UNIVERSITY OF KUOPIO
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YLINEN EEVA-RIITTA. Knowledge, skills and ethical practice in colonoscopy patients’ pain management. Nursing staff’s evaluation of colonoscopy patient’s pain management.
The purpose of the study was to develop nursing theory related to Somalis’ concepts of health and care in order to provide more culturally congruent care for Somalis living in Finland. The objectives of the study were the following: to describe Somalis' ethnohistory, to describe and analyse the health concepts and health practices that Somalis consider important in health promotion, and to describe the pre- and postnatal care practices of Somali families from their own, and from the health care workers' point of view. The ethnic/cultural system framework of Orque et al. (1983) was used as a conceptual framework in describing the ethnohistory.

The study was conducted using the ethnographic method. The data were collected via individual and group interviews with 55 Somalis and six health care workers, and by participant observations of several family life events organized in a Somali community during 1995–1998. Field notebooks, photographs, publications of the Finland–Somali Association and other Somali associations and articles related to Somalis published in the Finnish mass media were also used in the study. Interview data analysis progressed by coding of the data by themes or patterns, comparing and establishing the relationship between the categories and preparing the models or synthesizing the data. Observation data were used as situation descriptions and to support the interview data in the report.

We found that health was a multilevel concept for Somalis. Analysis of the health concept revealed ten categories, which the most important was health as God's gift. Somalis consider practices related to religion-, cleanliness-, and physical fitness, taking care of oneself, social life, and health preventive practices important in promoting their health. Fasting, which is an annual practice and one of the five pillars of Islam, is described in more detail in the study report. Fasting has physical, psychological, spiritual and social health meanings.

The health workers (6) emphasized the Somalis' good coping skills in adapting their lives in the period of cultural transition in Finland. The health care workers had observed the frequent use of health services by Somalis, even for rather minor illnesses especially at the beginning of the cultural transition period. Dental diseases, women’s gynaecological problems, depression, and children’s physical-, and psychological symptoms were some of the Somalis' health and social problems in the cultural transition period. When using the health services, the Somalis expect from the Finnish health staff a more conducive and positive working approach, treatment equal to that given to other clients and sufficient consideration of their health problems.

During the cultural transition period, Somali families have adopted many changes in pre-, intra-, and postnatal care practices. The traditional separated roles of the parents have changed moving towards sharing the care responsibilities and family life in general. The community-based care tradi-
tion is replaced by the Finnish maternity clinics. In general, Somali women valued the health follow-up during the pregnancy and the service of the maternity clinic. However, they mentioned communication problems, difficulties in understanding the instructions provided by the staff and negative attitudes among Finnish staff towards them.

The health promotion of Somalis should focus on community health, which comprises elements such as education, income, strengthening their own resources and capabilities, and promoting their participation in the larger society, and equality. In nursing practice this requires a more people-centred working approach, strengthening of the cooperation with clients in identifying their needs and developing solutions, multisectoral cooperation and advocacy.

National library of Medicine classification: W 85, WY 157.3, WY 107
Medical subject Headings: attitude to health; fasting; maternal-child nursing; anthropology, cultural; culture; transcultural nursing; Somalia
The purpose of this study was to foster knowledge needed in the evaluation and planning of nurse staffing in the context of acute hospital-care. Nursing, as the largest and most labour-intensive component in health care sector, has continuously been the main target when striving for cost savings to balance hospital budgets. Evidence-based knowledge concerning the effects of staffing levels and staff mix is needed in order those decisions to be reasonable.

The data, consisting of five sub-data, were collected during a period of two weeks in March 1999 in Kuopio University Hospital's four in-patient wards: two surgical, one general medicine, and one oncology ward. Work sampling method with the registered nurses' (RN) and licensed practical nurses' (LPN) (N=92) self-reporting their work activities every 10th minute was used to gain a representative sample of working time spending. A structured data collection instrument, that divided the work into four major categories based on literature, was developed for the study. The main categories were: direct care, indirect care, unit related work, and personal time (N=12297 activities). Evaluations of the adequacy of the working shift's staffing situation and the quality of nursing care were measured via inquiries to RNs and LPNs (N=504 evaluations), as well as to the head nurses (N=55 evaluations). Patients' evaluations of the quality of hospital care period were measured using the Humane Caring Scale -instrument (N=158). The hospitals' routinely collected daily patient classification data (N=1 602 patient days) with Monitor -patient classification instrument were also used. Data were combined as possible and described using frequency and percentage distributions. Associations between the variables were tested using chi-square test, one-way ANOVA, t-test and Kruskal-Wallis test.

According to the results most of the RNs' and LPNs' working time (76 %) was directed to the patients' direct and indirect care activities. Unit-related work activities consisted on average 16 %, and the time distributed to personal activities 8 %. Patient assignable time distribution together with the RNs' and LPNs' actually worked hours were used to establish the patient acuity level (I-IV) time standards per patient day: level I patients 0.67 hours, level II patients 1.93 hours, level III patients 3.89 hours, and level IV patients 5.86 hours. The staffing situation was evaluated to be less than adequate in almost every second working shift. This understaffing decreased the quality of patient care on average by 17 %. Patients evaluated the quality of their hospital care as excellent. There were significant differences between the four wards' staffing levels, as well as between the nursing staff's self-evaluated quality of nursing care. A preliminary model for the evaluation and planning of a hospital ward's nurse staffing was introduced. The model consists of multiple clinical, human resource and environmental screening variables.

Staffing decisions are concerned with multiple and complex issues, one of them being the acuity of patients. To be able to benchmark and make comparisons between units and between hospitals we need unified indicators to describe the nursing personnel's use, as well as indicators to evaluate the effects of changes in staffing levels and staff mix. In future testing of the preliminary model intro-
duced in this study is needed. Suggestions for improving and making the nursing services more ef-
cient and the work environment more human for the nursing personnel are proposed.

National Library of Medicine Classification: W 90, WX 159, WY 30, WY 125
Medical Subject Headings: specialties, medical; nursing staff, hospital; personnel administration,
hospital/manpower; personnel staffing and scheduling; personnel management; nursing
care/classification; quality of health care
The purpose of this study was to describe the implementation of non-pharmacological methods in hospitalized children's (aged 8-12 years old) postoperative pain relief, and to describe and explain the factors related to effective pain management in pediatric patients. The phenomenon was described from the viewpoints of nurses, parents and children, using data source and methodological triangulation. The classification of non-pharmacological methods into cognitive-behavioral methods, physical methods, providing emotional support, helping with daily activities, and creating a comfortable environment served as the theoretical basis for this study.

The data were collected using questionnaires from nurses (n=162, response rate 99%, part 1) and parents (n=192, response rate 90%, part 2) who were caring for children in pain on the pediatric surgical wards of five university hospitals in Finland. The subjects who participated in the semi-structured interview consisted of 52 school-aged children who were inpatients in pediatric surgical wards in the university hospital of Oulu (part 3). The data were analyzed with statistical methods (descriptive statistics, Kruskall-Wallis ANOVA, x2-test, and Fischer's exact test) and the method of content analysis. The results were presented as frequency and percentage distributions, mean values and deviations as well as bar and line diagrams. Based on the results of the parts 1-3, an intervention study was also planned in order to test the effectiveness of imagery and relaxation in hospitalized children's postoperative pain relief.

The nurses and parents reported using many non-pharmacological methods in children's surgical pain relief. Such methods as providing emotional support and helping with daily activities were well used strategies, whereas cognitive-behavioral and physical methods included less frequently used or recommended strategies. About half of the nurses reported asking routinely the child’s opinion about the best pain relieving methods, and nearly three-fourths of the parents claimed to do that. Most of the parents agreed that they had been given ample opportunities to participate in their child's care, but they had no clearly defined role in the child’s pain relief. Some background factors specific to nurses (age, education, work experience and nurse’s own experiences) and parents (especially factors related to the child’s gender, the intensity of pain, and the duration of hospitalization) were related to effective pain management in children. According to the children’s descriptions, all of them used at least one self-initiated pain relieving method in addition to receiving assistance in pain relief from nurses and parents. The children also provided suggestions to their caregivers, especially nurses, regarding the implementation of effective surgical pain relief (e.g. creating a more comfortable environment). However, most children reported their worst pain to be severe or moderate, which indicates that pain management in hospitalized children should be more aggressive.

It can be concluded that, according to the nurses’, parents' and children’s viewpoints, there were some cognitive behavioral and physical methods that should be adopted into more active use in clinical practice. There is a need to clarify the parents' role in their child’s pain alleviation and to
produce written guidelines about the use of versatile non-pharmacological methods. The children and parents should be involved more actively in the planning and implementation of pediatric patients' pain management in hospital. Especially, the children provided valuable suggestions on effective pain relief measures, which pose challenges for the clinical practice to improve the nursing care of children with postoperative pain.

This study provided new knowledge about the nurses' and parents, roles in hospitalized children's postoperative pain management and the children's own experiences of postsurgical pain relieving methods. This evidence-based knowledge can be used to develop the treatment of surgical pediatric patients, to diversify nursing education, and to plan further research. One of the challenges for future studies is to test the effectiveness of non-pharmacological methods in children’s postoperative pain relief. This requires careful planning and multidisciplinary collaboration.

National Library of Medicine Classification: WY 159. WO 184. WS 100
Medical Subject Headings: pain, postoperative; child; pain, postoperative/therapy; pain/therapy; parents; nurses; nursing
The purpose of this study was to investigate Finnish and British nurse student teachers' experiences of becoming a reflective nurse teacher during the process of teaching practicum by describing 1) nurse student teachers' critical learning incidents; 2) the analyses of critical learning incidents as a teaching and learning method in reflection seminars and 3) the comparisons between similarities and differences in experiences of Finnish and British nurse student teachers.

Data were collected from Finnish (N=25) and British (N=17) nurse student teachers using the written descriptions of critical learning incidents (= 138 critical learning incidents: 70 positive and 68 negative). In addition, twelve Finnish and eight British student teachers were interviewed. The data were analysed using descriptive phenomenological method that resulted in different types of general structures describing student teachers' experiences of becoming a reflective nurse teacher.

Results indicate that the significance of mentor was evident in both types of the Finnish and British nurse student teachers. One common type "mentor’s collegial attitude to organize learning opportunities strengthening student teacher’s teacher identity and motivation to self-development" emerged. The student teachers' learning needs, goals, and opportunities to achieve the goals were analysed by the mentor along with the student teacher. A mentor's collegial attitude increased the student teacher's self-confidence as a prospective teacher and the feeling of being a member of a teaching team. However, a mentor's uncollegiality and problems in the mentor-student teacher relationship caused uncertainty and decreased student teacher's self-esteem.

Collaboration with peer students was a significant meaning that emerged in many Finnish nurse student teacher types. A type common to both Finnish and British nurse student teachers appeared and was labelled "team teaching with peers ". Team teaching with peers fostered the student teacher's self-confidence as a prospective teacher and taught collaborative skills such as listening to other students and arguing one's own views. Peer support was significant in team teaching and in assessment as well as the feeling of responsibility of a joint teaching session. In addition, collaborative studies provided a positive opportunity to undertake conflict assessment that belongs essentially to collaborative work.

Both Finnish and British nurse student teachers experienced that the use of the critical learning incident analysis method fostered their growth as a nurse teacher. The significance of sharing experiences and the joint analysis of critical learning incidents with peers expanded one's thoughts and deepened learning through becoming aware of similarities and differences belonging to the different peers' experiences. The co-mentoring model between university and teaching practicum organizations should be systematically developed and continuous training for mentors should be guaranteed. Quality criteria for mentoring in teacher training should be developed and the quality of mentoring should be assessed in order to develop high quality nurse teacher education.
In the future it is important to clarify why some students experience collaborative studies negatively and what factors can be anticipated and processed explicitly during the tutoring process leading to student teachers' commitment to collaborative studies. In addition it is important to investigate the significance as to the use of critical learning incidents in reflection seminars anonymously or not and the related advantages and disadvantages. Additional evidence is needed as to the use of critical learning incident analysis for conducting deepened learning as compared to other student-centred teaching and learning methods. This could be clarified by educational intervention with the systematic use of the critical learning incident analysis in student teachers' studies in experiment comparison design.

National Library of Medicine Classification: WY 18, WY 105
Medical Subject Headings: nursing education research; education; nursing; learning; teaching; mentors; peer group
The aim of this study was to describe the meaning and contents of taking care of elderly people in their own homes. An additional aim was to produce a set of theoretical concepts of the entity of elderly people's caring. The approach method of the study was ethnography.

The research material was collected from 1995 to 1998 by participating observing and interviewing. The data consisted of monitored home visits to elderly people (n=27) made by 34 home nursing professionals and of observations and interviews of elderly people (n=21) living in their own homes. The number of interviews was 32 because some elderly people were observed and interviewed several times (>4). The interviews were casual conversations in the elderly people's homes. The data were analysed using a modified ethnographic analysis developed by Spradley. The data were categorised using mainly PC-Fenome text base program.

Perseverance, humbleness, religiousness and togetherness are the cultural values for elderly people that give meaning to their care. They try to manage on their own independently, sometimes even unyieldingly, though they are used to being content with very little. Religiousness means to them confidence and safety and sometimes providence. Elderly people want to be part of a community or a family, they want to have relatives and friends. Children and grandchildren are their most important social contacts.

Elderly people considered caring a part of their everyday life by means of which they could manage. According to their attitudes towards care the elderly people were categorized in three groups: active receivers of new ideas, sympathisers of new ideas, and those who resented new ideas. In each category the contents of care equals taking care and compassion which are emphasized in different ways. Taking care includes taking care of oneself, home, one's own health and diseases. Compassion includes human dignity, support and encouragement. Managing independently and feeling safe are central experiences for elderly people who are cared at home.

The results of this study can be beneficial in nursing and in promoting elderly people's health. Awareness of elderly people's cultural values can be beneficial when developing home care. Information produced in the study can also be used in training elderly people's nursing staff and in training students for this field.
MANNINEN ANJA: The Quality Assessment of Rehabilitation Services for mentally Disabled Persons. Developing and Testing the Instrument to Measure Client Satisfaction in Vaalijala Rehabilitation Centre.

Licentiate thesis, 120 pages, 5 appendices (22 pages)

Advisors: Professor Pirkko Meriläinen and Professor Katri Vehviläinen-Julkunen

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The purpose of the study was to develop and test the instrument to measure the quality of rehabilitation services for mentally handicapped persons. Three phases were carried out in the development process. The concepts of quality and client satisfaction were analysed and the theoretical definition of good rehabilitation services was elaborated. The second phase was to operationalize the definition of good rehabilitation services, to ask clients and the personnel of Rehabilitation Centre and municipalities for the definition of good rehabilitation services and to develop the instrument. The last phase was to measure the quality of services in Rehabilitation Centre and to test the validity and reliability of the instrument.

The sample for the concept analysis was selected from literature published between the years 1990 to 2001 in Cinahl- and Ebsco- databases. The reports of projects for quality assurance carried out by the Finnish Association of Mental Retardation and Finnish studies of nursing quality were used as well. The sample consisted of 55 publications. In order to define the concept of good rehabilitation inductively, the sample of open questionnaires was gathered (n=45). The instrument for measuring client satisfaction was a result of the operationalization process and the results of the questionnaire. Finally, the sample (n=86) for testing the instrument and assessing the quality of the services was gathered from six units of Vaalijala Rehabilitation Centre in 1.10.1999 -30.4.2000.

Before the sample was gathered, the instrument was assessed by using an expert panel of five experts in order to establish the content validity. Construct validity was determined by factor analysis. The analysis resulted in a solution that supported the theoretical indicators included in the instrument. Internal consistency was determined by calculating the Cronbach alphas resulting values .61 -.90. It is possible to develop a new and more compact instrument by using the results of the factor analysis and its solutions. Further testing of the instrument is needed with a more comprehensive sample.

The results of the assessment of client satisfaction were very positive. The percentage of positive assessments varied from 68% to 80%. The most positive assessments were given to the part dealing with quality of interaction and treatment. The most important factors of the quality of rehabilitation services according to the results of this study were kindness, commitment and professional skills of the personnel. The results of this study were similar to earlier studies measuring client satisfaction.
The aim of the study was to describe everyday life and coping of outpatients with schizophrenia elicited by patients themselves and their primary nurses. In addition, suggestions for improvement to be used in psychiatric service system were introduced.

Data for the study were collected by half structured interviews among outpatients with schizophrenia (n=35) and among primary nurses (n=35). Open-ended questions were analysed deductively by qualitative content analysis and the data were described quantitatively in frequencies and percentages using SPSS for Windows statistical programme.

Everyday life of schizophrenic patients consisted of home life and tasks at home. Normal coping in self-care and environmental activities was restricted by the illness and, consequently, the interviewees needed different kinds of services and supporting activities. Coping in outpatient care was described by maintenance of interest in the outer world, different means of managing in psychically loaded situations and emotions, and the quality and the amount of interaction. Life satisfaction and one’s own state of health among schizophrenic patients gave signs of coping in spite of the long-term illness. Similarly, spontaneity, independence, support provided by family and close friends, and factors maintaining hope for life. Problems of coping in outpatient care were connected with feelings of insecurity and loneliness, restrictions of ability to act due to the illness, social situation, lack of support services, and use of alcohol.

Suggestions for improvement in the service system arising from the study were connected with helping methods and various support activities. Arrangements in accommodation paying attention to special needs, support in accommodation and methods of nursing rehabilitation based on active participation were expected, e.g. individual housing solutions, guidance in managing at home, rehabilitation groups and active working. Patients expected that the nurses would have more time to help them cope in their everyday life.

The results of the study may be benefited in nursing management when improving outpatient services of schizophrenic patients. The results may be used in nursing education when training resource-directed and health promoting working attitude whilst meeting patients with schizophrenia. The study brings some helping methods of nursing to practical work of nursing and rehabilitation, e.g. patient's special knowledge of his/her own situation, encouragement towards positive attitude of life and maintenance of hope for life.
The aim of the study is to evaluate from a nurse's perspective a career development programme in the development of nurses' expertise. A career development programme developed for Kuopio city's social- and health center has been used by nursing staff in Valkeinen hospital since 2001. It is the first career programme designed for long-time ward's nursing staff in Finland, which supports the development of expertise without pre-determined levels.

Nursing staff of Valkeinen hospital's ward 2 (N=12) participated in the study. The data was gathered using essays and thematic interviews and analyzed with qualitative content analysis. The results show, that the parts of career development programme, that are the assessments of environment and capabilities as well as self-, peer- and supervisor assessments, help the nursing staff to evaluate their professional activities in a holistic way and apply this knowledge as a basis for a career development programme. An integral part of the career development programme are the forms that are used in assessments and evaluations. Our study indicates that assessment criteria are not needed for successful nurse evaluations. The implementation of a career development programme is experienced as a demanding process of change, that highlights the importance of information and education and the essential role of the supervisor. According to our study a career development programme supports the development of nursing staffs, expertise. Development of expertise supported by programme guides the nursing staff in comprehensive professional capabilities, profound management of knowledge and in analytical evaluation of issues. Career development programme makes the nurses' expertise in the organization visible and helps the organization to aim and arrange nursing activities to obtain high quality nursing.

The results of the study can be used in the development of nursing education in order to better answer to the demands of work life. The results can also be used in the planning and implementation of career development programmes. Moreover, our results add to the nursing staffs' knowledge of career programmes and of their significance in the development of expertise. In the future the significance of career development programmes should be studied from patients', nurse supervisor's and organization's perspective. In addition, an evaluative study is needed to further develop career development programme.
The purpose of this study was to develop an instrument to measure resources and strain factors of first-time mothers and fathers on the basis of previous research. In addition, the aim was to identify and produce information concerning usefulness of the instrument and the importance, clarity and comprehensiveness of criteria of resourcefulness. The purpose was to develop a tool for the use of first-time mothers and fathers and public health nurses in maternity clinics for assessment of resourcefulness of families.

The instrument is composed of three dimensions: personal resources of parents, internal resources of the family and external resources of the family. The dimension of parents' personal resources includes parents' own family histories, their health, and lifestyle. The dimension of internal resources of family is composed of relationship of spouses, parenthood and the growth into parenthood and material resources. The dimension of external resources includes social support. The same factors can be either strength giving or straining factors depending on their quantity, quality and the individual experiences of parents and family.

First, the importance, clarity and comprehensiveness of the criteria were evaluated by thirteen researchers of maternity and child health clinics on the basis of previous research by using a four-point Likert-scale and open questions. On the basis of the answers given the criteria were slightly revised. After that, the criteria were evaluated by 43 public health nurses and 33 first-time fathers and first-time mothers. The usefulness and the necessity of the instrument were clarified by structured questions.

Quantitative data were analyzed by the SPSS 10.1 program and qualitative material by the content analysis. The importance and the clarity of the criteria were illustrated by frequencies, percentages, means, standard deviations and by using Imle's and Atwood's agreement scale.

Criteria chosen for the measuring instrument can be regarded as important for resourcefulness of families, because they were evaluated as important by public health nurses with 90 % agreement and by parents with over 80 % agreement. Both public health nurses and parents considered the criteria as clear and comprehensive with the agreement of over 80 %. As a result of this study an instrument for measuring the resourcefulness has been reported and it can be developed further for example with action research or consensual validation.
Family caregivers, resources, empowerment, nursing interventions

The purpose of this study is to describe and explain the resources of family caregivers, their need of support and their satisfaction with support currently provided by nurses. The data was gathered from family caregivers who took care of family member aged 65 or above and who received family caregiver support from the state. The sample consisted of 114 family caregivers. The data was collected in spring 2002 via mail questionnaires. The questionnaire was completed by 81 family caregivers and the response rate was 71. The data was analyzed using a SPSS 9.0 statistical analysis program. Frequencies, percentages, means and standard deviations were used to analyze the data. Crosstabs, the Chi square test and the Fisher's Exact Test were used to analyze differences between the groups. Factor analysis was used to evaluate the construct validity of the instrument and to produce summarized variables. The qualitative data was analyzed by qualitative content analysis.

One quarter of family caregivers found their resources sufficient. One quarter experienced their life situation as occasionally difficult. Half the family caregiver were very tired and found their resources insufficient. The personal resources family caregivers most often possessed included control of their life situation, self-esteem, information, quality of information and religion. Among the social resources most often possessed were close relationships with the family member cared for, and experience of being respected. Among material resources, equipment that assists family caregivers to cope in everyday life was very important. Among the personal aspects which were lacking and which placed a strain on the caregivers resources were poor subjective health and negative prospects for the future. As for material resources, family caregivers were very dissatisfied with state financial support.

Emotional support was considered the most important. Emotional and informative support were the types of support best realized in practice. The other nursing interventions must be developed in the future.

The outcomes of this study can be used in recognizing the factors behind family caregivers’ own sense of being resourceful, and in allocating support for their resources based more on family caregivers' own assessments. In future research it is very important to study family caregivers' resources nationwide. There is also a need to study how nurses understand family caregivers' resources and their empowerment.
The aim of the study was to describe inductively the quality of life of old persons in long-term treatment, how its different areas were fulfilled (levels), and their importance (relative weightings) from the individual's subjective perspective. The aim was to get more information on the quality of life of old persons, which can be utilized in different areas of nursing.

21 elderly people living in a unit of intensified care in sheltered accomodation and in nursing home took part in the study. The data were collected by using half-structured SEIQOL-DW method of interviewing (Schedule for the Evaluation of Individual Quality of Life: a Direct Weighting procedure for Quality of Life Domains), in 17.1.-31.1.2002. Qualitative data were analyzed by using inductive and quantitative analysis.

The results indicate that the most common areas of quality of life consist of hobbies/pleasure activities, family, intimate friends, health, privacy, security, good care, cooked meals and peaceful mind. All these domains of quality of life described by old people were fulfilled well in the treatment. The difference between the levels of the domains of quality of life and how they were weighted was quite remarkable. The elderly people experienced health, family, religion and privacy as most important domains of quality of life. As areas of quality of life peaceful mind, good care, intimate friends, hobbies/leisure activities, security and cooked food had almost similar weighting in old people's experiences.

Furthermore, all old people participating in the study were indicated as a separate global index (total score) of quality of life. According to the rating scale, a score of 100 indicates the best possible quality of life and, respectively, a score of 0 indicates the worst possible quality of life. The mean global index score for old people's quality of life was 79,3, which indicates good quality of life for the whole group. The highest global index score for an old people was 96, which indicates the best quality of life and the lowest global index score for an old people was 53, which indicates the worst quality of life.

The results of the study provide information on how to improve quality of life of old people in long-term treatment and contribute to the development of more individual methods of aid and the culture of action. According to the results, it is of great importance to have collaboration with old people's families and relatives, to support their health related capacity of action, to guarantee privacy, security, and good care, to offer possibilities for hobbies and leisure activities, and to take good care both of their physical and mental needs. Moreover, the obtained information can be used to improve the interaction and the decision making among the nursing community.
The purpose of the study was to describe the co-operation between the relatives of the disabled war veterans and the nursing staff in Kauniala Hospital for Disabled War Veterans.

The data for the study was collected in may 2001 by structured questionnaire from the relatives of the patients, who were in institutional care. The final answer percentage was 68. The data was analyzed using SPSS for Windows 6.1-program. Statistical analysis were performed by using frequencies, percentages, mean, standard deviation, cross tabulations and factor analysis.

The relatives of the patients evaluated following factors as positive: gaining of information prior hospitalization of the patient, the staff's attitude towards them during hospitalization of the patient, gaining information during the hospitalization of the patient, and the relatives confidence towards the functioning of the hospital. The following factors were considered negative: the urgency and the insufficiency of the staff. This caused that the staff did not have enough time for the relatives.

According to the relatives important aspects were the cosines of the hospital, the good atmosphere, the good professional skills and the positive attitude of the nursing staff. Areas still to be developed were increasing the number of meetings between the relatives and the nursing staff, relatives participation in meetings concerning the patient's treatment, increasing the time spent together by the relatives and the nursing staff, and improving the quality of life of the patient.

Increasing the amount of instruments in nursing will help the nursing staff as well as the flexibility of co-operation between all groups. The help of the instruments will give more time for the nursing staff to spend with the relatives of patients. Regular meetings between the nursing staff and the relatives will make the co-operation easier. All these measures are aimed to increase patients' quality of life and make it more meaningful. Further studies could concentrate in quality of the treatment of the patient, what role do relatives have when making the care plan for the patient, and what are the experiences of the nursing staff about the co-operation with the relatives. It is a matter of honor for the nursing staff and the relatives to take care of the war veterans, because "their well-being matters".
The purpose of the research is to study how Greek adolescent girls spend their weekends and, more specifically, if use of intoxicants is included in their weekend activities. A second aim is to find out which factors prevent use or promote non-use of intoxicants.

Our sample consisted of 52 Greek girls aged 14-15 years from four secondary schools of Laconia region in Greece. The data collection technique was the diary. The girls wrote in Greek language about their weekend leisure activities for four consecutive weekends during spring 2002. The data was analysed by qualitative content analysis.

The results showed that family, friends, and environment play very important roles in the girls' non-use of intoxicants. Mothers play a central role in the girls' lives and they also provide positive models. Family atmosphere is warm and supportive. Fathers spend time with the girls during the weekends and they are close to them, but not as close as mothers.

Our results illustrate that the vast majority of the girls is not smoking and not drinking alcohol. None of the girls mentioned drug use. Only a few girls wrote that they have tried smoking or that they drink alcohol, but only rarely. They have self-imposed limits. The girls' circle of friends consists mainly of their close girlfriends. These girlfriends follow the same patterns of intoxicant use as the girls, and so there is no peer pressure to use intoxicants.

The girls' leisure time activities and hobbies promote non-use of intoxicants. For example they go to cafeterias where they have non-alcoholic drinks or they participate in sports. The participant girls live in small communities where there is "social control" that helps towards non-use of intoxicants.

Further research is needed to investigate more in depth the qualitative aspects of the factors that influence adolescent substance use and risk behaviour. It would be good to implement similar researches in other rural Greek areas, but also in urban areas. In addition, it would be useful to research Greek adolescent boys' weekend leisure time activities and use of intoxicants. These researches would allow for comparisons and conclusions regarding the overall picture of Greek adolescents' behaviour.
UNIVERSITY OF KUOPIO, Department of Nursing Science

RÖNKKÖNEN HANNA & NEVALAINEN ANNE: Family, friends and health choices – 6th-grade pupils’ images of experiments with alcohol.

Master’s thesis, 78 pages, 2 appendixes (11 pages)

Advisors: Professor Anna-Maija Pietilä and Docent Jari Eskola

November 2002

Health choices, 6th-graders, experiment with alcohol, the method of empathy-based stories

The purpose of this study is to describe 6th-grade pupils' images of roles of family and friends to their health choices. Sixth-graders' images of experiment with alcohol are considered as a health choice. The study belongs to focus on preventive nursing science research and it is a part of research project "Adolescents' life control abilities and health promotion". The research material was gathered by the method of empathy-based stories (n = 35) and group interviews (n = 27) in April 2002. All materials were analyzed by inductive content analysis. Role playing stories were also classified.

The sixth-graders had many-sided images of health. They described health as a lack of diseases, physical condition, healthy lifestyle and general well being. Physical condition and lack of diseases were emphasized. Sixth-graders have many changes in their lives. Going to secondary school is one of those changes. Most of the sixth-graders felt it positive and little exiting. All of them knew that drinking alcohol is quite general and peer pressure to drink alcohol will increase in 7th- and 8th-graders. According to the sixth-graders their families can set rules and limits to teenagers, parents can be role models and discuss substance use with adolescents to prevent drinking alcohol. Peer pressure and need to be part of the group could be reasons to adolescents drinking but they can also prevent drinking.

There were four typical schemes in stories, excessive drinking, drinking because of peer pressure, keep one's own decision not to drink and after getting drunk decide not to drink. These typical schemes describe adolescents' common images of drinking alcohol. The sixth-graders considered family, friends and media can effect to their health choices but everybody is responsible for one's own life. The sixth-graders had not had to make choices about drink or not to drink alcohol, so they believed that they could keep their own decisions. It would be important to support sixth-graders to keep decision and resist peer pressure to drink alcohol. Drinking alcohol to getting drunk and keeping one's own decision not to drink were general in stories.

The method of empathy-based stories could develop as a means to instruction in health care and education. It could help people to consider and discuss about their health choices and reasons to them. It would be important to find out values of health choices and their changing, that health choices could advise.
Hand hygiene, hand washing, hand disinfection, primary health care

The purpose of this research was to describe the implementation of hand hygiene in one primary health centre. The aim of the research was to gain knowledge on how staff in one primary health care organisation implement their hand hygiene and what kind of possibilities there are for hand washing and hand disinfection and how the staff evaluates reaching to education and knowledge from hygiene.

The data material was measured by survey questionnaire for whole staff working in taking care of clients and for technical workers in one primary health centre. The survey questionnaire was sent in spring 2001 to 300 persons. Percentages of answering were 80 (n=241). The data were analysed using frequencies and percentages and produced frequency, percentage tabular forms. The open question was analysed by content analysis.

In the view of the results hands were washed or disinfected more often after working than before that. Hands were too washed and disinfected more often after working than before. Most of workers didn't use watches, rings and bracelets at all. From those three rings were most used and bracelets were used most rare. Most of all workers check their nails as short. Most of answers thought that possibilities of hand washing and hand disinfection were good enough in their organisation.

When using disposable gloves most of answers think that when using gloves hands have to wash or disinfect as well as without using disposable gloves. Most of answers think that hands have to wash or disinfect before and after working when using disposable gloves. Most of staff working in taking care of clients thought that disposable gloves have to change after every client contact. Not enough than half of the technical workers answer that disposable gloves have to change after every work. Most of all answers think that disposable gloves can't be washed (90 %) or disinfect (80 %).

About section knowledge and education 49 % answers think that they have not enough knowledge about hand hygiene. In the other hand most of answers knew in their opinion how to wash (67 %) and disinfect (57 %) their hands. 23 % of answers didn't know who is responsible to hygiene matters in their organisation. 42 % of answers think that they have not knowledge enough about hand hygiene in their studying time. Most of answers think that they have got education enough in their organisation.
AALTO SEIJA: Nurses’ Role in Sexual Health Promotion in the Medical-Surgical Ward – Concept Development with Hybrid Model.

November 2002

Sexual health, health promotion, nursing, The Hybrid concept development model

The purpose of this thesis was to define the concept of sexual health promotion, what it means for nurses, work in the medical and surgical ward and what kind of skills and knowledge about sexual health promotion nurses need at work.

The research was a concept development with Hybrid model. The theoretical part was done on the basis of literature. The field phase was carried about by focus group interviews method and the size of the group was six nurses. In the final analytic phase the results of earlier phases were reworked and the concept was clarified and refined. The research was carried out during the year 2001.

Human Sexuality is individual, the masculinity and feminity existing and feeling of togetherness and proximaty in every human. A sexually healthy person accepts his own sexuality whether he is homosexual, heterosexual or transsexual and his own needs, fantasies and thoughts about sexuality. Sexual health is an individual experience and can have different meanings for everyone.

Nurses have to talk to the patients about sexual matters always when the illness, the treatments or medications are may be cause disturbances in sexuality or bodyimage. The initiative can come either from the patient, his/her partner or the nurse. The nurse shows accepting the patient as a women or a man by respecting his/her privacy during the treatments and when talking e.g. about genital hygiene or bowel habits. The nurses should improve the patient's self image and incourage him/her to accept him/herself as he is. The nurses have to emphasize the professional secrecy and discrete documentation to increase the patients' feeling of individuality.

Talking about sexual matters should be possible in every nursing relationship but use of special experts should also be possible if needed. The nurses can alleviate patients' sexual health problems and also open new possibilities for the patient to find something new about his sexuality. The patient's acceptance of his illness and it's effect on his daily life is a prerequisiste of dealing with sexual health problems.

Nurses need knowledge about the development of sexuality, normality, different types of sexualities and the effects of illnesses on the sexual health. Nurses need courage to talk about sexual matters. Nurses attitudes should be positive towards sexual counselling.

The nurses' competence to promote sexual health can be increaed by education. This kind of education should be added to all nursing education from the basic to the postgraduate education. Sexual health promotion should be included in the curriculums of postgraduate, further and specialization education.
This research increases the knowledge of nursing science about sexual health promotion. Topics further research could be defining the concept of sexual health promotion e.g. in mental health nursing and in the care of long term patients and whether the results differ from these results. In addition it could be examined if the male nurses' opinions about sexual health promotion differ from these results, how common the nurses, sexual harassment in the hospitals is, and clarifying the scope of nurses' function in the sexual health promotion.
This paper has been focused on learning of nutrition health among seventh graders in web learning environment. The main purpose of this paper is to give information how the WebCT-learning environment can be used as a tool of teaching and how it can support pupils learning. It is important to find new development ideas too. The main aim of this research is to develop new teaching method to Finnish comprehensive school. This research is a part of project Terveysväin Puijolta maailmalle. The purpose of the project is to improve the health of young people and their families in Kuopio.

The research material has been collected with a questionnaire in two different schools in Kuopio area. 87 pupils from seventh graders has attended to the research. The questionnaire had 157 structured questions. And the material was analysed by SPSS for Windows-program. The research material and the main results of research were presented in tables of frequents, percents and averages.

The results of this research shows that the seventh graders had a good knowledge of healthy nutrition but the knowledge was still very shallow. Seventh grader's attitude towards healthy nutrition was positive and 81% of the seventh graders knew that they can improve their own health by eating healthy food. Even though they had quit positive attitude towards healthy nutrition, only 53% of seventh graders were willing to influence on their health by eating properly. Most of the seventh graders (82%) told that their attitude towards healthy nutrition were improved during the seventh grade. Most of the seventh graders were familiar with other health choices too. 67% of seventh graders eat breakfast and 77% eat dinner and evening-meal every day. 49% of students eat school-lunch every day, 60% of the families eat dinner together every evening. 40% of students had vegetables, fruits and berry's every time those were offered. The girls eat vegetables, fruits and berry's more often than the boys (p=0,050). 30% of the seventh graders told that they have been so hungry during the school day that it has influenced on their concentration. The hunger didn't influence on girls snacks. Boys chose candies (p=0,015) and pizza's (p= 0,020) more often when their felt hungry. 75% of student though that studying in the web learning environment were quit nice, easy and funny. Most of them (69%) though that studying in web learning environment has been better than in normal classes. The differences between girls and boys opinions were big. Most of the boys thought that studying in the web learning environment were very motivating (p= 0,028), encouraging (p= 0,015) and most of the boys though that studying in the web learning environment has increased their dialogue (p= 0,002). The girls did not felt the same about the web learning environment.

On the base of the results of this research we can say that the seventh graders have a good knowledge of healthy nutrition but they still need support and guidance on their own decision-making. We should support adolescent and their families to pay attention to the importance of regular and healthy meals. The adolescent need clear models and safe borders to help them make independent
health choices on their own time too. The web learning environment has turned out to be very interesting and multiple tool of teaching and learning aid. The web learning environment has showed that it can be used as a method of teaching healthy nutrition in Finnish comprehensive schools but it is still important to develop new and different web learning environments too. It would be challenging to study how the different media could be used in health promotion in the future. And it would be important to get a deeper understanding on web learning environment and how it can support adolescents’ health learning.
Resources, nursing interventions facilitating the use of resources, employee, occupational health nurse

The purpose of this study was to describe the municipal employees' perceptions of their resources, their perceptions of and their expectations about nursing interventions by occupational health nurse (=OHN) facilitating the use of resources.

The population of this study consisted of employees of one municipality in Eastern Finland. The data were collected by semistructured questionnaire from 118 employees in 1.2.-21.3.2001. The sample was chosen randomly of municipal employees who visited the occupational health station during the time. The response rate was 59. The questionnaire used in this study was formulated based on literature on resources. There were questions about employees' perceptions of their resources and employees' perceptions of nursing interventions by OHN facilitating the use of resources in the questionnaire. The construct validity of the questionnaire was examined with factor analysis and internal consistency of the questionnaire with Cronbach's alpha. The internal consistency of the questionnaire was good.

The data were analysed statistically using the SPSS for Windows 9.0 software. Frequencies, percentages, means and cross tabulation were used to describe the quantitative data. Khi2-test, Fisher's exact test, Mann Whitney U-test, Kruskal Wallis test and correlations were used for statistical tests. Variables with three or more classes were examined in pairs with Mann Whitney U-test. Bonferroni adjustments were calculated for p-values. The open-ended questions were analysed with inductive content analysis.

The employees mainly considered their own resources sufficient. The resources connected with social relationships at work were proved to be the poorest. Employees under 35 years old, employees often using occupational health services and employees with a lower educational level evaluated many of their resources insufficient. The employees considered the collaboration relationship between employee and OHN sufficient and necessary. The respondents considered the guidance and information given by OHN and support for decision-making moderately sufficient, but often unnecessary. Guidance and information given by OHN for the working community and OHN's function as mediator in difficult situations in a working community were considered quite insufficient and quite necessary. The respondents expected OHN to visit working places more regularly, to organize various guidance and educational situations in working communities, to actively intervene in problem situations in working communities and to do more frequent and more regular health inspections in the future.

The research findings can be utilised while developing new operative models for occupational health work in working communities and developing the education of public health nurses and spe-
cialized and further education of OHNs. In municipal personnel administration results can be utilised in developing municipal working conditions and social relationships in working communities.
The subject of this study was collected using questionnaire in two schools of North-Savo in the January 2002. The first school of the study is part of the project of European Health schools, in which the virtual learning environment were used together with traditional classroom learning. In the other school this was not used. 139 eight graders, which was 96 % of original sample, participated of this study. The data was analysed statistically using SPSS for Windows 10.1 statistical software. The data and the results are described using statistical tables and text. The percents and means are used for describing results.

The results of this study proved, that adolescence have quite clear knowledge base concerning non-intoxication. The adolescence knew most about alcohol and less they had knowledge about drugs. However, there were no differences between the different groups of using alcohol and the knowledge base of alcohol. The adolescence who did not smoked or smoked 1-2 times per month had the best knowledge base of smoking. The adolescence who did not used alcohol or used alcohol 1-2 times per month knew the most about drugs.

The most developed skills the adolescence had about temperance, but poor skills when using smoking and drugs with friends. They could not resist the social pressure of their peers. The attitudes of adolescence were positive in generally. The adolescence who do not use alcohol and do not smoke had more negative attitudes towards non-intoxication comparing with adolescence who used alcohol and smoked.

The values and limits of families supported the adolescence's view about non-intoxication. The peer group had also the connection with non-intoxication among adolescence. The non-smoking adolescence had more non-smoking friends than those who smoked. In addition the using alcohol had connection how much alcohol was used in peer groups: The alcohol was not used if the best friend did not used it. The interest of leisure affect the adolescence's attitudes towards non-intoxication. The adolescence who did not used alcohol or did not smoked had more interest during their free time. They also spent more time with their family than the adolescence who used alcohol or smoked.

The enlightenment was the most often used teaching and learning method of non-intoxication. Moreless were used theme days, the lectures of adolescence, visitors, role plays of refusing non-
intoxication, teamwork, learning videos or plays. The eight graders told that they were told enough about the benefits and drawbacks of non-intoxication. Less than half of adolescence were achieved confidence to refuse of non-intoxication. The adolescence could not affect the learning methods which were used on the lessons. The adolescence who participated in the traditional lessons had better knowledge base and skills about non-intoxication than those who used virtual learning environment. Instead of that there were no statistical differences between the groups concerning the attitudes.
The purpose of this study was to describe and explain both the Chinese nurses' use of non-pharmacological methods for relieving school-aged (6-12 years old) children's postoperative pain and parental guidance provided by nurses. Factors related to the use of non-pharmacological methods and to the providing of parental guidance were also analyzed. Moreover, Chinese nurses’ opinions about the importance of non-pharmacological methods in paediatric postoperative pain relief, the sources of nurses’ knowledge pain management, and factors that limited Chinese nurses' use of non-pharmacological methods for relieving surgical pain, were also examined.

The data were collected from Chinese nurses (N= 178) working in paediatric surgical wards (N=4), cardiac and chest surgical wards (N=3), ear, nose, and throat surgical wards (N=4), and a general surgical ward (N= 1) in five hospitals in Fujian Province, China. The Likert-type instrument used in the present study was slightly modified version of one developed earlier by Tarja Pölkki, PhD, a researcher at the University of Kuopio, with some questions added. The average response rate was 98%. Descriptive statistics as well as Kruskal-Wallis ANOVA and chi-square test were used as statistical methods.

The study indicated that Chinese nurses working in the four paediatric surgical wards, the three cardiac and chest surgical wards, the four ear, nose, and throat surgical wards, and the general surgical ward used various non-pharmacological methods for relieving school-aged children's postoperative pain. The most commonly used methods were: providing preparatory information, comforting/reassurance, creating a comfortable environment, distraction, and positioning, whereas TENS (transcutaneous electrical nerve stimulation) was not used at all, and positive reinforcement and helping with daily activities were used less. Concerning preparatory information provided to children and their parents, sensory information was provided much less than cognitive information. The five most common non-pharmacological methods provided to parents were distraction, positive reinforcement, comforting/reassurance, positioning, and relaxation. The results also showed that age, education, nursing position, professional work experience, number of their own children and experiences of earlier hospitalizations of their children, were significantly related to nurses' use of some non-pharmacological methods and their perceptions regarding parental guidance. Furthermore, hospital and place of work were significantly related to nurses' use of most of the non-pharmacological methods and their perceptions regarding parental guidance. Most of the nurses thought that it was very important to use non-pharmacological methods for relieving children's surgical pain. Most of the nurses stated that they got their knowledge of non-pharmacological pain management from personal experience and other colleagues. There were many factors that limited the nurses' use of non-pharmacological methods in practice, the most common one being that there were too few nurses for the work that had to be done, other factors included the nurses’ lack of related knowledge, and the fact that these methods were not used as a nursing routine.
The Chinese nurses used versatile non-pharmacological methods in school-aged children's postoperative pain relief, and they felt that parents were, for the most part, well informed about their child's surgical procedure, especially the cognitive information and some of non-pharmacological methods. Sensory information was provided less often to children and parents. The results of this study provide hints for clinical practice, and give challenges to nursing education and research concerning pain management. In China, there is a need to examine methods used by nurses to relieve the pain of children in different patient groups and age groups. Moreover, the instructions and support the parents received in the environment of paediatric surgical ward, and factors influencing parental participation in their children's postoperative pain alleviation, need to be examined. Future studies concerning how nurse educators can facilitate nurse students’ and clinical nurses' knowledge of pain management also needs to be conducted
UNIVERSITY OF KUOPIO, Department of Nursing Science

HUOVINEN SATU AND RIIKONEN RIITTA: Quality of life of women with breast cancer after breast reconstruction operation and quality of life – related factors.

Master’s thesis, 126 pages, 5 appendices

Advisors: Professor Pirkko Meriläinen, Researcher Eija Kattainen and MD Anthony Papp

March 2002

Quality of life, quality of life -related factors, informational and other social support, women, breast cancer, breast reconstruction.

The purpose of this study was to describe and explain the quality of life of women with breast cancer after breast reconstruction operation and quality of life related factors. The purpose of this study also was to describe the amount of informational and other social support as a part of developers of quality of life.

The patients included in this study were 133 women who had had the breast reconstruction operation between 1992- 1999. The instrument was developed for this study. The validity and reliability of the instrument was fairly good. Data was collected by using mailed questionnaire during September -October 1999. The response rate of this study was 75 %. Data was analysed by using SPSS for Windows computer programme. Data was statistically described by using frequencies, percentages, averages and standard deviations. Summary scores were formulated by using explorative factor analysis. Statistical significance was tested on nonparametric tests. Open questions were analysed by qualitative content analysis.

The average age of women participating in this study was 52 years while the range was 36-71 years. The most common time from breast reconstruction operation to measurement was two years or less. Majority of women (74%} had had the immediate breast reconstruction operation and TRAM -flap operation method (71%).

The quality of life of women was good on physical functioning and symptoms, positive empowerment, close relationships and values and QoL was satisfactory on fears and on breast reconstruction operations affect on femininity. Fears in connection with breast cancer and its prognosis decreased the quality of life of women. Older women with lower educational level had better quality of life. It was also better on those women who had had the delayed breast reconstruction operation and among those women who had not needed breast cancer adjuvant therapy. The quality of life was poorer on younger, higher educated women. It was also poorer on women who had had the delayed breast reconstruction operation and who had needed heavier breast cancer adjuvant therapy.

The most important factors in the before operation information were factors that were connected with operation and before discharge it was on factors connected with wound care and sick -leave. Women needed more information on recovery on both periods. Women had had as much support as they needed from doctors, nurses and members of the family during their recovery .The quality of life of women was better when they had had both informational and other social support in connection with breast reconstruction operation on both periods. The results of this study can be used in nursing practice. In the future the instrument must be developed furthermore.
The aim of the study was to describe how the students at the ninth grade in the primary school describe mental health and how they experience it. The task of the study was to describe how they define mental health, which matters protect and which matters has negative influence on it.

The research data was gathered by interviewing the students in the spring 2001. The data was analysed by using qualitative contain analysis. The results indicated that the adolescents defined the mental health to be a holistic balance of living. The ability to take part, the capacity of decision-making was emphasized in the situations, where the adolescent made choices for their life. When the adolescent felt him/herself respected and notable person, his/hers self-esteem strengthen. The relationships and the interrelation between the parents, the teachers and the peers were important part of mental health. The adolescents also thought that they had to take care of their mental health.

The protect elements were the family, the communities outside their families, the school community and the possibility to deal with their feelings. The safety in the family and the support, the accept and the care by parents were important. In the school the teacher had significant role in the mental health. By using collaboration and by knowing each student individually the teacher enhanced and protected the adolescent's mental health. The adolescent's hobbies and the adults there were significance too by preventing adolescent's holistic well being and their healthy way's of living. The adolescents used creating methods for their feelings' expression. The offend elements comprised the difficulties in the family: the violence and the general insecurity in the family wounded the mental health. In the schools the school nuinance and the weak atmosphere in the classes offended the mental health. In the schools there were pressures, that might cause stress for the students. The controlled substances offended the adolescent's mental health. Alcohol, tobacco and drugs got the adolescent's life lost.

In the future the research would be expanded to the teachers and the school health nurses.
The purpose of this study was to describe caring experiences of women with breast cancer during five weeks period of radiation therapy. This study highlight the caring experiences they had during radiation therapy, how they felt at the begin of radiation therapy period, how they described aspects they felt more secure or insecure and which supportive or non supportive aspects they have had.

Eighteen postoperative women with breast cancer agreed to participate in the study. Written data were collected three times during radiation therapy: during first week, in the middle of the treatment period and when radiation therapy was over. Data were analysed by using qualitative content analysis.

Women described feelings as anxiety and worry at the begin of the radiation therapy. Aspects that increased anxiety and worry feelings were side-effects and adjuvant medical treatments. Aspects which relieved anxiety and worry were information giving and friendly attitude for patients. The accuracy in radiation therapists work and receiving information created secure feelings also easiness and painless of treatment during radiotherapy period. Inadequate information and radiation therapists turnover created insecure feelings. As the therapy proceeded women got used to daily treatment and living daily life as usual with work or other daily activities. Supportive aspects they had during radiation therapy period was interaction with radiation therapists. Mostly radiation therapists were described as friendly and objectively. Encountering as a person were important. Those women that felt without encountering as a person felt also the treatment as hard. Supportive aspects they found during radiation therapy were other breast cancer patients, family and friends. Mostly women were optimistic and hopeful during radiation therapy period.

The results of the present study can be used to improve breast cancer patients nursing care during the radiation therapy period. In the future intervention studies should be developed to evaluate the effectiveness of counselling of breast cancer patients and the utilization of Web-based counselling environments as a source of getting information. The experiences of radiation therapists work in radiotherapy unit and competence that education gives to radiation therapist students to encounter cancer patients should also be researched.
The purpose of this study was to find out deaconesses' views regarding the diaconal work and diaconal nursing done by them in the congregations belonging to the Diocese of Kuopio, eastern Finland. The questions were: What is deaconesses' diaconal work like? What is deaconesses' diaconal nursing like? What is the understanding of deaconesses regarding their knowledge base and their expertise? What are deaconesses' needs regarding further education? How are the background variables connected to the diaconal work and diaconal nursing implemented by deaconesses?

The data were collected by means of a semi-structured questionnaire developed for this study. The target group was selected of deaconesses (N=86) employed in January of 2001 by the congregations belonging to the Diocese of Kuopio. Responses were received from 66 deaconesses. The response rate was 77 %. The quantitative data was analysed by using the SPSS for Windows program, and the qualitative data was analysed by content analysis method.

The results showed that the diaconal work implemented by deaconesses in the service of congregations in 2000 mainly focused on work among clients in the form of house calls and receiving clients at appointed times. Furthermore, diaconal work included planning and co-operation, communal functions within the congregation, and supporting of voluntary activities. Diaconal nursing by deaconesses was often implemented in the form of enabling hope, discussions of spiritual care, confronting loneliness, reinforcing resources, guiding people in health-related matters, and collaboration with other professional personnel. Seldom did diaconal caring include the nursing actions or measures. Deaconesses' concept of knowledge was formed especially of ethical and aesthetic knowledge, and this was manifested as values, as one's calling, and as a skill to confrontation. Empirical and especially personal knowledge enhanced their expertise. Deaconesses would like to have further education in spiritual work, spiritual care, mental healthcare and caring, changing diaconal work, and coping with working life. Deaconesses employed in large congregations had acquired more education than their peers in small congregations.

The results can be used at the Diaconia Polytechnic in teaching and learning of diaconal work and diaconal nursing. The needs for further education should be taken into planning of personnel training within Finland's evangelical Lutheran Church. For further study, I wish to propose that the professional expertise of deaconesses and deacons should be founded out in diaconal work. The contents of diaconal nursing should be depicted using qualitative research methods.
Psychosocial well being, coronary artery bypass grafting, coronary artery bypass process, spouse

The main purpose of this study was to describe how the spouses of coronary artery bypass graft (CABG) surgery patients experienced their psychosocial well being during the process of CABG surgery. The second purpose was to discover what kind of social support the spouses need and what kind social support they are given. The third purpose was to discover how spouses describe their quality of life (QoL). The concept model of psychosocial well being of spouses' was constructed on the basis of spouses' stories.

There were 15 spouses of CABG surgery patients who participated in this research; there were six male and nine female spouses. The data were collected by using the method of open interview between November in 2000 and February in 2001. The qualitative material was analysed on the basis of qualitative content analysis.

The process of CABG means a big change in the life of spouses of the CABG surgery patients. In this study there were found a lot of factors decreasing and increasing the psychosocial well being of spouses during their husbands' or wives' CABG surgery process. Among decreasing factors were state of anxiety including different kinds of fears and concerns, uncertainty for the future, poor marital relationship, over caring, disappointments in care and changes in social life. Among increasing factors there were the social network of spouses, social support from nurses and doctors, having the confidence in care, good marital relationship and spouses' own coping strategies. In addition there were found four different ways to act: "trustworthy with goers", realistic with goers, over caring with goers and "suspicious outsiders". The result of this study indicates that spouses hoped to being able to participate in their mate's CABG surgery process. The group of "over caring with goers" seemed to need the most social support, encouragement and information.

Spouses defined their quality of life as connection to health related quality of life. The psychosocial well being was emphasized by family, good marital relationship and good relationships with other people, and also by moderate standard of living.

The results of this study have implications for nursing practice by improving pre- and postoperative counselling for spouses. The research results increase knowledge base of the nursing science, the definition of quality of life of the spouses of CABG surgery patients, especially their psychosocial well being. Theoretical knowledge of psychosocial well being as a part of HRQOL can be utilised in designing the measurement scale and testing the theoretical structure. In the future, generalised information of psychosocial well being related to the HRQOL will be needed from spouses in order to decrease the quality of the cardiovascular nursing practice.
The purpose of this thesis was to describe the professional experiences of school nurses with the traumatic crises of youth. The focus of the study was the role that the traumatic crises of youth plays in the work of a school nurse. In addition, the intention of the thesis was to describe how school nurses recognise youth undergoing a traumatic crisis, plus how they help youth in crisis and in preventing crises.

The raw data for this thesis was collected with an open survey form for school nurses at the upper layer of comprehensive schools, upper secondary schools and vocational schools (n=17). The raw data was analysed with qualitative content analysis.

In the course of their duties, school nurses encountered youth who have experienced a traumatic crisis in some phase of their life. The traumatic crisis was discernable as different phenomena of change in the youth. These phenomena presented in behaviour, the ability to concentrate, taking care of oneself and in social relations. Changes occurring in youth were easily observed in the school environment, but the youth and those close to them were required to explain the proximate causes.

From the school nurses, the youth required time, concrete advice, support and positive resources in order to recover from the crisis. School nurses were in contact with other professional groups when helping the youth. They regarded the cooperation as supporting their own work, but it could have been greater quantitatively.

The conditions encountered in the schools of the school nurses and regular meetings with the youth were regarded as important in the prevention of traumatic crises among youth. In addition, their own professional training and social influence were regarded as good prevention methods.

The results of this thesis can benefit nursing training and the development of practical nursing. Traditions methods of helping and new models of action need to be developed for school nursing with the participation of different Professional groups.
The purpose of this study was to review collaboration between nurses and physicians in end-of-life decision-making in intensive care. In addition, the purpose in this study was to clarify factors which could enhance or prevent nurses to participate in this process. The subjects of the study were 364 nurses in intensive care units in three university and in four central hospitals in Finland. The data were collected with a structured questionnaire. The questionnaire included nurses background and their opinions regarding the following topics: nurse-physician team-work, pursuit for patient's well-being, sharing information of patient's care between nurses and physicians and factors which could enhance or prevent nurses to participate in end-of-life decision-making. The response rate was 74 % (n=270).

The data were processed and analysed using the SPSS -statistical program. Frequencies and percentage distributions were used for descriptive statistics. The data were reduced using factor analysis and then summarized variables (Cronbach's alfa .42 -.78). The statistical methods used were cross-tabulation, Chi-square test, Mann-Whitney U-test and Kruskall- Wallis -test for statistical comparison.

According to the results, communication between nurses and physicians was usually open and they shared common goals in patient care. Almost always nurses trusted that physicians were present and nurses were also confident with physicians' knowledge and skills regarding end-of-life decision-making. On the other hand, team work and mutual support between physicians and nurses was uncommon. Very seldom nurses expressed their opinions regarding end-of-life decision-making. They also rarely participated in this process. Nurses who had a lot of experience in intensive and end-of-life care, participated most often in decision-making.

Factors which enhanced nurses participation in end-of-life decision-making were: nurses' and physicians' discussions together with patients' relatives, physicians' willingness to discuss with nurses, physicians' encouragement for nurses to participate in discussions, physicians' expectations regarding shared responsibility with nurses, nurses' willingness to share responsibility with physicians and good relationship between nurses and physicians. Factors which prevented nurses to participate in end-of-life decision-making were: lack of open discussions between nurses and physicians, lack of respect regarding nurses' experience, poor utilization of nurses' knowledge, physicians' ignorance of nurses' conflicting opinions, nurses unwillingness to share responsibility, and finally lack of positive feedback.

The results of this study can be utilized to improve collaboration between nurses and physicians in end-of-life decision-making in intensive care.
The purpose of this study was to describe the music therapists’ opinion of the depressive people, who are in music therapy process. The data were collected by interview (n=6) and essay (n=1) of the Finnish music therapists (n=7) who were working with depressed people.

The findings of this study show that music therapists can lay the foundation of the contact to depressive people by music. Therapeutic relationship is the ground of the music therapy, which is founding new communication in music therapy process. It is creating a new space for therapeutic counselling, where is the beginning of talking. Music therapist will courage depressive human people to use her/his strengths. By music depressive people can learn new things and music is one of the coping techniques. Depressive people will get back meaning of her/his life and music is the way for relaxation and harmonization and healthy.

This study produces knowledge for nursing of depressed people and for psychiatric nursing, preventive mental health nursing, and teaching. In future it is important to study more helping methods of depressed people, because e.g. using music and art as nursing methods brings people hope and comfort.
The purpose of this research was to find out how public health nurse students graduating from polytechnic assess their own professional skills to promote young people's drug non-dependence. The research was part of a project to prevent young people from experimenting with and abusing drugs. The project called "Knowledge, attitude and ability" was launched by the Department of Nursing Science at Kuopio University in spring 2001. The objective of the project is to increase and analyse parents', pupils' and school community members' joint discussion on how to prevent young people from experimenting and abusing drugs, and to find ways and to create networks in the neighbouring community to prevent drug experiments and abuse.

The data was gathered with a questionnaire and total sampling in spring 2002. The population were graduating public health nurse students (N=182) at each polytechnics in Finland. 133 public health nurse students, which was 73% of the original sampling, participated in the research. The questionnaire consisted of 132 structured and 2 open questions. The data was analysed statistically with the SPSS for Windows programme. The results were presented as frequency and percentage distributions. The open questions were analysed by qualitative contents analysis.

The results show that graduating public health nurse students are well aware of the factors related to young people's drug experiments as well as of the ill effects that drug abuse causes. However, there were some insufficiency in skills to recognise abuse of certain drugs. According to most public health nurse students, teaching on drugs and drug strategy had not been thorough enough during the education, and consequently these issues had not been studied sufficiently.

64 % of the public health students assessed their own skills to engage in multidisciplinary co-operation that supports young people's drug non-dependence as adequate. 43 % of the informants maintained that their education had not provided sufficient information on the role of multidisciplinary co-operation in young people's drug education. Approximately every third public health nurse student had received information on the activities of voluntary organisations in supporting drug non-dependence during their education.

Educational sessions given during the education supported the development of public health nurse students' skills in individual and group counselling. 64 % of the informants told that they were able to implement drug non-dependence promoting health counselling to the young with the help of the information they had received during the education. Every second informant considered his/ her interpersonal skills to transact with a young person who had experimented with drugs good. Two informants out of three regarded their professional knowledge- and skill-base to support and give professional help to the significant ones of a young person with drug experiments as sufficient. Half of
the informants had not received enough information on young people's own value basis supporting drug non-dependence during the education.

A person who has experimented with drugs is considered a great challenge to nursing care by the public health nurse students. Two public health nurse students out of three have a very negative attitude towards young people's drug experiments. Experiences from transacting with drug-abusing young had not influenced the attitudes towards young people's drug experiments. It would be most interesting to study the skills of graduating or working nurses to transact with a young person who has experimented with drugs.
The purpose of this study was to describe the health education of 13-14-year-old pupils in the school community. Its aim was to highlight the amount of importance pupils give to taking joy in health education and to pinpoint the way they feel about health education being integrated into their day to day school curriculum.

Data were gathered, by group interviews, from 13-14-year-old pupils (n=20) of one secondary school belonging to the European Network of Health Promoting Schools (ENHPS). Five groups were interviewed, each of which comprised of 4 pupils both boys and girls inclusive. Data were analysed using qualitative content analysis.

The results indicated that pupils regarded joy as an important promotive factor in health education. Joy was experienced both on an individual- and community level. A lot of health learning took place in the mode of informal teaching during a school day. Health issues were brought to the forefront by other pupils, teachers and tutors. Pupils studied health through daily customs, habits and tutors. According to the pupils, they did not learn much about health at school. They characterized learning and teaching with school, in other words, with school curriculum. A great part of the health education was not integrated with formal teaching.

The school is an institution, which strengthens learning and motivates pupils. Through physical environment and spiritual interactions, school offers its members a field to learn by mutual experiences. In health education, rich experiences and learning joys strengthen the learning process. With a teaching plan it is possible to intensify health education in schools and with good planning to make space for joy and relaxation.

In future research, it would be interesting to explore in what ways a curriculum can be drawn up, realised and evaluated in practice. Group interviews and narrative practices could serve as a theoretical base for this continuous feedback model.
The purpose of this study was to describe the experiences of those who had taken part in a silent retreat and how these experiences could be utilised in everyday life. The aims of the study were to describe what silence as an experience gives to the participants and what kind of learning experiences the silent retreat offers to everyday life.

The study material was collected in September and November of 2001. The participants (N=13) wrote down their experiences of silence in diaries during the autumn of 2001. The material was analysed using the qualitative content analysis.

The experience of silence was a personal and subjective matter. People took part in the retreat from different circumstances and situations of life. Personal matters came along, but silence brought distance and different viewpoints towards them. Silence was not frightening emptiness, loneliness or something mystic. In silence a person faced his soul, found something inside himself and possibly grew as a person.

The study results show that what the participants found specially significant were the feelings of connection, quietness, peacefulness and restfulness. Silence was seen as a relieving state that had no demands and gave strength. Silence gave a new direction to life and it made it possible to go on with daily life in a more harmonious way.

The feeling of connection to others and to God were experiences of learning. Experiencing the presence of God and facing Him in a caring way was significant. In addition to connection, love and caring were important. A prayer connection both together and alone took care of this connection. In silence the soul opened up to hear and perceive more sensitively. The beauty of nature and the surrounding premises as well as Christian symbols had a special significance.

Making use of retreat experiences in everyday life appeared as a change, as finding a new direction, as looking for and increasing silence and taking care of the connection with God. After reaching the inner silence the outside noises, occurrences and impulses lost their disturbing meaning. The silent retreat furthered the experience of harmony and spiritual growth.

The study results can be used when developing mental health care to help busy and burnt out people. Those who work with human relations receive information about the importance and benefit of silence in people's world of experience. The study can also be used in the education of different fields.
The aim of the study was to describe resources available to nursing staff working in service units for home nursing and multiprofessional home care. The study also analysed interconnections between background data and resources and between resources and health. It formed part of an initial phase of a research project on integrated services in the practice of discharge (PALKO) implemented at the National Research and Development Centre for Welfare and Health (STAKES). The study also relates to a research project on research-oriented nursing actions in the health promotion of youth and adults implemented in the Department of Nursing Science at the University of Kuopio.

The study focused on nursing staff (n=245) working in home nursing and multiprofessional home care service units in 22 municipalities that took part in the PALKO project. Research material was collected by a mail questionnaire between 17 April and 13 July 2001. The questionnaire mainly consisted of structured questions. The study was confined to those variables of the measure that pertained to background data about the staff, competencies required in nursing work, social support received from the work community and through close social relationships, chances to have a say and to develop at work, and employee health. The reliability of the measure was assessed using the Cronbach Coefficient Alpha test and a factor analysis. The data set was analysed by the SPSS 10.1 programme. It was described and analysed by frequency and percentage distributions, cross-tabulation and the Chi square test. Groups were compared using sum variables and the Mann-Whitney and Kruskall-Wallis tests.

The findings showed that a majority of nursing staff perceived that the resources available to them were fairly good. They gave the highest rating to their chances to develop at work and the lowest rating to the social support they received from their immediate superiors and through their close social relationships. The best situation with regard to resources was found among nursing staff members who had a high professional status in their work community and who had participated actively in further education and training. Such background factors as age, marital status, professional qualifications, and work experience in present duties were also linked with resources. Statistically significant differences were observed between the home nursing units and multiprofessional home care service units in the nursing staffs chances to have a say and to receive social support from coworkers and superiors. A positive perception of professional competence at work was linked with a high level of perceived health among the staff.

The findings indicated that further education and training should be developed for the nursing staff and that discussion was needed in the work community on problems occurring in relationships between different groups of nursing professionals. There was also a need to increase support to employees through work assessment. Further research is needed for example to analyse the effects of joining home-nursing and home-care service organisations from the viewpoint of superiors, home
service staff and home care clients, and to assess competencies required for working with elderly people.
The purpose of this study was to find out what is the meaning of the value basis of the curriculum and the learning objectives that guide clinical training from the point of view of tutors who guide the clinical training in health care. The data was collected in two health care centres from nurses and public health nurses (N = 101) who guide students. 72 per cent of the participants filled in the questionnaire. The data was collected using a questionnaire that was constructed applying earlier literature and research results. The questionnaires of Hyrkäs (1997) and Mölsä (2002) were used where applicable. The results were presented in frequencies, percentages and mean values. Variance analysis was used to test the data statistically. Open answer questions were analysed with content analysis.

The tutors of health care clinical training considered the objectives of the curriculum to mirror rather variably the value basis of the curriculum that a department of health care at a polytechnic should emphasize today. The tutors carried out the value basis of the curriculum well in most parts of student guidance. The same issues as the tutors considered to show up in the objectives of the curriculum were also highlighted in the actions of the tutors of clinical training. A great part of the tutors of clinical training supported the students' target-oriented learning during the clinical training period and also took into consideration the students' earlier experience of health care. However, the tutors guided the students of health care less to apply research knowledge in the clinical training.

The tutors knew better the students' personal objectives of learning for the training period than the objectives of the curriculum for health care. The students' personal objectives of learning were also realized more often during the training period than the objectives of the curriculum.

The tutors of clinical training knew poorly the curriculum of health care education. The extra training the tutors received in student guidance promoted the realization of the concept of man and the concept of learning that are reflected in the objectives of the curriculum when guiding the students in clinical training. Extra training also promoted the tutors to study the students' personal objectives of learning. However, the extra training the tutors received in student guidance did not increase the tutors' knowledge of the curriculum or the objectives of the curriculum of health care.
The purpose of this study was to describe the expectations that the staff of different clinical laboratories have regarding professional skills of a biomedical laboratory technologist. The aim was to discuss a biomedical laboratory technologist's training program (degree level) and to produce information for its development as well as to find out needs for additional and further education. The target group of the study consisted of laboratory physicians, investigating staff (chemists, microbiologists, physicists etc.) and biomedical laboratory technologists (diploma level) who worked in supervisory positions (N = 141). The members of the target group worked in university, central and district hospitals and in private laboratories and in health centre laboratories. The data was collected by sending a half-structured questionnaire to the respondents through a contact person in each organisation. The response rate was 68%. Ratios and cross-tabulation were used when analysing the data.

A biomedical laboratory technologist has to know the laboratory model and to be able to apply it in different situations. According to the results expanding the scope of the model into an interactive process was not necessary. Neither public health care laboratories nor private laboratories expect a biomedical laboratory technologist to have enterprise or marketing skills. Half of the respondents were of the opinion that a biomedical laboratory technologist should be able to cooperate with clients outside the laboratory. In this study the knowledge base of the laboratory medicine was not widened by more detailed information compared to the current contents of the training program. The opinions were almost evenly divided into those favouring broad and comprehensive training and those favouring broad but partly specialized training. The basic studies should provide the student with abilities to assess and develop working facilities in the laboratory. A biomedical laboratory technologist was not expected to be able to choose appropriate examination methods or instruments. According to the results these skills require work experience. Small working places considered developmental skills necessary whereas laboratory staff in central hospitals was strictly against training the biomedical laboratory technologists’ developmental skills. Investigating staff was of the opinion that a biomedical laboratory technologist's tasks don't contain many work developmental elements. In-service training and national training were considered the most important ways to develop professional competence. The most important subjects for further education after the graduation were considered to be administrative and professional subjects.
The purpose of this study was to describe which sensory qualities, suffering and well-being exist in adults with rheumatoid arthritis by using Multidimensional Affect and Pain Survey (MAPS) questionnaire. In addition, the purpose of this study was to evaluate how useful MAPS -questionnaire is for pain measurement. The data were collected in hospital of Heinola Rheumatism Foundation (N=162). The questionnaire included patient's background information and 101 statements, containing words which describe painful and non-painful sensations and emotions concerning suffering and well-being. In addition, patients with rheumatoid arthritis evaluated their pain, anxiety, depression and sensations at the moment of the study and how they expect their situation will be after two days and after six months. The response rate was 69% (n=111).

The data were analysed using the SPSS -statistical program. The data were described with frequencies and percentage and also summarized variables (Cronbach's alpha .47-.95). The statistical methods used were cross-tabulation, Chi-square test, Kruskal-Wallis -test and Mann Whitney U -test for statistical comparison.

Adults with rheumatoid arthritis emphasized more sensory qualities than suffering. Well-being was emphasized more than sensory qualities. Participant's painful and non-painful sensations were associated with pain restriction, muscle and joint pain, mental distress and temporal sensations. Education was associated with faint pain and pain restriction. Age was associated with respiratory distress, thermal sensations and intermittent pressure. Treatment for a rheumatoid arthritis was associated with temporal sensations, muscle and joint pain, autonomic distress and respiratory distress. Suffering was described best by terms of mental and physical avoidance, fear and physical illness. Suffering was associated with age, duration of disease and treatment for rheumatoid arthritis. Well-being was described best by terms of affiliate feelings, positive affect and treatable illness. Well-being was associated with sex, age, education and duration of disease.

This study provided knowledge about pain in adults with rheumatoid arthritis. This provided knowledge can be used for developing the care of the patients with rheumatoid arthritis. In addition, this study provided knowledge about usefulness of Multidimensional Affect and Pain Survey (MAPS) -questionnaire concerning pain measurement and evaluation. In the future it is important to use MAPS -questionnaire with different patients and to test validity and reliability of MAPS.
UNIVERSITY OF KUOPIO, Department of Nursing Science

VANHANEN PÄIVI: Relationship as a couple and sex life – inquiry to coronary disease patients.

Master’s thesis, 80 pages, 3 appendices (19 pages)

Advisors: Professor Pirkko Meriläinen, Researcher Eija Kattainen and Senior Assistant Jari Kylmä

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Relationship as a couple, sexuality, sex life, coronary disease

The aim of this study was to describe and clarify coronary disease patients relationship as a couple and sex life and to detect factors connected with the relationship and sex life. An additional aim was to describe coronary disease patients sexual and relationship counselling and need for it. The study is part of a research project called "Chronic patients' health related quality of life and its promotion". The project is carried out by the department of nursing science at the university of Kuopio.

The target group (N=115) included people who volunteered for the study after seeing an advertisement in the Sydän -magazine (n= 43) and people who were treated in Cordia Hospital from 1996 to 1998 suffering from coronary disease (n= 72). The research material was gathered by a structured questionnaire between March and April in 2001. The response rate was 58 %. The data were analysed and presented in frequencies, percentages, by means of summative score and by Spearman correlations. The statistic significance of the results was examined by using Mann-Whitney's U-test.

In most cases the relationship remained unchanged after the coronary disease diagnosis. Most study subjects regarded their relationship as happy. The happiness of the relationship was strengthened by lack of negative emotions, the happiness of the relationship at the research moment and satisfactory sex life. Symptoms, pains and bypass operation increased tenderness and affection, taking care of the partner and fear of losing the partner. In female sufferers relationships sharing of household chores increased more than in male sufferers' relationships. Half of the study subjects stated that their sex life became worse after the coronary disease diagnosis. The reasons were physical symptoms and pains, negative emotions, worsening of the relationship after the diagnosis and unsatisfactory sex life at the research moment. Bypass operation and angioplasty often had a negative influence on sex life. Sexual activity, ability and desire decreased. Most subjects did not receive sexual and relationship counselling during their stay in hospital. They would have liked counselling on sexuality and its changes from their doctor. Relationship counselling was not considered so necessary. The subjects who had received sexual and relationship counselling evaluated their sex life at the research moment more satisfactory than those who had not received counselling.

The results of this study can be utilised in coronary disease patients' clinical nursing when planning counselling especially for bypass operation and angioplasty patients. The study consolidates the theory of nursing sciences regarding the meaning of sex life and relationship as part of health related life quality and well being of a coronary disease patient.
The aim of the study was to describe dental care fear experienced by clients. The purpose was also to adduce methods that dental professionals could use to prevent and alleviate dental care fear. One of the aims of the study was also to characterize the ways in which dental care fear appears in the client and which factors are related to the origins of dental care fear.

The data were collected by using open questionnaires (N=24) and thematic interviews (N=4) in a private dental clinic. All participants of the study were clients using dental care services and feeling fear of dental care. The data were analyzed qualitatively by content analysis.

The results indicate that dental care fear can induce different kinds of psychic and physiological symptoms, which can appear in client's everyday life. Dental care fear had an impact on patients in different stages of dental care process. Dental care fear very often originates from unpleasant and painful dental experiences in childhood. Even a negative atmosphere in treatment situation can induce fear. Negative experiments and stories heard from parents/other patients can create dental care fear. General fears were also existing among clients with dental care fear. The fear of pain and needles also had a negative impact on clients' dental care experiences. Different factors related to dental procedures and relationships with dental professionals relieved dental care fear. Clients found it very important that all possible information about dental procedures was given to them. Good interaction between clients and dental professionals was considered to be of great importance. Even clients themselves tried to contribute to relief of fear and they found pleasant and positive atmosphere to be alleviating.

The results indicate that dental care fear is experienced in many sectors of everyday life and especially during the dental care process. Dental fear becomes apparent in different kinds of psychic and physiological symptoms. Clients do not necessarily always express their fear verbally and for this reason dental care professionals should be able to recognize the signs of dental care fear in non-verbal communication. It is important to focus on methods dealing with treatment of child clients because negative childhood experiences are one of the main reasons for adolescent dental care fear. Dental professionals can help by consulting fearful clients and by considering the methods that clients have experienced as alleviating their fear. Because clients' hopes and expectations towards dental professionals vary a lot, it is of great importance to clarify individuals' needs especially when dealing with fearful clients.
This study described the views of interprofessional collaboration, of its functioning and of how it could be further developed by occupational health nurses and occupational physiotherapists. The data was collected by focused interviews of ten employees of occupational health care in the autumn of 2001. The data was analysed using the methods of qualitative content analysis.

According to the content analysis the occupational health care nurses and the occupational physiotherapists were motivated for the interprofessional collaboration in the occupational health care and they considered it as important. The collaboration was described as being planned, goal-oriented and systematic cooperation with experts of different domains. Within the interprofessional collaboration it was possible to unite the skills and the resources of different professionals. According to the interviewees the preconditions for the collaboration were good professional skills, professional self-confidence and knowledge of the specialized expertise of the other professional groups. Moreover the importance of participation and of taking initiative were emphasized as well as the expression of one's own opinions in the workgroup. Lacks in the knowledge of the professional skills of the other workers, in the definition of the goals, in the resources for planning and in the possibilities for common use of time, led easily to a situation where shared and common lines of action of the collaboration were not found. The occupational physiotherapists considered, that according to the new law of the occupational health care, they might only be consulted as experts if and when other professionals found it necessary. This would cause a lack of common planning of the collaboration according to the occupational physiotherapists.

The results indicate also that it was important that the personnel of the occupational health care should internalize the value of the specialized expertise and make systematically use of it when developing their professional practice. According to the interviewees the knowledge of the current themes of the occupational health care gained during the professional education strengthened their expertise and they gained courage to act in varying situations of collaboration. In the continued education it is important, according to the interviewees, to take in consideration as well the scientific and the research aspects as well as the practice aspect of the occupational health care. The results of the study encourage to take into account in the planning of curriculae the interprofessional collaboration as a working orientation and to facilitate the practice of its' methods during the education. This would facilitate the recognition of the interprofessional collaboration as an integral part of the occupational health care in the 21st century.
Colonoscopy is the primary procedure when diagnosing diseases of the intestine and it is considered, intimate, unpleasant and even painful for the patient. Colonoscopy pain management varies in different countries. In Finland, sedative or pain medication is not commonly used during the procedure. Nursing staff has an important role in improving the knowledge and safety of the patient and also in pain management. The aim of this study is to describe the knowledge, skills, and ethical practice of Finnish nursing staff in evaluating and managing colonoscopy pain.

The data was collected with a semi-structured questionnaire for the nursing staff assisting in colonoscopy in university, central, and district hospitals (n=147). The response rate was 79% (n=116). Data were analyzed with SPSS for Windows program and open questions were analyzed with a method of content analysis. The results are presented as frequency and percentage distributions.

The knowledge of colonoscopy pain in nursing staff is insufficient, and education and gathering new information is minor. The staff based its knowledge of colonoscopy pain on clinical practice. Majority answered that ethical discussion of colonoscopy pain management was lacking between different professional groups and that varying aspects of pain management caused distress in nursing staff. Pain scales were not used in pain evaluation, the nursing staff observed the patient’s behavior and external signs of pain instead. Making notes of the rate of pain and nursing actions was also insufficient. According to results, majority of nursing staff used varying non-pharmacological methods of managing pain such as creating a soothing atmosphere, conversation, guidance, changing the position of the patient, finding a relaxed position, and leading thoughts away from pain.

Results can be used in improving systematic evaluation and treatment of colonoscopy pain and health care education. Nursing staff should be provided with education of their own specialty including pain management, using pain scales, nursing documentation and gathering new information. Patient’s own evaluation in colonoscopy pain and the applicability of existing pain scales can be illustrated with future studies. The non-pharmacological methods of colonoscopy pain management in varying countries should also be compared.