

**NURSING RESOURCE CENTERS
ASSESSMENT REPORT**



AMERICAN INTERNATIONAL HEALTH ALLIANCE

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ACRONYMS:

AIHA	American International Health Alliance
AONE	American Organization of Nurse Executives
CEE	Central and Eastern Europe
EMS	Emergency Medical Services
ITPN	Institute of Theory and Practice of Nursing
KPGI	Kyrgyz Post-Graduate Institute
M&E	Monitoring and evaluation
NHMC	National Health Management Center
NIS	New Independent States
NRC	Nursing Resource Center
STTI	Sigma Theta Tau International
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
WHO	World Health Organization

ASSESSMENT TEAM MEMBERS:

Russia

Marina Ayvazyan - Program Assistant, AIHA/Moscow

Roman Yorick - Senior Program Coordinator and M&E Coordinator, AIHA/Moscow

West NIS

Eleanor Kocharyan - Program Coordinator, AIHA/Kiev

CEE

Sanda Apostolescu - Country Coordinator, AIHA/Bucharest

John Capati - CEE Regional Program Associate, AIHA

Dusko Jagodic - ICT Coordinator, AIHA/Zagreb

Sona Strbanova – former AIHA Country Coordinator, Prague, Czech Republic

Inese Valdheima – former AIHA Country Coordinator, Riga, Latvia

Central Asia

Bauyrzhan Amirov - Program Coordinator, AIHA/Almaty

Dariya Asylbekova - Program Coordinator and, M&E Coordinator, AIHA/Almaty

Caucasus

Ruzan Avetisyan - Program Coordinator, AIHA/Armenia

Zaza Varsimashvili - Program Coordinator and M&E Coordinator, AIHA/Tbilisi

I. EXECUTIVE SUMMARY

Between 1996 and 2000, the American International Health Alliance (AIHA) established through its partnership program 24 Nursing Resource Centers (NRCs) in 14 countries of the former Soviet Union (NIS) and Central and Eastern Europe (CEE). These centers were designed to provide supportive learning environments where nurses and nursing students and faculty could meet, train, and collaborate.

Over the years, AIHA has maintained communications with the network of NRCs and provided support largely through workshops, materials and Internet connectivity. In an attempt to evaluate the results and sustainability of the NRC project, AIHA conducted a series of site visits and interviews to learn more about the centers' activities, sources of funding, and collaboration efforts, as well as to identify factors that facilitate and/or obstruct the successful functioning of the NRCs. The results will be used to plan possible future support to existing and new Nursing Resource Centers.

Methodology

The assessment was conducted between December 2002 and February 2003 by current and former AIHA regional staff. The assessors used standardized survey tools developed by AIHA and consisting of three parts: an overall questionnaire, an NRC user survey, and a supply checklist. During the three-month period, the appraisers visited all of the established NRC sites and conducted interviews with staff and visitors to the centers.

Key Findings

- **Status of the Centers:** Eighty-three percent (21 of 24) of the Nursing Resource Centers, in existence from two to six years, are still fully operational; one center was temporarily closed but expected to reopen later in 2003; and two centers have limited operations. All except two of the centers are affiliated with a hospital or educational institution such as a post-graduate nursing school, nursing college or medical university; two are affiliated with nursing associations.
- **NRC Staffing:** Nearly all of the Nursing Resource Centers (22 of 24) have a designated director, who is often a chief/head nurse and holds an advanced nursing degree. Half the centers employ part-time staff, while two centers have only full-time personnel. Six NRCs utilize both full- and part-time staff and three do not employ permanent staff at all. The vast majority of permanent employees as well as volunteers has a medical background and is usually affiliated with the host institution.
- **Structure and Leadership:** More than half (13) of the NRCs possess a written mission statement, and six have established either a governing body or a board of directors. In almost half the centers decisions are made by the NRC director who typically consults a chief nurse or other senior manager of the affiliated institution. Sometimes the NRC staff is also involved in the decision-making process. In some centers, the management of the hosting institution makes independent decisions regarding the NRC's operations. In a small number of NRCs, decisions are made by the board of directors or by the board/body of hospital nurses.

The majority of NRCs receive some level of support from the institutions they are affiliated with. The most typical form of assistance is provision of a separate facility or room for the NRC. Very often the host institutions also cover operational costs and occasionally share the costs of staff salaries, subscribe to medical journals or provide necessary office supplies.

Most of the NRCs do not have marketing strategies to advertise their services to a broader audience. The centers tend to promote their activities within the affiliated institution by posting posters/leaflets or by sharing news about upcoming activities during training sessions. Only three centers use mass media – press, radio advertisement or Web sites – to promote themselves, and several NRCs use as a promotional tool the submission of articles in professional newsletters, journals or other publications.

- **Main Activities/Services:** All of the NRCs are engaged to varying degrees in the types of activities for which the centers were established. All offer clinical skills training, although the frequency and format varies by center. Some NRCs regularly provide classes as part of a broader educational program for nurses or nursing students organized by the host and other medical institutions. Others offer seminars as a part of ongoing training and retraining processes of the host institution, or deliver training activities scheduled by a nursing association. The NRCs also organize clinical skills training as part of continuing education programs approved by the local health administration.

Sixteen (67%) of the NRCs also offer some type of computer-related training for nurses. Most centers tailor their computer workshops to individual needs of the visitors, while a few organize more formal computer training for larger groups.

The NRCs regularly host a variety of meetings, with 19 centers organizing them on a more or less regular basis. These gatherings range from internal meetings to discuss issues related to the center's activities to meetings with other healthcare organizations and professionals. Some centers also provide space for meetings to other institutions, individuals, and patient clubs. Two NRCs help to organize international/national nursing conferences.

Seventy-one percent (17) of NRCs are engaged in activities related to advocacy for the nursing profession. Some focus on advocating among external entities such as ministries of health and NGOs, and some target directly nurses or nursing students, with the goal of educating them about the importance of nursing, their roles and rights, etc.

Almost all centers offer a library as one of their main services. The libraries serve, in many instances, as small resource centers where nurses and other visitors can use books, journals, videotapes, manikins, and computers. In addition, some of the centers offer access to printers, copy machines, and the Internet.

Sixteen NRCs reported involvement in various monitoring and evaluation activities. Typically, these activities are strictly internal and focus on collecting data related to participants, on-going center activities and the number of certificates issued. Additionally, the NRCs use various tools to evaluate their training courses; for example, four centers incorporated pre- and post-testing; five others measure satisfaction level using a standardized questionnaire; and two NRCs use verbal communication to obtain feedback from participants.

- **Profile of NRC Users:** As would be expected, the most typical users of the NRCs are practicing nurses and nursing students. Visitors are usually from the institution the NRC is affiliated with, but there are a few centers that are utilized by external guests as well. Less frequently the NRCs are visited by physicians and by nursing faculty and instructors.
- **Statistics about Usage:** Depending on the size and operational status of the center, an NRC has anywhere from 10 to 140 visitors each month. Usually, however, the number of users fluctuates within a range of 20 to 80 users per month.
- **Sources of Funding:** Institutions hosting NRCs remain the main source of funding for the vast majority of centers. Host entities often provide the physical space, buy furniture and educational materials, cover utility costs, and pay staff salaries. Six centers receive support from government institutions and in two cases this assistance constitutes the main source of funding. Some NRCs also receive limited funding from local non-governmental organizations, AIHA (mainly for Internet connectivity), and other international organizations.
- **Available and Most Popular Resources:** All NRCs own at least one computer; six centers possess two or more PCs. The majority (17) of centers also have access to the Internet. Visitors most often

utilize the electronic equipment, books, videotapes, mannequins, and anatomical models.

- **External Collaboration:** The NRCs described a variety of collaborations they maintain with entities both within their countries and internationally. For example, 15 centers maintain communication with other NRCs; 12 centers communicate with other AIHA partnerships or partner institutions such as Women Wellness Centers and Primary Healthcare Centers. In addition, the majority (19) of centers collaborate with one or more local nursing associations.

At the international level, six centers indicated that they collaborate on a regular basis with one or more international nursing organizations, particularly Sigma Theta Tau International, the nursing honor society. Nine NRCs cooperate with foreign (American or European) universities. Nine others also collaborate with other institutions such as local and national nursing/medical schools or other international donors such as UNICEF, UNDP, and WHO.

- **Main Factors for Success:** The main factors cited for the success of NRCs fall within four general areas: resources, training, collaborations, and relationship with the host institution. Specifically, the availability of skillful and well-trained NRC staff, appropriate equipment and educational materials, and physical space; effective collaboration with the local nursing association and American colleagues; and support received from the host institution were considered the keys to success.
- **Main Obstacles to Success:** Weaknesses were also concentrated within the same four general categories mentioned above. The lack of useful and updated resources such as native-language educational materials, a shortage of supplies, and old computers impede the effective functioning of some NRCs. Other concerns include the scarcity or lack of knowledgeable instructors and center staff and insufficient communication with AIHA.
- **Recommendations for Improving/Strengthening NRC:** The recommendations made by NRC staff for improving their centers included requests for more country-specific/non-English nursing educational materials, newer computers with Internet connection, more physical space to enable the NRCs to expand, full-time employees, and more funding overall.

Conclusions

Results of the assessment demonstrate that the large majority of NRCs established by AIHA is sustainable and meet an ongoing demand for their services by nurses and others in the countries of the NIS and CEE. The assessment identified factors both facilitating and hindering successful functioning of the centers. For example, the main influence on a center's sustainability is its relationship with a host institution. Not surprisingly, many of the NRCs rely considerably on financial support from their host institutions as most of them have few opportunities to earn income and independently support their activities. Another important factor for the centers' sustainability is staff and volunteers. The staff's commitment, creativity and professional abilities, especially the leadership skills and resourcefulness of the NRC directors, strongly influence the centers' level of operations and success. The NRCs have by and large been fortunate to have dynamic and dedicated leaders.

The main limitations to greater effectiveness of the NRCs have to do with resources of one sort or another, particularly the relative paucity of current professional nursing resources available in local languages. In addition, while most of the NRCs maintain Internet connectivity, they do not all take the greatest advantage by using the Internet to cooperate or exchange knowledge with other institutions, particularly at the international level. Most of the centers, however, collaborate quite closely with local nursing associations.

While we can conclude that overall the NRC project has been successful and met its key objectives, lessons learned through this assessment will help to strengthen any future efforts on the part of AIHA or others to establish new NRCs or to support and/or expand existing ones.

II. INTRODUCTION

AIHA established the first Nursing Resource Center in Odessa, Ukraine, in 1996, as part of its cross-partnership nursing program. Since then, AIHA has helped open a total of 24 NRCs in 14 countries of the NIS and CEE, the large majority of which are still active today. The Centers were developed as part of AIHA's overall strategy to strengthen the largely neglected role and status of nursing in these countries by focusing on establishing nursing as an independent and vital profession.

Based on a model present in many nursing educational settings in the United States, NRCs were designed to provide nursing faculty, students, and practitioners with resources to support ongoing evidence-based forms of learning. Theory integrated into practice is facilitated by a combination of nursing practice simulations and instructional materials. The Centers serve as places to learn and practice new skills such as taking and reading blood pressure and giving intravenous injections. AIHA supplied each new center with a computer and a wide range of educational and training equipment, textbooks, videotapes, anatomical models, posters and other educational materials. In addition to training and educational purposes, the NRCs were meant to serve as meeting sites for local nursing associations and enable nursing colleagues to collaborate on a variety of nursing issues. AIHA supported Internet connectivity for the Centers in order to foster a supportive community of nurse leaders connected to their professional counterparts all over the world.

Over the years, AIHA has provided ongoing support to the network of NRCs, largely through training workshops and Internet connectivity. Since 1999, AIHA spent nearly \$100,000 in direct funding to equip and connect the Centers and to provide training. AIHA's last workshop for NRCs was held in August of 2001 in St Petersburg, Russia. This four-day workshop provided training on computer-related topics, strategic planning, and fundraising, and gave center directors the opportunity to further network and collaborate. In the absence of new funding, AIHA does not anticipate being able to support the Centers beyond providing Internet connectivity through fiscal year 2004.

III. OBJECTIVES

The purpose of this assessment was to evaluate the extent to which the Nursing Resource Centers have been able to carry out their missions, to determine their current status and activities, and to identify factors that facilitate and/or obstruct the sustainability and successful functioning of the centers. The assessment was designed to assist AIHA in determining the overall success of the NRC project as well as possible future support to existing or new NRCs.

IV. METHODOLOGY

The assessment was conducted using standardized survey instruments which were completed by current and former AIHA regional staff during the course of site visits. Prior to the assessment, AIHA communicated with NRC directors regarding objectives and structure of the site visits and assessors contacted them directly to make arrangements. The site visits took place between December 2002 and February 2003 and were generally one day in duration. All of the interviews were conducted in the native language, with the exception of the NRC in Hungary.

The survey instrument, which was designed and developed by AIHA's monitoring and evaluation and nursing program staff, consisted of three parts: 1) NRC Assessment Survey; 2) NRC Users Survey; and 3) NRC Supply Checklist.

The NRC Assessment Survey tool included twelve sections: overall status, staffing, structure and leadership, main activities/services offered, profile of users, statistics about usage, sources of funding,

available resources, external collaboration/communication, main factors for success, main obstacles to success and recommendations (see Appendix 2). The NRC Users Survey consisted of ten questions which were designed to identify centers' visitors, the purpose of their visits, and opinions about centers' activities (see Appendix 3). The NRC Supply Checklist was comprised of an inventory list of items donated by AIHA (see Appendix 4).

Typically during each site visit, depending on availability, the evaluators interviewed the NRC director, other staff and, whenever possible, visitors to the center. During the three-month period, the appraisers visited all of the 24 NRC sites in 14 countries of the NIS and CEE:

Central Asia:

1. Republican Nursing Center, Dushanbe, Tajikistan (est. 2000)
2. Nursing Resource Center, Almaty, Kazakhstan (est. 1998)
3. Bishkek Nursing Resource Center, Bishkek, Kyrgyzstan (est. 1996)
4. Nursing Resource Center, Tashkent, Uzbekistan (est. 1995)

Caucasus:

5. Nursing Training Information Center, Yerevan, Armenia (est. 1997)
6. Nursing Scientific Research Resource Center, Yerevan (Erebouni), Armenia (est. 1997)
7. Nursing Resource Center, Tbilisi, Georgia (est. 1998)

Central and Eastern Europe:

8. Nursing Learning Resource Center, Olomouc, Czech Republic (est. 1999)
9. Regional Nursing Education Center, Trnava, Slovakia (est. 1998)
10. Regional Education Center of Nurses, Kosice, Slovakia (est. 1998)
11. Nursing Resource Center, Riga, Latvia (est. 1997)
12. Iatrika Foundation, Cluj, Romania (est. 1999)
13. Nursing Training Center, Vac, Hungary (est. 1998)
14. Nursing Resource Center, Zagreb, Croatia (est. 1998)
15. Nursing Resource Center, Zadar, Croatia (est. 1997)
16. Nursing Resource Center, Tuzla, Bosnia (est. 1998)

Russia:

17. Nursing Learning Resource Center, Moscow, Russia (est. 1999)
18. Nursing Resource Center, Saint Petersburg (Sokolov), Russia (est. 1997)
19. Nursing Resource Center, Saint Petersburg (Pavlov), Russia (est. 1997)
20. Training and Methodical Center for Nurses, Vladivostok, Russia (est. 1997)
21. Center for Continuing Education for Nurses, Stavropol, Russia (est. 1998)

West NIS:

22. Nursing Informational Training Center, Odessa, Ukraine (est. 1996)
23. Nursing Informational Training Center, Kiev, Ukraine (est. 1997)
24. Resource Informational Training Center, L'viv, Ukraine (est. 1997)

V. FINDINGS

Overall Status of the Centers

The large majority of Nursing Resource Centers are affiliated with a hospital or educational institution. Twelve NRCs (Moscow, Vladivostok, Stavropol, Odessa, Kiev, Kosice, Vac, Zagreb, Zadar, Tuzla, Tashkent and Yerevan) are part of hospitals or medical centers; and ten centers (two in St. Petersburg, L'viv, Olomouc, Trnava, Dushanbe, Almaty, Bishkek, Yerevan/Erebouni and Tbilisi) are partnering with educational institutions such as post-graduate nursing schools, nursing colleges, medical universities and institutes. In addition, two NRCs in Riga and Cluj are affiliated with nursing associations.

Twenty out of the 24 Nursing Resource Centers are fully operational, and none of the Centers has

permanently closed. The majority of these centers are open every working day (Monday to Friday) for approximately 7-8 hours a day (the shortest operation time is 3 hours –L’viv, and the longest 24 hours – Vac). The centers offer access to books, videos, training equipment, and various courses for nurses and other medical personnel of the hosting institution and, in many cases, also for other health organizations.

While almost all of the fully operational NRCs have a designated space, the St. Petersburg (Pavlov) center does not have a separate room and books and other materials are kept in the NRC director’s office. Nurses can utilize all the available resources whenever the NRC director is in her workplace, and equipment such as mannequins, TV and VCR are moved around from one classroom to another, depending on students’ needs.

Two Nursing Resource Centers – the Regional Nursing Education Center in Trnava, Slovakia, and the Iatrika Foundation in Cluj, Romania – currently operate on a limited basis. In the case of Trnava’s NRC, which is part of the Trnava University (Faculty of Healthcare and Social Work), most activities were discontinued in 2001, when the NRC resources were moved to a small office of the vice-dean in a different building. Though the NRC regained its name in September 2002, the center serves mostly as the office of the Department of Nursing and its activities are limited to photocopying and lending books and other study aids.

The Nursing Resource Center in Cluj, which had previously been highly active, faces even more difficulties. The center was recently forced to vacate its premises, which had been provided free-of-charge by a local foundation. It is presently operating at the private home of one of the NRC board members, with the library situated in the apartment of another board member. The NRC can use its former space periodically for training sessions, but the lack of a permanent location drastically limits the center’s activities.

The Regional Education Center of Nurses in Kosice, Slovakia, and the Nursing Resource Center in Zadar, Croatia, were temporarily closed during the time of the assessment. The NRC in Kosice, part of the Faculty Hospital, had not been operating since February 2002 due to the maternity leave of the center’s only full-time employee, but has reopened since the assessment visit was conducted. The Zadar NRC was provisionally closed since 2000 when the surgery department took over the NRC space due to renovation work in the hospital. The new surgery building should be completed by spring 2003, and the NRC is expected to renew its activities.

NRC Staffing

The assessment shows that twelve of the Nursing Resource Centers employ part-time staff only. The number of part-time workers varies depending on the center. Usually NRCs employ only 1 part-time person (seven out of twelve centers) but in other instances, the centers hire between 3 to 11 part-time employees. Only two NRCs employ full-time staff: the NRC in Riga (2 employees) and the NRC in Yerevan (8 people). Seven of the centers have sufficient capacity and necessary resources to hire both full- and part-time workers. Three centers, including the temporarily closed NRC in Zadar, do not employ permanent staff at all.

The large majority of both permanent employees and staff volunteering in NRC activities have a medical background. The number of NRC employees without medical credentials is very small. It is very common for the NRC staff to be recruited from the institution affiliated with the center. The NRC staff is typically composed of nurses of various categories and levels of training, head nurses of different departments, current students of nursing programs (Bachelor’s and Master’s), graduates of nursing and medical schools, and also physicians of diverse specialties. The NRC directors usually have professional experience as chief/head nurses and most of them hold a masters or doctorate degree in nursing. NRC directors’ duties vary depending on the center’s size, number of staff and the NRC operating level. However, it is quite common for the NRC directors to hold administrative responsibilities, which include

taking care of inventory and equipment, developing documentation, and scheduling classes and other activities. In addition to broadly understood managing and supervising functions, a number of NRC directors conduct training, lectures, and practical classes; develop curricula of selected courses; provide consultations; take steps to promote the NRC activities; and collaborate with the Ministry of Health, local Nursing Associations, and other organizations.

NRC staff performs various activities based on their professional experience and background. Typically, they take responsibility for more than one activity and perform either independent tasks, or closely cooperate and share duties with the NRC director. Very often the center's staff provides technical support in organizing NRC lectures and courses. At the same time, in many instances, the NRC personnel conduct lectures, workshops and practical classes for nurses and/or nursing students on their own. In addition, some of them perform administrative duties; develop schedules and work plans for the NRC annual activities; and take care of the library and NRC resources. Some centers also indicated other responsibilities such as: assessing students' knowledge upon the completion of training, annual evaluation of center's performance, translation and development of educational materials, creating curricula, and performing marketing activities.

Structure and Leadership of NRC

Mission statement & governing body:

At the time of establishment, each NRC was to have developed a mission statement and workplan of activities. The assessment found that 13 centers indicated possession of a written mission statement. The best situation is represented in the West NIS and Caucasus, where all centers possess such a declaration. In contrast, none of Russia's NRCs has developed a similar document. In CEE, five centers out of nine have reported having a mission statement, in the Central Asia region – two out of four. Six NRCs (in Ukraine, Romania, Tajikistan, Uzbekistan and Armenia) have established either a governing body or a board of directors.

Decision-making:

When asked about who makes decisions about NRC activities, almost half of the centers mentioned the NRC director. However, only in a few instances does the director make such a decision strictly alone. Typically, the director consults a chief nurse or other senior manager of the associated institution about his or her plans. In a number of centers, a representative of the hosting institution (e.g. a director of the institute, deputy chief physician, etc.) makes independent decisions regarding the NRC's operations and functions. Depending on the center, the NRC staff fully participates in the decision-making process but sometimes this participation is to a certain degree limited. Finally, in a small number of NRCs, decisions are made also by the board of directors or by the board/body of hospital nurses; in the case of the NRC in Dushanbe, the annual work plan has to be approved by the Ministry of Health.

Level of support of the host institution:

The vast majority of Nursing Resource Centers receive from their host institutions some level of support (either moral or material). The most frequently mentioned type of assistance is providing the NRCs with a separate facility or room. In addition, in many instances, the affiliated institution pays the NRC's room rental costs, electricity and heating expenses, telephone bills, and Internet connectivity charges. Some of the host institutions pay or share the costs of the salaries of the NRC staff. Also, a few of the institutions allow the NRCs to take advantage of their lecture rooms for conducting training courses and seminars. Some institutions subscribe to medical journals and provide necessary office supplies for the NRCs. Individual host institutions pay for preparation of training materials or offer financial support for outreach courses.

Only one NRC, in Stavropol, reported obstacles created by the hospital's Chief Physician. However the Deputy Chief Physician, who has been supportive of the center's activities, was scheduled to be promoted to the Chief Physician's position in February 2003. (This has since occurred.)

Marketing of NRC services:

Most of the NRCs do not have defined marketing strategies to advertise their services to a broader audience. Usually all the promotional actions, if any, are maintained at the internal level within the individual hospital, university, or other facility. NRCs typically advertise their training sessions and workshops to nurses from affiliated institutions and sometimes to nurses from other local medical organizations, e.g. nursing associations, nursing and medical schools. Only three centers (Saint Petersburg “Sokolov”; Olomouc, Czech Rep.; and Tuzla, Bosnia) use various media such as press and radio advertisement or web sites to promote the centers’ activities on a larger scale.

A common way of disseminating information about upcoming activities is “word of mouth.” This type of dissemination can sometimes take on a more formal character, for example, during lectures or training given to outside institutions by the NRC staff; or it can have a very casual nature and be spread by colleagues throughout the hospital, university or by the health professionals during conferences and professional meetings. Furthermore, nurses and medical students learn about the NRC’s workshops and seminars from leaflets and posters posted periodically on the schools’/hospitals’ bulletin boards. Written announcements are also distributed to the nurses through the hospital departments. Additionally, several of the Nursing Resource Centers market themselves by publishing articles in newsletters, professional journals or publications.

Individual NRCs also use such promotional techniques as:

- sending advertising e-mails or faxes;
- sending formal announcements about upcoming events to the city or regional health representatives, and the hospital’s head physicians or head nurses;
- the NRC director’s monthly calls to the graduates reminding them about certificate renewal; and
- sending invitations to the hospitals in a region.

Main Activities/Services Offered by NRCs:

Computer-related training:

Sixteen NRCs offer computer-related training as one of their services. Of these, only three provide computer courses frequently – on a weekly (Almaty), monthly (Kiev) or other regular (Cluj) basis. Eight centers offer PC-related classes less regularly – usually upon request; and five others fulfill demand for this type of training only once or twice a year. Most of the centers do not offer formal computer training, but instead a form of personal workshop focusing on the individual needs of the trainees. Such targeted courses are usually conducted by the NRC director or other NRC staff, and cover basic computer and Internet skills.

Only a few Nursing Resource Centers organize (or organized in the past) more formal computer-related training for larger groups of participants. Such structured courses usually take place once or twice a year (e.g. training in Olomouc, Trnava, Zagreb, Zadar, and Tuzla). The only exception is the NRC in Cluj, which within nine months of 2001 arranged a number of computer-related training sessions for over 250 nurses. On the other hand, the NRC in Tbilisi, aside from its basic PC practicum for individual nurses, provides computer and Internet-related courses as a part of the bigger training package delivered on request for various organizations. In such cases, the center is using either the computer lab of the National Information Learning Center located at the National Health Management Center’s building (the host institution of the NRC) or a computer room of the NHMC itself.

The main obstacle for organizing computer-related courses seems to be an insufficient number of computers, but the majority of the centers resolve this problem by offering training on an individual basis. Also, generally the Nursing Resource Centers do not have qualified staff to organize such training. The NRC employees are usually self-trained and can offer just introductory support. More advanced training would require a competent instructor for whom the NRC would have to pay. The third impediment is a lack of physical space, which enable the organization of computer courses for a larger group of people.

Nevertheless, despite all the problems, only one-third of the NRCs are currently not organizing any form of PC-related training. Usually these centers utilize a computer for their daily routine and some of them also allow access to visiting nurses and physicians.

Clinical skills training:

All Nursing Resource Centers offer clinical skills training. Depending on the center, these types of seminars are organized either on a monthly basis or a few times a month (sometimes as often as every day). There are also a number of centers that provide professional training less frequently, for example on a quarterly or annual basis only. The NRC in Tbilisi organizes clinical skills training on request only.

The format of the clinical skills training differs among the centers. Some of the NRCs provide seminars which are part of the general development program offered to nurses or nurse students from the host and other medical institutions. These training sessions are often provided by the physicians of various specialties or by the faculty nurses, and focus on diverse topics related to nursing profession, such as: pediatric nursing care, emergency medicine, cardiology, infectious diseases, intensive care medicine, and wound and pain management.

Some centers coordinate the clinical skills seminars with the training schedule of the host institution as a part of ongoing re-/training process (Yerevan, Tbilisi), or deliver training activities scheduled by the Nursing Association (e.g. Dushanbe and Bishkek). The NRCs organize also clinical skills training as a part of the continuing education program approved by the local health administration (Odessa) or as a form of workshops enabling nurses to obtain post-graduate credits necessary to maintain nursing accreditation (Vac); some training are provided only upon request of the Ministry of Health or international organizations (Tbilisi).

Several of the NRCs prepare the formal schedule of the seminars and training ahead of time. Usually each seminar consists of lectures, practical classes, and pre- and post testing. The length of a single training session varies from one day to a few (2-4) days to even a few weeks (1.5 month in case of the continuing education program in Odessa).

Meetings:

Nineteen NRCs declared to host on more or less regular basis various types of meetings. Six of these centers (Vladivostok, Odessa, Cluj, Dushanbe, Almaty and Yerevan/ Erebouni) organize only internal meetings, during which, usually once a month, the NRC staff summarize monthly activities, discuss current problems, plan new events, and review courses and training schedules.

The other 13 centers organize either their own external meetings during which they meet with other healthcare organizations and health professionals, or make the discussion room available to the other institutions or individuals, for example, to members of different professional associations (such as local Nursing Associations), the board of directors, hospital departments, university faculty, and head/hospital nurses. The centers also provide space for the meetings of patient clubs (Vac) or an AIHA Magnet program (Yerevan). Finally, two NRCs participate in the organization of international (Olomouc) and national (Kosice) nursing conferences.

Advocacy for Nursing:

Seventeen Nursing Resource Centers undertake various steps to advance the nursing profession. The NRCs present two different approaches when they describe their advocacy efforts. The first approach focuses on activities which promote the nursing profession among external entities such as government and non-government institutions; and the second method targets directly nurses or nursing students and intends to educate them about the importance of nursing, their roles and rights. The activities of both groups are very diversified. Nearly every center demonstrates a very individual approach. While some centers focus their attention either on nurses or outside institutions, the others represent a mixture of advocacy efforts.

The centers from the first group, for example, organize meetings with medical students or publish articles in a medical newsletter in order to promote the role of nursing in the healthcare environment (Odessa, Cluj). They discuss with the members of the local Nursing Associations and other outside institutions issues related to nursing skills enhancement programs (Stavropol, Pavlov, Tbilisi). Some participate in meetings with representatives of political parties, local authorities, and communities, during which the NRCs discuss nursing-related concerns (Olomouc, Dushanbe, Bishkek). In addition, the centers promote the nursing profession during annual Nursing Days (Zadar, Tuzla), become members of various national commissions related to nursing (Olomouc), and teach “Advocacy for Nursing” at the Health Management Schools (the NRC director from Trnava). It is also worth mentioning that as a result of Dushanbe NRC’s advocacy efforts, the center facilitated the establishment of four NRC affiliates in the region.

Wide-ranging activities were presented also by the second group of centers. The NRCs organize sessions for nurses, during which the latter learn more about employment regulations, nurses’ rights, and benefits (Vladivostok, Bishkek). The centers also organize nursing conferences and outreach seminars for nurses, the objective of which is to discuss the importance of the nursing profession and increase the role of nurses (Odessa, Kiev); and furthermore to talk about various issues and challenges faced by nurses in their everyday work (L’viv, Tashkent, Tbilisi). Similar meetings and workshops are arranged for nursing students during which the participants talk about nursing profession and leadership (Zagreb, Tuzla). Finally, the NRCs provide individual consultations or consultation by phone (Riga), and also help in a job search (Sokolov).

Library/resource center:

Twenty-one centers in the four regions offer a library as one of their main services. The NRC’s libraries serve, in many instances, as small resource centers for nurses and other visitors. Typically, the libraries are equipped with books, journals, videotapes, manikins, and computers (for the most part provided by AIHA) and, in addition, some are furnished with printers, copy machines and access to the Internet. Two centers, in Olomouc and Trnava, also indicated that they kept archives of students’ papers and theses. The size of the libraries’ book collection varies significantly from center to center. For example, the Odessa NRC possesses nine English-language books while the NRC in Cluj owns around 3000 volumes.

By and large, the Nursing Resource Centers allow visitors to use all available resources only at the center. Only one NRC in Moscow explicitly stated that it permits nurses to take out books to read at home. Though not denoted, the same situation could be true in Trnava and Kosice where the NRC offices appeared too small to be used for studying purposes.

The majority of reading and multimedia materials are in English, with limited resources in the local languages. This situation creates a serious barrier to utilizing the libraries to their fullest capacity, as many visiting nurses do not know English well enough to take advantage of the books, journals and videotapes.

Other trainings & activities:

Eighteen NRCs also organize other training and activities. Typically the centers organize for nurses various classes, seminars and courses, which cover either health or management related topics. Less frequent are courses which focus on developing English and communication skills.

Furthermore, individual centers also organize such activities as:

- orientation training for new nurses (e.g. in Tuzla and Tashkent)
- Nursing Leadership seminars (Yerevan)
- nursing conferences (Stavropol)
- outreach certification tests at the rural feldsher posts (Odessa)
- outreach courses at the local hospitals (L’viv)
- country-wide fee-for-service training (St. Petersburg – Sokolov)
- contests awarding “The Best Nurse” (within hospital departments in Tashkent and on the regional/national level in Dushanbe)

Monitoring & evaluation activities:

Sixteen NRCs reported engaging in various monitoring and evaluation (M&E) activities. Typically, these activities focus on collecting statistics related to the number of certificates given, on-going activities, and participants' data. Most centers keep statistical reports only for internal purposes, but some NRCs indicated they are reporting on an occasional or more regular basis to the Deputy Directors of a host institution (Almaty), local academic councils (Tashkent) or even to the Ministry of Health (Dushanbe).

NRCs use various tools to evaluate their activities and courses. Four centers (St. Petersburg/Sokolov, Tbilisi, and two in Yerevan) incorporated pre- and post-testing to evaluate outcomes and assess knowledge gained by students during each of the training courses. Five NRCs (Moscow, St. Petersburg/Sokolov, Olomouc, Cluj, and Yerevan/ Erebouni) mentioned a questionnaire as a standardized tool for measuring attendees' satisfaction level. Two NRC directors (Moscow and Trnava) also employ verbal communication with the participants to obtain personal feedback about the seminar or class delivered.

Other examples of M&E processes include:

- annual SWOT analysis identifying NRCs' strengths, weaknesses, opportunities and threats (Odessa);
- annual assessment of the NRC practices done by nurses and head nurses using standardized questionnaires (Riga);
- annual discussions and meeting about NRC activities and successes (Zagreb);
- statistics of marketing activities (Olomouc);

Apart from monitoring activities and statistics related to the NRCs' services, five centers have been involved in M&E processes not linked directly to any of the NRCs' activities. For example, the NRLC in Olomouc supported M&E research projects initiated by the nurses; the NRC Director from Trnava participated in the monitoring of nursing practices in Slovakia lead by the World Health Organization (WHO); the NRC Director from Kosice helped in the development of clinical standard procedure.

Table 1: Main activities/services offered by NRC

Question: Indicate activities/services offered by NRC and specify how often do they occur?

NRC	Computer-related training	Clinical skills training	Meetings	Advocacy for nursing	Library/resource center	Other trainings	M&E activities
RUSSIA							
Moscow		monthly	monthly		✓	✓	✓
St. Petersburg (Sokolov)	on request	daily	monthly	daily	✓	✓	✓
St. Petersburg (Pavlov)		1-2/week		irregularly	✓	✓	
Stavropol	on request	monthly	annually		✓	✓	
Vladivostok	on request	2-4/month	monthly	2/year	✓	✓	
WEST NIS							
Kiev	monthly	10/month		2/year			
L'viv	is planning	weekly	2/month	2/month		✓	
Odessa		monthly	2/month	irregularly		✓	✓
CEE							
Cluj	regularly***	quarterly		quarterly	✓	✓	✓
Kosice		monthly **	irregularly		✓		✓
Olomouc	2/year	6/year	regularly	irregularly	✓	✓	✓

NRC	Computer-related training	Clinical skills training	Meetings	Advocacy for nursing	Library/resource center	Other trainings	M&E activities
Riga	on request	1-5/month	1-4/month	daily	✓		✓
Trnava	annually*	annually **	irregularly	regularly	✓		✓
Tuzla	2/year	daily	irregularly	irregularly	✓	✓	✓
Vac		monthly	2+/month		✓		
Zagreb	annually	weekly	irregularly	2+/year	✓	✓	✓
Zadar	2/year	monthly	weekly	annually	✓	✓	
CENRAL ASIA							
Almaty	weekly	daily			✓		✓
Bishkek	on request	weekly	monthly	monthly	✓	✓	
Dushanbe	irregularly	1-2/month	2+/month	monthly	✓	✓	✓
Tashkent		daily	2+/month	monthly	✓	✓	✓
CAUCASUS							
Tbilisi	on request	on request	irregularly	irregularly	✓	✓	✓
Yerevan		regularly	2+/month		✓	✓	✓
Yerevan (Erebouni)	on request	daily			✓	✓	✓

* One course in 1998 and one in 1999; ** Until 2000; *** Last year for 9 months.

Profile of Users of NRCs

The most typical users of the Centers are practicing nurses and students of nursing studies (high schools, colleges or universities). Usually the visitors are from the institution with which the NRC is affiliated but there are a few centers which are utilized by external guests as well. Less frequently, the NRCs are visited by physicians of various specializations and by the faculty (or nurse instructors) of the educational institutions. Individual centers mentioned also lab technicians, feldshers, and midwives, students of various faculties and specialties, members of the local Nursing Associations and other government or non-government organizations, as users of their resources.

Though it was not a part of the survey, some NRCs described the reasons why various visitors come to the center. Besides participation in training and other organized workshops, nurses and nursing students tend to use NRCs to find necessary resources and information to answer questions related to everyday practice; familiarize themselves with mannequins and other models; prepare for tests or graduation theses; prepare course materials and other aids; and finally, just to copy printing materials or use the Internet.

Statistics about Usage

Various centers took different approaches when answering the question related to the volume of NRC visitors, therefore making it difficult to analyze the findings in a consistent way. The majority of centers gave the average number of users visiting the NRCs on a monthly basis. Based on this information we can learn that this number can vary tremendously. Depending on size and operational status, the NRC can be utilized by only 10 visitors a month (Cluj) or by as many as 140 people a month (NRC in Almaty where nurse-trainees participate in retraining classes). Usually, however, these numbers fluctuate within a range between 20 to 80 users.

Based on previous reports submitted by the NRCs to AIHA, during the period from October 2001 to September 2002, more than 9,300 nurses participated in one or more of over 1,300 training courses offered by the centers collectively.¹

¹ AIHA's Annual Report FY02 (numbers do not include data from CEE)

Sources of Funding

The host institution is the main source of funding for the vast majority of the NRCs, and for eight centers it is the only source of financial support. Host entities often provide the physical space for the NRC, buy furniture and cover utility costs (electricity and heating), phone line, and Internet; fund staff salaries, educational materials such as books and journals subscription; and pay for the office supplies, necessary equipment, and the equipments' maintenance. In addition, individual institutions provide funding for cleaning, renovation, and training.

Merely six NRCs receive support directly from a government agency. For two of the NRCs (Dushanbe and Tashkent) this assistance constitutes the main source of funding which covers salaries of the NRC staff and, as in case of the Ministry of Health in Dushanbe, also provides funding for office supplies, furniture and necessary equipment. The other four centers receive from the local government some funding for students' training (Sokolov), conferences (Olomouc), and salaries for instructors (Yerevan).

Only four centers mentioned local non-governmental organizations as a funding source. Contribution of these institutions is rather diversified. For example, the NGO in L'viv helps the center to copy various printing materials. Local organizations in Olomouc have sponsored several courses and two international conferences. The Croatian Nurses Association covers cost of some lectures held in Zagreb NRC. Finally, the Kyrgyz Nursing Association provides Bishkek NRC with Russian-language books and office supplies.

AIHA has provided financial support for Internet connectivity, e-mail accounts, and occasionally office supplies. In addition, several centers emphasized the importance of AIHA's support in enabling their participation in various workshops and conferences.

According to the NRCs, other international organizations provide a rather negligible fraction of funding. This external support varies significantly in terms of both dollar value and type of help. Some organizations, such as the Critical Care Nurses' Association (for St. Petersburg), Sigma Theta Tau (for Olomouc) or Counterpart Consortium (for Almaty), either supply centers with educational materials or give free subscriptions to their Websites and magazines. Other organizations, for example UNICEF in Dushanbe, fund English language courses for NRC staff. Sometimes this help is addressed only to individuals, as in the case of the American Organization of Nurse Executives (AONE) which covers the membership fee for the NRC director in Yerevan, or Sigma Theta Tau which provides the NRC director with a membership journal and supported her participation in the conference of the International Council of Nurses in 2001.

Available and Most Popular Resources

All Nursing Resource Centers own at least one computer; six possess two or more PCs. The majority (17) of the centers also have access to the Internet. In one instance (Moscow), the center's computer was disconnected and locked in a room adjacent to the NRC classroom. The reason given was a fear that the hospital administration would take away the computer if they saw it working.

Electronic equipment like computers, printers, copiers, TV/VCR sets and overhead projectors are the most popular among the centers' visitors. The NRCs' users frequently also utilize books (especially if available in the native language), videotapes, mannequins, and anatomical models.

External Collaboration/Communications

Collaboration with other NRCs:

Fifteen Nursing Resource Centers reported that they maintain communication with other NRCs located in their region. For almost half of them this collaboration occurs only during AIHA-sponsored conferences and other events. A few NRC directors maintain more personal contact with other centers by, for

example, exchanging e-mails, self-training materials for continuing education (Pavlov), discussing issues related to the centers' operations (L'viv), or coordinating retraining activities (Yerevan).

Collaboration with AIHA partnerships:

Half of the centers maintain communication with AIHA partnerships. This contact is typically either with the US partners or with other local/regional entities, such as Women Wellness Centers, Neonatal Resuscitation Training Centers, Learning Resource Centers, or Primary Health Centers, all established through AIHA. The NRCs did not provide details about the extent of such cooperation but it seems to focus mainly on consultation and exchange of information and materials.

Collaboration with local nursing associations:

The majority (19) of the Nursing Resource Centers collaborate with one or more local nursing associations. This cooperation varies from center to center and, while in some instances it is limited to informal communication only, in others it includes a broad scope of activities. Both entities, for example, exchange information about upcoming events and swap invitations. Together, they organize and conduct conferences, seminars and outreach activities, and share technical and other relevant support. Members of the nursing associations participate in clinical skills training or other lectures provided by the NRCs. Another example is the nursing association in Zadar which organizes activities previously offered by the temporarily closed NRC.

It is worth mentioning that in three countries, the NRC directors hold official positions within nursing associations, thereby linking directly the operations of these two institutions. For example, the NRC director in Stavropol is a Board Member of Stavropol Krai Nurses Association; the NRC director in Trnava is a member of the Slovak Chamber of Nurses and Midwives; and the NRC director in Bishkek serves as head of the Kyrgyz National Nursing Association.

Collaboration with international nursing organizations:

Only six centers from three regions (Russia, CEE and Caucasus) collaborate on a regular basis with one or more international nursing organizations. Almost all of these NRCs (except the one in Vac, Hungary) maintain contact with Sigma Theta Tau International (STTI), the nursing honor society. Other US collaborative institutions mentioned by the centers include:

- America Organization of Nurse Executives
- American Nurses Association
- Critical Care Nurses Association
- European Network of Nursing in Higher Education
- International Council of Nurses Association
- International Society for Anesthesiology

Collaboration with universities overseas:

Nine Nursing Resource Centers indicated cooperation with foreign academies. Although the question asked explicitly about cooperation with *overseas* universities, the NRCs included in their answers both American and European educational institutions:

- 1) Sokolov – collaborates with nursing departments of University of Cincinnati, Louisville University, Perdu University, Tennessee, and Bellarmine University, Kentucky
- 2) Pavlov – partners with Clemson University, South Carolina, and Kingston University Nursing College (United Kingdom)
- 3) Olomouc – works with three European universities within the educational project Socrates-Erasmus: Satakunta Polytechnic in Pori, Finland; Staffordshire University in Stafford, UK; University for Applied Sciences in Fulda, Germany. In addition, the NRC cooperates with University of Brighton, UK and Telemark University College, Norway
- 4) Trnava – has recently initiated cooperation with University of Cleveland
- 5) Cluj – partners with Marquette University, Georgetown University, and Thomas Jefferson University in Philadelphia, PA

- 6) Almaty – collaborates with University of Bristol
- 7) Yerevan (EMS) – cooperates with UCLA and Boston University Medical Center
- 8) Yerevan (Erebouni) – communicates with the University of Nebraska Medical Center
- 9) Tbilisi – maintain collaboration with College of Nursing and Swedish Nursing College

Collaboration with other organizations:

Nine centers reported collaboration with other institutions. Seven of the NRCs retain contact with the local and national nursing/medical schools. Two Nursing Resource Centers cooperate also with the international donors who have their regional offices in the area. For example, the Dushanbe NRC has contact with organizations such as UNICEF, United Nations Development Program (UNDP), Aga Khan Foundation, Abt Associates' *ZdravPlus*, and the World Health Organization (WHO). The Yerevan/Erebouni NRC is involved in WHO programs, participating in their seminars and workshops.

Table 2: External Collaboration/Communications

NRC	Other NRCs	AIHA partnership	Local Nursing Association	International Nursing Organization	University Overseas	Other Organization
RUSSIA						
Moscow	✓	✓	✓			
St. Petersburg (Sokolov)	✓	✓	✓	✓	✓	
St. Petersburg (Pavlov)	✓		✓		✓	
Vladivostok	✓	✓				✓
Stavropol	✓		✓			
WEST NIS						
Kiev						
L'viv	✓	✓	✓			✓
Odessa	✓	✓				✓
CEE						
Cluj		✓	✓		✓	
Kosice	✓		✓			✓
Olomouc	✓	✓	✓	✓	✓	✓
Riga			✓			✓
Trnava		✓	✓	✓	✓	
Tuzla		✓	✓			✓
Vac			✓	✓		
Zadar	✓		✓			
Zagreb	✓		✓			
CENRAL ASIA						
Almaty					✓	
Bishkek			✓			
Dushanbe	✓	✓	✓			✓
Tashkent		✓	✓			
CAUCASUS						
Tbilisi	✓	✓	✓		✓	
Yerevan	✓			✓	✓	
Yerevan-Erebouni	✓		✓	✓	✓	✓

Main Factors for Success

The main factors cited by interviewees for the success of their NRCs were related to four general categories: relationship to host institutions, resources, training, and outside collaboration.

- *Support from the host institution:* A strong relationship with the NRC's host or affiliated institution was considered the most important factor in determining the success of the NRC. Eleven NRCs indicated that support of the institution they are affiliated with is the reason for the center's success.
- *Resources:* In this category, the factor most often cited for contributing to success was the skilled, devoted, and enthusiastic NRC staff. Good leadership and lack of turnover were also cited. Another important factor was considered to be material resources: equipment, supplies, and other materials donated by AIHA. The third factor was having separate space designated just for the purpose of the NRC.
- *Training:* Most NRCs mentioned the value of participating in training workshops designed specifically for NRC staff, such as training on organizational issues of running an NRC, and computer and Internet skills workshops. Also, participation in AIHA programs and USAID-sponsored conferences were seen to contribute to the strength of NRCs.
- *Collaboration:* Professional collaboration was noted as being helpful to the success of NRCs. In particular, collaboration with the national nursing association seemed most beneficial, with four NRCs mentioning the benefit of this collaboration. Continued contact with American colleagues and AIHA partnerships was also considered to be helpful forms of collaboration.

Main Obstacles to Success

The main obstacles to success cited by NRC staff are related to the same four categories – resources, training, collaboration, and relationship with the host institution – as the factors for success. In particular, the limited number of current educational resources, particularly in their native languages, and the lack of updated supplies and equipment, teaching and training aids, and computers, as well as a general lack of funds were considered the largest hindrances to more effective NRC functioning.

In addition, a few centers mentioned staffing issues as a significant impediment. For the NRC in St. Petersburg (Pavlov) the problem lies in the lack of initiative of the NRC employees; for other centers the problem is rooted in the dependence on volunteers as opposed to full-time, permanent staff. Another obstacle mentioned was the lack and/or shortage of knowledgeable instructors who are willing to donate their time and expertise for lectures and other presentations.

Other concerns included the lack of an NRC coordinator, insufficient communication and information from AIHA, limited collaboration with other institutions, inability to provide officially recognized educational courses, inadequate physical space, and finally, an unfavorable attitude towards nursing (Slovakia).

Recommendations for Improving/Strengthening NRCs

In line with their comments regarding factors hindering the NRCs from performing to their fullest potential, interviewees suggested that NRCs could be strengthened with more updated, country-specific/native-language nursing educational materials; newer computers with faster Internet connection; more space for the NRCs to expand; additional full-time staff, and generally more funds to run the NRC.

Individual centers also recommended the following:

- increased number of AIHA nursing seminars and conferences
- improved marketing efforts to advertise NRCs
- well-defined goals for NRC activities
- greater collaboration with international organizations
- communication with medical professionals from the countries with a similar level of development
- training of the NRC staff in English language and computer skills
- obtaining permission to issue official certificates for courses and training conducted at the NRC

VI. CONCLUSIONS

The assessment demonstrates that a continuing demand exists for the services offered by the Nursing Resource Centers. This conclusion is evident from the fact that all 24 centers established by AIHA have maintained their operational status and twenty of them have remained fully operational. Despite various difficulties and obstacles such as a lack of sufficient funds, permanent employees, or even a physical location in one case, the NRCs continue to provide services and resources.

The assessment revealed that the main influence on centers' sustainability is their relationship with a host institution. The level of involvement and the support offered by the affiliated institution directly affects a center's functionality. Perceptions of the nursing profession in a given country as well as the country's economic situation are also important factors that affect the NRC's existence and success. A good example of such a correlation is Slovakia, where the fact that the nursing profession is not favorably regarded, in turn negatively influences the sustainability of the two NRCs located there. Due to adverse circumstances in Slovakia, nurses in Trnava and Kosice have low motivation to participate in training or workshops and, as a result, these NRCs have organized few seminars or courses since 2000. In contrast, the NRC in Tajikistan, which is strongly supported by the Ministry of Health, has been actively offering regular training for nurses, has developed standards and protocols of nursing care, and serves as an expert resource for the Ministry of Health.

Lack of or insufficient funding remains another important determinant for a center's survival. The majority of NRCs offer activities free-of-charge which limits their opportunities to make a profit, and thereby makes them considerably reliant on financial support from outside institutions. As mentioned in the previous paragraph, a significant number of NRCs depend on the assistance of their host institutions while other sources of funding remain very limited. Government institutions, local non-governmental organizations and other international establishments usually provide only marginal support, if any.

The NRCs' position would be decisively stronger and they would attract more visitors if they had the funds to purchase necessary equipment, update resources, hire professional instructors, and expand physical space. A more solid financial condition would also enable the NRCs to promote their activities to a broader audience more effectively. The scarcity of money and the lack of professional marketing background of NRC staff results, in many cases, in weak marketing activities, usually focused only on internal target groups.

The assessment illustrates that possession of current professional nursing resources such as books, videotapes, and journals – published or translated into a native language and adjusted to the local standards and policies – is crucial for the future of the NRCs. Currently a lot of materials, most of which were donated by AIHA, are either not used or are only sporadically used because many of the NRC visitors do not know the English language well enough to take advantage of these resources. In addition, some materials (e.g. videotapes) present information not applicable to the realities of a given country.

Another important factor for the centers' sustainability is the staff and its volunteers. The staff's dedication, creativity and professional abilities determine a center's dynamics and level of operations. In addition, the intrinsic leadership skills and resourcefulness of the NRC directors influence the center's activities, utilization of space and available resources. In most cases, the NRC staff seems to be fully involved in their duties and provide competent help in running the centers to the extent achievable given the existing means. However, while in some instances the shortages of resources prevent NRCs from providing certain training or workshops (for example, lack of computers and knowledgeable instructors prevent some NRCs from providing formal computer-related courses), some centers seem to underutilize their space without specific reasons. For instance, a number of NRCs that have the capacity to organize various activities and training do not offer their facilities for meetings of external entities such as nursing associations.

Regarding other activities, the impact of the staff's involvement appears to be similar. While one group of NRCs actively advocates the nursing profession among policymakers, government institutions, and health-related organizations, another group focuses its attention on nurses only, and some do not participate in promoting the nursing profession at all. An analogous situation appears in monitoring and evaluation efforts. A number of centers incorporated some type of monitoring tools to evaluate their training and collect basic data about users and activities. On the other hand, a few NRCs do not feel it necessary to introduce monitoring and evaluation processes and do not collect any statistical information.

Although one of the main ideas behind creating the NRCs was to provide Internet connections to support the collaboration of nurse leaders with their professional counterparts across the world, not all of the centers have access to the Internet. Also, not all of the NRCs show the initiative to cooperate or exchange information with other institutions. Most of the centers collaborate quite closely with local nursing associations, but only a few maintain contact with international nursing organizations. Many centers do not seem to take a full advantage of the existence and the expertise of the other NRCs. However, at least half of them do communicate with other NRCs, although most of these interactions occur only during AIHA-sponsored conferences. In addition, only half of the centers indicated that they maintain contact or collaborate with their former US partner or with local AIHA-related partners. Similarly, a very small number of the centers communicate with overseas/European universities and other organizations.

Finally, the fact that almost half of the NRCs have not developed an official mission statement might create indirect obstacles in fostering the centers' sustainability. Although such a formal document describing goals and objectives might not directly influence the work of the centers, it could be helpful for the centers when looking for additional grants and financial support among various government and international organizations.

Lesson Learned:

The assessment of the Nursing Resource Centers provided AIHA with useful information about their activities and sources of sustainability. It also enabled AIHA to reflect on the process of establishing the NRCs and to identify factors that have facilitated and/or diminished the successful functioning of the centers. Bearing in mind the assessment results, AIHA has concluded the following lessons:

- Educational materials such as books, videos, mannequins, etc., are one of the main pillars that influence an NRC's functioning. Nurses and students come to the NRCs to expand their knowledge and practice their skills. As discussed elsewhere, the lack of up-to-date materials in the local language has been a weakness of the centers. The difficulty is that most of the materials are not available in the NIS/CEE languages, and translation costs would have been prohibitive. Nevertheless, perhaps fewer resources and items more appropriate to the intended users would have been more useful. In addition, the NRCs should be kept better informed of new nursing-related resources created through ongoing and new AIHA programs and should be included in the distribution of these materials.

- Because of their locations, NRCs benefit greatly from their affiliated institutions, in some cases receiving financial assistance and in others only moral support. AIHA should implement a careful selection process of prospective host institutions, since they play a significant role in the centers' development and sustainability. AIHA should have criteria with which to assess potential host sites in order to verify their attitude towards an NRC and the prospective chances for support. Relationships should be formalized through a memorandum of understanding. In the case of free-standing or independent NRCs, AIHA should assist the center to develop a mechanism for ongoing financial support.
- The leadership and various other skills of the NRC directors naturally influence the scope, quality and effectiveness of the centers' operations. The evaluation confirmed that the directors' professional skills, intrinsic versatility, and overall managerial talents are one of the main factors accounting for the centers' performance. Therefore, selection of NRC directors should be carried out very carefully. Criteria should include leadership and management skills, advocacy skills, and demonstrated interest in developing nursing as a profession. In addition, provision of ongoing training to directors is critical. One area of training should be on working with volunteers. Some of the training could be accomplished via the Internet.
- Appropriately selected and enthusiastic NRC staff is also an important asset for the center's development. It is essential for both volunteers and employees of NRCs to possess the appropriate set of skills to enable them to work in a versatile environment where they have to perform a range of tasks including administrative, educational, marketing, etc. Sufficient training support should therefore be provided to NRC staff and volunteers in addition to the directors.
- The assessment revealed a significant discrepancy in the level and quality of activities related to advocacy for nursing and for broadening the outreach of the centers themselves. Both types of activities are important tools in promoting nursing goals as well as in pursuing the centers' long-term sustainability. When an NRC is established, center staff should receive appropriate training not only in utilizing inexpensive promotional techniques and performing external advocacy in relation to advancing nursing profession, but also in fundraising. At the time of an NRC's establishment, a marketing and promotional plan should be developed.
- Additional training and workshops should also focus on teaching effective methods for monitoring & evaluation (M&E). We learned from the assessment that not all of the centers are engaged in M&E activities or are utilizing monitoring tools only sporadically. A well-developed quality improvement plan would give each center better control over its overall performance and specific activities and would help them to identify ways to better serve their clients.
- The NRCs would have benefited from more active encouragement of collaboration with other nursing-related local and international institutions. Although AIHA brought together NRC directors several times for training and to network and share experiences, and several NRCs engage in such collaboration, many do not engage as actively as they could. Ongoing contact with AIHA partners, international nursing organizations or overseas medical/nursing schools would arm NRCs with a strong expertise and efficient resources for sustainability and growth.

While AIHA's NRC project has clearly been successful in accomplishing its overall objectives, the above lessons learned suggest that greater impact could be had with a number of adjustments to the approach taken. These lessons should be kept in mind if and when new NRCs are established in the future. While available funding will likely limit AIHA's role in supporting the original 24 NRCs, our hope is that with continued strong leadership at the Centers, they will grow and thrive and attract support from other organizations.