional associations of regions in Kazakhstan." (A3)

"The creation of an association is necessary to address nursing issues." (A4)

"A national association is needed." (A5)

"The future of our nurses is to build associations." (A7)

"Creation of the National Association and entry into the International Council of Nursing necessary and important business."(A8)

"National association, it should be like a Coordinator with its own vision, requirements, together to solve issues with the regions." (A9)

"After all, there should be a central body that unites all regions, but at the same time, preserving, perhaps, the independence of professional associations."(A10)

Respondents suggested that the Congress of the National Association of Nurses of Kazakhstan should approve the Association's Charter, which would reflect the structure and strategy of the organization. The Chairman and Board members of the Association, as well as representatives of all regions, should be selected. The Chairman of a professional association may be a member of the Board of the National Association. The head of the Association must be a person who has practical experience, is exempt from other work, and has a higher nursing education from bachelor's to doctor's PhD in nursing.

"There should be a congress of representatives of all associations, where the fate of one independent association of nurses in Kazakhstan should be decided." (A4)

"President, Deputy President, Secretary, members, audit Commission."(A6)

"To earn a national Association for the introduction of something new." (A8)

"As for the work of the National Association, the biggest problem is the insufficiently developed leadership among nurses." (A9)

6.5.2 Participation of the National Association in the Preparation of a New Model of Nursing Care

Measures should be taken at the national level to improve nursing care. Nursing is now becoming an independent field of professional activity in the health care system. Therefore, professional associations together with the National Association should make proposals for amendments to regulations in the Ministry of health of the Republic of Kazakhstan and the Republican Center for health development. Developers of regulatory documents (clinical recommendations, standards) should help convey information to the consumer-nurses. All nursing procedures should be standardized at the level of the Republic of Kazakhstan and meet international requirements. There is much discussion of the financial issue and the division of powers between national and professional associations. Professional associations should have the right to manage their finances and determine the amount of contributions between the Central government and professional associations depending on the level of medical care provided by the associations.

"Actively introduce nursing process and nursing diagnosis in the care process and in other manipulations, safety issues for both patients and nurses." (A3)

"It is necessary to introduce uniform standards of nursing, independence of nurses, division of functions between doctors and nurses."(A4)

"At the level of the Republic of Kazakhstan, we must have all standardized nursing procedures and they must comply with international requirements." (A6)

"The experience of introducing the nursing process in nursing care units can be a good experience." (A8)

When discussing the issue of independent professional activity of nurses, respondents support the view that it is necessary to develop standards and clinical recommendations. They agree with the view that a nurse should be engaged in

independent professional activities, and there are examples of delegation of authority from doctors to nurses. When discussing financial issues, they are concerned about the financing of professional associations and the amount of contributions to the National Association. There is no consensus among respondents.

Promotion of science-based nursing practice and development of nursing science is necessary in the Republic of Kazakhstan. It is proposed to create an Association's own journal for publishing nursing and scientific papers. Only two respondents stated the need to introduce evidence-based nursing practices. This issue should be highlighted by the newly established National Association.

“Creation of your own journal for publications of regulatory documents and scientific articles based on evidence-based nursing practice. Need your own typography.”(A2)

“Evidence-based nursing clinical protocols are needed.” (A3)

6.5.3 Steps to Join the International Council of Nurses

The conclusion from the participants' opinions is that the following steps are necessary: 1) increasing the number of members of the National Association of Nurses of Kazakhstan, 2) adopting foreign experience by inviting the International Council of Nurses to Kazakhstan, and 3) membership in the International Council of Nurses to further motivate nurses and reform nursing in the Republic of Kazakhstan.

“ Increase of the member of the association up to 6,000 people Renewal of the asset. The influx of young professionals with new views.” (A1)

“To create a unified nursing community and join the international Council of nurses.”(A7)

“Before joining the international nursing community, we need to change the mentality and consciousness, it is difficult. Therefore, first of all, it is necessary to convey to all middle-level specialists what the Association is, why it is needed, and tell everyone step by step.”(A4)

“In order to create a single nursing community and join the international council of nurses, I think that a department for working

with nurses would be opened under the Ministry of Health and more issues and tasks at the level of the Ministry would be solved.”(A7)

“Creation of the National Association and entry into the International Council of Nursing necessary and important business. Experience shows that nurses do not yet feel like able to enter the international arena and promote nursing.”(A9)

7 Discussion

The purpose of this study was to study the activities of regional associations of nurses to support the Association within the National Association of professional nurses of the Republic of Kazakhstan, which will allow to participate in the international community of nurses. This study examined the experience of the chairmen of ten regional nursing associations regarding the activities of these associations and the vision of future membership in the National Association of Nurses for Kazakhstan. The goal of the study was achieved, as the respondents expressed their consent and activity in creating a new structure The National Association of Nurses for Kazakhstan and joining the international Council of nurses.

The goal of the study to support the creation of a National Association was achieved, as the respondents expressed their agreement and activity in creating a new structure of the association and joining the international Council of Nurses. In the world of research devoted to the description of the structure, activities of regional associations, and opinions on the creation of a single national association, research on this topic is new not only for Kazakhstan but also for the whole world.

One of the main results was that the history of organizing professional work of nursing in the form of an association in the Republic of Kazakhstan is still young. The longest work experience of professional associations in Kazakhstan is 21 years in the association founded in 1999. Other associations have been operating for one to 17 years. In comparison with international experience, the American Association of Nurses was founded in 1896, the International Council of Nurses (ICN) in 1899, and the Canadian Nurses Association in 1907. Leading international professional

associations have more than 120 years of experience. (Cherry, Caramanica, Everett, Fennimore & Scott, 2019.)

Therefore, the limited experience of professional associations functioning in the Republic of Kazakhstan will require in-depth study of the experience of international associations in order to improve the quality of medical care, nursing education, and the prestige and function of the nursing profession.

One of the main results of this study was the activity of regional associations. The associations' activities are focused on two main areas. The first is aimed at developing the training of nurses, which included improving clinical skills among nurses, continuing education, improving their skills, relationships with educational institutions, and mentoring and participation as an expert in assessing the knowledge of nurses. The second direction was aimed at increasing the prestige of the image of the nurse by motivating nurses to work, introducing and promoting a new position and function with the expansion of the practice of nurses, as well as participating in social projects such as charity. These areas are the main gaps in the nursing service of health care in Kazakhstan. International professional organizations provide nurses with many advantages: continuing education (advanced training, retraining, and certification), access to professional journals, networking, special standards, and leadership development (Halstead 2017), although professional organizations in Kazakhstan also motivate nurses to continuing education and training.

International associations provide up-to-date expert information about nursing practice, what is happening in the nursing community at the national, regional and local levels (Diesi, 2018), which can also be noted in the Republic of Kazakhstan. Since the development of the comprehensive development plan, the road map for the development of nursing has been approved, and much work is being done on the trajectory of nursing education in accordance with European directives. International associations also motivate nurses to continue their education and training, but individual membership in nursing organizations provides nurses with a collective means to participate in health policy, helping nurses stay on top of issues affecting their field of work. The same cannot be said about professional organizations in Kazakhstan, since our association members do not provide funds for participation in

politics, and not all nurses know the problems and prospects for the development of nursing.

According to the respondents, it is necessary to increase the number of members in regional associations. More nurses are needed to join the international Council of Nurses. Therefore, one of the goals of professional associations of the Republic of Kazakhstan is to increase the number of their members; according to research, currently 6.7% of the total number of nurses in Kazakhstan are members, although membership issues are a problem for many international professional associations. For example, there are 90,000 nurses in the state of Alabama (USA), of which only 1,263 are members of the association (1.4%) according to ASNA (Alabama Nursing Association, 2014). Unlike international regional associations, the activities of domestic associations are narrowed and blurred, they also do not have their own code of Ethics, do not participate in solving political issues of the country, nor do they protect the rights of patients. (DeLeskey 2003). This may be due to the fact that there is little experience of the existence of regional associations themselves.

As a result of the research, it was found that the coverage of the work carried out by professional associations of nursing in Kazakhstan is not at the proper level; there is no information on websites, and there are isolated publications in magazines. Very few associations have their own website, instead information is available on the college's website. Also, respondents from professional associations note that it is necessary to work on this problem and be active on the Internet, in contrast to international associations, in which membership gives nurses access to educational resources (websites, webinars, publications, conferences) and provides opportunities to communicate with colleagues. (Cherry et al. 2019.)

The most important issue of creating the National Association of Nurses of Kazakhstan showed that this result was expected, since it was already necessary to unite all representatives of associations in a single coordinating body, which could decide to create a new structure and join the international Council of nurses. This requires preparatory work in the regions and the creation of a regulatory framework for the Association. The motivation of nurses will change due to the consistent implementation of the nursing reform in the Republic of Kazakhstan. Thus, the structure of the newly created national association at the initial stage will depend on

the number of members, financial resources, and goals and objectives of the newly created association. The limitation of the study is that not all associations participated in it, only the Chairmen of the organizations. Further research should also be conducted on the issue of joining national associations.

8 Recommendations

1. Organize a working group of active members of professional associations to prepare for the creation of the National Association of Nurses of the Republic of Kazakhstan. The working group should consist of representatives of regional associations and leaders of nursing.
2. One of the goals of the working group is to create professional associations in all 17 regions of the Republic of Kazakhstan. The strategy of the working group is to increase the number of members of nurses in professional associations and change the mentality of nurses about their new role and the benefits of membership in the Association.
3. The proposal for the working group is to draw up a work plan with representatives of professional organizations (active members of the association and leaders) and provide them with methodological recommendations or instructions. The working group constantly monitors the work of professional associations on these issues.
4. The next task of the working group is to prepare a conference or Congress for the establishment of a National Association. To do this, legal documents of the Charter need to be prepared, which will reflect:
 - General terms and conditions
 - Goals of the organization
 - Financial activities of the organization
 - Property of the organization
 - Members of the organization: Rights and obligations of members
 - Management and control of the organization's activities
 - Labour relations
 - Reorganization and liquidation of the organization
 - Dispute
 - Making changes and additions to the Charter of the organization. Prepared documents together with lawyers should be discussed in advance in the regions for making changes and suggestions for discussion at the conference.
5. Submission of candidates for the position of Chairman of the National Association by professional associations to the working group. After selecting two to three candidates, candidates must submit their program to the Department. Programs must be submitted to the regions for review. At the conference, the choice of the chair should be open during the vote count (under quarantine, it is

possible to select a candidate online with the provision of their election program for the development of the National Association of nurses for three years).

6. The next task of the working group is to discuss the strategy of the National Association for the implementation of the main directions of development of nursing in the Republic of Kazakhstan for 2020–2025 including participation in the development of regulatory documents on nursing (SOP, clinical guidelines, programs for the development of nursing in the Republic of Kazakhstan, licensing and accreditation of nursing professionals). These proposals should also be discussed in the regions and then at the conference.

7. Discussion of organizational issues: creation of the association's magazine, printing house, distribution of funds before approval in the Charter, which should also be discussed in the regions before approval at the conference.

8. These are the initial steps after which branches of certified nurses can be created as well as foundations of international experience and schools of professional skills.

9. Establishment of a National Association and its successful functioning will create prerequisites for joining the International Council of Nurses

9 Conclusions

The theme of creating a National Association of Nurses in Kazakhstan is relevant and global. So, before the study, it was difficult to find data on all professional associations in Kazakhstan (there is no single database). On a positive note, it can be noted that the leaders and members of associations are highly motivated to create a new structure and membership of the International Council of Nurses. However, one of the main obstacles is the small number of members of regional associations and the lack of understanding by ordinary nurses of the advantages of membership in an association.

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Appendices

Appendix 1. Informed consent to participate in the study

By signing this letter of consent, I voluntarily give my consent to the recording of my answers and storage of these data in the Center for the development of nursing Aktobe region and for their use for research purposes.

We invite you because we are studying the issues of unification of all secondary medical workers of regional professional associations.

We want you to know that:

First of all,

* Participation in this study is voluntary.

- You may opt out or withdraw from the study at any time.
- While participating in the study, you will be under the supervision of the school psychologist and researchers. As a result of research, we can gain knowledge that will benefit you and others in the future.

Secondly,

Some people may have personal, religious, or other views that make it difficult to participate in the study. If you have such views, please discuss them with your parent or other relatives before agreeing to participate.

Before you agree to participate in the study, take your time discussing everything with any member of the school staff or with your friends, family, and parents.

Name: _____

E-mail; Phone: _____

Date: _____

Signature _____

Clarification of signature _____

Dear members!

My name is Ainagul Nauryzbaeva. I am a graduate student of the Kazakh-Finnish master's degree in nursing.

The aim of the study is to study the work of regional nursing associations of Kazakhstan, as well as the development and integration of their National nursing Association and continue to integrate into the world community of nurses (enter the international Council of nurses). I ask for your consent to an interview on the issues of interest to us. Participation in the survey is completely voluntary and if you do not provide information about the public Association, it will not affect the work you get. Chairmen of nursing associations (or nursing organizations) who have agreed to the study, answer questions.

The research material will be supplemented with interviews for the selection of a small part of the participants. In the interview, we want to get information about the problems of nurses, their vision of the future work of nursing associations, the development of nursing in Kazakhstan. The interview is conducted as an individual interview, which takes about an hour. The interview situation is being recorded.

Research material collected from interviews with interviewees is classified by codes so that one participant's information is not visible at any time and organizations cannot be identified. Research material is stored in a locked Cabinet; the key is only the researcher. The researcher undertakes to comply with existing guidelines for the preservation of research materials and data protection legislation. According to the results of the research master's theses will be prepared and articles will be published in international scientific journals. Research material will be lost by cutting suitable after studies are completed.

Sincerely,

Ainagul Nauruzbayeva, Researcher

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Appendix 3. Questions for interview

1. What is your life experience of participating in a nursing organization and has this experience influenced your current nursing practice?

Passport details of your organization:

- 1.1. What is the official name of your nursing association?
- 1.2. What is your position in the association?
- 1.3. Tell us how long your organization has existed?
- 1.4. How is the Chairman elected and for how long?
- 1.5. What is the education of the chairman (doctor, nurse, etc)? If a nurse, what is your education (College, bachelor, master)?
- 1.6. What is the main work of the Chairman?
- 1.7. Number of members in your organization?
 - 1.7.1. Number of active participants
 - 1.7.2. At what level do you have information about each member of the organization?
 - 1.7.3. How many Association nurses hold a leadership position?
 - 1.7.4. How many nurses of management positions are in your association?
- 1.8. Admission and fees of your organization (monthly)
- 1.9. In the development of what documents on nursing in Kazakhstan involved members of your organization (standards, clinical nursing guidelines, guidelines)
- 1.10. What professional assistance does the Association provide to nurses (schools of professional skills, holding journal clubs, etc)
- 1.11. How do you collaborate with medical institution in your area to develop the position of nurses?
- 1.12. What strategies do you develop as Chairman to help the Association advance its ideas for long-term plans?
- 1.13. Charitable assistance included in the activities of your organization? if yes what kind of?
- 1.14. What are your actions to improve the image of a nurse? Is charity for pensioners, students, children included in your activities?
- 1.15. Social assistance is one of the activities of professional associations. Tell us how do you provide social care/support to nurses?
- 1.16. What social networks does your organization participate in?
 - 1.16.1. Your web page on the Internet
 - 1.16.2. Your Instagram web page
 - 1.16.3. What is your Twitter account
 - 1.16.4. What is your Facebook
- 1.17. What is your interaction with other regional associations?

2. To conduct a gap analysis in relation to aspects of joining regional associations to national association

Further education of nurses

- 2.1. What professional competitions do you hold with members of your organization?
- 2.2. How do you collaborate with medical universities for development of academic and applied bachelor and master in nursing education?
- 2.3. How do you assess the development of nursing education in medical colleges?

- 2.4. Development of nursing education in Kazakhstan
 - 2.4.1. How your association participates in development of nursing in Kazakhstan?
 - 2.4.2. How your organisation participates in development of nursing education in your area?
 - 2.4.3. How does your organization support mentoring?
 - 2.4.5. How would you describe the current state of nursing in Kazakhstan as the Chairman of the regional Association?

3. Conduct content analysis of the regulatory framework and administrative structure of the regional Association of nurses
 - 3.1. Goals and objectives of your association?
 - 3.2. Structure of your Association?
 - 3.3. How board is elected and for how long?
 - 3.4. Who can be Chairman for how long?
 - 3.5. How elections are conducted and a formal meeting with the Board members?
 - 3.6. Who makes the decisions?
 - 3.7. Who has the right to sign documents?
 - 3.8. What is the structure of your organization's professional activities?

4. Develop criteria for joining the national nurses Association
 - 4.1. How necessary is the national organization of nurses in Kazakhstan?
 - 4.2. What should be the organizational structure of the National nurses Association, In your opinion?
 - 4.3. What should be the decision-making system between the National Association and the regional Association?
 - 4.4. What privileges can the national Association of nurses grant to members of regional associations?
 - 4.5. How will members of the National nurses Association contribute to the assessment of nurses' knowledge and skills?
 - 4.6. What should be the amount of membership fees for entry and annual fees?

5. Identify further opportunities for the National Nurses Association
 - 5.1. What nursing issues can regional associations address when joining the National nurses Association ?
 - 5.2. What is needed to create a unified nursing community of nurses in Kazakhstan to join the ICN?
 - 5.3. Your wishes ? Any suggestions?

Appendix 5. Coding the first research question: What is the regulatory framework/ strategy/ structure and external activities of regional associations? (example)

Condensed meaning unit	Coding	Categories	Sub-theme	topic
strategic documents of the Ministry of health of the Republic of Kazakhstan on reforming nursing - orders of the Ministry of health of the Republic of Kazakhstan on regulating the activities of nursing specialists	Regulatory documents	1. Regulatory documents associations	internal activities of the Association	Structure of the Professional Nursing Association
-increase in Association members - opinion of the population about the SMR	Improving the image of the Association	Purpose of association	internal activities of the Association	
professional skills quality of medical care participation in qualification exams	Improving the professional performance of nurses	Purpose of association	internal activities of the Association	
-memorandum of cooperation with Russian nursing associations -memorandum with Gaudeamus educational holding -memorandum with the National center for independent examination -40% of nurses should become bachelor of nursing by 2030	Activities of the Association's Chairman	Association strategy	external activities of the Association	