UNIVERSITY OF KUOPIO
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Background and purpose of the study: Issues related to the health and welfare of families with small children and the ways to support parenthood are topical. The purpose of the study was to describe the life control potential of families with small children and to evaluate video-assisted family counselling as a method of intervention in preventive family nursing from the viewpoint of both families and family workers. The aim was to produce evidence-based information for health promotion of families. Life control was approached from the perspective of life control potential: as a sense of coherence (Antonovsky 1987, 1993, 1996), satisfaction with life and interpersonal relations.

Material and methods: The methodological approach of visual anthropology was applied (Collier & Collier 1986). Altogether 15 families with small children (each with at least one child aged under 3 or the mother expecting) and eight family workers participated in the study. The data consisted of videotapes (60 hours) recorded in the homes of the informant families, interviews (12 hours) of the family workers and documents (n=15). The data available for analysis amounted to a total of 1220 pages of written text. The data and the research consents were obtained in the course of the 'Families with Children' project conducted by the Mannerheim League for Child Welfare in 1997-2000. The data were analyzed using visual image analysis combined with content analysis.

Results: The life control potential of the informant families consisted of orientation to family life in the life situation with small children. This potential included the following dimensions: family situation, satisfaction with life and interpersonal relations, strengths of the family members and functioning as a family. When video-assisted family counselling was started, the families describe the uncertainties implicit in their life control potential and their need for support in everyday life. During the course of the counselling, they learnt to recognize their skills and strengths and to encounter different situations of family life. The parents' self-esteem, motivation to develop their skills and commitment to the requirements of family life increased At the follow-up stage, the families felt that they could influence their life in the future by becoming committed to shared objectives. The families learnt to appreciate the family members, their mutual relationships and family life, which helped them to live as families. Their satisfaction with life and interpersonal relations were enhanced The key result was that video-assisted family counselling, which was used as a preventive intervention, promoted the focus on family life and enhanced the life control skills of families with small children. Both the parents and the family workers considered family-oriented family counselling given at home to be concrete, useful and individual. The family workers gained professional competence in the use of the method by studying the use the video-assisted family counselling and by applying it systematically when supporting and counselling families. They also needed mentoring.

Conclusions and suggestions for further research: The study produced new knowledge of both methodology and content. Videotaping and feedback within the families enable the production of
versatile data about the home situations. Such material is rarely available for research. Video-assisted family counselling is a suitable preventive method in client-oriented family work. With this method, the workers were able to help the parents assume responsibility for everyday life and to identify aspects of their life control potential and the need for change. The findings can be utilized in dialogue-based methods to support parenthood and in social and health care education. The most important thing in the future will be to develop the visual image analysis method, which can be used to understand phenomena of family culture. To carry out video-assisted family counselling, it is especially important to consider ethical issues, because the home life of families is recorded Family nursing science and preventive nursing science should focus on the ethical and cultural issues of families' life control and health.

National Library of Medicine Classification: WY 159.5, WA 308, WA 525 AND WA 30
Medical Subject Headings: family; life; personal satisfaction; nursing; family nursing; counselling; health promotion; video recording
Background of the study: Children's pain alleviation has become an ethical and clinical challenge as our knowledge of children's ability to sense and suffer from pain has increased. In day surgery, alleviation of children's pain is a parental task after discharge from hospital. Little is known of the ways in which parents alleviate their children's postoperative pain at home and why children's pain may remain poorly alleviated.

Purpose of the study: The purpose of this study was to describe mothers' and fathers' perceptions of 1- to 6-year-old children's pain and its alleviation at home after minor surgery. In addition, the purpose was to describe the relationship between these perceptions, parents' use of pain alleviation methods and children's pain intensity and pain behaviours after surgery. The final aim was to explain how parents' perceptions and their use of pain alleviation methods explains variation in children's postoperative pain by creating a path model describing the effects.

Data and methods: Methodological abduction was implemented in this study, which was conducted in four phases during 1999-2001. In the first phase in 1999, family interviews (N=17) with inductive content analysis were conducted to describe how parents assess and alleviate their 1- to 7-year-old child's postoperative pain at home and which factors are related to alleviation of children's pain. In the second phase in 2000, an instrument measuring parents' use of pharmacological and non-pharmacological pain alleviation methods and their perceptions of children's pain and analgesics was developed and pre-tested. Additionally, the Finnish version of Parents, Postoperative Pain Measure (PPPM) measuring children's pain behaviours was pre-tested with parents (N=85) of 1- to 6-year-old children who had undergone a day surgery in four Finnish hospitals. In the third phase in 2000-2001, questionnaires consisting of Visual Analogue Scale, the PPPM and the sub-scales measuring parents' perceptions of children's pain and its alleviation were used to collect data from 315 parents whose children had undergone day surgery in 19 wards in 10 central hospitals. Frequencies, cross-tabulation, chi-square test, t-test and ANOVA were used to analyse the data. In the fourth phase, a path model was developed to summarize the factors explaining children's pain intensity and pain behaviours at home.

Results: The results of the family interview study showed that parents used several methods to alleviate their children's postoperative pain at home. However, they described difficulties in identifying their child's pain and they had misleading perceptions of children's pain. The results of the survey showed that one third (36%) of the children were assessed to have moderate or severe pain (VAS scores more than 30 mm), and several behavioural changes were identified in the children at home after discharge from day surgery. The parents had fairly adequate perceptions of children's pain. Yet, misleading perceptions of children's pain and analgesics were also found. These perceptions differed by the parent's and child's gender, and they were related to the parent's use of pain alleviation methods with children and children's pain intensity and pain behaviours. More than three quarters of the parents had given analgesics to their child. In addition, the parents used several non-
pharmacological methods, such as holding the child in parent's lap, comforting the child and spending time with the child more than usual to alleviate the child's pain. According to the path model, child's age, type of surgery and gender-related perceptions of children's analgesics explained parents' use of analgesics and non-pharmacological pain alleviation methods with their children. Children's postoperative pain behaviours were mostly explained by parents' use of non-pharmacological pain alleviation methods with their children.

Conclusions and implications: This study provided new knowledge of how parents' perceptions of children's analgesics explained their use of pain alleviation methods in children, which explained children's pain intensity and pain behaviours. The findings indicate a need to develop parental counselling in children's day surgery. The parents should be provided with accurate information of the safety and necessity of analgesics after the child's surgery. In addition, the expectations of especially boys' higher pain tolerance could be discussed with the parents. Additionally, intervention studies with experimental designs are needed to test the effectiveness of several types of instructions in guiding the parents whose child is undergoing day surgery. Cultural research is needed to understand how parents' perceptions of children's pain are developed and transmitted to the next generation in our culture. Finally, innovative methods are needed to explore young children's own experiences of postoperative pain and its alleviation at home.

National Library of Medicine Classification: WL 704, WS 100, WO 183
Medical Subject Headings: pain, postoperative; child; parents; analgesics; attitudes; surgical procedures, operative
BACKGROUND OF THE STUDY: Existing research reports provide evidence that studying abroad can have a positive impact on the student at several levels. On the other hand, the literature also indicates that studying in a foreign cultural environment is not unproblematic but requires emotional resiliency from the student and good collaboration from the co-operating institutions. Analysis of the existing literature showed that most research has so far concentrated on the participating students' experiences. The literature fails to describe the actual process of gaining intercultural competence in the context of a student exchange programme and also to instruct how students could be assisted by enhancing understanding of cultural diversity in this particular context.

PURPOSES AND DESIGN OF THE STUDY: The purposes of this focused ethnography were to describe the process of learning intercultural competence by Finnish and British undergraduate nursing students in the context of a study abroad programme and to develop the model of intercultural competence for the study abroad learning context in nursing. The study focused on a Finnish-British student exchange programme between one polytechnic in Finland and its six partner universities in the United Kingdom. Along with the Finnish and British exchange students, Finnish tutoring teachers and mentoring health care staff of the British students participated in the study. The data were collected by using focus group interviews, learning documents, participant observations, background questionnaires and the researcher's reflective diaries. They were analysed in two phases: by using Spradley's RDS method in the original article phase and narrative analysis in the report writing phase.

RESULTS: Learning intercultural competence was a process of personal growth that was enabled by an ability to overcome the puzzles and hardships caused by intercultural immersion. The experience of coping with problematic situations was implicit in learning intercultural competence. The process was taking place simultaneously at three interdependent levels: curriculum, student's learning process and interaction. At the curriculum level, the studies accomplished abroad were strongly influenced by the students' home programme. The students were neither adequately prepared to face the differences of the host culture nor supported to integrate their intercultural experiences as part of their professional practice upon re-entry. The students' learning process included five components: intercultural strive, intercultural self-consciousness, intercultural knowledge, intercultural client encounters and language skills. The students who genuinely wanted to learn about the difference and adjusted to the inconvenience of intercultural immersion showed intercultural sensitivity. The level of interaction consisted of the tutor-student relationship, the mentor-student relationship and the peer-counsellor-student relationship in the host culture. The tutor-student relationship often appeared inadequate in view of the students' personal, experiential and scientific cultural knowledge. The mentor-student relationship facilitated social and professional incorporation into the health care unit, incorporated theory into the context of the placement, modelled good practice and promoted general coping in the host culture. If a peer-counsellor-student relationship existed, it assisted adjustment at the beginning of the period of study abroad, but failed to enhance contacts with local student or co-workers in the placements.
Conclusions and implications: Students need assistance and encouragement in learning intercultural competence during an international exchange programme in nursing. A dialogic intercultural tutor-student relationship can assist learning in a foreign country. Intercultural tutors, mentors and peer-counsellors should collaborate and create a social network around the exchange students that would help them to overcome the inevitable culture shock and provide space for learning about the diversity. The nursing curriculum should encourage the students to learn about the different ways of nursing care rather than look for experiences similar to those they would have gained if they had stayed at home.

National Library of Medicine Classification: wy 18, wy 16, wy 107
Medical Subject Headings: education, nursing; international educational exchange; transcultural nursing; nursing care; students, nursing; culture; professional competence; learning
The aim of this study was to describe point-of-care testing (POCT) and its quality assurance in the diagnosis and follow-up of heart and cardiovascular diseases in Finnish emergency departments. A further aim was to evaluate the POCT carried out, in particular, by the nursing staff subjects with one common test. Internationally, there have been studies of POCT, but they emphasize evaluation of POCT and comparing the results with and the testing in a laboratory. POCT has been scantily studied previously in Finland. The use of POCT has, however, increased recently and will continue to increase in the future. There are advantages and disadvantages to POCT.

The study materials were collected in three phases. In the first phase, questionnaires were sent to all head nurses or comparable personnel in emergency departments of Finnish hospitals and health care centres. The number of replies received was 301, or a 74% response rate. During the second phase, the material was collected by Labquality in order to determine the implementation of external quality assessment. This material consisted of C-reactive proteins (n = 8 874), qualitative troponin T (N= 184) and quantitative troponin T (n = 78). In the third phase, an experiment was arranged in which the nursing staff subjects' ability to perform the TROPT Sensitive POCT test was tested. Frequencies and percentages were used to describe the data. For the first- and third-phase materials the relationships between variables were analysed with crosstabulation and Chi-Square test. Content analysis was used to answer some of the questions asked in the first phase.

Most emergency departments (84 %) used point-of-care tests. The most common tests were qualitative and quantitative troponin T and C-reactive protein, used in diagnosis of heart and vascular diseases. The most usual reason for the use of these tests was the aim to shorten a turn-around-time. The largest professional group using POCT were nurses. A third of the staff in emergency departments has never received additional training in POCT. The most common problems in POCT are related to analysis and working arrangements. Internal quality control was used chiefly in the assay of C-reactive protein; in the other tests it was seldom used. Participation in external quality assessment was very rare. Another problem was that the nursing staff subjects had difficulties to read weakly positive results of TROPT Sensitive POCT tests.

In order to overcome the problems, to improve the quality and to develop the operation of POCT, it would be practical to make standard directions that would regulate POCT in emergency departments and everywhere the POCT is used. A multiprofessional team should administer POCT; but due to their higher education, clinical laboratory professionals should act as coordinators. Moreover, professionals who use POCT should have adequate basic education, which should be supplemented periodically.

National Library of Medicine Classification: WX 162, WG 141, W 84, QY 25
Medical Subject Headings: point-of-care systems; heart diseases; cardiovascular diseases; diagnostic techniques; cardiovascular; diagnosis; quality assurance; health care; quality control; emergency medical services
Purpose of the study: The purpose of this study was to describe, compare, and assess the perceptions of social and health care students/workers, part of whom participated in a multidisciplinary educational experiment (= the experimental group), while another part studied traditionally (= the control group), concerning their learning of collaborative competence. The major purpose of the educational experiment was to develop social and health care workers' collaborative competence. The education of the experimental group was based on a constructivist view of learning and included collaborative and self-directed learning methods. Two nursing colleges (Kuopio and Mikkeli), two social work colleges (Otava and Ylä-Savo), and three departments of the University of Kuopio (Nursing Science, Social Science and Health Policy and Management) participated in the experiment, which was implemented in 1991-1995.

Data and methods: Data on the perceptions of the social and health care students/workers (N=143) were collected by questionnaires in three phases: at the beginning (1992) and the end (1994-1995) of the education and after about two years of work experience (1998). This longitudinal study included the 83 subjects who responded in all three phases of data collection, and they accounted for 67% of the 124 graduates, after attrition. The data of the cross-sectional study were collected with a questionnaire after about two years of work experience (1998). Participants with experience of social and health care collaboration (n=90) were included in the series. In this sub-data the response rate after attrition was 77%. The experimental and control groups were included. The data were analyzed with statistical methods. Qualitative data were collected by focus groups after about three years of work experience and were analyzed by content analysis.

Results: The experimental group emphasized the reflective interdisciplinary and interprofessional group methods as factors that constructed collaborative competence. The attitudes to collaboration were positive, and the control group stressed the significance of collaborative instruction more than the experimental group. The perceptions of the importance and use of different kinds of knowledge in education and working life revealed differences between the groups. The experimental group emphasized research knowledge as the most important whereas the control group emphasized experiential knowledge. In teaching, the most significant knowledge was research knowledge in the experimental group and experiential knowledge in the control group. After work experience, the use and importance of experiential knowledge increased in both groups, and the use and importance of research knowledge decreased. The prerequisites of collaboration in practice were emphasized in different ways. The experimental group stressed significantly more knowledge of the expertise of other professions, mutual respect, and understanding of cultural differences between professions. The experimental group emphasized equality and reciprocity as supportive factors in collaboration, whereas the control group pointed out that an excessively professional orientation could be a hindering factor. As their own collaborative competence, the experimental group emphasized the learning of theoretical formal knowledge of collaboration between
social and health care workers and the applying and sharing of knowledge, client-centeredness, systematically planned and reciprocal collaboration, and reflective skills more than the control group.

**Conclusions:** As a whole, the perceptions of the students/workers who participated in the multidisciplinary educational experiment were more positive, extensive, and appropriate from the viewpoint of client care than the perceptions of the students/workers who studied traditionally concerning their learning of collaborative competence and its effects on practice. This study provided new knowledge about the learning of collaborative competence. This evidence-based knowledge can be used to develop social and health care education, practice, and administration. However, during the education, it is important to emphasize collaboration between education and working life, to consider the different cultures of professions and organizations, and to ensure long-term effects of education.

National Library of Medicine Classification: WY 18, WY 87, W 21
Medical Subject Headings: social work; delivery of health care; health care sector; education, professional; education, nursing; cooperative behavior; interprofessional relations; professional competence; learning; evaluation studies
Background and purpose of the study: Health promotion in families with children is one of the key interest areas in preventive nursing science. The purpose of this study was to describe the ways to promote health in families with children from the viewpoint of social and health care workers. In order to be able to develop health-promoting activities, we should obtain knowledge of social and health care workers' operating practices.

Material and methods: The informants consisted of fourteen social and health care workers, and the data were collected through stimulated recall interview. The data were analysed with methods of inductive, theory-based content analysis. Health promotion was analysed in terms of the informants' description of their goals in health promotion and the methods they were using as well as their assessment of their work.

Results: Based on an analysis of the interview data, the informants especially underlined responsible parenthood as a factor promoting family health, meaning that the parents should know, understand and accept the responsibilities inherent in their parental role. Family health was approached from the traditional perspective of problems, while families' resources and their ability to cope with their problems were not pointed out. The key principles underlying health promotion were individually targeted measures, the client's subjectivity and honesty and openness in professional interaction. Although the informants especially emphasised the client's subjectivity as a fundamental principle, this principle was not manifested clearly in the health-promoting practices described by them. The need to ensure the health and welfare of children was the principal goal of health promotion. According to the findings, some workers seemed to work without an explicitly defined goal. The orientation to professional encounters was accordant with the traditional or educational approach. Distribution of knowledge was the most important way to promote health. From the interactive viewpoint, the working methods underlined expert initiative and expert orientation. Assessment of health promotion was irregular. Clients seldom participated in such assessment.

Conclusions and suggestions for further research: The findings can be used to make social and health care workers' health-promoting practices better targeted to the resources of families with children. In further studies, we should find out about multiprofessional co-operation in the promotion of health in families with children from the viewpoints of both social and health care workers and clients.
The purpose of the study was to describe the use of nursing interventions that enhance the resources of elderly patients and their relations with nurses and the relevant organizational background factors.

The study population consisted of the practical nurses, nursing aids and nurses working in the inpatient wards of the City of Kuopio primary health care system and one service centre. The sample consisted of the 163 nursing staff members working in 8 inpatient wards of the primary health care centre and 2 wards of the service centre. The inquiry was carried out in December 2002, and 115 persons responded to it, the response percentage being 70%. The quantitative analysis was carried out using the SPSS 10.05 software, while the qualitative data were analyzed with methods of qualitative content analysis. The groups were compared using the X2-test, t-test, one-way variance analysis, Mann-Whitney U-test and Kruskal-Wallis test, and the conceptual validity of the instrument was assessed with factor analysis.

The nursing interventions to enhance the resources of elderly patients were divided into physical, psychic and social nursing interventions. According to the results, nurses used more interventions to enhance physical resources than psychic and social resources. According to the nurses, the key goal of nursing was to maintain the elderly patient's physical health and balance and to prevent accidents. Of the interventions used to enhance psychic resources, methods to support self-esteem were used almost equally often as methods to maintain physical health and balance. There were fewer interventions that aimed to teach and guide the elderly persons, to acknowledge their individuality and to provide significant and meaningful experiences, to strengthen social ties and to safeguard further care. Most nurses had a positive attitude towards the nursing of elderly patients. The respondents' views and their opportunities to influence their own work and to develop themselves were related to the use of most interventions to enhance physical, psychic and social resources. Education and the model of nursing applied in the ward were primarily related to the efforts to enhance psychic and social resources.

The study yielded knowledge about the resources of elderly patients and the ways to enhance these resources as well as related factors. The results can be used to develop the content and quality of geriatric nursing, to eliminate individual and organizational obstacles and to promote the development of nurses. Based on research findings, it seems necessary to enhance the expertise of nurses concerning geriatric nursing, especially as far as social and psychic interventions are concerned. The results can also be used in the planning of basic and further nursing education. It will be necessary in the future to study the views of patients, families and family caregivers concerning their resources and the ways to enhance them as well as to develop resources-based ways to enhance resources.
The aim of the study was to describe elderly people's and personnel's experiences of community based thinking at a residential home. The aim was to concretize the concept of community based thinking and to obtain information based on research about elderly people’s activities living at residential homes.

The target group comprised residents and personnel of residential home supported by the Ristiina Vanhustentukiyhdistys ry, an association for the support of the elderly. In April 2001, a three-year project funded by the Slot Machine Association was started up in the community. The aim of the project was to develop a new model of community care from the community perspective. In data acquisition triangulation was used. The data among the elderly (n=18) were collected by group interviews and among workers (n=8) by group interviews and open diary data. The data were analyzed by inductive content analysis.

The sense of community experienced by elderly people in everyday life at home came from sense of community, resource based routines of the personnel doing things together and being together. Sense of community included the feeling of being part of the community, caring the others, paying attention to the existing social network and having the opportunity for a say in one's own affairs and decision making. Community based activities also include recognition and support of elderly people's own resources. Problem-based action, emphasis on professionalism and protective attitudes and excessive caring were felt to be negative factors for individual activity and factors weakening the community. Resident-centred activity contributed to elderly people's possibility to say their word in the community and attention of individual needs. Activation of the community had its influence on elderly people's functional ability and coping at home. Common events and participation were felt to be significant factors for the sense of community. Both active and passive participation of the elderly were experienced as important factors for the sense of community.

The sense of community was experienced as shared will in community, as companionship and as collective activity by workers. Activities in community were rehabilitating and resident-centred action and, in addition, a survey of the needs of services of the community and of the group activities in the community were considered to be important. Sense of community was formed by common rules of game, commitment and will to do resident-centred work, together, according to shared goals. Sense of community necessitates genuine caring, joint understanding, wider perception of knowing and missions and knowledge of the whole community. An important factor was paying attention to residents, own resources, individual needs and expectations and the existing social network. Together with activation of the community, even personnel reflection and deliberation of working habits had increased, individual work was appreciated and feedback was expected. The role of the director as facilitator of community based action, or as a hindering factor was empha-
sized. Authoritarian leadership, workers' task-centred working habits, routine work, very strict missions weakened the sense of community at home.

Elderly people and workers had experienced that activation of community had changed the functional culture of the residential home and the community. Rehabilitating and client-centred action had been internalized and had got concrete contents. When activities at residential home are community based, the individual is understood to be part of the community, the nursing methods are resident-centred, supporting people's own resources and the elderly people can live as independent life as possible acting as responsible decision-makers in issues concerning their own lives. Community based thinking gives a functional model for the residential home community and so elderly people's activity, independence and responsibility for their own well being is supported. In addition, it gives the workers of the community a starting point to improve the community care to correspond the challenges of the elderly people's care in the future. Training of nursing has the challenge to give facilities to act and improve community care in practice towards more concrete action.
Weight control is an important non-pharmacological remedy for overweight prevention. Increasing overweight is a risk for several long-term or chronic diseases. The purpose of the present study is to describe how adult participants of the One Small Decision a Day (OSDD) weight control group have experienced the participation process and the support they have received in order to control their weight. OSDD is a group intervention model for losing and controlling weight to be used by health-care professionals, with instructor training. Secondly, we wanted to assess the experiential effectiveness of the intervention and to develop the OSDD weight control group guidance model. This model was applied according to different situations and the target group was employees working at the municipality in Northern Savo. The intervention took place between the September of 2002 and the May of 2003. The group members attended the meetings partly during their working hours. The data were collected by means of group interviews given by the weight control group members and through diaries and essays written by them. In addition, two of the instructors of the group were interviewed, and they also wrote an essay assessing the total intervention. Content analysis was applied to the research material.

The participants' experiences of the weight control group were mainly positive. The group members received support for their weight control efforts from both other members and instructors. The participants were encouraged by their families, and weight control became something the whole family shared. The intervention resulted in the participants' making qualitative changes in their nutrition to improve their state of health, for example, as far as the consumption of fats and salt was concerned. The group also gave an impetus to increase physical activity. On the basis of the experiences the group members have received, the OSDD weight control intervention must be made to correspond better to the participants' needs. The formation of personal goals, the group size and the frequency of group meetings still call for better adjustment and planning. Although individual and group guidance interventions in basic health care are used by public health nurses, they have not been studied hardly at all within nursing science. The findings of the present study indicate that the OSDD weight control group guidance model helps a participant plan, effect and appraise his/her weight control. Our study will contribute to the development of the OSDD weight control group intervention, will produce new information on factors affecting weight control and will provide a basis for the assessment of the experiential effectiveness of the intervention.
The purpose of this study was to describe nursing care of demented patients. A structured questionnaire was used to collect data from one hospital with five long-term care wards in southern Finland. Ten demented patients, who filled the criteria, were chosen to participate in the study. The questionnaire was developed to serve this research and it was based on both the previous studies and the questionnaire engineered by Liukkonen (1989). The nursing activities and time usage to provide care by the nursing staff (nurses, nursing aids, students, relatives) were measured using the questionnaire during a time period of seven days. The questionnaire consisted of fifty questions among which are five open questions. Total of 205 filled questionnaires were collected. The data was analysed using SPSS/PC statistical procedures and by qualitative content analysis.

The results indicated that nursing of demented patients consisted of 2079 independent items which are categorized into nursing activities and social activities. Furthermore the focus on nursing was also based on co-operation with relatives and the health care professionals. Some focus was also laid on the tasks related to nursing. Ali in 011 the work items summed up to 9794 minutes. From the result, the most time consuming items in the nursing of demented patients are preparing patients for meals, helping patients to eat, helping patients to discharge bodily waste, washing patients, helping patients to get dressed, maintaining patients physical abilities, touching patients, taking care of patients skin, discussing with patients and observing patients condition.

These results assist those providing care to demented patients in understanding both the factors involved in nursing activities providing care according to patient's needs and to find the needs for developing nursing of demented patients. Further research should focus on possibilities of the relatives to participate in nursing of the demented patients and decision making on nursing.
The purpose of this study was to describe and explain the connections between the job satisfaction of nurses and an empowering leadership style of nursing managers as evaluated by nurses working in home care. This study is part of the project investigating resource-oriented nursing action in the health care of adolescents and adults in the Department of nursing science in the University of Kuopio.

The data was gathered by using a questionnaire from nurses working in home healthcare in four social- and health centres in March and December 2002. The sample consisted of 160 nurses. The questionnaire was completed by 118 nurses and the response rate was 74. The data was illustrated by frequencies and percentages. Differences between the groups were analyzed with crosstabs, the Chi square -test, the Fisher exact -test and Pearson's correlation.

According to the results of this study, nurses working in home care were most satisfied with factors that were connected to their professional status, interaction and autonomy. The nurses appreciated their work highly and believed that other people valued it as well. The nurses were allowed much autonomy in their work. However, job satisfaction diminished the longer the nurse had worked in the same work organization. Inspiring and purposeful setting of aims and a follow-up of how and if the aims were reached affected the nurses' potentials of independent decision making. The efforts the nursing manager made to create a tril stifful atmosphere and to encourage nurses to take responsibility of their work also increased the potential of independent decision making. The nurses were least satisfied in their work with organizational policies and salary.

Home care nurses were very satisfied with the support and encouragement they obtained from the nursing manager. The support that the nursing manager gave was most effective when encouraging nurses to mutual cooperation and professional self-development. However, the nurses suggested that they had not obtained enough psychological support. The nurses were fairly satisfied with the information they received. By informing nurses of issues concerning their work, the nursing manager can support and increase nurses' ability of independent decision making, of taking responsibility of their work and of taking up their opinions in the work community. The home care nurses were not satisfied with the nursing manager's style of providing feedback. The nurses estimated that the feedback was scarcest in the issue of how their skills and abilities corresponded to their tasks. Constr1ctive feedback from the nursing manger was insufficient as well.

This study has produced knowledge about how the nursing manager's leadership style might be developed into a more empowering direction. The results may be used in enhancing the empowerment of nurses and occupational well-being. The results may also be used in the management of social and health care units when planning new work forms or new leadership styles. In future, research is needed not only of whether the factors predicting Finnish nurses' job satisfaction differ from factors
that have risen in foreign research, but also of how the nursing managers themselves evaluate their leadership styles and skills.
The aim of the study was to elucidate experiences of women with fears associated with childbirth, the treatment given to them, and their notions of how treatment could be improved. The data for the study were collected by using open interviews and with content analysis based on patient documentation. The study comprised 20 primi- and multiparae with diagnosis of fear of childbirth, most of which (70 %) were multiparae. The data received by interviews were analyzed by inductive content analysis.

According to the results the fear caused many negative emotions and a reserved mind to the women, and this made the course of their pregnancy painful and removed the delight of expecting. The women giving birth described that women and men had different conceptions of fear and that man was often left outside the treatment of fear. Refusal of vaginal childbirth and demand for the cesarean section were part of the process of treating the fear among women giving birth. The attitude to fear in maternal care was mainly positive. The negative attitude was in most cases related to the situation, in which the woman wanted to have the cesarean section. In these cases, the treatment proceeded slowly if the atmosphere of treatment did not offer any alternatives. The patient herself had an active role in contributing to smooth care without interruptions. The treatment was interrupted when the discussion about fear was pushed off to be carried out later, the fear was not dealt with in maternal clinic, the childbirth was not executed as planned, or the experience of treatment was not discussed later. In the treatment with good results only to a certain extent, the fear was left among women even after the delivery. The treatment with good results brought back the delight of pregnancy and trust in the treatment to the women giving childbirth. The participants of the study thought that the continuing treatment could be improved, if the nurses had a more active role in identification of fears, the treatment of fear were started earlier and if there were a doctor responsible for the treatment of fear in hospital. The postnatal treatment of fear in well-baby clinic and a more intensive collaboration between the well-baby clinic and the hospital could also contribute to the smooth and continuing treatment.

The results indicated that the treatment of fear associated with childbirth has been developed in maternal care systematically to correspond to the needs of customers, but the woman's notion of her own status is not always in the first place. In most cases the treatment continues to proceed but collaboration between the outpatient clinic and the specialized nursing does not always proceed without problems. The results can be benefited while improving the treatment of maternal care among women with fear of childbirth at different levels. It will be useful to investigate the process of women's treatment of fear later on. Further research on collaboration between the care at the outpatient clinic and the specialized nursing concerning agreed goals in the system of maternal care is needed.
This study is a part of education and development project of the Department of Nursing Science of the University of Kuopio in association with the hospital district of Etelä-Savo. The study focused on the first part of the project and to the nurse leaders' professional portfolios made in it. They included descriptions from the nurse leaders operation philosophies and their professional strength and growth areas, which were used to describe and examine the structure and contents of the philosophy of the nurse leaders operation and also the strength and growth areas that are characteristic to the nurse leaders.

Missions of the research were 1) What is the operation philosophy of the nurse leader like and how it shows out in practice in the hospital district of Etelä-Savo described by the leaders themselves? And 2) What kind of strength and growth areas the nurse leaders of the hospital district of Etelä-Savo have?

The informants of the study were the nurse leaders of the hospital district of Etelä-Savo and the material of the study were their professional portfolios (N=16). Portfolios were analyzed with the inductive content analysis. The research indicated that the aim of the nurse leader's operation is to produce high quality and cost-effective nursing care. Their operation is guided by their private value basis and by the ethical principles of the profession. The operation philosophy turned out to be the description of the essence of nurse leader's operation and also at the same time like comments on norms in their operation.

These results can be used as a base for a nurse leaders value debate and for the estimation of their needs for education in professional ethics. It can be used also for the survey and estimation of the leadership research priorities in nursing.
The aim of the study was to assess for the first time validity and reliability of Life Satisfaction Questionnaire (LSQ-34) translated into Finnish when measuring quality of life among Finnish breast cancer patients, and to estimate its applicability in Finland. Carlsson and Hamrin (1996, 2000, 2002) have developed the LSQ-34 instrument for nursing science in Sweden and it was originally meant for measurement of quality of life/life satisfaction among women with breast cancer.

The sample for the study consisted of 288 women patients with breast cancer, operated in North Karelia Central Hospital in the years 1999-2001. The data for the study were collected by mailed questionnaires in May-June 2002. The response rate was 71% (N=204). The data represented well the population and it was adequate enough for the pretest of the instrument.

In this study the assessment of the validity and reliability of LSQ-34 instrument consisted of assessment of construct validity and internal consistency. Validity and reliability of the instrument was assessed by exploring consistency of hypotheses set for the instrument. Construct validity of the LSQ-34 instrument was assessed by explorative factor analysis and parallel instruments (15D, EORTC QLQ-C30, QLQ-BR23-module). Internal consistency of the LSQ-34 instrument was assessed by Cronbach’s alpha and theta coefficients and item analysis.

Construct validity of LSQ-34 instrument translated into Finnish may be regarded as good and the research results gave support to the hypotheses. The structure of LSQ-34 instrument corresponds to the original structure of the instrument on the basis of explorative factor analysis. In factor solutions, deviating from the original structure, a factor indicating symptoms in alimentary tract was formed. Internal consistency of LSQ-34 instrument can be considered to be very good or good, only the Cronbach’s alpha and theta coefficients of the factor indicating symptoms in alimentary tract were low in the solution of seven factors. On the basis of item analysis an items in LSQ-34 instrument were necessary and relevant for the instrument. The research results supported hypotheses set to the internal consistency of LSQ-34 instrument.

This study confirms the validity, reliability and applicability of LSQ-34 instrument for international use. The research results can be benefited when developing the original LSQ-34 instrument and its Finnish version. In the future, the discrimination capability of LSQ-34 instrument in measurement of Finnish breast cancer patients’ quality of life with regard to the demographic factors should be examined. Furthermore, theoretical structure of the Finnish version of the instrument should be explored by confirmatory factor analysis.
The purpose of this study was to describe the resourcefulness of the spouse of major depressed inpatient as individual, in partner relationship and as parent and the empowering activities of the primary nurse. The participants were the spouses of the major depressed patients. Patients were cared in the adult psychiatric wards at the Department of Psychiatry in Kuopio University Hospital. Seven voluntary participants took part in the study. There were under 18-years old children in five families. The data were collected through deep interviews and then analysed using inductive grounded theory method during 1.5.2002-31.3.2003. 12 interviews were done.

In the study the main emerged category was the believing in the future of the family. It meant that the spouse was believing in the managing of her/his own, of the patient and the children despite of the major depression of the patient. Believing in the future fluctuated according to the resourcefulness of the spouse. The balance of the resources and the straining factors were described sensitive by spouses.

The spouse got strength from managing in every day life and in parenthood and having partnership in couple relationship. The straining factors of the spouse were stretching too much in every day life, lacking of the feeling of togetherness in couple relationship and being responsible alone from children.

The main empowering activities of the primary nurse were putting the emphasis on the patient and the family, supporting the spouse and the patient being together and noticing the patient's and the spouse's parenthood. The straining activities included: ignoring the spouse and not becoming aware of the spouse's significant matters, like sexuality in partner relationship, and not going deep into parenthood and the children's situation. Empowering activities gave strengths to the spouse to believe in the future of the family and to identify oneself meaningful as individual, in partner relationship, as parent and as partner of the primary nurse. The consequences of the straining activities were that the spouse was not aware of the caring process and the spouse was forced to manage alone.

Study may be utilized in the psychiatric family nursing and in the nursing management to develop the psychiatric nursing practice toward client-centered and empowering care. The new knowledge about the resourcefulness of the spouse of the major depressed patient assists primary nurse and other nurses to identify resources and straining factors of spouse, to discuss spouse's significant matters and to empower spouse as individual, in partner relationship and as parent. The results indicated that the spouse needs the empowering activities during the hospital care of the patient and after that. Ways of supporting parenthood in the family and systematical noticing the children should be developed. Further investigation is needed to clarify the resourcefulness of the families of depressed patients and the empowering activities of nurses in primary and community care. Future
research is important to develop the resourcefulness scale for depressed patients and their families and investigate effectiveness and efficiency of empowering psychiatric family nursing.
Patient satisfaction, elderly person

This research was based on the results of the national patient satisfaction survey conducted by the Stakes research and development center in 2000, demonstrating that the short-term patients in the age group 64+ at municipal health centers were less satisfied than patients of other age groups and patients receiving care in other types of hospitals. The conducted research did not make clear what specific factors increase or decrease patient satisfaction at health center wards.

The purpose of the present research is to illustrate the opinions of patients above 64 on their overall satisfaction with care, received for a short period at wards of health centers. What are the factors that increase and, conversely, decrease patient satisfaction?

The data for this research was collected March 3, 2003 to March 28, 2003 in open interviews at four different wards of a health center located in Southern Finland. Twenty patients were interviewed. All of them received care for a short period of time, and their ages were above 64 years. The qualitative content analysis method was used to process the data.

The factors that obviously improved elderly patient satisfaction usually had to do with the good quality of care, where the main factors were proper nursing, sympathetic, affectionate care, attention to patients’ needs, keeping up hope, skillful ward activity and pleasant nurse-patient interaction. Because patients should be seen as individuals, it was important to let them retain a degree of independence and a sense of being in charge, so that patients could feel responsibility for their lives, stay oriented towards the future, have a sense of being sufficiently informed, and feel that they still know how to cope and when appropriate, find their own sources of joy. Satisfaction with received care was intensified by such factors as a pleasant ward, well-organized work of nurses, care in the same municipality where the patient lives, and personal, patient-specific factors.

Factors decreasing elderly patient satisfaction had to do with shortcomings of received care. In this context, the patient interviewees mentioned situations where proper attention and preservation of hope were neglected, where the staff seemed to work incompetently, and patients were met with improper attitudes. The patients cited loss of independence especially when the staff seemed to work disturbingly, unconstructively and reluctantly. Similarly, feelings of losing independence resulted when patients have conflicting roles and not enough information on the medical condition. Furthermore, shortcomings of the ward environment, feelings of disappointment due to unfulfilled expectations and organizational problems tended to decrease patient satisfaction.

It is suggested that improvement projects on the care of elderly patients at primary health care units may put the results of this research into use. Moreover, the results could be used to check the content components of quantitative satisfaction standards.
Head nurse, evidence based nursing, hospital

The purpose of the study was to review the possibilities of the head nurse to practice evidence based nursing and to support the nursing staff in implementation of evidence based nursing practice. In addition, the aim was to illustrate the factors promoting and hindering the implementation of evidence based nursing. The head nurses working in all units of one hospital district within three hospital areas were the subjects of the study (N=141). The sampling of this study was discretionary.

The data of the study were collected by a structured questionnaire, which consisted of background factors, possibilities of implementation of evidence based nursing, support of nursing staff in implementation of evidence based nursing, and of factors promoting or hindering the implementation of evidence based nursing practice. The response rate was 64 (n=90).

The research material was treated and analyzed by the SPSS statistical programme. Frequencies and percentages were used to describe the data. The relationship between the variables was analysed with cross tabulations and the statistical significance was tested by the Khii square test.

According to the results majority (98%) of the head nurses assured that practice based on research in nursing science profits the patient. However, more than half (61%) of the head nurses thought that nor did they themselves, neither personnel have the adequate knowledge, skills or possibilities to implement evidence based practice. Meetings of the head nurses and personnel with the representatives of the scientific community or representatives of the professional education were very few. According to the head nurses both they themselves and staff of nursing would need further education and resources to carry out evidence based nursing practice.

Factors promoting implementation of evidence based nursing work consisted of education, positive attitude towards research, reservation of time for looking for research and reading, need of development of one's own work for the best of the patient, encouragement and positive attitude of the directors in the organization, adequacy of personnel resources and functional media, and increase in collaboration between vocational institutes and the scientific community. Factors hindering implementation of evidence based nursing were head nurses negative attitude towards familiarization with research lack of education, too limited know-how of evidence based nursing, lack of time, active tools and personnel resources and lack of support of the management.

In future it is important to clarify the experiences of personnel about the support of the management in evidence based nursing. The results of this study can be utilized to clarify the role of head nurses in collaboration between practice, education and the scientific community and to improve collaboration between head nurses, representatives of the scientific community and the professional education in order to develop evidence based nursing.
An elderly person, experiences, drinking alcohol

The aim of the study was to describe alcohol consumption among the elderly, to view their outlook on their own and on other elderly people's drinking and also to find out the attitudes of their nearest relatives and next-door neighbours and the health care staff towards the alcohol consumption of this age group. In addition to this a study was made to find out how the elderly persons experienced the questions about their drinking habits in health care and their attitudes towards the alcohol research in general.

This was a qualitative study. The material for the study consisted of interviews of 11 elderly persons, who participated in the "Hyvän Hoidon Strategia"-study. The material was collected by theme interviews and analyzed by a content analysis.

All the elderly persons, who drank alcohol, felt that their consumption of alcohol was moderate. Also those three abusers of alcohol revealed in this study, whose drinking exceeded the risk level, did not consider themselves to be abusers. The attitude towards drinking was mostly positive. The elderly persons, who did not drink alcohol at all, thought negatively about alcohol, because of their own personal experiences or because of the negative experiences of alcohol that had happened among the nearest relatives or in the neighbourhood. Usually drinking took place at parties or at other social happenings, but not usually alone. The elderly persons experienced that alcohol had mostly positive effects and some elderly people used it as a medicine.

It was generally estimated that being left alone and mental problems would increase drinking. Another estimation was that aging and increased medication might be some reasons to reduce drinking. Usually there was no need for the nearest and the next-door neighbours to interfere in the alcohol consumption of the elderly. Health care professionals did not regularly ask the elderly about their drinking habits. Questions about drinking were experienced to be a positive thing, because in connection with it the possible harms of drinking could be revealed. Discreet questions about drinking habits are worth asking during health checking, and they should be taken as a normal custom.
The purpose of this study was to describe public health nurses' family health promotion through their descriptions and also assess stimulated recall interview's applicability to health promotion research. The aim was to obtain knowledge and understanding of the family health promotion and experience in the use of stimulated recall interview. This study belongs to the field of the preventive nursing research. It is the pilot and a part of wider research project in the Department of Nursing Science at the University of Kuopio. There are developed operating models and working methods for health promotion in the research project.

The stimulated recall interview has been used a little in nursing science. In this study data collection was started by videotaping four public health nurses' client call. There were gone along public health nurse, mother and her child. Public health nurses' work in family health promotion was videotaped. Themes were elicited from the videotape for the interviews with public health nurses. Videotapes picture and voice were used in stimulant which public health nurses reflected and interpreted during interview.

Public health nurses described health and health promotion extensively. These descriptions referred to expert- and client-orientated health promotion approach. In the family health promotion were made a point of interaction, family supporting, identification of families needs and problems, information and also following of child's health. On the basis of data analysis different kinds of factors affected to the family health promotion. These factors were guiding principles of work and interaction, public health nurses qualities, used working methods and change factors of work which due to public health nurses' work and client-families.

The stimulated recall interview is suitable for health promotion research. It is possible to investigate extensive and ambiguous health promotion assuredly and also examine people thoughts and actions appearing in practice. In addition to research can interview use in training. There can develop work of health promotion and needed skills by means of the stimulated recall interview.

The results of the study referred to the family health promotion in the practice of child health centres. The results reflected change factors in examinees organisation, which affected daily work of public health nurses. The results of the study can be utilized in development of public health nurses work. By further studies would have to assess the effectiveness of used working methods and work in family health promotion. Additionally, the assessment of child health centres' working resources and staffing methodology are needed.
This Paper focuses on the promotion of the health of aged persons in home care. The objective was to describe the resources of aged female clients in Puijonlaakso Home Care through an analysis of the documented planning and evaluation of nursing and service. The research material consists of nursing and service plans and evaluation of the home care of aged female clients (n=20) over the period 1.7.1998 -31.6.1999. The material was analysed by qualitative content analysis.

The resources of aged female clients in home care that emerged during the work were the interaction between the aged person and the nurse, customer-centered planning of nursing and service, health and the resolving of health problems, and support from the social network. The social interaction between the aged person and the nurse consisted of a trusted nursing relationship and partnership. Successful interaction was the basis for customer-centered planning of the care and service, so that the aged person was listened to and helped as her own self. It was essential that the aged person participated in decisions concerning herself, and that her ability to cope independently was evaluated and supported. The aged persons had many health problems for which solutions were sought. They were happy when they were feeling well and had an experience of coping at home in spite of the health problems. The support from the social network consisted of co-operation between the home care people, support from family, and availability of everyday services. In the co-operation between the home care people, all persons concerned were in charge of arranging nursing and of the follow-up and evaluation of health and independent coping at home. The support from family consisted of caring and a commitment to helping. The aged persons received various expert services from their neighbourhood, also helping them to cope with their life situation. The research results indicate that the resources of aged female clients in home care enable the aged persons to cope at home independently.

The results can be utilized in a resource-centred home care development work in the research organisation unit. Home care that takes the aged client's resources in account facilitates her coping at home independently. There will be an increasing need for information on resource-centred helping methods in home care, and on how they affect aging persons' independent coping at home.
The purpose of this study was to describe and explain working age people's view of health and life control. In health promotion different views of health have been connected in different ways of self-care. The view of health was studied from three health dimensions (unshaped, biomedical and positive view of health) and life control from the standpoint of Antonovsky's (1988) theory of sense of coherence. The data were collected from the customers of health care services for employees and unemployed (N=120) using a structured questionnaire. The response rate was 72 %. The data were described both in the level of individual variables as percent and frequency distribution and the level of sum of variables as mean values and deviations, cross tabulations and correlation coefficients. Spearman’s correlation coefficients and Cronbachin alpha coefficients were used as statistical tests.

The working age people's view of health was holistic, broad and multidimensional. They had a strong positive view of health, and a little of characteristics of unshaped view of health in their health perceptions. In their positive view of health they emphasized good relationships, working and functional ability and independence. According to this study results the working age people's unshaped view of health meant, that they had health-centred values and perceptions, but in their everyday life they were only slightly directed towards their health and health questions. Unshaped view of health was associated with poor health and exhaustion. Working age people's unshaped and positive view of health was related: the more unshaped their view of health was, the weaker their view of positive health was. The biomedical view of health among the working age people was linked in their socio-economical factors and education: the lower socio-economical situation and educational level their had, the stronger their biomedical view of health was. According to this study results the working age people's life control was based on the experiences of life meaningfulness and life satisfaction. Their life control was decreased by the lack of trust on their influence to their own life and achievements of their own goals in their life. The working age people's life control was associated with health and having strength in everyday life. According to this study the working age people's view of health and life control was linked together: a strong life control supported the forming of the view of health and strengthened the positive view of health in their health perceptions.

The results of this study can be used for the working age people’s health promotion, when supporting their life control and forming of their view of health as well as to planning research of the working age people's view of health.
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RISSANEN HELENA. Quality of life among patients with peripheral vascular disease and their experiences of illness.

Master’s thesis, 75 pages, 1 appendix (1 page)

Advisors: Professor Pirkko Meriläinen and Professor Anna-Maija Pietilä

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Quality of life, experience of illness, peripheral vascular disease (PVD), patient

The main purpose of this study was to describe quality of life (QoL) among patients with peripheral vascular disease (PVD) and their experiences of illness. The second purpose was to discover the factors connected to quality of life among patients with PVD. The third purpose was to discover, what kind of means patients use to cope with illness.

There were 15 patients with different treatment for peripheral vascular disease who participated in this research: eight male and seven female. The data were collected by using the method of open interview between December 2002 and January 2003. The qualitative material was analysed on the basis of qualitative content analysis.

The disease had a wide effect on broad aspects of patients' quality of life. Limitation in physical functioning had effect on social and psychological well-being of patients with PVD. In this study there were found a lot of factors increasing and decreasing the quality of life among patients with PVD. Among main increasing factors there were the social network of patients, social support from close relatives, hope and the positive attitude towards life. Among decreasing factors there were limitation in physical functioning, limitation in social functioning and the fear of losing function and of becoming dependent on others for care. The main decreasing factor was progression of PVD. There were found three different ways to act and to attitude: "active self-carers", "flexibles" and "passive submissives". "Active self-carers" had a positive attitude towards life and a active role in care of illness. "Flexibles" adapted to their disease, because they had no choice. "Passive submissives" were hopeless and they didn't find the means to cope with disease. The severity of disease was connected to quality of life among patients with PVD.

The results of this study have implications for nursing practice by improving comprehensive care, counselling for patients and effective nursing interventions. The results increase knowledge base of the nursing science, the effects of PVD on patients' life and clarify the definition of quality of life among patients with PVD. Theoretical knowledge of QoL among patients with PVD can be utilised in designing the measurement scale for PVD-specific HRQoL assessment. In the future, more subjective disease-specific information about the effects of PVD will be needed in order to decrease the quality of the nursing practice among patients with peripheral vascular disease.
The aim of the study was to examine, how the boys at eight grades in the primary school spend their weekends and particularly things, which supported them to avoid alcohol and drugs. The task of the study was to find out the factors, which support their non-intoxication or find the factors, which are associated with their substance abuse.

The data were gathered with diaries. Boys, aged 14-15 years old (N=19), wrote diaries about their lives during six weekends in the spring 2001. The data was analysed by using qualitative content analysis.

The results indicate, that particularly important for the boys were their relationships with their fathers. The boys, who did not use alcohol or other drugs, had a good close and warm relationship with their father. Boys and fathers shared many everyday activities and hobbies. Those fathers were good models for boys and they also were very supportive in everyday life. Father's model about non-intoxication supported the boy not to use alcohol or other drugs. Especially important for the boys were that fathers accepted their friends.

Parent's attitudes towards substance and alcohol abuse appear to be of four kinds: 1) Stabile and responsible attitude 2) Conflicting attitude 3) Indifferent attitude 4) Severe attitude. Parents with stable and responsible attitude controlled consistently boys' weekly allowance use and leisure time. For example boys were not allowed to stay outside over night. Constant and reasonable control towards boys is associated with non-intoxication. If the attitude towards intoxication was clearly negative in the family and the atmosphere of the up-bringing was positive and warm, it contributed with the non-intoxication of the boys.

In everyday life hobbies, school and parents stable and controlling attitude towards boy supported also boys' non-intoxication. It was also important that boys had chance to meet friends in places where they were not allowed to use alcohol or other drugs. Meeting friends in places where alcohol use was not allowed also helped boys to avoid alcohol or other drugs. For example boys visited in cafeterias were was Internet connection and computers. Alcohol was the most widely used intoxicant among boys. Alcohol was used especially in home parties and in public places. The boys got the intoxicant easily from their friends, siblings or parents.

In further research it is important to find out, how non-intoxication or substance abuse will affect the life span of the adolescent boys, and also which are the factors in son-father relationship that support non-intoxication.
This conceptual analysis study examines the concept of physical restraint using the hybrid model developed by Schwartz-Barcott and Kim (1986, 1993). It is composed of three phases: a theoretical phase, a fieldwork phase and an analytical phase. During the initial theoretical phase, the concept of physical restraint was analyzed based on literature systematically collected from various databases and from selected source materials. Essential meanings of the concept were then accumulated from the literature, and the definition of physical restraint as a nursing intervention was formulated.

The fieldwork phase was conducted in a childpsychiatric unit. The material was collected using theme interviews. Five school aged children subjected to physical restraint during their treatment in a childpsychiatric ward were interviewed. The interview material was analyzed using the method of content analysis. Material, characteristics defining physical restraint were sought from the interview and these were then used to complement the definition of physical restraint.

According to literature, the essential meanings of the concept were: Physical restraint is an act of physical control and of nursing care. It is an interactive situation, but also a method requiring particular ethical sensitivity from the nurse. Physical restraint is also a method whereby bonding and close relationships can be enhanced. In childpsychiatric wards, physical restraint refers to nursing which aims to support children in dealing with emotional conflicts and learning to control emotions, particularly when children demonstrate aggressive behavior. On basis of the interview data collected on children's experiences of physical restraint, subjecting children to unduly harsh holding evoked various negative emotions in children. It could be implied that these in particular are factors which a child may experience as threatening and as bad treatment, and on which special attention during restraint should be paid.

Physical restraint as a nursing intervention could be identified as an interactive situation where a child demonstrating aggressive behavior has a chance of receiving care and support while dealing with emotional conflicts. It is essential that nurses try to avoid actions which a child may experience threatening and observe attentively the reactions of a child subjected to physical restraint. This study calls for further study on development of ethical guidelines for physical restraint so that nurses could better assess restraint and develop their own methods of restraint.
The purpose of this study was to analyse the concept of peer review in nursing by using the concept development model made by Schwartz - Barcott and Kim (1986, 1993) and to produce a development model of the peer review. The aim was to recognise, analyse and clarify the concept of peer review in nursing.

The theoretical part of the study was done on the basis of dictionary definitions (n = 5) and the nursing science, educational science and medical science literature (n = 16). The fieldwork of the study was carried out by unstructured group interview (n = 20) in one of the central hospitals in southern Finland. All of the nurses had some experiences about peer review.

The research materials were analysed by content analysis method. The preliminary definition was made by the analysis of the theoretical phase material. In the final analytic phase the result of the earlier phases were connected by the material of the fieldwork. The result of the final analytic phase was the development model of the peer review in nursing.

The result of both theoretical and fieldwork materials support each other. According to the fieldwork material the nurses wished to get support from the nursing leadership. The result of this study was that we could find many kinds of attributes depending on the point of view. In this study the attributes were classified into three groups: the relationship between reviewer and the one who is reviewed, peer review as the act and the aims of the peer review and the nursing leadership.

According to this study the peer review is bilateral, commonly agreed criteria based on professional guided, honest and critical reviewing model given by two nurses who are in the same professional level. Peer review has to be collegial feedback and response, where nurses help themselves and each other in professional growth and the development of the quality of nursing practise of their working community as well as their own. Peer review is voluntary activity, where a single nurse as well as the working community and the organization has to commit. Peer review has to be supported by the leadership off the working community as well as the organization.
The purpose of the study was to describe the activities of Estonian school nurses in promoting school health. The study was a part of the European Network of Health Promoting School (ENHPS) project, which aims at wide range promotion of the health and wellbeing of school communities.

Data were collected by questionnaires, which were sent to school nurses (N=125) working primary schools and primary schools that were combined with secondary schools. All together 58 schools from all over Estonia participated in the study. The response rate was 46 %. The questionnaire contained 105 structured questions, 7 semistructured questions and 4 open questions. The data were analysed mainly using statistical methods. Data and results are presented in tables as percentages, mean values and classifications.

The study showed that school nurses were enthusiastic to do health promoting work in the school community. Majority of the health counselling with pupils covered health maintaining, first aid and security. Topics like environmental health, human growth and development, persons own life control and action competence were less dealt with.

School nurses mainly participated in the health promotion activities in the school community, in inspecting the healthy environment of the school together with the health inspectors, taking part of the parents evenings and in the fire and rescue training. School nurses co-operated continuously with teachers and other school personnel, while discussions with parents were held less often.

School nurses estimated themselves supporting a pupil in problem solving and decision making skills, and they were satisfied with the quality of their work in school health care. In towns most of the school nurses work at only in school health tasks whereas in the countryside school nurses had also other duties in health care. The results show that school nurses need additional training, support and guidance in school health promotion work. The working space and working environment of school nurses coursed many problems in school health work.

On base of this research we can develop the school nursing skills and improve the health counseling and school health in school community. We need additional research in health promotion of school nurses' health counselling to see the influence for pupils health and the school nurses' possibilities to have influence in health promotion of school community.
The purpose of this study was to assess the level of ethical knowledge of the practical nursing student at graduation; how the student uses this knowledge, and which circumstances have influenced her learning during the education.

The approach was qualitative. The inductive content analysis was applied to deal with a total of 68 essays by 30 students (n =30).

The results show that ethical knowledge provided the basis for nursing; it consisted of values and principles and served as guidance in conflict situations. Ethics was present all the time. The student took it for granted that nursing guided by ethics. The students assessed their work in relation to the patient: they acted in accordance with or against the patient's will, or they could also be neutral, finding that their position as student prevented them from making their own statements. They were guided by the patient's will, their own assessment, the nurse's instructions, or their status as students. Ethical knowledge had been influenced by practical training, especially by practical instructors. Ethical contemplation arose from practical situations. The school played a major role, and theoretical studies turned into practice. Ethical knowledge deepened as the individual grew as human being. However, not all students had collected ethical knowledge during their education, because technical performance had been more important to learn. The students found that the first course in ethical knowledge had been placed too early in the curriculum. Ethical education was important, however, and nursing as such was valuable and naturally ethical.

Further studies could be focused on methods of learning ethical theory and practice, the transfer of ethical nursing culture to future nursing generations, the teachers' and instructors' responsibility in the periods of practical training, natural nursing knowledge, including silent or tacit knowledge, and the reflection of learning.
UNIVERSITY OF KUOPIO, Department of Nursing Science

KINNUNEN PIRJO: Coping abilities and factors related to it among adolescents. A study comparing those adolescents assessed by teachers to be at risk for marginalization with those who cope well at school.

Master’s thesis, 94 pages, 2 appendices, 7 attached tables

Supervisors: Professor (acting) Hannele Turunen, Professor Eila Laukkanen and Professor Kerttu Tossavainen

June 2003

Adolescent, coping, health, school community, marginalization

The aim of the study was to examine adolescents' (13-14 years of age) coping abilities and the factors related to it. In addition, the adolescents' experiences of their health status, satisfaction with life, social relationships, school, health behaviour, and psychosomatic symptoms were examined. The study is part of the Net Project, conducted by professor Eila Laukkanen, in which influence of experimental rehabilitation upon young people's well-being is investigated and new patterns of activities is sought to prevent the young from incipient marginalization.

The study is a case-control study. The study subjects comprised a selected sample of the seventh and eighth graders from six schools in Eastern Finland. The class supervisors selected a test group of pupils (n=29), who had been observed to have learning problems, disturbances in their behaviour, or difficulties in their social relationships. According to their teachers' assessment they were at risk for marginalization. The first control group selected by the class supervisors consisted of pupils (n=32), who managed both socially and cognitively well at school. The other control group (n=31) consisted of pupils who had some difficulties at school which might expose them to developing marginalization.

The data was collected by a structured questionnaire including coping self scale from Offer Self-Image Questionnaire, and questions surveying psychosomatic symptoms and health habits. The data were collected at school. The analysis of data was made by statistical methods by using SPSS for Windows (version 11) programme. The following methods were used: variance analysis of repeated measures, nonparametric Wilcoxon test, factor analysis, cross tabulation, and logistic regression analysis.

According to the results the adolescents assessed as being at risk for marginalization had the weakest coping abilities and those who managed well at school had the strongest coping abilities. The experience of poor health, problems in one's emotional life, lot of psychosomatic symptoms, dissatisfaction with life, loneliness, negative attitude towards school and problems at school were associated with weak coping abilities. Furthermore, smoking seemed to predict weak coping to a certain extent.

The research results indicate that problems of the adolescents tend to accumulate and difficulties in one field of life often also predict other problems and weak coping abilities. Those being in the danger of marginalization lack both social skills and ways of coping with difficulties, or making right choices for their lives. The research results show that the school community easily recognizes those needing help and support. The challenge of the future is to develop collaboration between teachers, school health workers, homes and other organizations so that the adolescent in the danger
of marginalization get necessary and adequate support and help when it is still possible to interfere. Expertise of health care personnel is needed in the development of school community supporting health and wellbeing.
This study is part of an international research project, "Contentual and Methodical Development and Evaluation of Content and Methods of Health Care Education" of the department of Nursing Science at the University of Kuopio. The purpose of the study was to clarify nurse teachers critical experiences in teaching of multicultural nursing and feelings about its development in Finnish nursing programme. Ten nurse teachers, who had experience in teaching of multicultural nursing participated in the study. The data were collected during December 2002-January 2003 by interviews using critical incidents technique and analysed by qualitative content analysis.

According to the results nurse teachers experienced that goal of teaching multicultural nursing is to pass wide information about culture and culture sensitivity. The contents of teaching cultural nursing consisted either the information of the single cultures or the information of the general culture and a comparison between cultures. Execution of teaching went ahead by using diverse educational methods, meeting foreigners, thesis and projects. Cultural teaching material consisted of literary materials and exploitation of pictures, items and audiovisual tools. According to the nurse teachers' experiences student exchanges and rewarding of the work were positive issues in teaching of multicultural nursing. Negative experiences were negative attitudes towards foreigners and lack of teaching resources. Necessary in teaching of multicultural nursing were separate courses and cultural experiences.

Nurse teachers emphasized that contents of cultural nursing's teaching should be developed by adding cultural interactions and by developing content of teaching. Also the execution of teaching cultural nursing should be developed by diversifying educational methods and increasing student exchange. Professional skills of cultural nursing teachers should be developed by supplementary education and making research related to cultural issues.

Results can be applied in developing of multicultural nursing education and planning of teaching in different levels of the Finnish health care education. The study exploit in planning and implementing of nursing staffs' updating education in health care positions. The results of this study gives references to how nursing staff can develop themself in the area of the multicultural nursing. The aim of this study was also to raise discussion about meaning of teaching multicultural nursing. Subjects of further studies are proposed to be attitude studies of nursing students' and making instructions for international thesis.
Work of nurse, professional know-how, developing needs of professional know-how, developing of professional know-how

The purpose of this study was to produce information about the professional know-how of nursing and needs to developing professional know-how described by the nurses.

The group of this study was established by the nurses working in Etelä-Savo hospital district and Moisio hospital, whose had taken part of the portfolio training and produced personal nurse portfolio during the training. This training was the part of education and developmental co-operation of Department of Nursing Science of University of Kuopio and Etelä-Savo Hospital district, which was implemented developmental project of nurse teacher education and nursing leadership and management education to the co-operation between October 2002 and March 2003.

The data consisted was formed in the 20 nurse's portfolio. The used parts of this portfolio were know-how, self evaluation and future career plans. The content was analyzed with qualitative content analysis.

Nurse's know-how and professional development in this study consisted eight areas. This areas was nurse as a moral activator, instructional factor, nursing expert, nursing teacher and mentor, cooperation professional, long time learner, the leader of it's own and others and interpreter of cultural nursing.

Information of this study can be primary used by nurses and their working organisation. Study can also be used in nursing leadership, education, training and developing of professional know-how.
The purpose of this study was to describe the drug-abstinent behaviour of seventh-form pupils in Pitkäranta, Karelia; which is located in the Karelian Republic of the Russian Federation. The study was taken from the point of view of the pupils' own experiences, and their own structures of social reality in the middle of a social transformation process. The aim was to get information from the (quality impact) meanings of drug-abstinent behaviour as portrayed by adolescents and the meaningful social factors in drug-abstinent behaviour. Studying drug-abstinent behaviour of the adolescents in Pitkäranta is important for the welfare of the young people themselves and for the health promotion of the whole population of Pitkäranta. The results obtained help us to understand the experiences of adolescents from a drug-abstinent behaviour point of view, and the situation in which young people live and learn the abstinent lifestyles.

The study population consisted of 14 seventh-form pupils in a comprehensive school in Pitkäranta during May of 2001. The data was collected through thematic interviews. The data was analysed with a qualitative analysis method by reducing the grouping and abstracting the data inductively. The analysis resulted in a description of the experiences of abstinence behaviour of adolescents. It was then divided into five categories: 1) Adolescents' opinions of health and drug-abstinence behaviour. 2) The health education of school in order to support pupils' drug-abstinent behaviour. 3) Abstinent adolescent's resistance of social peer pressure and a social support which helps adolescent to remain drug-abstinent behaviour. 4) Supportive and preventive factors of abstinent behaviour. 5) Cooperation between adults who give health education and adolescents. These were further divided into sub-categories that described the quality and methods of the abstinent persons' quality of learning; and forms of health promotion, health maintenance and its loss. Additionally, the sub-categories described young peoples' physical, psychological and behavioural changes from an abstinence behaviour point of view. The aggregate category was labelled as "Adolescent abstinence", which describes the essence and effects of the phenomenon.

The results can be used to develop an abstinent behaviour education program in the comprehensive school system. The cognitive and emotional support given by parents, friends and the adults who worked with adolescents helped to enhance the adolescent's abstinent behaviour education. The findings highlight the impacts of preventive actions in an adolescents' abstinent behaviour. Further research using different research methods is needed to look into the experiences of children and adolescents of different ages, their parents and health care personnel of the school.
The purpose of this study was to describe and explain the deprivation of liberty in hospital care from the patients perspective. The study hoped to clarify deprivation of liberty as described by patients, how prevalent it is based on this material, how patients have experienced it and what factors are involved in it. Deprivation of liberty is one factor that reduces patient satisfaction and treatment compliance in psychiatric care. There is no single definition of deprivation of liberty, it has been studied very little, and it has been studied from the patient's perspective only in the last few years.

The study used both qualitative and quantitative approaches. By using triangulation of the data and methods, a comprehensive view of the deprivation of liberty was attempted. The data were gathered in three acute psychiatric units. The quantitative data (n = 313) were gathered through questionnaires between 1st May 2000, and April 30th, 2001 and the qualitative data (n = 51) through interviews between 23rd May 2001, and October 30th, 2001. The quantitative data were analysed through descriptive statistics, and the associations between the background variables and the sum variables were analysed using the Mann Whitney U-test and the Kruskall- Wallis test. The qualitative data were analysed using inductive content analysis.

Based on the qualitative analysis, three main categories emerged to describe deprivation of liberty in psychiatric care. The first main category described what deprivation of liberty is in the patient's mind. The second main category described how the deprivation of liberty was experienced, and the third, the patients' recommendations to the staff. Patients described deprivation of liberty especially as restrictions on movement, and their experiences were both negative and positive.

Based on the quantitative data, deprivation of liberty is more prevalent than has been reported in previous Finnish studies. In general, patients have experienced deprivation of liberty fairly positively. Restrictions on movement have been experienced more negatively than coercive treatment or coercive treatment procedures. Factors correlated with deprivation of liberty were patient age, duration of symptoms, duration of treatment, and the treatment setting. Those under 25 years, with symptoms under a year in duration, those in first time treatment, and those treated in unit A expressed more often negative feelings about deprivation of liberty.
Smoking in pregnancy, smoking cessation, public health nurse and counselling for smoking cessation

The purpose of this study was to describe counselling for smoking cessation from a point of view of public health nurses and their clients in antenatal clinics.

Theme interviews were used to collect data from eight public health nurses in antenatal clinics and from eight smoking clients in March to April 2002 in Eastern Finland. The data were analysed by using content analysis.

The results of the study show that the interventions for smoking cessation were following: 1) Assessment: to ask the client and her spouse about their smoking and about passive smoking of the clients, to ask smoking habits and to assess how many cigarettes the client smokes 2) Information giving 3) Smoking cessation: to discuss smoking cessation and how to support smoking cessation and smoking decreasing.

Public health nurses counselled the clients about influences of smoking in pregnancy, on child and on mothers' own health, about giving smoking model to their child, benefits of smoking decreasing and cessation and what to do instead of smoking and nicotine replacement therapy. They gave also concrete proposals to decrease passive smoking and corrected the clients misinformation of smoking.

The clients knew to expect that counselling for smoking cessation was given in antenatal clinics. They wanted counselling to be correct and were afraid if public health nurses would get angry with their smoking during the pregnancy. The counselling was not always what the clients expected it to be although they thought the counselling was based on clients' needs. However the clients made their own decisions concerning smoking cessation.

The results of the study show that the public health nurses attitudes to smoking clients and counseling of smoking cessation were positive and the attitudes towards smoking in pregnancy were understanding although they thought that smoking in pregnancy was not desirable. According to the public health nurses and their clients responsibility of smoking behaviour was client’s own. The public health nurses could not influence their clients smoking during the pregnancy if the clients were not motivated to smoking cessation.

According to the public health nurses and their clients counselling for smoking cessation should be developed by arranging group support. Assessment of smoking habits during the first appointment, having a diary on smoking and informative brochures in the beginning of the pregnancy were also preferred. Both public health nurses and their clients wanted to have more information about nico-
tine replacement therapy and individual methods of smoking cessation. The public health nurses were interested in videotape on smoking cessation.

The results of this study can be utilised to develop and carry out more individualised interventions of smoking cessation with pregnant clients in antenatal clinics.
The aim of this study was to characterize how last term nursing students (n=285) perceive physical touch in nursing, and to describe their attitudes to and experiences in physical touch. Moreover, the study was to elaborate how nursing students evaluate experiential learning of physical touch during their studies.

The data were collected with a structured questionnaire, which additionally included one open-ended question. The data were collected by probability sampling. The questionnaire was sent in Spring 2000 to ten Polytechnics providing health care studies around Finland. The response rate was 51. The data were analysed mainly by statistical methods using SPSS/WINDOWS software. The answers of the open-ended questions were grouped according to research problems. In tables the data and the results are depicted as percentages, parameters of summary variables, and plain text.

The results indicated that the nursing students considered physical touch in nursing as non-verbal communication, cultural and experiential. The students perceived physical touch as a nursing intervention but they were not able to name the different approaches of physical touch. The students considered that they respect patient's culture and space in touching situations. The students had both positive and negative personal experiences of touching. They had discussed their touching experiences with other students in some degree, but very little with patients, nurse teachers and clinical tutors. The students viewed that they had had little exposure to theory and research of physical touch during their studies. They had practiced touching in clinical training but seldom in classroom setting of a health care institute. The students indicated that they still had difficulties in touching some patient groups in nursing practice and some students assessed that they dislike to touch patients mouth and teeth. The students thought their learning of physical touch was mainly on exposure and participation levels of experiential taxonomy, least on dissemination level. The students expressed that they had learned the most about personal knowledge of touching and the least about empirical knowledge.

The objective of this study was to produce information of physical touch as a nursing intervention and learning of physical touch from the nursing students' perspective for the development of nursing practice and education. Further research may clarify students' experiences of touching and how this affects learning of patient care and interaction with patients. In addition, it should be studied what kind of theoretical and research knowledge of physical touch exists in nursing curriculum, and how nurse teachers and clinical tutors perceive the learning of physical touch. Finally, it should be researched how students' experiential learning would reach dissemination level. The results of this study are a useful base for discussion of physical touch as a nursing intervention in nursing practice and education.
The purpose of this study was to describe the nurses' knowledge base in nursing on the grounds of demonstration portfolios. This study was connected with portfolio education that was put into practice in one hospital. All the nurses (N=13) that took part in the education participated in this study, too.

After finishing their education the nurses finished off their own personal nursing demonstration portfolios independently. The research data was collected after portfolio education. The material of this study consisted of the portfolios and the material was analysed inductively by means of a qualitative contents analysis.

The nurses' empiric knowledge was based on new information that had been acquired from nursing education and nursing publications. Aesthetic knowledge contained certainty, courage, empathy and the nurse's control over per own feelings even in difficult nursing situations. Empiric knowledge increased the nurses' professional skills and their certainty at work. Positiveness and a personal way of taking care of the patients belonged to the nurses' personal knowledge. The nurses had good skills in interaction and it was easy for them to get closer to the patients. Ethical knowledge meant respecting aesthetic values in nursing, caring about other people and reflecting one's own action.

The results of this study can be utilized when promoting practice towards evidence based nursing and when developing quality in nursing. Talking about nursing in practice, the result of my study can be utilized when charting the nurses' knowledge base, applying for further education and in personal reviews. In the future more investigation should be done concerning the areas of knowledge and how they are used in nursing. There is a need for further study on the use of empiric knowledge and the attitudes and possibilities of the nursing workers to use research knowledge in nursing.
The aim of this study was to describe nursing staff’s experiences of learning in continuing education and the meaning of these experiences in development of professional nursing. In addition in this study were described experiences of joy of learning and disappointment of learning. The study was a part of an international research project, "The Development of the Content and Methods and Evaluation of Health Care Education" of the department of Nursing Science at the University of Kuopio and a part of Perenna, "The Project of Development and Education of public health service in North Karelia".

The data was gathered in the February - April 2002 throught the critical incident technique and in the august throught focused interview. 22 nurseworkers who were in continuing education program participated of this study. The data was processed with qualitative content analysis.

The results of this study proved that well enabled education, pedagogic factors which enabled learning and expert educator developed learning. Nurse workers experienced that nurse-centric education, observation of nurse workers in education and equal possibility to take part in education developed learning. Environmental factors in education. subjects, cooperative teaching methods were experienced positive in learning. The educator who was expert, and motivated and educator who created positive atmosphere in learning supported learning. According to the study nurse workers' negative experiences of education and the decrease of motivation decreased learning. Nurse workers experienced that they had difficulties to influence on education. Wasted working time was experienced negative. Nurse workers' motivation decreased when they had difficulties to take part in education and when interest in learning decreased. The increase in nurseworkers' developing knowledges and skills and positive influence of education on nursing supported the development of nursing. Developing of skills of reflection, encouragement, support and abilities to develop supported development of nursing. Continuing education increased job satisfaction and positive feelings. There were many reasons why nurse workers experienced joy in learning in continuing nursing education. Nurse workers experienced joy in learning when participation in nursing education was possible, educator was expert, learning was collaborative and when there was development of nursing. Nurse workers experienced disappointment in learning when they were in anguish, they were under stress and they had annoyances.

The study results can be used in planning, implementation and development of continuing education. It is important to study the evaluation of continuing education of perspective of nurse worker, nurse management and practice-organizers.
The purpose of this study was to gain knowledge about collegiality in nursing care and its influence on professional cooperation from the nursing point of view. The goal was to identify the blocking and promoting factors to collegiality as found in the workplaces. Twenty (20) nurses from a conservative care ward at the South Carelia Central Hospital participated in this study. The data was collected using group interviews. The participants were randomly placed in four interview groups, and the results of the interviews were analysed qualitatively using content analysis.

The results of the study showed that collegiality among nurses is revealed in their professional behaviour, in the respect they show for the work of others, and in the cooperation they give in getting the job done. Collegiality was both promoted and blocked by the same factors in that in the presence of said factors, collegiality succeeded, while in their absence, collegiality failed. Among these factors were the personality traits of individual nurses, the work environment, the way in which the work was managed, and concrete work development methods. The presence of collegiality influenced the professional cooperation in attaining goals, improved cooperation among the nurses, and strengthened the professional behaviour of the nurses.

Nursing managers might use the results of this study in supporting collegiality in the workplace and utilising the concrete methods offered in this report, while Polytechnics might use the results in bringing the concept of collegiality into the educational planning for nursing students.
The purpose of this study was to investigate the background philosophy, modern policies, and the need and the development of tutoring at universities. The data consisted of the project "Development of Higher Education by providing training for university teachers and systematic guidance and tutoring for students" (OpOKe), the tutoring plans made at the initial state of the project (2000-2001) during the tutoring training, and the conversations held over the internet in the WebCT environment and based on the plans. 52 university teachers and 30 university students participated in the conversations. The universities of Joensuu, Kuopio and Oulu and the Lappeenranta University of Technology take part in the project OpOKe. The data were analyzed by content analysis. In the analysis a classification framework was used, which in the beginning was composed deductively and, later on, completed inductively on the basis of the existing material during the analysis.

According to the results and the views of teachers and students participating in the OpOKe-project tutoring was based on the humanistic perception of mankind and the socioconstructivist learning. The aim of tutoring was to support the personal growth and the development of social skills, learning abilities and scientific thinking of those tutored. The individual personality and social skills of the tutor were important for the success of tutoring. Furthermore, meeting the needs of the students was experienced as challenging. Tutoring relationship was based on trust, equality, individualism, voluntariness, commitment and continuity. Tutoring was regarded as necessary for teaching, for progress of studies, for studying and for contacts with working environment, and for the promotion of the know-how needed in the working life. It was also considered necessary when adjusting the differences at the starting levels between the students and when combining the studies and the personal life situation of the students. In order to develop the tutoring, it was proposed that increase in the interaction between teachers and students and enhancing the commitment to tutoring would be useful.

The results of the study can be benefited when promoting the university studies and guidance. In the future, it would be of great importance to find out the factors influencing the commitment of the tutor, the student and the organization to the mutual objective. Furthermore, it should be found out how personal study plan and progress of studies could be improved by tutoring. Moreover, it would be important to investigate how tutoring could be benefited in collaboration between universities.
UNIVERSITY OF KUOPIO, Department of Nursing Science

RAVELIN TEIJA: Dance as a Nursing Intervention. A Hybrid Concept Analysis.

Master’s thesis, 63 pages, 1 appendix
Advisors: Senior Assistant Jari Kylmä and Lecturer Teija Korhonen

March 2003

Dance, dance-therapy, nursing interventions, concept analysis, hybrid model

The purpose of the study was to describe the defining attributes and consequences of the concept of dance in nursing context by analysing it using Schwartz-Barcott & Kim's (1993) hybrid model. The task of the research was to find out the defining attributes and consequences of the concept of dance and to define the concept of dance in nursing. The goal was to produce a concept of dance in nursing for use in nursing practise, theory and research.

In the theoretical part of the study, the concept of dance was considered on the basis of dictionaries and the literature, articles and researches dealing with dance and dance-therapy. The fieldwork part of the study was carried out by unstructured group interview in a mental health unit. The informants were two patients, two nurses and one psychologist. In the final part of the study the theoretical and fieldwork results were connected. The research materials were analysed by a content analysis method.

This study brought information of the usefulness of dance as a nursing intervention. Dance is a resource of a human being learned from a culture. Dance is body movements, steps, body expression and body interaction. Dance helps man to feel psychic, physical, social and spiritual wholeness and as a nursing intervention it brings up man's resources.

The concept of dance is a relevant concept in nursing and in nursing science. The concept of dance will be used in nursing practise, theory and research. Dance is also suggested to be in use as a nursing intervention.

In the future it is important to continue defining the concept of dance in nursing. Further information, both qualitative and quantitative, will be needed of the usefulness of dance as a nursing intervention.
The purpose of this study was to describe own experiences of young people who cut/self-mutilate or burn themselves. The research task was to describe the factors preceding cutting/self-mutilation or burning, what the young people tell about the purpose of these activities, about the activity itself including the factors following these activities and care they have received.

Participants of this study were gathered by an advertisement, which was published in young people's magazines, chats in the Internet versions of these magazines and in a website. The participants wrote an informal description of their experiences of cutting/self-mutilation or burning and sent them by mail or e-mail to the researcher. These written descriptions were analysed by using a qualitative content analysis. The analysed data consisted of 70 descriptions. The participants' ages ranged from 12 to 21 years old, 69 of them were girls and one boy. They had initiated cutting/self-mutilation or burning in age between 10 and 19 years.

Based on the findings, cutting/self-mutilation or burning is a process, in which preceding factors, purposes of these activities, the event itself and consequences of these activities can be discovered. The antecedences of cutting/self-mutilation can be divided into external and internal or experiential antecedences. External antecedences are quarrels with family-members or significant others or between them, abuse of intoxicants or analgesics, interest in Satan worshipping or receiving information about the possibility of cutting/self-mutilation. Experiential antecedences are conflicts with family-members or significant others or between them, changes in life, violence or fear of violence, experience of illness or being different, loneliness, poor self-esteem or negative emotions. The young persons could not always mention any antecedence. The purpose of cutting/self-mutilation or burning can relate to helping oneself, controlling oneself, punishment of oneself or someone else, experiment, pastime, Satan worshipping or the event does not necessarily have any conscious purpose at all. In the descriptions of cutting/self-mutilation or burning event, four issues formed. The tool, which was used in cutting/self-mutilation or burning, the body part, which was damaged, the environment, where this activity took place and if cutting/self-mutilation was done alone or together with someone. Consequences of cutting/self-mutilation or burning are divided into results for the adolescent, results in relation to the significant others and results in relation to the health care staff.

Those adolescents who described their care experiences were not satisfied with the available possibilities. In further research, it is important to examine the experiences of the health care staff concerning care of adolescents, who cut/self-mutilate or burn themselves, and to further examine the adolescent's experiences of the care.
The aim of this study was to describe the psychiatric long-term patient's experience of knowledge about medication as a part of empowerment of drug therapy in a rehabilitation unit.

The study is qualitative and the approach of the study was inductive. A purposive sampling was used. Eleven (11) patients from a rehabilitation unit were included. The data were collected using focus groups (4) and were analyzed using a qualitative content analysis method.

As a result of the study it was found that the empowerment of medication at the knowledge level consists of the meaningful knowledge about medication given to the patient. This knowledge includes the meaning, alternative choices, impact, and implementation of medication. The patients wish that the given information about medication would be logical and individual. Successful drug therapy is seen as the patient's well-being, ability to control side effects, and a positive attitude to drug therapy.
Web-based teaching, web-based learning, nurse teacher

The purpose of this study was to describe the opinions of the nurse teachers that studied in Department of Nursing Science at the University of Kuopio in 2000-2002. They were asked what kind of skills they gained during their Nurse Teacher Education Program in web-based teaching and how those skills equate the requirements in practice. The research is part of the Department of Nursing Science, University of Kuopio, Web-based learning environment development project, which is part of wider Developing the University Teaching with Teacher Education and Student Guidance System (OpOKe) -project.

The data was collected in two periods: e-mail questionnaire in January 2003 and theme interview in May 2003. 36 nurse teacher students were questioned by e-mail and 9 of them were interviewed. The variables of e-mail questionnaire were described by frequencies and percents. Theme interviews and the open questions in questionnaire were analyzed by qualitative content analysis.

The result show that nurse teachers have willingness and potential to take advantage of web-based learning with pedagogically appropriate way in social and health care education. Nurse teachers felt they achieved the basic skills in information and communication technology and network guidance during their studies. One third of them had gained the skills to create a web-learning process. Positive factors in learning the web-based teaching skills were the fact they felt it was an important part of teacher's skills, experience with technical equipment, collaboration, support of other teachers, participation in web-based learning courses and the advantage they had in learning exercises. Negative factors were negative attitude, lacking experience in word processing, missing Internet-connections and lack of time.

Nurse teachers had taken advantage of the web-based teaching skills they had gained during their studies in practice in many ways. They had made their traditional working methods more efficient. They had created web-based working methods in which they used e-mail and web-based learning environment to guide students and deliver them feedback. In addition they used these new methods in announcing and collaboration between teachers and their co-operation partners. Nurse teachers felt that the skills they gained during their nurse teacher education correspond quite well to the requirements of the teachers skills in health care today and in the near future.

The result of this research can be used in teacher education development in information and communication technology. In future it is important to study how the web-teacher's guiding role and the principles of interactive communication come true in practice in graduated nurse teachers' web-based guiding.
The purpose of this thesis was to produce a theoretical description of parenting children aged 2-6 while the parent suffers from depression, as well as to describe parents' experiences on support to parenting offered by nursing professionals. This thesis aims to increase understanding on parenting during depression.

The study material was collected by interviewing five parents, who suffer from depression, between one to three times. The material was collected in January and February 2003. Parents were contacted through the child welfare organizations Mannerheimin lastensuojeluliitto and Ensi- ja turvakotien liitto. Altogether eight interviews were held. The method of collecting material was open interview. The material collected in the interviews was analyzed with qualitative content analysis method.

The results of this study suggest that parenting means very concrete, everyday things, small chores and family togetherness. Parenting also means teaching and bringing up children. Prior experiences on families and parenting influence one's own way of parenting.

Parenting while suffering from depression can be divided into factors, which undermine parenting, and factors, which strengthen it. Factors which undermine parenting appear on the levels of emotions, thoughts, and actions. A parent suffering from depression feels tiredness, cries frequently, is irritable and angry. Parent also experiences feelings of shame, fear and anxiousness. A depressed parent has recurring negative thoughts, e.g. about harming the child. Depression is manifested in the parent's behaviour as the narrowing of the scope of life, turning away from home, and comparing one's own way of parenting with that of others. Depressed parents describe children and coping with depression as factors which gives them strength in their parenting. The relationship with one's children and spouse changes during depression. The depressed parent can manage basic child care, but playing and responding to child's feelings become more difficult. Negative issues become more marked and the parent may not always act as a mature adult. A parent's depression is not usually discussed with the children. Depression brings varying emotions into the parent and child relationship as well as into the relationship between spouses. Such emotions include irritability and the feeling of not being able to cope. Also in the relationship between the spouses factors which burden and factors which give strength to the parents, can be observed.

It is possible to help and support a depressed person in their parenting. The support offered by nursing professionals includes concrete help in the form of childcare and domestic help. Parents have both positive and negative experiences on how the support has been put into practice. Parents expect to receive information, actual domestic help and help in bringing up their children. They also expect that there is clearly one authority which coordinates the various forms of support. Parents expect the nursing professionals to have understanding, knowledge and professionalism and a genuine interest in their individual situation. They expect a continuous and confidential relationship with
the professionals. Parents describe also peer support as a factor which increases their strength in parenting. Peer support can be divided into obtaining information and sharing experiences on parenting and depression.

The results of this study can be utilized in practical nursing work, in planning at organizational and management level how to put into practice support to parenting, as well as in medical training.