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TUOVINEN RAIJA. Bullying between nursing staff in specialized health care.

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Purpose of the study: The purpose of this study was to evaluate the validity and reliability of specific health related quality of life measure (MSQoL-54), describe and define the health-related quality of life (HRQoL) of newly diagnosed of multiple sclerosis (MS) patients and the changes occurring the initial diagnoses during one year. In addition, the medical treatment and rehabilitation was investigated and the need for and the adequacy of the psychosocial support of MS patients as well as the kind of factors influencing the need for and adequacy of psychosocial support.

Material and methods: The data were collected from a mailed structured questionnaire. The structured questionnaire including questions on health-related quality of life (MSQoL-54, Multiple Sclerosis Quality of Life Instrument), quality of life (1 5D and EQ-5D, EuroQoL5D), symptoms of MS (Symptom Inventory-Long Form), independence (MSSE, the Multiple Sclerosis Self-Efficacy scale), performance (Performance Scale), mood (CES-D, Center for Epidemiological Studies Depression) and the need for and adequacy of psychosocial support (HRQ0LProm-46, Health-related Quality of Life promotion) of MS-patients. The first set of data was based on pretesting of questionnaire. The data were collected in the spring of 2003. The questionnaires were send to MS-patients (n=100), who had been diagnosed with MS between the years 1999 - 2001. The response rate was 81. The second phase of data collection was conducted in the spring 2005. The questionnaires were send to MS-patients (n=204) who had been diagnosed with MS between the years 2003 - 2005. The response rate was 78. The third phase of data collection was conducted in the spring 2006 when the structured questionnaires were sent to newly diagnosis of MS-patients (n=155) who had responded to the second question. The response rate was 93. The data were analysed using multivariate statistics.

Results: The validity and reliability of the specific MSQoL-54 health-related quality of life measure were good. HRQoL of MS patients underwent no significant change during the one-year of follow-up. The HRQoL of life was associated with disease activity and symptoms of MS disease and bad feelings and problems associated with cognitive functions and social circumstances. The HRQoL was lower in women and in those subjects who had poor mobility, relapses of MS disease and poor financial situation. The most important ways to improve the HRQoL were medical treatment and psychosocial support, which consisted of information on health and performance, discussion and encouragement related to emotional life and social circumstances. The results indicated that there were many gaps and failings in psychosocial support. Inadequate psychosocial support appeared in these the follow areas: Information on MS-disease and interventions, discussion and encouragement related to emotional life and social interaction and living conditions. The provision of measures to promote health and performance were inadequate for MS-patients who were absence of work over four months and who not use any medical treatment of MS disease and who have vocational education. Provision of measures to promote emotional stability and social circumstances were inadequate for women and for individuals under 40 years old and for MS-patients who use medical treatment of MS disease and who have without any vocational education. The significance of rehabilitation in health-related quality of life promotion was limited.
**Conclusions:** The low HRQoL of life was associated with health problems and poor performance and problems related to emotional life and social circumstances. The medical treatment and psychosocial support may improve the poor HRQoL of newly diagnosed patients. There is a need to undertake multidisciplinary, longitudinal, follow-up, intervention studies on HRQoL of newly diagnosed. Furthermore it is important to evaluate the abilities of the nursing staff to support MS patients. Additionally, there is a need to develop special instruments for measuring the need for and adequacy of psychosocial support provided to MS patients and to evaluate the validity of these instruments.

National Library of Medicine Classification: WL 360
Medical Subject Headings: Multiple Sclerosis; Health; Health Promotion; Health Status Indicators; Quality of Life; Questionnaires
Background: There is a continual need to evaluate and develop the ethical quality of scientific research and to widen knowledge about the ethical aspects of informed consent. Informed consent is ethically and legally required for health research involving human participants. Therefore, there is a need to examine, according to the research participants, how well informed consent has been realized in the research protocol in which they are participating.

Objective: The purpose of this study was to describe, analyze and evaluate the realization of informed consent in lifestyle intervention study from the point of view of voluntary adult participants.

Methods: In the first phase, the questionnaire was created and tested in a pilot study. In the primary study (second phase), the subjects were a random population sample of 1410 men and women aged 57—78 years who are participating in a 4-year randomized controlled intervention trial on the effects of physical exercise and diet on atherosclerosis, endothelial function and cognition in the Kuopio Research Institute of Exercise Medicine. The questionnaire about informed consent was given to all willing participants (n=1324) three months after the randomization. This data were collected over a 23-month period in 2005—2007. The response rate was 91 %. Data on imp and success in the exercise and diet interventions were evaluated at 12 months by the intervention-group personnel. This evaluation were done in a subpopulation (n=597). The data were analyzed with statistical methods (descriptive statistics and multivariate analyses).

Results: In this study, the key elements of informed consent were defined as information, understanding, competence, voluntariness, and decision-making. The majority of the participants estimated that information given in the exercise and diet intervention study was adequate and in an intelligible form. The competence of the participants was judged to be sufficient. The participants considered that the decision-making had been voluntary, and the majority of them felt that confirmation and verification of informed consent were also carried out well. About half of the participants had achieved good results in the intervention. Nearly half of the participants had added to or improved their own activity in some sector of exercise or diet. Significant associations were found between performance and success in the interventions and participants’ knowledge of the purpose of the study.

Conclusions: This thesis adds knowledge about the realization of informed consent in health research from the point of view of voluntary adult research participants. The findings of this thesis indicated the importance of successful informed consent processes at an early stage of trials. This study highlights the need for researchers to analyze critically the quality of information and how it is provided. This is especially important in long-term follow-up studies. Further study efforts should be focused on understanding potential obstacles faced by research participants knowing in their understanding of the informed consent process.

National Library of Medicine Classification: W20.55.H9, W 50

Medical Subject Headings: Ethics; Informed Consent; Research; Research Subjects; Knowledge
Background of the study: The purpose of rheumatoid arthritis patient education is to increase the patients’ knowledge levels, and to improve their self-management strategies by influencing their self-efficacy.

Purpose of the study: The purpose of this study was to describe current rheumatoid arthritis patient education provided by rheumatology nurses, how much patients know about their disease and its treatments, and what kind of self-efficacy they have when no intervention has been used.

Data and methods: The data were collected from 80 rheumatology nurses. The data were also collected from rheumatoid arthritis patients at baseline (n = 252), and after three and six months (n = 223). In addition, 173 patients described and/or evaluated patient education. The data were collected using self-reported questionnaires, and analysed using descriptive and non-parametric statistical tests.

Results: Rheumatology nurses informed the patients mostly about medical treatment, and used the one-to-one patient education method. Only 45% of the nurses discussed self care at home. The patients’ knowledge of their disease and its treatments varied from poor to good, and their self-efficacy from weak to strong. The patients’ uncertainty Level increased when they had to reduce their arthritis pain using non-medical techniques. The patients’ good knowledge and their strong self-efficacy did not correlate with each other. Weak patient self-efficacy correlated with a high degree of disability. The patients’ knowledge scores increased, and their self-efficacy scores decreased during the six-month period. Half of the patients were satisfied with patient education provided by rheumatology nurses. However, every fourth patient was not satisfied; the main reason for the dissatisfaction being that nurses did not focus on the patient’s emotional support.

Conclusions and practical implications: The results provide a useful insight into current patient education. It is important that rheumatology nurses plan the content and methods of patient education with the patients so that it is based on the patients’ individual information needs and their need for support. Nurses should teach self-care to patients and concentrate on supporting those patients whose self-efficacy is weak. Especially with newly-diagnosed patients, nurses should take time to discuss the patient’s feelings caused by the disease.
Background: Admission into primary health care via health centres involves co-operation between nurses and doctors. The divisions of labour between these two occupational groups in primary care admission are not always clear, while reports from Finland on this issue are scant. However, work is currently ongoing in Finland to develop a model of good practices for admission into primary care.

Aims: The purpose of the study was to describe the admission practices into primary health care via health centres from the point of view of doctors, nurses, health centre administrators, and patients. Specifically, the aim was to compare two admissions practice models - a doctor-nurse pairing and an admissions team. Furthermore, the aim was to study the division of labour between nurses and doctors in both models, with particular emphasis on clarifying the work tasks of nurses. A further objective was to create an effective operational model for admissions into primary health care.

Data and methods: Ten health centres were chosen for the study. The study criterion was health centres whose admission practice involved either the use of a doctor-nurse pair model (with patients having a ‘named nurse’) or an admissions team model (comprising 3-5 health professionals, including doctors, nurses, medical specialists etc.) The study data comprised a survey questionnaire sent to doctors (n=48 respondents), nurses (n=141), health centre administrators (n=31), and patients (n=788). Response rates for the occupational groups were 44%, 70%, 82% and 46%, respectively. The study data were gathered during the period 2005-2006. Data were analysed statistically using frequency measures, cross-tabulation, nonparametric tests, and factor analysis in the case of responses to open questions.

Results: For the health centres using the doctor-nurse pair model, it was typical that a patient would first contact directly their named nurse. Named nurses had different telephone hours to that of the central reservation switchboard and were responsible for setting appointments for those patients listed in their case load. Health centres using the admissions team model applied locally agreed clinical guidelines to direct admission practices. Nurses had to deal with admissions without prior appointments and so an additional need for nurses needed to be anticipated in duty activity. In unhurried matters, it was the view of patients that health centres applying the doctor-nurse pair model dealt better with the admission than the health centres using the model of an admissions team. In the health centres very little information was available to support the admissions-related work of the staff. Development discussions were not used frequently to evaluate the admissions know-how of doctors. In health centres using the admissions team model, supervision of the admission practices of doctors and nurses had not been arranged. A change in the basic studies of nurses carrying out independent admission work was desired by nurses in addition to work-based training for nurses already employed at health centres. According to the health professionals, common training for doctors and nurses, and joint access to software for arranging consultation times should be organised as part of implementing a new admissions model and reforming the work tasks. All the occupational groups felt that intensifying the planning and evaluation of the admissions practice was of highest
importance. The allocation of work tasks in relation to chronic disease management and follow-up were different according to the admissions practice model applied in the health centres. Patients with chronic diseases who visited health centres using the admissions team model were dealt with by specialist nurses, while in the other health centres, the named nurse dealt with the admission. In further developing the division of labour between doctors and nurses, emphasis should be put on clarifying the various tasks that each occupational group is responsible for. According to the patients, the admissions procedure was reliable. Patients felt that the health care staff were skilled, and that the health examinations and treatment actions were done carefully and thoroughly. Also, advice that they were given was thought to be sufficient, competent and relevant to the individual patient. Patients were satisfied with the availability of care and with the waiting times for consultations and the arrangements for the continuation of care. Patients thought that the functioning of health centres could be enhanced by increasing the number of staff and by improving the functionality of the appointment system.

Conclusions and implications: The study produced new information about the different points of view of the health care actors involved in admissions into primary care. The study highlighted the similarities and differences of the two admissions models - that of the doctor-nurse pair and of the admissions team, as well as delineating the associated divisions of labour and work tasks of doctors and nurses. This information can be used in the further development of admissions practices in primary health care. A uniform information system that recorded data on the reason for the health centre visit would aid in the production of statistics on such visits. Further investment and research is needed in the planning and evaluation of admissions practices. The division of labour between doctors and nurses is a manifold phenomenon: Defining it unambiguously is impossible. The environment where the work is carried out and the tools and know-how necessary for that work contribute to a large extent to the division of labour. A continual maintenance of the know-how necessary for effective admissions practices is needed for both doctors and nurses, preferably carried out together in the form of joint training. Based on the results of the study and on previous information, an operating model for admissions practices in primary health care was developed.

National Library of Medicine Classification: NLM: W 84.6; WY 101

Medical Subject Headings (MeSH) Primary Health Care; Office Visits; Health Services; Health Services Accessibility; Patient Satisfaction; Work; Nurses; Professional Competence; Job Description; Physicians; Physician-Nurse Relations
The purpose of this study was twofold: to describe self-mutilation among Finnish adolescents and help for it, and to develop a practice theory of helping adolescents who self-mutilate. The study sought answers to the following questions: What are the concepts, their definitions and associations between them when describing self-mutilation among adolescents and help for it in Finland? How is the concept of self-mutilation defined? What concepts are associated with self mutilation? How is the concept of an adolescent who self-mutilates defined? How is the concept of help defined?

The research approach in the original studies included qualitative description and inductive content analysis. The data in the original studies were collected using data and methodological triangulation from adolescents who self-mutilate (n=80), from their parents (n=4) and from nurses who had experience of caring for adolescents who self-mutilate (n=10). Metasynthesis was applied in synthesizing the findings of the original studies into a practice theory of helping adolescents who self-mutilate.

The practice theory of helping adolescents who self-mutilate consisted of three main elements, being the concepts of self-mutilation, of an adolescent who self-mutilates, and of help to adolescent self-mutilation, including helping and nursing care.

Conclusions. Self-mutilation includes all kinds of destructive acts towards one’s own skin such as scratching, cutting, burning or self-injuring, either alone or together with someone else, covering all parts of one’s body excluding the head and back, and using any tool that happens to be available and that makes a mark or causes a bleeding wound or wounds. Self-mutilation can also be used as way to commit suicide. Self-mutilation is a multifaceted phenomenon possessing a huge range of characteristics.

The factors contributing to self-mutilation, the purposes of self-mutilation and the sequels of self-mutilation are associated with the act. An adolescent who self-mutilates looks external good and is conscientious and takes care of her significant others, especially if they are in trouble or in any kind of difficulty. However, internally she is very sensitive, having a low self-esteem: she considers herself inferior to others. She feels lonely and is ashamed of her self-mutilation. in addition, she is the one who will become mistreated by others because of her self-mutilation.

Help for an adolescent who self-mutilates includes all kinds of help as well as nursing care provided by the adolescent herself and by other people. Anyone who knows about self mutilation can be of help. Help consists of knowing, caring and interfering. Knowing means knowing of self-mutilation as a phenomenon, while caring and interfering include a caring attitude, asking adolescents how they are, and realizing and recognizing if something is not well, as well as guiding an adolescent to professional help if needed.

Medical Subject Headings (MeSH): Adolescent; Self-Mutilation; Self-Injurious Behavior; Therapy;Nursing
The aim and the background of the study. Diaconal work has a long history in helping people in need. The significance and the mission of diaconal work was emphasized in Finland during the economic recession at the beginning of the 1990s. The deepening economic recession at the end of the first decade of this century challenges the diaconal workers to discuss and develop their work and working methods in helping people in the rapidly changing society. The aim of this study was to describe and analyze diaconal workers perceptions concerning the contents of their work and the challenges set to work by the social change. In addition, the aim was to introduce the structural factors of the society that the diaconal workers wanted to change in their work and the skills that the diaconal workers in social participation are expected to have. Furthermore, the aim was to illustrate the principles and methods of diaconal individual, family, and community work in helping people, and the guidelines of social participation and development of work in diaconal work. On the basis of the results, the preliminary pattern illustrating diaconal work in social change was developed.

Data and methods. The first data for this qualitative study were collected between November 1999 and March 2000 from all diaconal workers in the congregations of Oulu diocese (n=153) and the second data were collected in September 2006 from all diaconal workers participating in the symposium dealing with diaconal and social work of Oulu diocese (n=76) by using questionnaires consisting of open questions. The answers were analyzed by databased content analysis.

Results. Based on the results, the diaconal workers wanted to seize the structural social factors which caused problems related to people’s work, family life and living, increase in discrimination, change in values and lack of public services. In order to be able to influence the above mentioned structural factors in society, the diaconal workers, according to their descriptions, would need skills in politics, information spreading, counseling, and research. In addition, they would need ability in authoritative influencing, he cooperation and managing in work, and motivation. By means of diaconal work on individual, family and social level, people, families and communities needing help were aided. In their work the diaconal workers benefited their social skills by social activity, which meant collaboration, bringing people to the community and mutual helping.

Sociology Thesaurus: Deacons; Church work; Family social work; Qualitative research; Content analysis (Communication)
One of the central tasks of the basic research in caring science is to examine its fundamental concepts, such as caring, suffering and health, and the relationships between them. The purpose of this study is to assess the coherence of Katie Eriksson’s theory of care-related suffering and to analyze the concepts used in her model, especially the central one, ‘suffering related to care’. The study focuses on Eriksson’s book Den lidande människan (Suffering human being, translated into English in 2006), in which the author introduces her idea of suffering. Her other writings concerning suffering have also been consulted. My method, mentioned in the title of this study, is the conceptual and argumentative analysis used in philosophy. The fundamental questions asked about suffering are: ‘what’ and ‘why’.

The person who asks ‘What is suffering?’ is looking for the essence of suffering. Applying Blaise Pascal’s idea, one may say that suffering cannot be defined, it can only be described. Eriksson describes suffering as being dynamic by nature. She divides the process of suffering into three parts or phases: recognizing suffering, suffering itself, and reconciling oneself with suffering. According to her, suffering has three essential elements: to suffer is to live, to die, and to struggle. Eriksson considers struggling to be the most important of the three.

The question ‘Why does suffering exist?’ may be interpreted in two slightly different ways: it can mean purpose or meaning. First, the person who asks it may be looking for some purpose for his / her suffering. Eriksson argues that as suffering has no purpose in itself, its purpose must be found outside it. Her view can be supported by arguing that the question about the purpose of suffering looks both backwards to its cause and forward to its outcome or consequences. Because both the cause and the outcome of suffering are distinct from suffering itself, the difference between suffering and its opposite pleasure may be seen as analogous to the Aristotelian distinction between poiesis and praxis. Pleasure resembles praxis in that it has its purpose in itself, whereas suffering is like poiesis: its purpose is to be found outside itself. The purpose of suffering can also be explained by applying Aristotle’s doctrine of four causes. The purpose of suffering will be found by using the functional explanation, which explains suffering in terms of the “good” of a living being.

Second, the person who asks ‘Why does suffering exist?’ may be looking for the meaning of suffering. In this context, Martin Heidegger’s ideas turn helpful. According to him, a fundamental feature of the human condition is that we live in a world of meanings. Therefore we always perceive things “as something” or “give meaning” to them. However, the concept of meaning has two levels: in its broad sense, meaning is the highest category that contains purpose as its subordinate part, but in the narrow sense meaning is a subordinate category, parallel to purpose. Finding purpose is thus a special case of giving meaning. And since ‘meaning’ is also a synonym of ‘value’, the question ‘What is the meaning of suffering?’ may also refer to the value of suffering. Heidegger’s idea of giving meaning can thus be extended: the idea of giving value can be seen as a special case of giving meaning.

Although Eriksson does not explicitly discuss the meaning of suffering, this theme is implicit in her theory. Giving meaning can therefore be seen as having an important role in her thinking about the
purpose of suffering. Moreover, the value of suffering and the dignity of the suffering human being are important topics for her. From the philosophical point of view, the most central theme of this study is the meaning of the word ‘meaning’, and what it means to give meaning and value to suffering.

Eriksson divides the suffering that occurs in the context of care-giving into three categories: life-related, illness related and care-related. I have, however, found it more expedient to regard the concept of life-related suffering as the Upper category and two others its sub-categories. In the context of care-giving different types of suffering can be classified by their causes. Suffering can be physical or mental, avoidable or unavoidable. This study has clarified the concept of care-related suffering and defined it operationally, thus perhaps opened new ways to its empirical study.

National Library of Medicine Classification: WY 20.5, WY 85

Medical Subject Headings: Nursing Care; Stress, Psychological; Health; Humans; Nursing Research; Nursing Theory; Philosophy, Nursing; Ethics, Nursing
The aim of the research was to describe and model the development and implementation of educational innovation activities, and also the support and management of educational innovation as a case study in a University of Applied Sciences.

The first phase of the research was implemented as a group theme interview which included the management of the University of Applied Sciences and teachers working in the fields of health care and business and administration. In the second phase of the research there was a panel of experts with participants representing working life, students, teachers and managers. The panellists provided their evaluation in a panel together with two written enquiries concerning the model of supporting and management of educational innovation activities, as created with the qualitative content analysis in the first phase of the research. The discussion of the panel of experts was analysed by a qualitative content analysis. The SWING weighting method was used by marking the significances of factors in support and management of the educational innovation activities. The model presented here, as the result of the support and management of the educational innovation, was created as a result of these two research phases.

In the research interest was shown in respect of the educational innovation activities in a diversified University of Applied Sciences. According to the results, educational innovation is a cycle including search, development, implementation and evaluation and improvement cycles. The innovation was developed through the cycles into a new interpretation. Each cycle included factors related to the support and management of educational innovation. Awareness for weak signals, pedagogical knowledge and its appreciation and shared vision, were factors in the search cycle. The factors in the development and implementation cycle were concepts derived from the research information, middle management as a support for human resources and the commitment of management and personnel. A continuous dialogue and a systematic natural evaluation were the major factors in the evaluation and upgrading cycle. A shared learning was the basis for educational innovation. In addition, educational innovation was linked with the values of the organization. Pioneering, trust and courage emerged as the values, which guided the personnel’s collaboration and co-operation between the interest groups.

The management model created as the result from the support and management of educational innovation activities provides concepts and an operations model for educational innovation in a University of Applied Sciences. Educational innovation requires a close collaboration between personnel. In addition, students and representatives of working life are also active participants. Shared organizational culture and the sincere commitment of personnel for innovation are essential.

Universal Decimal classification: 371, 65.01
Eric Thesaurus: innovation; administration; organizational culture, Universities; case studies
Job satisfaction, functionality of work community, management, nursing and organisation.

Research background: Finnish health care sector underwent extensive reform and readjustment measures influencing employees’ working conditions, job contents, work effectiveness and costs. The decisions that were carried out had an effect on employee well-being, functionality of the work community and task features.

Research objective: The objective of this research project is to provide new perspective to functionality of work community of nurses in the specialised health care sector, the features involved, and the connection of work community functionality in regard to job satisfaction. A further objective is to investigate nurses’ views and experiences on the influence work community functionality has in regard to their own job satisfaction.

Research data and methods: The target group of the research (N=664) consisted of nurses and assistant charge nurses who had been involved in clinical tasks for more than a month in one of the four university hospitals during the research period (March 1 to 31, 2005). The research is based on the NWI-R metre, established in the United States in the 1980’s, with a questionnaire consisting of multiple statements complied using a four-point Likert scale. The questionnaire consisted of 17 questions concentrating on background information about the target group and an additional 55 questions evaluating the connection between job satisfaction and functionality of the work community. 451 questionnaires were returned constituting a response rate of 68%. The multiple choice questions were analysed using the SPSS 14.0 application. Quantitative data was first reviewed in explorative factor analysis, after which it was analysed by the means of confirmatory factor analysis using the AMOS 7 application.

Results: According to the research results, nurses were aware of the features of functionality in operational environment and work community and their connection to job satisfaction. The target group of the research conceived substantial correlation between job satisfaction and functionality of the work community. They regard the following as factors contributing to the functionality of the work community and increasing their job satisfaction level: work control and autonomy, functioning cooperation with different professional groups and the possibility to work with experienced nursing staff. Nurses consider that the care they provide is of high quality, systematic and comparable to international standards. Methods, procedures and practices of operation are standardised in the target organisations, which is recognised as being connected to the quality of nursing, performance of duties as well as job satisfaction. Increased work amounts, physical strains of the work and constant hurry are factors that continue to constitute a burden, although do not seem to result in as much stress and health problems as previously. The research results also indicate that the nurses believe their superiors value their input in successful care and will support them in situations of conflict, if necessary. The features constituting dissatisfaction among the nurses included organisational senior management, the pay and decreasing opportunities of influencing the work. The research results indicate that the lack of a functioning system providing standards training and addi-
tional training and the lack of career development opportunities are factors that decrease job satisfaction significantly.

**Conclusions and recommendations:** The research generated new, versatile information about the connection between functionality of the work community, task features and job satisfaction level among nurses. According to the results, nursing continues to be associated with positive features generating sense of accomplishment, work enjoyment and pleasure. The research results indicate that decisions connected to functionality of the work community and task features influence employee job satisfaction. It is recommended that, in the future, organisational management would critically consider their own managerial procedures and, in cooperation with the staff, think of means of improving personnel's possibilities to have an influence at the workplace.
The psychiatric treatment system has been undergoing considerable change already almost for thirty years. As the treatment system has been developed, attempts have also been made to study and develop psychiatric nursing. However, only a little attention has been paid to the care of a psychotic patient in studying psychiatric nursing.

The aim of this study is to describe the goal of a nurse's activity, as a member of a multiprofessional treatment team, in looking after a psychotic patient. The material for this qualitative interview study was collected by group interviews from 21 nurses. The interviews were analyzed by inductive content analysis.

According to the findings of the study, the goals of a nurse's activity are the patient's recovery from illness, the patient's adjustment to illness and his/her coping despite the illness. In addition, a nurse's aim is to increase the patient's understanding of why he/she became ill, to effect a change that contributes to the patient's better health and to strengthen the patient's confidence in the future.

The activity of a nurse focuses on the patient, treatment team, family and network. A patient who has contracted psychosis calls for different treatment from a nurse, in comparison with other mental health disorders. It is, partly, encountering the patient that is most important in all activity concentrating on him/her. Also taking care of the safety of the patient and environment brings a new perspective into the treatment of a psychotic patient. The findings of the study show that nurses are concerned about generating a dialogue in treatment meeting discussions as related to the treatment group.

The findings can be utilized in developing both the nursing of a psychotic patient and multiprofessional treatment teamwork.
The aim of this study is to describe the self-assessed competence of nurses working in surgical ambulatory care nursing and to describe the use of different competence categories in their work. Also the aim is to describe the relationship between background variables and the self-assessed competence.

The target group of the study was formed from registered nurses working in surgical ambulatory nursing units in six different university hospitals in one Finnish University Hospital District (N = 148). The data was collected by electrornical questionnaires using Nurse Competence Scale developed by Meretoja (2003). The concept of nurse competence is analyzed in seven competence categories in accordance with Meretoja (2003). The categories include the diagnostic functions, teaching and coaching, managing situations, therapeutic interventions, ensuring quality, tasks related to work role and the helping role. The data were collected in April - May 2008. The response rate was 59%. The data were described and analyzed by using statistical methods and non-parametric tests.

The results of the study indicated that registered nurses regarded their level of competence as good in all categories of competence. Nurses working in the surgical ambulatory care units self-assessed their level of competence ratings highest in the areas of the helping role, managing situations, teaching and coaching. Therapeutic interventions and ensuring quality were reported as the categories with the lowest level of competence. Working in different environments, work experience, age and the quality of employment had a positive connection to self-assessed competence. The level of competence was assessed higher in the categories that nurses used frequently at work.

The results can be utilized in developing the professional competence of registered nurses working in surgical ambulatory care units. The results can also be utilized in developing nurse’s work orientation, planning education and mapping the education needs of nurses working in surgical ambulatory care.
Commitment to organization among nurse managers – the factors affecting retention in specialized healthcare organization.

Master’s thesis, 68 pages, 8 appendices (14 pages)

Advisors: Senior Lecturer Pirjo Partanen and Professor (acting) Hannele Turunen

December 2009

Promoting professional development in nursing care through continuing education

Retention of nurse managers and recruitment of new ones are future challenges for healthcare organizations. According to previous studies a committed worker improves organization’s outcomes. The purpose of this qualitative study is to describe the factors that raise nurse manager’s commitment to organization.

The data were collected by thematic interviewing. The subjects were nurse managers (n=15) at university hospital. Each participant needed to have at least five years experience of nurse manager’s duty. N managers were interviewed with the Nurse Manager Engagement Questionnaire. The data were analyzed with inductive content analysis.

The research findings show that the most important factors that raise commitment were connected to policy of organization, nursing management and community. The nurse managers esteemed that there are enough resources to take care of patient, the service process is good, nursing practice is valued and the organization have a good reputation. It is important that the role of management is defined, the work is valued and the personal development is supported. The support from nursing director, colleagues and nursing stuff are important factors to add commitment.

The results of this study provide knowledge that is necessary to improve commitment among nurse managers. The administration in healthcare organization gets tools to plan strategies for staff retention. The results can be used in preceptorship, clinical supervision, continuing education and recruitment.
UNIVERSITY OF KUOPIO, Department of Nursing Science

HAUKKA MARIKA. Head nurses’ job satisfaction in secondary health care.

Master’s thesis, 88 pages, 5 appendices (52 pages)

Advisors: Senior Lecturer Pirjo Partanen and Clinical Researcher Tarja Kvist

February 2009

Head nurse, leadership, job satisfaction, coping at work, employee wellbeing

The purpose of this master's thesis was to describe how the head nurses working in secondary health care view their job satisfaction, as well as to describe the factors that contribute to an increase or a decrease in job satisfaction experienced by them, and to explore factors with which an organization improves job satisfaction experienced by head nurses.

The target group of the study were head nurses of a central hospital situated in Southern Finland (n=20). The material was gathered by group interviews in January 2008 and analysed by inductive content analysis.

On the basis of the study results, the head nurses' experiences of job satisfaction were partly similar to the results of the international and national studies. The results show that several different factors are of importance in a head nurse's experience of job satisfaction. Problems in cooperation between different professional groups, a small amount of support and feedback, problems in implementing nursing activities, as well as lack of clarity in the head nurse's job description and functioning of the organization, contributed to a decrease in the head nurses' job satisfaction. On the other hand, successful cooperation among different professional groups, skilled and satisfied staff, a possibility to implement nursing in a qualified manner, as well as experiences of success in nursing care, contributed to an increase in the head nurses' job satisfaction.

The head nurses' experiences of job satisfaction were diverse. Some of the head nurses were satisfied with their job. Challenges at work improved coping at work and job satisfaction. Other head nurses were dissatisfied with their job. Disagreement between different professional groups, lack of progress in work processes, and feelings of lacking control over one's job decreased job satisfaction. Some head nurses' experiences of job satisfaction changed on a daily basis.

The study yielded information for promoting head nurses' wellbeing at work. The results can be utilized in recognizing the role of different professional groups in the formation and development of employee wellbeing. The information gathered in the study can be utilized in the head nurses' own education and in supporting the development of students in leadership training. Mutual discussion on the question of which professional group is responsible for a particular task should be increased in the organizations. Further research should focus more profoundly on the relationship between different professional groups and head nurses' job satisfaction. In addition to the production of scientific knowledge, mutual discussion on the issues concerning the questions of wellbeing in health care should be increased between the representatives of staff, management and education, thus contributing to creation of a wider perspective of the state of wellbeing in health care.
Elderly people, customer feedback, long-term care

Welfare of the elderly is the most important target of long-term care of the elderly. Customer centeredness and the quality of care are central activities in the efforts towards elderly welfare in implementation of care, treatment, and service. The aim of the study was to illustrate the experiences of the managers acting in long-term care and benefiting customer feedback.

The study was carried out by group interviewing the managers working in long-term care of the elderly in certain Finnish municipalities. In this study, the subject group consists of managers of old people’s services, directors of old people’s homes and head nurses. The basic group included 20, 12 of which took part in the group interviews. The data were collected between December 2007 and April 2008. It was analyzed inductively by means of content analysis.

The research results indicate that customer feedback in old people’s long-term care is received from feedback questionnaires and interviews in continuous, immediate and official feedback. It is partly difficult for the staff and the managers to benefit the customer feedback, because a comprehensive customer feedback system has not always existed.

The customer feedback received will be benefited by creating measures for the points to be developed. There are different practices for treatment of the feedback depending on how the customer feedback has been received and what it is about. The most important thing is that feedback is systematically collected and that it is received even from old people in very bad condition. Reactions towards the feedback are promoted by recording the feedback answers and discussing them in the ward. Within the municipality, collaboration between various actors, and reference to the feedback in planning the main lines of the activity are of great importance. The challenges consist of the quality of the content of the recorded material and quick and simultaneous space of development of the units. Furthermore, the attitude of the staff and the managers towards old people may be challenging.

The role of nursing staff and the managers as messengers and collaboration with other actors and the family members is crucial. By means of training and managing, the customer service practices can be promoted. The research results can be benefited when developing elderly care, its leadership and training. In old people’s feedback the nursing managers can identify factors which might be benefited in their own organization.
UNIVERSITY OF KUOPIO, Department of Nursing Science

KOLEHMAINEN HELENA. Rightful management of radiographers in different ages - theme interview survey for the nurse managers in radiological units.

Master’s thesis, 77 pages, 7 appendices (17 pages)

Advisors: Senior Lecturer Päivi Kankkunen and Professor Tarja Suominen

March 2009

Age management, justice, nurse manager, radiographer, radiology

The purpose of this study was to describe nurse managers’ notions concerning rightful management of radiographers in different ages working in radiography department, and to illustrate the way how the rightful management of radiographers in different ages is fulfilled. The aim of this study is to provide the nurse managers with tools to practise organizational justice considering the age differences, to demonstrate the special features of righteous management in radiological nursing and to develop the nurse managers’ righteous management in their own units.

The study was qualitative and it was carried out by thematic group interviews. Eighteen nurse managers and assistant nurse managers (N =18) of radiography in four different health care districts were interviewed. The data were collected in November 2008. The analysis of the data was made by means of inductive content analysis.

According to the result of the study, righteousness is the basis of all activity of the nurse managers in radiological units. Accepting the differences is the key issue in righteous management of people in different ages. Unambiguous definition of the concept of righteousness is not easy.

Rightful management of radiographers in different ages means taking individuality into account, obeying common rules, overt management, considering operational opportunities of the department, and sharing the benefits in a righteous way. The aim of nurse managers is to lead the department according to the principles that they set for rightful management of people in different ages. The chances to practise righteous management of people in different ages vary depending on the department. The tool for organizational justice consists of developmental discussions with the personnel. Nurse managers have to make decisions that may seem unfair to individual radiographers. Nurse managers consider the organizational justice also from the point of view of the function of the department and the whole organization, where the individual radiographer often regards the righteousness of the action from his/her personal point of view.

The results of the study may be benefited in training of nurse managers and in practical leadership
Working motivation, retired nurses, nurses

The purpose of this study is to describe the working motivation factors among retired nurses, who continue to work. The objective was to identify the factors that affect the working motivation after retirement, in order to enable the working career of the aging nurses to continue.

The target group consisted of retired nurses, both basic and practical nurses, who continued to remain in paid employment (n=9). The sample of the interviewees was effectuated by snowball sampling. The research material was collected by theme interviews and analysed by methods of inductive content analysis.

On the basis of research findings, the motivational factors affecting the retired nurses to continue working, were social relations, valuation of employee, extra income, working community, workflow management, social needs, working ability, joy of working, work as the content of life and professionalism. Motivational factors that impact the working of the retired nurses in future were economic security, work engagement, physical and psychological resources, life management, work environment, family and work description.

The research on working motivation is an old matter. Currently the research has increasingly placed emphasis on work wellbeing and work engagement. It is difficult, maybe impossible, to define and to separate these two concepts from one another. Previous researches have shown that factors influential to working motivation and work wellbeing are identical. In general the results of this study are similar to the previous ones. In this study, however, the joy of working and the work engagement experienced by the retired became emphasized. It would in fact be interesting to study the differences of working motivation in different age groups. Interesting would also be to find out whether younger employees experience the joy of working as an equally important factor of the working motivation as the older age groups. On the other hand, it would be necessary to study how to bring into use the professional know-how of the long-term employees in the work community.
The aim of the study was to describe head nurses’ experiences of peer mentoring and of its use as a method while developing nursing management. The goal of the study was to get information of peer mentoring as a developing method of head nurses’ management according to the four perspectives of Balanced Scorecard (BSC) (leadership of processes, management of customers, financial management and personnel management). The data of the study were collected by using theme interviews in May and June of 2008. The study was participated by 10 head nurses working in two independent profit units of a Finnish university hospital. The nurses had taken part in the pilot programme of peer mentoring either as actors or mentors. The data were analyzed by qualitative content analysis method.

The head nurses who had been working as actors and mentors in peer mentoring had set goals for the sector of personnel management of BSC. The actors had also set goals for the sectors of process management and financial management. In addition, the actors and mentors had set objectives related to the promotion of leadership work of the head nurses. Furthermore, the actors had set goals related to the head nurses’ working image and to availability of support, whereas mentors had set goals for the support of head nurses working as mentors. In peer mentoring meetings, the head nurses who had been working as actors and mentors, discussed the issues related to process management, customer management and personnel leadership. The mentors described discussions on topics on the sector of financial management. In addition, the actors and mentors discussed issues related to the working image of the head nurse and occupational health. The actors also illustrated negotiations concerning the head nurse’s role and the mentors concerning the challenges of the ward. The actors and mentors stated that peer mentoring had promoted their management work as head nurses in the sectors of process management and personnel management. The mentors told that their leadership work had made progress even in the sector of customer management. In addition, the actors and mentors stated that peer mentoring had improved their leadership in topics related to head nurse’s working image and role. Furthermore, the actors stated that their management as head nurses had improved in the issues related to occupational welfare. The actors and mentors also verified that peer mentoring had had concrete effects on their leadership in the sector of personnel management. The actors stated that the effects had also appeared in the sectors of process management and financial leadership. The actors and mentors stated that peer mentoring had had concrete influences on the sector of personnel management of their management. Actors also told that effects were found in process management and financial leadership. The actors and mentors stated that there were concrete influences even on the head nurse’s working image and welfare, whereas actors also saw effects on the role of the head nurse.

The results of the research can be benefited when developing the management work of the head nurse. The results can also be benefited when developing the use of peer mentoring as a method of promotion of head nurses’ management work.
UNIVERSITY OF KUOPIO, Department of Nursing Science

LAIHO TERO. Using seclusion in adult psychiatry - development and testing of an instrument to measure decision making in using seclusion, a pilot study.

Master’s thesis, 54 pages, 6 appendices (14 pages)

Advisors: Senior Lecturer Eija Kattainen and Senior Lecturer Jari Kylmä

June 2009

Psychiatric nursing, Decision making, Patient isolation, Restraint mechanical, Instrument development, Instrument development, Deductive theory generation

Use of coercive measures, especially seclusion or restraint, as treatment of iii persons is thought to be ethically doubtful and there is lack of research of benefits of use of coercion. In the recent years national legislation has been changed and interventions developed with focus on reducing the use of seclusion or restraint. The decision process involved in the use of seclusion and restraint has not been researched despite the fact that understanding the decision making process and situational factors might he used to judge situations and to develop focused interventions.

The aim of this study is to develop a theory that describes the decision making process involved in use of seclusion or restraint, to build a EPM-scale for research of decision making, test the scale with a pilot study and to describe elements that are related to the decision to use seclusion or restraints. This study is part of Sakura research and development project that is join project of HUCS- and City of Helsinki Health Center's psychiatric departments. Study is also part of Kuopio University Department of Nursing Science’s Multidisciplinary research on mental health promotion - project.

The data was collected from acute closed psychiatric wards for adult patients of two hospitals in Uusimaa district (N=326). Data collection was done on March - April 2009. Responses were collected 113 and response rate was 35%. Data was analysed with SPSS 16.0 for Windows statistical program. The validity of scale was analysed with face-validity and criterion validity. The structure of EPM-scale was analysed with factor analysis. The Instrument for nursing decision-making was used as criterion scale for criterion validity. Respondents characteristics and theirs relation with decision-making was researched with Mann-Whitney U and Kruskall Wallis tests.

As result the EPM-scale is coherent and can be used to describe situations where seclusion or restraint is used and elements that are related to the decision making. The factors that are related to decision making are: Chaos on ward, Violence or threat of violence, Other patients, Uncontrollable behaviour of patient and Inappropriate behaviour of patient. In clinical situations the psychiatrist is seldom involved in decision making, despite the fact that according Mental Health Act the decision is to he made only by psychiatrist. The age and working experience of nurse is related to how disturbing patient’s behaviour is seen, how sufficient alternative methods are evaluated in situation and how secluding or restraining is used as education of patient.

This study produces theory that describes decision making process in situations where patient is secluded or restrained. Theory can be used in clinical practice and education. Theory also develops theory base of nursing science from this point. Developed and tested scale can be used in further studies.
The purpose of this study was to examine, how nurse managers construct social networks in the primary health care units of Finland. Further goal was to collect information of nurse managers’ understanding of the concept of networking, and how they think it influences their work in the management of health care units.

The data of the qualitative study are collected by interviewing eight (n=8) nurse managers who work in primary health care centres. The interviews were conducted in the autumn of 2008. The data are analyzed inductively by using qualitative content analysis.

Nurse managers described nurse leaders, leadership and management work in general, the concept of networking, their own networking practises and factors that promote and hinder networking.

Social networking is a wide concept, where the interactional skills of a nurse manager have a major role to play. It consists of physical meetings in different formal situations. Nurse managers described networking as co-operation of different work-related partners. Co-operation between colleagues and social networking was deemed important.

Apart from their own organization, nurse managers were keen to form networks with colleagues that they have met in different educational or work-related situations. Besides formal situations, they wished that informal networking and interaction would also take place. Interaction was understood as a means of sharing matters related to nurse managers’ job and supporting colleagues in their work. Computer-assisted social networking (e.g. e-mail) was conceived as an alien way of building networks but possible and even desirable in the future.

In light of this study, it seems that the main factor in both promoting and hindering networking is the nurse manager’s own personality. Social networks are most likely to appear where there is a genuine need and desire to build networks. On the other hand, long distances between health care centres, excessive work-load and pressure have a negative effect on networking.

The results of this study can be utilized when planning different forms of co-operation between upper management and nurse managers.
Follow-up of working hours, home care, nursing staff, nurse staffing

The aim of the present study was both to describe home care and the use of working hours by the staff and to produce information on the distribution of home care staffs job description between various duties in different professional groups. Another goal was to depict staff proportioning, how many nurses there are per patient.

The target group of the study comprised the public health nurses and nurses (n=21), assistant and practical nurses and homemakers and home helps (n=103) of one home care team in a city. The material concerning the use of working hours was gathered during one week from September the 24 to October the 31 2008. A questionnaire of working hours follow-up was completed during morning, evening and night shifts. The use of working hours was assessed in 10 minute periods by ticking off the duty that had primarily been carried out. The whole home care staff had a total of 14124 duties, of them the portion f nurses and public health nurses constituted 2927. The response rate was 79.8 % for the whole staff of home care and 76.2 % for the nurses and public health nurses. During working shift follow-up, a staff proportioning questionnaire was filled out; it included the number of the staff and of the client visits during the shift. The study was carried out by a function-based calculating method by means of adapting a form developed by Partanen (2002). In the analysis, statistical parameters, percentages and cross tabulation were used.

The findings of the study showed that the total home care staff consumed 83.6 % of their working hours on direct and indirect nursing of the clients. Direct nursing constituted 46.5 %, indirect nursing 37.1 %, ward-based work 8.3 % and personal time 5.4 % of all working hours. The nurses and public health nurses used 76 % of their working hours on direct and indirect nursing. 29.5 % was spent on direct nursing, 46.5 % on indirect nursing, 13 % on ward-based nursing and 6.3 % on personal time of their working hours. Recording (13.2 %) and travel (12 %) took more time than anything else from the home care staff. The home care staff proportioning constituted 0.11 at the time when the study was made.

This study helped create a picture of the contents of the work and of the use of the working hours of nursing staff employed in home care. There is still a need to study the use of home care working hours on different duties, because the portion of direct and indirect nursing varied greatly between different teams. The knowledge yielded by the study can be utilized in developing home care and in planning staff proportioning for home care.
Retention of well-qualified nurses and recruitment of new nurses are big challenges for nursing leaders all over the world. According to previous studies the magnetism of working environment comes from the organization culture and the leadership is a significant promoter of it. The objectives of this study were to describe how nurse managers evaluate magnetism in their own management style and how they evaluate the support nurse managers get to their management. This study is part of the Magnet hospital research and development project carried out by the Department of Nursing Science at the University of Kuopio and by the Kuopio University Hospital.

The data were collected by web-based questionnaire among (N=276) nurse managers from one university hospital and three central hospitals in spring 2008. The number of respondents was 128 (response rate 47 %). The data were analyzed by statistical methods using the SPSS 14.0 for Windows-statistical program. Frequencies and percentage distributions were used for descriptive statistics. Statistical tests used were Pearson correlation coefficient, independent groups t-test, analysis of variance, their analogous non-parametric tests and Chi-square test.

Nurse managers evaluated that their management style was promoting magnetism. They were accessible. They provided enough highly competent staff and other resources for high-quality care and they held development discussions with their personnel. The weak parts of their management were appreciation of excellent work and lack of feedback, promotion of evidence based practice and maintaining of the values and goals of professional practice in daily management. Nurse managers’ evaluations concerning the support for their work as whole varied between the respondents. Strengths in the support were nurse managers’ work premises and equipments, support from supervisors and possibility to participate the planning and decision making concerning their units. They needed more support for new managers’ orientation and mentoring, education of evidence based practice and value based leadership through the organization. Nurse managers’ evaluation of the support they got was related to their self assessments of their management style and their job satisfaction.

The results of this study can be utilized to develop nursing leadership and management and support for nurse managers in those organizations that participated the study. Further research is needed specially concerning nurse managers’ professional development and support for nurse managers.
Physiotherapists’ illustration of skills for physiotherapy counselling as support of motor development among children under 18 months of age.

Master’s thesis, 65 pages, 5 appendices (23 pages)

Advisors: Professor Tarja Suominen and Senior Lecturer Päivi Kankkunen

September 2009

Physiotherapy, counseling skills, motor learning, physiotherapist

The aim of this study was to illustrate cognitive, skill-based and attitudinal physiotherapy facilities as support of motor development of a child under 18 months of age according to the illustrations given by physiotherapists. Furthermore, the goal was to clarify to what extent the background variables were connected to the counseling skills in the physiotherapy work among the children. In this study, the existing knowledge and skills were investigated on six different sectors, viz. motor development, diseases, tests, data-based research, motor exercises, and parent counseling.

The data were collected in January 2009 by questionnaires sent to the members of the associations in the Finnish Physiotherapy Association (n=530). Answers to the questionnaires were given by 240 physiotherapists and 102 answers were chosen as research material. The data were analyzed by SPSS for Windows 14 statistical programmer. The statistical methods consisted of frequency and percentage distributions, mean variables, cross-tabulation, T-test and Mann Whitney U-test.

The research results indicated that the cognitive and skill-based physiotherapy abilities were adequate and their attitudes towards counseling were good. Over 80% of the physiotherapists had both cognitive and skill-based sufficient facilities for counseling the parents in carrying and lifting the baby and for counseling the child’s optimal stature. Over 40% of the respondents gave wrong answers to three questions out of ten in the test concerning healthy child’s motor development. Over three quarters of the respondents had both cognitive and skill-based adequate facilities for counseling different stages of the child’s motor development. According to the results of this study, standardized tests for evaluation of the child’s motor development are not adequately used. Furthermore, the therapists cannot utilize research information as support of decision making within motor therapy and clinical therapy.

The results of this research can be benefited in clinical nursing related to children’s parents’ physiotherapy counseling as support of the child’s motor development. In addition, evidence-based physiotherapy can be recognized as part of planning, organizing and evaluation of patient-based counseling in nursing management. In the future, more research information of the effectiveness of the content of children’s physiotherapy counseling should be available, because early support and counseling of the parents in child caring belong to the most important preventive activities within health care.
The purpose of this study is to describe physiotherapy work in primary health care. Work sampling study will give the information of the distribution of the physiotherapists working hours in different activities and operational environments. Also, the significance of the respondent’s background information in the working time allocation is examined.

The target group of the work sampling study was formed by physiotherapist working in primary health care in one community in Finland. The data were collected by activity-based, self reporting, work sampling method during one week's time using an instrument developed based in literature and pilot tested for this study. The structured data collection instrument divided the work into six main categories: direct physiotherapy, indirect physiotherapy, tasks of a physiotherapy expert, development and management, unit related work and personal time. The respondents were educated and motivated to use the instrument. The response rate was 94 % (N=155, N=145). The data (N=30128) were analyzed with mainly descriptive statistical methods: cross tabulation, percentage, frequencies and non parametric tests.

According to the study results 39,6 % of the working hours were used for direct physiotherapy, of this individual physiotherapy was the most time-consuming activity, 47,7 %, which was 18,1 % of the total working time. The share of indirect physiotherapy work was 24,2 %. The documentation and compiling statistics took the most of the indirect working time, 54,9%, which was 13,3 % of the total working time. Unit related work consumed 14%, development and management 11,1 %, personal time 9,3 % and tasks of a physiotherapy expert 1,8 % of the total reported working time. The background information collected didn’t have a lot of significance in the distribution of the working hours.

This study provides information of the physiotherapists in primary health care. The study shows how the working time is distributed in different activities and operational environments. The study information can be utilised in the planning of the physiotherapy’s strategies and planning of the staffing in primary health care.
The purpose of this study was to investigate and assess with the help of an intervention study how the mobile military first aid guide affects on conscripts’ knowledge of various first aid situations. The research problems of the study focused on finding out (1) Whether there was any difference in the learning of various first aid knowledge between an intervention group and a control group and if so, what kinds of differences occurred, as well as (2) what the conscripts’ personal opinions about using the mobile first aid guide were.

Laypeople learn first aid skills and field medicine, for example, in the army, where the first aid training is offered to all the military staff. Also, all the conscripts are provided with emergency first aid training. Besides there is a number of other first aid courses where all the military staff can revise their skills and get further information of the subject. However, there are only few scientific studies available on the conscripts’ first aid knowledge and skills.

The target groups of this research paper were two groups of conscripts I/2007 arrivals (all together 2404 conscripts) in two garrisons in Western National Defense Area. A total of 1,800 conscripts answered the questionnaire during the first round. In garrisons the conscripts were provided with the usual emergency first aid training included in the military service, and the conscripts’ first aid knowledge were tested with a question sheet before the first aid training, as well as at the same time the conscripts were demobilised. The conscripts in the same sample garrison had the military first aid guide downloaded to their mobile phones to be able to study it in their freetime. During the second round a total of 1,196 questionnaires were returned. The final analysis consisted of 215 questionnaires from the sample garrison and 216 questionnaires from the control garrison.

It can be concluded that the first aid training provided by the Defence Forces has a positive effect on conscripts’ general knowledge of first aid. The results of the first aid test were clearly better among the conscripts in the sample group (n=215) than among the conscripts in the control group (n=216). For example, 48 % of the conscripts in the intervention group gave the right answer to the question of the threshold shift, whereas in the control group only 19 % of the conscripts answered the same question correctly. It could also be noticed that, for example, the conscripts’ knowledge of the first aid protocol in a case of an explosion and chemical warfare was inadequate in both the garrisons.

To sum up, it can be well claimed that military mobile first aid guide is useful tool for conscripts to receive their knowledge of various first aid situations and skills in their freetime. This mobile technology offers a whole new way of both practising and teaching various first aid situations in the army environment. Nevertheless it should not replace the hand to hand teaching at the first aid skills.
Psoriasis, social support, emotional support, appraisal support, informational support, instrumental support

The purpose of this study is to describe social support experiences of adults with psoriasis diseases and clarify how the background variables are connected with social support experiences. Social support is resource which promotes people health. In this study the aspects of social support are emotional support, appraisal support, informational support and instrumental support and were received from persons with close relationships, peers and healthcare professionals.

The data for this study were collected in fall 2007 with structured mail questionnaire which also included few open-ended questions. Participants for this study were selected randomly from the Finnish Psoriasis Association’s membership register (N=150). The response rate was 42. The research data were analyzed by using SPSS 14.0 statistics programme and open ended questions were analyzed by content analysis. The results of the study were illustrated as statistical numbers. The statistical methods used were Kruskall-Wallis test and Mann Withneys U-test.

According to the results of this study the adults with psoriasis felt that they received the best informational support from healthcare professionals and the weakest emotional support from peers. Persons who are living in marital or non-marital relationship felt that they are receiving more emotional support from persons with close relationship than the others. Being outside the working life means that experiences from appraisal and informational support by peers and also emotional support by healthcare professionals were weaker. The most pleased for informational support by healthcare professional were persons with lately diagnosed psoriasis disease. The most pleased for instrumental support by healthcare professional were age group under 35 years and the weakest were age group over 65 years.

The results of this study can be utilized in further education for healthcare professionals of psoriasis and when developing holistic nursing of psoriasis. The results can be utilized also in developing social support measure for psoriasis diseased. In the future, it is important to investigate about the health of people with psoriasis and the connection of social support to it.
The aim of this study was to illustrate 40-year-old men who did not attend the medical check-up in the health centre, their sociodemographic characteristics and their health behaviour. In addition, reasons for men’s non-attendance, their attitudes and beliefs, and the use of health services were investigated. Furthermore, the relation of the background variables to the practical reasons for non-attendance, attitudes and use of medical services were illustrated. Finally, men’s suggestions for promotion of the model of medical check-up were described. This study is part of the wider programme ‘Kundit kondikseen’ arranged by the Helsinki Health Centre and the Helsinki Heart Association.

The subjects of the study consisted of men who were born in 1967 and lived in Helsinki (n = 500). The response rate amounted to 25, 5 (n=128). The data were collected by using mainly a structured questionnaire. The data collection method was telephone survey. The data and the results were analyzed by statistical methods. The open questions of the study were analyzed by data based content analysis.

A quarter of the respondents were living alone and 40 % of them were part of the lowest level of education. Most of them were working. Half of the respondents were normal weight and they exercised sports activities many times per week. The subjects reported of their smoking and use of alcohol as their risk behaviour. They are well aware of their risk of illness but they rated their health as good. The respondents had actively used health services. Reasons for non-attendance of nearly half of respondents were simultaneous occupational health check-up, and a fifth of the subjects had regular contact with the health centre because of their basic illness. The reasons for non-attendance were related to occupational health services, men themselves and the health centre. In this study, the use of occupational health care services was the main reason for non-attendance. The attitudes towards health services among those who neglected the medical check-ups were strongly based on symptoms and independence. Participation in health check-ups was also restricted by men’s fears of negative feedback and lack of interest. Men’s education, work, size of the family, or form of living did not have any connection with the practical reasons for non-attendance in this study. Living in marital relationship was related to men’s visits to occupational health check-ups and living alone was related to the lack of interest. Particularly smoking, lack of exercise and self-assessment of weak health were related to practical reasons for non-attendance, attitudes based on symptoms, fear, and lack of interest. Education, smoking and regular medication were related to health care check-ups. The needs for promotion of participation in all services of the health sector were directed to men themselves.

This study shows the picture of non-attendance of men and their reasons for non-attendance. The results can be benefited when developing the model for health check-up practises. An important
area for further research lies in the study of investigating the attitudes of men and special groups like those without lodging towards health and health services.
Quality of care, long-term care, health-related quality of life

The purpose of this study was to describe the quality of care and health-related quality of life experienced by long-term patients in primary health care facilities.

The research data (N=76) was collected with discretionary sampling in four long-term hospital wards from 29.9.2008 to 14.11.2008. A structured interview, based on a modified version of the Humane Caring Scale (HCS) meter, was used to collect the data. The health-related quality of life was measured using the generic 15D instrument.

The data was analysed using the statistical software SPSS 14 for Windows, and the material was described using frequencies and percentages. According to the HCS structure, five sum distributions were formed. The effects of background variables on these sum distributions were tested with the Mann-Whitney U-test, Kruskall-Wallis test and the t-test. The respondents’ experiences on their care were classified according to the sum distributions, and the frequencies were calculated. The health-related quality of life is described using percentages.

On the whole, the patients were content with their care but on the other hand, they gave some criticism when answering the open questions. They found that their physical needs were well taken care of. The nurses were friendly and treated the patients in an appropriate way. The patients criticised the fact that nurses were too busy, and that there were not enough of them. Factors that contributed to a more negative attitude from the patients included noises in the hospital, lack of information regarding their own treatment, not being able to participate in the planning of their treatment, and not having suitable activities available. Background factors did not have a clear connection with patient satisfaction. Male patients, rehabilitation patients, and patients under 79 years of age had a better health-related quality of life than other patients. Those patients that were content with their life were also more satisfied with the quality of care they received.

The results of this study can be used for improving the quality of life of long-term patients. When the health-related quality of life is taken into consideration, the patient’s resources and functional abilities can be maintained and/or improved.

A proposal for further research is to assess the quality of care from a wider perspective and assess quality of care in a bigger patient group in long-term care. Evaluating the health-related quality of life in different patient groups before and after treatment would help improving the interventions.
The aim of this study was to illustrate evaluation given by nurses working in primary health care concerning implementation of continuing education (organization, contents and methods). In addition, the purpose was to clarify the significance of continuing education for maintenance and promotion of individual professional skills and for development of clinical practices. The questionnaire was compiled on the basis of preliminary systematic literature survey. The target group was formed by nurses working in primary health care centres (N=377). Research data were collected by internet-based questionnaire, which was formed by background variables, the section dealing with realization of continuing education and the section measuring the significance given to the continuing education by the nurses. Electronic questionnaire was answered by 135 persons. The response rate was 33. Quantitative analysis of the data was carried out by SPSS programme. The data based on open questions were analyzed by content analysis.

On the whole, the implementation of continuing education was evaluated as good by the nurses, the significance for maintenance and promotion of professional skills and for development of clinical practices by means of continuing education was very strong. On the basis of the results it can be seen that continuing education is not implemented in all sectors according to the previous studies and recommendations given by the earlier findings. More attention should be paid for systematic planning in participation in education by making more detailed educational plans for individual working units and for arranging developmental conversations for new workers as early as possible. The respondents experienced information as scattered and they found that there were hindrances for participation in education, haste and inadequate substitute arrangements being the most important of them. As to the subject matter, adequate education in medical treatments, data processing, development of clinical practices and managerial education should be assessed. Furthermore, alternative educational methods should be benefited. The respondents regard nurses’ participation in professional development as important for work welfare, motivation and coping in work. The significance of continuing education was considered to be remarkable particularly because of increased professional requirements. Maintenance and development of acquired knowledge and skills necessitate regular continuation education. The respondents thought that the present educational supply does not fully correspond to the needs of maintenance and promotion of professional skills and there is not enough multiprofessional training of clinical practices at the moment.

The aim of the study was to provide information of implementation, needs and development challenges of continuing education. The results can be benefited in management of professional skills, planning of continuing education for nursing, organization, targeting and development. Continuing education can be targeted for further promotion of methods of continuing education and for views of organizations and nursing staff as to efficiency of continuing education. On the basis of the results, different kinds of additional multiprofessional continuing courses and their development would be topical subject of research.
Every activity in nursing must be based on patient's needs in their care. To meet their needs and take care of them we need nursing staff. Nursing activities are based on processes and to make all that possible we need financial resources. These perspectives are starting point's for this study.

The aim of this study is to structure nursing management with the framework of balanced scorecard in somatic adults units in public basic and specialized health care. The aim of this study is also to find for perspectives of balanced scorecard Finnish or international scale's or instruments to support nursing management, to describe scale's development, reliability and validity and finally to describe how these scale's has been used. Method of this study is systematic review and flow of it tasks is by Polit and Beck (2006).

Information retrieval was made from electronic databases and manual search. International databases were CINAHL, PubMed ja Cochrane Library and Finnish databases were ARTO, LINDA, Medic and Kuopus. Study materials were Finnish and international books, project publications, disquisitions, studies, dissertations, scientific and research articles. Researcher examine besides all Hoitotiede journals by manual from year 1997. Finnish Medic and international CINAHL were databases where the most of the material were found. However reference and manual search was proved to be best way to find material for this study.

The result's of this study performs effect levels of health care, a proposal of balanced score card model to support the nursing management in public health care organization and the scale's and instrument's (n=8) for perspectives of proposed model of balanced scorecard. Scales and instrument’s reliability, validity and examples the use of them are shown. Scales for client/patient perspective: ICS, IHL and PSNCQQ; Scales for nursing staff perspective: RAFAELA and NCS; Scale for process perspective: ITE and scales for effectiveness perspective: 15D and PSS-Fin. Beside the result’s perform one international and one Finnish model, which are not actual scales or instrument’s, but by them data of nursing can be structured better and that way nursing can be better measurable and manageable.

Nursing phenomena reviews human, environment, nursery, nursing activity and health. In this point of view balanced scorecard is adequate framework for public health care environment and suitable to support nursing management. In this study proposed of balanced scorecard model to support the nursing management in public health care organization is possible to put into action.
The purpose of this study was to describe how nurse managers’ in specialized health care evaluate their job satisfaction and define how background variables are related to the job satisfaction. In addition, it defines how different factors effect on job satisfaction. This study was part of the Magnet hospital research and development project carried out by the Department of Nursing Science at the University of Kuopio and by the Kuopio University Hospital. This data forms part of the overall data collected in research project.

The data for the study were collected by web-based and paper questionnaires in autumn 2008, among nurse managers’ (N=312) from hospitals which participated in research project. The number of respondents was 179. The research data were analyzed by using the SPSS 14- for Windows -statistical program. The results of the study were illustrated as parameters, frequencies and percentage distributions with statistical significances. The statistical methods used were Kruskall-Wallis test and Mann-Whitneys U-test.

According to the results, nurse managers’ job satisfaction was evaluated as good. From the variable job satisfaction indicators, their own empowerment and job organising matters scored highest, hospital’s magnetism and functionality of work unit’s scored lowest. Work autonomy and empowerment, community sprit and management leadership improved job satisfaction. Overall managers assessed their own welfare as good. Negatively, high workload, stress, inadequate nursing staff, poor feedback from immediate superior, unfair salaries, unworkable work premises and a lack of job appreciation from organisation’s upper management reduced overall job satisfaction. Background variables were not mainly related to job satisfaction. There was a relation between job satisfaction among nurse managers and the quality of care they assessed. Respondents, who evaluated their work unit’s quality of care high, also evaluated their own job satisfaction higher then colleagues who assessed quality low.

The information provided by this research can be utilized to improve both employee job satisfaction and the quality of working life in health care organizations. For further research, it would be interesting to look into the job satisfaction variances between nurse managers in specialized verses basic health care. In addition, we could find out how education effects to the experience of job satisfaction and to explore how the staff find their role to improve their first-line manager job satisfaction.
The objective of the present study was to describe how nurses working at a unit of intensive care within a specialized health care hospital experienced the merger of two wards during summer holidays. The aim was to produce information to help a change manager to develop his/her management skills and practical activities. Development of change management can improve job well-being of the staff, quality of care, and availability of services.

The research questions were as follows: 1) What kind of experiences do the registered nurses have of the merger that took place last summer? 2) How fair did they consider the merger? and 3) How do the nurses perceive future merger of the wards? The research material was collected by a semi-structured group interview of the intensive care nurses (n=12) employed in an organization of specialized health care in Southern Finland. There were four groups, with three nurses in each. The unit of intensive care merged with a surgical intensive care unit in the summer of 2008 for the summer holidays. The same will take place in the summer of 2009. The interview material was analyzed by content analysis.

Registered nurses evaluated critically the leadership and management during the change process. Nurses felt that there were defects in the dissemination of information. Injustice was felt in the division of labour, as well as in the given merger grounds. Nurses experienced their chances of influencing the state of affairs poor. As a positive side in the merger was considered that the working practices were standardized, solidarity was improved, and safety of the patients was preserved. Cooperation turned out to be difficult in the merger, because the cultures and practices of care were different. According to the nurses, cooperation was weakened by several factors; such as the absence of their management during the process of merger and the fact that not all colleagues knew each other well enough. The negative factors related to the merger were inadequate working conditions, lack of resources, difficulties in performing one’s work in peace and quiet, as well as haste and stress. Their work motivation was weakened by unjust procedures and previous negative experiences. Nurses thought that the merger process could be contributed to by just management, such as planning things together in advance, ensuring the presence of management and providing sufficient information. It is hoped that an immediate superior and immediate management give support, and the highest management are expected to provide reasonable grounds for decisions and to standardize practices. The nurses also see unification as a new chance.

The results of this study can be used in future change processes. The study poses challenges for the nursing – as well as for the whole health care leadership and management, especially for the immediate superiors, but also for the upper management.
The focus of this study is on the quality of life of the mental rehabilitators that are in the scope of the case management and on the influence of the case management to the quality of life. By mental rehabilitator I refer to persons who have been diagnosed with schizophrenia. Of all mental disturbances schizophrenia lowers persons’ capacity to operate the most, which makes it difficult for them to cope with everyday life and often leads to a need for external assistance and support.

I gathered the material by theme interviews of mental rehabilitators (n=10) during 1 November 2008 - 3 February 2009. Six of the interviewees were women and five were men. The youngest of the participants was 24 years old and the oldest 59 years. By the time the interviews were carried out the case management periods had lasted an average of 1,5 years. The central themes in my interviews were the three areas of health-related quality of life: physical, mental and social well-being. I analysed the material by using the qualitative content analysis.

The case management seemed to have positive correlation with the health-related quality of life. Supported by the case management the physical well-being of the mental rehabilitators had increased and moving from place to place had become easier for many of them. First of all the case management had a positive effect on the mental well-being. Every interviewee considered the home visits of the case manager were important and so was the awareness of there being someone to contact when needed. For many rehabilitators the case manager was a substitute for friends and other social relations. On the other hand, many patients had found something meaningful to do by the help and support of the case manager and through this they were also able to create new relations with other people.

The interviewees thought the case management was a positive and good experience and wanted it to continue. The case management brought protection, eased loneliness and gave support to household and helped to attend to affairs outside home. The case management is linked to the health-related quality of life also by enabling independent living, instead of e.g. living supported by case management. This was emphasized particularly in the mental and social areas.
Lymphoma, woman, life control, strengthening and weakening factors

The purpose of the study was to describe female lymphoma patients’ views of life control as well as factors that strengthen and weaken their life control. Eight informants with lymphoma in the oncology out-patient department and ward of one hospital district were selected for the study. The material was gathered by open individual interviews during May to October 2008. The material was analysed by content analysis.

Female lymphoma patients’ view of life control comprised control of everyday life, autonomy and coping. Control of everyday life had a meaning of smoothly running every day life and control of future situations. Autonomy was seen as independent initiative and looking after one’s health. Coping was associated with acceptance of the illness.

The strengthening factors comprised descriptions of secure life, self care, support, physical condition, hope, and a sense of future. Feeling of security was based on a secure childhood. Self care was associated with an ability to look after one’s health. Support was given to the interviewees by near relatives and friends, and also by nursing staff at the onset of the disease. Physical condition was a strengthening factor. A good prognosis of the disease, hopefulness of a doctor, a positive attitude and inner strength gave hope for recovery.

The interviewees’ descriptions of the weakening factors were associated with lack of support, narrowing of the social network, self-esteem, experience of failing iii, physical changes, problems of near relatives and psychological symptoms. Lack of support and narrowing of the social network were manifested in changes of life situations. Self esteem was affected by feelings of guilt and changes in self-image. The interviewees experienced their illness as a shock, which upset the balance. Physical changes caused by treatment and thinking of near relatives’ problems as well as depression, sleep disorders and anxiety associated with psychological symptoms weakened the life control.

Data obtained in this study can be utilised in development of psycho-social care of a cancer patient. Further research is needed to define interaction of a patient and a relative during the onset of disease.
UNIVERSITY OF KUOPIO, Department of Nursing Science

HEINO TARJA. Supporting parenthood and family when a parent gets a mental illness.

Master’s thesis, 55 pages, 3 appendices (5 pages)

Advisor: Senior Assistant Merja Nikkonen and Assistant Teija Korhonen

July 2009

Child, parent's mental illness, parenthood, family

With decreasing hospital care and increasing non-institutional treatment, even severely mentally ill parents try to cope with challenges posed by parenthood. Managing everyday life and looking after children without support and overshadowed by a mental illness is hard and strains the resources of the whole family. When a parent becomes mentally ill, a child also has a risk for developing a mental disorder. The mental morbidity of both adults and children has been examined, however, mostly from a medical viewpoint focusing on the illness and describing the hereditary nature of the mental illness.

In this study I wanted to allow both children and parents to get a hearing, because the whole family has a relation to the parent's illness in its natural everyday context. By using a thematic interview I wanted to hear and describe the families’ experiences of their wishes and the support they had received. Four families from the region of one university hospital participated in the study. I interviewed the adults and children of the families separately. The children interviewed were 7-12 years old. I applied qualitative content analysis to the material.

The findings showed that social and health care is still partly unable to meet the whole family, when one of the parents becomes mentally ill. There are models and methods, such as Beadsley’s Family Intervention and Effective Family, but, as told by the parents, they are not used systematically. The treatment was considered more individual-based rather than taking the whole family into account. Support measures were few, and the parents felt they had not received enough information on the possibilities of coping with parenthood challenges overshadowed by a mental illness. Often, the parents had themselves brought up the children’s issues and had also attempted to seek support for their children. Cooperation with different partners was considered scarce. Although the children felt they had been supported by their parents, they would have liked to have received more support, help and comfort.

Through supporting parenthood and family as early as possible the whole family's health is promoted and the risk for marginalization is diminished. Further research must be focused on paying attention to families with children in connection with a parent's mental illness. As knowledge increases, it will be possible to think about how support measures can be developed, thus decreasing, among other things, children's symptoms in situations straining the family.
UNIVERSITY OF KUOPIO, Department of Nursing Science

KARANJA CAROLINE. International university students' knowledge on HIV and AIDS, their general and homophobic attitudes towards HIV/AIDS, and risk behaviours in relation to HIV/AIDS.

Master’s thesis, 47 pages, 5 appendices (6 pages)

Advisor: Professor Tarja Suominen and Senior Lecturer Jari Kylmä

May 2009

HIV/AIDS, Knowledge, Attitudes, Homophobia, Risk behaviour, International Students

The purpose of this study was to illustrate international university students’ knowledge on HIV/AIDS, their general attitudes and homophobic attitudes towards HIV/AIDS and risk behaviours in relation to HIV/AIDS. The study was implemented at one University in Finland. This study was implemented in two phases incorporating quantitative and qualitative methods. Phase 1 took place in 2008 where 150 questionnaires were posted. However 10 addresses were no longer in use so they were returned, final N140 and 32 responded. In the second phase data were collected through 11 in-depth interviews which were conducted in January 2009. Data were analysed statistically by SPSS and by content analysis.

Both phases indicated sufficient knowledge levels of HIV/AIDS. The majority of the students knew well the general facts about HIV and AIDS, ways of transmission, main risk groups and they were also aware of the universal precautions. Some inconsistencies arose in identification of symptoms and knowledge on reliability of condom use. Majority of the students had positive attitudes towards the person with HIV/AIDS and were willing to care for such persons despite never having been in contact with such persons. They had more sympathy towards those who had acquired HIV through blood transfusions than to those who acquire HIV through intravenous drug abuse. The students were empathetic towards children born with HIV and felt that HIV positive women should not give birth. Most of the students did not have homophobia. The students identified well with risk behaviours. Most agreed that their knowledge level on HIV/AIDS did affect their risk behaviours, while others felt it was a matter of choice, personal attitude and practice. While some did not perceive themselves to be at risk of contracting HIV, others felt even with all the precautions, one could never be 100% sure.

Choice is a determining factor of decisions made by students in relation to HIV/AIDS. Future research focusing on factors influencing these choices that put them at risk of contracting the HIV virus is recommended. The students also need to be enlightened on matters concerning symptoms related to HIV and AIDS and also on mother to child transmission.
The proportion of elderly people is increasing all the time. Aging, at the same time, increases the prevalence of illnesses and the use of medicine. Increased use of medicine predisposes elderly for more medicine-related harms.

The purpose of my study was to describe the reporting procedures of as needed medicine in a long term treatment in Espoo. In this study I examined, which as needed medicine the elderly in long term treatment had access to, and who where the persons who gave these medicine. I also clarified the follow-up of effectiveness of distribution indications and given medicine through the notes of the nurses in the electronic customer system.

I collected my research data in the spring of 2009 from the electronic systems of hospices owned by the city of Espoo. I gathered my data from one day medicine lists of 387 long term residents and nurses’ reports concerning as needed medicine on one week period. I analyzed the data through percent and frequency distributions.

The results of my thesis show that long term medicine lists consisted of 1 444 notes on as needed medicine and every resident had in average of 3.73 (range of 0-11) as needed medicines on their medicine list authorized by a physician. During a one week of research, every resident had had an average of 1.25 of as needed medicines. According to the results, three predominant medicine groups were pain, psyche and digestive system related medicines.

The nurses had given to the elderly people mostly painkillers and practical nurses mostly psyche related medicines. Nursing students had given some medicines, but only occasionally. The distribution indication of as needed medicine was best reported by the nurses. Practical nurses, on the other hand, had best reported the effectiveness of as needed medicine. Commonly used distribution indications related to ache, restlessness, anxiety and pain.

The results of my study also show that nurses had reported the effectiveness of as needed medicine only a little. Practical nurses had reported the effectiveness better and their reporting was more comprehensive in general. Nurses had given the as needed medicines mostly during the morning shift, whereas practical nurses mostly during the night shift.

On the basis of the results of this thesis, it can be concluded that the reporting practices of as needed medicines did not fulfil any of the reporting standards. Reporting was inadequate, short, listing-type, and same expressions were repeated. There were deficiencies in the language skills of the nursing staff and coherent professional language of reporting was missing. Thus, it can be argued, that special characteristics of the nursing staff, concerning elderly peoples’ medicine care, had not shifted into the daily nursing practices.
The purpose of this study was to provide information how the nurses as mentors evaluate their abilities to mentor nursing students during their clinical placements. The aim was to find out how nurses considered their mentoring and evaluation skills for nursing students carried out The North – Savo University Hospital District. This study also wanted to find out how the mentors background variables affect on their evaluation of students. The study was a part of the Attractive and Safe Hospital -project 2006 – 2012.

The study was carried out in three central hospitals and one University hospital where nurses act as mentors (N= 1000) for students while nursing. The response rate was 56 %. The data were collected using Quality of Placement Learning –instrument (QPL), which was the instrument with Likert -scale.

The data were processed and analyzed using SSPS 14.0 statistical program. Frequencies and percentage distributions were used for descriptive statistics. The data were analyzed by cross-tabulation. To test reliability of the instrument Principal Component analysis was implemented and the reliability of the test was calculated using Cronbach alpha -test which was 0,606-0,796 for each summary variable and 0,886 for the whole instrument.

In this study the mentors evaluated their skills good to mentor nursing students. Mentors (94 %) were able to organize different learning experiences that supported student’s professional development. Mentors reported that the students were orientated (87 %) well to the units and seen as a part of the nursing team (94%). However mentors felt their ability to mentor inadequate. Mentors (53%) wished more support from clinical educators. Midwifes and healthcare visitors also felt that they need more support from management. Meanwhile the assessment forms and criteria was evaluated difficult (38 %) and not user friendly. Also the lack of time (54 %) was mentioned as a drawback for mentoring. In some units it was felt that there was too many students in the same time and mentoring was done while managing daily workload. Some mentors wished for economical support for mentoring students.

All mentors should be educated for mentoring on regular intervals and up-dates. New technology should be used to make easier to access the availability of clinical educators during the placements. More resources should be invested to clarification and standardize of assessment criteria.
Sense of coherence, mental health, psychiatric treatment, a mental disorder patient

Mental health disorders are major contributors to occupational disability. Every year 1,5% of the population are taken ill with a mental disorder. In Finland one in five suffers from a mental illness. Serious disorders increase the risk of premature death. 5 to 6% of the population are diagnosed with a severe depression. A psychiatric illness weakens a person's capacity to cope and deal with everyday issues of life.

The purpose of this study was to describe the sense of coherence of a mental disorder patient and the factors that strengthen and weaken it. The paper is based on Antonovsky's theory of sense of coherence. The participants of the study were the nine patients at a psychiatric hospital in December 2008. The data were gathered by means of semi-structured interviews. These interviews were then recorded and transcribed. The qualitative content analysis was used as a method in the study.

The patients in psychiatric treatment had varied experiences on sense of coherence and contentment with life. Their experiences of coping consisted of the following themes: variation in contentment with life, ease of everyday routines and personal relationships and interaction. The factors that strengthened the ability to cope were a regular lifestyle, positive experiences, relationships and interaction, whereas the factors weakening the ability to cope included failures, disorder symptoms and here again relationships and interaction. Antonovsky's theory of sense of coherence offered a solid foundation for the study.

The information gained in the present study is useful for the work in the field as well as for the management and education. The information helps the nursing personnel to better recognize the factors influencing the patient's sense of coherence and, moreover, to improve the means to help the patient. Finally, the results are consistent with the conclusions in the earlier studies about the mental disorder patients' sense of coherence and the factors influencing it.
UNIVERSITY OF KUOPIO, Department of Nursing Science

LAITINEN MARKUS. Clinical supervision as a tool for well-being at work - nurses experiences of clinical supervision in psychiatric nursing.

Master’s thesis, 78 pages, 7 appendices (12 pages)

Advisor: Senior Assistant Merja Nikkonen and Senior Lecturer Jari Kylmä

October 2009

Clinical supervision, well-being at work, nurse, psychiatric nursing

The purpose of this study was to describe psychiatric nurses’ experiences about the effects of clinical supervision to well-being at work. The aim of the study was to produce information about the effects of clinical supervision to well-being at work, and to support the promotion of well-being at work of nurses with the help of results.

The data was collected by using open thematic interviews. Nurses (n=10) working in psychiatric wards were individually interviewed in winter 2009. The data was analyzed with inductive content analysis.

According to results, factors influencing well-being at work of nurses were associated with their positive experiences of work and trust of support given by work community if required. Influencing factors were also interactiveness of work community, opportunity to take part in work development, and professional skills of work community. In addition, factors promoting well-being at work were good working conditions, measures of support towards well-being at work and professional development enabled by work organization, balanced conditions of private life, and meaningful leisure.

Clinical supervision enabled for nurses to have an increased understanding about themselves, patients and, co-workers. Clinical supervision supported nurses’ ability to observe their action, slow down their working pace, and to tolerate problematic situations. According to nurses, they got means to operate in their work, set things experienced at work into right perspective, and to see work as more understandable. Clinical supervision also promoted nurses’ professional growth by increasing their self-confidence and courage. As a requirement of gaining benefits, supervision should feel trustworthy.

In work community, clinical supervision increased open conversation among nurses and understanding towards their co-workers. Clinical supervision also enhanced emancipation of atmosphere, sense of community and flow of information in work community. Nurses got the opportunity to contemplate work content, adopt new ways to work, clarify their way of work, and to plan ways of co-operation between work communities. According to nurses, benefits gained from clinical supervision required openness of work community and willingness to solve problems. Also as a requirement of gaining benefits, team supervision should be enabled for the whole work community.

According to this study, clinical supervision has a great influence to well-being at work of nurses. The results obtained can be used as a support in improving the well-being at work of nurses in different sectors of nursing.
The purpose of this study is to determine how employees in healthcare and emergency services estimate their own working abilities and exercising habits. The study constitutes a part of a health promoting exercising project ‘Joensuu liikkumaan’ governed by the city of Joensuu.

The target group for the study comprised of those nurses, practical nurses, orderlies, fire fighters and fire fighter-ambulance drivers at the hospital inpatient wards in Joensuu and the North Karelia Fire and Rescue Department who have an email address assigned by the employer at their disposal (N=177). The data was collected with an online questionnaire in March 2008. The questionnaire was created on the basis of a form on exercising habits used by the Finnish Institute of Occupational Health in the Work Ability Index and Fit for Life Program. Altogether 63 % (n=112) of the target group responded to the questionnaire. The data was analysed with SPSS for Windows 14.0. Frequency and percent distributions were used for the description of the data. Methods of analyses were cross tabulation, Chi-square test and Fisher’s exact test.

Under 36-year-olds estimated their working abilities to be better than did older respondents. Most of the respondents (79 %) had at least one disease. The most common diseases were disabilities caused by accidents, musculoskeletal or circulatory disorders, or nervous system and sense organ diseases. Almost all the respondents thought that their mental working abilities were better than the physical ones. A high education level resulted in estimations of better physical working abilities and higher work ability index points. Highly educated respondents also estimated, more frequently than the lower educated respondents, that, with regard to their health, they are able to practise their occupation in two years. From a health viewpoint, only less than a quarter of the respondents exercise sufficiently. Men take more straining and long lasting exercises than women. Men also use more time on integrating physical activity into their daily routines than women.

It can be concluded that enhancing the physical working abilities of the respondents should be primarily developed. Employees should be encouraged to use their way to work for exercising in different ways considerably more frequently than nowadays, which would result in an increase of the overall amount of exercise. Nationally, employees should be provided with sufficient education and, in particular, young people should be prevented from dropping out of education. The results of the study can be utilised when determining the impact of the ‘Joensuu liikkumaan’ project, and when planning actions to be taken in occupational healthcare and personnel administration to enhance employees’ overall and occupational health.
Self-efficacy, socio-demographic factors, lifestyle factors, self-rated health

The health behaviour of an individual, its formation and consequently his or her health is affected by many psychological factors, such as self-efficacy. Self-efficacy refers to the confidence of an individual in his/her ability to carry out particular activities successfully. This study sought to explore how socio-demographic factors (age, gender, marital status, income, education), lifestyle factors (smoking, the use of alcohol, physical activity, the use of vegetables, BMI) and health (self-rated health) are connected to self-efficacy among 25-44-year-old Finns.

This study was based on a part of the FINRISK 2002 data. FINRISK is a national health survey implemented by the National Institute for Health and Welfare in every five years. The sample consisted of 5962 persons, of whom 3996 participated in the survey (response rate 67 %). The main statistical methods applied in the study were factor analysis, cross tabulation and logistic regression. I used SPSS 15.0 for Windows to carry out the analyses.

The results suggest that low self-efficacy is related to regular smoking, high alcohol consumption, low leisure-time physical activity, infrequent use of vegetables, obesity, as well as to poor self-rated health (among both genders). Furthermore, among men low level of education predicted low self-efficacy. Self-efficacy was not statistically significantly associated with gender, age, marital status or income. Interestingly, however, the relationship between low self-efficacy and poor perceived health was explained by lifestyle factors. Among women the lifestyle factors explained this association completely; among men their explanatory power was lower.

The results indicate that low self-efficacy is evidently related to the behaviour which is bad for health. So results gave support for the earlier findings on the relationship between lifestyle factors and self-efficacy. Particularly, the study shed more light on the association between self-rated health and self-efficacy, an issue that has been largely ignored in previous studies. Self-efficacy is an important factor connected with health and health behaviour, and it should be taken into consideration when planning health promotion interventions.
The purpose of this master’s thesis is to describe the peer support and conversations of pregnant women on the Internet discussion boards and the qualities of Internet as an environment providing peer support. The master’s thesis also deals with the peer support provided by maternity clinics for expectant mothers.

The study maternal was collected through the “Pregnancy” discussion boards of the Suomi24 forum and Vauva (Baby) magazine forum using two different manners. The first material was collected by storing all the discussions of expectant mothers on both discussion boards for a period of one calendar week. The new discussions had been 183 during one week and the answers were received 913. The second n consisted of writings produced by expectant mothers (N=10). The researcher published questions with accompanying notes on the boards and expectant mothers sent their answers in form of writings by email to the researcher. The material has been analyzed using the content analysis.

According to the results pregnant women seek for peer support from the Internet discussion boards because the Internet is a good means to get peer support. The new phase of life creates needs to share experiences and get additional information about pregnancy. Shortcomings in the maternal service, such as rush and pressure the public-health nurses face in their work, contribute to the willingness to seek support from the discussion boards. The special features of the discussion boards, for example the anonymity, make it easier to seek support from there. Pregnant women talk on the boards about pregnancy, changes caused by it, the follow-up of the pregnancy and problems caused by the pregnancy. Expectant mothers feel that the role of the maternity clinic is, in the first place, to follow the pregnancy; they prefer the Internet for peer support.

The use of Internet increases and the information available for pregnant women increases along with it all the time. This brings about challenges for the public health services and the relationship between the employee and the customer. Pregnant women need peer support. The support received from the Internet complements that provided by the maternal service. In the future, however, the maternity clinics should provide more services to enable the peer support also through them.
The target of the study was to describe comprehensive school students’ experiences in their health and substance use as well as to contact with these things by the Adolescents’ Substance use Measurement which is developed in Kuopio (Pirskanen 2007). In addition, adolescents’ conceptions about the operation of school health nurses was also described. This is part of a study where methods of early support and model are developed in order to improve the adolescents welfare in substance abuse. In this study, also receive of the collected and processed material has been evaluated in the early stage of the follow-up inspection following the guidelines and the nature of a pilot research. The population consisted of 14—15 year old students from the 8 grade of a comprehensive school. A random sample of 166 of adolescents was assembled and questionnaires were given to them: 70 were returned (42 % response rate). The results were analysed by using the SPSS-program and by using describing statistics methods.

Adolescent replied that their health and promoting abstinence factors were their own health respect, taking care of their health as well as good relationships with their friends. Parents care, support and motivation and control were things that supported adolescents self respectation and abstinence. Also the skills of the school health nurses like professionality, expertly, sympathy and questions about drugs supported abstinence. When measuring Adolescents’ Substance Use Measurement the most of respondents’ did not smoke or used other substances abuses. Small group of the respondents reported that they use alcohol few times a month. Adolescents had excellent knowledge about substance use. The majority of research participants estimated that the school nurses professional skills and specialist areas were on a high level. They emphasized especially the confidence of school-health nurses, in issues concerning their own private things.

The result of the present study can be of use in improving school health nurses’ work- and operation models in adolescents health promoting. Also, this study can be of use when adolescents well-being will be examined more precisely and taking into consideration also home and school collaboratorium. Further research is needed into expression of intervention programmes an early intervention model for school and secondary school students in school health care. Research related to this should be completed with adolescents’ team interviews, where adolescents’ will themselves describe their own health and substance use.
Health-related quality of life, leisure time, physical activity, exercise, adult.

Background and purpose of the study: Little is known about health-related quality of life and its relation with physical activity in general population. The aim of this study was to describe and explain health-related quality of life and leisure time physical activity and the underlying factors related to them on adults at the age of 55-74 living in Kuopio.

Methods: The study is a part of an exercise and dietary intervention study (DR’s EXTRA, Dose-responses to exercise training) in Kuopio Research Institute of Exercise Medicine. The study population is a representative population sample (n=1410) of men and women 55-74 years of age from Kuopio. The data was collected between April 5, 2005 and October 4, 2006 using three questionnaires; exercise form (DEPAQ), RAND 36-Item Health Survey 1, 0 (RAND-36) and background information form (DEBAQ). The data were analyzed with SPSS- for Windows 15, 0-program using percentages, mean values and standard deviation. Variables were crosstabulated with underlying factors.

Results: The health-related quality of life on adults at the age of 55-74 was good (59.8- 89.5). The underlying factors related to health-related quality of life and leisure time physical activity were age, satisfaction with economic situation, if one felt rested after sleeping, satisfaction with one’ s weight, not having some exercise limiting disease, physical activity and health in general. The most popular forms of physical activity were walking, housework/cleaning, outdoor works and outdoors exercise in this age group. They had exercise approximately two times a week, about one and a half hour each time and an average of moderate level. The most common factors that motivated to exercise were the positive effects with health and mood. The most common factors that limit the exercise were diseases or disability, tiredness, discomfort caused by exercise, pain or sickness.

Conclusions: Health-related quality of life was better with people living in Kuopio than Finnish population of the same age. Physical activity was parallel than pensioner on an average. The information of this study can be exploited in designing health conductive interventions.
The purpose of this study was to describe adults in mental health rehabilitation who suffer from schizophrenia, relatives and nurses’ conceptions of care guarantee and its implementation. The aim of the study was to produce information about treatment needs assessment and black spots of implementation in care guarantee viewed by patients of mental health rehabilitation, relatives and psychiatric nurses.

The data was collected through half-structured recorded individual interviews with 7 people in mental health rehabilitation and focus group interviews with 5 relatives and 7 nurses who are employed in Psychiatry center of Kuopio. The data was analyzed with deductive content analysis.

According to results, care guarantee as concept wasn’t understood. According to nurses this may be a consequence of that people do not recognize care guarantee as concept or it obviously hasn’t been viewed in community obviously. Also characteristics of people with schizophrenia may contribute understanding. Factors that influence implementation for care guarantee, people with mental rehabilitation saw factors related to contact, assessment to treatment need, and access to care, equality and attitudes. The difference between urgent care and unhurried care weren’t recognized. In addition primary care and special health care were confused.

According to nurses care guarantee implementation come true fine in the area of Psychiatry center. Referrals and contact from patient are handled within a couple of days from entrance, assessment to treatment are made under one week and they haven’t got long chain of care, therefore access to reception occur reasonably fast. Entrance referrals are informed to patient.

Information from this study can be utilized when are care quality in primary care and equal accessibility are developed. The results obtained can be used when a developing patient-based mental health care, improved information practice and planned care of people within mental health rehabilitation.
The purpose of this research was to describe health promotion contact persons work as they see it themselves through the four research studies; what work is like, what principles are guiding the work, what are works development needs and what kind of conceptions contact persons have from their work in the Northern operational environment. In this research Northern operational environment means the Province of Lapland and the Municipalities in it’s area. The research material was collected with open legwork forms which were sent to Lapland’s health promotion contact persons (n=28) by mail. Fifteen answers were returned. The material was analyzed by using qualitative content analyses.

According to analyses contact person’s notion of health promotion was twofold; on the one hand it was still combined with health education, on the other hand it was seen as an activity concerning the whole community. Content of the work consisted of patient work, administrative work and taking care of practicalities. The factors that improved work were contact persons own expertise and common enthusiasm for health promotion, multiply skilled person collaboration and administration that supported health promotion. The factors that impeded work were lack of time and finance, lack of management and undefined job description. The appealing features of the work were the possibility to collaborate, the experience of meaningfulness and the possibility to see the results of their work. The difficult features of the work were lack of time and finance and lack of administrative cooperation. The results of the work were seen in the community’s inhabitants improved health and in community’s activation in the area of health promotion. The principles guiding health promotion contact persons work were general health promoting guidelines and contact persons own impressions. Work in the Northern operational environment consisted from geographic, cultural and humane special requirement and the emphasis on health promotion. Contact persons wanted to evolve their work by constructing an explicit operations model and getting support for their work.

How contact persons can generate their work depends on how the management of health promotion is conducted. Conduction consists of supporting the work, co-operation and defining the working time and job description. Health promotion work needs monitoring and guidance to make the goals and action become concrete in communities. When precautionary way of thinking thrives, along comes health promotion actions in Northern operational environment. To support this action it needs one or more health promotion centers, contact persons networking and education for health promotion actors in communities and organizations. Further studies should be made for developing an own health promotion model for Northern Finland, perceive tourism and its consequence in health promotion and to examine what is the ethical foundation of contact persons work.
The aim of this study was to describe the attractiveness of nursing as a career as well as the factors influencing nursing as a career choice, from the point of view of senior high school students. This study was a part of the Magnet Hospital project conducted by the University of Kuopio and the University Hospital of Kuopio 2006-2010.

This study was carried out among senior high school students (n Results were obtained via a web based survey conducted in January and February 2008 and response rate was 65 %. A structured questionnaire was developed for the survey, based on experience from previous studies. The questionnaire contained seven questions relating student background, 115 Likert statements and an opportunity for a free response. The data were processed and analyzed using the statistical package SPSS 14.0 for Windows. Frequencies, percentage distributions and means were used for descriptive statistics and cross-tabulation. Eight summary variables were computed and compared to background variables using t-test and Mann-Whitney U- and Kruskall-Wallis-tests. Cronbach’s alpha was also calculated for the eight summary variables (0.43-0.87).

Only one percent of students considered nursing as an ideal dream job, although every fifth respondent was willing to consider nursing as a potential career possibility. Working with people, helping others and a general interest in nursing were common career motivators. More than half of the respondents regarded nursing as a vocation. Although the majority (60 %) believed nursing to provide a secure job, only 26 % assessed career opportunities as good. Nursing was perceived as hectic and physically demanding although 57 % of the respondents considered that nursing also requires scientific knowledge. Nursing education was regarded as being of high standard and nursing was seen as being value and important to society. TV series or movies as well as newspapers were the most important sources of information about nursing. Only 9 % of the respondents had received comprehensive information about nursing as a career from career advisors. The study provided new information on perceptions of the attractiveness of nursing as a potential career choice among senior high school students. In the future, collaboration between the educational institutions, hospitals and scientists is crucial for generating interest in nursing as a career and for recruitment of students into nursing training program.
The purpose of this study was to describe supporting detoxification patient’s resources from nurse’s point of view. The objective of this research was to find the nursing means to support detoxification patient’s resources.

This study was descriptive qualitative research. The method of data collection was unstructured interview. Research material included both group (N=4) and individual (n=3) interviews of four nurses. Research material was collected during autumn 2008 in the substance misuse services of one town, in a ward which conducts detoxification. The material was analyzed with inductive content analysis.

As the result of the study nurses described that resource is reserve power which helps to manage and which helps to get content to life and motivation to stay sober. The resources of detoxification patient are individual resources, resources strengthened with the help of treatment, resources related to network and measures of support and resources related to every-day living. There were eight means that nurses use in supporting detoxification patient’s resources. They were taking care of patient’s physical basic needs which included assessing the need for care and responding to patient’s physical needs. Meeting the patient empathetically included understanding the patient, treating him well, handling his feelings, supporting his strengths and being close to him and also meeting an unclean patient professionally. Resources were supported by looking for alternative solutions in patient’s care which meant finding different and creative solutions. Goal-directed conversations with the patient included perceiving patient’s life-story together with the patient, supporting the patient to tell about his matters, handling the matters realistically, wakening patient’s motivation and sharing information about the character of substance misuse. The groups and peer support related to the care included the methods used in the groups and encouraging to peer support. Supporting patient’s life as a whole included paying attention to patient’s life as a whole and supporting the patient in the different roles of his life. Patient’s resources were strengthened also by supporting patient’s every-day life which included supporting the patient in taking care of his matters and supporting the relatives. Supporting the patient forward in his life included setting reasonable goals and making follow-up plans. According to my study supporting detoxification patient’s resources is multidimensional and holistic and work demands many-sided know-how from a nurse.

The data conducted by the research can be used in developing nursing practice, in the theoretical analyzing of care methods in detoxification and in developing addiction care. To develop addiction care and to enlarge the knowledge base of nursing, new multidisciplinary research about the helping methods of addiction care is still needed.
The aim of this study was to describe the pain treatment in intellectual disability with communication impaired. The study focused on identifying pain in intellectual disability with communication impaired, on pain appraisal, on methods of pain alleviation and on assessing the effect of the treatment of pain. The study is part of a pain research project led by Lecturer Päivi Kankkunen from the Department of Nursing Science, the University of Kuopio.

The target group of the study consisted of the nursing staff working at seven mental retardation units in different parts of Finland. The material was collected in spring 2008 by a semi-structured questionnaire (N=222), and the response rate was 82 %. The material was analyzed by statistical methods (the Kruskall-Wallis test, the Mann-Whitney U test) and by content analysis. The findings were described as parameters, frequencies, percentages, a column and as types of statistical significance.

The nursing staff considered their competence of identifying pain in intellectual disability with communication impaired to be adequate and were of the opinion that enough attention is paid to pain. Almost all nursing staff appraised pain and the effect of treatment of pain on the basis of behavioural change. The care provider’s relationship with the patient affected the identification of pain in intellectual disability with communication impaired. Practically no pain indicators were used to assess pain and the effect of treating it. The primary methods of pain alleviation were pharmacological treatment, change of position, pacifying the patient and talking to him/her. A peaceful environment, a change of position, embracing with one’s hand as well as creation of intimacy and security were among the most effective means of pain alleviation.

The findings of this study can be utilized in practical nursing and research as well as in further education for pain alleviation. Additional studies are needed of the effect of various non-pharmacological methods of pain alleviation, of the assessment of the effect of pain alleviation as well as of the use and usability of pain indicators. This is important for the reliable and good assessment of pain in intellectual disability with communication impaired in the future.
Promotion of breastfeeding is a challenge in our country. Exclusive breastfeeding for six months is quite uncommon. In a nationwide survey of the breastfeeding and complementary feeding among the Finnish children 2005, only one percent of Finnish babies were exclusively breastfed for six months.

The purpose of the study was to describe breastfeeding attitudes among Finnish public health nurses and those factors which are in connection with them. The material was collected by a questionnaire from public health nurses who give breastfeeding counseling in one health centre in several positions. The response rate of the study was 65 % (n=132). The material was analyzed by SPSS 14.0 for Windows through studying frequency and percentage distributions. The connection of background and sum variables was explored by means of t-test, Mann-Whitney U-test and Krukall-Wallis test.

Public health nurse’s attitudes towards breastfeeding were mainly positive, and they were quite interested about breastfeeding. Some individual differences were found. All public health nurses did not work totally based on national breastfeeding guidelines. Some of them still recommend the beginning of complementary feeding in the age of four months. Public health nurses attitudes and knowledge is neither totally congruent with WHO’s international guidelines. Young (age 29 and under) public health nurses needed more breastfeeding education than old (age 30 and older). In public health nurses opinion, mothers are not quite receptive to breastfeeding information during the pregnancy. The study also showed that breastfeeding counseling is not very similar between maternity ward and child welfare clinic.

Public health nurses breastfeeding attitudes were in connection between age, working experience and their interest towards breastfeeding. Also public health nurses which worked every day with breastfeeding mothers had more positive and empowering attitudes than those who worked almost every day. Younger public health nurses were facilitating gave more guidance and was well disposed towards breastfeeding than older.

The results of the study can be utilized in developing the further education of public health nurses. It would also be interesting to study the issue of differences in breastfeeding counseling between the maternity ward and child welfare clinic. The instrument which measured breastfeeding attitudes needs also further development.
The objective of this systematic literature review is to describe, based on nursing research data, the content, implementation methods and development needs in the education of patients with coronary heart disease. The aim is to produce information that helps develop the education of patients with chronic diseases into an effective intervention. The Medic, PubMed, Medline and Cinahl databases were used to search for studies, and the Cochrane database to search for literature reviews. The material mainly consisted of international publications. The selection of the material for the review was based on predetermined inclusion criteria. After a quality assessment, the material to be analysed consisted of a total of 26 studies. Inductive content analysis was used as the analysis method.

The methods to educate patients with coronary heart disease include individual and group sessions, and education provided through electronic means of communication. According to the results, individual education consists of theoretical information, possibility to discuss the disease and ask questions about it, and written material.

The most common forms of group education included informative discussions on non-smoking and the management of blood pressure and the cholesterol level, primary information sessions with expert lectures, and guided exercise groups. In some of the group sessions, it was possible for the patients to participate in a peer discussion and meet a layperson, and thus receive mental support. The family members or close friends were able to participate in some informative group education sessions. In most cases, the group tutor was a nurse. Positive results are available on the effectiveness of nurse led patient education groups in the management of the central risk factors of the coronary heart disease, but the challenge is to have those patients participate who would benefit most from this form of education. Very often active people who take care of their health participate in the group sessions, and those who need education most and are in the danger of exclusion do not participate.

The content of the education provided by telephone or other electronic means of communication consisted of the provision of individual information and support, whereby the importance of setting a personal goal was emphasised more clearly than in traditional education methods. The patients who suffer from coronary heart disease regard the information concerning the disease as an important factor that increases their commitment to treatment.

The implementation of patient education is inadequate in terms of knowledge and competences, and completely insufficient after hospital treatment. Clear development focuses in the education of patients with coronary heart disease include the right timing and content of the education, and the development of the education methods by taking the needs of the patients and the previous level of knowledge into consideration. Special attention should also be paid to the shift in the age structure towards older ages, which means that the incidence of coronary heart disease will increase in the
future. On the basis of the results, extensive conclusions may be drawn on the development needs in the education of patients with coronary heart disease, and it is justifiable to state that patient education should be made an official part of public healthcare and of the treatment of each patient with coronary heart disease. The results can be utilised in the development of practical nursing and nursing chains, and in nursing education and management.
School nurse, pupil welfare, cooperation

The purpose of this study was to find out school nurses’ estimates of their work concerning pupil welfare. The aims of this study were to clarify 1) what school nurses saw as their roles when working with pupils, 2) with whom school nurses cooperate and 3) modes of cooperation between school nurses, school community and other actors. A further purpose was to examine what kind of further education school nurses have acquired to increase their knowledge of school health care.

The study was carried out as a part of a larger research programme of the Finnish Schools for Health in Europe (SHE) network led by Kerttu Tossavainen in the Department of Nursing Science at the University of Kuopio. The target group of the study (N=284) were the members of Suomen Terveydenhoitajaliitto STHL (The Finnish Union of Public Health Nurses) who work in school and student health care. The data were collected by a mail survey in early spring 2009 as a part of a national study on school nurses. In this study a part (36 questionnaire items and demographic data) of material on the national study on school nurses was analyzed. The data were analyzed with SPSS for Windows program using cross-tabulation, Chi square test, explorative factor analysis and the Kruskall-Wallis test.

School nurses estimate that their role as a safe adult is significant. They also consider themselves easily approachable in school health care and experienced that the services of school health care are well accessible to pupils. School nurses had multidisciplinary cooperation mostly with social welfare and health care workers, teachers and school catering staff. School nurses took part in the work of pupil welfare team actively. They also participated in curriculum work as a part of pupil welfare quite actively. To obtain information on the use of intoxicants, school nurses were also capable of using the Adolescents’ Substance Use Measurement as a method of early intervention. In addition, school nurses estimated that they have enough knowledge in implementation of early intervention in problems related to mental health, marginalization and pupil welfare. Just over half of school nurses said that they carry out home visits together with the pupil welfare team.

The role of school nurses in promoting children’s and young people’s well-being and in early intervention of problems is vital. In municipalities possibilities for implementing services that are equally available to all pupils in accordance with quality recommendation for school health care have to be created. Research on functionality and services of pupil welfare has to be increased.
The purpose of this study is to describe the operations of Joutseno Reception Centre during 1990-2008 as experienced by its long term director Ms. Maiju Kouki. Ms. Kouki has been involved with one of the first reception centres in Finland from its founding and directed it until her retirement. In this study the following questions will be answered: How have the asylum seekers and their circumstances changed during 1990-2008? What are the most memorable memories of Ms Kouki of those years and how does she see the future of the reception centre?

This is a qualitative description. The material has been obtained by interviews and it is based on the director’s own experiences and interpretations of the past years. It is possible to collect valuable information from the past based on oral history which is highly unique and subjective. Stories are the basis of our thinking, knowing and cultural understanding. This study offers Nursing Science a possibility to benefit from strong practical experience.

The operation of reception centres was started in Finland with a fast timetable at the beginning of 1990. Since there was no previous experience, the operational models had to be built from scratch, partly by learning from mistakes. The starting phase was very hard for the director of the reception centre. Working conditions improved slowly during years. The general acceptance of asylum seekers and the media’s attitude improved. The clients and working with them has changed during the years. The latest groups are the victims of human trade. The work at a reception centre involves crisis management and also work with children and families. There are clients of all age groups. Most of the clients are traumatised and problems with mental health are common. It takes months even in the best cases before asylum decisions are made and the waiting period often is very hard for clients and makes their symptoms worse. It is important to find meaningful every day activities for the clients to help them cope. Equal and just treatment of all asylum seekers by personnel is essential. The personnel also need good team working capabilities and patience. Ms. Kouki has particularly fond memories of working with children and families. There were also some sad moments involving crime and tragic events.

According to Ms. Kouki the future of Joutseno Reception Centre looks positive and there are likely to be plenty of asylum seekers also in the future. Speeding up the asylum decision-making process would benefit everybody. It would also be beneficial if the Finnish job market would be more open to asylum seekers.
The purpose of this study was to describe the factors that have led the nursing students to choose the mental health nursing as their study field. Further this study concentrates on the significant experiences of the nursing students during their guided special clinical practice that helped or inhibited the progress of commitment to the mental health nursing. This study is carried out in a research and development project ‘Attractive and safe hospital’ in the University Hospital North-Savo District.

Ten nursing students at the specialisation studies participated in the study. Nursing students were interviewed using critical incident method. The study data consisted of nursing students’ experiences that influenced the decision to begin the mental health nursing studies and of descriptions of the significant incidents that strengthened the commitment to the mental health nursing during the guided clinical practice. Experiences that strengthened the commitment to the mental health nursing were described 29 and inhibited 4. The data was analysed by content analysis.

There are several factors that have influence on choosing the mental health nursing as a study field. Among these factors are its human nature, working atmosphere, differences between somatic nursing and mental health nursing, earlier experiences and knowledge of the mental health nursing as well as the experiences during the clinical practice of nursing. During the clinical practice the following factors strengthened the commitment: development of the working skills, possibility to learn and the agreeableness of the work. Following factors inhibited the commitment: disrespectful behaviour of a nurse towards patients, leaving student alone, student being outsider in the workplace and a positive experience of somatic nursing. The experiences that strengthened the commitment were significant, because they enabled the nursing students the possibility to learn to nurse.

Recognizing the fact that experiences during the clinical practice have effect on choosing the mental health nursing as a study field as well as to the commitment, the study counsellors and other personnel of the training place can act in a way that increases the commitment. The results of this study can be useful when developing the guided clinical practice of the mental health nursing to the direction where the students’ commitment to the mental health nursing is on the focus.
The aim of this study was to describe the mentoring of the nursing students i.e. the mentorship in nursing during the practice placement learning from the nursing students' and mentors' viewpoint. The purpose of this study was additionally to compare nursing students' and mentors' appraisals of the mentoring. The study was a part of the Magnetic hospital-project, which is executed in North-Savo hospital district in 2006-2012.

This study was carried out with nursing students in practice placement learning and mentoring nurses in four different hospitals. In the study the data were collected from the nursing students (n=498) in 2007-2008 using questionnaire. 269 nursing students answered to the questionnaire and the response rate was 54%. The data of the mentors (n=511) were collected using questionnaire in 2008. 322 mentoring nurses answered to the questionnaire and the response rate was 63%. The data were collected using QPL (Quality of Placement Learning) –instrument, which is the instrument with Likert –scale.

The data were processed and analyzed using SPSS for Windows 14.0 statistical program. Frequencies and percentage distributions were used for descriptive statistics. The data were analyzed by cross-tabulation. Summary variables were computed using different items of the questionnaires and the differences between groups were compared by Mann-Whitney U –test and Kruskall-Wallis –test. Cronbach's alpha was calculated to test the reliability of the QPL –instrument. It was .88 for the whole instrument and .70-.79 for each summary variable.

In nursing students’ and mentors’ opinions the mentorship was mainly well carried out. Nursing students’ and mentors’ appraisals of the mentorship were quite integrated. Doing the combined shifts weren't always possible because of the shift work and mentors’ sick leaves and other vacations. Understanding of the assessment criterions and also those using were taxing. Nursing students didn't see the assessment criterions relieving their self-assessment. Mentors’ opinions were, they didn't get enough the support from guiding teacher. The most of nursing students would recommend the practice work placement to the other nursing students. Mentors didn't ask not nearly as always, would the nursing student recommend work placement to the others. It is important to the nursing students, that mentors and other nurses will address them using their own names. Nursing students also think, that it is important to give constructive feedback in suitable situations enough often during the practice placement learning.

Nursing mentors should be educated in their mentor role. There should be more supervision to using of the assessment criterions both nursing students and mentors. Nursing teachers should invest more to supervision and support giving to nursing students and mentors.
Over decades tuberculosis was one of the most feared diseases in Finland. As late as in the beginning of the 1930s approximately 10 000 Finns annually died of the disease. In order to prevent the disease from spreading large national sanatoria were built. Before medical care was developed in the 1940s, the treatment for tuberculosis in sanatoria was based on improving the general condition of the patient by rest, good nutrition and bringing one to lie out in fresh air. In addition, varying surgical procedures were made under local anaesthesia to reach the resting state of the lungs. Treatment periods lasted even years and the results were uncertain.

The aim of this research was to describe the everyday life history of multiprofessional nursing as well as the original sanatorium culture from the staff's viewpoint from 1945 up to 1971 in a Finnish sanatorium Tarinaharju built in 1931. The research is based on historical research methodology and oral history research. The research material consisted of archival sources and memory material collected by open interviews. Seven employees who had worked in the sanatorium were interviewed as well as one medical expert in treatment of tuberculosis. According to historical research, the material was analyzed by interpretation.

Cooperation between different professionals was emphasized in the treatment of tuberculosis patients. The sense of belonging to the community was strong among the patients and staff members. Means to treat tuberculosis advanced at the turn of the 1940s and 1950s due to new medicine developed for tuberculosis and the sanatorium culture changed when treatment periods shortened. Medical care was first expensive and charged from patients. Everyday life in the sanatorium was characterized by strict rules and tight daily program. Sanatorium hierarchy was evident in inequality between different professionals as well as between patients. The hierarchy eased in the 1960s when more attention was paid on occupational rehabilitation of patients and facilitating the enter back into normal life. It was not until the beginning of the 1960s when reforms in legislation guaranteed patients sanatorium treatment free of charge and cost-free medical care. The development of surgical and anaesthesical methods increased surgical treatment of tuberculosis from the mid-1960s on.

The historical information of resisting tuberculosis and the development of treatment produced by this research can be used, for instance, for multiprofessional nursing education and developing prevention of transmission and treatment of various diseases today.
Patient safety, patient safety culture, teamwork, adverse event, reporting, management

The aim of this Master’s thesis was to describe the patient safety culture from the hospital staff perspective and to assess similarities and discrepancies in nurses’ and physicians’ views on patient safety. The thesis is part of an extensive research and development project carried out at the Department of Nursing Sciences in the University of Kuopio. One focus area of the project is patient safety culture. The aim of the research on patient safety culture was to establish what the present state of patient safety was and how that supported the development of patient safety.

The research material consisted of answers given by 723 nurses and 74 physicians. The purpose was to find out how nurses and physicians assessed the teamwork at the hospital, how they assessed the reporting system of adverse events, what the level of patient safety was, and how nurses and physicians assessed the patient safety promoting management at the hospital.

The research results showed that the hospital staff members respected each other. However, nurses’ and physicians’ assessment of teamwork in the work community differed substantially. For example, the hospital staff felt that they did not get enough supportive and positive feedback and that implementation of patient care was complicated at turns of shifts. Hospital employees knew well the risks related to patient safety at different work units. They thought that only serendipity helped them avoid severe errors. Also shortage of staff in relation to workload as well as hurry were named as shortcomings.

Patient safety culture should be a major priority in health care. It is every professional’s responsibility, and it will be a major challenge in the future. Supportive and open atmosphere at work makes it easier for the hospital staff members to report potential adverse events, thus, promoting patient safety culture. Improving patient safety culture has also a great financial benefit. For example, reduction of adverse events makes significant economies in health care in the long run.
The purpose of this study was to describe the possibilities to prevent adolescents driving after drinking and to estimate the significance of the Sober Driver -course arranged by Finnish Health Association as estimated by adolescents. The participants of the study were adolescents (n = 203), who had participated the Sober Driver -course. A structured questionnaire drawn up specifically for the purpose of this study was used to collect the data. The questionnaire included background variables, opinions regarding sober driving and estimation regarding the significance of the Sober Driver -course. The questionnaire included also an open question. The response rate was 93 % (n = 188).

The data were analysed by statistical methods. Frequencies and percentage distributions were used for descriptive statistics. The data were condensed using Principal component analysis and summary variables. The statistical methods used were Chi-square test, Mann-Whitney U -test and Kruskall-Wallis -test. The qualitative data were analysed by inductive content analysis.

The youths’ sober driving was related to the other safe driving behaviors. Adolescents recognized the risks, which involve driving after drinking -situations. Driving after drinking was common an impulsive action and the consequences not considered. Age, high education level and the meaningfulness of the youths’ life prevent driving after drinking. Friends’ insignificant alcohol use and avoidance of drinking and driving -situations promoted the youths’ sober driving. Adolescents’, which had not drive after drinking, opinion the significance of the Sober Driver -course was more positive as considered the support of sober driving.

The results of this research can be used in developing the interventions of the sober driving among adolescents.
The aim of the research was to describe what kind of experiences nurses had when they were having updating education of drug calculations in web-based environment. The ability for accurate drug calculation is an essential skill for nurses and important for patient safety. The interest of the study was to examine nurses’ opinions about importance of drug calculation education and tests. The interest was also to provide information on whether or not is e-learning a suitable way to learn drug calculations and what kinds of factors were supporting nurses’ learning in (LOVE) web-based course of drug calculations. The research was part of Kuopio University Hospital’s and Kuopio University’s Vetovoimainen ja turvallinen sairaala –research and improvement project.

The research was carried out in the Kuopio University Hospital. The data were collected by e-mailed questionnaires from registered nurses (n=246) who had been studying in LOVE and had had the drug calculation test during the period from September 2008 to April 2009. The response rate was 39 %. Quantitative and qualitative data were collected in this study and the results were displayed by frequencies, percentages and crosstabs. The content analysis was used to analyze the one open-ended question. According to the study nurses, estimated their e-learning skills were sufficient for web-based learning. Sixty-one percent felt that e-learning was a suitable way for updating drug calculation. Few of the nurses evaluated that they would benefit from having face-to-face education or extra material with studying in the web-based course. The higher the nurses’ grade in mathematics taken in upper secondary school was, the more satisfied in e-learning they were. When estimating studying environment nurses felt that it wasn’t easy to study drug calculations in the workplace because they were too busy working, there were not enough computers and there were not peaceful places for studying. Those who were younger and had less work experience from health care estimated that they needed more often updating education of drug calculations than others. Nurses felt that it was important to test their own drug calculation skills.

On the basis of this study one can determine that e-learning is maybe suitable way to arrange nurses updating education of drug calculations. There should also be possibility to have face-to-face education as well. Further research is needed to examine more widely nurses’ updating education of drug calculations using web-based courses or face-to-face learning. Also it would be interesting to study the drug calculation competence of nurses’ in different speciality areas of health care.
UNIVERSITY OF KUOPIO, Department of Nursing Science

TUOVINEN RAJA. Bullying between nursing staff in specialized health care.

Master’s thesis, 64 pages, 6 appendices (17 pages), 6 appendices tables (14 pages)

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Nursing staff, bullying, specialized health care, web-based questioning

The continuation of bullying presents as a worrying problem in many work environments and especially in healthcare. The bullying causes a lot of human distress and is a factor, which has influence on wellfare in workplaces. There has been many attempts in order to influence in bullying by laws and different programmes.

The purpose of the study was to describe the nursing staffs’ impressions and experiences of frequency, forms, handling and prevency of bullying and the connection between these and the background variables. The aim was to produce knowledge to prevent and to handle bullying and improve the wellfare in the workplaces. The study is part of the Attractive and Safe Hospital -project carried out by the Department of Nursing Science at the University of Kuopio and by the Kuopio University Hospital.

The data were collected in spring 2009 by a web-based questionnaire developed for the study. The respondents were from four clinics among nurses (N=627) in different levels. The number of respondents was 182 (response rate 29 %). The data was analyzed by statistical methods using the SPSS 14.0 for Windows -statistical programme. The material was analyzed by a factor analysis and sum variables were formed for it. The statistical description of the data was implemented with frequencies and percentages, mean values and standard deviations. The analysis methods included Chi-Square-, Mann Whitney- and Kruskall Wallis -tests, as well as cross-tabulation and Chi-square test.

According to the study every fifth (20 %) of nurses has been bullied in the workplace during the last year. The bully was usually another nurse or manager. The study shows there was a risk to be bullied, if a nurse was less educated and studied besides working. The clinic, profession and being bullied impacts on impressions of handling, prevention and incidence of forms of bullying and in most cases the bullying was psychical. The handling of bulling was not often used. The victim has to use his own means of defence. There was more bullying, if it was not handled in the workplace. The support was felt insufficient. The knowledge of 0-tolerance program was felt supporting, but not successful in practice.

The conclusion of the study is that more knowledge is needed of bullying and 0-tolerance program in healthcare. The bullying can not be acceptable in any forms, the reporting have to be more effective and managers have to clear the situation immediately. Further research is needed to study impressions of the bully, reasons of bullying and perspective of managers, why it is so difficult to stop bullying.
Job satisfaction, well-being at work, basic health care bed ward, nurses

Development of basic health care and increasing the attraction of it are current and future challenges of social and health care. A satisfied nurse is a significant resource for basic health care and together with other staff, an establisher of successful and high-quality nursing.

The aim of this study was to describe experiences of nurses working in basic health care, by concentrating on their views on job satisfaction and its importance. In addition, the purpose was to describe the individual and organizational factors that promote and restrict a nurse’s job satisfaction in bed ward in basic health care. The study target group comprised nine nurses working in basic health care bed wards in one city. I collected the study material using the thematic interview method and analyzed the material by the inductive content analysis.

Job satisfaction was built on both individual and organizational factors. These factors can either promote well-being at work or restrict it, depending on the prevailing situation of the nurse and the organization. According to the nurses, individual factors that promote job satisfaction were connected with private life, health, age, personality and self-development. Mental and physical strain restricts job satisfaction. The most significant organizational factors promoting job satisfaction were a good working atmosphere, a fair, equal and present leadership, as well as issues concerning the content, organizing and developing of the work. Job satisfaction was restricted by following factors: work load, rush, continuous changes, conflicts in the organization, shift work, deficiency of instruments and working conditions and minor support of the immediate superior.

The results of the study showed that the nurses experience their job satisfaction in basic health care bed ward reasonably good, although most of them have considered changing job. According to the nurses, job satisfaction is of major importance for the individual in everyday work and for the organization with regard to promoting quality, development and attraction. The findings of this study can be utilized in practical nursing and development of well-being at work in basic health care.