



COMPETENT STAFF
AS A FORCE OF MAGNETISM
HUS ANNUAL REPORT OF NURSING 2022



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The articles in the HUS Annual Report of Nursing are examples of the excellent nursing development work carried out at HUS in 2022 and other excellent nursing activities in different units. The Editorial Board extends a warm thank you to all authors and photographers.

Cover and inside cover photos: Timo Löfgren

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Greetings from the Chief Nursing Executive

We at HUS work in multi-professional cooperation in various work communities, encountering each other equally and in a collegial manner. HUS currently has some 27,000 employees, approximately 14,000 of whom are nursing staff. HUS nursing staff are led by nurse managers, nurse directors, and chief nursing officers who all have solid education and work experience. Nursing supervisors and directors are responsible for ensuring that everyone has an opportunity to engage in meaningful work under good conditions and with a reasonable workload. During the past year, we at HUS have implemented a project related to ensuring the prerequisites for good supervisory work. The project examined the prerequisites and structures of management, surveyed unit sizes and gave a recommendation on the optimal number of subordinates per first-line supervisor. The aim of the project was to ensure that all supervisors would be sufficiently available to support their units and thus convey the experience of being seen and heard to all members of the HUS nursing staff. Supervisors are expected to provide open interaction and rapid flow of information as well as to support the staff's opportunities to influence their work and working conditions.

Other examples of development projects carried out in 2022 include a project reviewing the nurse staffing in inpatient wards as well as making best use of the skills of the nursing staff who have completed a secondary level qualification in the social and healthcare sector, i.e. practical nurses and similar. Furthermore, this annual report of nursing describes a number of other great development projects carried out in different parts of HUS during the past year.



HUS is still on its journey towards becoming a Magnet Hospital®. Operating in accordance with strategies of the entire HUS and its nursing are concretized in participation structures and thus in the work of every nurse, nursing leader, advanced practice nurse, clinical nurse educator or other expert. The areas to be evaluated and developed in the Magnet Hospital® model are excellent leadership, structural empowerment, exemplary pro-

fessional practice, excellent results as well as new knowledge, innovations and improvements. As a basis for our high-quality nursing work, we monitor adverse events, such as the numbers of pressure injuries and falls, and measure the quality of nursing as experienced by patients to form a basis for our development efforts. We support the career development of our nursing staff by offering them both extensive and specialized continuing education

and support programs for transferring to a new, more demanding position. Developing nursing in accordance with the Magnet Hospital® model includes the development of nursing leadership, clinical nursing and the working conditions for nurse employees, thus also improving the results of patient care.

Good care can only be given by healthy and satisfied staff, and the efforts of each and every HUS employee are needed to ensure for our patients the best possible care. I would like to extend my warmest thanks to you all for the important work you do for our patients

and wish you all the best for the New Year 2023!

Kind regards,
Marja

Marja Renholm, RN, PhD, is the Chief Nursing Executive at HUS.

Our journey towards Magnet Excellence continues

Marita Ritmala

The Magnet Hospital® model has been the framework of HUS nursing for years. It enables excellent patient care through excellent leadership, structural empowerment, exemplary professional practice, and new knowledge, innovations and improvements. Based on application and a detailed audit of nursing practices, the American Nurses Credentialing Center (ANCC) awards the Magnet Hospital® status, a recognition of excellent nursing practice and patient care results (Torppa 2018). The content of the excellent nursing required by the ANCC is described in the 60 criteria of the Magnet Hospital® Handbook (2019).

In November 2020, the HUS Comprehensive Cancer Center, Heart and Lung Center and the Hospital for Children and

Adolescents launched the application process for the Magnet Hospital® status (Figure 1) by submitting a preliminary application (Figure 1). In connection with submitting the preliminary application, they settled with the ANCC a date for 2023 by which all the documents describing the quality of nursing must be submitted.

In 2022, the applicant departments continued to describe their excellent nursing practices through many examples. These descriptions reflect our nursing staff's excellent professional skills and warm way of encountering patients.

The application process is long (Figure 1). After approving the documentation, the ANCC evaluators will come for a site visit, after which the ANCC Commission will make the final decision on whether

our nursing is worthy of being awarded the Magnet Hospital® status. The journey towards becoming a Magnet Hospital® is much longer than the application process, but as hospitals abroad that have already been granted the status have stated, it is not the destination but the journey that matters. The systematic development of nursing practices in accordance with the Magnet Hospital® model includes the development of clinical nursing, nursing management and the working conditions of the nursing staff and, through these, the improvement of patient care results.

Marita Ritmala, RN, PhD, is the Director of HUS Magnet Hospital® programme.

References: Torppa K. 2018. *Matkalla kohti magneettisairaalaa – miksi ja miten? Duodecim 134: 221–223.*

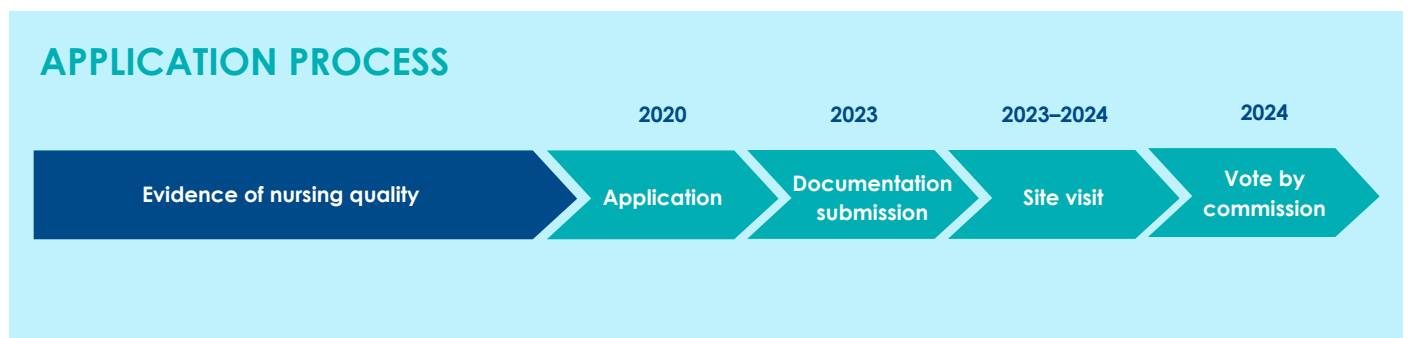


Figure 1. Application process for the Magnetic Hospital® status.

EXCELLENT LEADERSHIP

Excellent leadership requires a nursing director who has a clear vision of leading for the best of the patients and the nursing staff. The results of excellent leadership are reflected in the nursing professionals' feeling that they are being heard, their work is appreciated and they are supported in their role as healthcare professionals. In 2022, areas such as increasing the appeal of nursing as a profession, recruiting new employees and supporting engagement to nursing were emphasized in HUS nursing leadership.

Nursing councils as shared governance structures

The shared governance structures in HUS nursing enable nursing staff working in direct patient care to define the standards, practices and quality of patient care together with nursing supervisors, leaders and specialists. Nursing councils are at the heart of this work.

The role of unit-based councils is to actively support and promote the implementation of nursing in accordance with the HUS nursing professional practice model. Examples of such activities include the articles published in this annual report on the Breast Surgery Outpatient Clinic transitioning to paper-free operations and on the productization and implementation of the Safewards Talk Down method in psychiatric outpatient care.

HUS-level nursing councils based on multi-professional expertise support the operations of unit-based councils. The HUS-level nursing councils have 18 members each, selected upon application for three-year terms. The council members are presented in Appendix 1. One example of the operations of a HUS-level council is the article published in this annual report on the use of patient feedback in the development of nursing and other operations.

Developing recruitment marketing to attract nursing staff

Siiri Koutola and Susanna Ruuskanen

Various efforts were made to develop the successful recruitment of nursing staff in 2022. The goal was to increase the number of relevant applications in relation to open positions, thereby ensuring the availability of competent staff to fill open positions. It is currently an applicant's market, particularly with nursing staff, and this means that job-

seekers get to pick and choose between a number of employers and open positions. For this reason, HUS has invested in the development of its employer brand, recruitment marketing and applicant-oriented recruitment, making applying for a job at HUS as easy and attractive as possible.

Nursing staff recruitment has been supported in many different ways, and

we will next present two examples from 2022: Participating in the Finnish Nursing Congress and Exhibition as well as developing our employer brand and recruitment marketing on social media. In addition, other articles describe the efforts of the HUS Diagnostic Center in attracting jobseekers as well as the development of recruitment at Porvoo Hospital.

Finnish Nursing Congress and Exhibition

We participated in the Finnish Nursing Congress and Exhibition on 15–16 September 2022 at Messukeskus in Helsinki with a joint HUS stand. Our goal for the event was to support our recruitment and to strengthen our employer brand. The purpose of participating at HUS-level was to come across as a united entity, gain cost savings and centralize the event coordination, which reduced the time and effort units had to spend on preparing for the event.

The working group led by **Elina Tuori**, Head of Brand and Marketing, started preparing for the event in May 2022. Representatives widely from different HUS departments attended the two-day event: in total some 60 people from various departments and hospitals.

Encounters and diversity at the event

Our stand was divided into three different sections: recruitment, advanced care and demonstrations. The aim of the demonstrations was to activate the event visitors and to attract them to explore our practices with the help of professional content. Examples of demonstrations carried out at the event include turning a COVID-19 patient in bed, giving breastfeeding guidance and handling a new-born preemie. At our advanced care stand, we highlighted the HUS nursing professional practice model. We presented our excellent nursing results and the methods we apply to seek these results, for example by handing out copies of the HUS Annual Report of Nursing and brochures of the HUS Nursing Research Center (NRC).

At our recruitment stand, we presented different job opportunities offered by HUS and also collected contact information of those interested in vacancies so that our recruiting supervisors could contact them. Thus, we gained the contact information of 58 nurses who were

interested in working for HUS, all of whom were called afterwards. This resulted in some immediate recruitments, as well as substitutions, summer job opportunities and job interviews settled for later dates.

In addition to our own stand, we were also showcased on the main stage, where our nurses presented their career stories to a large audience. Nursing Instructor **Outi Leminen**, Substitute Nurse **Susanna Vallius** and Chief Nursing Officer **Taina Ala-Nikkola** talked about their career paths and professional development at HUS from the employee's perspective. Their career stories were also highlighted on social media in connection with the marketing of the event.

Good feedback on our presence at the Finnish Nursing Congress and Exhibition

Despite the challenging labor market situation, our presence at the Finnish Nursing Congress and Exhibition was successful. Participating at HUS-level was a good solution as, according to feedback, it came across as good team spirit, the impressive appearance of our stand and easy participation for our representatives at the event thanks to centralized coordination. The event was attended by a large number of HUS representatives from across the organization. We must continue to pay attention to ensuring sufficient visibility to the participating units also in the future. Thanks to personal encounters and highlighting the experiences of our staff on stage and on social media, HUS came across as an easily accessible organization at the event.

Developing our employer brand and recruitment marketing on social media

Investments in consistent and systematic recruitment marketing and employer brand communication support both unit-level recruitment of units and the employer brand of the entire HUS orga-

nization. Social media plays a significant role in this as a result of its coverage, interactivity and cost-effectiveness.

We are constantly developing our visibility on social media

As of late 2021, departments and units across HUS have been allowed to present their activities on social media by taking over the HUS Instagram account for a few days. This easily accessible content presenting our daily work increased the number of followers on the HUS Instagram account to close to 13,000 by the end of November 2022. In October 2022, HUS also opened a TikTok account for posting short videos aimed at enforcing a positive image of the daily working life and atmosphere at HUS. The role of social media as a HUS communication channel is constantly being developed under the leadership of Communications Specialist **Hanna Raijas-Turva**. In 2023, our social media development plans are focusing on strengthening the role of content that promotes our employer brand and advances recruitment.

In addition to social media content produced at a low threshold, content production that strengthens the HUS employer brand has also been established as part of our regular publication plan. This entity is supported with the career and summer job articles published once a week on our website and social media. This has clearly been a step in the right direction as, in October 2022, our website for jobseekers at [Hus.fi/ura-hus](https://hus.fi/ura-hus) became the sixth most visited page on the entire HUS website.

Social media marketing campaigns pay themselves back

In addition to the social media content produced by HUS staff, various HUS departments have ordered recruitment marketing campaigns from our partners. Social media campaigns have highlighted job opportunities offered by HUS, for example, through career stories in video

format. The results of this investments are proven by the fact that a growing number of jobseekers moved from the Duunitori search portal to job advertisements on the HUS website in 2022. There is an increase of 14.7% over the same period in the previous year, i.e. January–October 2021.

Communication that promotes our employer brand will be carried out in an even more goal-oriented manner in 2023 based on the preparatory work done in 2022, i.e. the employer brand development road map and the communication plan.

Siiri Koutola, M.Sc. (Econ), is the HR Planning Specialist responsible for developing the HUS employer brand at HR Management in Joint Resources. Susanna Ruuskanen, RN, MHSc, is a Clinical Nurse Educator at the Hospital for Children and Adolescents as well as a Project Manager.

PHOTO: PIRITA VALTONEN



HUS staff members who recounted their career stories at the Finnish Nursing Congress and Exhibition together with their interviewer. From the left: Nursing Instructor Outi Leminen, Chief Nursing Officer Taina Ala-Nikkola, HR Planning Specialist Siiri Koutola, who acted as the interviewer, and Substitute Nurse Susanna Vallius.

HUS Diagnostic Center makes effort to attract jobseekers

Inka Koskenvuo, Iina Tervo, Marjo-Riitta Tuomela, Lauri Partanen and Milla Puustinen

The availability of labor in Finland will decline in the coming years. The HUS Diagnostic Center's Radiology unit has also faced challenges in the availability of radiographers. The resulting resource shortage has increased the staff's workload and weakened the achievement of the goals to improve the utilization rates of equipment.

Despite active recruitment efforts, the unit has not been able to recruit enough staff. This challenge has been ongoing for a long time. There are simply not enough graduating radiographers to meet the ever-increasing demand of imaging examinations.

Long-term work to support Bridge Hospital recruitment

The recruitment preparations for the Bridge Hospital, scheduled to be opened at the beginning of 2023, were launched at the HUS Diagnostic Center in spring 2022. The goal of the proactive, careful preparation and comprehensive recruitment campaign was to pull out all the stops in the challenging labor market situation.

In order to improve the radiology staffing situation, a project working group for radiology recruitment was established in 2021. The working group prepared a detailed plan of measures to improve the staffing situation. The long-term work of this working group has also supported and provided a basis for responding to the staffing needs of the Bridge Hospital.

The recruitment project aimed at recruiting, among other employees,

dozens of radiologists by the end of 2021. The number of vacancies filled during the recruitment project was used as an indicator. Other goals in terms of the effectiveness of the recruitment project included reducing the workload of existing staff, improving the utilization rates of equipment and speeding up patients' access to radiography examinations.

Lasse Lehtonen, Director of Diagnostic Services, acted as the project owner and Nurse Director **Marjo-Riitta Tuomela** as the project manager. The recruitment project working group included Nurse Directors **Marjo-Riitta Tuomela**, **Raija Järvenpää**, **Kim Engbers** and **Helena Kolehmainen**, Planning Manager **Katja Jyräs**, Communications Development Manager **Inka Koskenvuo** and HR Manager **Merja Ingberg-Iivonen**. In leading roles of the project were Director of Diagnostic Services **Lasse Lehtonen**, Chief of Radiology **Mika Koivikko**, Director of the Diagnostic Center **Kaisa Salmenkivi** and Production Manager **Anna Skog**.

Active development of recruitment processes

In addition to the above-mentioned measures, we are constantly developing our recruitment practices as well as the lifecycle of our employment relationship to support our applicant-oriented recruitment communications and to promote our employer brand as well as a positive applicant experience. At regular intervals, the HUS Diagnostic Center monitors the effectiveness of the mea-

asures taken, for example in the Executive Group and in the division's management teams.

Results and effectiveness

The visibility of our recruitment campaign helped us strengthen our employer brand. We also made significant changes to our recruitment processes in 2022. These changes helped further increase the use of open applications in our recruitment and added to the cooperation between supervisors and recruiters. The campaign has supported the challenging Bridge Hospital recruitment situation.

Conclusions

The recruitment campaign the HUS Diagnostic Centre carried out for the Bridge Hospital showed that, despite the investments made, the recruitment of radiologists is still very challenging. The number of graduating radiographers is simply not sufficient to meet the need for radiographers.

The recruitment campaign showed that it is important that we develop our employer brand in various digital channels as part of other measures that support recruitment.

Inka Koskenvuo is the Development Manager at the HUS Diagnostic Center. Iina Tervo and Lauri Partanen are Recruitment Planners at the HUS Diagnostic Center administration. Marjo-Riitta Tuomela is a Nurse Director in the Pre-analytics department. Milla Puustinen is an intern at the HUS Diagnostic Center administration.

Recruitment development at Porvoo Hospital

Tuulia Koponen and Satu Ahonen

The HUS organization has decentralized recruitment to supervisors and other persons who take care of it among their other duties. While this previous recruitment model was functional, recruitment-related competence and expertise was not sufficient to fully utilize the various recruitment channels and methods available.

The Porvoo recruitment development project was carried out in Porvoo Hospital from 04/2021 to 05/2022. The aim of the project was to improve the quality of recruitment and the applicant experience, to increase the availability of applicants with the help of a centralized recruiter, to increase recruitment marketing and communication, and to coordinate the recruitment of nursing staff in a centralized manner in the Porvoo Hospital Area. Other objectives included improving the supervisor experience of recruitment as part of managerial duties, increasing the visibility, appeal and effectiveness of recruitment, and reducing the need for hired labor and nursing staff's overtime.

The project was carried out by recruiter Satu Ahonen on 100% working time. The progress of the project was supported and monitored by the project steering group. As development measures, the project focused particularly on improving the applicant experience, a positive employer brand and visibility of Porvoo Hospital as well as cooperation with educational institutions.

A survey was carried out for the nursing supervisors of Porvoo Hospital on how they felt that the recruiter's activities affected their recruitments. The results showed that the change had reduced the

supervisors' tasks related to recruitment, allowing them to spend their time on other duties. A separate survey was conducted among the applicants and showed that the applicant experience had clearly improved, applicant communication had been active and they had found this communication to be important.

In the project's final evaluation, the centralized recruitment model was considered both successful and useful. Supervisors spent less time on recruitment, marketing communications was focused entirely on the recruiter, and the supervisors received help and support from a familiar recruitment expert. With this support, the planning, preparation and implementation of interviews also became more agile. The recruitment process became uniform, balanced and professional. Comparison between candidates was objective and professional. The organization's appeal as a potential employer increased and the applicants actively contacted the recruiter who had the time to respond to them and tell them more about the opportunities offered by Porvoo Hospital. There was not enough

time to see any changes in the improved availability of applicants, reduced need for hired labor and nursing staff's overtime in accordance with the goals set in advance. However, the change was successful in improving the occupancy rate for fixed-term positions, as potential candidates could be screened in interviews and be offered other opportunities if they were not selected for the position for which they originally interviewed. This was made possible by the fact that the centralized recruiter had a real-time overview of vacancies and other temporary positions available in the entire the hospital. The entire recruitment process sped up from 4 days to 0–2 days from the publication of the recruitment notice.

The centralized recruiter model was established in the Porvoo Hospital Area as of 1 June 2022.

Tuulia Koponen, RN, PHN, MHSc, works as Chief Nursing Officer in the Porvoo Hospital Area. Satu Ahonen, RN (Master), worked as a recruiter in the Porvoo Hospital recruitment development project.



How can nurse managers add to their employees' intrinsic motivation? Case: HUS Hyvinkää Psychiatry

Saija Syvänen

Healthcare is under a severe threat of labor shortages. We need to explore the potential of managing intrinsic motivation and to master new managing tools. Managing internal motivation is a question of managerial and leadership skills, but also a matter concerning the self-management and mindset of the entire organization. In her eMBA thesis, the author of this article studied interventions that enable the management of intrinsic motivation in the work of nurse managers at the Hyvinkää division of HUS Psychiatry. Management is a service task and as such everything we do, or fail to do, is reflected in our core task, i.e. patient work.

Implementation of the study

The research method applied was action research, which studies the phenomenon in question while simultaneously making efforts to change the prevailing practices. The main research question was how nurse managers are able to build a voluntary spirit among the staff, and increase their abilities, team spirit and feeling of doing something good. The study consisted of three subprojects, aiming to create a framework for a coaching approach to management, to highlight potential threats that can destroy intrinsic motivation, and to produce a nurse managers' description of the current state of intrinsic motivation management at the Hyvinkää division of HUS Psychiatry.

The first dataset was collected during a management work project carried out in spring 2021. Time slots for employees were standardized on two nurse manag-

er's weekly calendars to ensure that personal meetings could be carried out even though busy schedules and full calendars are a daily reality. The second dataset was collected from a Kill the Company future exercise in January 2022. The exercise highlighted the positive aspects of motivation management and coaching approach to management already present at the Hyvinkää division, and also envisioned threats that can destroy employees' intrinsic motivation in a mismanaged organization. The third dataset was produced by the nurse managers in March 2022 at a workshop day on the topic "The nurse manager as the leader of intrinsic motivation". The aim of this exercise was to describe the current state of intrinsic motivation management and to name concrete tools and interventions that can help implement the coaching approach as well as intrinsic motivation management. The datasets included various documents produced in these subprojects, which were analyzed using the content analysis method.

Results of the study

Nurse managers strengthen the employees' **experience of voluntariness** and increase employee autonomy and self-management in various ways. One of the key tasks is for nurse managers get to know their employees as well as possible. Development discussions held once a year are not enough, but natural ways and opportunities of giving and receiving feedback must be developed. In addition to face-to-face meetings, Teams meetings seem to be an efficient tool. It saves trav-

elling time between units and enables not only audio but also video connections, also allowing non-verbal communication. Life beyond the workplace is considered valuable, and shift autonomy gives employees better opportunities coordinate their work and leisure time. As important tools, the nurse managers named various team meetings, where job descriptions are specified, roles and division of tasks are considered and the subjective experience of whether a certain unit or task is pleasant for the employee and the place where the employee wants to work is appreciated. Giving positive feedback and responsibilities strengthen the employees' experience of autonomy and capability. Showing trust, stopping giving orders, and putting a stop to unnecessary controlling is a good start.

Capability or competence management was largely seen as a question concerning recruitment and training. The nurse managers identified several factors that can be implemented through coaching approach to management, such as open dialogue and personal interaction, clarifying the vision and reviewing work from various perspectives. The coaching role is further strengthened when managers know their employees' strengths and development needs and are able to take them into account in their daily work. The Hyvinkää division supervisors and employees have regular development discussions and are currently considering whether a development discussion once a year is sufficient. The department is determined to invest in orientation and consider already at

Team spirit and communality are important parts of job satisfaction and wellbeing at work. They are also key factors in terms of intrinsic motivation. Work can and should include nice joint events.

the recruitment stage what kind of skills and personality are needed for the task. It is important to fill positions with people who are genuinely interested in them. Orientations are supported by mentoring, work guidance, consultations, coaching, and continuous assessment. The ability to give feedback must be developed and more natural opportunities for giving and receiving feedback must be provided. These require strong trust and good interaction skills.

Team spirit and communality are important parts of job satisfaction and wellbeing at work. They are also key factors in terms of intrinsic motivation. Work can and should include nice joint events. According to the nurse managers, in addition to the factors mentioned above, common ground rules help build team spirit. In addition to a free-form sense of communality, various development projects, training and multi-professional cooperation strengthen the team spirit. From the perspective of management, the role of a nurse manager is largely that of an enabler, organizer of joint meetings as well as a clarifier and coach of the organization's vision and basic task. Nurse managers set an example

in creating and maintaining a permissive and innovative organizational culture. It is important that we have opportunities to 'get excited together' at work. Over the past few years, the division staff has been spending less leisure time together. The nurse managers did not specifically raise the issue in discussion but, when talking about staff recreation days, it was mentioned that it would be good to offer the staff the opportunity to spend more time together doing leisure activities.

The perceived importance of work and the experience of doing good have been at the heart of health-care throughout history. From the nurse manager's perspective, ensuring sufficient resources and time for nursing is key. Giving feedback is an important way of strengthening the employees' feeling that their work is smooth and makes a difference. Various feedback channels have been introduced and ways to further improve the feedback system have been innovated. However, there are still challenges in this respect, and lacking feedback is always raised as a topic in the annual Working Life Barometer. We want to promote a culture of giving thanks. The coaching approach to management helps nurse managers in their personal encounters with employees to be able to identify together with the employees the stress factors that threaten work and, on the other hand, continuously assess whether the work tasks and resources are sufficient, but also not too challenging.

Discussion

In order to increase our appeal, we need modern management that is of high quality and inspires our employees. Labor shortage is already a reality, and the outlook for the coming years is bleak. It is therefore of paramount importance that we keep and commit our existing staff and manage them by strengthening their intrinsic motivation. The aim is for everyone to be driven at work and to experience a certain sense of autonomy, capability and togetherness and gain positive feedback on their successes. This study showed that the challenges of managerial work that have emerged through the analysis of the current state can be prepared from the bottom up and in baby steps. When the working atmosphere is permissive and the employees are given the space to develop, new ways of working will emerge. The results highlight the fact that nurse managers are able to strengthen their employees' autonomy as well as competence, a sense of team spirit and the feeling of doing good in various ways. The coaching approach to management is visible in our operations and goes hand in hand with Lean ideology. It can be concluded that in a Lean organization, a coaching approach to management can have a major impact on the intrinsic motivation of employees.

Saija Syvänen, RN, MHSc, eMBA, works as a Nurse Director in the Psychiatry Department of HUS Brain Center in Hyvinkää and Porvoo.

Giving feedback is an important way of strengthening the employees' feeling that their work is smooth and makes a difference.

Top supervisors 2021 awarded in spring 2022

The top supervisors of 2021 were honored on 10 March 2022, the theme day for well-being at work. Nursing supervisors awarded as top supervisors were:

- Nurse Manager **Anu Nyman**, Pulmonary Diseases Inpatient Ward Keu4, Peijas, HUS Heart and Lung Center
- Nurse Manager **Satu Rantahakala**, Eye Diseases, Cataract Unit, Head and Neck Center, HUS Regional Clinical Services
- Chief Nursing Officer **Päivi Soinen**, HUS Brain Center, Psychiatry Division, Regional Clinical Services
- Nurse Manager **Paula Suomela**, Child Psychiatry Division, Hospital for Children and Adolescents, HUS Regional Clinical Services
- Nurse Manager **Mirja Vieno**, Internal Medicine Joint Outpatient Clinic and Day Ward, Peijas, Helsinki University Hospital, Internal Medicine and Rehabilitation
- Nurse Manager **Rauni Heija**, Gynecological Outpatient Clinic, Ruoholahti, Gynecology and Obstetrics, HUS Regional Clinical Services
- Nurse Manager **Anna Fastberg-Ilkas**, Operating Department, Hyvinkää Hospital

These are the criteria for top supervisors:

- the supervisor's activities are exemplary, and they have the skill to innovate
- the supervisor's activities reflect HUS's values and personnel policy as well as the policies of the well-being at work programme and plan, which have been implemented in practice, taking occupational safety and health criteria into account
- the supervisor implements the equality and non-discrimination plan within the working community
- the supervisor's actions promote the implementation of HUS's strategic key objectives.

Top supervisor nominations were accepted 1 August – 30 September 2021. The nominations were first discussed in the management teams of each division, after which they were forwarded to cooperation committees/groups for information. The preparation group of the well-being at work programme then assessed and confirmed the persons to be honored. Congratulations to all new top supervisors!



STRUCTURAL EMPOWERMENT

The most important resource of a successful organization is its personnel. HUS encourages its employees to train continuously, allowing them to grow in their profession in accordance with the professional career model.

HUS monitors nursing staff's job satisfaction

Kristiina Junttila

In the Magnet Hospital® model, the results of patient care, personnel and the entire organization are at the center of all activities. Since 2015, the job satisfaction of HUS nursing staff has been assessed with a separate survey in all HUS operating areas. Since 2018, data has also been collected from other university hospitals and some central hospitals as part of the co-operation in the consortium for the national benchmarking of nursing-sensitive outcomes (HoiVerKe).

The goal set in the HUS Nursing Strategy is that, in 2022, the job satisfaction of all HUS nursing staff will be better than in 2021. Furthermore, the Magnet Hos-

pital® accreditation efforts require that the results of the different factors of job satisfaction of an individual work unit are better than the average national results of the same type of work unit.

The survey measuring nurses' job satisfaction is carried out annually by the HUS Nursing Research Center (responsible person is Director **Kristiina Junttila**). The survey is addressed to all HUS nursing staff by sending it to their work email address. In 2022, the survey was carried out in August, and the reporting of the results was transferred to the HUS Power BI reporting portal.

Since 2018, the survey has been a modified version of the Nurse Engage-

ment Survey (NESplus), which contains 49 statements, the responses to which are summarized as eight sum variables (factors of job satisfaction, Figure 3). In addition, the respondents' level of engagement is measured through four statements:

- I would recommend this organization to my friends as a great place to work
- This organization inspires me to perform my best
- I am likely to be working for this organization three years from now
- I am willing to put in a great deal of effort in order to help this organization succeed.

The level of engagement is classified into four categories: “engaged”, “content”, “ambivalent”, and “disengaged”. In order for the respondent to be engaged, the respondent must respond at least “agree” (value 5 on a scale of 1 to 6) to all four statements mentioned above, and also “fully agree” to at least two statements (value 6).

In 2022, 14 organizations participated in the NESplus data collection for the national benchmarking of nursing-sensitive outcomes (HoiVerKe). The comparison included responses from assistant nurse managers, nurses, midwives, paramedics, radiotherapists (not diagnostics), nurse managers, nurse directors, advanced practice nurses and clinical nurse educators, as well as nursing staff who have completed secondary level qualifications (N = 8,640). At HUS, the response rate was 27%, which is slightly better than in the previous year (24%).

HUS’s results for 2022 will next be examined in relation to HUS’s results for 2021 and in relation to the national average for 2022. Work unit-specific results in relation to national averages are monitored separately at each work unit. In the case of HUS’s internal results, the material included the responses of the entire nursing staff. Comparison with national averages is based either on the entire comparison material or the responses from nurses and equivalents.

Figure 1 shows the level of engagement of HUS nursing staff in 2021 and 2022. There is a clear decline in the portion of engaged and content staff and also an increase in the portion of unengaged people.

The level of engagement of the nursing staff included in the national benchmarking compared to national results in 2022 is shown in Figure 2. The share of engaged respondents at HUS is slightly above the national average. The HUS results are weaker than the national average for disengaged staff.

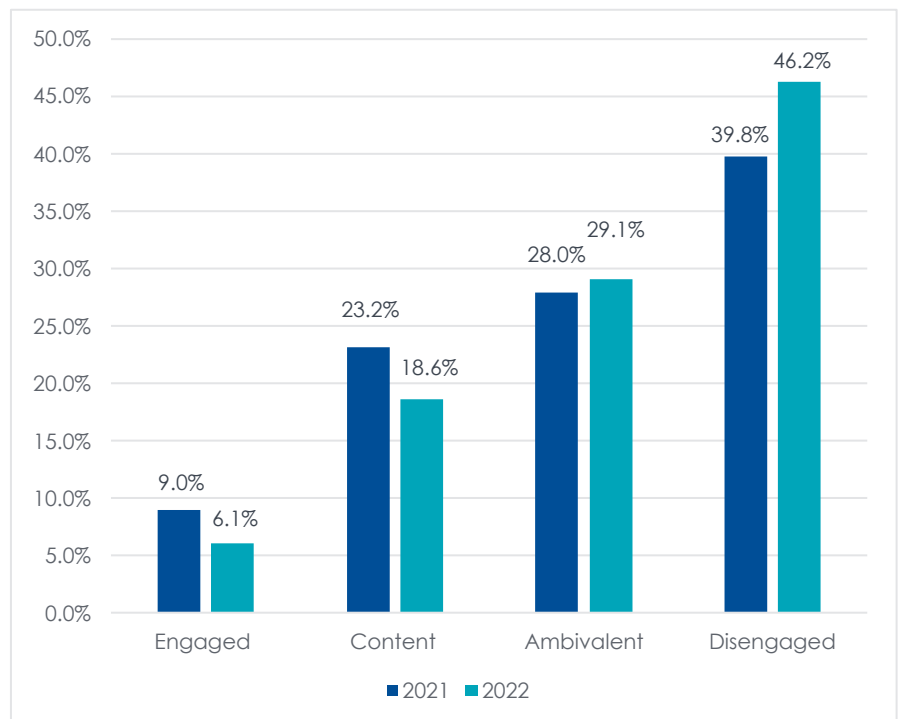


Figure 1. Level of engagement in 2021 and 2022 (entire HUS, all respondents)

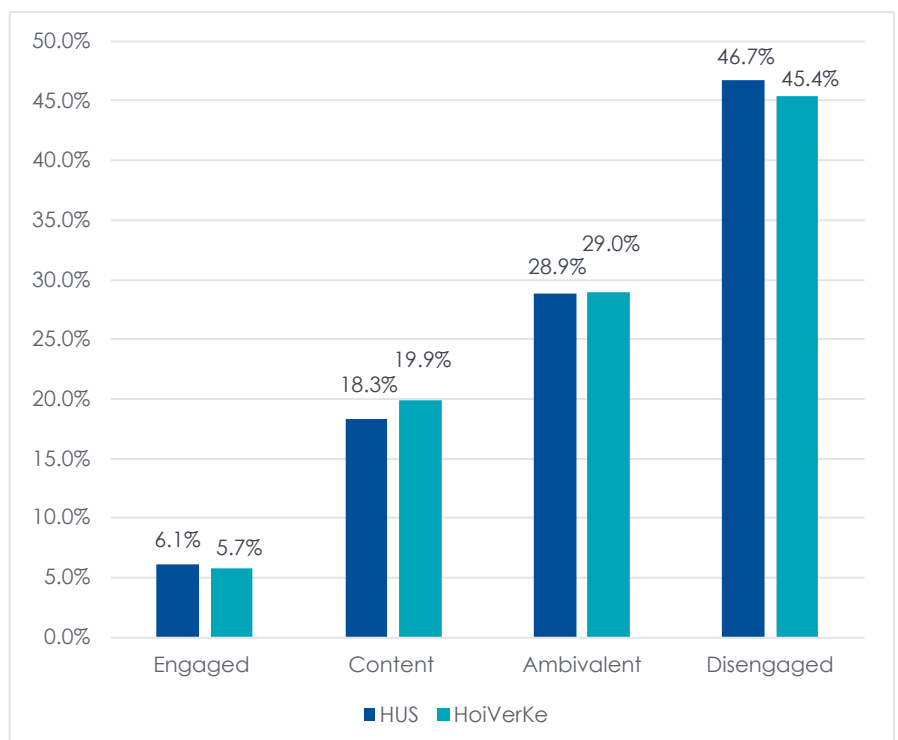


Figure 2. Level of engagement at HUS compared to national results in 2022 (comparison includes assistant nurse managers, nurses, midwives, paramedics, radiotherapists (not diagnostics), nurse managers, nurse directors, advanced practice nurses and clinical nurse educators as well as nursing staff who have completed secondary level qualifications).

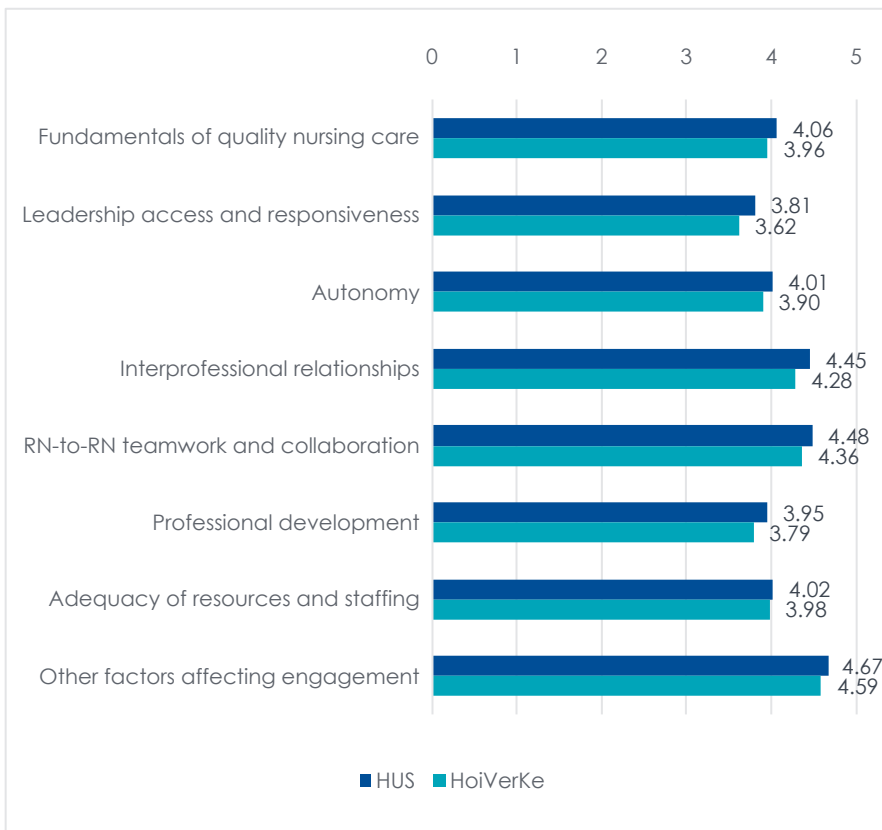


Figure 3. The mean values of factors of job satisfaction at HUS and nationally in 2022 (comparison includes nurses and equivalents).

Figure 3 shows the mean values of factors of job satisfaction at HUS and nationally in 2022. The HUS results are better than the national average for all factors.

Conclusions:

- The share of engaged staff at HUS in 2022 is approximately three percentage points weaker than in 2021, so the goal of the HUS Nursing Strategy has not been met. The clear increase in the portion (above 6%) of disengaged people should also be noted.
- However, the HUS results were better than the national average for all factors of job satisfaction.
- In order to ensure the reliability of the results, effort should be made to increase the response rate in HUS and nationally.

Kristiina Junttila, RN, PhD, Docent, Professor h.c., Director of the HUS Nursing Research Center NRC

NESplus survey results from Finland

The aim of the survey was to study the engagement level of nurses and the factors that affect it in Finnish acute care. The study examined how nurses' perceptions on leadership were related to their sense of autonomy and level of engagement, and how their background factors affected the results. The survey data consisted of the 2020 NESplus responses (n=4,393) from nine organizations.

Of all the respondents, 9% were engaged, 28% content, 29% ambivalent and 34% disengaged. Assistant nurse manager's job description, working in an outpatient clinic, temporary job contract and less than a year of work experience in the organization in question were positively related to engagement. The respondents' engagement strengthened as their satisfaction with leadership increased. A positive view of leadership also increased the likelihood of the respondent's sense of autonomy, and the sense of autonomy increased the likelihood of engagement.

Key factors promoting engagement were found to be the first-line manager's responsiveness, readiness to follow nurses' suggestions for performance improvement, as well as receiving recognition and regular feedback.

Reference to original publication: Junttila K, Heikkilä A, Heikkilä Asta, Koivunen M, Lehtikunnas T, Mattila E, Meriläinen M, Peltokoski J, Sneck S, Tervo-Heikkinen T. Leadership is significant for nurses' autonomy and engagement: a cross-sectional multi-centre survey in Finland. *J Nurs Adm* 2023;53(1):19–26. <https://doi.org/10.1097/NNA.0000000000001237>

Utilizing the competence of nurses with secondary level qualification in social and healthcare – supporting the two-tier structure of nursing staff

Taina Ala-Nikkola

HUS is committed to a two-tier nursing staff structure, which means that the staff structure includes both licensed healthcare professionals (such as registered nurses and physiotherapists) and persons with a protected occupational title who have completed a secondary level qualification (such as practical nurses and pediatric practical nurses). Despite this, occupational titles of persons with secondary-level qualifications are changed to licensed professional titles annually at HUS. These changes are based on the view of the demanding nature of tasks in specialized medical care. The tasks require both extensive and in-depth expertise in specialized fields, especially when it comes to new treatments. On the other hand, we are both nationally and globally struggling with an unprecedented shortage of nurses, which can be explained by several factors. The fact that the Finnish baby boomers are retiring, and their numbers are not being compensated by the new generations entering the labor market combined with the increase in the need for care and nursing staff partly explain the shortage. In this situation, it is vital that HUS makes optimum use of the competence and work contribution available in the organization and enables meaningful work tasks for staff with secondary-level qualifications. At the same time, HUS supports utilizing registered nurses' competence for work tasks in which their contribution is particularly important.

The project on utilizing the competence of staff with secondary-level qualifications in social and health care was

established in autumn 2021 to examine the current work tasks of persons with secondary-level qualifications, their extended job descriptions and participation in the implementation of pharmacotherapy. The working group met in total nine times and discussed, among other things, secondary-level vocational education, continuing education at HUS, pharmacotherapy competence of staff with secondary-level qualifications, and evidence-based practice competence. In order to map out the current and desired future job descriptions, the working group prepared a survey that was carried out in February 2022 as a Webropol survey. In total, 734 nursing staff members responded to the survey. The data was analyzed by two working pairs in June 2022. The structure from the vocational career model (TAURA) was applied as the framework for the content analysis of the qualitative data: helping role, guidance, diagnostic functions, managing nursing interventions, quality assurance, and work role. The results confirmed the assumption that the competence of staff members with secondary-level qualifications is not fully utilized in all departments. The units have varying basic tasks, so this explains some of the differences.

Based on the survey results, the working group made recommendations on unifying the job descriptions of 24 tasks as well as implementing pharmacotherapy to the extent that is possible under the current Chief Medical Officer's letter of instructions (JYL 19/2021) on the implementation of pharmacotherapy. The working

group also had an extensive and in-depth discussion on extending the rights of medication administration. Based on this discussion, the group proposes extending the rights of medication administration through pilots. The working group suggests piloting the oral administration of medicines classified as narcotics that supports the unit's nursing process. In addition, the group suggests piloting intravenous cannulation in certain units (HUS Diagnostic Centre and HUS Emergency Medicine and Services) as well as starting medicine-free infusion therapy when separately assessed. These pilots will be implemented on the basis of approved pilot plans and only after the Chief Medical Officer's letter has been updated in terms of implementing pharmacotherapy. The working group also recommends that extended job descriptions and the transfer of tasks as concepts be defined in greater detail at the next update of the Chief Medical Officer's letter on Nursing appointments. The survey revealed that the above-mentioned concepts seem to be unclear and several tasks that are within the scope of the current guidelines and vocational basic training are considered to be extended job descriptions. The working group's conclusions will also be considered when planning the next HUS-level continuing education for staff members with secondary-level qualifications, scheduled to start in autumn 2023.

The working group believes that unifying the job descriptions of staff members with secondary-level qualifications to best utilize their competence will help secure operations during labor shortages.

Profit areas should discuss the issued recommendations and deploy them to the extent that the difficulty level of patient care in the unit allows. Unit-specific workplace and continuing education must be given to support the implementation of the issued recommendations.

The working group hopes that the project will increase and encourage discussion on the change of culture and attitudes towards the current availabil-

ity of labor at all levels. The availability of nurses and other licensed healthcare professionals is unlikely to improve over the next few years. At the employee level, supervisors must encourage and support the inclusion of new tasks in basic job descriptions. It is not essential who or which professional group does what, but we need to join forces to implement patient-oriented and safe care. Multiprofessionalism is an asset of the healthcare

sector that must be further refined for the use of our processes, especially in challenging times.

Taina Ala-Nikkola, RN, MHSc, PhD, served as the Chair of the project on utilizing the competence of staff with secondary level qualifications in social and healthcare. She works as a Chief Nursing Officer at HUS Regional Clinical Services and at the HUCH Hospital Area.

Constructing a competence survey of infection control nurses at the Inflammation Center

Karoliina Aho, Tuula Ala-Röyskö, Päivi Kaivonen, Johanna Koivu, Terhi Lemetti, Leena Simons and Virpi Sneck

The competence of infection control nurses promotes infection safety in HUS patient care

An infection control nurse works as an expert in infection control in multi-professional cooperation with the partnering infectious-disease specialist physician and various other professionals. The main tasks of infection control nurses include working on instructions, educating others and monitoring the occurrence of healthcare-acquired infections and multi-resistant microbes. They also analyze and report on monitoring data related to infections together with infectious-disease specialist physicians.

Competence assessment of infection control nurses operating in an expert role

The Nurse Competence Scale (NCS) survey was carried out for the infection control nurses of the Hospital District of Helsinki and Uusimaa in 2017 (Meretoja 2003, Meretoja et al. 2004). The survey aims to examine the competence of nurses

involved in direct patient care. Since HUS infection control nurses do not work in direct patient care, a competence scale aimed specifically for them had to be developed. We were aware that a competence scale for infection control nurses had been previously made in the Hospital District of Southwest Finland (VSSH) (Kurvinen 2017), but a national electronic competence scale was not available. Our goal was to develop a competence scale for infection control nurses based on national and international documents discussing the job description of infection control nurses and other evidence-based knowledge.

Constructing and assessing a competence scale

The competence scale for infection control nurses was constructed at the Inflammation Center's Infection Control Unit together with infection control nurses, their supervisors and an advanced practice nurse. Task description documents (such as HUS 2022a) were reviewed at a unit meeting for infection

control nurses along with other evidence-based knowledge (e.g. European Centre for Disease Prevention and Control, ECDC 2013), and practical empirical experiences were shared. A working group was appointed for the construction of the competence scale including Nurse Manager **Karoliina Aho**, Infection Control Nurse **Tuula Ala-Röyskö**, Infection Control Nurse **Päivi Kaivonen**, Nurse Director **Johanna Koivu**, Advanced Practice Nurse **Terhi Lemetti** and Infection Control Nurse **Leena Simons**. The content of the competence scale prepared by the working group was assessed by two separate expert panels: 1) a panel including infection control nurses (11/2021) and 2) a panel consisting of the head of division, chief nursing officer, chief physicians, specialists, nurse managers and infection control nurses (12/2021). The first electronic version of the competence scale was tested in spring 2022, and in autumn 2022, the competence scale for infection control nurses was piloted. During the pilot, almost all

infection control nurses responded to the competence scale survey, and its results will be utilized in competence assessment, verification and development.

At the moment, the competence scale for infection control nurses is a self-assessment survey containing four background questions and 78 competence-related statements. The response scales for the statements are similar to those used in the Nurses' Competence Scale (NCS): competence on the VAS line and the frequency of the action on the ordinal scale (Meretoja 2003, Meretoja et al. 2004). The competence scale is divided into ten areas: 1) Infection control training and competence support, 2) Hand hygiene, 3) Treatment-related infections, 4) Antimicrobial-resistant microbes, 5) Infectious diseases, 6) Reporting, 7) Preparing infection control guidelines, 8) Cooperation and quality work, 9) Regional cooperation, and 10) Other competence (Figure 1).

The competence scale for infection control nurses yields important information for ensuring competence

The pilot is expected to give both individual results as well as a general description of the competence of infection control nurses in various areas, as self-assessed by the infection control nurses. After responding to the competence survey, each infection control nurse will receive personal results that are comparable to the average results of other infection control nurses who have responded to the survey. The results will provide us with information on the level of the professional competence of infection control nurses on an individual and general level. These levels reflect the following stages of the nurses' professional careers: Novice, Advanced Beginner, Competent, Proficient and Expert (HUS 2022b).

Ensuring the competence of an infection control nurse working as a health-care professional and expert creates the preconditions for safe and high-quality patient care (Act on Health Care Profes-

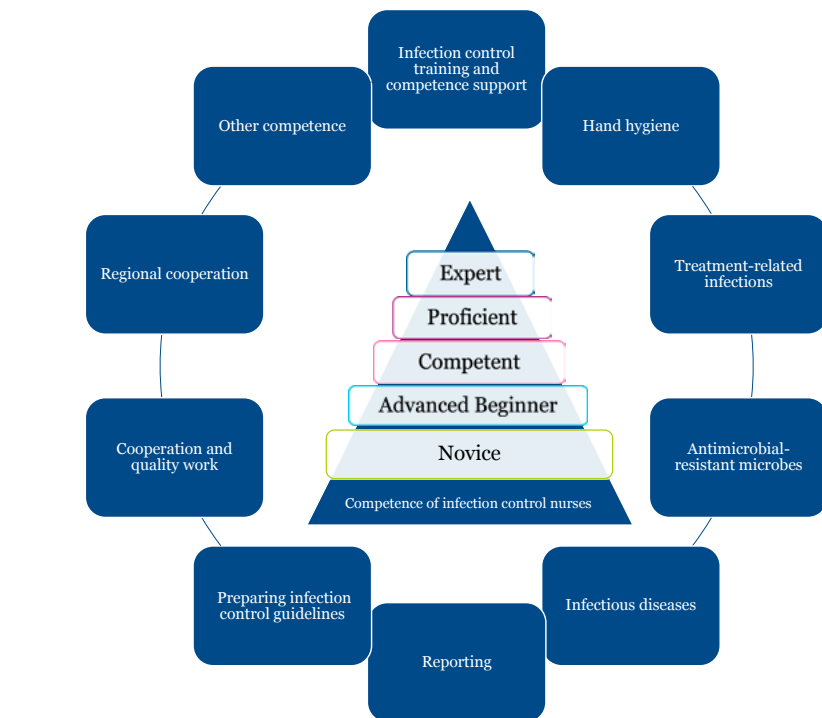


Figure 1. Competence areas of infection control nurses according to the constructed competence scale.

sionals 28 June 1994/559). In the future, the results of the competence survey can be utilized in orientation, self-assessment of one's own competence, development discussions, promoting career paths, describing and developing the competence level of HUS infection control nurses, in resourcing, as well as in targeting training and assessing its effectiveness. The competence scale for infection control nurses is an important tool for assessing and promoting HUS's goals of ensuring the staff competence (HUS Annual Report 2021).

Karoliina Aho, RN, MHSc, works as a Nurse Manager in the Infection Control Unit. Tuula Ala-Röyskö, Päivi Kaivonen and Leena Simons are RNs who work as Infection Control Nurses in the Infection Control Unit of the Inflammation Center. Terhi Lemetti, RN, PhD, is an Advanced Practice Nurse, Johanna Koivu, RN, MHSc, is a Nurse Director and Virpi Sneck, RN, MHSc is the Chief Nursing Officer at the Inflammation Center.

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tencies for infection control and hospital hygiene professionals in the European Union. Stockholm: ECDC; 2013. Saatavissa: <https://www.ecdc.europa.eu/en/publications-data/core-competencies-infection-control-and-hospital-hygiene-professionals-european> (11.11.2022)

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Recognition of excellent nursing

Our warmest congratulations to the members of our staff for their meritorious performance over the past year!

2021 and 2022 Nursing Professionals

The 2021 Nursing Professionals were announced and honored on 27 January 2022, so their names will be published in the HUS Annual Report of Nursing 2022, together with the names of the 2022 Nursing professionals, who were announced and honored on 16 December 2022.

2021 Nursing Professionals

- **Anni Kanto**, Assistant Nurse Manager, HUS Emergency Medicine and Services
- **Pia Lindholm**, Nurse, HUS Emergency Medicine and Services
- **Simo Syrjäkari**, Nurse, HUS Emergency Medicine and Services
- **Emmi Hokkanen**, Laboratory Technician, HUS Diagnostic Center
- **Outi Hirvonen**, Nurse, Hyvinkää Hospital Area
- **Leila Juurikkala**, Nurse, Hyvinkää Hospital Area
- **Reeta Mäenpää**, Nurse, Hyvinkää Hospital Area
- **Marita Kurimo**, Physiotherapist, HUS Children and Adolescents
- **Anna-Maria Malinen**, Nurse, HUS Children and Adolescents
- **Ulla Sandholm**, Nurse, HUS Children and Adolescents
- **Annamaria Urho**, Nurse, HUS Children and Adolescents
- **Katarina Andersson**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine
- **Tiia Kontio**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine
- **Fiona O'Sullivan-Salminen**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine
- **Nina Ruottinen**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine
- **Maarit Pyrhönen**, Nurse, Lohja Hospital Area
- **Jenni Harju**, Nurse, HUS Gynecology and Obstetrics
- **Sonja Tervämäki**, Midwife, HUS Gynecology and Obstetrics
- **Ella Puumalainen**, Nurse, HUS Neurocenter
- **Tiia Somiska**, Nurse, Porvoo Hospital Area
- **Hanna Helle**, Nurse, HUS Psychiatry
- **Juhani Huopaniemi**, Nurse, HUS Psychiatry
- **Oona Hyvönen**, Nurse, HUS Psychiatry
- **Mikko Lindholm**, Assistant Nurse Manager, HUS Psychiatry
- **Johanna Urkko**, Nurse, HUS Psychiatry
- **Maija Juntunen**, Nurse, HUS Head and Neck Center
- **Mira Vuoriheimo**, Rehabilitation Instructor, HUS Head and Neck Center
- **Patricia Forsström**, Practical Nurse, Raseborg
- **Mia Malmberg**, Nurse Manager, HUS Internal Medicine and Rehabilitation
- **Vilma Takala**, Nurse, HUS Internal Medicine and Rehabilitation
- **Laura Varpiola**, Nurse, HUS Heart and Lung Center
- **Henna Aaltonen**, Nurse, HUS Cancer Center
- **Ulla Järvinen**, Nurse, HUS Musculoskeletal and Plastic Surgery
- **Maija Ruutu**, Nurse, HUS Inflammation Center
- **Katja Ahmavuori**, Nurse, HUS Abdominal Center
- **Rosa Torkkola**, Assistant Nurse Manager/Nursing Instructor, HUS Abdominal Center

2022 Nursing Professionals

- **Niina Heldan**, Nurse, HUS Emergency Medicine and Services
- **Anne Sormunen**, Nurse, HUS Emergency Medicine and Services
- **Saija Tuohino**, Nurse, HUS Emergency Medicine and Services
- **Viivi Haikonen**, Radiographer, HUS Diagnostic Center
- **Niina Härkönen**, Laboratory Technician, HUS Diagnostic Center
- **Susanna Ihalainen**, Laboratory Technician, HUS Diagnostic Center
- **Sanna Liuhanen**, Laboratory Technician, HUS Diagnostic Center
- **Oili Salola**, Laboratory Technician, HUS Diagnostic Center
- **Nithipong Seesaeng**, Nurse, HUS Diagnostic Center

- **Leila Shakari**, Laboratory Technician, HUS Diagnostic Center
- **Pauliina Pukema**, Laboratory Technician, HUS Diagnostic Center
- **Kati Jokela**, Nurse, Hyvinkää Hospital Area
- **Tanja Leskinen**, Practical Nurse, Hyvinkää Hospital Area
- **Emmi Lampinen**, Nurse, HUS Children and Adolescents
- **Rita Penttinen**, Nurse, HUS Children and Adolescents
- **Mika Eriksson**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine
- **Jaana Halonen**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine
- **Michaela Karvo**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine
- **Mirka Tamminen**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine
- **Tuua Aitolehti**, Nurse, Lohja Hospital Area
- **Siiri Vienonen**, Nurse, Lohja Hospital Area
- **Marjo Venesmaa**, Nurse, HUS Gynecology and Obstetrics
- **Heidi Visala**, Midwife, HUS Gynecology and Obstetrics
- **Saija Jokelainen**, Assistant Nurse Manager, HUS Neurocenter
- **Martina Munkberg**, Nurse, Porvoo Hospital Area
- **Sami Ranta**, Nurse, Porvoo Hospital Area
- **Päivi Ala-Hakkola**, Nurse, HUS Psychiatry
- **Minna Anttonen**, Nurse, HUS Psychiatry
- **Tuovi Haataja**, Nurse, HUS Psychiatry
- **Soile Korpi**, Nurse, HUS Psychiatry
- **Marko Ratia**, Nurse, HUS Psychiatry
- **Aila Hafassa**, Nurse, HUS Head and Neck Center
- **Eeva Partanen**, Nurse, HUS Head and Neck Center
- **Niklas Knutsson**, Nurse, Raseborg
- **Tatiana Kajalainen**, Nurse, HUS Internal Medicine and Rehabilitation
- **Tiina Karjalainen**, Coordinator of Ergonomic Patient Handling, HUS Internal Medicine and Rehabilitation
- **Eini Hirvonen**, Practical Nurse, HUS Heart and Lung Center
- **Rose Opudo**, Nurse, HUS Heart and Lung Center
- **Jaana Karhu**, Nurse, HUS Cancer Center
- **Laura Piirainen**, Nurse, HUS Musculoskeletal and Plastic Surgery
- **Sirpa Nurminen**, Nurse, HUS Inflammation Center
- **Anne Kasembeg**, Nurse, HUS Abdominal Center
- **Eija Pöyry**, Nurse, HUS Abdominal Center

Academic merits and degrees in 2022*

Honorary title of Professor granted by the President of the Republic of Finland

- **Kristiina Junttila**, Director, HUS Nursing Research Center

HUS golden honorary badge of nursing science is presented at the Science Day to those who have defended their Doctoral Thesis in nursing science or health sciences by that date. **The silver badge** is awarded to those who have completed a Master's degree in health sciences or a similar field at a university, and the **bronze badge** is awarded to those who have completed a Master's degree at a university of applied sciences. HUS honorary badge of Nursing Science was designed by the artist **Gua Vainio**.

Doctoral degree (golden honorary badge of nursing science):



- **Diana Cavonius-Rintahaka**, Nurse, HUS Children and Adolescents (University of Tampere)
- **Anne Lunden**, Nurse Director, HUS Emergency Medicine and Services (University of Eastern Finland) (the Golden Badge will be presented in 2023)

Master's degree from a university (silver honorary badge of nursing science):



- **Marita Ahonen**, Nurse Manager, HUS Emergency Medicine and Services (University of Eastern Finland)
- **Jenni Anttila**, Nurse, HUS Psychiatry (University of Turku)
- **Mia Buda**, Customer Services Manager, Porvoo Hospital Area (University of Eastern Finland)

- **Katriina Eronen**, Clinical Nurse Educator, HUS Heart and Lung Center (University of Eastern Finland)
- **Katariina Hokkanen**, Nurse Manager, HUS Head and Neck Center (University of Turku)
- **Kaisa Honka**, Head Occupational Therapist, HUS Psychiatry (University of Eastern Finland)
- **Marjaana Keski-Hannula**, Nurse Manager, HUS Musculoskeletal and Plastic Surgery (University of Tampere)
- **Satu Kuitunen**, Nurse, Hyvinkää Hospital Area (University of Turku)
- **Aliisa Lahti**, Physiotherapist, Hyvinkää Hospital Area (University of Jyväskylä)
- **Sari Lavanti**, Nurse Manager, HUS Gynecology and Obstetrics (University of Vaasa)
- **Mia Lähdetkorpi**, Nurse Manager, Hyvinkää Hospital Area (University of Tampere)
- **Katri Lähti**, Advanced Practice Nurse, HUS Heart and Lung Center (University of Eastern Finland)
- **Sanna Mastola**, Physiotherapist, HUS Psychiatry (University of Jyväskylä)
- **Atte Määttä**, Nurse Manager, HUS Perioperative, Intensive Care and Pain Medicine (University of Eastern Finland)
- **Renja Pentikäinen**, Nurse, HUS Psychiatry (University of Turku)
- **Sanna Pietikäinen**, Nurse Manager, HUS Emergency Medicine and Services (University of Turku)
- **Martina Pitkänen**, Assistant Nurse Manager, HUS Emergency Medicine and Services (University of Turku)
- **Pirja Vitikka-Koponen**, Assistant Nurse Manager, HUS Abdominal Center (University of Jyväskylä)
- **Anu Vuorinen**, Assistant Nurse Manager, HUS Diagnostic Centre (University of Tampere)
- **Maria Honkala**, Nurse, HUS Musculoskeletal and Plastic Surgery (Savonia)
- **Sari Hytönen**, Assistant Nurse Manager, HUS Neurocenter (LAB)
- **Tiina Ihalainen**, Nurse, HUS Neurocenter (Metropolia)
- **Merja Ilván**, Assistant Nurse Manager, Lohja Hospital Area (Laurea)
- **Jenni Isokääntä**, Midwife, HUS Gynecology and Obstetrics (Metropolia)
- **Mirva Kohonen**, Nurse, HUS Diagnostic Center (Metropolia)
- **Jaana-Maarit Koski-Alhainen**, Nurse, HUS Abdominal Center (Tampere University of Applied Sciences)
- **Paula Lehtimäki**, Nurse, Raseborg (Turku University of Applied Sciences)
- **Sanna Lehtivaara**, Assistant Nurse Manager, HUS Heart and Lung Center (Laurea)
- **Isaliina Lehtonen**, Occupational Therapist, HUS Internal Medicine and Rehabilitation (Metropolia)
- **Mari Lintula**, Nurse, Hyvinkää Hospital Area (HAMK)
- **Jaana Maula**, Research Nurse, HUS Cancer Centre (Turku University of Applied Sciences)
- **Riikka Muotka**, Nurse, HUS Neurocenter (Metropolia)
- **Maria Niemi**, Assistant Nurse Manager, Lohja Hospital Area (Metropolia)
- **Joonas Niskala**, Nurse, HUS Neurocenter (LAB)
- **Katja Nugent**, Midwife, HUS Gynecology and Obstetrics (Tampere University of Applied Sciences)
- **Elisa Nummelin**, Nurse, HUS Gynecology and Obstetrics (Metropolia)
- **Petri Pelkonen**, Optician, HUS Head and Neck Center (Metropolia)
- **Teemu Peräjoki**, Assistant Nurse Manager, HUS Heart and Lung Center (XAMK)
- **Kristiina Portaankorva-Viskari**, Nurse, HUS Psychiatry (Tampere University of Applied Sciences)
- **Mari Rantanen**, Assistant Nurse Manager, HUS Psychiatry (HAMK)
- **Jussi Rautajuuri**, Nurse, HUS Neurocenter (Turku University of Applied Sciences)
- **Terhi Reinikkala**, Assistant Nurse Manager, HUS Diagnostic Center (Metropolia)
- **Ella Snirvi**, Assistant Nurse Manager, HUS Diagnostic Center (Turku University of Applied Sciences)
- **Mervi Stig**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine (Metropolia)
- **Tiina Suominen**, Nurse Manager, HUS Heart and Lung Center (LAB)
- **Sari Sutinen**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine (Metropolia)

Master's degree from a university of applied sciences (bronze honorary badge of nursing science):



- **Noora Airaksinen**, Nurse, HUS Abdominal Center (Oulu University of Applied Sciences)
- **Päivi Asikainen**, Laboratory Technician, HUS Diagnostic Center (Savonia)
- **Jarna Bäckman**, Rehabilitation Instructor, HUS Internal Medicine and Rehabilitation (Laurea)
- **Annika Grönroos**, Nurse, HUS Musculoskeletal and Plastic Surgery (Metropolia)
- **Saara Halavaara**, Nurse Manager, HUS Diagnostic Center (Metropolia)

- **Mirva Vainio**, Nurse, Porvoo Hospital Area (XAMK)
- **Milla Velama**, Occupational Therapist, HUS Internal Medicine and Rehabilitation (Amsterdam University of Applied Sciences)
- **Terhi Velo**, Assistant Nurse Manager, HUS Psychiatry (Metropolia)

- **Sanna Väättänen**, Nurse Manager, HUS Abdominal Center (Metropolia)

*Degrees notified to HUS nursing management

PHOTO: SAARA ROPPONEN



Chief Nursing Executive **Marja Renholm** presented the golden honorary badge of nursing science at Science Day on 17 November 2022 to Diana Cavonius-Rintahaka, PhD, who defended her doctorate in 2022. At the same time, Kristiina Junttila, who received the honorary title of Professor in 2022, was congratulated with a bouquet of flowers. From the left, Diana Cavonius-Rintahaka, PhD, Kristiina Junttila, Professor h.c., and Marja Renholm, Chief Nursing Executive.

The Rising Star 2022 award granted by the Finnish Nurses' Association

- **Tico Svart**, Nurse, HUS Neurocenter
- **Meri Saarnikko**, Nurse, HUS Cancer Center
- **Suvi Lindström**, Nurse, HUS Neurocenter
- **Mishel Tatarnikova**, Nurse, Porvoo Hospital Area

The Midwife of the Year 2022 award granted by The Federation of Finnish Midwives

- **Hanna-Leena Melender**, Director of Nursing Excellence, HUS Nursing Management

The Uusimaa Nurse of the Year award granted by Uudenmaan Sairaanhoidajat ry

- **Eija Kutramoinen**, Nurse, HUS Musculoskeletal and Plastic Surgery

Kyllikki Pohjala Memorial Fund recognition

- **Marita Knuutila**, Advanced Practice Nurse, HUS Emergency Medicine and Services
- **Birgitta Tetri**, Nurse Manager, HUS Internal Medicine and Rehabilitation

The Florence 2.0 award granted by Finnish Operating Room Nurses Association (FORNA)

- **Sanna Rautiala**, Nursing Instructor, HUS Perioperative, Intensive Care and Pain Medicine

Decorations awarded to members of HUS nursing staff by the President of the Republic of Finland

Cross of Merit of the Order of the Lion of Finland

- **Kaija Korhonen**, Nurse Manager (retired as of 1 May 2022), HUS Musculoskeletal and Plastic Surgery

First Class Medal of the White Rose of Finland with golden cross

- **Taina Fagerlund**, Assistant Nurse Manager, HUS Perioperative, Intensive Care and Pain Medicine
- **Oili Nyström**, Nurse Manager (retired as of 1 September 2022), HUS Internal Medicine and Rehabilitation
- **Heli-Maaria Seppälä**, Nurse Manager, HUS Cancer Center
- **Susanna Tiililä**, Planning Specialist, HUS Joint Resources

Publication activities and presentations HUS nursing staff members have produced both scientific (Appendix 2) and professional (Appendix 3) publications. In addition, nursing staff members have given oral presentations and poster presentations at international and national scientific and professional events (Appendix 3).

Kristiina Junttila receives the honorary title of professor

Hanna-Leena Melender and Marja Renholm

On 10 June 2022, the President of the Republic of Finland granted the Director of the HUS Nursing Research Center, Docent **Kristiina Junttila** the honorary title of Professor in recognition of her considerable contribution to nursing, especially in the areas of nursing research, education and developing the quality of patient care, as well as her societal engagement.

Kristiina Junttila has been working in our organization for over 40 years. She started her career in the intensive care unit of Meilahti Hospital in January 1982, from where she transferred to the Operating Department A of the Surgical Hospital in October 1982. Kristiina worked in clinical patient care at the said operating department for more than 18 years, for example in organ transplantations. She completed her academic degrees at the University of Turku: gaining her MHS in 1999 and her PhD in 2005. The University of Turku awarded her the title of Docent in 2016.

After many years of working in various extensive and demanding positions as a perioperative nurse, Kristiina has worked in a variety of specialist, manager and supervisory positions at HUS. She worked in HUS Group's nursing management and as the Development Manager of Research and Development Activities in 2009–2017 and as the Director of Nursing Excellence at HUS in 2017–2019. She has served as an expert in nursing science in several multi-professional steering groups at HUS.

From the Group's nursing management, Kristiina transferred to the position of the Director of the HUS Nursing Research Center (NRC) in 2019. As the Director of the NRC, her role is to promote and strengthen the position and awareness

of nursing and health science research at HUS, thereby promoting the nursing staff's possibilities to participate in research and scientific development work, to advance in their careers as researchers, and to increase the nursing staff's positive attitude towards research. She is responsible for the implementation of the Health Sciences Research Programme at HUS, actively carries out and supervises research, and participates in the development of professional nursing activities in a comprehensive manner. In addition to perioperative nursing, Kristiina's current research interests are related to the quality of care, such as pressure injuries, and the engagement of nursing staff.

Kristiina is a respected teacher and lecturer who has also produced instruction material. She has extensive national and international networks in which she has developed evidence-based activities and instruction, among other things. She has supervised, and is currently supervising, several doctoral theses, master's theses and master students' project papers, and has acted as a preliminary examiner and opponent of doctoral dissertations.

Kristiina has played a major role in the evaluation and development of teaching and research at a local, national and international level. In addition, she has had editorial and reviewer tasks in scientific publishing and she has participated in scientific committees of various congresses. She has also held several other important expert and management positions in various institutions and groups. Among these, the tasks related to the Ministry of Social Affairs and Health, Finnish Institute for Health and Welfare, Finnish Nurses' Association, Finnish

Nursing Education Foundation, Finnish Centre for Evidence-Based Health Care – A JBI Centre of Excellence, and the Consortium for the National Benchmarking of Nursing-Sensitive Outcomes (HoiVerKe) are of particular social importance.

Kristiina's interests have always focused on high-quality patient care and its development, the expertise of nursing staff involved in practical work and its development, as well as bringing out the good outcomes of nursing. We thank Kristiina for her long-term contribution to the development of HUS nursing in terms of clinical work, management, education and research, and wish for our professor many more rewarding years of work to come!



PHOTO: SARA ROPONEN

The HUS Nursing Executive Group congratulated Kristiina on her honorary title of Professor at its meeting on 14 June 2022.

Hanna-Leena Melender, RM, PhD, Docent, is the Director of Nursing Excellence at HUS. Marja Renholm, RN, PhD, is the Chief Nursing Executive at HUS.

EXEMPLARY PROFESSIONAL PRACTICE

Exemplary professional practice includes high-quality and safe patient care. It also includes uniform nursing practices, patient satisfaction and the inclusion of patients and clients.

Challenging year is not reflected in patient feedback

Marita Ritmala

Patient satisfaction in nursing is regularly monitored on a quarterly basis with the help of a patient feedback survey concerning nursing (HoPP) given to adult patients, pediatric patients and their parents. The HoPP survey has been developed to produce information on the different areas of good nursing that are of key importance from the patient's perspective according to the Magnet Hospital® model. These are 1) Patient engagement/patient-centered nursing, 2) Care coordination, 3) Safety, 4) Service recovery, 5) Courtesy and respect, 6) Responsiveness, 7) Patient education, 8) Pain and 9) Careful listening.

The number of responses received has grown every year. By the end of September 2022, we had already received 6,112 responses (Figure 1). Of course, this is still a small number compared to the number of patients we have cared

for (over 600,000), but hopefully with active reminders from the nurses on the importance of feedback the number of responses will continue to grow. For the most part, feedback has been consistently excellent at the HUS level, and the slight decline in 2021 turned to a cautious increase in 2022. The difficult and in many ways challenging year therefore had no impact on the quality of nursing, at least from the perspective of our patients. Year after year, the lowest averages are given to the claim "The nurses told me about possible side effects of my medication", (on average 4.19–4.34 on a scale of 1–5). Patients gave the best evaluations for courtesy they had received from the nurses (on average 4.80–4.88) and for genuine presence (on average 4.74–4.80).

The HoPP results reporting was opened in the Power BI software in September (Image 1). It allows each unit to

examine their results easily and clearly. This helps us celebrate our successes and focus effort on things that, according to feedback, could be further developed.

The excellent quality of nursing consists of the best evidence-based nursing possible for the patient and the patient's experience. We therefore need to know how satisfied – or dissatisfied – our patients are. This information helps our nurses and their supervisors correct any shortcomings experienced by patients. Patient feedback is an important tool in the development of daily nursing care and an excellent indicator for evaluating changes made in patient care.

Marita Ritmala, RN, PhD, is the Director of HUS Magnet Hospital® programme. She has developed Patient Satisfaction Feedback on Nursing as part of the quality requirements of the Magnet Hospital®



Figure 1. Average of the results of patient satisfaction with nursing at HUS in 2020, 2021 and January–November 2022.



Image 1. Front page of patient feedback on nursing in the Power BI software.

Patient feedback to support the development of nursing and operations

Kiki Metsäranta, Tarja Nordman, Katriina Mikkonen and Pia Männikkö

Patient feedback is one of the most important sources of information that can be used to develop and evaluate the care and service received by patients. One of HUS's strategic goals is the provision of measurably best care and service. Patient feedback is one of the key measures for meeting this goal. Patients have the opportunity to give feedback on the care they have received and their experiences of HUS activities. Feedback can be given in many different ways and through various channels such as the feedback channel on the HUS website, SMS, tablet or healthcare information terminal surveys and paper forms. In addition to these, patients may also participate in patient satisfaction surveys. In addition to patient feedback, requests for clarification related to patient care, objections, appeals, and patient safety event reports are utilized as data sources.

The activities of the HUS Nursing Council of Patient-Centered Nursing (POKE) are centered on the patient as an active participant and influencer. In this regard, one of our HUS-level tasks is to monitor patient feedback from the perspective of nursing, identify areas for improvement and inform the relevant parties of any development needs. Particularly important data sources in this task are the results of patient feedback on nursing as well as the Patient Ombudsman's annual reports and patient feedback. Also, the HUS Customer Experience and Feedback Policy Development Group (ASPAKE) monitors patient feedback to identify areas for development.

At the end of 2021, we set out to develop the cooperation between POKE and ASPAKE as both groups shared the two following interests: the patient as an active participant and monitoring patient feedback in order to identify development targets. The goal was to establish cooperation to fully utilize the feedback. Project Manager **Tarja Nordman** from HUS Development Unit (ASPAKE) and Nurse Manager **Kiki Metsäranta** (POKE) participated in planning and implementing the process. The goal of the process was to utilize service design measures together with ASPAKE and POKE group members to review and simplify the operations of both groups and to find operating methods that allow the development areas identified in patient feedback to be developed at HUS level. This will also strengthen the patients' involvement in the development of care and services. For this purpose, two Teams workshops were held at the end of December 2021, lasting in total 3½ hours and attended by 13 participants. During the process, different tasks and roles were defined for both actors. Both actors share the task of

monitoring patient feedback to identify development areas. In order to avoid the duplication of work, a cooperation model was established with the help of the process and introduced in 2022. The cooperation model involves both actors selecting representatives from their groups, who then team up to analyze the patient/customer feedback and discuss the HUS-level development areas they have identified. These identified development areas guide the POKE expert group to consider and plan its own operations.

HUS is a massive organization that includes many different actors with identical or similar goals. It is very important to identify these actors and give them the opportunity to jointly examine the purpose and goals of their operations. The POKE and ASPAKE process, implemented with the help of the means of service design, was efficient and easily implemented. The process helped us create a cooperation structure that has proven to be both functional and necessary. The cooperation allows us to strengthen patient involvement by developing the quality of care based on patient feedback.

Kiki Metsäranta, RN, MHSc, PhD Student, Nurse Manager, HUS Psychiatry

Tarja Nordman, Project Manager, HUS Development Unit

Katriina Mikkonen, Development Manager, HUS Joint Resources

Pia Männikkö, PHN, MHSc, Customer Services Manager, HUS Head and Neck Center

One of HUS's strategic goals is the provision of measurably best care and service. Patient feedback is one of the key measures for meeting this goal.

Auditing nursing documentation in HUS Psychiatry

Annukka Laurila-Salakka, Tiina Talja and Päivi Soininen

Background

The Apotti patient information system was first introduced at HUS Psychiatry in the Peijas area in autumn 2018, and in 2020, in the entire HUS Psychiatry. After the system was introduced, we collected data on its use and any challenges, but this was not systematic data collection. HUS Nursing Council of Knowledge Management (TIHA) carried out a nursing documentation audit in 2018. At that time, the previous patient information system Uranus was still in use. Up-to-date and systematically collected data on nursing documentation in the Apotti patient information system is needed to support the development of nursing documentation as well as the use of the information system.

Goal

The purpose of auditing nursing documentation was to gain information on how the Apotti patient information system is used in HUS Psychiatry and what the current state of nursing documentation is. The goal was to find development areas that could be jointly promoted in HUS Psychiatry.

Planning and implementing the audit

HUS Psychiatry's Patient Work Information Management Development Working Group, responsible for the development of the information system at HUS Psychiatry, was involved in the planning of the audit. The working group is led by Development Manager **Petri Näätänen** and includes profit area management as well as multi-professional experts. Clinical Senior Pharmacist **Annika Kiiski**

from HUS Psychiatry acted as a specialist in questions related to pharmacotherapy, and in other questions, it was **Tero Laiho**, Apotti specialist at HUS Psychiatry. When planning the data collection form for the audit, the form used in the 2018 audit coordinated by TIHA was utilized. The Webropol form for this audit was prepared by Advanced Practice Nurses **Annukka Laurila-Salakka** and **Tiina Talja** from HUS Psychiatry. The form was tested both in the inpatient wards and at the outpatient clinic and modified based on feedback received. Before the auditing day, the HUS Psychiatry Advanced Practice Nurses held information sessions for the nurse managers and Apotti support persons of different units and answered preliminary questions.

The audit was carried out in all psychiatric outpatient care units and inpatient wards with the exception of the Neuromodulation Unit and psychiatric emergency care, as the Apotti recording system of these units differs significantly from those of other HUS Psychiatry units. The joint audit date was 7 June 2022. Data collection could be carried out within two weeks of the audit date, but only from the medical records of patients treated on 7 June 2022. The units' Apotti support persons with a background in nursing collected the data. The medical records of three patients were audited in each unit, based on a predetermined selection procedure. The Apotti support persons had the opportunity to gain real-time guidance on the audit day from a support Teams session with HUS Psychiatry Advanced Practical Nurses on call during office hours. At other times, the support was not real-time.

Results and conclusions

In total 173 outpatient care medical records were audited and 82 from inpatient wards. The results were reported at HUS Psychiatry level and division-specifically, separately for outpatient care and inpatient wards. The audit results showed development areas of various levels, but the challenges in outpatient care and inpatient wards were similar. Some of the observed development areas could be implemented at division level and some concerned HUS Psychiatry as a whole.

The division-level development targets were related to, for example, patient care processes, such as pharmacological treatment. Furthermore, it was observed that the units need information on the current guidelines and practice models and these need to be implemented as part of the unit's operations. These include joint nursing practice models such as in assessing the risk of falls or informing patients about My Kanta and joint registers.

The joint development targets of HUS Psychiatry were related to joint policies and require guidelines on the division of labor between different occupational groups. Some of the development targets require developing the functions of the Apotti system from the perspective of psychiatric nursing. These include outlining structurally recorded data and utilizing it in daily and summary-level recording.

The results suggest that a systematic quality assessment of recording is necessary at various levels. According to preliminary plans, the next audit covering the entire HUS Psychiatry will be carried out in 1–2 years, so that we will have enough time to work on the areas of improvement that were now identified. Joint

development targets should be defined at the psychiatry division level, taking into account the differences between units in the practices and quality of documentation. The units should review their own practices in relation to the division results, define the unit's own development targets and plan their implementation, schedule and division of responsibilities.

In addition to the audit results, the auditing process yielded useful information on the Apotti support persons' role and

significance in developing nursing documentation. It is important that we pay attention to increasing and maintaining the competence of Apotti support persons.

The results support the definition of development targets in documentation at the level of the entire Hus Psychiatry and its divisions, but cannot be generalized at unit level. In the future, we need to consider how the auditing sampling can be carried out in such a way that it would produce more comprehensive informa-

tion at unit level and also multi-professional information about the use of the Apotti patient information system.

Annukka Laurila-Salakka, RN (University of Applied Sciences), MHS, works as an Advanced Practice Nurse at HUS Psychiatry. Tiina Talja, RN, MHS, PhD-student, is an Advanced Practice Nurse at HUS Psychiatry. Päivi Soininen, RN, PhD, is the Chief Nursing Officer at HUS Psychiatry.

Transition to paper-free operations at the Breast Surgery Outpatient Clinic

Jaana Karhu

The nurse's job description at the Breast Surgery Outpatient Clinic has changed over the years. The use of IT has increased the time nurses spend on the computer. The number of papers and print-outs has certainly decreased, but they have not been fully eliminated. Nurses have spent time looking for, printing and preparing paperwork. We have been aiming to transition to paper-free operations for a while, especially after Apotti was introduced, but so far, we have not gotten around to it.

As a result of our relocation to Park Hospital in October 2021, many of our operations changed slightly, giving rise to the idea that we should also further develop the operations at the Breast Surgery Outpatient Clinic. We were looking to optimize our nurses' resources and use of time. We needed to find a new approach for looking for patient documents and preparing them.

The Expert Group of Breast Surgery Nurses (ASRY) raised the topic at its next meeting and started to consider possible

new approaches. The follow members of the Expert Group of Breast Surgery Nurses were involved in the project planning: **Jaana Karhu** (Nurse, ASRY chair), **Terttu Ihalainen** (Assistant Nurse Manager), **Raakel Pirinen** (Assistant Nurse Manager), **Eija Nieminen** (Nurse) and **Kia Eskola** (Nurse). Other Breast Surgery Outpatient Clinic staff members invited to the meeting were **Maria Suuntala** (Nurse, Charge Nurse for the Breast Surgery Outpatient Clinic), **Päivi Kuismin** (Ward Secretary) and **Satu Ranta-Lindgren** (Ward Secretary).

At the expert group meeting on 14 June 2022, the participants discussed how the outpatient clinic practices could be changed towards paper-free operations. The new job descriptions of secretaries, appointment and surgery schedulers, and nurses were discussed. The new practices were recorded and the decision was made to present the new practice model to doctors at the next cooperation meeting on 16 June 2022.

The new practice model was discussed with doctors at the cooperation meeting, and minor adjustments were made. The practice model was approved, and it was agreed that it would be implemented at the beginning of July 2022. At the next ward meeting (on 17 June 2022), the tasks of secretaries and nurses were reviewed in further detail.

The new practice model, paper-free outpatient clinic operations, has been successful development work. Doctors, nurses, and secretaries have all been satisfied. Use of time has become more effective, and reading details on the computer has also added to patient safety as the information is up-to-date and easily accessible. Nurses' resources are now focused on patient care, Apotti is utilized more and the unnecessary search for papers has ended.

Jaana Karhu, RM, Acting Assistant Nurse Manager, Chair of the Expert Group of Breast Surgery, Cancer Center, Breast Surgery Division, Park Hospital

Use of machine vision camera surveillance in the prevention of falls at the neurological inpatient ward NE3 of Jorvi Hospital

Jaana Kotila and Maarit Wilenius

Background

The majority of falls in hospital occur in patient rooms. Mustajoki et al. (2014) give the following example: “One hospital ward staff observed from patient safety event reports that most falls occurred shortly after 1 am. When looking into the matter, they observed that the night nurse completed a round just before that time, waking patients up, after which they set out for the toilet in the dark, and did not want to disturb the busy night nurse by asking for help.” Falls could be prevented if the night nurse knew when a patient at risk was leaving bed. Statistics show that in a medium-sized inpatient hospital, falls occur approximately 30–50 times a day.

At the neurological inpatient ward NE3 of Jorvi Hospital, the risk of falling is assessed using the Falls Risk Assessment Tool (FRAT). This indicator developed by the Finnish Institute

for Health and Welfare is based on the Australian Falls Risk Assessment Tool (FRAT screening component) indicator. The Finnish Institute for Health and Welfare holds the copyright of the Finnish translation, and primary health care utilizes the so-called long version of the indicator, while hospital apply the shorter version (FRAT). The assessment is made as soon as possible after the patient arrives at the hospital. The indicator is used to survey the patient’s risk of falling in general and, based on this, the severity of the patient’s risk of falling can be roughly determined and necessary preventive measures taken.

Camera surveillance pilot at the Jorvi neurological inpatient ward NE3

Camera surveillance was piloted at ward NE3 for approximately two weeks at the end of 2018. Before the pilot was

launched, data was collected on falls at the ward. In April 2019, a Myco phone, a moisture-resistant smartphone for information transmission designed for hospital use, was introduced to the ward. The pilot received positive feedback, especially on incidents that had occurred at night, when camera surveillance had clearly helped the nurse notice hazardous situations and improve patient safety. Negative feedback was given on the fact that the system is not able to detect all situations (e.g. if the curtains are drawn) and that the system also gives false alarms (e.g. with other staff members or visitors in the room at daytime). Feedback showed that night nurses found the system much more useful than day nurses.

During a three-month period in spring 2019, the system gave approximately 250–300 alarms of a patient having risen from bed or moving in bed for high-risk patients for whom the nurse had turned the alarm system on. Several falls were prevented with the nurse intervening in these situations. In summer 2019, a software update was made to the system, making the system’s identification more accurate. The patient fall prevention group estimated in autumn 2019 that as many as half of the falls of patients covered by the system could be prevented through systematic use and development of the system.

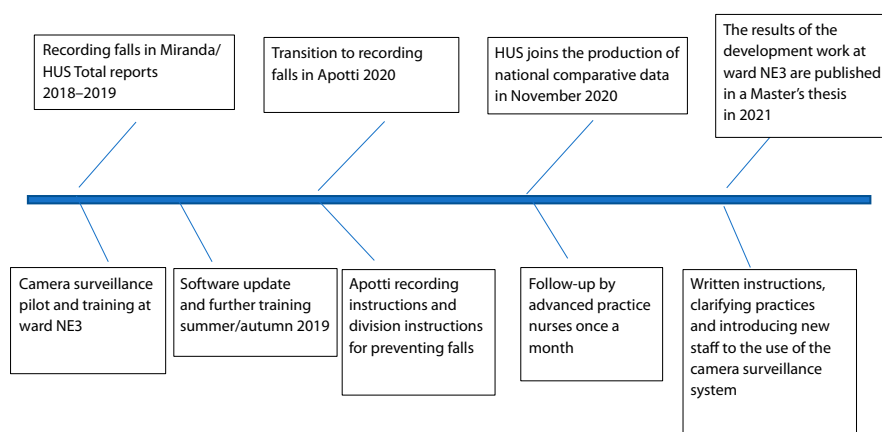


Figure 1. Timeline for the development of fall prevention at ward NE3.

Results of the camera surveillance development work

Sofia Hiekkänen completed her Master's thesis "Machine vision-based fall prevention and detection system in a neurological ward" in 2021. In her thesis, she studied the number of falls based on patient safety event reports before and after the camera surveillance system was introduced as well as the staff's experiences of using the camera surveillance. Falls in patient rooms decreased by 22% after the camera surveillance system was introduced. In rooms that were not covered by the camera surveillance, such as the day room and shower room, the number of falls increased.

A staff survey showed that the patients benefit from the camera surveillance and the alarm system connected to it, but only half of the staff members had received sufficient training to use the system. Furthermore, the staff felt that the system was not functioning properly in a technical sense. The alarm system

would not always give an alarm, even if the conditions required the alarm to be triggered. The alarm system was also sensitive to respond to any movement at the bedside, such as a nurse reaching over the side of the patient's bed. The unit staff agreed on the use of two Myco phones. The charge nurse identifies at the turn of the shift the patients who are at risk of falling and ensures that the nurses responsible for these patients have a Myco phone at their disposal.

The structural solutions of the neurological ward do not allow sufficient visual monitoring of patients with cognitive difficulties. The camera surveillance and alarm system are an additional aid to ensuring patient safety. However, they alone are not a sufficient measure to prevent falls. The unit has a multi-professional fall prevention working group. The working group has monitored patient falls, examined their causes, and introduced development measures to prevent them. Based on Apotti entries, there was

a 10% decrease in the number falls in January–August 2022 over the same period in the previous year. In April 2022, information targeted at patients was added to the rehabilitation hub on the HealthVillage.fi service. This information can be utilized to guide the patients and inform their relatives.

Jaana Kotila, RN (University of Applied Sciences), MHS, worked as Deputy Development Manager at HUS Joint Resources in 2018–2019 and in 2020 and as an Advanced Practice Nurse in HUS Neurocenter in November 2020–April 2022. Maarit Wilenius, RN (University of Applied Sciences), works as a Nurse Manager at the neurological inpatient ward NE3.

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Language workshop – an example of social responsibility

Katriina Eronen and Sirkka Ekola

The share of employees from a foreign background has multiplied in Finland since the beginning of the 2000s. In the municipal sector, approximately ten per cent of doctors, three per cent of nurses and close to seven per cent of practical nurses and other health care staff were of foreign background in 2020. (Krause 2021). With more than half of all immigrants in Finland living in Uusimaa and the majority of them being of working age (Statistics Finland 2022), it can only be assumed that these figures are much higher in the HUS area. For

example, the staff of the HUS Heart and Lung Center speak at least 25 different native languages.

Lack of language skills is the biggest obstacle to employment for foreign-language speakers (Komppa 2015). The assessment of sufficient language skills is challenging, as the available language tests poorly measure the linguistic skills required in working life (Tervola 2019). However, in order to ensure patient safety, smooth work and socialization in the workplace, the staff's language skills should be in order. Nursing and medical work is full of demanding

communication, where misunderstandings can easily lead to hazardous situations. The best way to learn a working language is in real situations in working life. This also requires the support of the working community. (Bigestans 2019).

Professionals from a foreign background face discrimination and underestimation of their competence in working life (Moyce et al. 2016). Investing in language skills therefore pays off, including from the perspective of well-being at work. Recruitment alone is not enough, but employees must be supported in such a way

that they enjoy their work and get better at it. They say that responsibility starts where legislation ends: it means that the organization must go beyond what is required. (Lindroos 2016). Although ensuring sufficient language skills is part of the statutory obligation to provide induction, it can also be viewed more broadly as taking social responsibility and as an activity that enhances the well-being and integration of foreign-language employees. Successful language training also facilitates finding employment and being successful at work, and thus prevents social exclusion. And when foreign-language speakers find employment and succeed in their work, this eases the labor shortage that the healthcare sector is constantly struggling with. The choices of a large employer, such as HUS, have an impact on society. Being aware of this is part of our social responsibility. (HUS.fi 2022).

HUS Heart and Lung Center wants to support its staff's language skills. HUS language courses quickly fill up and there are not enough vacancies for everyone. That is why Chief Nursing Officer **Sirkka Ekola** decided to launch a language school for the department staff. The task was assigned to Clinical Nurse Educator **Katriina Eronen**. Chief Physician **Marjukka Myllärniemi** was also excited about the project and informed the Department of Finnish Language at the University of Helsinki about it. This was the beginning of the collaboration that resulted in the Language Workshop convening every other Wednesday at the HUS Heart and Lung Center. The meetings started in autumn 2022, and they have already been scheduled until the end of May 2023.

The Language Workshop has no curriculum or syllabus, but the contents are formed according to the participants' needs. Situations that have occurred at work, peculiar expressions, new words and phrases are discussed at the meetings. Cultural differences, challenges in learning Finnish and good ways to pick up the language are also discussed at the workshop and solutions are sought to

daily language problems in working life. Games are used as a tool: for example, a board game where you move from one communication situation in the morning shift of an inpatient ward to the next, or a card game simulating communication over the telephone. Participants are given a notebook that is small enough to fit in their pocket so that they can collect words and phrases that are useful in their daily work. These words and phrases are then discussed in the workshops and collected for them all in Teams. Topics discussed in the workshops have included how to talk to a patient about obesity, what the Finnish phrase "niin pois päin" (and so forth) means, and how to overcome your nerves when calling a doctor.

The Language Workshop is intended for all nurses and doctors who are in need of support with their Finnish language skills. It is not a language course, but a learner-oriented, social way of learning that is based on daily problem-solving. Practice is closely linked to daily situations arising at work, but it is done safely in a familiar group. The workshop includes Finnish speakers of all skill levels. Even people who have been working in Finland for years have come along and found the workshop useful. Some have even chosen to participate in their leisure time, even though attending during working hours is allowed. The workshop is led by Clinical Nurse Educator **Katriina Eronen** as well as Researchers **Johanna Komppa** and **Eveliina Korpela** from the University of Helsinki.

In October 2022, the Language Workshop joined the Kielibuusti (Language Boost) project (Kielibuusti.fi 2022), which aims to develop Finnish and Swedish language training to better respond to the need of international talent. The Language Workshop is now one of the many research subjects in the project. The goal is to find out what kind of an impact the activity has in the work community. The Language Workshop is well suited to the goals of the project as the ultimate goal is to turn into a model serving multilin-

gual work communities. In the future, language workshops could therefore be in operation on all HUS campuses. The Language Workshop may complement traditional language training by providing more individual support as well as a social peer group. The Language Workshop has also been raised as part of the HUS responsibility programme for 2023–2024.

Katriina Eronen, RN, MHSc, is a Clinical Nurse Educator and Sirkka Ekola, RN, MHSc, is the Chief Nursing Officer at the HUS Heart and Lung Center.

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NEW KNOWLEDGE, INNOVATION AND IMPROVEMENTS

Our patients are guaranteed the best possible safe treatment by unifying care practices based on the latest research. It is therefore important to strengthen the research competence of our nursing staff as well as their skills in implementing research evidence into clinical patient care.

2022 at the HUS Nursing Research Center (NRC)

Toni Haapa and Kristiina Junttila

The HUS Nursing Research Center (NRC) aims to promote the production of nursing and health science research, evidence-based development, the utilization of research evidence in patient care, and networking related to research activities.

Support for nursing and health science research

Research grants for doctoral students and post doc researchers

HUS NRC annually grants researcher months for nursing staff employed by HUS. In 2022, 14 researchers applied for researcher months for their doctoral dissertations and post-doctoral research. Ten of them were granted a total of 33 months (and four were in reserve). The utilization rate of researcher months was approximately 90%.

New research openings

In 2022, NRC staff were involved in launching several new nursing and

health science research projects, one of which was a national research project: Nursing sensitive indicators as a basis for the assessment and development of care quality. The research project aims to define and describe nursing-sensitive indicators (nurses' job satisfaction, patient satisfaction, hospital acquired pressure injuries and inpatient falls) as well as related factors. HUS NRC is also involved in new research projects related to the psychosocial support of cancer patients and nursing students as administrators of intravenous medication, to name a few.

Master's Programme 'Development of Healthcare Services' at the University of Helsinki

The NRC staff was involved in planning the new Master's Programme, 'Development of Healthcare Services', starting in the autumn 2023 at the University of Helsinki's Faculty of Medicine. The Master's programme will consist of modules,

such as clinical nursing science, population health, and social services and healthcare management. NRC contributed especially to the planning of the clinical nursing science module (25 credits).

In 2022, the NRC staff produced a total of 12 scientific publications for which they were awarded 16 Jufo points. In addition, the NRC staff produced professional publications based on research activities (n=5), as well as national (n=9) and international (n=6) congress presentations.

Support for research-based development

In 2022, NRC project coordinator vacancies were utilized both for strategy-based research and development and for research-based development of nursing at the unit level (Table 1). HUS development activities were also supported by piloting online education for research-based development as part of the project work by **Hilma Maksimainen**, an MHSc student at the University of Turku.

Table 1. Research and development projects supported by HUS NRC in 2022.

	Project name	Place of implementation	Project Planner
Strategy-based research and development projects	NeverEvent project: pressure injury prevalence 2022	HUS-wide project	Elli Heikkilä
	Strengthening the competence of practical nurses	HUS-wide project	Yunsuk Jeon Jaana Kaukonen
	HUS Clinical Instructor ASTU: programme development	HUS-wide project	Tii Kouvalainen
	HUS Nurse Manager ASTU: programme update	HUS-wide project	Johanna Aalto
Research-based development projects at the unit level	Standardized and evidence-based practices for hybrid and remote work	HUS Psychiatry, Tikkurila Acute Psychiatry and Consultations Outpatient Clinic	Emmi-Maaria Päivärinta
	Standardizing nursing documentation to facilitate patients' access to follow-up treatment	HUS Hyvinkää Hospital, Department of Medicine, Inpatient Ward Division	Hanna Heino
	Launching ZetaDisplay information screens and updating the unit website	HUS Musculoskeletal and Plastic Surgery, Surgical Inpatient Ward, Park Hospital	Jenni Liukkonen
	Research-based measuring method to implement feedback-informed treatment	HUS Children and Adolescents, Child Psychiatric Evaluation, Acute and Consultation Unit	Eeva Raittinen
	Patient's perspective of care in the teaching unit	HUS Head and Neck Center, Oral Diseases Teaching and Dental Care Unit	Tytti Törhönen

Support for utilizing research evidence

The utilization of research evidence was supported by organizing two Nursing Science meetings: the 20th anniversary of nursing research (27 Sep 2022) and the 21st Science Day (17 Nov 2022). In addition to the above-mentioned HUS events, HUS NRC participated in organizing the fifth national evidence-based practice conference (9–10 June 2022) together with the Nursing Research Foundation (Hotus) and the JBI Centre of Excellence. The theme of the conference was *Highlighting the quality of care through evidence-based practice*. The utilization of research evidence was also supported by nine HUS NRC newsletters that were used to communicate about new HUS publications and COVID-19 releases (from the nursing perspective).



PHOTO: SAARA ROPPONEN

The Director of NRC, **Kristiina Junttila**, hosting the national evidence-based practice conference in June 2022.

Support to research-related networks

In 2022, HUS NRC supported networking aimed at producing and

implementing research evidence by organizing activities such as two HUS PhD Network meetings, two network meetings for nursing and health science doctoral students, two expert network meetings for advanced practice nurses and clinical nurse educators as well as one study visit to HUS for students of the Department of Nursing Science at the University of Turku. We also continued to work on our networking with the University of Helsinki in the form of the UHealth cooperation network.

Toni Haapa, RN, PhD, is the Research Nursing Officer at the HUS Nursing Research Center NRC. Kristiina Junttila, RN, PhD, Docent, Professor h.c., is the Director of HUS Nursing Research Center NRC.

Productizing and implementing the Safewards Talk Down method in psychiatric outpatient care

Ella Tihlman, Emmi Illi and Hanna Kristola

In recent years, the implementation of the Safewards model, developing and maintaining safety at psychiatric wards, has been one of HUS Psychiatry's priority projects. Safewards is a method developed in the UK that combines the key factors affecting safety at psychiatric wards based on research evidence. The model consists of ten different interventions that are used to examine and develop factors that can be controlled by both patients and staff members. All Safewards interventions are evidence-based and developed in close cooperation with the working life.

In accordance with HUS shared governance structures, a unit-level specialist working group from psychiatric acute and consultation outpatient care was launched in autumn 2020 to study the possibility of utilizing the intervention in psychiatric outpatient care. The members of the working group were nurses from 11 different psychiatric outpatient units in the Helsinki Metropolitan Area. The main goal of the working group was to adapt Safewards interventions to suit the needs of outpatient care and to implement them at psychiatric acute and consultation clinics.

The Talk Down method was selected as the first intervention. Its purpose is to provide the staff with a concrete tool for difficult encounters with clients. When hung on the wall in staff premises, the Talk Down poster reminds and encourages staff to use the method and provides support for encountering an aggressively behaving patient. The goals of the project were to produce the poster and to implement the model in psychiatric acute and

consultation outpatient units. The members of the unit-level expert group would be responsible for implementing the model and, for this purpose, they would familiarize themselves with the model and train their multi-professional work communities to use the method.

From among the members of the unit-level expert group, a small working group was appointed for the Talk Down method project. Members of the small group included nurse **Ella Tihlman** from HUS Eating Disorder Unit and nurse **Emmi Illi** from the HUS Centralized Outpatient Clinics. They translated the original Safewards Talk Down poster into Finnish and adapted the content to suit any hospital environment and the HUS brand. The need also to utilize the poster in somatic treatment was already identified while preparing the content and, for this reason, the terminology was adapted towards more general language.

The Talk Down poster contains five main points, two of which are self-guiding and three direct operating instructions. The self-guiding points are background factors intended to make you to examine your own operations and attitudes. The first point guides the person applying the Talk Down method (e.g. staff member) to act calmly and confidently under pressure. The second point reminds to show respect for the person to whom the Talk Down method is being applied (e.g. a patient) and be aware and understanding of this person's feelings and needs. The third point guides the person to define the environmental factors and the people involved in or exposed to the situation. While doing

this, employees must ensure that they protect themselves and establish backup for the situation. The fourth point guides them to clarify the situation by asking open-ended questions, summarizing and orienting the patient to the time and place. The fifth point offers solution options, and helps in negotiating and resolving the situation in a controlled manner.

In order for the method to be successfully implemented, the so-called master nurses, known in their work community for their excellent talk-down skills, must be identified and selected. The master nurses will guide their colleagues in practicing the method and ensuring that new employees and students are introduced to the method, and they will also maintain open discussion on the method in their units.

The introduction of the method was launched at the beginning of 2021 with planning, and at the end of 2021 the implementation phase was started, and is now being continued as part of orientation in the units applying the method. The method and its implementation at the HUS Psychiatric Acute and Consultation Outpatient Units were presented at an international conference and also at the 'Hoitotyö kohti 2030-lukua' conference, where it received a warm welcome and aroused interest among somatic care practitioners. As the demand for the method grew, the work group started to consider extending it further, beyond the field of psychiatry.

The Talk Down method has been prepared as a staff tool to standardize our practices, bringing tacit knowledge to the table. Studies show that students and new

employees are most likely to become the victims of violence, so the method should also be included in orientation topics. The Talk Down poster serves the same function as a CPR chart: it provides quick and easy-to-read information and gives clear instructions on what to do to prevent violence. In addition to the poster, we have Moodle online training on the Talk Down method that is open to all. The method is cost-effective and easy to implement.

Ella Tihlman, RN (University of Applied Sciences), RM (University of Applied Sciences) works as a nurse at the HUS Eating Disorder Unit, Emmi Illi, RN (University of Applied Sciences), works as a nurse at the HUS Gender Identity Outpatient Clinic, and Hanna Kristola, RN, MHS student, works an assistant nurse manager at the HUS Eating Disorder Unit.



Image: Safewards (<https://www.safewards.net>)

Implementing the HUS Orientation Model as online training at the Inflammation Center

Johanna Koivu, Terhi Lemetti, Ira Pipatti, Virpi Sneck and Saija Uuskoski

Creating an equal, multi-professional, high-quality online orientation training course for the Inflammation Center

At the Inflammation Center, our aim is to ensure with the help of high-quality orientation that can get new employees or employees changing position off to a smooth start in their work and work community (Occupational Safety and Health Act 23 Aug 2002/738). The aim of our orientation is to strengthen the nursing staff's competence, well-being at work and occupational safety (Occupational Safety and Health Act 23 August 2002/738) as well as patient safety (Health Care Act 30 Dec 2010/1326). Successful orientation promotes the new employees' commitment to their work and work unit (Peltokoski 2016, Brook et al. 2019). In order to ensure equal and high-quality orientation at the Inflammation Center, we set out to update and standardize our existing orientation in 2021. The Inflammation Center's multi-professional orientation work group started to

work on the 'Welcome to the Inflammation Center' online induction training on the Moodle platform of the Hospital District of Helsinki and Uusimaa (HUS) from a multi-professional perspective. The aim of the online orientation is to offer an up-to-date, equal and high-quality general orientation to the Inflammation Center that will serve as support for practical orientation, taking into account the perspectives of various professional groups.

General information for the new employee in a nutshell

The HUS Orientation Model was introduced in summer 2021 (HUS 2022) and provided a framework for the Inflammation Center's online orientation (Figure 1). The new HUS Orientation Model includes six main topics: 1) Introduction to the orientation model, 2) Orientation levels, 3) Roles, 4) Tools and methods, 5) Orientation stages, and 6) Effectiveness/evaluation. These topics are also included in the 'Welcome to the Inflammation Center' online orientation.

The key innovation in the 'Welcome to the Inflammation Center' online orientation was that we cover all **orientation levels** in one Moodle online course, i.e. we have included in the online orientation both the HUS general orientation as well as the profession- and unit-specific orientation of doctors, nurses, and other professional groups. This means that each unit has its own module available in the online orientation, containing information on the unit and key issues to know.

Different **roles** have been taken into account in the online orientation so that the main roles are the learner and the preceptor. Together the two plan which sections the learner should go over and whether there is something that they should go over together. The entire work community is involved in developing the unit-specific section and in the orientation to nursing practice. The supervisor monitors and assesses the progress of the orientation as a whole. The 'Welcome to the Inflammation Center' online

orientation utilizes various **tools and methods**, such as orientation cards, checklists, videos, instructions, and guides. Online orientation is part of the third phase of the HUS Orientation Model, i.e. independent working and learning at work. The online orientation is **evaluated** by means of a quiz at the Inflammation Center-specific part of the orientation and feedback collected throughout the orientation.

The Inflammation Center online orientation constantly being developed

The Inflammation Center’s multi-professional orientation work group started its operations on 17 December 2021, and the first version of the ‘Welcome to the Inflammation Center’ online orientation was launched on 3 October 2022. At the moment, some of the unit-specific online orientation sections are still a work in progress, and as a whole, the online orientation requires constant updating and development based on feedback. In the future, the Inflammation Center’s orientation work group will convene twice a year (in January and August) to review the updating needs of the online orientation and, if necessary, to come up with new ideas for the online orientation. The work group has already agreed on further work for the online orientation section for supervisors: links will be added to evidence-based information related to management and information and training available at the HUS Intranet.

The Inflammation Center online orientation supports personal orientation

It is important that orientation is personally tailored to suit the needs of a new employee or staff members changing positions (Peltokoski 2016, Aittovaara et al. 2022). Orientation and personal goals set in it must be evaluated (HUS 2022). In the ‘Welcome to the Inflammation Center’ online course, the learner and the preceptor are able to plan and evaluate



Figure 1. Welcome to the Inflammation Center – online orientation sections in Moodle.

the general orientation based on the offering of the online orientation and thus the more in-depth orientation can be aimed at matters included in the learner’s personal goals. Personal goals are set for the orientation, and their achievement will be evaluated together with the supervisor in orientation discussions. The aim is for the online orientation and the practical work orientation to form together a high-quality orientation package for the Inflammation Center.

Ira Pipatti, RN, MHSc, is an Assistant Nurse Manager at Meilahti Triangle Hospital and Saija Uuskoski works as a Nurse at the Triangle Hospital’s Infectious Diseases Inpatient Ward K4B. Terhi Lemetti, RN, PhD, is an Advanced Practice Nurse, Johanna Koivu, RN, MHSc, is a Nurse Director and Virpi Sneck, RN, MHSc is the Chief Nursing Officer at the Inflammation Center.

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Research panel activities at HUS

Aino Kormilainen, Annika Lipponen and Maria Sandberg

Involving patients and clients in research in roles other than research subjects is fast becoming increasingly common internationally and, for example in the UK, most parties providing research funding list it as a prerequisite for funding. Many terms are used for patient and client involvement in research, such as research panel activities. It aims to involve patients and client in research in various ways. The main concept of research panels is to produce research together with patients and clients, instead of producing research on them (South et al. 2016).

Research panel activities were first piloted at HUS in late 2020. The departments that participated at the time were HUS Emergency Medicine and Services, HUS Children and Adolescents, HUS Cancer Center and HUS Diagnostic Center. At the moment, in addition to the above-mentioned departments, HUS Psychiatry and HUS Head and Neck Center are also involved in the activities. Research panel members are healthy or ill individuals who are interested in research as well as coordinating staff members. The research panel members and coordinators undergo research panel training consisting of two 3-hour training sessions. The purpose of the training is to provide the participants with the necessary information and skills to operate on the panel and have their say through their personal experiences and opinions in cooperation with researchers in various research processes and activities. As a result of the coronavirus pandemic in 2022, most research panel meetings and training session were held online through Teams.

The HUS research panels have had a variety of assignments related to a number of different studies. Most of the

assignments have consisted of commenting on various research materials, such as study bulletins and consent forms for patients. Comments from panel members have helped researchers improve their research material towards more general language, making the study more understandable to potential participants, thus lowering their threshold to participate. In addition to commenting on research materials, research panels have examined the research activities of various HUS departments. Some research panel members are also members of the research group and as such, involved in the planning and implementation of the study as experience experts.

Assessing the impact of research panel activities has been found to be difficult (Greenwood et al. 2021). Some impact assessment models have been developed, such as the Public Involvement Impact Assessment Framework (PiiAF). However, research has shown that utilizing the PiiAF model is complicated and time-consuming. HUS is yet to develop or implement established indicators for assessing the impact of research panel activities. The impact of panel activities is currently assessed through the feedback given by researchers. Research panel activities are also peer-audited annually. Impact assessment remains one of the future challenges of research panel activities.

In addition to department-specific research panel meetings, the panel members get together twice a year for a joint webinar to discuss current issues and learn what the other panels are doing. Both panel members and coordinators consider this networking valuable. The joint meetings have been found to increase cooperation between different research panels.

Research panel activities at the HUS Head and Neck Center

Research panel activities were first launched at the HUS Head and Neck Center in spring 2021 by recruiting seven panel members and a second panel coordinator. The panel members included patients with eye diseases as well as family members of patients. Three of the panel members transferred from other HUS panels. The panel's first joint Teams meeting was held in September 2021 with the goal of the panel members getting to know each other and clarifying the panel's goals and activities. The panel members were also given some assignments, such as coming up with a set of values for the HUS Head and Neck Center research panel. As a result of this assignment, cooperation, diversity, clarity, development, ease, continuity, openness, transparency and accessibility were defined as the values for the panel activities. In order to ensure the cooperation between panel members, they agreed to meet once a month via Teams, taking into account the prevailing pandemic. E-mail was selected as the panel's means of communication. The coordinators also had the important duty of detecting the panel members' need for support, for example in terms of communication and other assistance.

The research panel set as its goals communication and adding visibility at the HUS Head and Neck Center. In practice, these goals were reached at events aimed at researchers and staff members of the Head and Neck Center, with the aim of developing cooperation between researchers and research panel members. As a positive result of these efforts, the panel gained its first assignment from researchers in early spring 2022, involv-

ing study bulletins aimed at patients. The researchers asked the panel members to assess the understandability of bulletins and survey documents from the patient perspective.

*

Would you like to include the research panel in your study? Read more and contact us! www.hus.fi/tutkimus-ja-opetus/tutkijan-palvelut/tutkimusraadit

Aino Kormilainen, RN (Master), MHSc student, is a Coordinating Nurse Manager and a Research Panel Coordinator at the HUS Comprehensive Cancer Center. Annika Lipponen, RN (University of Applied Sciences), is a Research Nurse and Research Panel Coordinator at the HUS Head and Neck Center. Maria Sandberg, is a Laboratory Specialist, Nurse Manager JET and Research Panel Coordinator at the HUS Diagnostic Center.

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PHOTO: MATTI SNELLMAN



Participants in the first research panel training in 2020.

Nursing research conducted at HUS and published in 2022

Essi Karikoski

Parental perceptions and experiences of an oral health care promotion intervention for children with congenital heart defects

Aim of the study: The purpose of the study was to explore parental perceptions and experiences of an early oral health promotion intervention targeting children with congenital heart defects. Families with children under the age of 12 months were recruited to participate in the study. The oral health promotion counselling was carried out using the motivational interviewing method and written information. Families were also sent toothbrushes and toothpastes at home. The first oral health promotion counselling was held in connection with the family's recruitment and consent while the child was still in hospital. Later, counselling was given by telephone when the child was six (if the child was under the age of six months at the time of the first counselling), 12 and 18 months old.

How the study was conducted: The study included one parent from nine different families who participated in an early intervention for a period of 18 months, including a meeting with an oral hygienist, information mail, as well as regular questionnaires and counselling calls. The parents' experiences were examined with an interview study, and the data was analyzed using a qualitative content analysis method.

The parents considered regular counselling, the opportunity for them to prepare upcoming counselling calls and the opportunity to discuss their child's individual situation as important.

Main results: The parents described their experiences of the intervention counselling in terms of the timing of the first intervention contact, effortlessness of the intervention process, individuality of support, and relevancy of support. The parents felt that the first intervention contact, while the child was still in hospital, was slightly overshadowed by the other information they received at the same time. However, the parents considered the oral health guidance they received as important. The parents considered regular counselling, the opportunity for them to prepare upcoming counselling

calls and the opportunity to discuss their child's individual situation as important. They also felt that the regular reminders of the importance of oral health useful, even if they were already more or less familiar with the information.

How the results can be utilized at HUS: Studying the newly developed health promotion interventions helps create new quality requirements for health promotion. The study results are useful in terms of further development, for example, when creating digital forms of support for (oral) health promotion. Improved oral health behavior among patients at risk of caries can lead to improved oral health (including less caries) and thus, oral procedures such as dental anaesthesia can be avoided. The study results can also be applied to other patients at risk of caries.

Essi Karikoski, Oral Hygienist, MHS, works as a doctoral student at the University of Helsinki and HUS.

Reference to original publication: Karikoski E, Junttila K, Järvinen M, Sarkola T, Blomqvist M. Parental perceptions and experiences of an oral health care promotion intervention for children with congenital heart defects. *International Journal of Qualitative Studies in Health & Well-being* 2022;17:1.

Appendix 1 Members of HUS nursing councils 2022

HUS Nursing council of care quality and safety

- **Koivu Johanna**, Chair, Nurse Director, HUS Inflammation Center
- **Liehu Marja**, Secretary, Clinical Nurse Educator, HUS Diagnostic Center
- **Bruce-Suomela Marianne**, staff representative, Tehy
- **Hagqvist Maija**, Nurse, HUS Cancer Center
- **Hakanen Minna**, Infection Control Nurse, HUS Inflammation Center
- **Hako Laura**, Advanced Practice Nurse, Lohja Hospital Area
- **Kalliomäki Soile**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine
- **Kivivuori Sanna-Maria**, Chief Quality Officer (consultancy assistance if necessary), HUS Joint Resources
- **Kohvakka Ulla**, Quality Manager, HUS Emergency Medicine and Services
- **Kortet Antti**, Nurse, Lohja Hospital Area
- **Kujanpää Meri**, staff representative, SuPer
- **Lankinen Vilja**, Nurse, HUS Psychiatry
- **Mäntynen Jenni**, Nurse Director, HUS Psychiatry
- **Oinonen Timo**, Nurse, Porvoo Hospital Area
- **Petäjä Katrina**, Nurse, HUS Internal Medicine and Rehabilitation
- **Rantanen Leena**, Nurse Manager, HUS Diagnostic Center
- **Silvola Tuula**, Chief Nursing Officer, Raseborg
- **Tihlman Ella**, Nurse, HUS Psychiatry

HUS nursing council of clinical competence and career development

- **Arala Katariina**, Chair, Nurse Director, HUS Abdominal Center
- **Leppänen Taava**, Vice Chair, Nurse Director, HUS Perioperative, Intensive Care and Pain Medicine (part of the term)
- **Gustavsson-Niemelä Eva**, Secretary (part of the term), Vice Chair (part of the term), Nurse Manager, HUS Inflammation Center
- **Kauppi Outi**, Deputy Secretary, Advanced Practice Nurse, HUS Internal Medicine and Rehabilitation (part of the term)
- **Toivonen Marja-Terttu**, Deputy Secretary, Advanced Practice Nurse, Lohja Hospital Area
- **Allen-Ollas Charlotta**, Nurse Manager, Porvoo Hospital Area
- **Ahokas Eveliina**, Nurse, HUS Head and Neck Center
- **Björn Annika**, Advanced Practice Nurse, HUS Perioperative, Intensive Care and Pain Medicine (part of the term)
- **Eskola Kia**, Nurse, HUS Cancer Center
- **Hyvärinen Santtu**, Practical Nurse, HUS Neurocenter
- **Kaira Anna-Maija**, Chief Nursing Officer, HUS Abdominal Center
- **Karjalainen Tanja**, Physiotherapist, Hyvinkää Hospital Area
- **Lindström Minna**, staff representative, SuPer
- **Manninen Elina**, staff representative, Tehy
- **Nieminen Mikko**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine
- **Nissinen Niina**, Assistant Nurse Manager, HUS Psychiatry (part of the term)
- **Määttä Ulla**, Nurse, HUS Heart and Lung Center
- **Palmu Sanna**, Midwife, HUS Gynecology and Obstetrics
- **Timonen Leena**, Clinical Nurse Educator, representative of the HUS Student Guidance Expert Group (OOAR), HUS Abdominal Center
- **Yli-Arvo Soile**, Education Coordinator, HUS Joint Resources, Human Resources

HUS Nursing council of economic and effective practice

- **Ranta Anniina**, Chair, Nurse Director, HUS Heart and Lung Center
- **Suomalainen Tuula**, Chair, Nurse Manager, HUS Diagnostic Center
- **Ilmakunnas Iloa**, Secretary, Nurse Manager, HUS Heart and Lung Center
- **Louhemäki Johanna**, Secretary, Nursing Coordinator, Nurse, Hyvinkää Hospital Area (part of the term)
- **Rantanen Mari**, Secretary, Assistant Nurse Manager, HUS Psychiatry
- **Gröhn Annu**, Nurse, HUS Abdominal Center
- **Halkola Henna**, Advanced Practice Nurse, Chair of HUS Nursing Coordinators (part of the term)
- **Karjalainen Minna**, Nurse Director, HUS Diagnostic Center
- **Kervinen Satu**, staff representative, SuPer
- **Kivi Minna**, Nurse, HUS Heart and Lung Center
- **Kontinen Henna**, Nurse, HUS Psychiatry
- **Kouhia Satu**, Municipal Customer Relations Manager (position of Financial Manager)
- **Kostamo Päivi**, Nurse Manager, HUS Psychiatry
- **Lintula Kirsi**, Assistant Nurse Manager, HUS Inflammation Center
- **Nihti Vilma**, Midwife, HUS Gynecology and Obstetrics
- **Poikkeus Tarja**, Nurse, HUS Emergency Medicine and Services
- **Salmivaara Tuula**, staff representative, Tehy
- **Siniranta Toni**, Chair of HUS Nursing Coordinators (part of the term)
- **Sneck Virpi**, Chief Nursing Officer, HUS Inflammation Center
- **Virta-Helenius Maarit**, Chief Nursing Officer, HUS Neurocenter
- **Vuoksenranta Suvi**, Nurse Manager, HUS Internal Medicine and Rehabilitation

HUS Nursing council of knowledge management

- **Westman Tanja**, Chair, Quality Manager, HUS Inflammation Center
- **Repo Marita**, Chair, Nurse Director, HUS Cancer Center
- **Lehikoinen Nina**, Chair, Chief Nursing Officer, HUS Emergency Medicine and Services
- **Haverinen Kaisa**, Secretary, Nurse Manager, HUS Internal Medicine and Rehabilitation
- **Ala-Nikkola Taina**, Chief Nursing Officer, HUS Regional Clinical Services
- **Bergman Marja**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine
- **Ekroth Carola**, staff representative, Tehy
- **Juntunen Tommi**, Project Planner, HUS Abdominal Center
- **Järvinen Kristiina**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine (part of the term)
- **Kiviniemi Riitta**, Nurse Manager, HUS Internal Medicine and Rehabilitation
- **Knuutila Marita**, Advanced Practice Nurse, HUS Emergency Medicine and Services
- **Kostiainen Elina**, Software Specialist, HUS IT Management
- **Kungas Wilhelmiina**, Nurse, Porvoo Hospital Area
- **Kuitunen Jenni**, Assistant Nurse Manager, HUS Psychiatry
- **Laine Tiina**, Senior Medical Officer in Charge of Development, HUS Development Management
- **Lemetti, Terhi**, Advanced Practice Nurse, Consultant Member, HUS Inflammation Center (part of the term)
- **Melender Hanna-Leena**, Director of Nursing Excellence, HUS Nursing Management
- **Rouhunkoski Anna-Maarit**, Nurse, Apotti Specialist, HUS Heart and Lung Center
- **Stjernberg Tia**, Nurse, Apotti Specialist, Porvoo Hospital Area
- **Talja, Tiina**, Advanced Practice Nurse, HUS Psychiatry (part of the term)
- **Töhönen Tuomo**, Advanced Practice Nurse, HUS Psychiatry (part of the term)
- **Vitikainen Maija**, Nurse, HUS Perioperative, Intensive Care and Pain Medicine

HUS Nursing council of research and evidence-based practice

- **Haapa Toni**, Chair, Research Nursing Officer, Nursing Research Center (HUS NRC)
- **Karikoski Essi**, Chair, Oral hygienist, HUS Children and Adolescents
- **Viholainen Karina**, Secretary, Nurse Manager, HUS Perioperative, Intensive Care and Pain Medicine
- **Ahjoniemini Minna**, Assistant Nurse Manager, Hyvinkää Hospital Area
- **Huuskonen Minna**, Nurse Director, HUS Psychiatry
- **Kanto Jenni**, staff representative, Tehy
- **Komi Tarja**, staff representative, SuPer
- **Koota Elina**, Development Manager, HUS Research Management (part of the term)
- **Koponen Tuulia**, Chief Nursing Officer, Porvoo Hospital Area
- **Kukkonen Pia**, Clinical Nurse Educator, HUS Internal Medicine and Rehabilitation
- **Levy Anna**, Development Manager, HUS Research Management (part of the term)
- **Lunden Anne**, Nurse Director, HUS Emergency Medicine and Services
- **Maukonen Marika**, Clinical Nurse Educator, HUS Perioperative, Intensive Care and Pain Medicine
- **Melender Hanna-Leena**, Director of Nursing Excellence, HUS Nursing Management
- **Pabillo Carl**, Nurse, HUS Internal Medicine and Rehabilitation (part of the term)
- **Pakarinen Sami**, Chief Medical Officer of Clinical Auditing, Management of Medical Care and Service Production
- **Pulkkinen Maria**, Nurse Manager/JCI project team member, HUS Perioperative, Intensive Care and Pain Medicine
- **Sund Tiina**, Assistant Nurse Manager, HUS Head and Neck Center
- **Tuominen Kati**, Nurse, HUS Emergency Medicine and Services (part of the term)
- **Tähkä Katja**, Quality Manager, HUS Cancer Center (part of the term)

HUS Nursing council of patient-centered nursing

- **Metsäranta Kiki**, Chair, Nurse Manager, HUS Psychiatry
- **Männikkö Pia**, Chair, Customer Services Manager, HUS Head and Neck Center
- **Kiviranta Katja**, Secretary and Social Media Manager, Nurse, HUS Perioperative, Intensive Care and Pain Medicine
- **Hakasalo Katja**, Nurse, HUS Heart and Lung Center (on study leave 22 Aug 2022–14 May 2023)
- **von Harpe Camilla**, Nurse, HUS Children and Adolescents
- **Joutsen Nina**, Physiotherapist, Coordinator of Client Inclusion Activities, Hyvinkää Hospital Area
- **Jäppinen Anna-Maija**, Advanced Practice Nurse, HUS Internal Medicine and Rehabilitation
- **Kauppinen Sami**, Practical Nurse in Mental Health, HUS Psychiatry
- **Kortekangas Tuula**, Customer Services Manager, HUS Children and Adolescents
- **Kotiluoto Ulla**, staff representative, Tehy
- **Kättö Teija**, Nurse Director, HUS Gynecology and Obstetrics
- **Marno Heikki**, Expert by Experience
- **Mäenpää Inger**, Chief Nursing Officer, HUS Children and Adolescents
- **Nummela Johanna**, Assistant Nurse Manager, HUS Heart and Lung Center
- **Pukkila Lotta**, Expert by Experience
- **Ryynänen Sanna**, Patient Ombudsman (started 12 Sept 2022)
- **Öhman Beatrice**, Midwife, HUS Gynecology and Obstetrics
- **Öhman Hanna**, Head Physician, HUS Internal Medicine and Rehabilitation

Appendix 2 Peer-reviewed scientific publications in 2021*

(n=29) and Jufo score (31)

*) Scientific publications are always reported in the annual report with a delay of one year.

- Askola R, Turunen J, Hottinen A, Bergman PH,** Kantaris X, Chambers M & Kuosmanen L. 2021. Hoidollinen yhteistyö psykiatrisessa osastohoidossa: Therapeutic Engagement Questionnaire -mittarin kääntäminen, esitestaus ja validointi. *Tutkiva Hoitotyö* 19(1), 3–11. [JUFO 1]
- Ameel M,** van Achterberg T, **Kontio R,** Kinnunen U-M & **Junttila K.** 2021. Core nursing interventions in adult psychiatric outpatient care as identified by nurses: a Delphi study. *International Journal of Nursing Knowledge* 32, 177–184. <https://doi.org/10.1111/2047-3095.12309> [JUFO 1]
- Granö N, Edlund V, Nikula M, Hintikka M & Ranta K.** 2021. Varhaisten mielenterveyshäiriöiden tunnistaminen ja hoito perusterveydenhuollon ja erikoissairaanhoidon yhteistyönä. *Lääkärilehti* 76(3), 125–129. [JUFO 1]
- Haravuori H, Suvisaari J, **Pellikka A, Junttila K, Haapa T & Laukkala T.** 2021. Covid-19-pandemian alkuvaihe ja HUSin henkilöstön psyykinen kuormitus. *Sosiaalilääketieteellinen aikakauslehti* 58, 337–348. <https://doi.org/10.23990/sa.103241> [JUFO 1]
- Heikkilä A, Lehtonen L,** Haukka J, Havulinna S & **Junttila K.** 2021. Testing of Reliability and Validity of the Peninsula Health Falls Risk Assessment Tool (PHFRAT) in Acute Care: a cross-sectional study. *Risk Management and Healthcare Policy* 14, 4685–4696. <https://doi.org/10.2147/RMHP.S332326> [JUFO 1]
- Hökkä M, **Melender H-L,** Lehto J & Kaakinen P. 2021. Palliative nursing competencies required for different levels of palliative care provision: a qualitative analysis of health care professionals' perspectives. *Journal of Palliative Medicine* 24, 1516–1524. <https://doi.org/10.1089/jpm.2020.0632> [JUFO 1]
- Jousi M, Mäkinen M, Kaartinen J, Meriläinen L & Castrén M.** 2021. Pre-hospital suPAR, lactate and CRP measurements for decision-making: a prospective, observational study of patients presenting non-specific complaints. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine* 29(1), 150. <https://doi.org/10.1186/s13049-021-00964-5> [JUFO 1]
- Karikoski E, Sarkola T & Blomqvist M.** 2021. Dental caries prevalence in children with congenital heart disease: a systematic review. *Acta Odontologica Scandinavica* 79(3), 232–240. <https://doi.org/10.1080/00016357.2020.1849792> [JUFO 1]
- Koota E,** Kääriäinen M, Kyngäs H, **Lääperi M & Melender H-L.** 2021. Effectiveness of Evidence-Based Practice (EBP) Education on Emergency Nurses' EBP Attitudes, Knowledge, Self-Efficacy, Skills, and Behavior: a randomized controlled trial. *Worldviews on Evidence-Based Nursing* 18(1), 23–32. <https://doi.org/10.1111/wvn.12485> [JUFO 2]
- Kortet S, **Melender H-L,** Klemetti R, Kääriäinen M & Kaakinen P. 2021. Mothers' perceptions of the quality of maternity services at Finnish maternity units: a cross-sectional study. *Nordic Journal of Nursing Research* 41, 14–24. <https://doi.org/10.1177/2057158520937541> [JUFO 1]
- Laukkala T,** Suvisaari J, Rosenström T, Pukkala E, **Junttila K,** Haravuori H, **Tuisku K, Haapa T & Jylhä P.** 2021. COVID-19 Pandemic and Helsinki University Hospital Personnel Psychological Well-being: six-month follow-up results. *International Journal of Environmental Research and Public Health* 18, 2524. <https://doi.org/10.3390/ijerph18052524> [JUFO 1]
- Launonen M, Vehviläinen-Julkunen K, **Repo M & Kvist T.** 2021. Nurses' perceptions of care quality for older patients suffering cancer in acute care settings: a descriptive study. *Scandinavian Journal of Caring Sciences* 35(4), 1309–1321. <https://doi.org/10.1111/scs.12952> [JUFO 1]
- Lemetti T,** Partanen E, Hupli M & Haavisto E. 2021. Cancer patients' experiences of realization of relatives' participation in hospital care: a qualitative interview study. *Scandinavian Journal of Caring Sciences* 35(3), 979–987. <https://doi.org/10.1111/scs.12918> [JUFO 1]
- Lemetti T,** Puukka P, Stolt M & Suhonen R. 2021. Nurse-to-nurse collaboration between nurses caring for older people in hospital and primary health care: a cross-sectional study. *Journal of Clinical Nursing* 30(7–8), 1154–1167. <https://doi.org/10.1111/jocn.15664> [JUFO 2]

- Lithovius E, **Melender H-L**, Kanste O, Vähänikkilä H & Rajala M. 2021. Yliopistosairaalassa alateitse synnyttäneiden naisten tyytyväisyys synnytyksenaikaiseen hoitoon: kyselytutkimus. *Tutkiva Hoitotyö* 19(3), 12–22. [JUFO 1]
- Melender H-L**, Pirkola S, Impola K, Ahonen H & Seppelin S. 2021. Applying a ten-step framework as a strategy for implementing a guideline on emotional support for pre-school-aged children in day-surgery nursing. *Journal of Nursing Education and Practice* 11(10), 49–53. <https://doi.org/10.5430/jnep.v11n10p49> [JUFO 0]
- Mäkinen M**, Haavisto E, Lindström V, Brolin K & **Castrén M**. 2021. Finnish and Swedish prehospital emergency care providers' knowledge and attitudes towards pressure ulcer prevention. *International Emergency Nursing* 55, 100873, <https://doi.org/10.1016/j.ienj.2020.100873> [JUFO 1]
- Pulkkinen M**, **Jousela I**, Sintonen H, Engblom J, Salanterä S & **Junttila K**. 2021. A randomized clinical trial of a new perioperative practice model on anxiety and health-related quality of life in arthroplasty patients. *Nursing Open* 8, 1593–1605. <https://doi.org/10.1002/nop2.776> [JUFO 1]
- Pursio K**, Kankkunen P, Sanner-Stiehr E & Kvist T. 2021. Professional autonomy in nursing: an integrative review. *Journal of Nursing Management* 29, 1565–1577. <https://doi.org/10.1111/jonm.13282> [JUFO 2]
- Saario EL**, **Mäkinen MT**, Jämsen ERK, **Nikander P** & **Castrén MK**. 2021. Screening of community-dwelling older patients by the emergency medical services: an observational retrospective registry study. *International Emergency Nursing* 59, 101078. <https://doi.org/10.1016/j.ienj.2021.101078> [JUFO 1]
- Salin S, **Melender H-L**, Lehto J & Hökkä M. 2021. Asiantuntijoiden näkemyksiä palliativisen hoidon ja saattohoidon kehittämis- ja tutkimustarpeista. *Sosiaalilääketieteellinen Aikakauslehti* 58, 143–157. <https://doi.org/10.23990/sa.94374> [JUFO 1]
- Stoltenberg S**, **Kotila J**, **Heikkilä A**, Kvist T & **Junttila K**. 2021. Incidence and risk factors of pressure injuries in adult patients in specialized medical care: a prospective observational study. *Journal of Wound Care* 30, 945–953, <https://doi.org/10.12968/jowc.2021.30.11.945> [JUFO 1]
- Suhonen R, Lahtinen K, Stolt M, Pasanen M & **Lemetti T**. 2021. Validation of the Patient-Centred Care Competency Scale Instrument for Finnish Nurses. *Journal of Personalized Medicine* 11, 583. <https://doi.org/10.3390/jpm11060583> [JUFO 1]
- Tarvonen M**, **Hovi P**, Sainio S, Vuorela P, **Andersson S** & **Teramo K**. 2021. Intrapartum zigzag pattern of fetal heart rate is an early sign of fetal hypoxia: a large obstetric retrospective cohort study. *Acta Obstetrica Gynecologica Scandinavica* 100, 252–262. <https://doi.org/10.1111/aogs.14007> [JUFO 1]
- Tarvonen M**, **Andersson S** & **Teramo K**. 2021. Sikiön synnytyksenaikaisen hapenpuutteen uusi tunnistamiskeino. *Duodecim* 137(7), 668–670. [JUFO 1]
- Tarvonen M**, **Stefanovic V** & **Jernman R**. 2021. Sikiön fysiologiaan perustuva kardiokografian tulkinta. *Lääkärilehti* 76(34), 1728–1734. [JUFO 1]
- Tarvonen M**, **Hovi P**, Sainio S, Vuorela P, **Andersson S** & **Teramo K**. 2021. Factors associated with intrapartum ZigZag pattern of fetal heart rate: a retrospective one-year cohort study of 5150 singleton childbirths. *European Journal of Obstetrics and Gynecology and Reproductive Biology* 258, 118–125. <https://doi.org/10.1016/j.ejogrb.2020.12.056> [JUFO 1]
- Tarvonen M**, **Hovi P**, Sainio S, Vuorela P, **Andersson S** & **Teramo K**. 2021. Intrapartum cardiotocographic patterns and hypoxia-related perinatal outcomes in pregnancies complicated by gestational diabetes mellitus. *Acta Diabetologica* 58, 1563–1573. <https://doi.org/10.1007/s00592-021-01756-0> [JUFO 1]
- Tuokkola J**, **Heikkilä A**, **Junttila K** & **Orell H**. 2021. Prevalence of malnutrition risk and acute malnutrition in pediatric population in a tertiary hospital and their burden on healthcare. *Nutrition in Clinical Practice* 36, 1270–1275. <https://doi.org/10.1002/ncp.10656> [JUFO 1]

Appendix 3. Other nursing publications

(professional articles and presentations)

During 2022, HUS nursing staff have participated in continuing education events and scientific conferences where they have presented their research and/or development work in the form of oral and/or poster presentations (Table 1).

Table 1. Presentations by HUS nursing staff in 2022.

2022	Presentation forum	Oral presentation	Poster presentation	Other expert lecture
	International	12	22	5
	National	15	5	19
	Total	27	27	24

In addition, the nursing staff have produced the following professional articles (n=8):

Einimö C & Liettilä K. 2022. Yllätyslöydöksestä paljon työtä ja oppia: legionella Hyvinkään sairaalassa. *Infektioidentor-junta* 40, 36–39.

Junttila K & Tervo-Heikkinen T. 2022 Tutkittua tietoa paine-haavoista suomalaisessa erikoissairaanhoidossa. *Pinsetti* 34(4), 8–11.

Kukkonen P, Pohjamies N, Mattila U, Haapa T & Kol-jonen V. 2022. Moniammatillista opetusta potilaan par-haaksi. *Pro Terveys* 49(4–5), 28–29.

Peltola L-M, Salanterä S & **Junttila K.** 2022. Tilannetietoisuus ratkaisee, kun johdetaan ”tässä ja nyt”. *Pro terveys* 49(2), 8–9.

Ritmala M, Alastalo M, Lakanmaa R-L & Lundgrén-Laine H. 2022. Laatua tehohoitotyöhön – mistä ja miten? Teoksessa: Suhonen R, Hupli, Kangasniemi M. (toim.) Professori Hele-na Leino-Kilven juhla-kirja. *Hoitotieteen laitoksen julkaisu A: 85/2022*. Turun yliopisto, s. 199–212.

Salminen L, Elonen I, Ryhtä I, Isotalo A, Gustafsson M-L & **Melender H-L.** 2022. Terveysalan opettajuus muuttuvassa terveysalan koulutuksessa ja yhteiskunnassa. Teoksessa: Suhonen R, Hupli, Kangasniemi M. (toim.) Professori Hele-na Leino-Kilven juhla-kirja. *Hoitotieteen laitoksen julkaisu A: 85/2022*. Turun yliopisto, s. 28–41.

Toivonen S, Pohjamies N, Vänskä K & Haapa T. 2022. *Pinsetti* -lehti leikkaussairaanhoitajien asialla jo 34 vuotta: katsaus lehden sisältöihin viimeisen viiden vuoden ajalta ja lukijoiden näkemykset lehden merkityksestä. *Pinsetti* 34(2), 28–30.

Tran Minh M, **Haapa T, Liljeström E, Lipponen A, Mäki-nen M, Repo M, Sandberg M & Bäckmand H.** 2022. Tutkimusraadit parantavat tutkimuksen laatua: kokemuksia HUSista. *Sosiaalilääketieteellinen Aikakauslehti* 59(4), 473–477. <https://doi.org/10.23990/sa.117122>

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