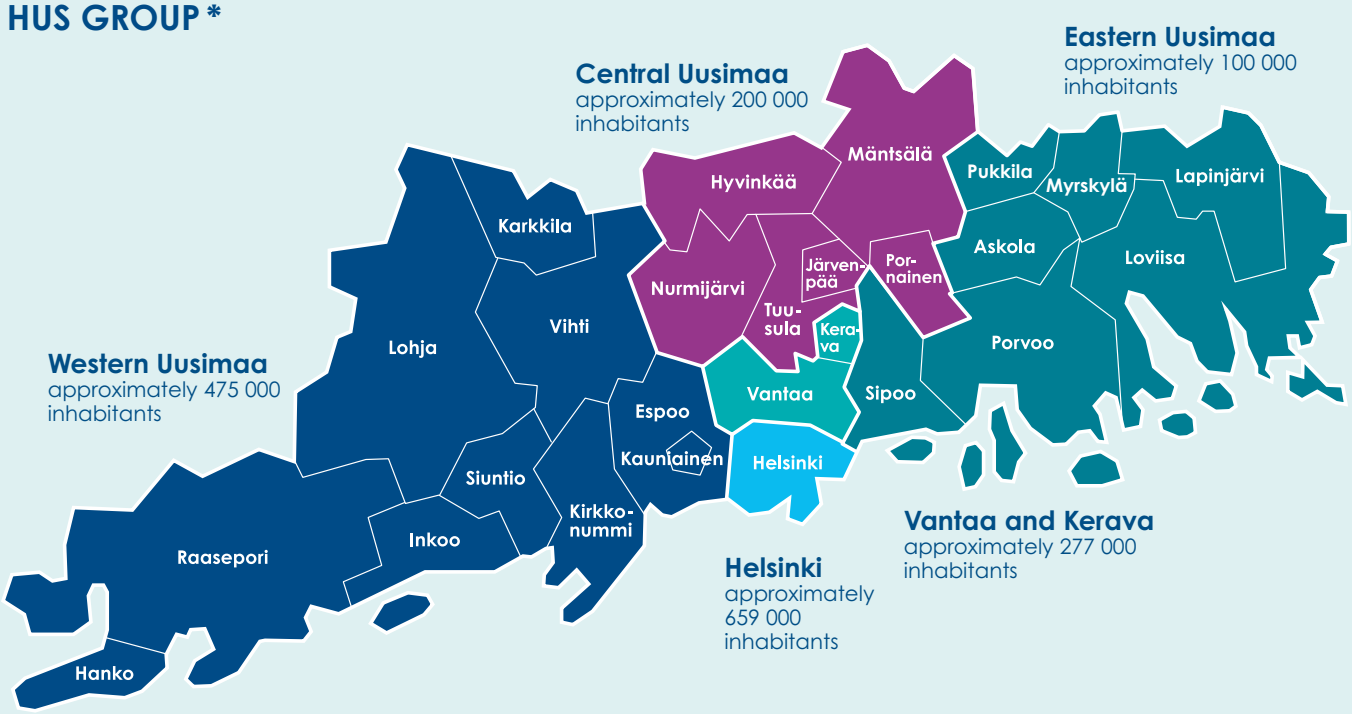
STRONG PROFESSIONAL COMPETENCE – THE KEY TO HIGH-QUALITY PATIENT CARE

HUS ANNUAL REPORT OF NURSING 2025

HUS GROUP *



*) The HUS Group also has several units outside this area.

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The articles in the Annual Report of Nursing present examples of the excellent development in nursing and other outstanding nursing practices conducted at HUS in 2025 across various units and career paths. Warm thanks to all authors and photographers.

Cover photo: Mikko Hinkkanen

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Greetings from the Chief Nursing Executive

The year 2025 was a period of strong development in nursing as well as a time for strengthening operational reliability. Our nursing, diagnostic, and therapy professionals delivered high-quality, safe, and effective care. At HUS, nursing practice is carried out and developed in accordance with the Magnet Hospital® model. The structures for participation are realized through development in accordance with the Magnet Hospital® model and thus in the work of each of us as nursing professionals for the benefit of our clients and patients.

Our financial situation is tight, as we know, and during the past year we continued to seek a wide range of means and measures to balance our finances. And we succeeded well in this. In 2025, HUS succeeded in balancing its finances and covering the deficits from previous years to the level required by law, becoming the first public provider of social services, health care and rescue services in Finland to do so. This achievement is thanks to our entire staff.

Monitoring the quality of nursing in accordance with the Magnet Hospital® model and the measures taken based on the results improve the cost-effectiveness of care and generate significant savings. The systematic development of knowledge-based nursing, together with monitoring and measuring outcomes, enables continuous improvement in the quality of nursing. We must continue this work in accordance with the Magnet Hospital® model together. At HUS, we have two departments that have received the Magnet Hospital® recognition. They are the Comprehensive Cancer Center and the Heart and Lung Center, both of which received the recognition in 2024. The departments for Children and Adolescents, Psychiatry and the Abdominal Center continue their journey toward applying for the Magnet Hospital® recognition.

The HUS strategy was renewed in 2023. Customer experience is one of the five focal points of our 2023–2027 strategy. Last year, the HUS Net Promoter Score (NPS) rose to a historic high, from 64% in 2020 to 83%. This is an excellent result, reflecting the expertise and commitment of our staff. It was achieved despite our tight financial situation. This provides a solid foundation for continuing toward our goal of providing the best customer experience in Finland by 2027.

To keep pace with our changing environment, we still need the courage to renew ourselves, the ability to make knowledge-based decisions and strong determination. I am confident that in the coming year our professionals in nursing, diagnostics and therapy will meet these challenges through cooperation and strong willingness to develop their work. Let us continue working together toward even more effective nursing!

I would like to warmly thank everyone for the past year's cooperation and excellent work for the benefit of our clients and patients.

Wishing you a happy New Year 2026!
Your colleague,
Marja

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

The success of HUS Magnet Hospitals attracts interest in Finland and internationally

Marita Ritmala and Marja Renholm

The journey toward the Magnet Hospital® recognition that began at HUS in 2014 achieved success when the Comprehensive Cancer Center and the Heart and Lung Center received this recognition of excellence in nursing in 2024. As a result, interest in the Magnet Hospital® model spread throughout Finland, Scandinavia and the rest of Europe.

At HUS, the department for Children and Adolescents began its official journey toward the Magnet Hospital® recognition on March 6, 2025. Documentation of the excellent nursing carried out by the department will be submitted by the end of March 2026 and, if approved, a site visit will take place around the turn of 2026–2027. Psychiatry and the Abdominal Center are also working systematically toward readiness to begin the recognition application process.

HUS was invited to join the Magnet4Europe network and had the opportunity to host a meeting, which was held successfully in early June with more than 230 participants from 21 different countries, including Mexico and Australia (Photos 1 and 2). We also joined the Scandinavian Magnet network by invitation, and at its meeting in September, we presented the successful work of our departments in achieving the Magnet Hospital® recognition.

At the International Council of Nurses (ICN) conference held in Helsinki in June, a Magnet Hospital® panel was organized where Chief Nursing Executive Marja Renholm represented HUS. Marita Ritmala, Director of the Magnet Program, also presented in several sessions on the outcomes of the HUS nursing councils and the positive development in nursing quality in our two Magnet Hospitals.

Photo 1. Participants at the Magnet4Europe network meeting.

*Photo 2. Professor **Linda Aiken** spoke at the Magnet4Europe network meeting. She is a professor at the University of Pennsylvania and leads the Magnet4Europe network.*

The Magnet Hospital® model guides nursing practice across the entire HUS organization. Regardless of whether a department intends to apply for recognition in the near future, nursing is developed everywhere in accordance with the Magnet Hospital® model. In 2025, particular attention was paid to the use of peer feedback as part of performance reviews and to the use of the Support programs for transitions to practice in different career advancement phases (ASTU). Both of these structures aim to support the competence and professional development of nursing professionals.

The Magnet Hospital® recognition is granted for four years at a time. The Comprehensive Cancer Center and the Heart and Lung Center are pleased to have received this recognition for nursing excellence. Both departments are now further strengthening the structures required by the Magnet Hospital® model and have already begun systematic work towards re-designation starting in 2027.

Marita Ritmala, RN, PhD, Docent, is Director of the HUS Magnet Hospital® program.
Marja Renholm, RN, PhD, is Chief Nursing Executive at HUS.

The Magnet Hospital® recognition is granted by the American Nurses Credentialing Center to a hospital that, like a magnet, attracts nurses and patients. Nursing at a Magnet Hospital® has been measured to be of excellent quality and the nurses are skilled, committed and satisfied with their work. Leadership is participatory and the structures supporting nursing are well established.

Many opportunities for nurses to influence their own work

Marita Ritmala and Maarit Virta-Helenius

At HUS, nurses' opportunities to influence their work and to be heard are supported by several structures described in the Participation Structures document updated in 2025 and in Figure 1.

The unit expert groups develop nursing practice based on unit needs, streamlining everyday work and improving care practices for the benefit of patients. The activities of these groups are coordinated by coordinating expert groups or division expert groups, through which good practices developed in the units are also shared within the department. The good practices developed by the unit expert groups are shared more widely across HUS each year in May at the Nursing Toward 2030 event held around International Nurses Day.

Unit responsible groups have operated in the units for many years (Figure 1). Their task is to develop nursing and train colleagues in the topics assigned to the group. The excellent and long-term work of these groups is now also reflected in the HUS participation structures.

Nursing across HUS is developed in HUS **expert groups**, the number of which has been reduced from seven to three (Figure 1) to eliminate overlap and improve efficiency. The composition of the groups (Appendix 1) and their areas of responsibility have also been revised. The participation structures now also include the HUS **multiprofessional expert groups**, which for years have done excellent work in areas such as ethics of care, nutrition, medication therapy, and fall prevention.

All the groups described above enable nurses working in clinical practice to influence their own work as part of a multiprofessional team, ensuring smooth operations and excellent and safe patient care.

Marita Ritmala, RN, PhD, Docent, is Director of the HUS Magnet Hospital® program.
Maarit Virta-Helenius, RN, MHS, is Chief Nursing Officer at the HUS Brain Center.

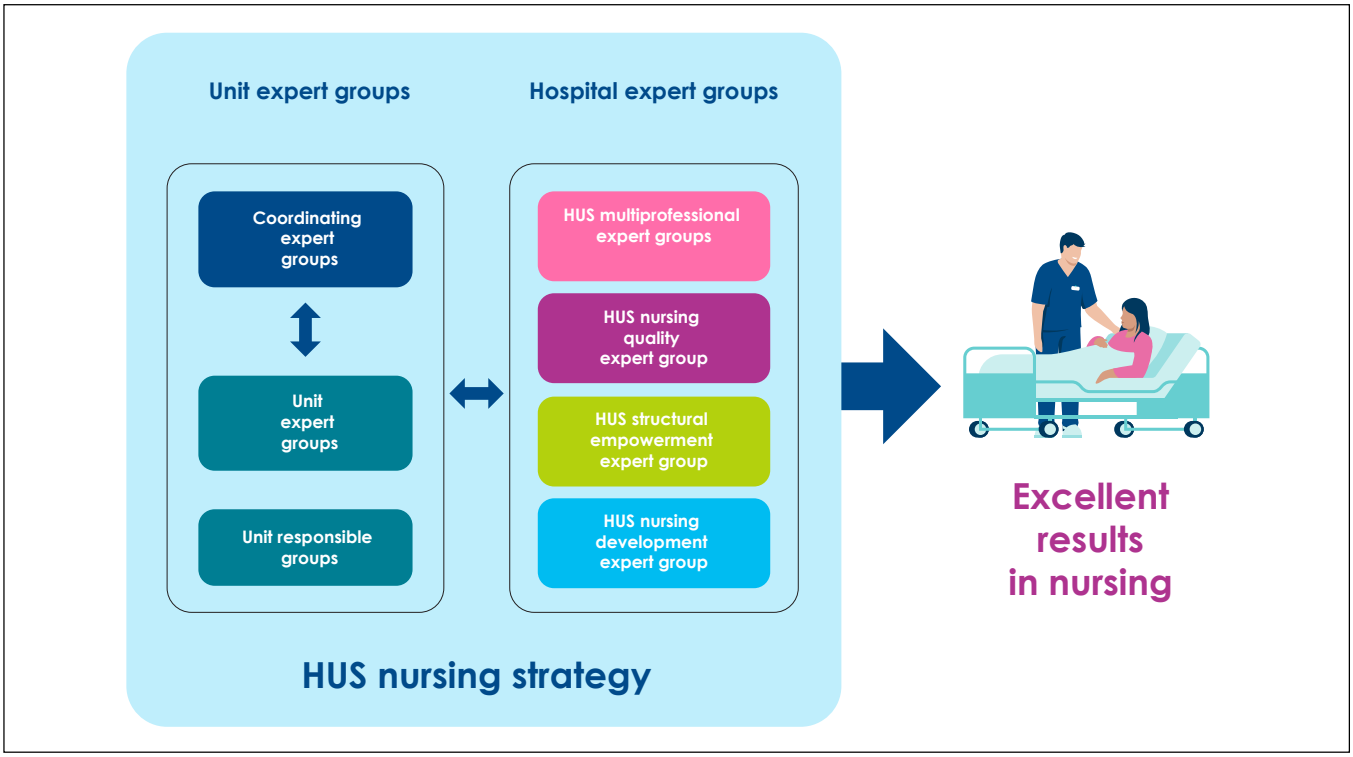

Figure 1. Structures enabling nurses to influence their work.

EXCELLENT LEADERSHIP

Excellent leadership reflects a nursing leader's clear vision of leadership for the benefit of both patients and nursing staff. As a result of excellent leadership, nursing staff feel that they are heard, their work is valued, and they are supported in their work. In 2025, nursing leadership focused particularly on balancing finances.

Co-creation toward optimal staffing

Taina Ala-Nikkola, Tarja Palomaa, Virpi Sneck, Tommi Halonen and Minna Huovinen

One strategic focal point of HUS is sustainable economy, centered on high-quality, equal and cost-effective services and, in the tightened financial situation, sufficient and optimal staffing levels. The HUS inpatient ward nursing staffing review group (2021–2022) examined staffing ratios and the efficient organization of operations but did not establish a staffing ratio at either the department or HUS level. In the further development of the profit areas (TuA) in 2024, Medicine Services (TuA 3) set a target of 4 patients per nurse in the morning and evening shifts and 7–8 patients in the night shift. In Operative Services (TuA 4), the corresponding targets were 3.5 patients in the morning and evening shifts and at least 7 patients in the night shift.

During 2025, both profit areas carried out work to support the assessment of optimal nurse staffing and the development of operating models. The work was motivated by evaluating actual staffing levels and their adequacy in relation to the number of inpatient beds kept open. The aim was to support appropriate resource planning based on reliable and systematically collected data. In addition, the goal was to develop electronic dashboards and shared operating models to enable continuous monitoring, evaluation and development of staffing levels. The defined staffing ratios are assessed using data and corrective measures are implemented in daily management and staffing structure planning.

TuA 3 launched a development intervention in 2025 with the aim of defining and implementing an optimal nurse staffing model and a model supporting the use of reserve staff. Participants in the development of the monitoring indicators included Chief Nursing Officer **Virpi Sneck** from the Heart and Lung Center (Chair), Clinical Nursing Specialist **Tina Hiltunen** from TuA 3, Nurse Manager/Planning Specialist **Pia Volmanen** from TuA 3 and, for the evaluation of reserve staff use, Nurse Director **Hanna Immonen** from the Heart and Lung Center, Nurse Manager **Riitta Kiviniemi** from Internal Medicine and Rehabilitation, and Chief Nursing Officers **Jenni Mäntynen** and **Niko Voutilainen** from the Neurocenter.

The TuA 4 project group included Chief Nursing Officer **Tommi Halonen** from the Abdominal Center (Chair), Nurse Director **Susanna Virrankoski** from Musculoskeletal and Plastic Surgery, Nurse Director **Katja Mattila** from the Comprehensive Cancer Center, TuA 4 Personnel Managers **Anu Tolonen** and **Riitta Granlund** from Human Resources, Senior Planning Officer **Tommi Juntunen** from TuA 4, Senior Planning Officer **Sami Haapalainen** from the Abdominal Center, Project Manager **Minna Huovinen** from TuA 4, Nurse Manager **Mia Buda** from Surgical Ward 2 at Porvoo Hospital, Nurse Manager **Minna Säynätmäki** from the Orthopedics and Hand Surgery Clinic at Hyvinkää Hospital and Nurse Manager **Henna Laiho** from Surgical Ward 3 at Lohja Hospital.

The TuA 3 project group prepared a process description and defined the

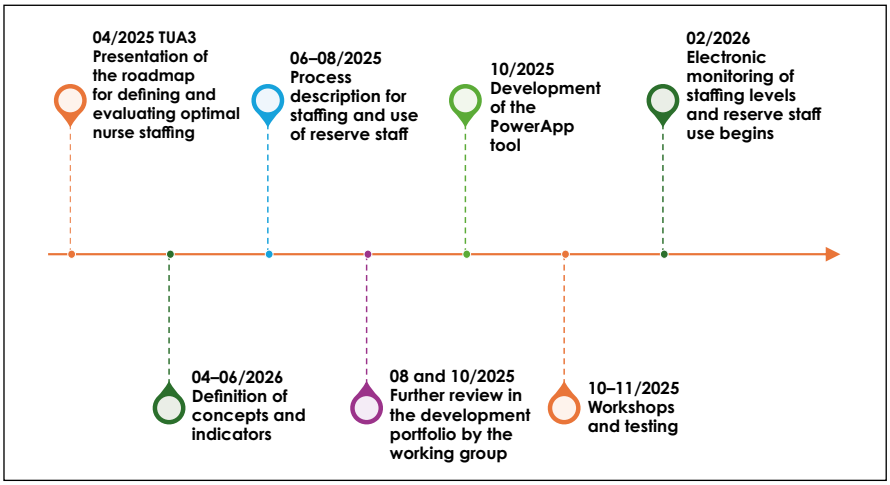

Figure 1. Timeline for developing and implementing a unified, data-driven model for nurse staffing and reserve staff management (implemented in TuA 3 in 2023).

key concepts (optimal staffing, shortage shift, allocation). The indicators selected for monitoring were the utilization rate of reserve staff, patient numbers, allocation and billing data. In cooperation with IT Management, a tool was developed for reporting nurse staffing and the use of reserve staff. The project and steering groups were responsible for planning the project, documenting it and evaluating its progress. (Figure 1)

Outcomes are assessed using quality and quantity indicators, such as quality of nursing care, staff absences and the use of reserve staff. Real-time reporting and monthly analysis support data-driven

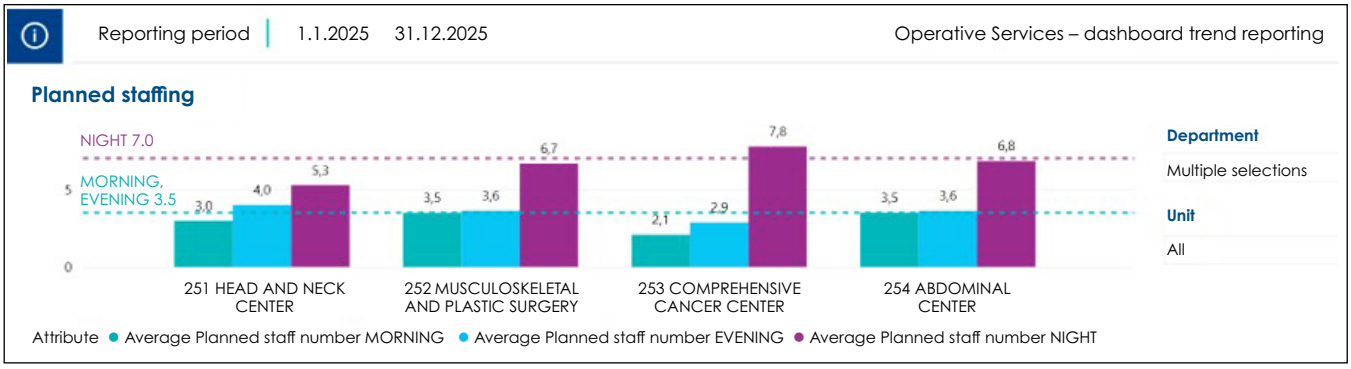

Figure 2. Planned nurse staffing in TuA 4 (Source: Power BI, October 31, 2025).

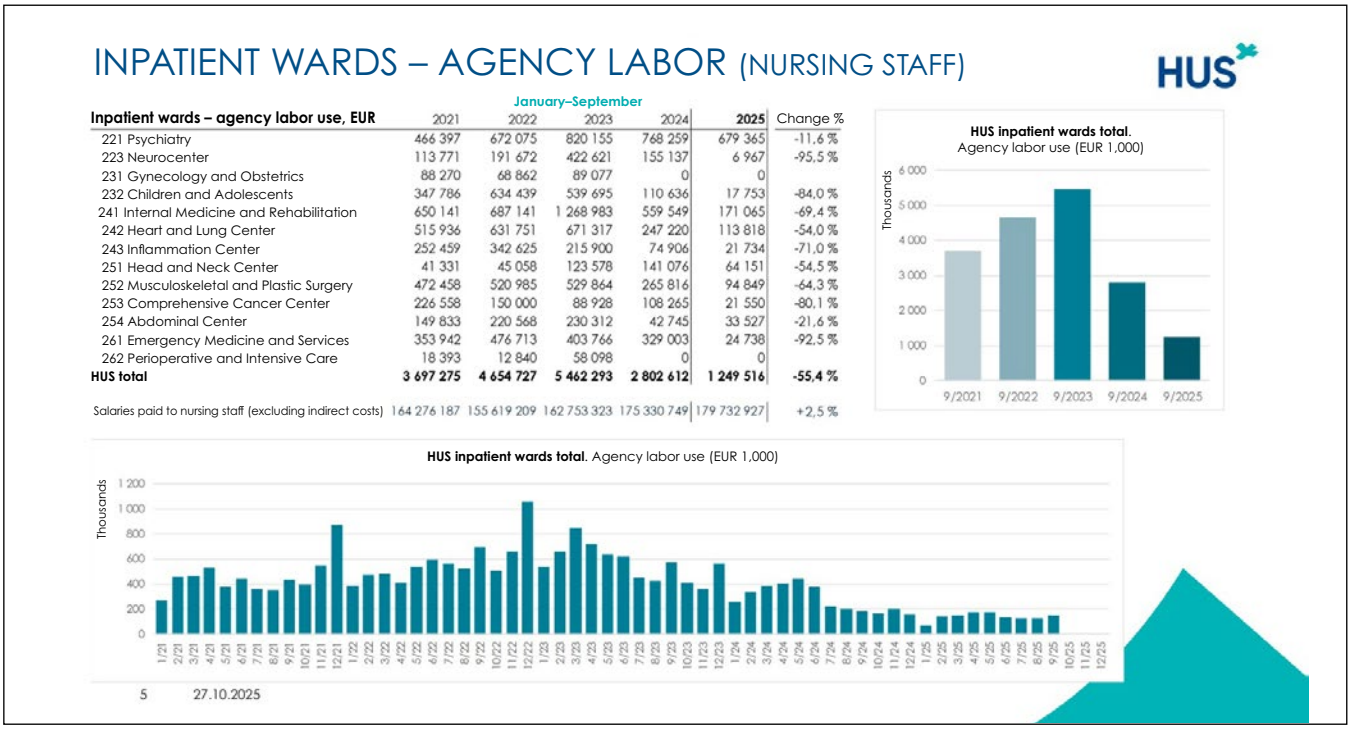

Figure 3. Competence-based coverage of absences using reserve staff has reduced the use of agency labor.

management and rapid response. The aim is to improve the quality and safety of care, wellbeing at work, decision-making and workforce planning (Figures 2 and 3).

In TuA 4, nursing supervisors use the 'Tietotarjotin' data dashboard to support management by monitoring current financial and operational indicators such as personnel costs, bed occupancy rates and workload percentages. With the dashboard, supervisors can analyze the situation in their units, compare developments and make informed decisions on resource allocation and operational development. The dashboard data also serve as a basis in meetings and forums where key indicators are reviewed. The Nurse Director Operations Center complements this by providing a systematic structure for collaboration in data-driven management. In the Operations Center, the nurse directors of the profit area regularly review the dashboard overview, monitor jointly agreed indicators and targets and respond to staffing substitution needs and personnel allocation. Data-driven management becomes a concrete, transparent and effective process in which decisions are based on up-to-date information and collaboration.

The TuA 3 and TuA 4 projects drew on international literature on nurse staffing. The studies did not provide a single definitive staffing ratio, but they served as a basis for the work. The projects also examined appropriate resource allocation, such as 50% contribution of deputy nurse managers and clinical instructors in clinical work. The conclusion was that reliable data are a prerequisite for developing staffing, workforce planning and operations. This supports data-driven human resource management, proactive resource planning and the measurement of nursing productivity using several indicators, including care intensity. Competence is taken into account especially when scheduling reserve staff shifts.

Taina Ala-Nikkola, Psychiatric Nurse, MHSc, PhD, is Chief Nursing Officer in Medicine Services.
Tarja Palomaa, Internal Medicine and Surgical Nurse, MHSc, is Chief Nursing Officer in Operative Services.
Virpi Sneck, RN (University of Applied Sciences), MHSc, is Chief Nursing Officer at the Heart and Lung Center.
Tommi Halonen, RN (University of Applied Sciences), MSc (Admin), is Acting Chief Nursing Officer at the Abdominal Center.
Minna Huovinen, RN (Master), is Project Manager in Operative Services.

Developing nursing competence: A tool resulting from the strategic work of the Children and Adolescents unit

Jaana Saari and Katja Taattola

The strategic work of the department for Children and Adolescents (LaNu) began in the summer of 2023, when proposals for strategic focal points were developed. From more than 140 proposals, three focal points ultimately emerged. Our working group was tasked with further defining the strategic focal point "Strengthening staff competence and meaningful work". Working in specialized healthcare with children and adolescents is in itself highly meaningful. As medical science advances, treatments are complex and the level of competence required is high. The recruitment of nurses is linked to social and economic factors, and there was a shortage of qualified professionals at the time the strategy was being developed. Based on turnover data for nurses who had worked in the units for 1–2 years, the working group observed that efforts to engage nurses for a longer period, so they could develop deep expertise within their units, had not been achieved as intended. While the units had invested in orientation, there was no shared structure in Children and Adolescents for post-orientation competence development, and it was not implemented optimally.

Our working group decided to develop a nursing competence development tool for use by both supervisors and employees, based on the nursing career model. The goal was for supervisors to use the structured model to develop staff competence in their units starting at the beginning of 2025. The tool aimed to reduce turnover and increase nurse engagement, measured by the average score of the engagement section of the NESplus instrument when comparing 2023 and 2025.

The strategy working group included Nurse Manager **Eija Reen**, Neonatal Intensive Care Unit Saari, Nurse Manager **Johanna Räsänen**, pediatric

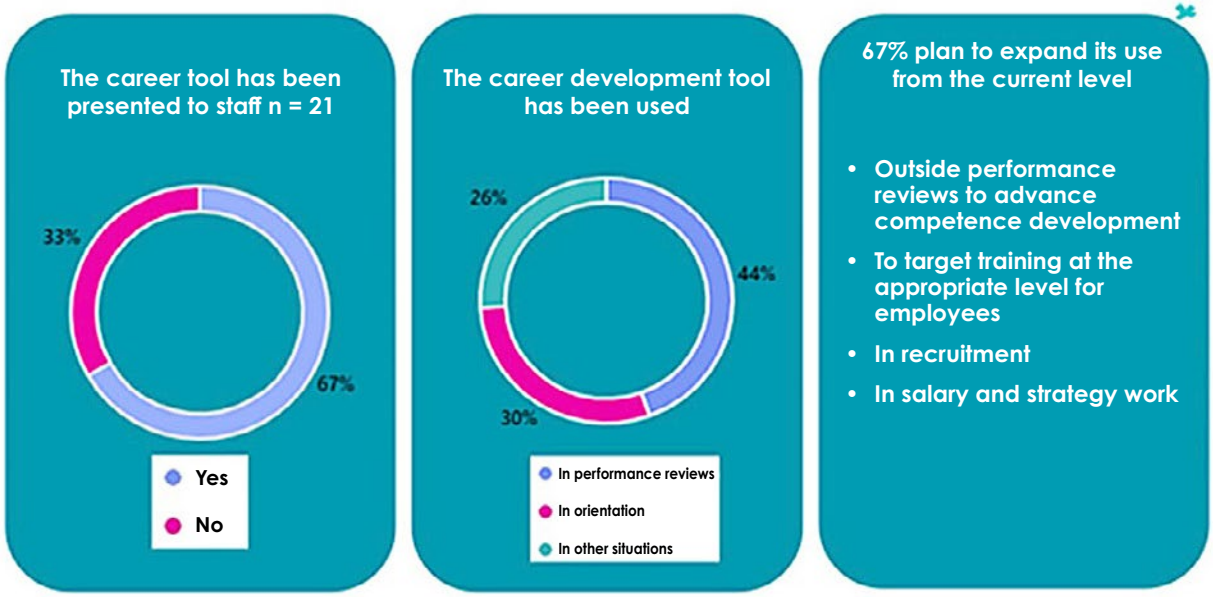

Figure 1. A survey conducted in March 2025 of supervisors on the use of the career development tool.

outpatient clinics at Jorvi Hospital and Peijas Hospital, Nurse Manager **Jaana Saari**, Ward Avaruus, Nurse Manager **Taru Valkama**, Ward Taika, and Nurse Director **Katja Taattola**. Members of the working group developed a general model for the tool and then guided and supported unit supervisors in adapting the model for their own units. In addition, members of the working group conducted and will continue to conduct the necessary measurements.

The group worked on the matter from late 2023 until the end of April 2024. The work was discussed and refined by the executive committee. The AURA model served as the starting point for the strategic development work. Within the department for Children and Adolescents, a framework and review points were created for the development of nurses' competence throughout their careers. Based on the AURA model for nursing career development, the necessary and possible training and various methods and forms of support for competence development were identified for each stage of competence development.

As the work progressed, the working group further developed their concept, and the name of the tool changed from 'supervisor tool' to the more descriptive 'nursing career development tool'. Units received instructions on preparing their own career tools on May 16, 2024. In September, the tool was reviewed together during development days for nursing supervisors. During October 2024, units submitted their unit-specific career tools to the nurse director of their area for approval. After that, units had the rest of the year to implement the tool. However, in some units, the development and implementation of the tool took considerably longer.

At the time of writing, not all indicators related to the strategic work are yet available. In the NESplus survey, comparing 2023 with 2025, nurses' engagement increased from an average of 3.59 to an average of 4.36. Nurse turnover also decreased from 7.2% in 2023 to 3.7% in 2025. However, this likely relates more to changes in the Finnish labor market situation than to the introduction of the tool. The nursing career development tool and its use have been incorporated into the Nursing Strategy of the department for Children and Adolescents for 2024–2027 as part of structural empowerment and strengthening competence.

The development of nurses' competence and their progression to the next level of competence are assessed in a standardized way within units. The structure of performance reviews is an essential part of the competence development process. Strategic work around the tool continues and evolves. The tool will continue to be developed to meet the needs of a changing operating environment. In the future, employees will have an assessment of their competence and its development based on the competence requirements of their unit.

Jaana Saari, RN, works as Nurse Manager in Ward Avaruus at the New Children's Hospital.
Katja Taattola, MHSc, works as Nurse Director at the pediatric inpatient wards and emergency department of the New Children's Hospital.

Peer feedback is not just praise

Katja Tenhovirta

HUS staff surveys such as the feedback indicator for management (Johtamissyke) and NESplus reveal the same issue year after year: too little feedback is given. In Finnish culture, feedback is often perceived as criticism, and positive feedback is easily overshadowed by negative feedback. Finns are also not accustomed to giving feedback in everyday situations. This affects the workplace atmosphere and professional development. We may think that a colleague did a great job or that a coworker has a nice shirt, but we often don't say it out loud. We tend to withhold praise and give feedback mainly when things go wrong, which often makes giving feedback feel like criticism. In other cultures, positive feedback is given more readily, which also makes it more natural to address areas where improvement is needed.

HUS Psychiatry aims to achieve the Magnet Hospital® recognition and to create an environment where feedback is used to support professional growth, strengthen teamwork and improve patient safety. Peer feedback is not just praise; it must be concrete and related to the employee's performance and development at work. Leaders must also be able to accept feedback on their actions openly. Feedback must be open in different situations and at different levels between people.

I have used peer feedback for many years, for example in group performance reviews, where feedback is linked to the employee's own goals. A safely guided group discussion increases the opportunity to provide constructive feedback and supports the recipient in benefiting from the feedback. Timely and concrete feedback, given and received in a safe environment, can contribute to cultural change.

A culture of giving and receiving feedback can be learned.

When feedback is given in a group, a sense of hope increases as the employee receives feedback from a colleague. Feedback strengthens belief in one's own abilities and provides understanding and direction regarding areas for development. A sense of meaningfulness is strengthened when an employee hears that their work has value and impact. The experience of universality increases when members of a working group find that they are not alone in their challenges and that others may be struggling with similar issues. This connects employees to each other and strengthens the work community. The experience of altruism when giving peer feedback increases as the person giving feedback benefits from helping the other person. Peer feedback provided in a group or in writing to a colleague creates new ways to improve one's own work and enables continuous professional development. (Yalom, Leszcz 2021).

According to the Johari Window (Capital Nurse 2025), the blind spot is the part of our behavior that others can see but we cannot perceive ourselves. Recognizing this blind spot in a safe environment through feedback may provide employees with insights into their own actions. In addition, a line manager may see an employee from a new perspective after reading or hearing the feedback colleagues give each other. This can increase humanity and understanding between supervisors and employees and help supervisors understand what matters in nurses' work and in their interactions.

Peer feedback and the Magnet Hospital® model share a common focus on strengthening professional autonomy, teamwork and continuous learning. Peer feedback supports these goals: it promotes knowledge sharing, spread of good practices, patient safety and wellbeing at work. In my experience, giving feedback supports a positive cycle in work communities by increasing psychological safety, competence and work development. These, in turn, expand opportunities to give and receive feedback at multiple levels within work communities.

A culture of giving and receiving feedback can be learned. Peer feedback is not separate from leadership; it is central to it. Employees must be encouraged to give feedback in everyday situations – on both successes and unethical behavior. A safe atmosphere is a prerequisite for feedback to be perceived as constructive.

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Katja Tenhovirta, MHSc, RM, RN (University of Applied Sciences), Psychotherapist, Family and Couples Therapist trainer, Lean coach. Nurse Director, HUS Psychiatry Centralized Services division and Digital and Psychosocial Services.

STRUCTURAL EMPOWERMENT

The most important asset of a successful organization is its staff. HUS employees are encouraged to develop professionally in accordance with professional career models, for example through continuous competence development.

Rising response rate in the HUS nursing staff job satisfaction survey

Kristiina Junttila

In the Magnet Hospital® model, patient, staff and organizational outcomes are central to operations. Since 2015, the job satisfaction of HUS nursing staff has been assessed through a separate survey in all HUS operational areas. Since 2018, data has also been collected from other wellbeing services counties as part of national benchmarking of nursing-sensitive outcomes (HoiVerKe, The Finnish consortium for the national benchmarking of nursing-sensitive outcomes, www.hoiverke.fi).

Since 2018, the survey has been a modified version of the Nurse Engagement Survey (NESplus), which includes 49 statements, the responses to which are summarized into eight sum variables representing components (factors) of job satisfaction (Figure 3). In addition, 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 at my best
- I am likely to still be working for this organization three years from now
- I am willing to put in a great deal of effort to help this organization succeed.

The level of engagement is classified into four categories: Engaged, content, ambivalent and disengaged. For a respondent to be classified as 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 "Strongly agree" to at least two statements (value 6).

The HUS Nursing Strategy sets several goals whose achievement is assessed through the job satisfaction survey. The mean scores of the job satisfaction components (Figure 3) should be higher than the national averages (HoiVerKe), and the distribution of respondents among the engagement categories described above is also monitored. It should be noted that Magnet Hospital® accreditation efforts require that the results for the different components of job satisfaction in an individual work unit are higher than the national average results for comparable types of work units.

The survey measuring nurses' job satisfaction is conducted annually by the HUS Nursing Research Center (responsible person: Director Kristiina Junttila). The survey is sent to all HUS nursing staff at their work email address. In 2025, the survey was conducted between March 17 and April 6, 2025. Research nurses were also included in the survey, although they are classified as specialized staff. The results were reported in the HUS Power BI reporting portal in June.

In 2025, 15 organizations participated in the data collection for the national benchmarking of nursing-sensitive outcomes (HoiVerKe). The comparison included responses from assistant nurse managers, nurses, midwives, paramedics, radiographers (not diagnostics), nurse managers, nurse directors (at all levels), clinical nurse specialists, clinical nurse educators, other nursing experts as well as nursing staff who have completed secondary level qualifications (N = 14,700). The response rate at HUS was

clearly higher (34%) than the previous year (24%).

HUS's results for 2025 will next be examined in relation to its 2024 results and in relation to the national average for 2025. 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. The comparison with national averages is based on the results of the benchmarking exercise described above.

Figure 1 shows the level of engagement of HUS nursing staff in 2024 and 2025. The distribution of the degree of engagement shows only minor changes

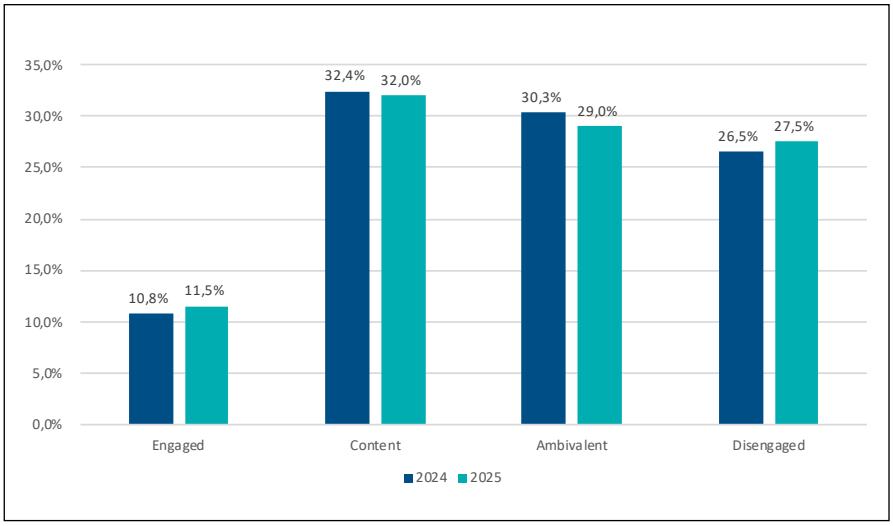


Figure 1. Level of engagement in 2024 and 2025 (entire HUS, all respondents).

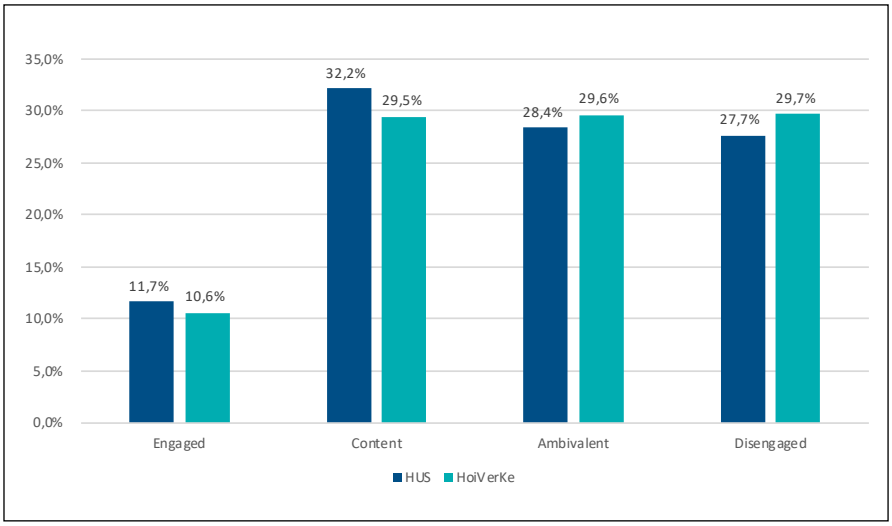
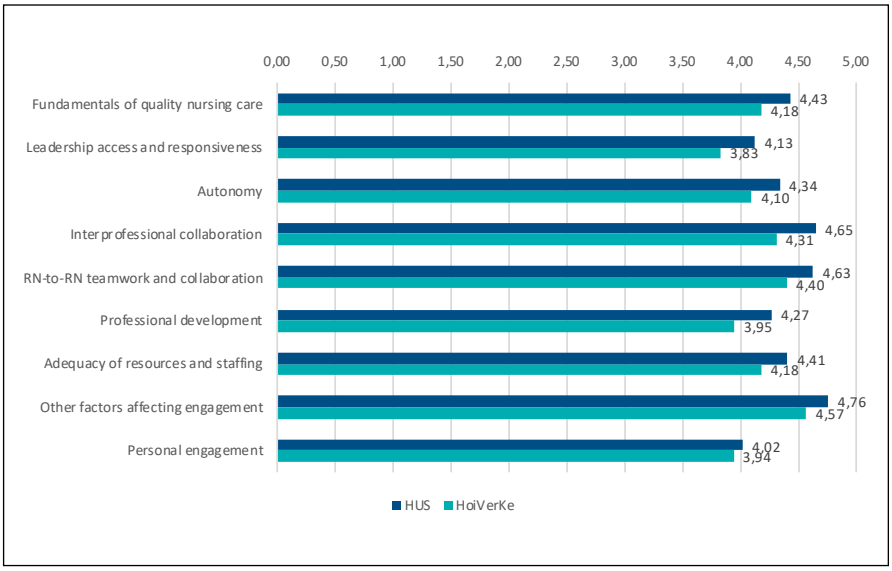


Figure 2. Level of engagement at HUS compared with national results in 2025 (comparison includes assistant nurse managers, nurses, midwives, paramedics, radiographers (not diagnostics), nurse managers, nurse directors, clinical nurse specialists and clinical nurse educators, other nursing experts as well as nursing staff who have completed secondary level qualifications). The sum of the HoiVerKe percentages < 100 is due to missing responses from some organizations.

Figure 3. Mean scores for job satisfaction components in HUS and nationally in 2025 (comparison includes assistant nurse managers, nurses, midwives, paramedics, radiographers (not diagnostics), nurse managers, nurse directors, clinical nurse specialists and clinical nurse educators, other nursing experts as well as nursing staff who have completed secondary level qualifications).

compared with the previous year. There is a slight increase in the percentages of both engaged and disengaged.

The level of engagement of the nursing staff included in the national benchmarking compared with national results in 2025 is shown in Figure 2. Nationally, the combined percentage of engaged



and content respondents was 40.1%. The corresponding result at HUS was 43.9%. HUS also had a better result for disengaged respondents than the national average, meaning that there were fewer disengaged respondents at HUS.

Figure 3 shows the mean values of the job satisfaction components at HUS and nationally based on the responses of the professional groups included in the comparison. HUS results were better than the national average (HoiVerKe) for all components, so the objectives of the HUS Nursing Strategy were achieved.

Conclusions:

- The combined percentage of engaged and content respondents in 2025 (43.5%) was slightly higher at HUS than in 2024 (43.2%). Similarly, the combined percentage of ambivalent and disengaged respondents decreased by 0.3 percentage points (2024: 56.8%, 2025: 56.5%).
- In the national comparison, the results for the professional groups included were higher at HUS than the national averages for all job satisfaction components. In addition, the combined proportion of engaged and content respondents in the HUS results (43.9%) was higher than the corresponding national proportion (40.1%).
- At HUS, the response rate in 2025 was 10 percentage points higher than in 2024. Efforts should continue to increase the response rate of the survey both at HUS and nationally to ensure the reliability of the results.

Kristiina Junttila, RN, PhD, Docent, Professor h.c., served as Director of the HUS Nursing Research Center (NRC) until November 30, 2025 prior to her retirement.

National results on nurses' job satisfaction and engagement

Kristiina Junttila

The purpose of this study, which used data from four consecutive years, was to describe and explain nurses' job satisfaction and engagement during 2019–2022 and to identify background factors associated with engagement. The data was collected online from a total of 24,853 nurses, midwives and assistant nurse managers from nine Finnish healthcare organizations using a modified Nurse Engagement Survey (mNES). The typical respondent worked as a staff nurse in a university hospital inpatient ward in a permanent position and mainly in three-shift work. In addition, the typical respondent had a bachelor's degree and more than 15 years of work experience in the organization they represented.

The level of engagement among nurses varied annually, with 4.2%–10.0% of respondents classified as engaged, 17.0%–33.1% as content, 28.8%–31.4% as ambivalent, and 25.5%–50.0% as disengaged. The proportion of disengaged respondents increased and the proportions of engaged and content respondents decreased over the four years. The proportion of ambivalent respondents remained relatively stable from year to year.

All respondents' background factors were statistically significantly associated with the level of engagement. There were more engaged assistant nurse managers (14.9%) than engaged midwives (4.4%) or staff nurses (7.2%). Those with a master's degree were more engaged (9.2%) than those with a bachelor's degree (7.3%) or a college-level qualification (7.6%). Midwives, employees working in three shifts and those with four to six years of work experience were the least engaged compared with other respondents.

All the components of job satisfaction (*Fundamentals of quality of nursing care, Leadership access and responsiveness, Autonomy, Interprofessional collaboration, RN-to-RN teamwork and collaboration, Professional development, Adequacy of resources and staffing, Other factors affecting engagement*) were statistically significantly associated with the level of engagement of respondents. The component *Leadership access and responsiveness* had the lowest average scores across all four years.

The results reflected the impact of societal events such as the COVID-19 pandemic and the 2022 nurses' trade union strike and emergency labor legislation. However, the results raise concerns about the overall attractiveness of the profession and the retention of nursing staff, both of which can be influenced by nursing leadership. Long-term monitoring of nurses' job satisfaction and engagement should continue (for example, the impact of health and social services reform on results) and the possibility of intervention studies should also be considered (for example, the impact of nursing leadership practices on results).

The full study is published in the following article: Heikkilä A, Kvist T, Junttila K, Kaakinen P, Kanste O, Kaunonen M, Kortteisto T, Rissanen T, Salmela S, Tervo-Heikkinen T, Jokiniemi K. Nurse Engagement in the Hospital Setting: An Analytical Cross-Sectional Multicentre Study With a 4-Year Time Series. J Nurs Manag 2025(1);5730405:11 pages. https://doi.org/10.1155/jonm/5730405.

Kristiina Junttila, RN, PhD, Docent, Professor h.c., served as Director of the HUS Nursing Research Center (NRC) until November 30, 2025 prior to her retirement.

Trends in nurse engagement at HUS between 2019–2024

Jarkko Koskiniemi, Krista Jokiniemi, Kristiina Junttila and Toni Haapa

Background

HUS has systematically developed the quality of nursing according to the Magnet Hospital® model for several years. In 2024, the Comprehensive Cancer Center and the Heart and Lung Center were awarded the Magnet Hospital® recognition. The departments for Children and Adolescents, Psychiatry and the Abdominal Center are well advanced in development according to the Magnet Hospital® model. Engaged nursing staff are key to ensuring effective, high-quality care and patient safety. In Magnet hospitals, nursing staff are more engaged, care outcomes are better, the quality of care is higher and operations are more cost-effective than in non-Magnet hospitals. The effects of development according to the Magnet Hospital® model are not immediate but emerge over a longer period of time.

This study assessed the development of nurse engagement with their work and organization at HUS between 2019 and 2024 and compared outcome units according to their stage of development within the Magnet Hospital® model. The aim was to understand how nurse engagement has developed over the long term and what differences manifested between the departments. The data consisted of the modified Nurse Engagement Survey (mNES) conducted annually at HUS and included staff working in clinical nursing roles.

Results

The results of the study showed that nurse engagement developed positively over the long term, although there was some year-to-year variation. From 2019 to 2022, the mean value of engagement showed a slightly declining trend, and from 2022 onwards it showed an upward trend (Figure 1).

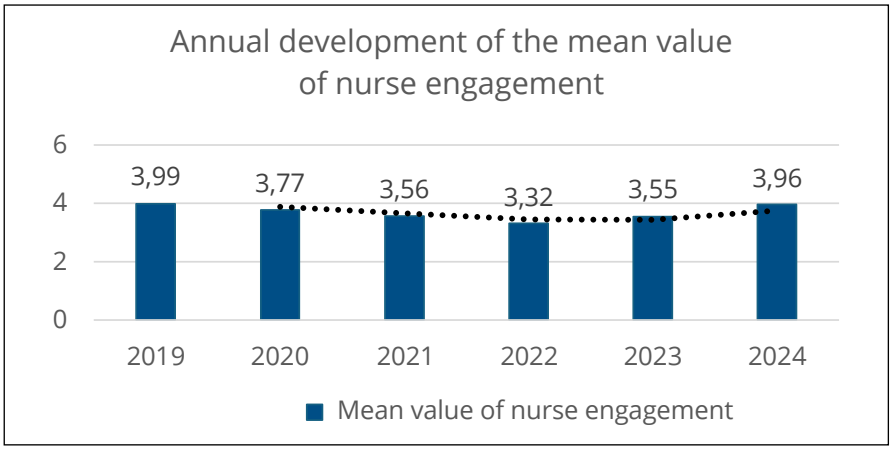


Figure 1. Nurse engagement 2019–2024, entire HUS.

Based on the mNES survey, respondents can be classified into four categories describing their level of engagement: engaged, content, ambivalent and disengaged. Between 2019 and 2022, engagement among nursing staff decreased significantly and disengagement increased, but from 2023 onwards the trend turned positive. By 2024, the proportion of engaged and content respondents had returned to almost the same level as in 2019. Statistical analysis showed that the changes in the level of engagement were significant and followed a linear pattern: first a decrease, then an increase (Figure 2).

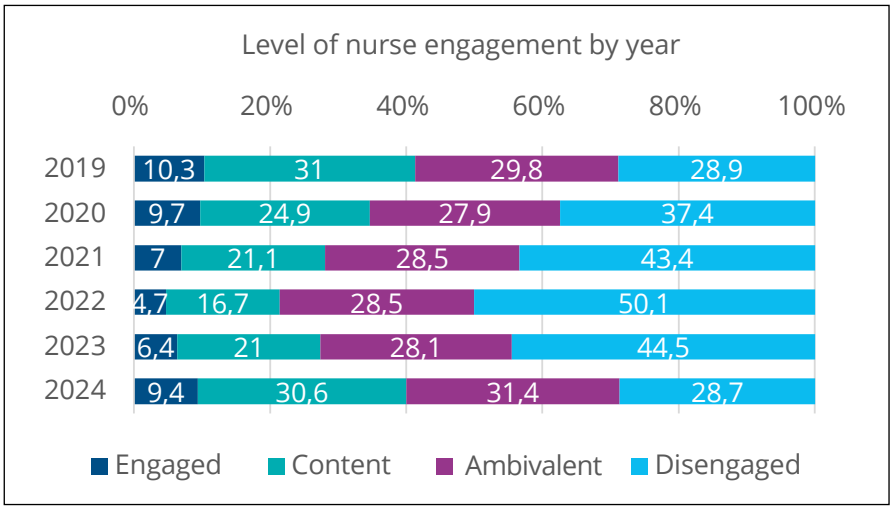


Figure 2 Level of nurse engagement 2019–2024, entire HUS.

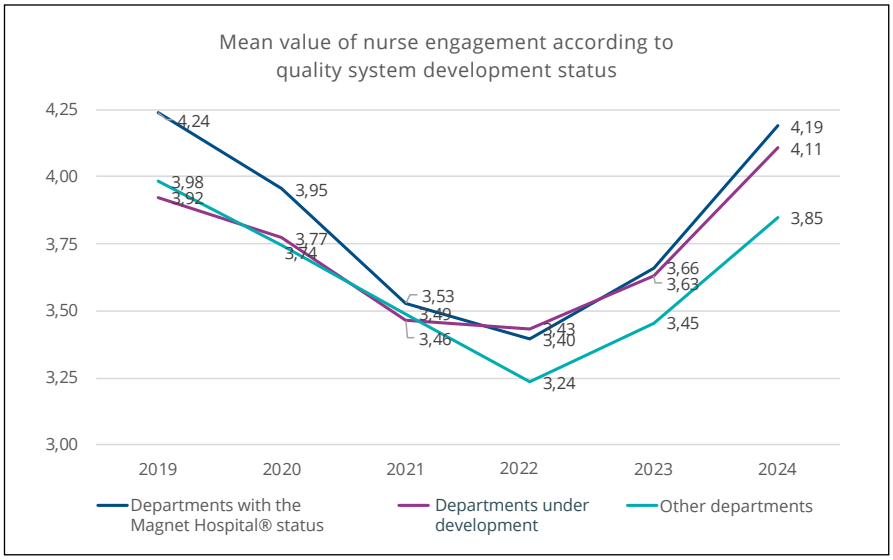


Figure 3. Mean value of nurse engagement according to quality system development status.

For the purpose of comparison related to the Magnet Hospital® recognition, respondents were divided into three department groups according to status: departments with the Magnet Hospital® recognition (Heart and Lung Center and Comprehensive Cancer Center), departments at an advanced stage of developing the quality system (Psychiatry, Children and Adolescents and the Abdominal Center) and others. From 2019 to 2024, the mean value of nurse engagement was highest in units that had achieved the Magnet Hospital® recognition. Nurse engagement was also higher in departments that were well advanced in developing the quality system compared with departments where development was still at an early stage (Others). The mean value of nurse engagement declined between 2020 and 2022, but began to increase again from 2023 onwards, and by 2024 the mean value was almost the same as in 2019 (Figure 3).

Statistically significant differences were observed between unit groups with different development status: the further a unit had progressed in quality system development, the more engaged and content the nurses were. The proportion of disengaged nurses was highest in units where development was least advanced (Others) and lowest in units that had achieved the Magnet Hospital® status. In 2024, the proportion of engaged and content respondents increased, particularly in advanced units, while the proportion of disengaged respondents decreased in all groups (Figure 4).

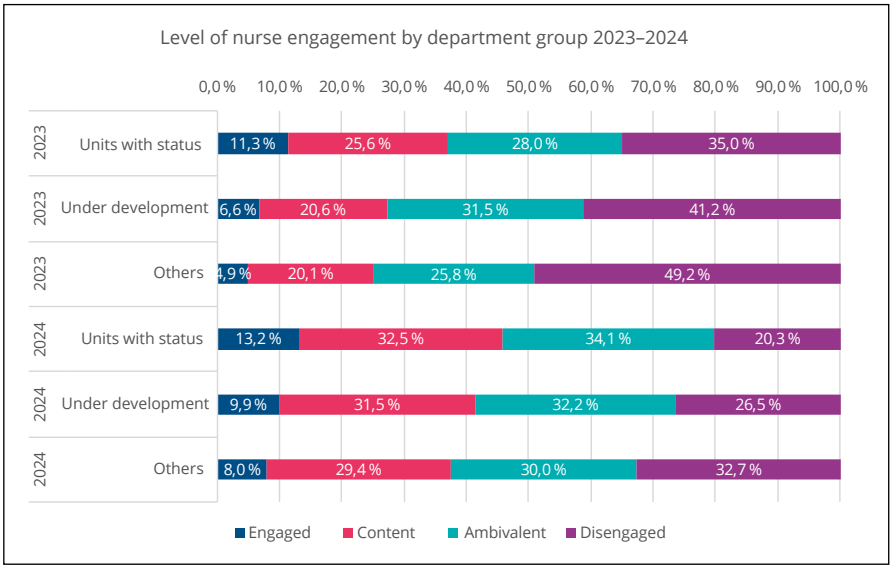


Figure 4. Level of nurse engagement by department group 2023–2024.

The level of nurse engagement increased especially in departments where quality system work was most advanced.

Conclusions

The long-term follow-up from 2019 to 2024 showed positive developments in nurse engagement of nursing staff with their work and organization at HUS, particularly in those departments where development in accordance with the Magnet Hospital® model was most advanced. The effects of development are reflected in improved nurse engagement and job satisfaction. The level of nurse engagement increased especially in departments where quality system work was most advanced.

Jarkko Koskiniemi, RN (Master), MHSc, works as Nurse Manager at HUS Emergency Medicine and Services.
Krista Jokiniemi, RN, PhD, Docent, works as University Lecturer at the University of Eastern Finland.
Kristiina Junttila, RN, PhD, Docent, Professor h.c., Director, served as Director of the HUS Nursing Research Center (NRC) until November 30, 2025 prior to her retirement.
Toni Haapa, RN (University of Applied Sciences), PhD, Docent, works as Research Nurse Director at HUS Nursing Research Center.

Recognition of excellent nursing

Our warmest congratulations to the members of our staff whose work was recognized in 2025!

Academic merits and degrees in 2025*

Docent (nursing science)

- **Marita Ritmala**, Development Manager, Director of the Magnet Hospital® Program, Corporate Administration (University of Turku)

The **HUS honorary gold badge of nursing science** is awarded to those who have completed a doctoral degree in nursing or health sciences and is presented in connection with Science Day to those who have completed their doctorate by that time. The **silver badge** is awarded to those who have completed a master's degree in health sciences or a related field at a university and the **bronze badge** to those who have completed a master's degree at a university of applied sciences. The HUS honorary badge of nursing science was designed by the artist **Gua Vainio**.

Doctoral degree (honorary gold badge of nursing science)

- **Anna Mason**, Clinical Nurse Educator, Head and Neck Center (University of Tampere)

Master's degree completed at a university (honorary silver badge of nursing science)

- **Akmaikina, Aleksandra**, Nurse, Musculoskeletal and Plastic Surgery (University of Tampere)
- **Alasuvanto, Elina**, Nurse, Head and Neck Center (University of Tampere)
- **Besong, Della**, Nurse, Abdominal Center (Åbo Akademi University)
- **Dahlqvist, Inari**, Deputy Nurse Manager, Gynecology and Obstetrics (University of Helsinki)
- **Garrett, Anna**, Nurse, Perioperative and Intensive Care (University of Eastern Finland)
- **Hakasalo, Katja**, Nurse, Heart and Lung Center (University of Tampere)
- **Heinolainen, Sini**, Nurse, Head and Neck Center (University of Tübingen)
- **Kallioniemi, Tiina**, Nurse, Psychiatry (University of Eastern Finland)
- **Karima, Pauliina**, Deputy Nurse Manager, Head and Neck Center (University of Helsinki)
- **Khalil, Isabel**, Nurse Manager, Psychiatry (University of Vaasa)
- **Kuusimäki, Riikka**, Nurse Manager, Musculoskeletal and Plastic Surgery (University of Eastern Finland)
- **Lehtonen, Sari**, Nurse Manager, Psychiatry (University of Turku)
- **Malinen, Teija**, Deputy Nurse Manager, Inflammation Center (University of Eastern Finland)
- **Määttä, Ulla**, Nurse, Perioperative and Intensive Care (University of Eastern Finland)
- **Nihti, Vilma**, Nurse Manager, Gynecology and Obstetrics (University of Helsinki)
- **Nikander, Elisa**, Deputy Nurse Manager, Perioperative and Intensive Care (University of Eastern Finland)
- **Perttunen, Peppi**, Nurse, Comprehensive Cancer Center (University of Tampere)
- **Rantanen, Sanni**, Nurse, Perioperative and Intensive Care (University of Eastern Finland)
- **Rimpiläinen, Vilma**, Deputy Nurse Manager, Gynecology and Obstetrics (University of Helsinki)
- **Sorsa, Maria**, Deputy Nurse Manager, Perioperative and Intensive Care (University of Eastern Finland)
- **Taponen, Ros-Marie**, Nurse Manager, Abdominal Center (Åbo Akademi University)
- **Urm, Jaana**, Nurse, Perioperative and Intensive Care (University of Tartu)
- **Vacklin, Olli**, Clinical Instructor, Psychiatry (University of Eastern Finland)
- **Åberg, Niina**, Midwife, Gynecology and Obstetrics (University of Eastern Finland)

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

- **Aalto, Noora**, Nurse, Comprehensive Cancer Center (Metropolia University of Applied Sciences)
- **Alvarado, Heini**, Nurse, Perioperative and Intensive Care (Metropolia University of Applied Sciences)
- **Balthasar, Hanna-Mari**, Nurse, Heart and Lung Center (Häme University of Applied Sciences)
- **Gröhn, Annu**, Deputy Nurse Manager, Abdominal Center (Metropolia University of Applied Sciences)
- **Grönthal-Tengen, Maria**, Service Planning Specialist, Psychiatry (Savonia University of Applied Sciences)
- **Harju, Nora**, Deputy Nurse Manager, Perioperative and Intensive Care (Häme University of Applied Sciences)
- **Harno-Tasihin, Jenniina**, Nurse, Heart and Lung Center (Häme University of Applied Sciences)
- **Harrington, Kaisa**, Midwife, Gynecology and Obstetrics (Metropolia University of Applied Sciences)
- **Hautala, Olga**, Deputy Unit Manager, Diagnostic Center (Metropolia University of Applied Sciences)
- **Heine, Olivia**, Nurse, Neurocenter (Lapland University of Applied Sciences)
- **Helikoski-Eklund, Jaana**, Nurse, Comprehensive Cancer Center (Laurea University of Applied Sciences)

- **Hyytiäinen, Elisabet**, Nurse, Emergency Medicine and Services (Metropolia University of Applied Sciences)
- **Ihalainen, Esa**, Nurse, Head and Neck Center (Laurea University of Applied Sciences)
- **Ihalainen, Susanna**, Biomedical Laboratory Scientist, Diagnostic Center (Metropolia University of Applied Sciences)
- **Jantunen, Kati**, Nurse, Perioperative and Intensive Care (LAB University of Applied Sciences)
- **Järvinen, Eveliina**, Nurse, Inflammation Center (Metropolia University of Applied Sciences)
- **Kallio, Marke**, Nurse, Neurocenter (Laurea University of Applied Sciences)
- **Koivisto, Piia**, Nurse, Emergency Medicine and Services (Metropolia University of Applied Sciences)
- **Kokko, Kirsi**, Nurse, Perioperative and Intensive Care (Tampere University of Applied Sciences)
- **Koponen, Sirkku**, Nurse Manager, Gynecology and Obstetrics (Laurea University of Applied Sciences)
- **Koponen, Tiia**, Deputy Unit Manager, Diagnostic Center (Metropolia University of Applied Sciences)
- **Korpelainen, Petra**, Occupational Therapist, Psychiatry (South-Eastern Finland University of Applied Sciences)
- **Kurki, Rengin**, Nurse, Inflammation Center (Arcada University of Applied Sciences)
- **Larsson, Jenni**, Nurse, Perioperative and Intensive Care (Turku University of Applied Sciences)
- **Latvala, Anne**, Deputy Unit Manager, Diagnostic Center (Tampere University of Applied Sciences)
- **Lauhikari, Anni**, Nurse, Perioperative and Intensive Care (Laurea University of Applied Sciences)
- **Leikas, Janita**, Project Planner, Psychiatry (Häme University of Applied Sciences)
- **Lilja, Raija**, Nurse, Perioperative and Intensive Care (Savonia University of Applied Sciences)
- **Lindberg, Heli**, Deputy Nurse Manager, Gynecology and Obstetrics (Metropolia University of Applied Sciences)
- **Lugora, Janica**, Nurse Manager, Emergency Medicine and Services (South-Eastern Finland University of Applied Sciences)
- **Malmström, Maarit**, Nurse, Psychiatry (Häme University of Applied Sciences)
- **Meriläinen, Henna**, Midwife, Gynecology and Obstetrics (Metropolia University of Applied Sciences)
- **Moll, Anna**, Midwife, Gynecology and Obstetrics (LAB University of Applied Sciences)
- **Montonen, Erika**, Midwife, Gynecology and Obstetrics (Metropolia University of Applied Sciences)
- **Mustonen, Terhi**, Nurse, Abdominal Center (Laurea University of Applied Sciences)
- **Niemi, Roosa**, Deputy Nurse Manager, Psychiatry (Metropolia University of Applied Sciences)
- **Niskanen, Matti**, Nurse, Perioperative and Intensive Care (South-Eastern Finland University of Applied Sciences)
- **Ora, Marika**, Nurse, Children and Adolescents (Häme University of Applied Sciences)
- **Pakalén, Jonna**, Clinical Instructor, Internal Medicine and Rehabilitation (Laurea University of Applied Sciences)
- **Papinkivi, Emma**, Deputy Nurse Manager, Comprehensive Cancer Center (South-Eastern Finland University of Applied Sciences)
- **Pellinen, Susanna**, Deputy Nurse Manager, Abdominal Center (Metropolia University of Applied Sciences)
- **Piironen, Kaisa**, Nurse, Comprehensive Cancer Center (Turku University of Applied Sciences)
- **Porrassalmi, Mia**, Nurse, Internal Medicine and Rehabilitation (Turku University of Applied Sciences)
- **Rantala, Heidi**, Deputy Nurse Manager, Heart and Lung Center (Turku University of Applied Sciences)
- **Roos, Katariina**, Nurse, Heart and Lung Center (Metropolia University of Applied Sciences)
- **Sainio, Nina**, Nurse, Musculoskeletal and Plastic Surgery (Savonia University of Applied Sciences)
- **Salmen, Sanna**, Nurse, Inflammation Center (Metropolia University of Applied Sciences)
- **Salmi, Kiia**, Nurse, Musculoskeletal and Plastic Surgery (Metropolia University of Applied Sciences)
- **Sandholm, Mikko**, Nurse, Psychiatry (Metropolia University of Applied Sciences)
- **Savolainen, Taina**, Biomedical Laboratory Scientist, Diagnostic Center (Metropolia University of Applied Sciences)
- **Schuvalow, Tiia**, Nurse, Emergency Medicine and Services (Metropolia University of Applied Sciences)
- **Siirasto, Laura**, Clinical Instructor, Perioperative and Intensive Care (Metropolia University of Applied Sciences)
- **Strandman-Berg, Sanna**, Unit Manager, Diagnostic Center (Metropolia University of Applied Sciences)
- **Strömmer-Niemi, Jenni**, Midwife, Gynecology and Obstetrics (Metropolia University of Applied Sciences)
- **Syrjälä, Paula**, Midwife, Gynecology and Obstetrics (Metropolia University of Applied Sciences)
- **Takala, Jenni**, Deputy Nurse Manager, Perioperative and Intensive Care (LAB University of Applied Sciences)
- **Termonen, Heini**, Unit Manager, Diagnostic Center (Metropolia University of Applied Sciences)
- **Tiitinen, Julia**, Nurse, Neurocenter (Lapland University of Applied Sciences)
- **Tolvanen, Laura**, Midwife, Gynecology and Obstetrics (Laurea University of Applied Sciences)
- **Tähtinen, Lara**, Unit Manager, Diagnostic Center (Metropolia University of Applied Sciences)
- **Vallius, Susanna**, Nurse, Heart and Lung Center (South-Eastern Finland University of Applied Sciences)
- **Vilander, Sanni**, Nurse, Perioperative and Intensive Care (JAMK University of Applied Sciences)
- **Virtanen, Laura**, Nurse, Psychiatry (Metropolia University of Applied Sciences)
- **Winter, Jenni**, Biomedical Laboratory Scientist, Diagnostic Center (Savonia University of Applied Sciences)
- **Yliverronen, Sonia**, Nurse, Musculoskeletal and Plastic Surgery (JAMK University of Applied Sciences)
- **Åström, Marjut**, Nurse Manager, Children and Adolescents (Turku University of Applied Sciences)

*) Degrees reported to HUS Nursing Management

PHOTO: SAARA ROPPONEN

*Chief Nursing Executive **Marja Renholm** presented the HUS honorary badge of nursing science on Science Day on November 27, 2025 to a doctoral graduate of 2025, **Anna Mason**. The gold badge for doctoral graduates was also presented to the new Director of the Nursing Research Center, **Heljä Lundgrén-Laine**. In addition, congratulations were extended to **Marita Ritmala**, who received the title of Docent in 2025. In the photo from left: Chief Nursing Executive Marja Renholm, Docent Marita Ritmala, Docent Heljä Lundgrén-Laine and Anna Mason, PhD.*

Rising Star (Nouseva tähti) award granted by the Finnish Nurses Association

- **Eemil Kirkkomäki**, Nurse, Musculoskeletal and Plastic Surgery

Guiding Star (Kiintotähti) award granted by the Finnish Nurses Association

- **Jaana Remes**, Nurse, Abdominal Center
- **Iiris Pietikäinen**, Nurse, Children and Adolescents

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

Medal of the White Rose of Finland (SVR Ar)

- **Hanna-Leena Melender**, Director of Nursing Excellence, Corporate Administration
- **Tarja-Leena Neffling**, Chief Nursing Officer, Perioperative and Intensive Care
- **Päivi Soininen**, Chief Nursing Officer, Psychiatry

Cross of Merit of the Order of the Lion of Finland (SL Ar)

- **Tiina Luomala**, Senior Planning Officer, Shared Group Services

First Class Medal of the White Rose of Finland with golden cross (SVR M I kr)

- **Sari Karesvuori**, Nurse, Internal Medicine and Rehabilitation
- **Anna Lehtonen**, Nurse Manager, Comprehensive Cancer Center
- **Irma Tötterman**, Deputy Nurse Manager, Inflammation Center (retired on September 1, 2025)

Publication activities and presentations

Members of the HUS nursing staff produced both scientific (Appendix 2) and professional (Appendix 3) publications. In addition, members of the nursing staff gave oral presentations and poster presentations at international and national scientific and professional events (Appendix 3).

Title of Docent in Nursing Science awarded to Marita Ritmala

Hanna-Leena Melender

PHOTO: ANNIINA HEIKKILÄ

Marita Ritmala, Development Manager and Director of the Magnet Program, was awarded the title of Docent in Nursing Science by the University of Turku in 2025. She graduated as a registered nurse in 1979 and completed a specialist qualification in intensive care nursing in the United States in 1988 and a specialist nursing qualification in Finland in 1992, with anesthesia nursing as her major subject and intensive care nursing as a minor subject. She worked as a nurse in the intensive care unit of Päijät-Häme Central Hospital from 1980 to 1982, in the intensive care unit of JFK Medical Center in Lake Worth, United States from 1982 to 1990 and in the cardiac surgical intensive care unit of Helsinki University Hospital from 1990 to 2001.

Marita completed her academic studies at the University of Turku, graduating first with a Master of Health Sciences degree in 2004 and later with a Doctor of Health Sciences degree in 2015. After working as nurse, she served as clinical nurse specialist in the HYKS Department of Surgery from 2001 to 2014 and as clinical nurse specialist in intensive care nursing in the HYKS Perioperative, Intensive Care and Pain Management unit/Expert and Education Services from 2015 to 2016. Since 2016, she has worked in nursing administration at HUS Group Administration as Development Manager and Director of the Magnet Program. Her role is to promote the development of nursing according to the Magnet Hospital® model and to support departments applying for the Magnet Hospital® recognition in the application process. She served as a member of the HYKS Department of Surgery ethics committee from 2009 to 2013 and as a member of the HUS Regional Committee on Medical Research Ethics from 2018 to 2022.

Marita has long conducted research on intensive care nursing, particularly on the quality of sleep of intensive care patients. She has co-authored 26 scientific articles, 48 conference abstracts and 63 other expert publications. In addition, she has co-authored four textbooks. Marita is a sought-after speaker and has delivered numerous presentations at HUS as well as in national and international nursing networks. She has supervised one completed doctoral dissertation and nine completed master's theses, and is currently supervising two doctoral dissertations and two master's theses. She has completed nearly 50 scientific peer reviews for 16 different scientific journals.

Through her work, Marita has contributed significantly to expert and development activities. In her current role as Director of the Magnet Program, she has advanced several important structures supporting nursing, such as the Participation Structures, the Nursing Professional Practice Model and the ASTU programs. In addition, as a clinical nurse specialist in intensive care nursing she participated in developing and implementing the orientation program "HUS Advanced Orientation in Intensive Care Nursing", the continuing education program "Proficient Intensive Care Nurse" and the online course "Fundamentals of Evidence-Based Practice".

Marita has worked as an expert in various roles at the Finnish Nurses Association (formerly the Finnish Nurses' Association, until February 2022). She was a member of the association's Pharmacotherapy Working Group from 2003 to 2015, a member of the editorial advisory board of the Sairaanhoitaja journal from 2005 to 2011 and a member of its editorial board

from 2008 to 2011. In addition, she represented the Finnish Nurses Association in the pharmacotherapy working group of the Ministry of Social Affairs and Health from 2004 to 2006.

Marita served as a member of the council of the Finnish Society of Intensive Care from 1996 to 1999. She served as editor responsible for intensive care nursing in the association's *Tehohoito* journal from 2007 to 2018. Marita represented Finland on the board of the Scandinavian Association of Thoracic Nurses from 2008 to 2011. She served as Chair of the association's scientific committee from 2008 to 2013 and as Finland's representative on the scientific committee from 2013 to 2018.

In 2013, the European Federation of Critical Care Nurses Associations and the Serbian Nurses' Society of Intensive Care awarded Marita the Life Keeper award for her commitment to the development and promotion of intensive care nursing. In 2022, she received the Gold Medal of the Finnish Society of Intensive Care for her significant contributions to the development of intensive care in Finland. In 2023, the President of the Republic of Finland awarded Marita the Knight of the Order of the Lion of Finland (SL R) for her merits.

Warm congratulations to Marita on being awarded the title of Docent, and all the best for the future!

Docent refers to an academic title awarded in recognition of scientific and educational merit. The title of Docent is applied for, and a person may be appointed as a Docent if they have thorough knowledge of their field, demonstrated ability for independent scientific research through publications or other means, and good teaching skills.

Hanna-Leena Melender, RM, PhD, Docent, is Director of Nursing Excellence at HUS.

Developing specialist training for nurses in psychiatric and mental health nursing

Hanna Leino and Maria Ameel

In psychiatric nursing, nurses are required to have an in-depth understanding of mental health disorders, their treatment and the service system, as well as the ability to implement psychotherapeutic and psychosocial interventions (Ameel, 2021). Although nursing education at universities of applied sciences in Finland is of high quality and provides good preparation for nursing practice, there is considerable variation between institutions in the scope and content of psychiatric and mental health studies (Kivelä & Kilkku, 2016). A challenge in continuing education is that the current specialization programs offered by universities of applied sciences are multidisciplinary and do not lead to a protected title or harmonized competence. The programs do not sufficiently emphasize clinical competence (Rauhala & Urponen, 2019) and lack a strong orientation to the service system.

In a report published in 2021, the Ministry of Social Affairs and Health proposed clinical specialization fields for nurses defined nationally in a harmonized way and corresponding to the needs of working life (Ministry of Social Affairs and Health, 2021). Psychiatric and mental health nursing was one of the proposed specialization fields. This need is addressed by a development project launched in 2025 and funded by the Finnish Nursing Education Foundation and the Ministry of Social Affairs and Health. The project aims to strengthen nurses' competence in psychiatric and mental health nursing in wellbeing services counties and to develop an evidence-based professional career pathway for nurses, centered on patient care and supporting the development of expertise. The project is implemented as cooperation between higher education institutions and wellbeing services counties in collaboration with the Finnish Nurses Association.

In the first phase of the development, nationally harmonized competence requirements were defined for the specialization field of psychiatric and mental health nursing. The aim is to identify the knowledge, skills and capabilities required of a clinically specialized nurse. The competence areas form the foundation for safe and effective care. They support consistency in the competence of nursing staff and ensure that patients receive high-quality care regardless of the care environment.

The definition work consisted of three components. Under the guidance of pro-

ject coordinator **Laura Väätäinen**, a review was conducted on how training is organized elsewhere in Europe. Sweden, Denmark and Belgium were selected as comparator countries. In all these countries, specialization training in psychiatric nursing comprises 60 credits and includes both theoretical studies and clinical training. The training is often completed alongside work and requires a prior nursing qualification and work experience. Based on the review, the next phase involved conducting focus group interviews with five expert groups as thematic interviews. In addition, a literature review was conducted to identify and define competences in psychiatric nursing (Jokinen, 2025). The work was complemented by comparison with the psychotherapeutic competence framework used in the United Kingdom's National Health Service model. Based on these materials, key competence areas were identified. These will be further examined through a Delphi study from the perspectives of nursing leaders and experts in wellbeing services counties, experts by experience, and teaching staff or experts in higher education institutions. The preliminary competence categories are presented in Figure 1 and serve as the basis for training planning. The competence categories identified in the review complement the shared core competences proposed by the Ministry of Social Affairs and Health, which are shown in the arrow in the figure (Ministry of Social Affairs and Health, 2021). More detailed results on the competence categories will be published as part of the master's thesis of **Elsa Jokinen**, BHSc, at the University of Turku. The second phase of the devel-

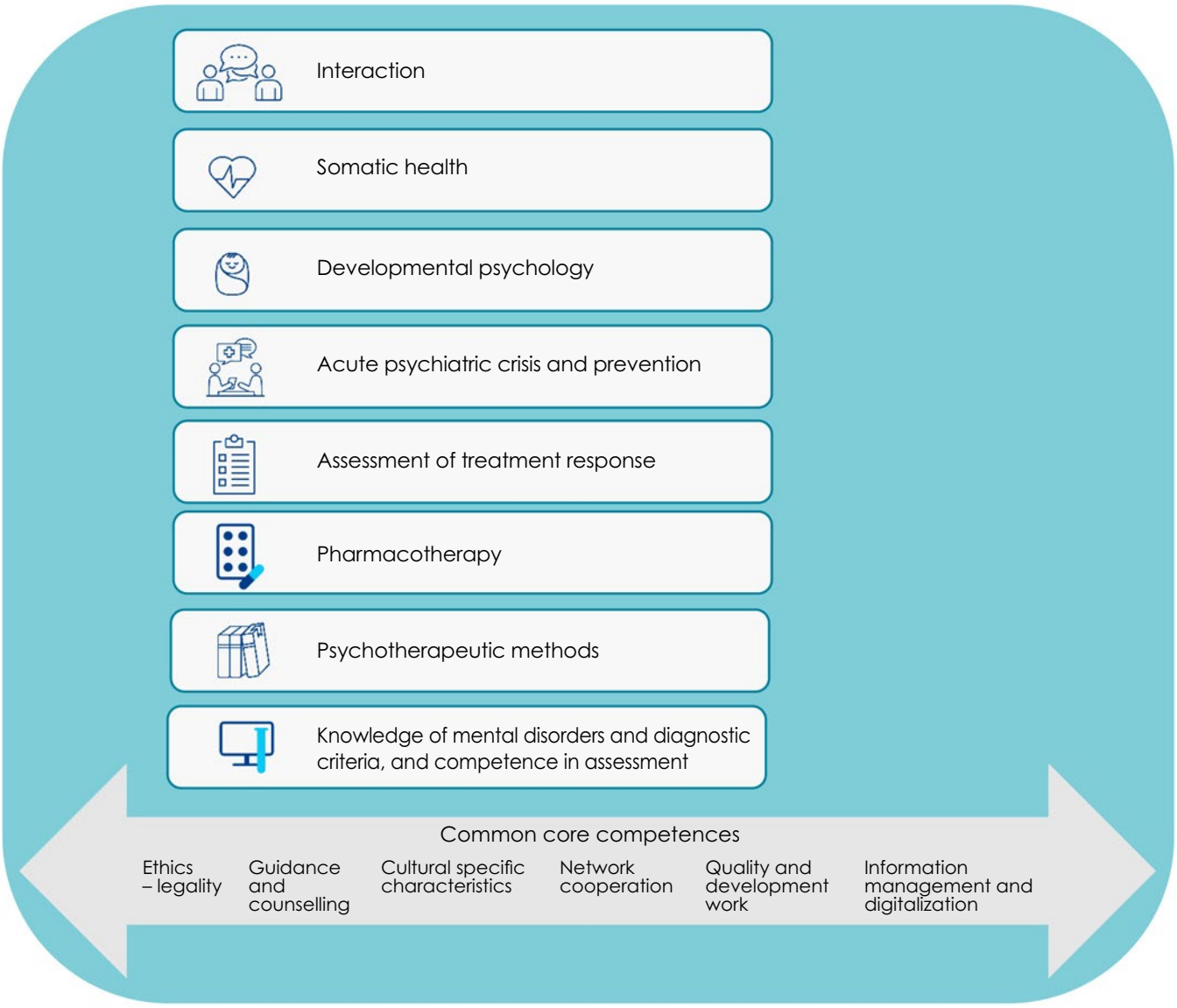


Figure 1. Competence categories of clinically specialized nurses in psychiatric and mental health nursing identified in the project.

opment will focus on piloting the training process and the job description of the specialized nurse in wellbeing services counties, in close cooperation with working life. The training pilot will begin in wellbeing services counties, at HUS and in the City of Helsinki in autumn 2026.

The competences of the specialization training in psychiatric and mental health nursing describe the nurse's competence in comprehensive, evidence-based and patient-centered mental health care. The specialized nurse is able to build and maintain a therapeutic care relationship, utilize interaction and emotional skills and support the patient's recovery based on individual strengths and needs. They work ethically, in a culturally sensitive manner and involve relatives, while promoting interprofessional relationships. Competences also include taking somatic health into account, developmental psychological understanding of different age groups, mastery of psychiatric diagnostics and the application of psychotherapeutic methods. In addition, the training strengthens the use of technology and knowledge-based management in the development of the quality of nursing. Defining competences has a vital role not only in developing specialization training in psychiatric and mental health nursing but also at the societal level. It influences the kind of care patients receive, how nursing staff cope in their work and what values are upheld in psychiatric nursing.

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HUS Defusing

Henrika von Schantz, Janita Leikas and Ella Härmä

In 2020, a need was identified at HUS to strengthen staff mental wellbeing and to develop a harmonized operating model for handling stressful work situations. The defusing model was already in use in a few departments, where it had been found to be effective and productive. Until then, the activities had been fragmented and there was no unified operating model or guidance. At the beginning of 2021, an organization-level development project was launched with the aim of creating a harmonized, research-based defusing model for the entire HUS Group and building a unified training pathway for defusing facilitators. The aim was to ensure that all HUS employees would have the opportunity to participate in a guided defusing session immediately after a stressful event, regardless of their work unit, professional group or work area.

In 2023, the development of defusing activities was identified as a key development measure in the action plan for wellbeing at work and occupational health and safety.

During the project, the HUS Defusing Coordination Group was established, consisting of designated labor protection managers and defusing coordinators from the departments. The project was led and the HUS Defusing Coordination Group chaired by Labor Protection Manager **Henrika von Schantz**.

The HUS Defusing operating model is a crisis work method intended for processing psychologically stressful experiences as soon as possible after the event, preferably during the same shift or at the latest within 72 hours. The method is based on confidential group or individual discussion facilitated by members of the work community who have been trained for the task. Studies show that defusing helps prevent work-related traumatization and cumulative stress (Saijo et al. 2018, Pezaro et al. 2016, Hammarlund 2001). Defusing strengthens the sense of belonging and care within the work community and improves the working atmosphere. Defusing also reduces presenteeism, sickness absences, workplace harassment and discrimination (Hammarlund 2001, Teperi et al. 2018).

The key reasons for launching the project were:

- Supporting work ability and well-being at work
- Promoting equality and quality
- Improving the effectiveness of crisis intervention
- Ensuring compliance with legislation and employer obligations

The strategic objectives of the project were:

- Strengthening staff work ability and mental wellbeing
- Preventing cumulative strain
- Enhancing a sense of community and psychological safety in work communities

Development of the activities:

- 2021: Launch of the project, review of defusing practices in different units.
- 2022: Preparation of guidance and training criteria, establishment of the coordination group. First networking day for defusing facilitators. Creation of a statistical framework at HUS level.
- 2023: Expanding the activities and embedding them as part of psychological occupational health and safety as well as occupational safety. Establishment of department-specific defusing groups, launch of HUS defusing facilitator training. Harmonized statistics and reporting.
- 2024: Publication of the CEO's instruction and defusing communication materials.
- 2025: Development of cooperation and expansion of networks. Preparation of a defusing operating model for exceptional situations and major accidents. HUS organized Finland's first national defusing day in cooperation with the Finnish Association of Fire Officers.

Results and impacts

The development of defusing activities at HUS has produced remarkable results both in organizational structures and in practical operations. The activities have become an established part of the overall framework of wellbeing at work and occupational health and safety, and their effects are evaluated using both quantitative and qualitative indicators.

In 2025, more than 200 trained defusing facilitators operate in different departments at HUS. In the departments where defusing is in use, defusing sessions are organized regularly and their number has increased annually (Figure 1).

PHOTO: HENRIKA VON SCHANTZ 2023

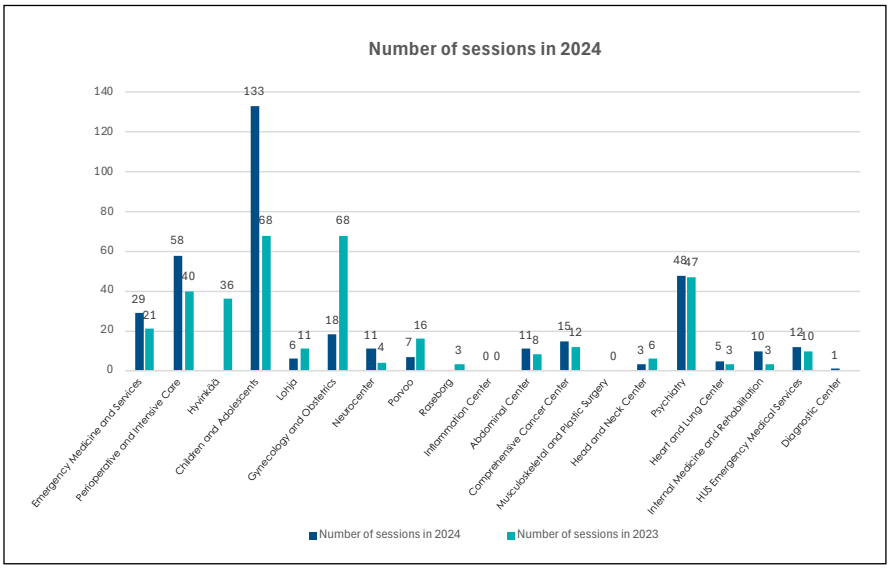

Figure 1. Defusing sessions conducted.

Supporting work ability: Defusing sessions allow employees to process stressful experiences quickly, safely and with a low threshold, which supports recovery of work ability and reduces cumulative stress.

Increasing community spirit: Sessions increase collegial understanding and trust within work communities. Participants have considered the defusing sessions necessary and beneficial.

Identification of early support: Defusing also acts as a gateway to occupational health services when a need for further support arises during the session.

Organizational equality: Harmonizing the operating model has increased equality: all HUS employees now have the opportunity to participate in defusing regardless of unit or professional group.

The effects of the activities are also reflected in HUS strategic objectives: a thriving workforce is a prerequisite for high-quality care, and defusing supports this goal in a concrete manner.

Conclusion and future outlook

The development of defusing activities has demonstrated that early processing

Defusing sessions allow employees to process stressful experiences quickly, safely and with a low threshold, which supports recovery of work ability and reduces cumulative stress.

PICTURE: IMAGE BANK

PHOTO: HENRIKA VON SCHANTZ

Defusing facilitators at the network day in 2024.

of psychological stress can be implemented structurally, systematically and equitably in a large organization.

Embedding the activities in different units has strengthened employees' experience that their wellbeing is genuinely important. At the same time, defusing has proven to be an effective means of reducing work-related stress, increasing community spirit and supporting patient safety. A thriving workforce is a prerequisite for high-quality care.

Although defusing is becoming established as part of HUS organizational culture, its active use has not yet begun in all departments. Embedding this development requires management commitment and strong organizational support as well as continuous communication and training at all organizational levels. In the future, the aim is to expand the activities, develop measurement of their effectiveness and strengthen cooperation with occupational health services. At HUS, the toolkit for psychological occupational health and safety will also include the introduction of a Second Victim protocol, further development of the defusing model for exceptional situations, and peer support training

PHOTO: HENRIKA VON SCHANTZ

***Paula Risikko** opening the national Defusing Network Day on May 15, 2025*

as continuing education for defusing facilitators.

Since autumn 2022, HUS has organized networking days for defusing facilitators twice a year, with well over 100 facilitators from different departments participating each time. Top professionals from HUS and experts from various public authorities have served as trainers during the networking days. The aim of the networking days is to deepen facilitators' competence in using the defusing method as a crisis intervention tool and to strengthen their own coping and wellbeing in this important work. The feedback received has repeatedly been positive, and the networking days have often been praised as some of the best training days at HUS. Compared with other organizations, HUS has the most extensively trained defusing facilitators in Finland when measured by the number of training hours.

Maintaining effective and high-quality defusing activities requires regular and up-to-date training for facilitators and commitment from management. Together, these help build a sustainable and healthy working life at HUS.

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Poster: Defusing Coordination Group 2024.

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***More information**:*

Defusing page on Eetteri: Defusing activities

CEO's instruction on organizing defusing activities: Instruction

Tandem Colleague Method promoting patient encounters in Finnish and Swedish

Taina Ala-Nikkola, Carola Lindholm, Terese Lindholm and Helena Raappana

In healthcare, patients have the right to receive services in both national languages, but in practice professionals may find it challenging to maintain adequate language skills. Results from patient feedback indicate that Swedish-speaking patients do not always get to communicate in their own language. The issue became particularly evident in connection with changes in the HUS service network, when some patient care was transferred from Raseborg to Meilahti, where providing services in Swedish proved challenging. Nursing staff at the Comprehensive Cancer Center expressed concern about patients' ability to receive care in their mother tongue. The staff had basic knowledge of the other national language, but their active use of the language and command of professional vocabulary were insufficient. This was feared to affect both patient safety and equality. The situation prompted a desire to strengthen language skills needed in everyday work and patient situations in a work-based manner, and a solution was sought through the Tandem Colleague Method.

Piloting the Tandem Colleague Method

The pilot was conducted as part of a project funded by the Ministry of Social Affairs and Health titled "Development of Networked Centers of Excellence Supporting the Realization of Linguistic Rights at the Hospital Campuses in Porvoo and Raseborg." The pilot of the Tandem Colleague Method (Figure 1) was designed with inspiration from a model implemented by psychologists in the Wellbeing Services County of Ostrobothnia, which had produced positive experiences. The pilot was designed by the project team together with supervisors from the HUS Comprehensive Cancer Center and Raseborg. They were also responsible for recruiting participants and organizing the practical arrangements of the pilot.

"Previous language skills were reactivated and motivation increased. I would definitely recommend the method to colleagues."

The aim of the pilot was to strengthen participants' language skills in a practical manner, particularly in situations encountered in patient care. The intended outcome was that staff would gain confidence and ability to use the other national language more fluently in everyday work, thereby improving patient safety and equality. Eight nurses from the Comprehensive Cancer Center registered for the pilot and partners for them were recruited from Raseborg.

Through Teams, participants in the

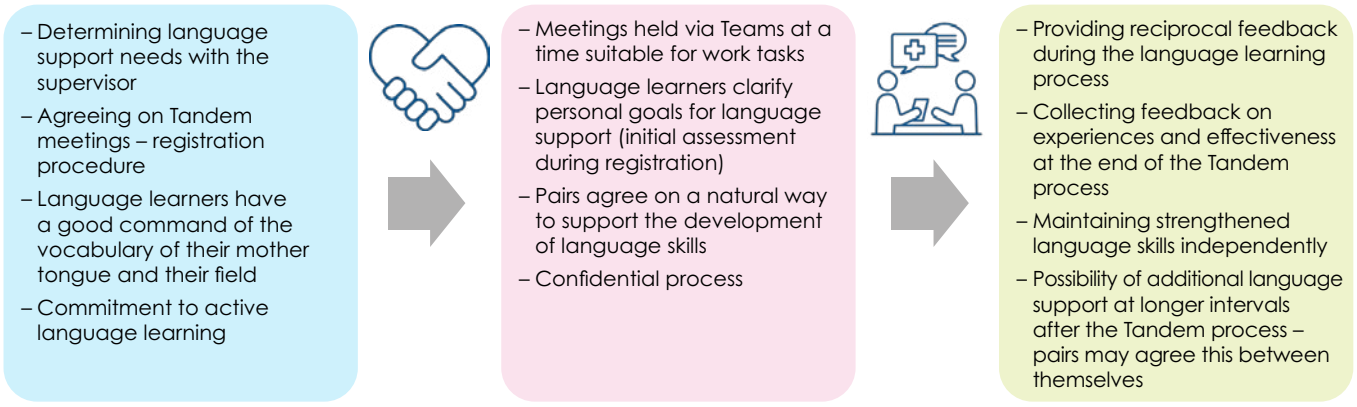

Figure 1. Process description of the HUS Tandem Colleague Method (based on the model implemented by psychologists in the Wellbeing Services County of Ostrobothnia).

"The meetings were safe and encouraging. It was easier to practice the language with a colleague than in a traditional training course setting."

PHOTO: MARTINA BERGLUND

The Raseborg Tandem pairs, from left: Terese Lindholm, Camilla Tallqvist and Ann-Christin Österlund.

pilot worked in pairs, taking the roles of both learners of the other national language and speakers of their stronger language.

Change was measured through participants' self-assessments of speaking, writing and reading comprehension at baseline and after the pilot. Feedback was also collected on the method itself and on the impact of the meetings on the use of the other national language in patient encounters.

Implementation and results of the pilot

The pilot was launched in spring 2025, lasted approximately seven weeks and included 8–12 meetings per pair. The virtual meetings lasted 30–45 minutes at a time and their content was tailored to participants' needs. Pairs agreed together on whether to focus on speaking, writing or reading comprehension. Anonymized patient documents, specialty-specific guidelines and patient counselling situations were used in the meetings. The core of the method was reciprocity and a confidential atmosphere in which both participants received support in the language skills they most needed in their work.

As a result of the pilot, speaking and comprehension skills improved and participants considered the method safe and encouraging. Working in pairs increased confidence in using the other national language in patient encounters. Direct quotations from participants' feedback:

"The meetings were safe and encouraging. It was easier to practice the language with a colleague than in a traditional training course setting."

"Working in pairs provided an opportunity to practice and expand professional vocabulary and to rehearse patient counselling situations. Confidence in using the other national language increased significantly."

"Previous language skills were reactivated and motivation increased. I would definitely recommend the method to colleagues."

"Learning together was effective and meaningful – the Tandem method brought a new sense of community to everyday work."

"Updating certain terms and expressions was important for me. It reactivates dormant language skills and makes the use of the other national language in patient encounters more fluent."

"... In a way, it was reassuring that both of us found it challenging to find the right words and speak. This encouraged me to try more."

"The pilot was a positive experience. It felt safe to speak Swedish."

"... It is easier to raise issues that are considered important from the organization's perspective and encourage others to participate."

Encouraged by the above results, we will continue to refine the method and aim to make it a permanent feature of our organization.

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Terese Lindholm, RN (University of Applied Sciences), MHSc, Clinical Nurse Specialist, Medicine Services
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Practical nurse updating patients' medication information – a pilot in psychiatric units

Fanny Leimuvaara, Annika Kiiski, Lotta Schepel, Maria Ameel and Jenni Mäntynen

Lack of up-to-date medication information is one of the most significant threats to pharmaceutical safety. Under current legislation, a licensed practical nurse with a secondary-level qualification may update a patient's medication information. Before the introduction of Apotti, licensed practical nurses were able to update patients' home medication information, but when Apotti was introduced, this task was restricted to nurses, pharmacy professionals and physicians. The pilot aimed to find out whether it is possible and safe for a practical nurse to update home medication data in Apotti (patient interview, Prescription Center search, reconciliation and structuring in Apotti).

The pilot was implemented as part of the Ministry of Social Affairs and Health's Good Work Programme in February–September 2025 and a wider HUS pilot involving three departments. The psychiatry pilot included Hyvinkää Psychiatry Wards 1 and 2 and the Tikkurila Mood Disorder Outpatient Clinic.

In psychiatry, a Moodle training course on updating home medication information was developed for nurses and physicians. Practical nurses participating in the pilot completed the nurses' Moodle course and also received close support from a pharmacist at the beginning of the pilot. Experiences of the pilot were evaluated using a mixed-methods approach through questionnaires, interviews and monitoring medication-related HaiPro notifications.

During the pilot, a total of 226 updates were completed, with pharmacist close support involved on 22 occasions. The average time required for updating was 6 minutes in outpatient settings and 25 minutes in wards. The time required for updating decreased during the pilot.

Interviewees (n = 10) felt that job title is not decisive in determining who can update a patient's home medication information; more crucial factors are work experience, competence in pharmacotherapy and familiarity with Apotti. Based on the interviews, Moodle training alone was not sufficient for learning the updating process. Close support was considered an essential component of training. During the pilot, one non-serious HaiPro notification was made concerning a medication update conducted by a practical nurse.

The results indicate that job title is not decisive and that practical nurses can safely perform medication updates when provided with adequate training and support. However, this requires careful planning, agreement on procedures and training that includes close support and written materials.

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Annika Kiiski, Senior Pharmacist, is Clinic Senior Pharmacist at Pharmaceutical Services and at Psychiatry.
Lotta Schepel, PhD, Docent, is Chief of Pharmaceutical Safety at Pharmaceutical Services and the HUS LAAPO unit.
Maria Ameel, RN, MSSc, PhD, is Development Manager at Psychiatry.
Jenni Mäntynen, RN, MHSc, is Chief Nursing Officer at Psychiatry.

EXEMPLARY PROFESSIONAL PRACTICE

As a result of exemplary professional practice, patients receive high-quality and safe care. This is reflected, for example, in consistent evidence-based nursing practices, the inclusion of patients and clients and patient satisfaction.

Parents are more satisfied than children with the child's care from a nursing perspective

Marita Ritmala

We receive feedback on nursing through the Nursing Patient Feedback Survey (HoPP) intended for adult patients, child patients and their parents. The results of each unit can be viewed in the Power BI report "Nursing patient feedback". The results are reported in relation to the national average of comparable types of units (HoiVerKe). HoiVerKe already includes 18 wellbeing services counties, most of which produce patient feedback on nursing for national comparison.

By mid-November, 15% more responses had already been received from adult patients (20,721) than during the whole of 2024 (17,981). Of the responses, 72% were submitted using a paper form and 98% in Finnish. The Swedish questionnaire was used by 1.2% of respondents and the English questionnaire by 0.7%. We use this feedback to further develop nursing practice and to celebrate the positive experiences reported by our patients. Also this year, the average patient rating for the statement "The nurses treated me well" was 4.88 on a scale of 1 to 5, a result we can be pleased with and proud of. The lowest mean score, 4.19, concerned the statement "The nurses told me about possible side effects of the medicines I received", indicating that guidance related to pharmacotherapy still requires further development.

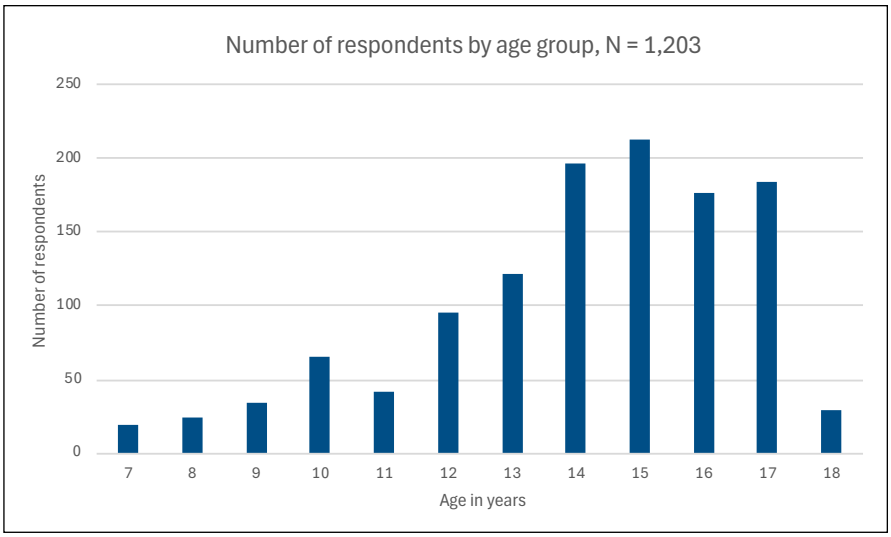

Figure 1. Age distribution of children aged over six years who provided nursing patient feedback.

By mid-November, we had received 1,254 responses from child patients aged over six years, 88% of which were submitted using a paper form. The most active respondents were children aged 14–17 (Figure 1), particularly girls (66%). The most commonly used feedback

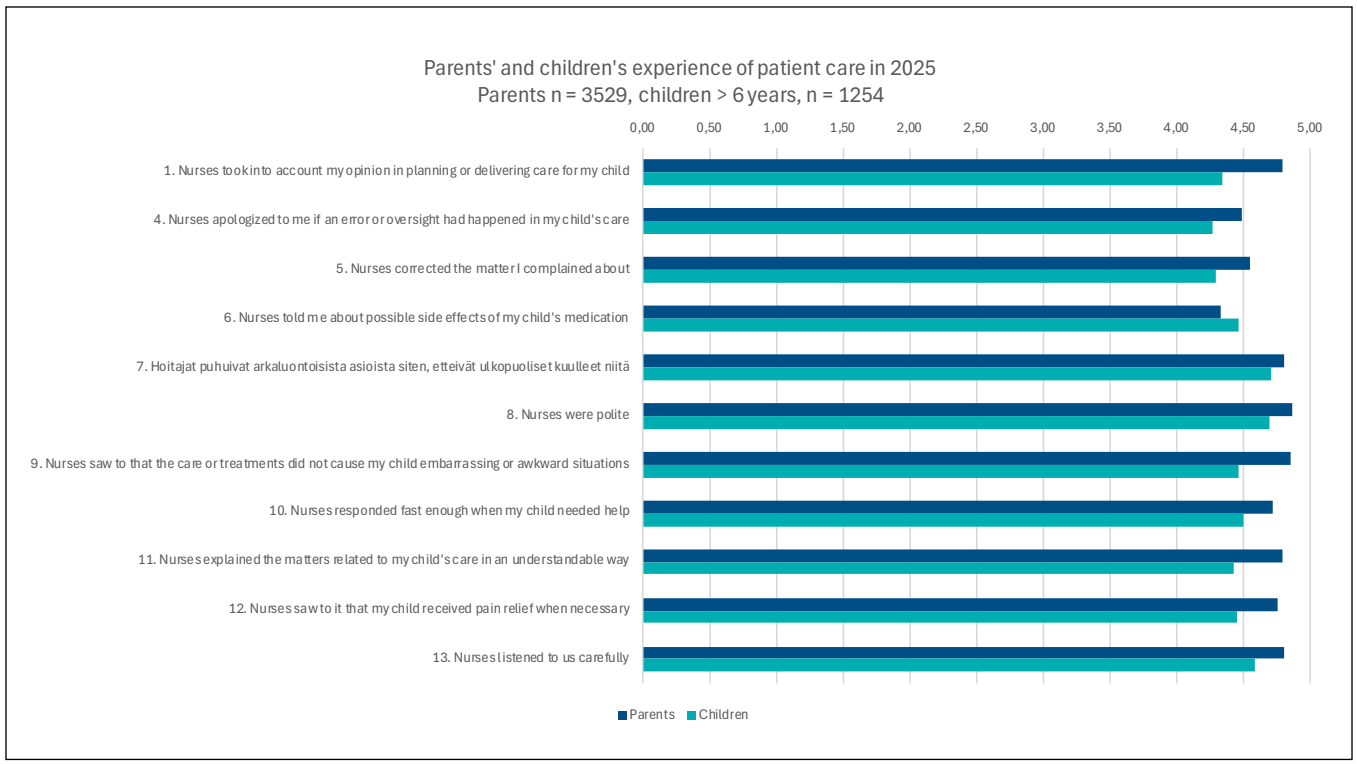

Figure 2. Average scores given by children and parents on a scale of 1 to 5. The wording of the questions in the figure is taken from the parents' questionnaire.

method among children was also the paper form (88%).

Among parents, mothers were more active feedback providers than fathers or other accompanying adults. Of the feedback received, 74% was provided by mothers (N = 3,529). The paper form was also the most popular feedback method among parents (73%). Among parents, 1.4% provided feedback in Swedish and 2.4% in English.

The feedback forms for children and parents differ in three questions. Children were more critical than parents on all issues that were asked about in both groups (Figure 2). However, the mean scores ranged from 4.27 to 4.71, whereas adult responses ranged from 4.32 to 4.86, indicating that, overall, child patients and their parents were very satisfied.

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

Reducing falls

Charlotta Allén-Ollas, Tina Hiltunen, Tiia Somiska and Tanja Westman

At Internal Medicine Ward 3 at Porvoo Hospital, attention was drawn to an increase in the number of falls during spring and summer 2025. In the first quarter of the year (January–March), the rate of falls causing harm was 2.55 per 1,000 patient days, corresponding to the 2024 level, whereas in the second quarter (April–June) the figure was 3.85.

The aim was to reduce the number of falls on the ward. A meeting was held in July with the ward supervisors and clinical instructors, as well as the Quality Manager and a clinical nurse specialist. At the meeting it was agreed that background information related to falls would be examined in more detail.

Data on falls between January and July were retrieved concerning the patient, the fall event and the ward situation (workload, staffing) on the day of the event. Patient-related data were retrieved from Apotti. Based on the collected data, it was found that the nursing intensity of patients who had fallen was assessed as high on the day of the event (care category 4) and that several patients fell more than once. Only 25% of patients who fell had undergone a fall risk assessment. Approximately half of the falls caused harm to the patient.

Analysis of fall events showed that falls occurred on all days of the week and at all times of day, but slightly more falls were reported at night between 1 am and 2 am and during the day between 3 pm and 4 pm (Figure 1). Falls most often occurred after the patient had been receiving care for more than three days. This may be because the patient's condition has improved and they are able to move around independently. The fall was most often recorded as unexpected and related to an illness or its symptoms.

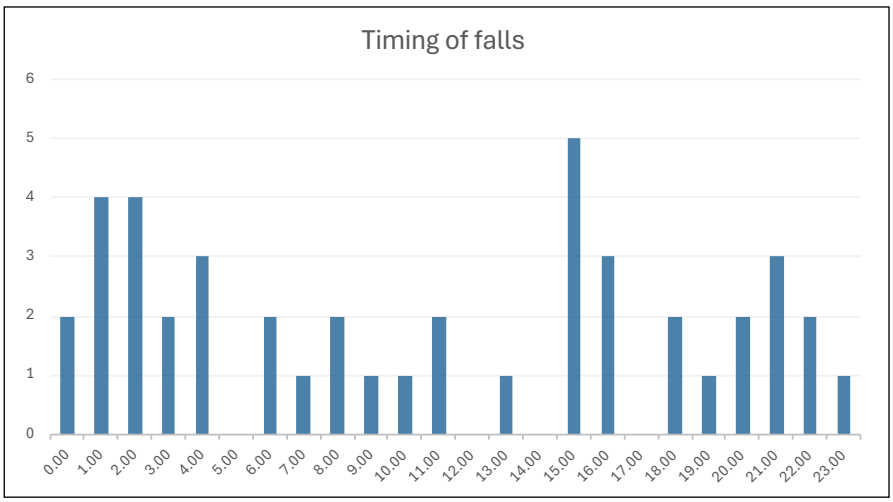

Figure 1. Timing of falls.

Further information on the ward situation was retrieved from operational management and nursing intensity reports published in Power BI. The data indicated that the ward was under pressure on the days when falls occurred. The ward occupancy rate was high (average 93%) and care intensity exceeded the optimal level on 82% of days. The average staffing ratio was 3 patients per nurse during day shifts and 7.7 patients per nurse during night shifts.

The data collected on falls were presented at a new meeting in August, where it was agreed to organize a multiprofessional meeting. A multiprofessional meeting with a physiotherapist, an internist and a pulmonologist examined fall prevention from several perspectives. Through collaboration, various methods are being used to reduce falls on the ward (Figure 2).

Nursing staff were trained through fall-prevention skills workshops and ward sessions. Fall-prevention workshops were organized on the ward in small groups. In the workshops, participants practiced identifying fall risk, documentation in Apotti and preventive measures. In addition, assisting a fallen patient from the floor was practiced. Nurses appreciated the training where theory and practice met, asking for "more of this".

Multiprofessional collaboration is aimed at ensuring that physiotherapist consultation is requested more readily for patients at risk and that fall risk is also considered in medication therapy. Physiotherapists are now consulted more actively regarding the use of assistive devices. In future, patients will receive multiprofessional guidance regarding fall risk.

Environmental factors, such as insufficient lighting in the ward lobby and the placement of patients at risk of falling, were also addressed. Technological solutions for fall prevention were explored, but their implementation is not currently possible. Camera surveillance is technically possible, but its use presents challenges, including ensuring privacy so that individuals who are not staff members cannot view the monitors. In addition, monitor placement on the ward

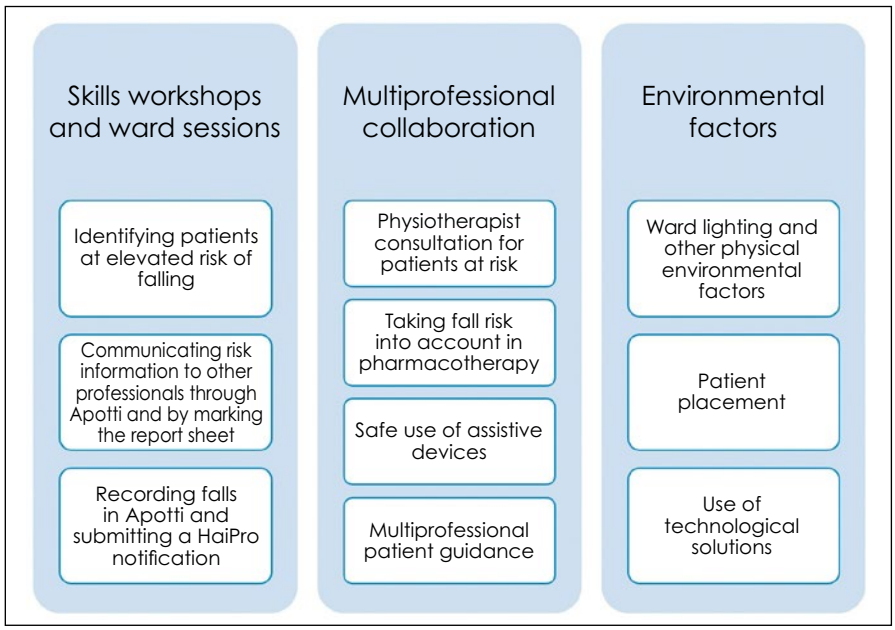

Figure 2. Methods to reduce falls on the ward.

is challenging because there are several workstations and not all of them allow monitoring.

The number of falls is monitored monthly through HoiVerKe data production and on the ward quality board. In August, the rate of falls causing harm was 0.84 per 1,000 patient days (target < 0.8), the lowest figure since January, and during the third quarter (July–September) the rate was 2.36. The trend shows a clear decrease.

Preventive work on falls continues in Internal Medicine Ward 3. Key elements of the development work included active participants, the use of diverse methods and cooperation between different professionals.

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Ethical discussion forum EETOS at the Comprehensive Cancer Center

Leena Tuominen, Aino Hirvonen and Miia Kontro

Feedback received during the site visit related to the Magnet Hospital® recognition at the Comprehensive Cancer Center January 8–10, 2024 inspired the launch of a forum for addressing ethical issues. The aim was to raise ethical issues in the care of patients with cancer and to discuss them in an interprofessional forum.

Ethical competence in cancer care (EETOS) was launched as a pilot at department level in September 2024. In 2025, ethical afternoons for nursing staff were organized twice per semester. The planning group includes a clinical nurse specialist, a physician, a nurse, a hospital chaplain and a social worker.

Following an introductory presentation, the afternoon session addresses a case example submitted by nursing staff and arising from clinical practice. In small groups, participants aim to identify the ethical issue embedded in the example and explore possible solutions. A joint discussion at the end of the event broadens participants' perspectives on the topic.

Participants from different roles (4–8 people) have attended the EETOS meetings and the feedback has been positive.

The intention is to continue organizing EETOS afternoons in the future. Meetings could be organized more frequently so that they become better known and participation can increase. Communication is important in order to raise awareness of the initiative. https://hussote.sharepoint.com/sites/intra-syopakeskus/SitePages/eettiset-kysymykset-pohdintaan-eetos-iltapaivassa.aspx

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Multiprofessional development of patient nutritional care in the ward

Eva Gustavsson-Niemelä, Terhi Lemetti, Katri Lätti, Katriina Ojala, Tanja Rauhala and Saija Uuskoski

Need to develop multiprofessional nutritional care for patients in wards

According to malnutrition risk assessments conducted in HUS between 2014 and 2016, approximately 30% of assessed ward patients (n = 3,053) were at risk of malnutrition (Orell et al. 2023). The HUS Nursing Strategy aims for 80% of adult inpatients to be assessed for the risk of malnutrition. Patient nutritional care at HUS is guided by the Chief Medical Officer's guideline *Ensuring Nutrition in HUS Hospitals* (CMO guideline July 2021) and several additional guidelines available on the HUS Eetteri pages (HUS 2024).

The consequences of malnutrition include increased infection rates, impaired wound healing, pressure injuries, morbidity and mortality (Duodecim 2023). Malnutrition therefore reduces patients' quality of life and slows recovery from illness, prolongs treatment duration and increases the risk of complications and mortality. In addition, the costs of patient care and the workload of healthcare professionals may increase if the patient is malnourished. (National Nutrition Council and Finnish Institute for Health and Welfare 2023)

At baseline, monitoring conducted at the beginning of 2024 showed low coverage of malnutrition risk assessments in Infectious Diseases Ward K2B (33% of ward patients assessed) and in Infectious Diseases, Dermatology, and Rheumatology Ward K4B (50% of ward patients assessed). Assessing the risk of malnutrition is particularly important in these wards, which treat patients with infectious and dermatological diseases, such as severe infections and complex wounds. Malnutrition slows wound healing and increases the incidence of infections (National Nutrition Council and Finnish Institute for Health and Welfare 2023). We also noted that the National Nutrition Council and the Finnish Institute for Health and Welfare had also published updated nutrition recommendations at the end of 2023. Given the low coverage of malnutrition risk assessments and the publication of the new recommendation, we decided to focus development efforts on patient nutritional care in wards K2B and K4B.

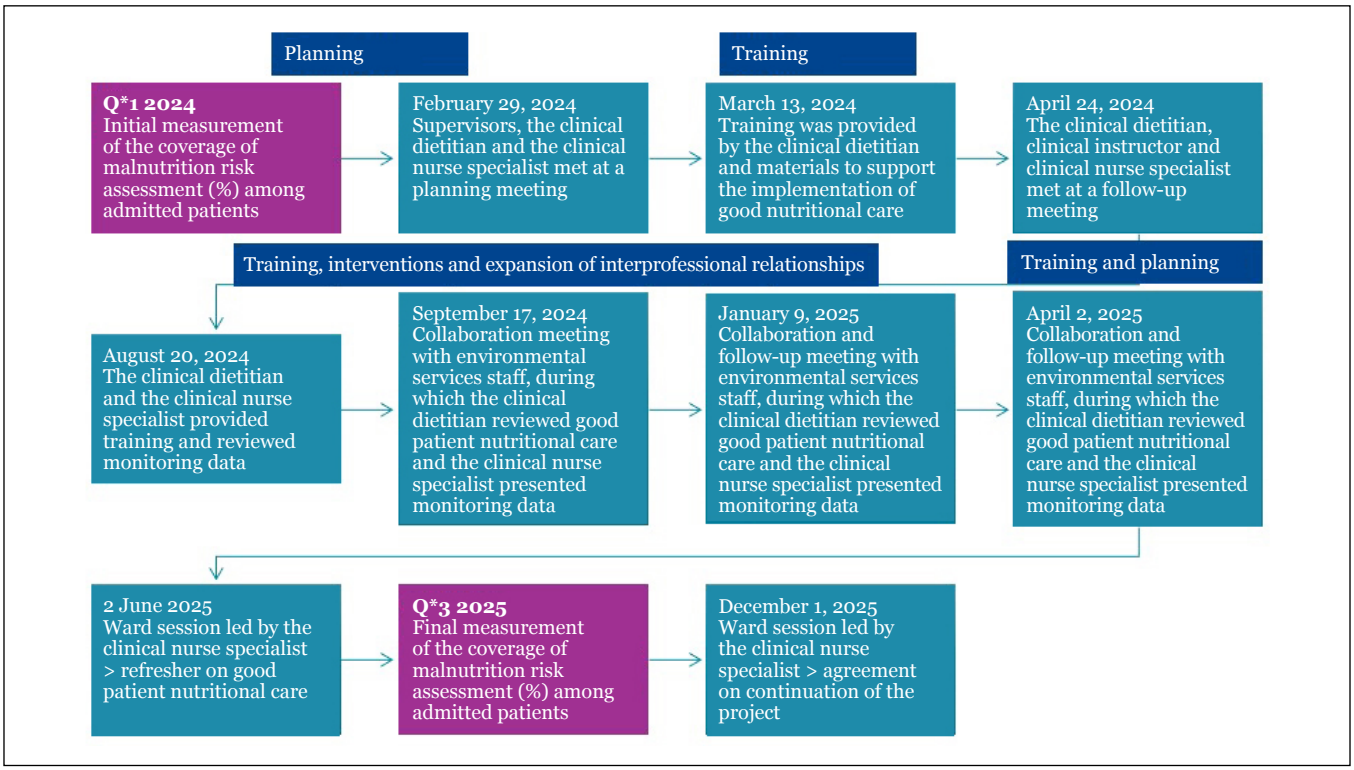
Following the multiprofessional development of patient nutritional care, nursing staff competence in assessing the risk of malnutrition and implementing individualized nutritional care improved.

The aim: developing patient nutritional care

The aim of the development project was to ensure that malnutrition risk is assessed when patients are admitted to wards K2B and K4B. In addition, the aim was to ensure nutritional care for patients in wards K2B and K4B in accordance with the new nutrition recommendation and the HUS Chief Medical Officer's guideline (July 2021) through interprofessional relationships.

Planning, interventions and implementation of better patient nutritional care

The patient nutritional care development project covered the period 2024–2025 (Figure 1). During the planning phase, we identified three key components of the development project: 1) continuous production of monitoring data and making the data visible in the ward, 2) training provided by a clinical dietitian, and 3) stronger interprofessional relationships. The monitoring data included assessing the coverage of malnutrition risk assessments through a monthly prevalence survey examining the proportion of patients at risk, the implementation of nutritional care among patients at risk of malnutrition and dietitian consultation requests. The clinical dietitian provided training for ward nursing staff during ward sessions and the monitoring data produced were reviewed at the



*Quarter

Figure 1. Stages of the patient nutritional care development project in wards K2B and K4B, 2024–2025.

same time. To strengthen interprofessional relationships, joint meetings were organized between ward nursing staff, environmental services staff, the clinical dietitian and the department's clinical nurse specialist.

During training sessions and collaboration meetings, the clinical dietitian presented the meal portion size selection guideline (HUS Ohjepankki 2024a) and the supplementary nutrition drink selection charts (HUS Ohjepankki 2024b) developed by the Clinical Nutrition Therapy Unit of the HUS department for Internal Medicine and Rehabilitation. As the development project progressed, it was jointly agreed to introduce an expanded fluid list that allows recording the portion size consumed by the patient: *almost all, more than half, less than half, less than ¼ or none* (following the Apotti documentation template). When a nurse completed the malnutrition risk assessment, the nurse recorded the patient's malnutrition risk on the daily management board and placed the expanded fluid list on the patient's bedside table. A hospital cleaner recorded the portion size consumed on the list. This improved communication regarding the patient's nutritional care. In addition, collaboration meetings highlighted the need to provide HUS-level training on patient

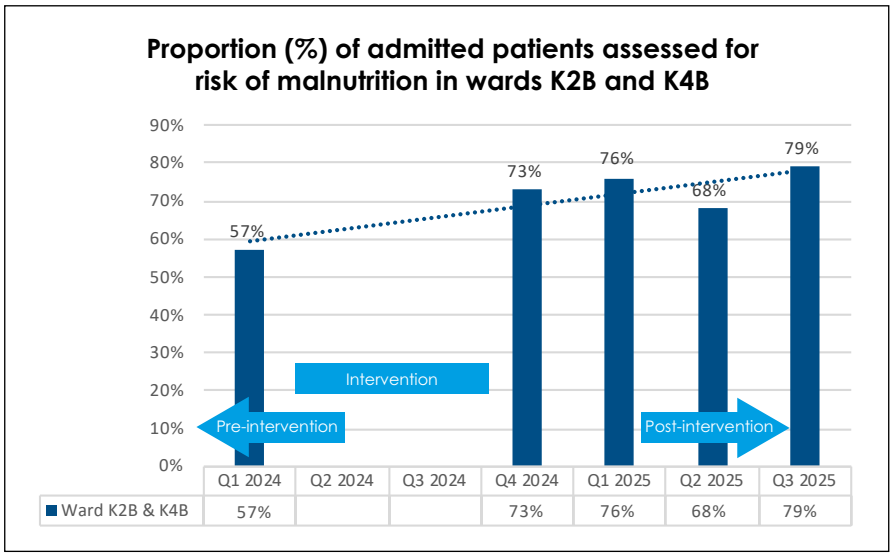


Figure 2. Proportion (%) of malnutrition risk assessments among patients admitted to wards K2B and K4B, 2024–2025.

nutritional care for hospital cleaning professionals.

Results of developing patient nutritional care

At the start of the development in 2024, malnutrition risk had been assessed in 57% of patients admitted to wards K2B and K4B during the first quarter. After the development measures, by the third quarter of 2025, the proportion had increased to 79%, nearly reaching the 80% target set in the HUS Nursing Strategy (Figure 2).

Following the multiprofessional development of patient nutritional care, nursing staff competence in assessing the risk of malnutrition and implementing individualized nutritional care improved. At present, the risk of malnutrition is assessed and patients at risk are identified. In addition, the roles of the multiprofessional team in patient nutritional care became clearer and information flow improved. Going forward, it is important to establish the agreed practices so that their implementation in everyday nursing work is maintained.

Further competence development and refresher training are still needed regarding actions following identification of malnutrition risk, for example when a patient requires a high-protein diet, oral nutritional supplements and/or consultation with a dietitian. Strengthening interprofessional relationships will continue as part of high-quality patient nutritional care.

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Terhi Lemetti, RN, PhD, is Clinical Nurse Specialist at the Inflammation Center.
Katriina Ojala, MHSc, is Clinical Dietitian at HUS.
Tanja Rauhala is Manager in Service at HUS.

NEW KNOWLEDGE, INNOVATION AND IMPROVEMENTS

The best and safest possible care for patients is ensured through consistent and evidence-based care practices. For this reason, HUS aims to strengthen nursing staff research competence and their ability to implement research evidence in clinical patient care.

The year 2025 at the HUS Nursing Research Center

Toni Haapa and Kristiina Junttila

The HUS Nursing Research Center (NRC) aims to support nursing and health science research within HUS, research-based development, networking related to research activities, and the utilization of research evidence in clinical patient care as well as in its management and education.

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 2025, 20 researchers applied for researcher months intended for doctoral and postdoctoral research. Eight applicants were granted a total of 18 months (and five researchers were placed on a reserve list). The utilization rate of researcher months was 99.8%.

Cooperation with the University of Helsinki's Master's Programme in Development of Healthcare Services

Cooperation between HUS and the University of Helsinki's Master's Programme in Development of Healthcare Services was promoted in accordance with the joint research, education and development strategy (2024–2028). In 2025, among other things, project management continuing education for HUS clinical nurse specialists and clinical nurse educators was organized and the HUS Nursing and Health Sciences Research Program was updated through cooperation. In addition, master's students were offered numerous master's thesis topics as well as clinical practice placements.

The NRC's own research activities

During 2025, NRC staff participated in launching and implementing new nursing and health science studies, for example the national pressure ulcer study involving 21 wellbeing services counties (or joint county authority for wellbeing services). The aim of this multicenter study is to produce information on the implementation of skin condition and pressure ulcer risk assessments, interventions used to prevent pressure ulcers, the prevalence of pressure ulcers during treatment or care, and factors associated with these in agreed health and social care environments. The research data were collected in March 2025. In 2025, NRC staff produced six scientific publications, receiving 12 JUFO points. In addition, professional publications based on research activities (n = 1) as well as national (n = 3) and international (n = 8) conference presentations were produced.

Support for research-based development

A recruitment freeze prevented the use of NRC project planner posts in 2025. However, HUS development activities were supported by coordinating the activities

of the national HoiVerKe (the Finnish consortium for the national benchmarking of nursing-sensitive outcomes) and OVeLa (National Benchmarking of the Quality of Student Supervision) networks. In addition, the HUS NRC supported networking aimed at producing and utilizing research evidence in 2025 by organizing, among other things, two HUS Doctoral Network meetings, meetings of doctoral researchers in nursing and health sciences, and joint meetings for clinical nurse specialists and clinical nurse educators. International networking was also promoted by joining the European University Hospital Alliance (EUHA) nursing research network.

Support for utilizing research evidence

The utilization of research evidence was supported by organizing Nursing Science meetings (3), a Research into Practice event (September 2, 2025) and Science Day (November 27, 2025) together with the Nursing Development Expert Group (HoKe). The Nursing Research Day, organized at HUS since the early 2000s, was held on September 23, 2025 for the first time at the level of the Southern Finland collaborative area for healthcare and social welfare, under the leadership of the NRC. The event, organized remotely, aimed to promote evidence-based nursing practices and learning from best practices. The target audience included nursing staff working in clinical patient care, managers and leaders, nurse specialists and nurse educators, as well as all those interested in the topic within the Southern Finland collaborative area. A total of 188 participants attended the event.

The program included 11 oral presentations and 10 poster presentations addressing digitalization, high-quality care and competence development. Finally, the best presentations were awarded based on audience voting. In addition to the above, NRC newsletters were published (11 issues).

PHOTO: SAARA ROPPONEN

Professor Kristiina Junttila at the career celebration symposium on September 26, 2025.

In 2025, preparations were launched under the leadership of the HUS NRC for the third clinical nursing research conference, *3rd International Conference of Clinical Nursing Research 2027*. The conference will be held August 19–20, 2027 at Clarion Hotel® Helsinki under the theme *"Advancing excellence in patient care"*.

Change of NRC director

Professor Kristiina Junttila's retirement

Professor **Kristiina Junttila**, Director of the NRC, officially retired on October 1, 2025 but will continue working part-time at HUS until spring 2026. Kristii-

PHOTO: SAARA ROPPONEN

The Kruunuhaka lecture hall at the Meilahti Bridge Hospital was filled with participants attending the career celebration symposium.

na's significant and influential career at HUS, in nursing science and in the development of nursing quality was celebrated at a career celebration symposium held on September 26, 2025.

Approximately 100 participants attended the symposium held at Meilahti Bridge Hospital. Participants included Kristiina's collaborators from HUS as well as from national networks over the years. The symposium featured presentations by Chief Nursing Executive **Marja Renholm**, **Kaarina Ahtovuori** (honorary title of *terveydenhuoltoneuvos*), Professor **Sanna Salanterä** and Professor **Tarja Kvist**. The speeches reviewed the milestones and achievements of Kristiina's career. After the speeches, the program continued with a panel discussion in which panelists shared memories and experiences of working with Kristiina. Kristiina also gave her own farewell lecture, which she described as a journey down memory lane. Finally, the audience enjoyed a choral performance by the Hyksetti choir, showcasing the diverse talents of HUS staff.

Heljä Lundgrén-Laine started as the Director of the NRC on November 10, 2025

Heljä Lundgrén-Laine (PhD, Docent) was appointed as the new Director of the NRC. Heljä has a strong background in clinical nursing. She is a registered nurse in internal medicine and surgery and

Heljä Lundgrén-Laine, the new Director of NRC.

built a lengthy career in the adult intensive care unit at Turku University Hospital (TYKS). From 2005 to 2009, Heljä worked at the Department of Nursing Science at the University of Turku and completed her doctorate in 2013. After that, she continued at TYKS as Planning Specialist and Nurse Director in Charge of Development, focusing on nursing development and research. Heljä also holds the title of Docent at the University of Turku. In 2017 she moved into administration and became Chief Nursing Officer of the Central Finland Hospital District. Before joining HUS, she served as Professional Director for Nursing in the Wellbeing Services County of Central Finland.

Toni Haapa, RN (University of Applied Sciences), PhD, Docent, is Research Nursing Officer at the HUS Nursing Research Center
Kristiina Junttila, RN, PhD, Docent, Professor h.c., served as Director of the HUS Nursing Research Center (NRC) until November 30, 2025 prior to her retirement.

A literature-based rehabilitation approach in occupational therapy and physiotherapy in Finland's first hand transplantation

Pia Nahi

Preparation for Finland's first hand transplantation began four years before the operation, which took place on November 13, 2024. Preparation included designing a rehabilitation protocol based on a literature review and consulting international occupational therapists working with hand transplant patients. Once a suitable patient was identified, their functional capacity and suitability for transplantation were assessed from a functional perspective. In addition to the rehabilitation itself, key tasks in occupational therapy included planning the continuation of rehabilitation, coordinating resources and communicating with the patient's home municipality and insurance company.

Initial assessment before hand transplantation

The patient's functional performance before the hand transplantation was assessed using methods derived from the literature review, including interviews, observation, quality-of-life questionnaires (EQ-5D-5L and RAND-36), the generic upper limb function questionnaire Disabilities of the Arm, Shoulder and Hand (DASH), and a standardized upper limb test (1, 2, 3) while using a myoelectric prosthesis. The interview aimed to assess functional performance, experiences of prosthesis use, the patient's expectations and goals for the hand transplantation, and psychosocial and physical support in the home environment (1, 2, 3). The physiotherapist measured the range of motion and muscle strength of the upper limb joints.

Functional goals after hand transplantation

A vital component of rehabilitation is defining functional goals after the hand transplantation. The patient set their goals using the Canadian Occupational Performance Measure (COPM) (4), in which performance and satisfaction in activities considered important are assessed. Achievement of these goals is systematically supported through occupational and physiotherapy. The goals and progress in achieving them are presented in Table 1. The importance of some goals changed after surgery – for example, the use of a 3D printer is no longer relevant because the patient no longer requires assistive devices in the same way as before the transplantation.

Rehabilitation team

The rehabilitation team was led by Chief Physician of Hand Surgery **Jorma Ryhänen** and included Occupational Therapists **Pia Nahi** and **Elvi Vilenius**, and Physiotherapists **Janica Heltelä-Halinen** (ward) and **Sari Nuuja** (outpatient clinic). The team met with the patient during the hospital stay and during outpatient appointments in varying compositions as appropriate. During these meetings, the team planned and documented the rehabilitation.

Hand rehabilitation

After hand transplantation, function of the extrinsic muscles of the hand returns first, enabling basic movements of the fingers and wrist. Approximately one year after transplantation, nerve function reaches the intrinsic muscles of the hand, allowing fine motor function of the thumb and other movements to begin to develop.

Early phase (0–14 days after hand transplantation)

In the early phase, occupational therapy and physiotherapy focused on fabrication of positioning splints, protection of bone healing, management of pain and swelling, prevention of joint contractures, and motor and sensory retraining

A vital component of rehabilitation is defining functional goals after the hand transplantation.

(3). Swelling was primarily prevented through positioning therapy (1, 2, 5, 6). The first individual splint was fabricated one week after surgery and splints were worn continuously (7). The physiotherapist initiated mobilization at six weeks once adequate blood circulation in the fingers had been confirmed (8, 9, 10). Sensory retraining was conducted using imagery and video exercises as well as by observing, touching and moisturizing the transplanted hand (7). During the ward stay, the patient's independence was supported for example with a touchscreen stylus that enabled use of a phone and computer.

Intermediate phase (2–8 weeks after hand transplantation)

During the intermediate phase, occupational and physiotherapy focused on preventing scar formation and adhesions, preventing joint contractures and strengthening tissue tensile strength and mobility. Functional training began gradually and the patient started practicing light pinch, cylindrical and two-handed grips in everyday activities (1, 6, 8). Exercises included eating small bites of food, applying lotion to the face and hands, brushing hair and using a computer with assistive devices.

In the intermediate phase, the aim was to promote motor and sensory capacity through compression therapy, imagery exercises, video-assisted methods and splint therapy. The splints used supported finger extension, tendon balance and thumb grip. The patient was discharged with an individualized exercise program, and rehabilitation continues in the home municipality with occupational therapy and physiotherapy support.

Late phase

The late phase begins from week 9 onwards and focuses on follow-up visits every three months during the first year and every six months during the second year. At follow-up appointments, standardized assessment methods are used and goals are reassessed and adjusted according to the patient's functional progress.

Reflections

Rehabilitation following hand transplantation has required interprofessional relationships, long-term planning and attention to both the individual and holistic needs of the patient. The most important learning experience has been the significance of continuity in rehabilitation and early functional training. In the future, similar rehabilitation processes

Table 1. The patient rates the selected activities that are important to them (S = performance) and satisfaction (T) on a scale of 1 to 10 (4).

Objectives in order of importance	Before the operation	3 months	Adaptation/ exercise	6 months	Adaptation/ exercise	9 months	Adaptation/ exercise
Refueling the car	S1, T1	S1, T1		S1, T1		S1, T1	Using a hand gripper
Opening food packages	S2, T2	S2, T2				S4, T2	
Making a sandwich	S1, T1	S1, T1	Vertical-handled knife	S3, T2		S4, T2	Sandwich preparation aid
Handwriting	S5, T5	S8, T8	Handle thickener, grip modification	S10, T10	Writing support	S10, T10	
Two-handed eating	S4, T2	S4, T2	Multi-purpose strap, fork handle thickener	S8, T8		S10, T10	
Using a 3D printer	S5, T3	S5, T3		S5, T3		S5, T3	
Handling a zipper	S2, T2	S2, T2	Zipper pull	S2, T2		S2, T2	
Use of scissors (and pruning shears)	-	S1, T1		S3, T2	Spring-loaded scissors	S4, T2	
Nail polishing	-	S1, T1		S9, T9		S10, T10	
Vacuum cleaning	S7, T2	S2, T2		S2, T2		S2, T2	
Use of a cordless drill	S3, T3	S2, T2		S3, T3		S3, T3	

can be developed more confidently and systematically based on this experience.

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Pia Nahi, Occupational Therapist, MSc, Occupational Therapy Instructor, Internal Medicine and Rehabilitation

An evidence-based assessment method for functional capacity translated into Finnish

Tuija Repo and Marit Sundell

As an organization, HUS requires the use of evidence-based methods, and this also applies to the work of occupational therapists. Assessment of functional capacity must be of high quality and reliable. This ensures equitable data collection and creates a shared knowledge base for rehabilitation. Occupational therapists already use several methods for assessing functional capacity in Finnish and Swedish, but there was no Finnish-language method for assessing time management skills. The Finnish translation of the assessment method for time management skills addresses this need.

Finnish translation of the Assessment of Time Management Skills method (ATMS-FI)

Our translation work is based on the original English version of the method *The Assessment of Time Management Skills, ATMS (White 2013, 2023).* A written agreement on the translation was concluded with the owner of the method, **Suzanne White** (*MA, OTR/L, retired Clinical Associate Professor*). Suzanne White and the Swedish translator of the ATMS-S method, **Gunnel Janeslätt** (*PhD, Occupational Therapist (reg)*), provided continuous support for our research and translation work and trained our occupational therapists in the use of the method.

Occupational therapists at HUS Psychiatry conduct research and development

We began the ATMS-FI translation work in HUS Psychiatry occupational therapy in 2019. In 2022 and 2023, a study was conducted on the comprehensibility of the translated self-assessment form and the usability of the method as part

of functional capacity assessment and rehabilitation goal setting (HUS research permit). The research group also included Occupational Therapist **Kaisa Honka**, MHSc, PhD, from HUS Psychiatry (employed by Terveystalo since autumn 2023). The study involved 22 occupational therapists who received user training in the ATMS-FI method and used the research-phase translation as part of functional capacity assessments. The occupational therapists evaluated the comprehensibility of the Finnish self-assessment form (82 returned forms) and participated in three focus group discussions that examined the usability of the method and its added value as part of the set of functional capacity assessment methods. Based on the results, the comprehensibility of the self-assessment form was improved by modifying certain concepts and expressions. The data showed that the method is highly usable. It provides additional information on the client's executive functioning and time management skills both for the results of the functional capacity assessment and for the client themselves.

Successful result

As a result of the research, occupational therapists in HUS Psychiatry who have received method training have gained access to a new and validated assessment method.

"The more I have used it, the more useful I have found this assessment method. I also consider it valuable because it provides both numerical and descriptive information about a young person's time management skills... I use it frequently."

The method has been found to be highly client-centered, to stimulate discussion and to provide insights for the clients themselves.

"I use it in every functional capacity assessment because time management is an important everyday skill and part of the ability to work and study. The questionnaire often also prompts patients to reflect on their own time management."

Conclusion

In accordance with its strategy, HUS supports and takes responsibility for research, the generation of new knowledge and the development of services within occupational therapy. The usability study of the Assessment of Time Management Skills in Finnish (ATMS-FI), conducted in collaboration between occupational therapists, is a good example of this. The method has already attracted national interest among occupational therapists and will be published in 2026.

PHOTO: PHOTO ALBUM OF TUIJA REPO AND MARIT SUNDELL.

From left, Suzanne White and Gunnel Janeslätt, who served as trainers in Finland in 2023, and ***Tuija Repo*** *and* ***Marit Sundell****.*

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International symposium on specialized training for nurse anesthetists

Yunsuk Jeon

Background

In recent years, significant challenges have been observed in the orientation of new nurse anesthetists in HUS operating departments. Lack of time and personnel resources, variation in the initial competence of new employees and uneven quality of orientation have led to a situation where ensuring a consistent level of training and competence is difficult. The same phenomenon has also been identified elsewhere in Finland. To ensure patient safety and quality of care, a more systematic training structure and international benchmarking information are required to support development.

Based on these premises, on June 11, 2025 HUS and the Finnish Association of Nurse Anesthetists (SASH) jointly organized an international symposium on specialized training for nurse anesthetists at Meilahti Bridge Hospital.

Goal

The aim of the symposium was to examine how nurse anesthetists are trained in different countries and to identify good practices that could be applied in the Finnish context. The aim was also to strengthen international cooperation and stimulate discussion on the competencies required in future anesthesia nursing practice.

Method and implementation

The event was organized in connection with the ICN Congress (June 9–14), when many international nursing experts were visiting Helsinki. When it became clear that the presidents of several national associations of nurse anesthetists were attending the congress, the opportunity was used to organize an educational meeting between leading experts in the field.

PHOTO: YUNSUK JEON

Janet Setnor, President of the American Association of Nurse Anesthesiology (AANA).

The symposium brought together clinical instructors, clinical nurse specialists, nurse directors and nurse anesthetists from HUS operating departments as well as researchers from Finland, South Korea, Taiwan, Norway and the United States. The event was opened by **Kristiina Junttila**, Director of the HUS Nursing Research Center (NRC), and the welcome address was delivered by **Outi Huhtala**, President of the Finnish Association of Nurse Anesthetists. The first keynote presentation was delivered by **Jackie Rowles**, President of the International Federation of Nurse Anesthetists (IFNA), who emphasized the importance of global cooperation and standardization of education in anesthesia nursing. The presidents of national associations of nurse anesthetists – **Gyeoseon Jeong** (South Korea), **Hui-Ju Yang** (Taiwan), **Therese Finjarn** (Norway) and **Janet Setnor** (United States) – then presented the structures of nurse anesthetist education in their countries and shared their views on future developments and challenges.

Results of the symposium

The words of IFNA President Jackie Rowles remained with many participants: *"If nurses are utilized for preoperative or postoperative preparation of the patient and if they perform venous and arterial cannulation, induction and emergence of anesthesia, intubation, and extubation, and if they are left alone for any reason, they should be appropriately educated."*

Therese Finjarn, President of the Norwegian Association of Nurse Anesthetists, presented the country's two-year, 120-credit master's program based on the Regulations on National Guidelines for Nurse Anaesthesia Education issued by the Norwegian Ministry of Education on October 28, 2021. This systematic education model places nurse anesthetist education at EQF level 7 and provides an internationally comparable structure for the development of clinical expertise.

PHOTO: YUNSUK JEON

At the end of the symposium, speakers and participants gathered on the staircase of the Meilahti Bridge Hospital.

Summary and follow-up

Finnish anesthesia nursing is currently undergoing and will continue to face significant changes. Technological development, staff shortages and changing care practices require continuous development of education and competence. The symposium concluded that Finland requires a more systematic and research-based education model that supports risk management, knowledge-based decision-making and independent anesthesia nursing practice.

The symposium established an important foundation for future cooperation between professional organizations, hospitals, universities of applied sciences and universities, and its outcomes support the strategic development of nurse anesthetist education in Finland. The next concrete development step could be the implementation of specialization pilots in cooperation between hospitals (for example university hospitals), universities or universities of applied sciences and wellbeing services counties. This would enable strengthening competence and testing training models in practical operating environments without immediate major structural changes to the education and training system.

At the same time, it is important to continue international research and education collaboration so that Finnish anesthesia nursing can develop as part of the broader European Advanced Practice Nursing (APN) framework – as in the other Nordic countries – and respond to the demands of future healthcare.

Yunsuk Jeon, Sairaanhoitaja, TtT, Opetushoitaja, Pää- ja kaulakeskus, Silmäsairauksien linja, leikkausosasto Kaarna/postdoc-tutkija, Hoitotieteen laitos, Turun yliopisto.

Piloting of the ventrogluteal intramuscular injection method began in the Department of Psychiatry

Hanna-Leena Melender

The national clinical guideline on ventrogluteal intramuscular injection into the gluteal muscle was published in December 2024. According to research evidence, ventrogluteal injection is the preferred safe injection site for intramuscular injections instead of dorsogluteal injection (upper outer quadrant of the buttock) (Hotus 2024). The introduction of ventrogluteal injection at HUS had previously been postponed due to insufficient research evidence. This evidence is now available.

In spring 2025, a small group selected from the Safe Medication working group assessed the quality of the guideline mentioned above. According to the assessment, the guideline is of high quality and the evidence supporting ventrogluteal injection is sufficient. A pilot was launched at Psychosis Ward P1 at Peijas Hospital and the intensive psychosis outpatient unit at Jorvi Hospital to introduce the new guideline in a planned and controlled manner. The implementation plan for the guideline was developed by a broad multiprofessional working group.

The pilot will be conducted with the permission of the Chief Medical Officer from September 16, 2025 to March 13, 2026. It was launched with training delivered by a clinical instructor, attended by five nurses from each pilot unit. The new injection method was studied both theoretically and through practical exercises. The training also included peer teaching methods. It was agreed that the nurses who first received training would teach the new injection method to other nurses in their units. Patients will receive information about the pilot and the ventrogluteal injection will be voluntary, meaning that they may choose to receive the injection dorsogluteally if they wish. Manufacturers of certain medicines instruct that the medicine should be administered dorsogluteally. The pilot units were provided with a list of medicines they use that can be administered ventrogluteally and those that must still be administered dorsogluteally.

The uptake of the ventrogluteal injection method will be monitored electronically using an Excel table completed by nurses, and the adequacy of training will be evaluated through training feedback. During the entire pilot, staff may provide feedback to the responsible person in their unit on how the implementation of the new injection method is progressing. If necessary, corrective measures will be taken to support the implementation. At the end of the pilot, staff experiences of using the new method will be surveyed through an electronic questionnaire. At the same time, staff will be asked to give a general assessment of how patients have received the new injection method.

A final evaluation of the pilot will be conducted in spring 2026. After that, it will be assessed whether wider implementation of ventrogluteal injection in HUS should be proposed in units where intramuscular injections are administered.

Members of the pilot project group: Chief Nursing Officer **Päivi Soininen**, Psychiatry (person responsible for the project until October 1, 2025); Chief Nursing Officer **Jenni Mäntynen** (person responsible for the project from October 1, 2025 onwards); Nurse Director **Minna Huuskonen**, Psychosis division; Nurse Manager **Noora Kääriä** and Assistant Nurse Manager **Ulla Vehanen**, Jorvi intensive outpatient unit for psychosis patients, Psychosis division; Nurse Director **Virpi Eerola** and Assistant Nurse Manager **Vera Pietinen**, Peijas psychosis ward P1, Psychosis division; Head Physicians **Laura Hiltunen** and **Viktor Volkov**, Psychosis division; Clinic Senior Pharmacist **Annika Kiiski**, Psychiatry and Safe Medication working group; Clinical Instructor **Hannele Marjomäki**, Neurocenter; Training Planner **Soile Yli-Arvo**, Human Resources and Management and Safe Medication working group; Director of Nursing Excellence **Hanna-Leena Melender**, Nursing Management and Safe Medication working group.

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Hanna-Leena Melender, RM, PhD, Docent, is Director of Nursing Excellence at HUS.

Appendix 1. Members of HUS nursing councils in 2025

HUS Nursing Development Expert Group

- **Olsbo-Nurminen, Maritta**, Chair, Nurse Director, Perioperative and Intensive Care
- **Ahokoivu, Hanna**, Chair (until October 2025), Clinical Instructor, Children and Adolescents
- **Larsen, Ira**, Chair (from October 2025), Nurse, Gynecology and Obstetrics
- **Hyttinen, Heidi**, Secretary, Nurse Manager, Emergency Medicine and Services
- **Hutri, Inkeri**, Communications Officer (from November 2025), Clinical Nurse Specialist, Neurocenter
- **Ekholm, Jessica**, Clinical Instructor, Head and Neck Center
- **Haapa, Toni**, Research Nursing Officer, Corporate Administration
- **Pietilä, Annika**, staff representative, Tehy
- **Kujanpää, Meri**, staff representative (deputy), SuPer
- **Kukkoaho, Mona**, Clinical Nurse Specialist, Abdominal Center
- **Nahi, Pia**, Occupational Therapist, Internal Medicine and Rehabilitation
- **Packalén, Marja-Liisa**, Chief Nursing Officer, Inflammation Center

HUS Nursing Quality Expert Group

- **Komulainen, Jenni**, Chair, Nurse Director, Psychiatry
- **Poikajärvi, Krista**, Vice Chair, Deputy Nurse Manager, Musculoskeletal and Plastic Surgery
- **Puttonen, Ville**, Secretary and Communications Officer, Nurse Manager, Musculoskeletal and Plastic Surgery
- **Ahlqvist, Annika**, Deputy Secretary, Customer Services Manager, Emergency Medicine and Services
- **Harjula, Hanni**, staff representative, Tehy
- **Kauppi, Outi**, Clinical Nurse Specialist, Internal Medicine and Rehabilitation
- **Kokko, Sara**, Radiographer, Diagnostics Center
- **Kujanpää, Meri**, staff representative (deputy), SuPer
- **Löfqvist, Carita**, Clinical Nurse Specialist, Heart and Lung Center
- **Palomaa, Tarja**, Chief Nursing Officer, Operative Services
- **Reponen, Minna**, Clinical Instructor, Heart and Lung Center
- **Toija, Anu**, Development Manager, Corporate Administration

HUS Structural Empowerment Expert Group

- **Voutilainen, Niko**, Chair, Chief Nursing Officer, Neurocenter
- **Sipilä, Riikka-Mari**, Chair, Nurse Manager, Heart and Lung Center (until November 2, 2025)
- **Pesonen, Tanja**, Secretary (until November 4, 2025), Chair (from 4 November 2025), Clinical Nurse Specialist, Musculoskeletal and Plastic Surgery
- **Valmi, Tuire**, Communications Officer, Secretary (from November 4, 2025), Nurse, Internal Medicine and Rehabilitation
- **Eronen, Katriina**, Clinical Educator, Heart and Lung Center
- **Lehikoinen, Nina-Maarit**, Chief Nursing Officer, Emergency Medicine and Services
- **Manninen, Elina**, staff representative (deputy), Tehy
- **Meckelburg, Mia**, Nurse, Psychiatry
- **Melender, Hanna-Leena**, Director of Nursing Excellence, Corporate Administration
- **Saarinen, Kerryn**, Clinical Instructor, Head and Neck Center
- **Pekkarinen, Visa**, staff representative, Chief Union Representatives
- **Peltonen, Inkeri**, Radiographer, Diagnostics Center

Appendix 2. Peer-reviewed scientific publications in 2024* (n = 31) and JUFO points (41)

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

Table 1 presents the reference details of peer-reviewed scientific publications reported to the Nursing Research Center, the HUS authors' departments and the JUFO points received. .

Table 1. Scientific publications by HUS nursing staff in 2024.

Publication (HUS authors' names are in bold in the text)	**HUS authors' departments**	**JUFO points**
1. Askola R, **Hottinen A**, Turunen J, Lämsä T, Löyttyniemi E, Taylor F, Kantaris X, Chambers M, Kuosmanen L. Exploring therapeutic engagement in Finnish adult acute inpatient mental health settings. Mental Health Practice 2024(27):e1709.	Psychiatry	-
2. **Cavonius-Rintahaka D**, Roos M, Aho A. The effectiveness of a dialogical family guidance intervention regarding child treatment response in families with a child with neurodevelopmental disorders. BMC Psychol 2024;12:189.	Children and Adolescents	1
3. **Heikkilä A, Lehtonen L, Junttila K.** Consequences of inpatient falls in acute care - a retrospective register study. J Patient Saf 2024;20(5):340–344.	Corporate Administration Diagnostic Center	1
4. **Hirvelä I**, Torkki P, Javanainen M, Reponen E. The maturity of lean management in a large academic medical center in Finland: a qualitative study. IJQHC 2024;36(4):mzae111.	Head and Neck Center	1
5. **Jacobsson RJ**, Oikarinen A, Krogell J, Kankkunen P. Group-based cardiac telerehabilitation interventions and health outcomes in coronary patients: A scoping review. Clin Rehabil 2024;38(2):184–201.	Head and Neck Center	2
6. **Jacobsson RJ**, Kankkunen P, Oikarinen A. Health professionals' experiences of group-based cardiac telerehabilitation: A descriptive qualitative study. FinJeHeW 2024 16(4):384–399.	Head and Neck Center	1
7. Kitkala-Murto N, Kuivila H-M, Mikkonen K, **Pohjamies N**, Loukusa M, Juntunen J. Vastavalmistuneiden sairaanhoitajien kokemuksia lasten teho- ja valvontaosastolla – laadullinen tutkimus. Hoitotiede 2024 36(4):411–424.	Musculoskeletal and Plastic Surgery	1
8. Komppa J, **Eronen K**, Korpela E. Work community support in professional language learning among culturally and linguistically diverse nurses: Implementation of action research in a hospital setting. Language and Health 2024 2(2):100033.	Heart and Lung Center	1
9. **Koota E, Kaartinen J, Melender H-L.** Impact of educational interventions for professionals on infection control practices to reduce healthcare-associated infections and prevent infectious diseases: A systematic review. Collegian 2024;31(4):218–231.	Emergency Medicine and Services Corporate Administration	1
10. Korpela E, Komppa J, **Eronen K**. Yhteisöllisen kielenoppimisen mahdollisuudet erikoissairaanhoidon yksikössä. Työelämän tutkimus 2024;22(4):431–460.	Heart and Lung Center	1
11. **Mankila J**, Rajala M, Juntunen J, Kääriäinen M, Kaakinen P, **Melender H-L.** Näyttöön perustuva toiminta yliopistosairaalassa lähihoitajien näkökulmasta: laadullinen tutkimus. Hoitotiede 2024;36(3):273–292.	Comprehensive Cancer Center Corporate Administration	1
12. **Mason A**, Lindberg L, Joronen K, Koivisto A-M, Rantanen A. Strabismus is more than a misalignment; a cross-sectional pilot study of HRQOL in Finnish strabismic adults referred to a university hospital. Acta Ophthalmol 2024;102(4):428–434.	Head and Neck Center	2
13. **Mason A**, Joronen K, Lindberg L, Kajander M, **Fagerholm N**, Rantanen A. Strabismic Adults' Experiences of Psychosocial Influence of Strabismus—A Qualitative Study. SAGE Open Nurs 2024;10.	Head and Neck Center	1

Publication (HUS authors' names are in bold in the text)	**HUS authors' departments**	**JUFO points**
14. **Metsäranta K**, Anttila M, Pajamäki T, Holappa H, **Välimäki M.** The usage of a chat-based help service for young people: A nationwide descriptive study. Issues Ment Health Nurs 2024;45(10):1054–1064.	Psychiatry Corporate Administration	1
15. Mustonen M, **Ameel M, Ritmala M,** Leino-Kilpi H. Nursing Quality Indicators In Emergency Nursing: A Scoping Review. J Nurs Care Qual 2024;39(4):376–382.	Psychiatry Corporate Administration	1
16. **Mäkinen M,** Jaakonsalo E, **Saarivainio R, Koskiniemi J, Renholm M.** The effects of mindfulness training for emergency department and intermediate care unit nurses. Appl Nurs Res 2024;76:151770.	Emergency Medicine and Services Corporate Administration	1
17. Nabecker S, Nation K, Gilfoyle E, Abelairas-Gomez C, **Koota E**, Lin Y, Greif R & Education Implementation Team Task Force of the International Liaison Committee on Resuscitation (ILCOR). Cognitive aids used in simulated resuscitation: A systematic review. Resusc Plus 2024;19:100675.	Emergency Medicine and Services	1
18. **Numanovic V**, Jalonen H, Lindell J, **Jacobsson J.** E-leadership in nursing – a systematic review. FinJeHeW 2024;16(1):62–80.	Head and Neck Center	1
19. Paatela S*, **Pohjamies N***, Kanste O, **Haapa T**, Oikarainen A, Kääriäinen M, Mikkonen K. Registered nurses' cultural orientation competence for culturally and linguistically diverse nurses in the hospital setting: a cross-sectional study. J Adv Nurs 2024;80(2):707–720.	Musculoskeletal and Plastic Surgery Corporate Administration	3
20. Pellikka A, **Junttila K, Laukkala T, Haapa T.** 2024. Nurses' perceptions of desired support from their employer during the COVID-19 pandemic: a qualitative survey study. BMC Nurs 2024;23:128.	Psychiatry Corporate Administration	2
21. **Pesonen T**, Nurmeksela A, Hult M. The relationships between precarious employment, having a calling, and occupational well-being among young nurses: a cross-sectional study. BMC Health Serv Res 2024;24:762.	Musculoskeletal and Plastic Surgery	2
22. **Poikajärvi S**, Peltonen L-M, Siirala E, Heimonen J, Moen H, Salanterä S, **Junttila K.** Exploring the Documentation of Delirium in Patients after Cardiac Surgery: A Retrospective Patient Record Study. CIN: Comput Inform Nurs 2024;42(1):27–34.	Perioperative and Intensive Care Corporate Administration	2
23. **Saastamoinen T**, Elomaa-Krapu M, Härkänen M, Näslindh-Ylispangar A, Vehviläinen-Julkunen K. Students' experiences of a computer-based simulation game as a learning method for medication process: a qualitative study. Teach Learn Nurs 2024;00:1–7.	Perioperative and Intensive Care	1
24. Salmela H, **Melender H-L**, Maijala V. Nurses' competence areas in adolescent mental health promotion work in student healthcare. J Nurs Educ Pract 2024;14(9):26–34.	Corporate Administration	-
25. **Tanskanen TE, Wegelius A, Härkönen T, Gummerus EM, Stenberg JH,** Selinheimo SIK, **Alakuijala A**, Tenhunen M, Paajanen T, Järnefelt H, Kajaste S, Blom K, Kieseppä T, **Tuisku K, Paunio T.** Cognitive behavioural therapy for insomnia (CBT-I) in schizophrenia and schizoaffective disorder: protocol for a randomised controlled trial. BMJ Open 2024 Jun 12;14(6):e076129.	Psychiatry	1
26. **Tarvonen M**, Markkanen J, Tuppurainen V, Jernman R, Stefanovic V, Andersson S. Intrapartum cardiotocography with simultaneous maternal heart rate registration improves neonatal outcome. Am J Obstet Gynecol. 2024;230(4):379.e1–12.	Gynecology and Obstetrics	3
27. **Toija A**, Kettunen T, Kasila K. The Construction of Peer Support Among Recently Diagnosed Breast Cancer Patients. Cancer Nurs 2024;48(4):E238–E245.	Corporate Administration	2
28. **Tuominen L**, Poraharju J, Carrion C, Lehtiö L, Leino-Kilpi H, Moretó S, Stolt M, Sulosaari V, Virtanen H. Digital skills of health care professionals in cancer care: A systematic review. Digit Health 2024;10:1–28.	Comprehensive Cancer Center	1
29. **Tuominen L**, Leino-Kilpi H, Poraharju J, Cabutto D, Carrion C, Lehtiö L, Moretó S, Stolt M, Sulosaari V, Virtanen H. Interactive digital tools to support empowerment of people with cancer: a systematic literature review. Support Care Cancer 2024;32(6):396.	Comprehensive Cancer Center	1

Publication (HUS authors' names are in bold in the text)	**HUS authors' departments**	**JUFO points**
30. **Välimäki M**, Hu S, Lantta T, Hipp K, Varpula J, Chen J, Liu G, Tand Y, Chen W, Li X. The impact of evidence-based nursing leadership in healthcare settings: a mixed methods systematic review. BMC Nurs 2024;23:452.	Corporate Administration	2
31. **Välimäki M**, Lantta T, **Kontio R**. Risk assessment for aggressive behaviour in schizophrenia. Cochrane Database Syst Rev 2024;5:CD012397.	Corporate Administration Medicine Services	2

*Shared first authorship

Appendix 3. Other nursing publications (professional articles and presentations)

During 2025, HUS nursing staff actively participated in professional study days and scientific conferences where they presented their research and/or development in the form of oral and/or poster presentations. Table 1 presents the number of presentations reported to the HUS Nursing Research Center (NRC) in 2025.

Table 1. Presentations by HUS nursing staff in 2025.

2025	**Presentation forum**	**Oral presentation**	**Poster presentation**
	International	7	23
	National or regional	10	6
	Total	**17**	**29**

Table 2 presents the reference details of professional articles and other publications reported to the HUS Nursing Research Center (NRC) for the year 2025.

Table 2. Professional articles and other publications by HUS nursing staff in 2025.

Professional articles (HUS authors' names are in bold in the text)	**Departments of HUS authors**
1. Arffman H, Franck T, Leino-Kilpi H, Poraharju J, Rekunen MS, Siekkinen M, Sulosaari V, **Tuominen L**, Virtanen H. Syöpäsairaanhoitajan digitaalisen osaamisen kehittäminen – DigiCanTrain EU-hanke. Syöpäsairaanhoitajat 2025;(3–4):10–12.	Comprehensive Cancer Center
2. **Björn A,** Alastalo M, Lakanmaa R-L, Rokkanen M, **Ritmala M**. ICU-BiF-tietotestit vahvistamassa tehohoitajien biologis-fysiologista osaamista. Tehohoito 2025;(1):48–50.	Perioperative and Intensive Care Corporate Administration
3. **Haapa T.** Kliinisten oppimisympäristöjen laadun varmistamisella osaamista ja vetovoimaa hoitotyöhön. Pinsetti – Suomen leikkausosaston sairaanhoitajat Ry. 2025;37(3):28–29.	Corporate Administration
4. **Hutri I, Martin J.** Aivoverenkiertohäiriöpotilaan nielemisen seulonta – hoitosuosituksen käyttöönotto HUS Neurokeskuksessa. Suomen Neurohoitajat Ry. 2025;(51):6–7.	Neurocenter
5. **Kotila J, Tammelin S.** Raskausdiabeteksen digitaalinen hoitopolku Terveyskylän Omapolussa. Terveydenhoitaja 2025;(2):26–27.	IT Management

Professional articles (HUS authors' names are in bold in the text)	Departments of HUS authors
6. **Kukkonen P, Kauppi O, Nyman P.** Kielitietoisen perehdytyksen mallin avulla tukea työssä tarvittavan kielitaidon kehittymiseen. Spirium – Suomen anestesiasairaanhoitajat 2025;(4):6–8.	Internal Medicine and Rehabilitation
7. **Lemetti T,** Arifulla D, Linna-alho J. Kroonista haavaa sairastava henkilö – aktiivinen osallistuja omahoidon ohjauksessa. Terveydenhoitaja-lehti 2025;(3):16–27.	Inflammation Center
8. **Pajari S, Hutri I.** Neurologinen hoitotyö vaatii sairaanhoitajalta monipuolista osaamista ja osaamisen ylläpitämistä. Neurohoitaja 2025;(51):8–9.	Neurocenter
9. **Pesonen T**, Alastalo M, Räisänen S. Kliininen asiantuntija näyttöön perustuvan hoitotyön kehittäjänä. Teoksessa: Alastalo M, Räisänen S (toim.). Näytön käyttöönotto ja vakiinnuttaminen: hoitotyön kliinisen asiantuntijuuden YAMK-opiskelijat kehittämistyössä. Laurea-julkaisut 237:8–16. Laurea ammattikorkeakoulu.	Musculoskeletal and Plastic Surgery
10. **Schepel L, Kostiainen E, Laine T, Lehtinen H, Melender H-L, Nisula S, Tolonen H, Kuitunen S.** Kanta-lääkityslistaan tulee valmistautua jo nyt. Lääkärilehti 2025;80:e46581.	Pharmaceutical Services IT Management Corporate Administration Internal Medicine and Rehabilitation Perioperative and Intensive Care
11. Tervo-Heikkinen T, **Junttila K.** Painehaavojen esiintyminen ja niiden ehkäisy – kansallinen tutkimus 21 hyvinvointialueella. Haava-lehti 2025;(4):20–21.	Corporate Administration
12. **Tuominen** L, Siekkinen M, Poraharju J, Sulosaari V, Virtanen H, Leino-Kilpi H. Digitaalisten taitojen osaaminen syöpää sairastavien hoidossa – vahvuuksia ja kehitettävää. Syöpäsairaanhoitajat 2025;(3–4):6–9.	Comprehensive Cancer Center
13. **Vaara M,** Isosomppi A, Moisander H. Painevauriot potilassiirroissa. Haava-lehti 2025;(4):28–29.	Emergency Medicine and Services
14. Virkki P, Linna-alho J, **Lemetti T**, Kirjavainen L. Vinkkilista omahoidon ohjauksen tueksi hoitotyön arkeen. Haava-lehti 2025;(3):30–33.	Inflammation Center

Other publications (HUS authors' names are in bold in the text)	Departments of HUS authors
15. Hotus-hoitosuositus 2025. Tehohoitopotilaan kivun tunnistaminen ja arviointi. Hoitotyön tutkimussäätiön asettama työryhmä: Pudas-Tähkä S-M, **Björn A**, Peltomaa M, Puikko L, Rosio R, Soini J. Helsinki: Hoitotyön tutkimussäätiö. (8.12.2025). Saatavilla: https://www.hotus.fi/hoitosuositukset/	Perioperative and Intensive Care
16. Hotus-hoitosuositus 2025. Aivoverenkiertohäiriön (AVH) sairastaneen omahoidon ohjauksen sisällöt. Hoitotyön tutkimussäätiön asettama työryhmä: Rannikko S, Danielsson-Ojala R, Karsikas E, Rantama-Hiltunen J, **Rydenfelt M**, Suvimaa S. Helsinki: Hoitotyön tutkimussäätiö. (8.12.2025). Saatavilla: https://www.hotus.fi/hoitosuositukset/	Neurocenter
17. Hotus-hoitosuositus 2025. Tulehduksellista suolistosairautta (IBD) sairastavan uupumuksen tunnistaminen hoitotyössä. Hoitotyön tutkimussäätiön asettama työryhmä: Rajala M, Pesonen T, Huovinen M, **Partio-Uitti M**, Toivonen T, Ylimäki S. Helsinki: Hoitotyön tutkimussäätiö. (9.12.2025). Saatavilla: https://www.hotus.fi/hoitosuositukset/	Abdominal Center

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