



# Evaluation of the Russia and Armenian Magnet Journey to Nursing Excellence Program

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## Abstract

### Objective

To give results assessment of a mediation to reinforce proficient nursing practice in Russian and Armenian emergency clinics. Four Russian and Armenian hospitals used Forces of Magnetism to develop professional nurse practice as part of the Nursing Quality Improvement Initiative. At two time points, cross-sectional survey data were gathered from 859 nurses in wave 2 and 840 nurses in wave 1. In surveys conducted in the first and third years of the demonstration, each hospital served as its own control, and comparisons were made between targeted and non-targeted units in each hospital. Survey items provided descriptive information about the nurse samples. Chi-square and difference of means tests were used to examine changes in nurse burnout, nurse-reported patient care quality, and the characteristics of nurse practice environments in Russia and Armenia, both overall and separately for targeted and non-targeted units.

**Keywords:** Magnet, Nursing quality improvement, Nurse practice environment

## INTRODUCTION

Health care reforms aimed at improving both the quality and outcomes of health care were supported as part of international aid to NIS nations. Peer-to-peer twinning partnerships between U.S (Aiken LH, 2005). Health care providers, academic institutions, and communities and counterpart organizations in the NIS were used to fund the American International Health Alliance (AIHA) Healthcare Partnership Model shortly after the fall of the Soviet Union (Bentson J, 2005). The idea of twinning isn't new albeit the wording has come into more normal utilization as of late in global wellbeing programs, especially those of AIHA which has supported north of 100 twinning projects first in Quite a while nations and presently in different regions of the planet. "The broadest definition of twinning is "the partnership of two entities with shared characteristics to accomplish a common objective." Volunteerism, in which both partners make significant in-kind and material

contributions, institutional commitment to program goals, peer-to-peer collaboration, professional exchanges and mentoring, and sustainable capacity development are the most important aspects of twinning in AIHA programs. In contrast to "top-down" government-to-government programs, the approach was "grass roots" in that the partnerships involved twinning individuals from various organizations, such as nurses, physicians, administrators, and researchers (Bloor R, 2004). The goal was to significantly raise the quality of health care by developing nongovernmental organizations in NIS countries' clinical, managerial, scientific, and leadership capacities over time. In NIS countries, nursing was identified as an important but underdeveloped key resource for improving patient-centred services and improving quality of care. In NIS countries, there were a lot of nurses, but their roles in care were limited. The majority of nursing practice consisted of executing physician orders and performing technical tasks like injecting patients or changing wound dressings (Difazio

R, 2004). Medical attendants in the NIS had been separated from the progressions that had happened all around the world in medical caretakers' positions of authority in clinical consideration, interdisciplinary practice, and wellbeing administrations the board. Through twinning partnerships with nurses in U.S. institutions that had successfully implemented professional nurse practice models, AIHA aimed to capitalize on the potential of nurses in the NIS to improve quality (Driever MJ, 2005). The AIHA Nursing Quality Improvement Program, which aimed to improve professional nursing practice in NIS hospitals, is the subject of this paper's outcomes evaluation. To establish twinning relationships with the four NIS hospitals, the ANCC sought volunteer institutions from Magnet hospitals. The U.S. twinning accomplices were North Shore College Medical clinic, Long Island, NY; New Brunswick, New Jersey's Robert Wood Johnson University Hospital; Milwaukee, Wisconsin-based Aurora Health Care; Winston-Salem, North Carolina's Wake Forest University Baptist Medical Center All of the costs associated with their involvement and exchanges with NIS hospitals were borne by U.S. Magnet partners. U.S. nurse leaders with established connections to the demonstration NIS hospitals and an ANCC Magnet consultant received support from AIHA for additional technical assistance (Ivanov LL, 2003). An evaluation of the outcomes was led by the Center for Health Outcomes and Policy Research at the University of Pennsylvania. The intervention lasted three years and included on-going communications as well as three annual exchange visits between the twinned institutions (Kramer M, 1989).

## METHODS

Because they were more advanced than other hospitals in their countries, the NIS demonstration hospitals were chosen because there were no matched control hospitals. Using a method that had been developed and extensively tested prior to its use in this evaluation, surveys of bedside clinical care nurses in the demonstration hospitals were used to measure the quality of the nurse work environment and the nurse outcomes (Lock K, 2002). Round one of the nurse survey was conducted in the first year of the intervention, so it was not technically a pre-intervention measure. Round two of the nurse survey was conducted in the third year of the intervention. This was a pre-post design. The design made it possible to compare nurse responses at two different points in time for each hospital, as well as between intervention-targeted units, which we refer to as and other units, within hospitals. All professional direct care nurses who worked in inpatient units were included in the nurse survey. In wave 1, 840 nurses from each of the four hospitals responded, and in wave 2, 859 nurses (439 from Russia and 364 from Armenia) did so (McKee M, 2005). In both waves, response rates from two Russian sites exceeded 75% and those from both Armenian hospitals exceeded 95%. In both countries, surveys were completed, and responses were

received from over ninety percent of nurses working in the targeted Magnet units.

## Collection of data

Each nation had a slightly different method for gathering data. In Russia, self-administered paper questionnaires were distributed to nurses in hospitals by their head nurses, despite the fact that a common instrument was used in all countries. The instructions given to nurses who took the survey were to complete it in private and send it in sealed envelopes to a locked box on each unit. In Armenia, the surveys were distributed to nurses in groups of approximately twenty-five nurses each by an independent research organization. In order to accommodate nurses working on all shifts and minimize disruptions to patient care, the sessions were repeated four to five times per day. Bunch meetings were managed by research collaborators from the autonomous exploration association and each medical attendant finished up their survey exclusively and without conference with different medical caretakers. Data collection was completed in two to location (Picard C, 1995).

## DISCUSSION

Although the Program was successful in enhancing important aspects of the nurse work environment, it did not appear to have an impact on aspects involving resources like increased staffing and salaries, as would have been expected given the weak economies of both countries at the time. However, progress in care quality and improved care environments are possible even in extremely challenging economic contexts, as demonstrated by both subjective perceptions of success and objective evidence of change in the nurse work environment. The study has a few limitations that need to be pointed out. Just two clinics from every nation took part in the program and they were not agent of different emergency clinics in their nations. Using data collected at two points in time, each hospital served as its own control, but there were no control hospitals to indicate whether all of these countries' hospitals were improving. Because the baseline study was conducted during the first year of the intervention rather than prior to the implementation of the program, it may have obscured differences from a true baseline. International experts had visited the participating hospitals twice by the time of the wave 1 survey, but the process of writing the magnet application didn't start in earnest until after the baseline measurement. Despite observations by international nurses of numerous quality deficiencies, this was the first research initiative for many of the participating nurses, and it was evident that they were hesitant to be honest in their ratings of their hospitals, as evidenced by the high average rankings for quality of care. Indeed, reports of some aspects of the professional care environment decreased over time, which we attribute to the nurses' increased knowledge of acceptable practice standards and confidence in the confidentiality of their responses.

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