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IMPORTANCE OF DEVELOPING THE IMAGE OF THE NURSING PROFESSION IN KAZAKHSTAN

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Abstract

Introduction: Nursing is a part of the health care system, including activities to promote public health, prevent diseases, provide psychosocial care and care for people with physical and mental diseases, as well as people with disabilities in all groups. Currently, a considerable amount of data has been accumulated for many countries and various diseases, indicating that this approach provides better results than traditional treatment under the guidance of a doctor; in addition, it can help reduce costs. Therefore, the study of the image of nursing profession in Kazakhstan is relevant and can contribute to the development of nursing in Kazakhstan.

Purpose: analysis of literature data on international experience in developing the image of the nurse profession and analyzing the status of this issue in Kazakhstan.

Search strategy: 55 English and Russian-language publications from the Cinahl, Google Scholar, PubMed, eLibrary databases were analyzed over the past 20 years, from January 1998 to December 2018. Inclusion criteria: publications, which contained a tool for analyzing the state of the problem of the formation and development of the image of the nurse profession. The following searches were used for the search: "Nurse image", "Perception, nursing profession", "Perception, nursing profession, future", "Career development, nursing, perception", "image of the nurse profession in Kazakhstan".

Results: The published studies found contained various data on the formation and development of the image of the nurse profession in the international aspect in the Republic of Kazakhstan. This literature review has helped to identify problems with the above-mentioned profession in an insufficiently favorable image during certain fragments of time during the period studied, but information has been found on the positive dynamics in the development of the image of a nurse both abroad and in our country.

Conclusions: According to the literary data, the current ideas about the image of the nursing profession make it possible to conclude that it is necessary to further improve the latter in Kazakhstan.

Key words: *image, nursing profession, nurse.*

Резюме

ВАЖНОСТЬ РАЗВИТИЯ ИМИДЖА ПРОФЕССИИ МЕДСЕСТРЫ В КАЗАХСТАНЕ

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Введение: уход является частью системы здравоохранения, включая мероприятия по укреплению общественного здоровья, профилактике заболеваний, оказанию психосоциальной помощи и ухода людям с физическими и психическими заболеваниями, а также людям с ограниченными возможностями во всех группах. В настоящее время накоплен значительный объем данных по многим странам и различным заболеваниям, что свидетельствует о том, что этот подход дает лучшие результаты, чем традиционное лечение под руководством врача. Кроме того, это может помочь сократить расходы. Поэтому изучение имиджа сестринской профессии в Казахстане является актуальным и может способствовать развитию сестринского дела в Казахстане.

Цель исследования: анализ литературных данных о международном опыте развития имиджа профессии медсестры и анализ состояния этого вопроса в Казахстане.

Стратегия поиска: был проведен анализ 55 англо- и русскоязычных публикаций из баз данных Cinahl, Google Scholar, PubMed, eLibrary за последние 20 лет, с января 1998 года по декабрь 2018 года. Критерии включения: публикации, в которых содержался инструмент анализа состояния проблемы формирования и развития имиджа профессии медсестры. Для поиска были использованы следующие поисковые запросы: "Nurse image", "Perception, nursing profession", "Perception, nursing profession, future", "Career development, nursing, perception", «имидж профессии медсестры в Казахстане».

Результаты: найденные опубликованные исследования содержали различные сведения об формировании и развитии имиджа профессии медсестры в международном аспекте и в Республике Казахстан. Данный литературный обзор помог обозначить проблемы с недостаточно благоприятным образом вышеуказанной профессии в течение определенных фрагментов времени на протяжении изученного периода, однако найдены сведения о позитивной динамике в развитии имиджа медсестры, как за рубежом, так и в нашей стране.

Выводы: существующие на сегодняшний день представления об имидже профессии медсестры согласно литературным данным позволяют сделать заключение о необходимости дальнейшего совершенствования последнего в Казахстане.

Ключевые слова: имидж, профессия медсестры, медсестра.

Түйіндеме

ҚАЗАҚСТАНДАҒЫ МЕЙІРБИКЕ КӘСІБІНІҢ ИМИДЖІН ДАМУДАҒЫ МАҢЫЗДЫЛЫҒЫ

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Кіріспе: қамқорлық денсаулық сақтау жүйесінің бөлігі болып табылады, оның ішінде халықтың денсаулығын нығайту, аурудың алдын алу, психикалық-әлеуметтік көмек көрсету және физикалық және психикалық аурулармен ауыратын адамдарға қамқорлық жасау, сондай-ақ барлық топтарда мүгедектер. Қазіргі уақытта көптеген елдер мен көптеген аурулар үшін көптеген деректер жинақталған, бұл дәрігердің басшылығымен дәстүрлі емдеуге қарағанда бұл әдіс жақсы нәтиже беретінін көрсетеді. Бұған қоса, ол шығынды азайтуға көмектеседі. Сондықтан Қазақстандағы мейірбике кәсібінің имиджін зерттеу маңызды және Қазақстандағы мейірбикенің дамуына үлес қосуы мүмкін.

Мақсаты: медбике мамандығының имиджін дамыту және осы мәселенің Қазақстандағы жағдайын талдау бойынша халықаралық тәжірибе бойынша әдеби деректерді талдау.

Іздеу стратегиясы: Cinahl, Google Scholar, PubMed, eLibrary дерекқорларының ағылшын және орыс тіліндегі басылымдары соңғы 20 жылда, 1998 жылдың қаңтарынан 2018 жылдың желтоқсанына дейін талданды. Қосылу критерийлері: мейірбике мамандығының имиджін қалыптастыру және дамыту проблемасының жай-күйін талдау құралы бар басылымдар. «Мейірбике имиджі», «Қабылдау, мейірбике ісі», «Қабылдау, мейірбике ісі, болашақ», «Мансапты дамыту, мейірбике, қабылдау», «Қазақстандағы мейірбике кәсібінің имиджі» іздестіру үшін келесі іздеулер пайдаланылды.

Нәтижелері: жарияланған зерттеулер Қазақстан Республикасының халықаралық аспектісінде мейірбике кәсібінің имиджін қалыптастыру және дамыту туралы әртүрлі мәліметтерден тұрады. Бұл әдеби шолу жоғарыда аталған мамандыққа қатысты мәселелерді зерттеліп жатқан кезеңнің белгілі бір бөліктерінде жеткілікті түрде қолайлы түрде анықтауға көмектесті, бірақ медбикелердің имиджін шетелде де, біздің елде де дамытудың оң динамикасы туралы анықталған.

Қорытынды: әдеби мәліметтерге сәйкес, мейірбикелік кәсібінің имиджі туралы қазіргі кездегі идеялар Қазақстанда соңғы кездегі жағдайды одан әрі жетілдіру керек деп қорытынды жасауға мүмкіндік береді.

Түйінді сөздер: сурет, мейірбике мамандығы, мейірбике.

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Introduction

The American Nurses Association (ANA) states “nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations” [5].

By definition of the International Council of Nurses, “nursing is an individual and joint care for people of all ages, groups and communities, sick or healthy, and in any condition. Nursing includes the promotion and support of healthy lifestyles, disease prevention and care for the sick, disabled, and dying. Promoting a safe environment, research, participation in shaping health policy and managing health systems, and education are also key roles for nurses” [35].

Image of a profession can be described as a set of ideas that have developed in the public opinion about how a person should behave in accordance with their status. The self-concept of nurses and their professional identity are determined by many factors, including public image, work environment, work values, education and culture [23].

Nurses are a large part of health care professionals, but they are largely shadowed, invisible. Their competence, skills, knowledge, and judgments are not reflected in reality. Public views on nurses are usually based on a brief personal experience. This situation cannot demonstrate a complete picture of all that nurses can provide in the course of carrying out their work. Usually the perception of the nursing profession is based on the person's emotional reaction to a meeting with a representative of the profession. When seeking medical help, often patients do not realize that they are interacting with nurses. Patients communicate with many employees and do not always distinguish them from each other. Patients may refer to most of the staff as nurses [17, 32].

However, this does not mean that the public does not appreciate nurses. Usually, when a person informs another that he or she is working as a nurse, the interlocutor's response is positive. But at the same time, the bulk of people do not know that for this job it is necessary to have an education, a large amount of knowledge, skills and abilities, that nursing requires highly qualified nurses. Most often, the public perceives nurses as good and honest people of high ethical standards. However, they do not take into account their competence and knowledge, which are required for their work performance [17, 37].

Objective: analysis of scientific information on international experience in developing the nurse profession image and analyzing the status of this issue in Kazakhstan.

Search strategy: we conducted an electronic search for publications on the following databases Cinahl, Google Scholar, PubMed, eLibrary. The depth of the search is 20 years, from January 1998 to December 2018. The study included only full-text publications in Russian and English, describing the problem of the formation and development of the image of the nursing profession in the international aspect and in the Republic of Kazakhstan. As a standard and criteria for inclusion in this study, we used a tool for analyzing of the problem of the formation and development of the nurse profession image. The following key queries were used: “Nurse image”, “Perception, nursing profession”,

“Perception, nursing profession, future”, “Career development, nursing, perception”, “image of the nurse profession in Kazakhstan”. At the initial search stage, 375 English-language and 157 Russian-language publications were found. After excluding repeating publications and articles that do not correspond the inclusion criteria, 55 publications were taken in the study. The article is a review of literary sources.

Results and discussion.

Nurses professional image internationally

May 12, the birthday of Florence Nightingale, is the international day of nurses. This holiday is an opportunity to recognize nurses in practice, it allows nurses to advertise their profession, creating a positive image of nurses. Usually on this day, special events are held in honor of nurses, granting them awards for various achievements and voicing through the media about how various medical organizations are proud of their nurses. Typically, an image of a caring nurse is created that holds a patient's hand or speaks to them. It does not consider the complex professional aspects of this activity, or the knowledge and competencies that are necessary to meet the complex needs of patients. That is, the other side of the coin is silent, when the level of education and skills that are required to realize the functions of the nurse are not covered. This situation is due to several reasons [17, 50].

External factors that affect to the image of nursing profession include: the historical role of the nurse as a servant (non-independent role), hierarchical structure of medical organizations (often limited the role of nurses in decision-making), authority and directives of doctors (restriction of independence of nurses), hospital policy (often limits the independence of nurses), and threat of disciplinary or legal action and threat of loss of employment [17, 51].

There are also internal reasons that can be recognized that have caused present situation like confusion, lack of professional trust, robustness, fear, insecurity, and feelings of inferiority. The above situation have led to the loss of professional pride and self-esteem, which can also lead to more serious professional problems. Nurses feel like victims and act like victims. They do not take control into their own hands and renounce responsibility [17, 55].

A modern model of primary health care provides for wide participation of nurses and midwives in the provision of preventive measures, the appointment of a limited list of medications (except for controlled drugs), the provision of simple medical examinations, immunization, primary admission of patients, and monitoring the health of mothers and children. Nurses have a significant role to play in helping the elderly, working in nursing clinics and helping patients with chronic diseases, providing home care, organizing integrated care and follow-up, working with healthy groups, and so on. This expansion of nursing practice in the world was the result of the convergence of the activities of the nurse and the doctor with the delegation of part of the medical authority to nurses [16, 18, 43]. The model of the nurse - the passive assistant of the doctor – is a thing of the past, giving way to the new model of the nurse, the patient's assistant.

For example, in countries with a well-developed primary care system, patients with many chronic diseases are

managed by nurses. A considerable amount of data is now available for many countries and various diseases, indicating that this approach provides better results than traditional treatment under the guidance of a doctor, and in addition, it can help reduce costs [19, 20, 43].

In many European countries, nurses form the basis of primary health care. So, in the Swedish health care system, nurses play an increasingly important role, providing highly qualified care for patients with chronic and complex conditions (diabetes, bronchial asthma, heart failure, mental illness); they are also given a limited right to prescribe medicines. In the Swedish medical centers, the patient is first examined by a nurse who can then refer the patient to a general practitioner or to a hospital [10, 11, 45, 52].

In Finland, 80% of patients are previously admitted to the nurses, and then, if necessary, to the doctors, and only 20% of patients go directly to the doctors. In the health centers of Scandinavia, which are ubiquitous in cities and rural areas, nurses play a leading role [49].

In the Netherlands, the decision to provide patient care to doctors outside the office hours is taken by the nurse on the basis of established criteria. In their activities, nurses rely on clinical protocols and have the right within these protocols to change the regimen of drug therapy [15, 48].

In England, nurses specializing in helping people with certain diseases (diabetes mellitus or bronchial asthma) in their day-to-day activities replace general practitioners by taking care of outpatients for observation and training patients, or by engaging in outreach and educational activities aimed at improving the skills of other medical and social workers [29, 34]. Structured disease management programs for some states (case management) have been introduced in the US and Germany. This approach is due to the fact that physicians in these countries often have individual practices, and the outpatient and hospital sectors are separated from each other. In many cases, nurses conduct the first survey and send the consumer of services to the corresponding resources of medical care [29, 34]. In developed European countries, general practitioners usually do not visit patients at home, except in rare cases, because it is the prerogative of trained nurses [38].

The opportunities for expanding the role of nurses are also being studied in the hospital health sector. According to the literature data (mainly on the US material), "the role of nurses and midwives can be expanded while maintaining or reducing the level of expenditure and maintaining or improving the effectiveness of treatment." It is claimed that "from 25 to 70% of the work of doctors, depending on the specific task, is quite possible for nurses or other professionals" [38]. It is the nurse, working with a doctor, who must release him from work not typical of medical qualifications, which will improve the efficiency and rationality of using medical staff. On the other hand, skilled nurses, able to replace a doctor with a variety of procedures and manipulations, can reduce the need for the number of doctors. The training of doctors is now a very expensive and lengthy process, which explains the need for rational use of medical labor [33].

Thus, "redistributing the roles or the scope of practical activities of specific health workers is a strategy that allows better use of more and more diverse human resources and to achieve the necessary number of necessary types of

workers and their proper combination" [9, 42]. These changes in professional boundaries can be divided into four categories: improvement, replacement, transfer of authority, and innovation. Most of these changes relate to nurses; more and more data indicate that such a "redistribution of roles can improve the outcomes of patients' treatment, especially with chronic diseases and reduce their use of health services" [42].

Consequently, the expansion of the boundaries of nursing practices contributes to: increasing the availability of medical care; improving the quality of care and patient satisfaction; regulation of the burden of the doctor and the release of his time for counseling and treatment of patients; improving the professional status of nurses; increase responsibility for the patient.

Experience improvement of nurses' image

It is necessary to improve the public image of nurses in order to preserve the existing cadre of experienced nurses and to attract new people to the profession. To do this, mass media can be used to present this profession to a wider audience. It is important to encourage medical organizations in their active participation in the development of nursing. It is necessary to encourage career growth of nurses, and to stimulate career needs of students studying to become nurses. It makes sense to strengthen the formation of nurses and develop individual interaction with nurses. It is advisable to encourage nurses to study in graduate school. It is necessary to resist the false opinion that in order to be a nurse one does not need to be intelligent, that nurses are only assistants to doctors. It is important to develop multi-professional education so that in the process of education students from related medical fields study certain materials together, and it is possible to build the knowledge, skills, and professional relations necessary for their own professions as well as to promote the development of interpersonal skills and understanding of other professions. It should also encourage the professional socialization of nurses [6, 7, 44].

Compassion and altruism, which are Christian ideals, should become an integral part of the profession of a nurse [47]. Self-esteem is also very important in the nursing profession since its adequate level contributes to the successful implementation of the profession [8, 24]. Appearance is also an important factor for the image of nurses, so a universally adequate uniform can contribute to the formation of a positive image of a nurse [54]. Career growth of nurses, which includes the holding of job fairs, also positively affects the image of nurses [26].

Bridging gaps between legality, morality, and reality requires a complex combination of solutions and can also affect the image of the nurse, which in turn will significantly improve the results of patient treatment [12, 14]. Polish medical students appreciate the professionalism and skills of nurses, but they talk about the lack of independence of nurses to date [25, 30, 39]. In the process of teaching students who will become nurses in the future, it is important to instill the importance of this profession in their minds from the first days. The readiness of students to work as nurses, the presence of a certain desire for autonomy and the desire to devote their whole life to this profession are among the significant factors for the development of a positive image of the nurse profession [13, 28]. Nursing is a

vital profession for society, and it should not be humiliated or made trivial. It is necessary to increase confidence in nurses and to ensure the safety of their professional status [31, 40]. Important in the profession of a nurse is their ability to help patients in moving towards a new vision of themselves, promoting health, and maintaining a healthy lifestyle [27, 41].

Nursing development in Kazakhstan

Nursing in Kazakhstan developed not as an independent discipline, but as an auxiliary part of medicine. It has been based on traditions instead of scientific principles, which was characteristic of all the republics of the USSR [2].

In the 1990s, attempts were made in Kazakhstan to accelerate the development of nursing by creating a structure (the introduction of the position of chief nurse in the Ministry and health departments), public institutions (the emergence of associations of nurses and midwives), and the emergence of higher nursing education. However, these attempts were unsuccessful due to the half-hearted nature of the reforms undertaken: the lack of executive authority in nurses, the lack of vision and real prospects for development, the lack of willingness of most nurses to change, and the lack of support for the reforms being implemented [2].

Many aspects of the organization and management of the nursing practice remain problematic issues, poorly developed not only in Kazakhstan, but also in all countries of the post-Soviet space. The available scientific works mainly concern the issues of higher nursing education and, in this connection, changes in the staffing policy of nursing [2].

In the last decade in Kazakhstan, there has been a problem of developing human resources capacity for health, including secondary medical care staff. So, the number of middle-level medical workers in 2013 was 143,800. Provision of nurses was - 87.5 per 10 000 population. Thus, one of the features of the personnel potential of the republic is the relatively high rates of provision of medical personnel and the lower indicators of availability of the middle-level medical personnel in comparison with the world data. Among the reasons contributing to the deficit and low productivity of the nurses, the International Labor Organization highlights a long working day, low wages, lack of incentives, and dissatisfaction with work [53]. So, according to the WHO statistics, Kazakhstan is 10th in the world in terms of supply of doctors - 39 per 10 000 population. The doctor / average medical staff ratio in Kazakhstan is 1: 2.3, whereas in the large tens of G10 this ratio is on the average 1: 3 [36].

The problem of providing medical personnel in rural areas is especially acute. The staff imbalance of nursing staff vs. doctors is accompanied by two interrelated negative processes. First, there has been an increase of medical activities of the types of health services that should be carried out by well-trained nursing staff. Secondly, the role of the nursing staff is diminished, the functions of which are reduced to servicing the doctor and performing purely technical work that does not require professional nursing qualification.

In general, in addition to the personnel imbalance, there are also qualitative problems of human resources: the

insufficient level of professional competence of specialists, low motivation for professional growth, low prestige and social status of the profession, and the lack of a unified strategy for the development of industry personnel [21].

The "Concepts for the development of human resources for health in 2012-2020", developed by the Ministry of Health of the RK, outlines ways to address these problems:

- review of staff standards (increase in the number of average medical workers, considering the real need)
- improvement of the regulatory and legal framework, methods and tools of personnel policy
- optimization of professional activities of industry specialists (redistribution of resources, authority, multi-disciplinary approach to training)
- improvement of the nursing staff management system in accordance with the best international practice
- selecting a number of medical functions to a nurse
- improvement of medical education, including continuous professional training
- involvement of professional associations in solving personnel problems
- creation of conditions for increasing the motivation and social status of specialists in nursing
- change in the organization of work of average medical workers [21].

The urgency of the problem of social protection of the middle-level medical workers is determined by the low level of remuneration of the average medical personnel, regardless of the level of education; low level of social protection; a sufficiently high incidence of medical workers and disability, a low life expectancy of certain categories of workers, and so on [53]. The low level of remuneration of the middle-level medical personnel is not regulated considering the level of education, which does not correspond to the significance and intensity of the work of medical workers.

Unfavorable working conditions increase the risk of occupational hazards (severity of infection with viral hepatitis, tuberculosis, HIV infection, etc.). Various unfavorable factors of the production environment and labor process, such as, a forced working posture, uncomfortable microclimate, low level of workplace exposure, presence of chemicals in the workplace, electromagnetic and laser radiation, increased background radiation, and other occupational hazards [4] affect the body and can cause occupational diseases.

Often, the money that goes to medical and preventive institutions is, in the last resort, directed at changing the working conditions of nursing staff, acquiring small mechanization funds, creating ergonomic and scientifically sound working conditions for nursing personnel, equipping with tools that facilitate the work of nurses and reducing the unreasonable costs of the worker time, as well as prevention of occupational diseases of nursing specialists [4].

An important factor affecting the quality of labor of medical personnel are conveniently planned working premises with comfortable furniture and technical equipment of the workplace with everything necessary for work. In practice, we often meet with uncomfortably planned workrooms, with insufficient provision of personal computers and necessary office equipment, and insufficient

development of communication technologies intended for communication with all services of medical and preventive institutions. All this creates certain difficulties and is a factor which, in modern conditions, predetermines the success or failure of the work [4].

The absence of a scientifically justified and generally accepted model of nursing activity in the healthcare system of the Republic of Kazakhstan negatively affects the development of nursing care. The effectiveness of medical care depends on the use of modern nursing activities aimed at improving the quality of medical care, through the implementation of organizational nursing technologies, care, prevention, diagnosis, and treatment. An insufficiently developed legal framework regulating the activities of nursing specialists and specialists from higher nursing education is one of the unfavorable factors prohibiting the development of nursing in the country. However, recently several positive improvements have been accomplished.

Today, Kazakhstan already prepares highly qualified nurses with an enhanced practical base. The pilot project of the new model of the nursing service was launched in 2014 in conjunction with experts from the universities of applied sciences in Finland JAMK and Lahti Universities of Applied Sciences, as well as the United Nations Children's Fund (UNICEF), which helps in the training of nursing nurses [46]. Also, the relevant points are provided for by the state program "Densaulyk" and the comprehensive plan for the development of nursing in Kazakhstan until 2019, and the "Roadmap of the project for the modernization of medical education until 2019" [46]. To make this possible, the Ministry of Health, together with the Republican Center for Health Development (RCHD) and the Union of Medical Colleges, developed a policy document, in accordance with the instructions of the President of Kazakhstan Nursultan Nazarbayev, to join the republic in the 30 most developed countries in the world [46].

Reform in nursing is a global issue and an issue of peace. The aging of the population results in the growth of chronic diseases for which patients require more care from nurses. There is a shortage of doctors. Some functions of doctors may be taken over by nurses as part of the delegation of authority. Applied bachelors in the country equals to 308 specialists who graduated in February 2018 [46]. The system of nursing education was integrated into the European space in accordance with international practice. This includes the need to bring the nursing education system in line with European directives [22].

The total number of nurses (Ministry of Health, departmental, and private) in 2017 amounted to 175,800 people. The provision of nurses (health care system, departments, and private) per 10 000 people in the population of the Republic of Kazakhstan amounted to 96.5. For 2016 (017 form) of the entire nursing staff at all levels of education the number was 105,441, of which the share in the general nursing staff of the nurses of the level of TPE is 99,9% (105,362), the share of nurses of the level of applied and academic bachelor's degree is 0,1% (79). The number of nursing staff directly involved in the treatment and diagnostic process per 1,000 population included: the number of nurses at the level of Technical and Vocational education (TaVe) was 5,92 and the nurses at the level of applied and academic bachelor's degree was 0,004 [1].

Among the main causes of the problem of nursing service insufficient efficiency from the standpoint of the qualifications existing levels for the conduct of independent professional nursing activities in Kazakhstan Republic is 50,793 nurses by 2040, which corresponds to 40% of professional nursing bachelor in general nursing (figures are obtained from benchmarking with indicators from foreign countries, 37-52% in the USA, 46% in Europe). Intermediate indicators are: 6 349 nurses (5% by 2020); 12,698 nurses (10% by 2025); 25,396 nurses (20% by 2030); 38,095 nurses (30% by 2035) [1].

In connection with the foregoing, the Order of the Health Minister of Kazakhstan was issued in December 2018. It dated December 19, 2018 № KR HM - 43, which published changes and additions relating to the nomenclature of posts of health workers. According to this order, the position of an extended practice nurse is being introduced [3]. At the same time, extended practice nurses should perform nursing examinations, make a nursing diagnosis, draw up a nursing intervention plan for the patient, monitor the nursing activities of nurses in technical and vocational education, and evaluate the effectiveness of the designated nursing intervention plan in various areas of medicine in primary health care and inpatient levels and so on [3].

According to the Comprehensive Plan of nursing development in the Republic of Kazakhstan until 2020, dated August 1, 2014, the following goals were set for 2020:

- the introduction of new nursing competencies and their role in the public health system,
- institutional development of medical colleges and universities in accordance with the needs of nursing reform,
- creating a scientific basis for strengthening nursing education and nursing care system development,
- marketing and raising awareness on nursing care reform to create a positive image of the new medical profession of nurses, and
- developing and implementing mechanisms for coordinating nursing reform in the Republic [22].

Conclusion

For further improvement of nursing in Kazakhstan, it is necessary to provide financial support for the provision of nursing services, create opportunities for medical organizations to implement financial support for a certain level of nursing staff, especially for the extended nursing contingent, and especially with applied and academic bachelor nursing education. It is also necessary to provide an optimal working environment for nurses and introduce economic support for research in nursing in order to develop the most up-to-date evidence-based practice of nursing in health care organizations of the Kazakhstan Republic [1].

It is necessary to carry out further work on the reform of the nursing service in the Republic of Kazakhstan, which includes the following stages:

1. formation of modern nursing services for Kazakhstan,
2. implementation of SHIP for the modernization of the nursing education system,
3. rationing the foundations for nursing service reform,
4. the path to implementation and further development [22].

Since under the condition of insufficient financial support for research in nursing, a situation may arise when

it will adversely affect the quality of nursing practices in terms of evidence-based nursing [1]. Thus, the study of the image of the nursing profession in Kazakhstan, including, is relevant and necessary to improve this activity in the health care system of the Kazakhstan Republic.

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