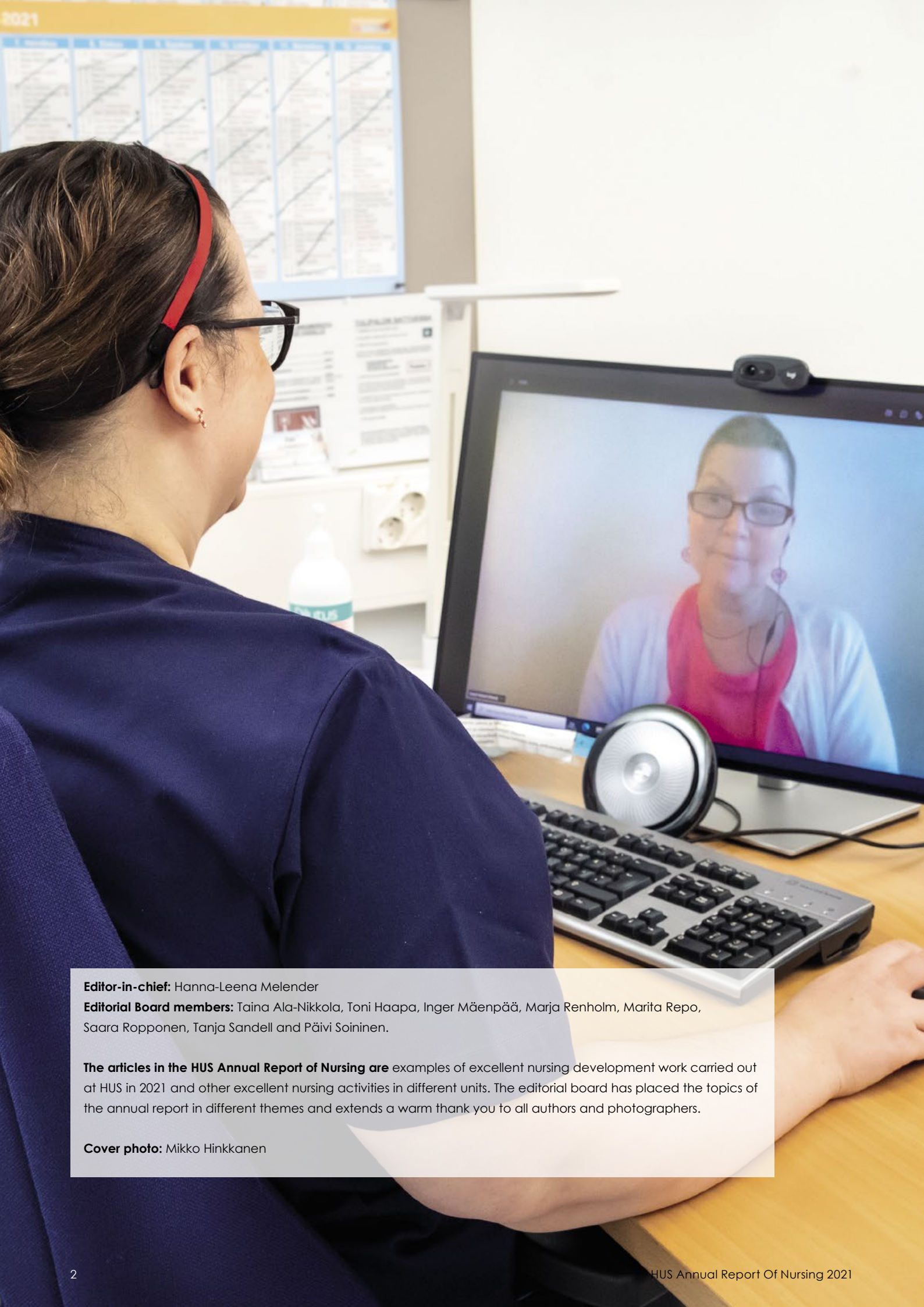




TOWARDS A NEW NORMAL
HUS ANNUAL REPORT OF NURSING 2021



Editor-in-chief: Hanna-Leena Melender

Editorial Board members: Taina Ala-Nikkola, Toni Haapa, Inger Mäenpää, Marja Renholm, Marita Repo, Saara Ropponen, Tanja Sandell and Päivi Soininen.

The articles in the HUS Annual Report of Nursing are examples of excellent nursing development work carried out at HUS in 2021 and other excellent nursing activities in different units. The editorial board has placed the topics of the annual report in different themes and extends a warm thank you to all authors and photographers.

Cover photo: Mikko Hinkkanen

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Towards a new normal

The past year has been a learning experience for us in how to act in the new normal manner. This is because the coronavirus pandemic has continued to test us over the past year and has required continuous adaptation to ever-changing situations from our entire organisation. In spite of the pandemic, the accumulated medical care backlog has also been eliminated. Good treatment is provided by healthy and satisfied personnel, and the contribution of every HUS employee is important in order to provide the patient with the best possible treatment, especially in these challenging times.

The coronavirus pandemic has meant many new opportunities as well as challenges for us. We have still had to reorganise activities at a fast timetable. We have now learned to react to these changes, and the nursing staff have shown great professionalism and flexibility when necessary. In line with HUS's strategy, we have been involved in the implementation of digital patient services, which have included e-services, such as the Maisa customer portal, and e-health services, such as digital care paths.

The third round of COVID-19 vaccinations is already being administered, and this has also bound our resources. With regard to COVID-19 vaccinations, the vaccine coverage of our nursing staff for the first two vaccines is already excellent at over 95%. However, we want to be even



more ambitious in this respect, and we have now increased our target to 100%.

In spite of all the challenges of the past year, and partly to respond to them, we have been able to develop nursing in accordance with our objectives. The HUS Nursing Strategy is derived from the Magnet Hospital® model. Nursing practice according to the Magnet Hospital® model aims to achieve excellent results in patient care, nursing staff job satisfaction and the organisation's good financial results. Activities that are in accordance with HUS and the nursing strategy are concretised in the shared governance structures and thus in the work of each nursing manager, clinical nurse specialist and teacher, supervisor and clinical nurse for the best of the patients. The results of nursing are regularly monitored in terms of nursing-sensitive quality indicators, patient satisfaction and our nurses' job satisfaction. The development of nursing in accordance with the Magnet Hospital® model means the development of nursing management, clinical nursing, and the working conditions of nursing employees and, in this manner, also the improvement of patient care results.

Factors of appeal and retention for nursing staff have been a topic of much discussion at HUS this past year. The Magnet Hospital® model includes key factors of attraction, such as the organisation's empowering structures, transformational leadership, an appealing

work unit and exemplary professional practice. The nursing staff's well-being at work is supported by the opportunity for continuous professional development and uniform operating methods. Excellent leadership means that the nursing leader has a clear vision of leadership for the best of both patients and nursing staff. The participation of nursing professionals in the planning their own work must be realised. A sense of community and a good work community are important in supporting well-being at work. The work community has a significant impact on promoting well-being at work and coping at work. Every one of us can contribute to the kind of work community we create. In fact, the possibility of good supervisory work will be one of HUS's important development targets for 2022.

The Heart and Lung Center, the Comprehensive Cancer Center and the Children and Adolescents Department launched the application process for Magnet Hospital® status at the end of 2020. All three profit centres are still working on documents describing the quality of nursing. Actual applications demonstrating compliance with 50 different criteria will be submitted in 2023.

According to studies, utilising patient experiences and expertise through experience in developing services has improved the quality and safety of services when developing a patient-oriented care culture. HUS's participation activities

enable real-time participation and influence on the planning, development and evaluation of services in the service system. Participation activities are strongly related to existing activities, taking into account the criteria of the Magnet Hospital® and the principles of Lean development.

HUS' objective is to continuously improve the treatment of patients and to invest in the high quality of care. This objective is supported by both application for Magnet Hospital® status and the measurement of customer experience using the international NPS recommendation index. Despite the challenges encountered over the past year, patients have been very satisfied with the treatment we have provided. The NPS index for patients having different appointments with professionals over the past year has been over 75. The corresponding target for emergency clinics and psychiatry is more than 50. This is something we can regard as an important success in our activities.

I would like to extend a heartfelt thank you to all of you for the good work you have done for our patients this past year and to wish us an excellent and lucky new year.

With sincere regards,
Marja

*Marja Renholm, BSN, PhD,
Chief Nursing Executive*

Chief Nursing Executive Kaarina Torppa retires after a successful career

Hanna-Leena Melender and Kristiina Junttila

HUS's Chief Nursing Executive **Kaarina Torppa** retired from her position on 1 April 2021. She held the position of Chief Nursing Executive from 2009. She first specialised as an operating room nurse. After completing her basic and specialisation degrees, she has completed several degrees, including a Master of Quality at the Helsinki University of Technology, a PhD in Health Sciences at the University of Oulu, and a management training programme offered by Aalto University. After her clinical career, she has worked as a nurse teacher, nurse director, quality manager, chief nursing officer, responsible chief nursing officer in several different localities, as well as Chief Nursing Executive first for the Hospital District of Northern Ostrobothnia and then for 12 years at HUS.

Kaarina Torppa started as Chief Nursing Executive at HUS at a time when the status of nursing was not strong or visible in the organisation. In 2009-2021, she developed nursing and nursing management at HUS in an open-minded and long-term manner, achieving significant results in the operating conditions of nursing and thus in the quality of patient care. She launched the development of nursing work in accordance with the Magnet Hospital® model at HUS, aiming for Magnet Hospital® accreditation, which can be obtained with excellent-quality nursing and the appeal of the organisation. In addition, she created a nursing network that extended throughout the HYKS catchment area (ERVA) and worked actively in the network to share and benchmark best practices.



PHOTO: MARIANNE PAJUNPÄÄ

*Kaarina's successor, current Chief Nursing Executive **Marja Renholm**, hands over a bouquet of flowers to Kaarina from nursing management at the retirement party.*

Kaarina Torppa implemented HUS's strategy through the HUS Nursing Action Plan in all HUS hospital areas. As Chief Nursing Executive, she worked to promote the uniform quality of the organisation in a goal-oriented through the implementation of cohesive nursing operating models and the introduction of nursing-sensitive key figures describing patient care outcomes. Under her leadership, HUS became a Finnish Centre for Evidence-based Health Care, a JBI Centre of Excellence partner in 2010 with the aim of promoting and embedding evidence-based activities in HUS.

Kaarina Torppa used international networks as well as best practices and lessons learned in strengthening the preconditions for nursing and nursing

management. Under her leadership, HUS became a client of the Global Centre for Nursing Executives' (now the Workforce Best Practice Collaborative) Advisory Board, through which HUS acquires evidence-based information on change management, personnel management and the implementation of best practices in nursing practice. In addition, she arranged the Fulbright Specialist Program at HUS, in which the middle and top management of nursing were provided an extensive and commended management training program by an international expert. The same program was re-implemented in 2017 and 2018 without Fulbright Finland Foundation's support. Kaarina Torppa served as a long-term social advocate of nursing management,

for example by participating in the drafting of the Health Care Act and the new health and social services acts as a consulted expert and drafter of statements.

In the scope of her work, Kaarina Torppa actively promoted the status of health sciences and development based on health sciences research at HUS. She worked tirelessly and over a long period to make sure the University of Helsinki launched a degree programme in health sciences and coordinated the activities of the stakeholders needed to promote achieving this goal. HUS established the Nursing Research Center (NRC) at the beginning of 2019 at Torppa's initiative. In order to meet the educational needs of both HUS and the Helsinki University Hospital's special catchment area, she initiated talks with the University of Vaasa, which has organised a two-year degree programme in social and health sciences leading to a Master's degree in public administration in Helsinki since 2016. She has been active in the development of a nursing degree and secondary level qualifications with the educational organisations in the Helsinki metropolitan area. She has also served as a member of the Board of Directors of the National Doctoral Programme in Health Sciences.

The President of the Republic of Finland awarded Kaarina Torppa the honorary title granted for distinguished professionals in the field of health care in 2018. The signatories of the application emphasised her strong management experience, her strong expertise in health care administration and strategic management, her quality-driven approach, her excellent development of nursing and its management, the manner in which she promoted of the status of health sciences, her societal influence and her valued expertise.

On 25 March 2021, the Anniversary Nursing Symposium was organised in honour of the Kaarina Torppa. Both representatives of her own organisation and representatives of national partners spoke at the event organised via

Marja Renholm takes over as new Chief Nursing Executive

PHOTO: HANNA-LEENA MELENDER

On 26 April 2021, the HUS Board unanimously elected **Marja Renholm**, PhD, as the new Chief Nursing Executive. Prior to this, she served as the Acting Chief Nursing Executive from 1 April 2021, when **Kaarina Torppa** retired. Before this, she served as Chief Nursing Officer of the Helsinki University Hospital Area.

As a nurse, Marja Renholm is specialised in surgical nursing and has worked as a nurse in the emergency ward and as a nurse manager of the Neurology Outpatient Clinic. After this, she has worked in several different nursing director positions at HUS. During her career, she first graduated with a Master of Health Sciences, after which she defended her dissertation to receive a PhD in Health Sciences in 2015. Her doctoral dissertation examined the continuity of a surgical out-patient's treatment as part of the implementation of high-quality patient care.

Marja Renholm has extensive experience of implementing several successful change projects at HUS, and most recently she has earned particular merit in managing operative activities in an exceptional situation. In autumn 2020, the Finnish Nursing Education Foundation sr. awarded her the Venny Snellman acknowledgement grant for her work especially during the coronavirus pandemic.



Marianne Pajunpää, Secretary of Nursing Management gives a bouquet of flowers and a gift from the management team to the newly elected Chief Nursing Executive on 26 April 2021.

The tasks of the Chief Nursing Executive include the strategic planning of nursing and coordination of the development of nursing together with the Chief Nursing Officers. Her other tasks include the promotion of the quality system for nursing and health sciences teaching and research activities.

We wish Marja luck in her work as the top nursing leader of the largest hospital district in Finland!

Hanna-Leena Melender and
Kristiina Junttila

Teams. Kaarina Torppa also addressed the audience, after which she was given a bouquet. Finally, attendees were given the opportunity to speak, and a number of people who wanted to thank Kaarina for her cooperation and wish her a happy retirement took the floor.

Kaarina has served as a fantastic example and role model for strong health care professionals who have the moral courage to highlight shortcomings in the

development of patient care. We at HUS, we want to thank Kaarina for this valuable heritage and wish her a retirement full of enriching experiences both at her summer house and in other activities.

Hanna-Leena Melender, Registered Midwife, PhD, Docent, the Director of Nursing Excellence at HUS. Kristiina Junttila, BSN, PhD, Docent, Director at the HUS Nursing Research Center NRC.

The HUS Nursing professional practice model

Marita Ritmala

In February 2021, an updated version of the nursing professional practice model was published. The model has two purposes: to describe the value base of nursing and the means for its practical implementation. In order to describe the value base of HUS nursing, nurses were invited to participate in a survey in which they were asked to describe what they appreciate in nursing, what is good about it and how they would like to see themselves or their loved ones cared for. The more than one thousand responses to the survey summarised the values guiding HUS nursing: genuine caring, professional skills, ethics, comprehensiveness and cooperation. A large number of methods and tools developed at HUS to support excellent everyday nursing have been included in the nursing professional practice model.

The nursing professional practice model comprehensively describes patient care, nursing management, structures and the desired results in the framework of the Magnet Hospital model. The visualisation of the nursing professional practice model consists of a heart and its foundation (Figure 1). The foundation comprises the Magnet Hospital model's different areas. The foundation supports the heart which links the two sides of nursing, analytical thinking and clinical competence in blue-green and a feeling of genuine caring in red. Both must work at the right pace with respect to each other in order to carry out nursing in the best possible way. The three layers of colour inside the heart and the "ethics" text outside it describe the heart rate or the dynamics of nursing. Ethics outside the heart describes its presence throughout nursing. Things which the nurses feel

are important are written by hand inside the heart highlighting their personality. Word placement supports the idea of clinical blue-green professional skills, and emotional red signifying genuine caring. Both sides are strongly involved in comprehensiveness and cooperation.

Parties involved in the update of the nursing professional practice model have included

Working group

- **Marita Ritmala**, Magnet Programme Director, Nursing Management, Chairperson
- **Leena Alppi**, Assistant Nurse Manager, Comprehensive Cancer Center
- **Minna Kivi**, Registered Nurse, Heart and Lung Center
- **Jaana Maula**, Registered Nurse, Inflammation Center
- **Emma Manner**, Registered Nurse, Children and Adolescents
- **Marjaana Nokka**, Registered Nurse, Clinical Instructor, Hyvinkää Hospital Area
- **Päivi Puranen**, Assistant Nurse Manager, Clinical Instructor, Heart and Lung Center
- **Katja Pursio**, Advanced Practice Nurse, Porvoo Hospital Area
- **Eija Pöyry**, Registered Nurse, Abdominal Center
- **Leena Tuominen**, Advanced Practice Nurse, Comprehensive Cancer Center

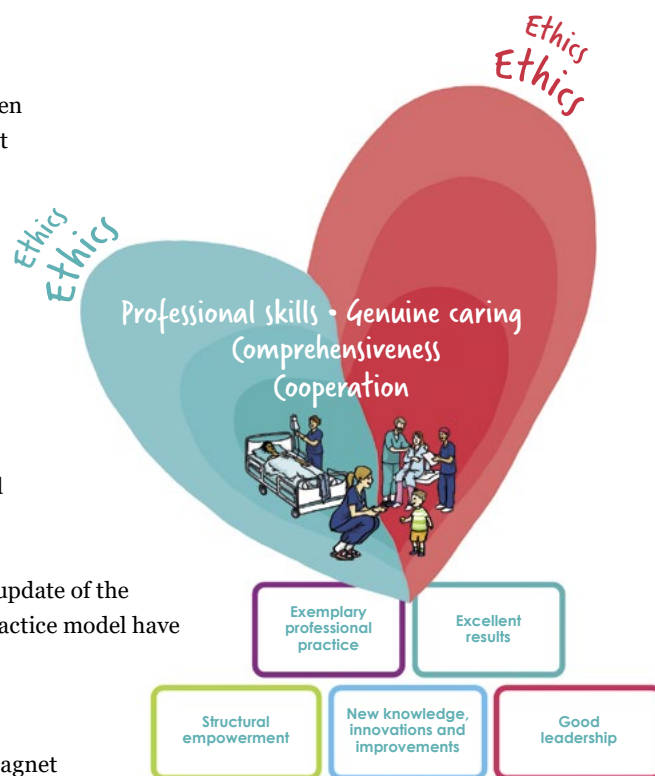


Figure 1. The nursing professional practice model at HUS

- **Jani Tapio Turunen**, Assistant Nurse Manager, Psychiatry
- **Anna Vartiainen**, Registered Nurse, Abdominal Center
- **Beatrice Öhman**, Registered Nurse, Gynecology and Obstetrics and HUS nursing professionals and the HUS Nursing Executive Group

The nursing professional practice model at HUS is available in the HUS intranet at <https://hussote.sharepoint.com/sites/12101/laamto/hotat/Sivut/default.aspx>. It has also been published as a booklet and a pocket card, which can be ordered from HUS's contract publisher.

Marita Ritmala, Registered Nurse, PhD, Post doc Researcher, the HUS Magnet Program Director.

A journey to Magnet Excellence

Marita Ritmala and Virpi Valkama

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

In November 2020, the Comprehensive Cancer Center, the Heart and Lung Center and the Department for Children and Adolescents launched the Magnet Hospital status application process (Fig-

ure 1) by submitting their preliminary application. At the time of the application submission of the pre-application, a date has been agreed with the ANCC when all the documents describing the quality of nursing must be ready. The dates for the submission of the documentation have been agreed for 2023.

During 2021, many examples have been provided to describe the realisation of excellent nursing in these applicant departments and units. It has been a pleasure to read about the wonderful work that is carried out in our different units. The professional skills of our nursing staff and the warm encounters they have with patients are reflected in these descriptions.

The application process is long (Figure 1). After approving the documentation, ANCC evaluators will come for a site visit after which the ANCC Commission will decide whether to grant the status on the basis of our nursing.

The Journey to a Magnet Hospital® is much longer than the application process, but as has been said by those who have been granted the status, the most important thing is not the goal but the journey towards it. The systematic development of nursing in accordance with the Magnet Hospital® model means the development of clinical nursing, nursing management and working conditions for nurse employees and, through these, the improvement of patient care results.

Marita Ritmala, Registered Nurse, PhD, Post doc Researcher, is HUS's Magnet Program Director. Virpi Valkama, Registered Nurse, MHS, Vocational teacher, Advanced Practice Nurse at the Heart and Lung Center and a deputy to the HUS Magnet Program Director (50%).

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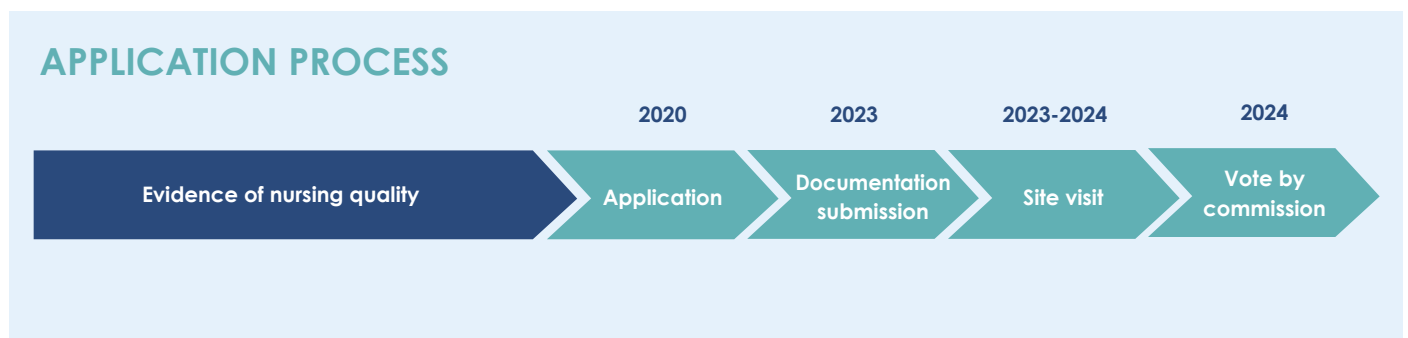


Figure 1. Application process for Magnet Hospital status

EXCELLENT LEADERSHIP

Excellent leadership requires that the nursing leader has a clear vision of leadership for the best of patients and nursing staff. Excellent leadership ensures that nursing professionals feel that their voice is heard, and that their work is appreciated and supported. In 2021, nursing leadership emphasised, such areas as the management of well-being at work

Challenges in the availability and retention of care staff

Virpi Sneek

Health care organisations have encountered unprecedented challenges as they simultaneously faced the global pandemic, changes brought about by technology, the requirements of scater local government finances and problems with staff availability. Even before the pandemic, nursing was one of the professions in which the figures describing intention to change career were the highest. It has been anticipated that if the COVID-19 pandemic continues, it will further increase the turnover of nursing staff and reduce permanence (cf. Kim et al. 2020; Falatah 2021).

There has been a great deal of research on durability and turnover of workforce, but are we really talking about the same thing? Studies have described the durability and turnover of nurses by the concepts intends to leave, quit, resign, stay or remain in their position, either in the current unit, organisation or profession. In addition to this, nursing staff retention and appeal factors are examined (cf. e.g. Hotus 2021). According to the literature review by Efendi et al. (2019), the concepts of change, stability, personnel engagement, departure, immersion in work and intention to leave

have been linked to retention of nurses at work (Efendi et al. 2019).

However, it can be concluded that a decline in the availability and retention of nursing staff has been widely identified (cf. Viitala et al. 2018; Rafferty et al. 2019; Efendi et al. 2019), and this has led to discussion on staff shortages in the media (Perreira et al. 2018; Labrague & De Los Santos 2021). In addition to the turnover of nursing staff, a number of studies have been published on the on the intentions of nursing managers and supervisors to change field or workplace (Hudgins 2015, Labrague & De Los Santos 2021; Warden et al. 2021).

The issues mentioned above are serious reasons for concern as they have a substantial impact on the personnel's well-being, the quality of treatment, patient safety and the image of both the organisation and nursing (Perreira et al. 2018; Labrague & De Los Santos 2021; Kiel 2020). It is important to understand the complex nature of turnover and permanence in healthcare organisations (Halter et al. 2017). Organisations must create strategies that can help to increase the staff retention and reduce turnover (Efendi et al. 2019). However, strategies that support staff retention

require strong expertise in nursing and hospital leadership support to succeed (Nurdiana et al. 2019).

Factors associated with permanence that have emerged in recent studies, such as financial incentives, the use of shared professional decision-making models, opportunities for teamwork and career development, further training or transition programmes, support for nursing managers and administration, and the fair allocation of resources, should be taken into account in the construction of staff retention strategies (AbuAl-Rub & Nasrallah 2017; Halter et al. 2017; Efendi et al. 2019, Hotus 2021) However, it should be noted that there is still no evidence of interventions that could be used to influence the turnover of nurses in different operating environments and more research is needed on the topic (Halter et al. 2017).

Healthcare organisations and work units should promote practices that ensure healthy work environments where all employees feel safe and are treated well and respectfully. In addition, it is important that resources are appropriately allocated at all levels of administration, as the experience of having sufficient resources and their fair distribu-

tion has been found to have an impact on the intention of staff to change jobs and thus on the permanence of employees. (Perreira et al. 2018.)

The leadership style of nursing leaders has been proven to have a major impact on nursing staff satisfaction, its turnover and the quality of patient care provided by staff (Saleh et al. 2018). Literature supports management styles that focus on a positive work environment, team dynamics, good communication, common problem solving and nurses as individuals (Halter et al. 2017; McKibben 2017). It should also be noted that the turnover of nursing managers has been found to have a detrimental effect on nursing staff retention and thus on the quality of care (Warden et al. 2021).

It is important to continue this discussion, as investing in staff retention has positive impacts on individual nurses, nursing teams, the organisation and the attractiveness of nursing professions (Perreira et al. 2018; Efendi et al. 2019). In this way, we can make the image people have of nursing more positive and decrease workload as well as promote the building of a stable and adequate health care personnel capacity, which is necessary to ensure the availability of care (Efendi et al. 2019).

HUS nursing has responded to the challenges related to staff availability, retention and permanence with various means. Investments have been made in career transition training (https://hussote.sharepoint.com/sites/12101/voimaannuttavat_rakenteet/astu/Sivut/default.aspx) and numerous ASTU programs have been launched during 2021. In 2022, a project will be launched with the aim of ensuring the prerequisites for leadership and first-line management through cooperation between HUS personnel management and nursing management. The aim of the project is to contribute to the availability and engagement of staff as well as to its permanence. The aim of the project is to further develop good everyday leadership

Literature supports management styles that focus on a positive work environment, team dynamics, good communication, common problem solving and nurses as individuals

of both teams and individual employees. As a university hospital, HUS has a special obligation to produce research evidence, which means leadership has also been made one of the four focus areas of the HUS Health Sciences Research Programme (2022-2025). The aim of leadership research is to increase the organisation's ability to support supervisors at different levels in high-quality management. During the programme period, research will focus on such things as managing the increase and maintenance of the organisation's attractiveness and staff retention. The studies will also support knowledge-based management to ensure the quality of care, optimal personnel structure and resources as well as competence. (Terveystieteellinen tutkimusohjelma 2022-2025.)

Virpi Sneek, Registered Nurse (University of Applied Sciences), MHS, Chief Nursing Officer at the HUS Inflammation Center

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Development of well-being at work at a large and urgent specialised health care unit

Katja Koskinen

The number of obstetrics clients varies randomly, which makes it challenging to plan a sufficient number of staff. An effort has been made to resolve this problem by increasing unit sizes. Large units have brought with them new problems, such as the staff's larger workload and the decline of well-being at work. The size of the unit and the number of subordinates pose major challenges to first-line management.

The HUS Women's Hospital's Labor Ward is our country's largest. Nearly

9,000 births take place each year in the ward, and more than one hundred midwives are employed by the ward. In addition to labour, the ward has a labor induction unit and a family recovery room. The department's operations have undergone substantial changes over the past five years, and the nurse manager has changed several times. Midwives working in the ward have an enormous workload and their well-being at work has declined. Although attempts have been made to remedy the situation, the

measures have not been sufficiently extensive and systematic.

The aim of the development work described in this article is to find model solutions for problems experienced at large units and thus to improve the well-being at work of midwives and their opportunities to influence their own work. The theoretical basis for the development work is a comprehensive model of well-being at work. It can be used to identify factors affecting well-being at work, manifestations of well-being at work and its impacts.



PHOTO: MIKKO HINKKANEN

Parties involved in the planning and implementation of the project included Nursing Director **Katja Koskinen** from the Gynecology and Obstetrics Emergency Services Division, and Nurse Manager **Satu Polkko** and Assistant Nurse Managers **Marjo Lyyra**, **Maria Maurola**, and **Jaana Runnako-Koponen** from the Labor Ward at HUS Women's Hospital.

The development project was launched in spring 2021 by conducting a survey for midwives, applying the value map of well-being management at work. The survey examined the needs and expectations of midwives concerning work, resources and workload factors. Based on the results of the survey, objectives and measures were drawn up for strengthening resources and for minimising and correcting harm and threats.

Based on the survey, a strong midwife identity, the work itself and the opportu-

nity to develop in one's own work are the most important resource factors for midwives who work in the delivery room. In addition, the work community and good shift planning were seen as resources. The most commonly specified workload factor was haste and lacking time. It was associated with the feeling of not being able to do their work as well as they would like, and feeling as if they were unable to provide the person giving birth and their spouse the support they needed. Haste involved a fear of making mistakes, and the consequences of these mistakes for both patients and midwives themselves. Other workload factors mentioned included the turnover of midwives and related continuous induction of new staff, the large size of the unit and the experience of others not listening to midwives.

The results of the survey were presented at the ward meeting, and the objectives for development were agreed upon at the same time. Three objectives were set for strengthening resources:

- Midwives have the opportunity to learn and develop in their work
- Midwifery is continuously developed
- The organisation of daily work is fluid and clear

The following objectives were set for minimising and correcting harm and threats:

- Midwives have time to do their job well
- No one is left alone to deal with their thoughts after patient injury or error events and other difficult situations
- Developing the community spirit of the labor ward
- Interaction between midwives and management is open and respectful
- A safe start to a career for midwives
- Development of cooperation/division of labour between different professional groups
- Ensuring that people are competent in using Apotti

The objectives are quite broad-scoped in nature, and they were used as the basis for drawing up around a dozen measures of different levels, which took into account different areas affecting well-being at work in accordance with the comprehensive model for well-being at work: organisation, individual, community, work and management. Responsibility for the implementation of development measures was divided between different levels from the unit to the management of the profit area. The progress of these measures is monitored once a month in connection with unit visits by the nurse director and division head.

At the unit level, midwives have started mentoring for midwives starting work in the delivery room, and the introduction of midwifery meetings is under way. In addition, the job description of the charge midwife will be worked on, and different models will be sought and tested for the daily division of labour. First-line management will be developed by clarifying the division of duties and responsibilities of the nurse manager and assistant nurse managers. Midwives will be better heard by initiating monthly meetings between the nurse director and the divisions head at the unit. A temp pool has been established at the profit centre to ease workload, and this will aim to reduce additional and overtime work as well as shifts with an insufficient number of staff.

The development of well-being at work must be systematic and long-term, and factors affecting well-being at work must be taken into account extensively. However, the most important thing is to hear the employees' real needs and to develop working conditions and work together with them. The results to be measured will only be apparent with a delay, but the atmosphere in the unit has already changed clearly for the better.

Katja Koskinen, Registered Midwife, MHS, Nurse Director, HUS Gynecology and Obstetrics

Support for the well-being at work of staff and supervisors at the Children and Adolescents Department

Nenne Martikainen and Inger Mäenpää

Background

The development of well-being at work is one area of nursing development at the Department for Children and Adolescents (LaNu). One of the objectives has been for each unit to establish their own well-being at work group, where group members can discuss how they can develop their internal well-being at work. Under the leadership of the Chief Nursing Officer, open well-being at work meetings are organised for the entire nursing staff about once a month. The aim is to discuss matters that affect well-being at work and find new ways to promote it together. Staff who wish to influence the development of their own work and well-being at work and who have the will to be an active builder of a good work community culture are invited to participate. Due to the coronavirus pandemic, the meeting has been held as a Teams meeting, which has also made it possible for nursing staff to participate in the meeting regardless of their location. Starting from the first meeting, discussion has been rewarding and the participants have presented good ideas/proposals on how joint activities could be developed from the perspective of well-being at work. It has also been possible to implement these proposals. These good discussions also gave rise to the idea of whether the nursing staff could be provided support and assistance by their own well-being at work coordinator.

Problem behind the development project

Challenges faced by staff and supervisors in coping at work have emerged especially during the past year. The prolonged coronavirus pandemic and lack of resources for nursing have caused and increased workload and challenges to coping. Supervisors have also been under excessive pressure.

Aim of the development project

The aim of the development project was to increase the well-being at work of staff and supervisors by offering easily accessible support services, such as work guidance and coaching.

Description of the development intervention

Project planning was carried out by Chief Nursing Officer **Inger Mäenpää**, Nursing Director **Katriina Anttila** and Nurse Manager **Nenne Martikainen**, who has been appointed well-being at work coordinator and is also a work supervisor and solution centric coach. Nenne Martikainen was responsible for implementation. Eight of her working hours per week were allocated for the development and implementation of support services in her capacity as the well-being at work coordinator.

Development activities began in August 2021. During the autumn, well-being coaching, short-term, low-threshold work guidance, training and other

targeted support services were organised for various professional groups.

The implementations were as follows:

Well-being coaching: Five 90-minute long Teams coaching sessions, introductory videos and exercises. Well-being coaching was implemented in the following groups:

1. Nurse Managers Group
2. Assistant Nurse Managers Group, two separate groups
3. Nursing Staff Group, two separate groups implemented and a third group will be launched at the end of 2021

Short-term, low-threshold work guidance:

- has been available to the entire staff, and employees have been able to book appointments for themselves
- the aim has been to provide short-term discussion-based assistance in situations where the person has excessive workload
- a total of three appointments per week have been available
- the duration of the individual work guidance appointment has been 45 minutes
- work guidance appointments have been conducted via Teams.

PHOTO: MARKUS SOMMERS



Training and targeted support services have been designed for individual units or individual employees together with the Occupational Safety and Health Manager, and the units have been able to procure training separately for their own training days. This possibility has been used by six different Children and Adolescents units.

Results of development work

By November 2021, nursing staff have participated in support services as follows:

- Six nurse managers, 15 assistant nurse managers and 38 nurses have participated in well-being coaching.
- Seven persons from different professional groups have used the short-term, low-threshold work guidance service.

- Training has been held in six different Children and Adolescent units.
- Work guidance and other tailored coaching services are under way or being planned at seven different units.

The aim of the development of support services for well-being at work was to contribute to supporting the coping and well-being of staff. The FIT feedback form is used to collect user feedback on support service activities. As support services have only just begun, comprehensive feedback material is not yet available. In the future, feedback can be used to develop support services so they better meet the needs of personnel, if these support services are considered necessary.

Conclusions

The support services offered were well received, and their demand exceeded the

original supply. For this reason, well-being coaching groups were added to the services. There is a need for such support services, and more have been requested. There is a greater need, in particular, for different coaching groups and work guidance options than can be met at the moment. In the future, better attention should be paid to provision of information about support services, and this should be done regularly.

Nenne Martikainen, Registered Nurse (University of Applied Sciences) work supervisor and solution-centric coach, Nurse Manager at the Department of Children and Adolescents. Inger Mäenpää, BSN, MHS, the Chief Nursing Officer at the Hospital for Children and Adolescents.

The Partnering Management in Psychiatry Project 2021

Päivi Soininen and Jesper Ekelund

Background of the project

HUS Psychiatry's organisation and divisions have been built from 2015 onwards. The divisions are age-based (adolescent psychiatry), disorder-specific (mood disorders, psychosis and forensic psychiatry), a combination of these (Geropsychiatry, Neuropsychiatry and Addiction Psychiatry) or occupational group-specific divisions such as POKIT (psychosocial treatments and psychologists). The psychiatric division model was built at the beginning of 2019, when psychiatric functions of different hospital areas joined, forming regional divisions (Hyvinkää, Porvoo, Western Uusimaa). The structure requires a review and the work was initiated with a review of the management model. There has long been discussion at HUS Psychiatry about the model of partnering management (Soininen 2005), which is intended for joint management by nursing leaders and medical directors.

Implementation of the project

The project began in early 2021. The aim of the project was to identify management challenges and opportunities and to examine the partnership between different professional groups and to determine the implementation of the current management of units/divisions and the need for change in management. **Jesper Ekelund**, who started as Director of the Department in January, acted as the project manager together with Chief Nursing Officer **Päivi Soininen**, who started in February. **Karoliina Jouhten**, Planning Officer, was the secretary of the project. The participants represented middle and first-line management in a multi-professional manner. They were either division heads, nursing directors, nurse managers, doctors, specialised staff, occupational safety and health managers or

personnel representatives. All interested parties were involved in the work, and new group members joined even between the meetings. A total of four meetings were held in April-June via Teams. Between the meetings, the participants gathered information from their own divisions and units on partnership management and presented the information they had collected at each meeting. The presentations were saved on the group's Teams platform and can be viewed at any time by the group members.

Partnership management

The project's work was based on an overview of master's thesis based on interview research, according to which nursing leaders use the work time for HR management, ensuring that there are sufficient human resources, daily management and administrative management. Medical directors act as clinical directors, and a small proportion of their working time was spent on administration and HR management (Soininen 2005). Complex management was examined from the perspectives of complexity theories, management and complexity, and the everyday management of expert communities (Raisio & Vartiainen 2020).

Complexity of leadership

At the beginning of the project, leadership was determined to be complex, which arises from multiprofessional activities and management structure. Units are no longer headed only through a partnership between the medical director and the nursing leader. Instead, there are employees in the units who have several managers or who a first-line supervisor manages separately from the unit. With regard to complexity, it is important to take into account

the examination of interaction and the contextual nature of management. Management does not work linearly, but the days include unforeseen situations, such as surprises caused by the pandemic. Continuous change is part of leading an organisation or unit. When changes take place, each member of the organisation seeks their place, role and position of power. Traditionally, it is thought that leadership is most successful when an organisation is divided into parts in a rational manner, in which case success is achieved as the sum of independently managed profit centres, projects and processes, and the whole is optimised by optimising the activities of each part, and leadership is based on control and management keeping matters uniform. (Raisio & Vartiainen 2020)

The examination focused in particular on complexity in the management of expert communities. Expert work creates new information or information that can be utilised in new ways for clients and patients, and at the same time the expert's own competence is strengthened. The management environment of an expert organisation is complex and contains countless conflicting expectations. In order to succeed, an organisation must be self-directed and autonomous, and its members must have opportunities to influence their own work. Communication must be open and expertise must be shared, innovative and based on trust. There may be a risk that the members of an organisation will not be able to understand the entity, and the community will instead become cocooned, in which case management must strengthen understanding of the entity. Challenges affecting leadership include: 1. the staff's need or wish for clear guidelines instead of solutions arising

ing from discussion; 2. the willingness of staff to act autonomously but also to act under management; 3. the management must participate but, on the other hand, middle management may experience a lack of involvement; 4. maintaining and developing an overall picture, and managing it in accordance with the strategy; and, on the other hand, the cocooning of individual professional groups.

Results

The following parties and persons participated in the project: the division head and nursing director from the Psychiatry and Forensic Psychiatry Division; the nurse manager from Division of Acute Psychiatry and Consultations; the nurse manager from the Adolescent Psychiatry Division; the deputy chief of Geropsychiatry, Neuropsychiatry and Addiction Psychiatry; the responsible occupational therapist and coordinating physiotherapist for the Physiotherapists and Occupational Therapists Division, the Senior Social Worker from social services; as well as the occupational safety and health manager from the Occupational Safety and Health Division.

In practice, the partners consist of the director of the department and the chief nursing officer; the division head/chief physician and the nursing director; the director of the department and the chief nursing officer; the chief physician/deputy chief physician and nurse manager; the nurse manager and assistant nurse manager; and representative of different professional groups as their partners.

The project identified a number of well-functioning areas of partnering leadership. These included management and development in accordance with strategy, planning and monitoring of operations, and planning of the required competence and training. During regular meetings, information is shared and the unit's current situation is reviewed. The division of labour between both parties is clear: The medical director often also has clinical work in addition to clinical management; the lead nursing manager

has a broad-scoped job description, which involves a great deal of policy work, decision-making as well as a larger staff. Trust and the stability of the same partnering leader are important for the success of partnering leadership.

The project found that the flow of information between different professionals and the management of geographically dispersed activities should be developed through hybrid management. Induction must be clarified, and meeting practices should be clear and appropriate. The leadership of specialised staff should be clarified in the management of the team, and in the case of profession group-specific induction parties must agree on who will provide induction and see to the practical aspects of induction. The role of the nurse manager should be clarified as it is currently unclear and involves a multitude of tasks and expectations. The nurse manager is expected to provide first-line management, development, facility management and procurement of tools. If a partnering manager is completely missing or changes often, it is unclear who will decide on policies related to activities. Permanence, open dialogue, presence, regular meetings and trust promote successful leadership. In addition, job descriptions that are written in detail are required.

The project identified a number of well-functioning areas of profession-specific leadership. Professionalism grows within one's own professional group. Policies, resource allocation and work management and monitoring have all become clearer. HR will function even when a nurse manager is an administrative supervisor and a different person is responsible for a certain profession.

The project found that the flow of information and decision-making should be clarified in the management of individual professional groups, as responsibility is dispersed across a wide geographical area. There has been a lack of clarity in management, as there are many directors, many negotiation partners and numerous supervisors.

In conclusion

Partnering leadership at HUS Psychiatry will continue. The aim is to also develop the activities of partnering leaders in the future organisational structure by enabling good dialogue between managers, by agreeing on effective and appropriate meeting practices and by agreeing on induction and job descriptions. In particular, the workload of the nurse manager must be clarified. Nurse managers were perceived as a strong support base for units, and the importance of nursing leaders was considered important for overall operation. There is room for improvement in communication between different professional groups both within the units and divisions as well as between divisions, as professional groups are prone to a silo mentality. It must also be determined whose responsibility it is to provide induction and division of work must be clarified. Parallel management, planning the necessary competence and ensuring competence were considered of importance in the provision of patient-oriented care. In order for the partnership to work seamlessly, the partners must be known, there must be sufficient time for discussions, and above all, the partnership must be based on trust and respect. The project succeeded well and provided a foundation for structural work. The perceptions of supervisors concerning partnering management were very similar. Leadership in expert divisions develops the work of professionals, but, at the same time, poses a new challenge to management from the perspective of overall leadership.

Päivi Soininen, BSN, PhD, the Chief Nursing Officer and Jesper Ekelund, specialist, MD, Docent, eMBA, Head of Department at HUS Psychiatry.

References: Raisio H & Vartiainen P (2020): *Johtaminen kompleksisessä maailmassa – viisautta pirullisten ongelmien kohtaamiseen. Gaudeamus. epub*

Soininen P (2005): Lääkärijohtajien ja hoitotyön johtajien kumppanuus johtamisessa – laadullinen tutkimus Helsingin ja Uudenmaan sairaanhoitopiirin kahdella psykiatrian tuloalueella. Pro gradu -tutkielma. Kuopion yliopisto.

Numbers related to the personnel at HUS in 2021

26 803

professionals worked at HUS.*

The number of nursing and allied health professionals was

14 213*

Out of the nursing and allied health professionals

The share of the permanent staff was

83.6 %*

The average age was

42.7

years*

The average length of the period of service was

12.4

years*

Out of the nurses and other licensed health professionals most had a degree from a university of applied sciences.

Out of the nurses and other licensed health professionals about 12 % had a second level degree from a vocational school.

Out of the professionals with a background in nursing (or responding, for example therapy work of diagnostic work) 36 had a PhD and out of them, four had the Title of a Docent. Hundreds of professionals with a background in nursing (or responding) had a master's degree from a university or a university of applied sciences.

*) The number reflects the situation on the 31st December, 2021, and it is extracted on 13th January, 2022. The number may change by the publication of the official human resources report.

HUS Nursing Executive Group

The HUS Nursing Executive Group meets approximately once a month. In 2021, the members were:

- **Renholm Marja**, Chief Nursing Executive, HUS Nursing Management, chairperson
- **Ala-Nikkola Taina**, Chief Nursing Officer, Helsinki University Hospital Area management
- **Ekola Sirkka**, Chief Nursing Officer, HUS Heart and Lung Center
- **Fagerholm Nina**, Chief Nursing Officer, HUS Head and Neck Center
- **Heikkilä Anniina**, Development Manager, HUS Nursing Management
- **Heinikoski Nina**, acting Development Manager, HUS Nursing Management
- **Heino Kirsi**, Chief Nursing Officer, HUS Gynecology and Obstetrics
- **Junttila Kristiina**, Director, HUS Nursing Research Center NRC
- **Järvenpää Raija**, Chief Nursing Officer, HUS Diagnostic Center
- **Kaira Anna-Maija**, Chief Nursing Officer, HUS Abdominal Center
- **Karioja Anitta**, Chief Nursing Officer, HUS Emergency Medicine and Services
- **Kolhonen Vuokko**, Chief Nursing Officer, HUS Comprehensive Cancer Center
- **Koponen Tuulia**, Chief Nursing Officer, Porvoo Hospital Area
- **Lemetti Terhi**, acting Development Manager, HUS Nursing Management
- **Melender Hanna-Leena**, Director of Nursing Excellence, HUS Nursing Management
- **Mikkonen Sinikka**, Chief Nursing Officer, Lohja Hospital Area
- **Mäenpää Inger**, Chief Nursing Officer, HUS Children and Adolescents
- **Mäkelä Terhi**, Chief Nursing Officer, HUS Musculoskeletal and Plastic Surgery
- **Neffling Tarja-Leena**, Chief Nursing Officer, HUS Perioperative, Intensive Care and Pain Medicine
- **Rissanen Eija**, Chief Nursing Officer, HUS Internal Medicine and Rehabilitation

- **Ritkala Marita**, Magnet Program Director, HUS Nursing Management
- **Sandell Tanja**, Chief Nursing Officer, Development Manager, Hyvinkää Hospital Area
- **Silvola Tuula**, Chief Nursing Officer, Raseborg Department
- **Sjöholm Reija**, Nurse Manager, HUS Heart and Lung Center, representative of personnel
- **Sneck Virpi**, Chief Nursing Officer, HUS Inflammation Center
- **Soininen Päivi**, Chief Nursing Officer, HUS Psychiatry
- **Valkama Virpi**, acting Magnet Program Director, HUS Nursing Management
- **Virta-Helenius Maarit**, Chief Nursing Officer, HUS Neuro Center
- **Pajunpää Marianne**, Management Secretary, HUS Nursing Management, secretary (by the 30th April, 2021)
- **Ropponen Saara**, Management Secretary, HUS Nursing Management, secretary (from the 1st May, 2021)

In accordance with the appointment decision, the tasks of the HUS Nursing Executive Group are:

- Manage matters related to patient care, nursing staff, health care education and health/administrative science research in the field of nursing.
- Prepare a strategic plan for nursing and an annual action plan and implementation plan.
- Monitor, assess and guide the achievement of the quality, safety, personnel and financial objectives set.
- Outline, guide and promote the realization of optimal personnel structure, dimensioning and competence.
- Coordinate nursing development by acting as a reporting, evaluation, guidance and planning forum for HUS level nursing councils.
- Work as a joint forum for nursing leaders for sharing information, networking and discussion.
- Report on the results of nursing and the factors affecting them to the Group Management Executive Group.
- Be responsible for other tasks assigned by the CEO or the Group Management Executive Group.



HUS Nursing councils

The HUS Nursing councils have 18 members selected from submitted applications for three-year periods. All the members of the councils are introduced in Appendix 1. The following shows the expert groups in alphabetical order by name and describes their main activities in 2021.

HUS Nursing council of care quality and safety

- Chairperson **Terhi Mäkelä**, BSN, MHSc, Chief Nursing Officer, HUS Musculoskeletal and Plastic Surgery
- Chairperson **Hanna-Mari Hakkarainen**, Registered Nurse (Internal Medicine and Surgical Nursing), Registered Nurse, HUS Musculoskeletal and Plastic Surgery
- Secretary **Eija Reen**, BSN, MHSc student, Assistant Nurse Manager, HUS Children and Adolescents

In 2021, the nursing council

- prepared a toolbox to assist in taking excellent nursing into consideration
- prepared a compilation of questions on uniform operating models for nursing to support the verification of competence and, based on the results of the STEPPI project survey, prepared a uniform model for oral care
- published an example application on uniform practices derived from HUS's general job description for proficient nurses

HUS nursing council of clinical competence and career development

- Chairperson **Maritta Olsbo-Nurminen**, Registered Nurse, MHSc., Nurse Manager, HUS MAKU/Akuutti (Chair until 9/2021)

- Chairperson **Katariina Arala**, Registered Nurse, MHSc, Nursing Director, HUS Abdominal Center (Chair from 9/2021)
- Secretary **Soile Yli-Arvo**, Registered Nurse, MHSc, Education Coordinator, HUS Group Administration Personnel Training (Secretary until 9/2021)
- Secretary **Eva Gustavsson-Niemelä**, Registered Nurse, MHSc, Nurse Manager, HUS Inflammation Center (Secretary from 9/2021)

In 2021, the nursing council

- monitored and supported the implementation of ASTU support programmes
- implemented in-depth continuing education for upper secondary level graduates and launched a digital subgroup where the unit's digital mentor coaching and the Organisation tiennäyttäjä (organisation's pioneer) coaching were prepared for publication in HealthVillagePRO.
- updated the criteria for rewarding nurses and midwives of the year drawn up in 2020 to apply to all nursing professionals (criteria for rewarding HUS nursing professionals in 2021)

HUS Nursing council of economic and effective practice

- Chairperson **Markku-Tapio Laitila**, Registered Nurse (University of Applied Sciences), MHSc, Nurse Director, HUS Internal Medicine and Rehabilitation
- Chairperson **Tanja Sandell**, Registered Midwife, MHSc, Chief Nur-

sing Officer, Development Manager HUS, Hyvinkää Hospital Area, Administration

- Secretary **Liisa Marttila**, BSN, MHSc, Nurse Manager, Intermediate Care Unit and Emergency Services, HUS Lohja Hospital Area
- Secretary **Tommi Halonen**, Registered Nurse (University of Applied Sciences), MSc (Adm. Sc), Nurse Manager, HUS Abdominal Center

In 2021, the nursing council:

- acted as a steering group for the patient classification system
- examined means for determining the effect of treatment complications on the price of treatment during the HUS treatment period and produced a final report on this
- Planned the HUS Operations and Financial Reporting from the perspective of nursing management training

HUS Nursing council of knowledge management

- Chairperson **Mervi Klapuri-Kari**, Registered Nurse (University of Applied Sciences), Taitava (Proficient) Internal Medicine Nurse, HUS Neurocenter
- Chair Satu **Poikajärvi**, Registered Nurse (University of Applied Sciences), MHSc, PhD student, Chief Nursing Officer, HUS Perioperative, Intensive Care and Pain Medicine
- Chairperson (part of the term) **Riitta Kiviniemi**, Registered Nurse, Public Health Nurse (Master), Nurse Manager, HUS Internal Medicine and Rehabilitation
- Secretary **Kaisa Haverinen**, Registered Nurse (University of Applied

Sciences), Master's degree student, Nurse Manager, HUS Internal Medicine and Rehabilitation

In 2021, the nursing council

- updated the manual of Quality Recording of Nursing and assessed the updated version by collecting feedback from profit centres and hospital areas
- planned the introduction of the manual of Quality Recording of Nursing and related training and other support measures for the end of 2021 and beginning of 2022
- together with Helsinki and Vantaa, set up a cooperation group to develop Apotti's nursing and guidance plan

HUS Nursing council of research and evidence-based practice

- Chairperson **Toni Haapa**, Registered Nurse (University of Applied Sciences, PhD, Research Nursing Officer, HUS Group Administration
- Chairman (part of the term) **Virpi Sneek**, Registered Nurse (University of Applied Sciences), MHSc, Chief Nursing Officer, HUS Inflammation Center
- Chairperson **Jenny Schildt**, Registered Nurse (University of Applied Sciences, MHSc, HUS Inflammation Center (Chair until 10/2021)
- Chairperson **Essi Karikoski**, Oral Hygienist (University of Applied Sciences, MHSc, HUS Children and Adolescents (Chair from 11/2021)
- Secretary **Karina Viholainen**, Registered Nurse (University of Applied Sciences), MHSc, Nurse Manager, HUS Perioperative, Intensive Care and Pain Medicine

In 2021, the nursing council

- participated in making arrangements for the annual Science Day and the national webinar on evidence-based activities in the health sector
- assessed the three nursing recommendations published by the Nursing Research Foundation using the AG-

REE indicator and made recommendations for their introduction at HUS

- started updating the HUS guidelines on research club activities

HUS Nursing council of patient-centered nursing

- Chairperson **Kiki Metsäranta**, Registered Nurse, MHSc, Nurse Manager, HUS Psychiatry
- Chairman **Pia Männikkö**, Public Health Nurse, MHSc, Customer Service Manager, HUS Head and Neck Center
- Chairperson (part of term) **Kirsi Pulkkinen**, Registered Nurse, MHSc, Nurse, HUS Perioperative, In-

tensive Care and Pain Medicine

- Secretary **Katja Kiviranta**, Registered Nurse (Master), Nurse Manager, Operative Unit, Hyvinkää Hospital Area

In 2021, the nursing council

- organised the cultural encounters training afternoon for HUS staff on 5 October 2021
- initiated cooperation with the Customer Feedback Development Team. The aim is to create a cooperation model that can be used to make better use of customer feedback to strengthen patient-centred care at HUS.

Top supervisors 2020 awarded in spring 2021

Top supervisors in 2020 were awarded on 11 March 2021, the theme day for well-being at work. Nursing supervisors awarded as top supervisors

- Chief Nursing Officer **Vuokko Kolhonen**, Comprehensive Cancer Center management, HUS Comprehensive Cancer Center
- Nurse Manager **Pipsa Vahteri**, Surgical Ward 3A, Operative profit centre, Lohja Hospital Area
- Nurse Manager **Riitta Kiviniemi**, temp pool Peijas, HUS Internal Medicine and Rehabilitation
- Nurse Manager **Virpi Lehtikangas**, Operating Department, HUS Gynecology and Obstetrics

The following is a list of the criteria for awarding top supervisors:

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

Anyone working at HUS had the opportunity to nominate Top supervisors in autumn 2020. The nominations were first reviewed in profit centres, after which an evaluation group comprising personnel and employers made the final choices. Congratulations to all the top supervisors!

STRUCTURAL EMPOWERMENT

The most important resource of a successful organisation is personnel. HUS encourages its employees to continue their training. This makes it possible to grow in a profession in accordance with the professional career model.

HUS monitors nursing staff's job satisfaction

Kristiina Junttila

In the Magnet Hospital® model, the results of patient care, personnel and the entire organisation are at the centre of the activities. In addition to HUS' annual Working Life Barometer, the job satisfaction of HUS nursing staff has since 2015 been assessed with the NES survey (Nurse Engagement Survey) in all Helsinki University Hospital departments, in other hospital areas and at the Diagnostic Center. Since 2018, data has also been collected from other university hospitals and some central hospitals as part of the co-operation for benchmarking nursing on a national level (HoiVerKe).

The goal set in the HUS Nursing Strategy is that in 2021, the job satisfaction of all HUS nursing staff will be better than in 2020. Furthermore, the Magnet Hospital® accreditation efforts will require that the results of the different factors of job satisfaction of an individual work unit are better than the

average national results of the same type of work unit.

The survey measuring nurses' job satisfaction is carried out annually by the HUS Nursing Research Center (responsible person Director Kristiina Junttila), which also implements the analysis and reporting of material to departments (and the corresponding) and national comparisons. The survey will be addressed to all HUS nursing staff by sending it to the employees' work email address. The results of the departments (and corresponding) are sent to the chief nursing officer in charge of each area, who handles the results with his / her staff in the chain of nursing management.

In 2015 and 2016, HUS used the original NES survey developed by the Global Centre for Nursing Executives (now the Workforce Best Practice Collaborative - Advisory Board). A modified NES survey (NES+) has been in use since 2018, and

its content has been checked for appropriateness by the American Nurses Credentialing Center with respect to the Magnet Hospital® efforts. The survey contains 49 statements, the responses to which are summarised as eight sum variables (factors of job satisfaction Figure 3). In addition, the respondents' commitment is measured through four statements:

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

The level of engagement is classified into four categories: "Engaged", "content", "ambivalent" and "disengaged". In order for the respondent to be engaged, the

Structural Empowerment

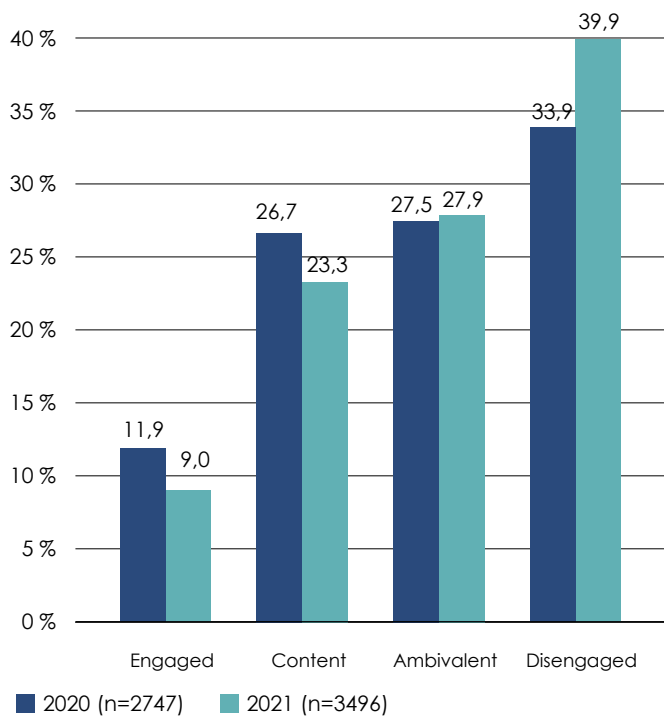


Figure 1. Level of engagement in 2020 and 2021 (HUS as a whole, all respondents).

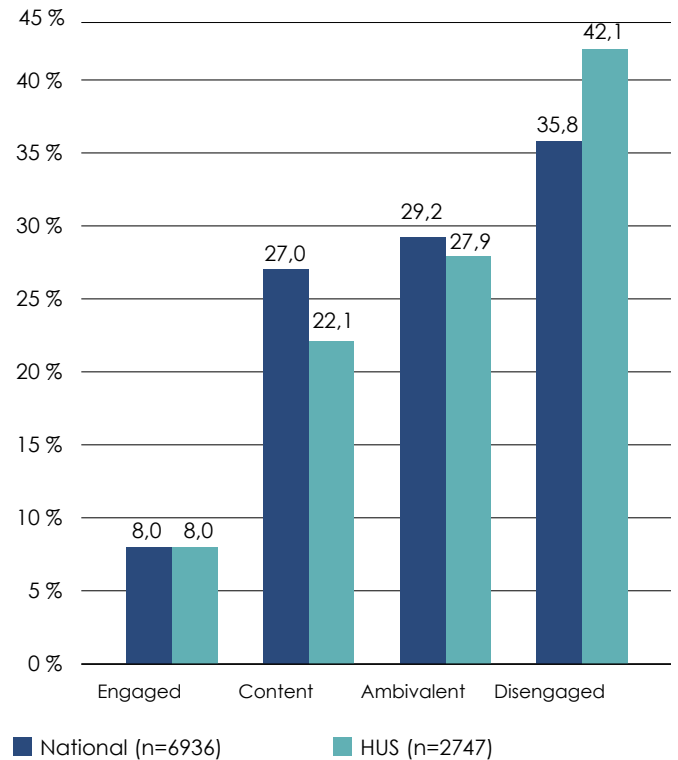


Figure 2. Level of engagement in HUS compared to national results in 2021 (comparison includes nurses and similar).

respondent must respond at least “agree” (value 5 on a scale of 1 to 6) to all four statements mentioned above, and also “fully agree” to at least two (value 6).

In 2021, eight organisations participated in the data collection for national nursing benchmarking (HoiVerKe). Responses from assistant nurse managers, nurses, midwives, paramedics, radiographers (not diagnostics) and also nurse managers, nurse directors and clinical nurse specialists and clinical nurse educators were included in the analysis (N = 6,936). At HUS, the response rate was 24%, which was clearly lower than the best response rate of the organisations participating in the comparison, which was 54% at the Kuopio University Hospital.

HUS’s results for 2021 will be examined in relation to HUS’s results for 2020 and in relation to the national average for 2021. Work unit-specific results in relation to national averages are monitored

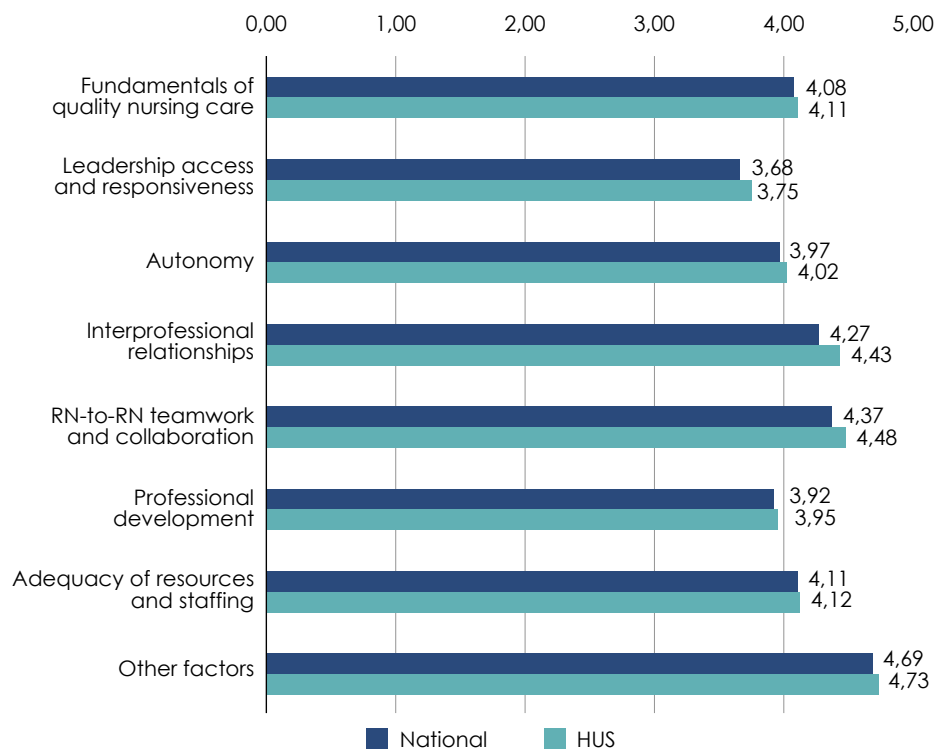


Figure 3. The average of the sum variables of the NES+ survey in HUS and nationally in 2021 (comparison includes nurses and similar).

separately in each work unit. In the case of HUS's internal results, the material included the responses of all respondents, i.e., the entire nursing staff. Comparison with national averages is based only on responses from nurses and similar (i.e., assistant nurse managers, midwives, paramedics and non-diagnostic radiographers).

Figure 1 shows the level of engagement of HUS nursing staff in 2020 and 2021. There is a slight decline in the proportion of engaged and content staff, but the change is clearer in the proportion of unengaged people.

The level of engagement of HUS nursing staff compared to national results in 2021 is shown in Figure 2. The share of engaged employees of all respondents at HUS is the same as the national average. The HUS results are notably weaker than

the national average for satisfied and disengaged staff.

Figure 3 shows the average of the sum variables (i.e., factors of job satisfaction) of the NES+ survey at HUS and nationally in 2021. Despite the fact that HUS's results are lower than the national averages for the nursing staff engagement (Figures 1 and 2), HUS's results regarding the factors of job satisfaction are better than the national results.

Conclusions:

- The proportion of engaged staff at HUS in 2021 was nearly three percentage points worse than in 2020. The increase in the proportion of disengaged persons (6%) is also notable.
- The combined share of nationally engaged and content respondents was 35% of all the respondents. HUS's

corresponding result was weaker (30.1%).

- HUS's results are better than the national average for all factors of job satisfaction.
- In order to ensure the reliability of the results, an effort should be made to increase the response rate in HUS and nationally.
- Development activities implemented in departments (and similar units) or work units that promote the engagement of nursing staff must be documented better than at present to assess their impacts and disseminate proven good practices on a HUS scale.

Kristiina Junttila, BSN, PhD, docent, Director of the HUS Nursing Research Center NRC

Career transition support program ASTU

Marita Ritmala and Virpi Valkama

Career transition support programs ASTU have been actively developed at HUS from 2020 onward. When a member of the nursing staff starts in a new position or their job description expands, the staff member must receive support from the organisation for this transition phase. The purpose of the ASTU programs is to ensure the successful transition of nursing staff to new position or a new work environment by providing the structures required for the development of the knowledge and skills required in this new role.

There are a total of ten support programs for career transitions (Table 1). Some of the programs support a transi-

tion to a new position, such as to that of a nurse, nurse manager or an advanced practice nurse. Some of ASTU programs support the expansion of one's own job descriptions by developing one's capabilities for acting e.g. as a charge nurse or a colleague's mentor. The aim of all the programs is to support the person starting in a new position both informatively and through practical guidance (Figure 1). The person responsible for each ASTU program is either an advanced practice nurse or a clinical nurse educator who, together with his/her team, develops, implements, evaluates and further develops his/her ASTU. ASTU programs are evaluated from many different perspectives, including the learning and experience of the participant, and the

benefits to supervisors, managers and the organisation. It is important that the ASTU programs benefit everyone, including the participant, organisation and patient care.

With the help of the ASTU programs, HUS aims to offer nursing staff jobs where competence development is systematic and support for professional career development is available at every transition stage. This will also support the well-being at work of nursing staff and their engagement to the employer.

For more information on ASTU please see the intranet https://hussote.sharepoint.com/sites/12101/voimaannuttavat_rakenteet/astu/Sivut/default.aspx

Table 1. HUS Career transition support programs.

Career transition support program ASTU	Person responsible	Program Start Schedule
Advanced Beginner ASTU	Annukka Laurila-Salakka , MHSc (Psychiatry) Marika Maukonen , MHSc (Perioperative, Intensive Care, and Pain Medicine)	Autumn 2021
Student Mentor ASTU	Netta Pohjamies , MHSc (Musculoskeletal and Plastic Surgery) Susanna Ruuskanen , MHSc (Children and Adolescents)	In progress
Preceptor ASTU	Kirsi Lindfors , MHSc (Children and Adolescents) Terhi Lemetti , PhD (Inflammation Center/Nursing Management)	Autumn 2021
Mentor ASTU	PIA Kukkonen , MHSc (Internal Medicine and Rehabilitation)	Spring 2022
Charge Nurse ASTU	Jaana Kotila , MHSc (Neurocenter) Annukka Sandell , Registered Nurse (Master) (Heart and Lung Center)	In progress
Clinical Instructor ASTU	Satu Rauta , PhD (Perioperative, Intensive Care and Pain Medicine)	Spring 2022
Assistant Nurse Manager ASTU	Nina Heinikoski , MHSc (Gynecology and Obstetrics)	Spring 2022
Nurse Manager ASTU	Johanna Aalto , MHSc (Abdominal Center)	In progress
Proficient Nurse ASTU	Virpi Valkama , MHSc (Heart and Lung Center)	In progress
Advanced Practice Nurse/ Clinical Nurse Educator ASTU	Anna-Maija Jäppinen , PhD (Internal Medicine and Rehabilitation)	In progress

Marita Ritmala, Registered Nurse, PhD, Post doc Researcher, the HUS Magnet Program's Director.

Virpi Valkama, Registered Nurse, MHSc, Vocational teacher, Advanced Practice Nurse at the Heart and Lung Center and a deputy to the HUS Magnet Program Director (50%).

They were educated to develop career transition support programs at the Transition to Practice seminar organised by the American Nurses Credentialing Center.

Marita coordinates the development of professional- support programs in general, and Virpi leads the HUS Proficient Nurse ASTU working group.

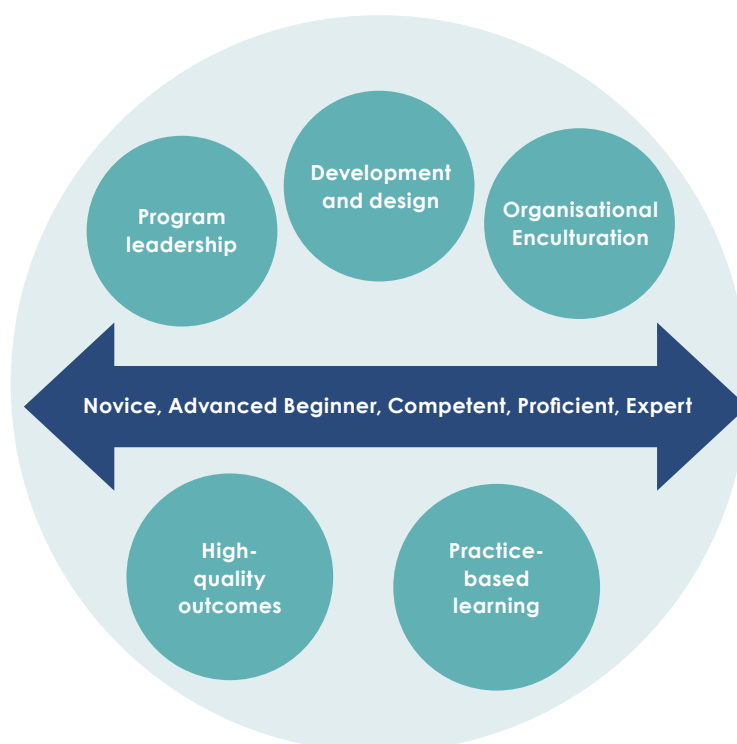


Figure 1. Framework for career transition support programs.

Support program for a nurse manager starting in a new position, or the Nurse Manager ASTU

Johanna Aalto

HUS has not had an orientation program or module specifically for the nurse manager profession. Nurse managers have been able to participate in the management training offered by HUS HR under the guidance of their own supervisors. HUS management training consists of both internally arranged training and training provided by external service providers, and these are open to the entire organisation's supervisory staff and all professional groups.

The Nurse Manager ASTU is one of the ten Career transition support programs. The Nurse Manager ASTU will not replace actual orientation provided by the unit and organisation, but it functions as one support structure for orientation and provides tools for acting in the role of nurse manager in different HUS operating environments (Figure 1).

Need for a support program for nurse managers starting in a new position is continuous

In 2021, a total of 381 people worked in the post of nurse manager at HUS; 314 of them had a permanent contract as a nurse manager. In statistics updated in October 2021, 59% (n=24) of all terminated nurse manager employment contracts were related to retirement and 41% (n=17) to resignation at their own request. Thus, 11% (n=41) of nurse managers had changed in 2021 by October. In October 2021, 48% of the persons working as nurse managers (n=381) were

over the age of 55 and 27% were over the age of 60. According to HUS HR's pension projection, 104 nurse managers will retire from HUS by 2026.⁽¹⁾ The national projection states that 47% of nurse managers will retire by 2030.^(2, 3)

There has been and will continue to be a need to support persons entering new positions as permanent or fixed-term nurse managers and to develop professional induction, and it is anticipated that these will grow in coming years.

Development of the Nurse Manager ASTU is based on researched evidence

First-line nursing supervisors should be provided support and standardised orientation when they move to new positions⁽⁴⁾. In particular, newly appointed nurse managers adapt better to their role when different support programmes and leadership development programmes are in place^(5, 6, 7). Research evidence and research-based recommendations have been used in the development and implementation of the Nurse Manager ASTU. Examples of these include the importance of the support person and mentoring to a new nurse manager and a sufficient period of time (6-12 months) for the completion of the support programme^(5, 6, 8). The evaluation of the programme is based on the American Nurses Accreditation Center's (ANCC) Practice transition accreditation program (PTAP) manual from 2020⁽⁹⁾. HUS's generic job description for nurse managers and assistant nurse managers

Nurse Manager ASTU development working group:

Johanna Aalto, Program Manager, Advanced Practice Nurse in Nursing, HUS Abdominal Center

Margit Eckardt, Clinical Nurse Educator, HUS Musculoskeletal and Plastic Surgery

Nina Heinikoski, Advanced Practice Nurse, HUS Gynecology and Obstetrics

Sari Hirvi, Nurse Manager, HUS Heart and Lung Center (until 04/2021)

Jaana Kaukonen, Advanced Practice Nurse, HUS Head and Neck Center

Mari Kesälä, Assistant Nurse Manager, HUS Children and Adolescents

Mari Nurminen, Registered Midwife, HUS Gynecology and Obstetrics (until 04/2021)

Heli Ruotsalo, Assistant Nurse Manager, HUS Psychiatry

Virpi Sneck, Chief Nursing Officer, HUS Inflammation Center

Marja-Liisa Stenroos, Chief Nursing Officer, HUS Heart and Lung Center

from 2017 (10) has also been used as the structure for the support program.

According to the generic job description for nurse managers (2017), the key tasks of the nurse manager are related to good supervisory work, patient-oriented and timely care, the quality and effec-

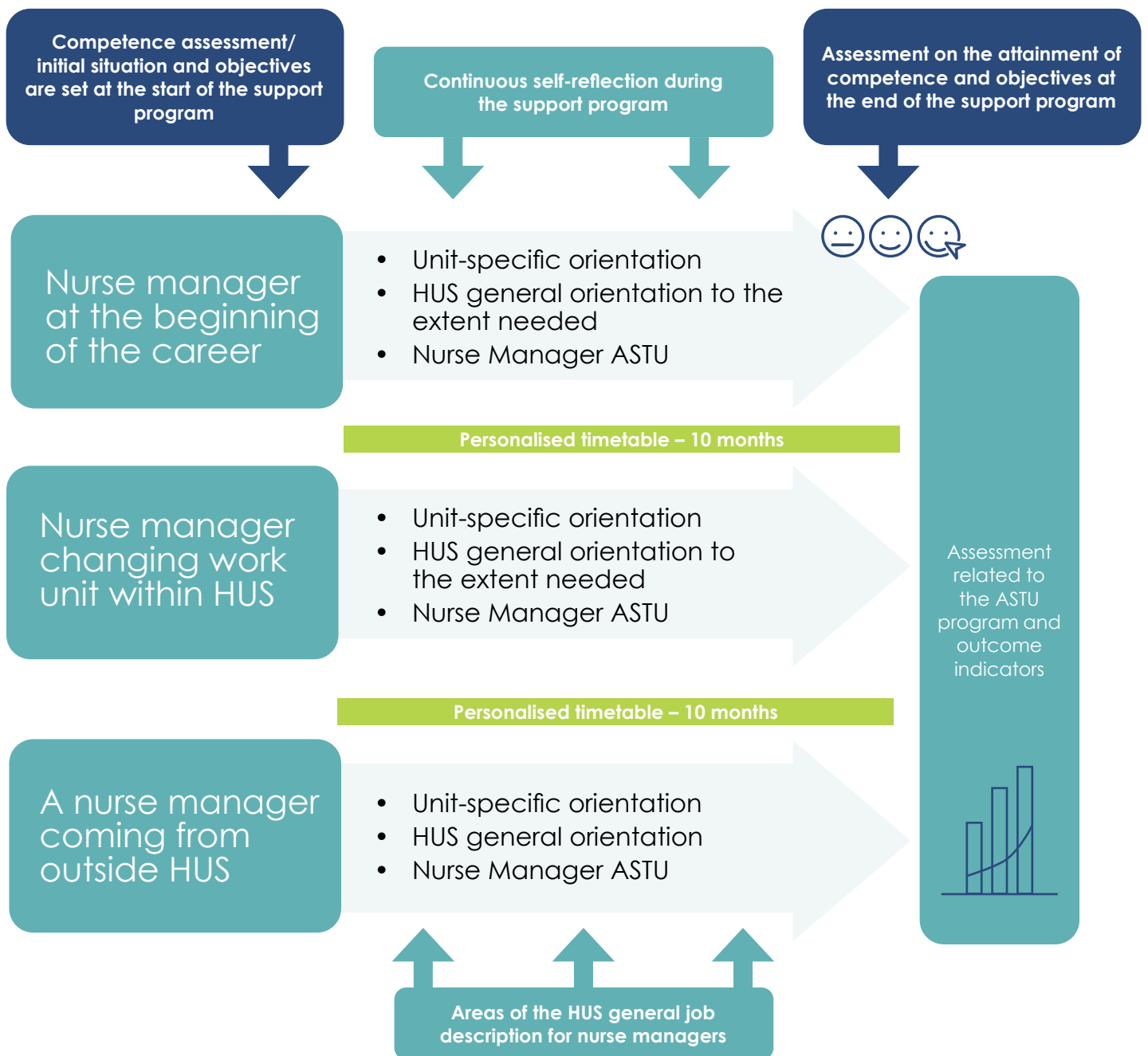


Image 1. Nurse Manager ASTU as part of the nurse manager's overall orientation.

tiveness of care and examinations, and patient safety that support strategic management. The nurse manager is responsible for organising the appropriate activities of his/her unit and for the implementation of the priorities set out in the strategy. Good and productive management of operations and personnel requires evidence-based, knowledge-based management. ⁽¹⁰⁾

Nurse Manager ASTU prepared as teamwork

Due to the COVID-19 pandemic, the launch of the program's development working group was postponed from early 2020 to autumn 2020. **Johanna Aalto**, Programme Director and Advanced Practice Nurse presented the grounds and criteria for bringing the group together to the HUS Nursing Management

Team, and the members of the development working group were recruited through the team at the beginning of 2020. The working group met six times in autumn 2020 and twice before the start of the pilot in early 2021 via Teams. In addition, the themes were worked on together on the Teams platform and independently in the areas of responsibility agreed upon for each group member.



Image 2. Nurse Manager ASTU modules in the Moodle online learning platform.

HUS's generic job description for nurse managers serves as the framework for the ASTU programme

The aim of the career transition support program for nurse managers starting in a new position is to ensure that the newly appointed nurse manager is familiar with the different areas of the nurse manager's job description and that they are able to apply the information and operating methods of the support program in his/her own work. The aim is also to support participants in their engage-

ment to the organisation and the HUS strategy.

The programme consists of ten modules and a final evaluation (Figure 2). Six of the areas are built in accordance with HUS' generic job description for nurse managers. In addition, the support programme includes the Induction section, the HUS induction section, the Self-management and well-being at work section and the Ethics at work section. The different areas of the ASTU include existing online training (such as Oppiportti), HUS Intra content, and the EVA

I and II supervisor coaching from the HUS management training package. In addition, material has been produced for each module specifically for the purpose of the Nurse Manager ASTU. As a rule, the implementation is on the Moodle online learning platform so that participants can complete the support program according to a flexible and personalised schedule. Numerous experts at HUS also from outside the working group have provided priceless assistance and work input for each area both in terms of content and technical implementation.

A diverse group of participants were admitted to the 10-month pilot

The pilot was launched on 5 March 2021, and it was intended for nurse managers who started in a new nurse manager post at HUS after 31 January 2020. A few participants with a longer nurse manager experience were also included in the pilot so that the feedback from the pilot could be used to further develop the ASTU so it served participants as well as possible. The participants had time to go through the programme according to their own schedule, the maximum time in the pilot was 10 months. However, already at the time of the pilot the plan was for the actual maximum completion time of the Nurse Manager ASTU to be 12 months, so that it would in future be optimal to complete the extensive module alongside one's own work and in line with the recommendations emerging from studies. Each participant had a designated peer nurse manager with whom they discussed the themes of the programme.

The program began with filling in the preliminary assessment survey, on the basis of which the participant then drew up their personal objectives and a personalised plan for the implementation of the support program. The duration of the support program depends on the background of the participants and the personalised plan (Figure 1). In the end, the participant reassesses their competence by means of a survey corresponding to the preliminary assessment.

A total of 45 nurse managers from 14 departments/hospital areas started in the Nurse Manager ASTU pilot. The majority of the participants were from care-providing nursing environments, but some nurse managers from the HUS Imaging, HUSLAB, rehabilitation and secretaries units also took part.

Conclusions, evaluation and further development will be implemented in 2022

The career transition support program for a nurse manager starting in a new post is assessed using the criteria and

indicators defined at the program's planning stage. In further development, feedback collected from participants on the implementation and content of the Moodle areas and feedback from peer nurse managers and supervisors of the participants will play an important role. The post of nurse manager is extensive and carrying great responsibility, and it is necessary to further develop its different themes and dimensions for the program in a multiprofessional manner and in cooperation with different actors.

A report will be compiled on the program, and the development and implementation of the support programme will continue, drawing on the experiences of the pilot participants and their peer managers and supervisors. The pilot report and proposals for further development will be completed in early 2022. Based on preliminary feedback, it can already be said that there will also be a need for the program in the future, and it has been found to be useful for the orientation and familiarisation of the nurse manager.

The work of the working group in competition with the pandemic has been challenging at times, but it has also been rewarding for the group, and the entire working group has felt that the development of the program has been meaningful and necessary. The development of the broad-based program will continue in the future, but the first feedback from the participants shown below gives us confidence that the work is meaningful and motivates us to further develop the program:

“The ASTU program/pilot is the first training program and material that is sufficiently comprehensive for nursing supervisor management. In addition to the activities and personnel management, the program also takes into account the workload of supervisors and how they can influence it themselves and what kind of tools are available.”

“The support program has been very useful for a new supervisor. In addition, I can now search for information more easily e.g. on the intranet.”

As head of the Nursing Manager ASTU, I would like to thank all members of the group, as well as other participants in the production and construction of the support program's content. This would not have been possible without everyone's cooperation and input.

Johanna Aalto, Registered Nurse (University of Applied Sciences), MHS, is an Advanced Practice Nurse at the HUS Abdominal Center. She has been the Head of the Nurse Manager ASTU and has been responsible for its development together with her team.

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Development of orientation in the Children and Adolescents Department

Kirsi Lindfors

In spring 2021, a survey on the current state of orientation was carried out at the HUS Children and Adolescents Department. Responses to the survey were received from 22 units (49% of the Children's and Adolescents units), and the respondents were unit supervisors, assistant nurse managers, nursing instructors and/or persons responsible for orientation. Based on the results, the orientation of new nursing staff members was quite good in the units participating in the survey. An orientation plan for new staff members had been prepared in 77.3% (n=17) of the units, and one or more preceptors had been appointed in nearly all units (95.5%; n=21). 90.9% (n=20) of the units were either completely or partially lacking a preceptor on their staff during orientation, and 86.4% (n=19) of the units were engaged in orientation discussions during and/or after the orientation. The support material for the orientation included competence cards, computerised device driving licences, the Health Village Children's Hub website, development assignments, induction folders, memos and instructions completed in Proficient Nurse training. In-depth orientation was available in 63.3% (n=14) of units and mentoring was in use in seven units. Among the challenges related to orientation, the respondents identified such issues as a shortage of resources, a lack of training for preceptors, problems in the documentation and assessment of orientation, and the systematic implementation of orientation. The attitudes of other staff were also found to have an impact on the success of orientation.

The work community's support during orientation and a positive attitude will carry the new employee through the challenging stage but will also support the preceptor in their demanding position.

Unit-specific orientation and its development at Children and Adolescents are the responsibility of the unit's teaching nurses and the nurses who have selected orientation as their area of responsibility. The expert group for the strengthening of competence at Children and Adolescents worked systematically for a long time in the area of orientation by developing competence cards to support orientation. However, general orientation at Children and Adolescents lacked structure, information and knowledge was fragmented and making sense of a new staff member's path was challenging.

In autumn 2021, Children and Adolescents took part in the ASTU pilot to ensure a systematic and consistent approach to all orientation procedures at Children and Adolescents, and to obtain assessment indicators for orientation. The aim of the department is to provide a new staff member an orientation package of the highest quality possible, which takes into account HUS level orientation, the organisational level orientation at Children and Adolescents and the unit orientation, taking into account the new staff member's individual needs and level of competence as well as the deepening of competence as they accumulate experience.

During the summer and autumn, the general orientation at Children and Adolescents was built in the Moodle online environment to make it easier for new employees to understand the enormous orientation package that he or she needs to complete during the first year and a half. The purpose of the general orientation online environment is also to support the preceptors in their work when organisation-level information is collected in one place. At the same time as building the online environment, Children and Adolescents introduced orientation skills workshops, which are events open for all those interested in orientation. The content of the skills workshops is based on the participants' wishes, and they aim to describe orientation from different perspectives. For example, the topics for autumn 2021 have been mentoring and the first year of a newly-graduated nurse. In addition, the units will continue their development work in the area of orientation to meet the objectives of the Preceptor ASTU.

Repairing the structures of orientation is relatively easy, while influencing attitudes will be more difficult. One of the challenges highlighted in responses to the open questions in the spring



survey was the attitude of other staff towards orientation. However, it depends completely on how we approach orientation and thus the new members of our multiprofessional team whether a new employee remains in the unit or they look for a place where the attitude of the rest of the staff is more favourable. Orientation studies demonstrate how important it is to make a new employee part of the work community. Socialisation involves the inclusion and encountering of someone else, which means that they are included in the work community and made to feel welcome. A new job and the new environment pose challenges to the new staff member, whether it be

someone just starting their career or a professional who already has experience. The work community's support during orientation and a positive attitude will carry the new employee through the challenging stage but will also support the preceptor in their demanding position. Although orientation is, as a rule, an interactive cooperation relationship between the beginner and the preceptor, the entire work community is needed in order for it to succeed.

With the introduction of the Advanced Beginner ASTU, we will get a gauge for determining such things as the orientation atmosphere. The gauge makes it possible for us not only to de-

velop the structures of orientation, but also to intervene in factors affecting the atmosphere. It is worthwhile to invest in the orientation for a new staff member. Orientation is the first step in engaging a new employee in our organisation, and staff remember their orientation experiences. Orientation can be considered the organisation's business card in both good and bad. Orientation is also very simple in all its complexity: it is about encountering someone else, one of our values.

Kirsi Lindfors, BSN, MHSc, PhD student, an Advanced Practice Nurse at the Children and Adolescents Department

From volunteer nursing assistants to licensed practical nurses and an important part of specialised medical care

Taina Ala-Nikkola

“From its beginning, nursing care has included the task of taking care of patients’ basic needs. From the mid-20th century, specialised professionals have been trained in this position in Finland, who today are called licensed practical nurses. The profession is rooted in the Finnish Red Cross’ Apusisar organisation (volunteer nursing assistants organisation), which was established 80 years ago and trained volunteer auxiliary care personnel for military hospitals. After the war, the government created a new profession of assistant nurse and training into which the Finnish Red Cross’ volunteer nursing assistant training was integrated. Later on, the job title became a more descriptive basic nurse, and in the 1990s, the profession became the more extensively trained licensed practical nurse.”

”Att sköta om patienternas grundläggande behov har i alla tider varit en del av sjukvården. I Finland har man sedan mitten av 1900-talet utbildat för ändamålet specialiserad personal, som idag kallas närvårdare. Yrkets rötter finns i Finlands Röda Kors Hjälpssystemorganisation, som grundades för 80 år sedan i syfte att utbilda frivillig hjälppersonal till krigssjukhusen. Efter kriget inrättade staten det nya yrket hjälpskötare, och FRK:s hjälpsystemutbildning förenhetligades med den statliga hjälpskötarutbildningen. Yrkesbe-teckningen ändrades senare till primärskötare, som var ett namn som bättre motsvarade yrkets natur, och på 1990-talet utvecklades yrket vidare och fick sitt nuvarande namn närvårdare.”

The quotation is from the Apusisaresta lähihoitajaksi (From volunteer nursing assistant to licensed practical nurse) touring exhibition, the opening of which was celebrated at Töölö Hospital on 30 August 2021, with Archiater **Risto Pelkonen**, and representatives of SuPer, the Finnish Red Cross, the HUS Museum Committee and Töölö Hospital in attendance. The idea for the exhibition emerged the previous year at an event organised by the HUS Museum Committee to celebrate the World Health Organization’s (WHO) International Year of the Nurse & Midwife with a similar exhibition. Archiater Risto Pelkonen’s mother **Aune Pelkonen** was a registered nurse and involved in the work of the Apusisar organisation. At the opening of the exhibition, Risto Pelkonen made a suggestion that the HUS Museum Committee should make its next exhibition about apusisar training. And this is exactly what happened. The Apusisaresta lähihoitajaksi touring exhibition illustrates the historic development of profession now titled licensed practical nurse.

The Apusisar activities originated from young girls, often with a scouting background volunteering their help at military hospitals and developed further into vocational education and training.

Since the beginning of the training, one important motivator has been to act in a human-oriented and flexible manner for the benefit of humans. After the war, state nursing assistant training was launched, to which men were also admitted starting in the 1960s. Nursing assistant training was transferred from hospitals to nursing education institutions in 1965. In the beginning, nursing assistants worked in hospitals, but especially after the Public Health Act entered

into force in 1972, they increasingly worked in health centres, child health clinics and home services. The secondary education reform in the 1990s, saw title of basic nurse and nine other titles be replaced by the title of practical nurse. A licenced practical nurse can work as a paediatric nurse, an elderly care nurse, an oral healthcare nurse or a paramedic. Licensed practical nurses can apply for jobs in services for the disabled, home care, mental health and substance abuse

PHOTO: TÖÖLÖ HOSPITAL MUSEUM, HUS MUSEUM COMMITTEE





PHOTOS: SUPER

Licensed practical nurses in 1994.



Assistant nurse students in the library in the 1950s or 1960s.

work, appointment work and specialised medical care.

Approximately 12% (674) of the nursing staff working at HUS have completed secondary level qualifications of different types. In autumn 2021, a working group was set up with a decision from the CEO to gather and specify the division of labour between licensed practical nurses with secondary degrees and registered nurses who predominantly work in inpatient wards, the opportunities of licensed practical nurses to take part in the distribution of medicines and their continuing education needs.

Historically, since the first nursing assistants, the boundary between their duties and those of nurses has been unclear and has varied from place to place. The division of labour depends on the basic tasks of the units, but it is possible that in a working group appointed by the HUS CEO, we will find areas where tasks and responsibilities can be transferred from registered nurses to licensed practical nurses. The working group is made up of a comprehensive group of experts including licensed practical nurses, supervisors, experts, representatives of organisations and medication safety experts. The working group began its work at the beginning of October with great enthusiasm and saw their work as a group as important in clarifying varying job descriptions and supporting the utilisation of the competence of all professionals. Currently the planning of a survey concerning models for the divi-

sion of labour is under way. Their analysis makes it possible to identify areas where the competence of licensed practical nurses could be utilised more extensively than it is currently being utilised in the units. The restrictions on the implementation of pharmacotherapy have been compiled at HUS in a letter from the Chief Medical Officer. The aim of the working group is to review the room for manoeuvre allowed by the guideline and to assess whether the current interpretations of the guideline on the implementation of pharmacotherapy in all units are the same and whether the guideline needs added detail and information in some respects. HUS provides continuing education for licensed practical nurses, and the project assesses whether more specific continuing education is needed

for possible expansion of the duties of licensed practical nurses. We are currently in a similar situation as during the war, and there are not enough nurses for all tasks. The engagement of licensed practical nurses to HUS is high, and the number of applicants per position is still good (approximately 12 applicants/vacancy). Therefore, it is in everyone's interest that the competence of licensed practical nurses is fully utilised.

Taina Ala-Nikkola, Registered Nurse, MHS, PhD, Chief Nursing Officer, Helsinki University Hospital Area

References: *The HUS Museum Committee's exhibition From volunteer nursing assistant to practical nurse.*

Material for the Utilisation of Secondary Competence project.

PHOTO: ANNA AUTIO, SUPER



Quality for student mentoring through benchmarking and new mentoring interventions

Toni Haapa, Leena Timonen and Sirkka Ekola

Teaching is an essential part of the university hospital's activities. Every year, thousands of health care students are completing their clinical practicum periods in HUS. Clinical practicum is an essential part of the health care education. Student mentoring during the clinical practicum is important for the student's professional growth, which is why it is important to ensure that student mentoring is of high quality. The quality of student mentoring is a multidimensional phenomenon, and it is influenced by both the structures required to implement student mentoring and the teaching and mentoring processes created to achieve the objectives. The quality of student mentoring can be evaluated using validated indicators. (Table 1.)

The quality of student mentoring is regularly evaluated both nationally and at HUS. The purpose of the national benchmarking network for the comparative quality of student mentoring (OVeLa) is to evaluate the quality of student mentoring and the factors affecting. This is carried out by producing both national averages and comparative data on the quality of student mentoring in social welfare and health care service organisations. The national OVeLa benchmarking network has more than 30 active members (representatives of social and health sector organisations) from all over Finland, and the network meets annually for the OVeLa symposium. At symposiums participants review the national results describing the quality of student mentoring, and discuss matters related to the survey (incl. instruments) which

The aim is that after graduation, the students will decide to apply to work for us and that their transition to working life will be smoother than before.

is used to collect the data for national benchmarking. A corresponding OVeLa benchmarking network also operates at HUS. Research Nursing Officer **Toni Haapa** chairs both OVeLa benchmarking networks.

The data describing the quality of student mentoring is analysed and the results are reported annually during the first quarter. Therefore, this article describes the quality of student mentoring for 2020, from which it can be concluded that it was excellent despite the early stages of the coronavirus pandemic.

In 2020, 2,540 students responded to the HUS student feedback survey (response rate 54%). The majority (51.7%) of respondents completed a nursing degree, and more than half (60.9%) had a previous degree. The majority (39.0%) of respondents were aged 20-24. The respondents felt that the mentoring received during the clinical practicum supported professional development very well (66.9%), and more than half (56.4%) of the respondents felt that they had achieved their learning objectives very well. The students' satisfaction with HUS

clinical placements is also demonstrated in their readiness to recommend their clinical placement to their fellow students (Net Promoter Score (NPS) 70.5).

On a scale of 1 to 10, students gave to their own learning the best score (average 8.92; range 8.67 to 9.28). The overall quality of the clinical learning environment and mentoring were assessed to be very good (average 8.81; range 8.32-9.21). Respondents gave slightly lower scores to their own client-/patient-oriented activities (average 8.20; range 7.25-8.64) and to the teacher's role in supervised clinical practicum (average 7.32; range 6.30-7.82).

The results indicate that the quality of student mentoring at HUS is at excellent level. Producing national and HUS level averages and comparison data enables benchmarking in terms of quality of student mentoring. On the other hand, we also need new student mentoring interventions so that the excellence in student mentoring can be maintained. HUS is constantly working to ensure that the mentoring of health care students in HUS meets the requirements of health care education in universities of applied sciences (UAS) and, on the other hand, that the health care education in UAS meets HUS's needs. In particular, we are currently developing mentoring interventions that can be used to support students' smooth transition to working life. There are several interventions in use, such as the student module in clinical placement, and the joint Trainee project between HUS and Metropolia University of Applied Sciences.

The Trainee project: Flexible study and career paths introduced

In 2019, during a meeting between the HUS Heart and Lung Center and Metropolia University of Applied Sciences in connection with Proficient Nurse continuing education an idea emerged of whether HUS could have its “own” students, who we could get engaged to our units during their studies. The reasoning for this was the declining availability of personnel in some units and the fact that the activities of the units were not considered very interesting and attractive. The idea was to attract Trainee interns, who have been provided a comprehensive orientation during their traineeship and are aware of the specific department’s activities in general to become new nurses at units.

The idea has been brewing at HUS for quite some time, and the coronavirus also caused challenges to its implementation, but now we are in a situation where we can finally concretely try out Trainee career paths at HUS: The Heart and Lung Center, Abdominal Center, Musculoskeletal and Plastic Surgery and Internal Medicine and Rehabilitation. For example, all HUS Heart and Lung Center inpatient wards signed up to join the project. We agreed that the wards would have a maximum of two Trainee students in addition to other students. At the same time, mentoring education was launched in which HUS staff are educated to act as mentors for these students. The objective of mentoring is to support the students’ professional development throughout their studies on their selected career path, for example in the nursing of heart and lung diseases. The aim is that after graduation, the students will decide to apply to work for us and that their transition to working life will be smoother than before. For example, at the HUS Heart and Lung Center, we are able to offer students clinical practicum periods that follow the patient’s care pathway in inpatient wards (internal

Table 1. Structural, process and outcome factors for student mentoring quality in accordance with the framework by Donabedian (1988) (Haapa & Teuvo 2021).

Structure Structures required for the implementation of student mentoring	Process Teaching and mentoring processes	Outcomes Quality of student mentoring evaluated by the student
Clinical learning environments and mentoring relationship	Mentoring that supports the student’s professional development (e.g. orientation, giving of feedback, diverse learning situations)	Clinical Learning Environment and Supervision scale (CLES, Saarikoski 2002)
Patients/clients	A care and learning relationship between the patient and the student that promotes the student’s professional development	Student-Patient Relationship -scale (Suikkala 2008, 2019)
Teachers	The role of the supervising teacher involves combining theory and practice and cooperation with the work unit and the student	Clinical Learning Environment and Supervision + Teacher -scale (Saarikoski et al. 2009, Strandell-Laine 2019)
EU Directives and professional qualification requirements	Mentoring of students in accordance with the learning outcomes of the clinical practicum	Learning in Clinical Practicum -scale (National network for student mentoring, ValOpe 2019)

medicine and surgery), intensive care and monitoring units, the procedure unit and various outpatient clinics.

The flexible career and study paths of the Trainee project challenge us to build new types of clinical practicum periods for students. We aim to model these new Trainee project-based clinical practicum periods as well as the role of student mentors in supporting the student. In addition, clinical nurse educators at HUS play a key role, as they educate student mentors in the units and solve possible problems together with nurse educators at the university of applied sciences. It is important that we can guarantee the high quality of student mentoring both when introducing a new mentoring intervention, such as the Trainee project, and when carrying out student mentoring in a traditional way. We look forward to a new way of doing things and hope that this will enable us to improve the availability of staff.

Toni Haapa, RN, PhD, is the Research Nursing Officer at the HUS Nursing Research Center NRC. Leena Timonen, RN, MNSc, is the Clinical Nurse Educator at the HUS Abdominal Center. Sirkka Ekola, RN, MHSc is the Chief Nursing Officer at the HUS Heart and Lung Center.

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Further training increases competence in psychiatric emergency care

Virve Edlund and Tuula Rajala

Background

Today's working life in nursing requires the continuous updating of one's knowledge and the development and diversification of one's competence. In psychiatric emergency care, changing operating environments require the ability to anticipate situations - we must prepare for and adapt to new challenges. Operating models must support the inclusion of service users and provide patients information to support decision-making concerning illness, different treatment options and patient rights. In emergency care, clinical competence always also includes ethical activities, decision-making, guidance and teaching. Rapidly developing treatment methods and the development of well-being technology dictate that the development of one's own competence is a central part of every person's basic work.

In addition to the requirements of clinical work, the development of working life education is needed because the nurse's basic educational qualifications alone do not provide sufficient skills and knowledge for psychiatric emergency care work. Studies in mental health and substance abuse nursing as part of a nursing degree are implemented at universities of applied sciences with varying resources and emphases (Kivelä & Kilku 2017). Differences can be identified in the basic competence level of psychiatric emergency care of nurses when they transition from a university of applied sciences to working life. The criteria of the Magnet Hospital® also require that the organisation organise continuing education in accordance with professional career models.

Objectives

In accordance with the HUS professional career model (AURA), the aim of the qualification training in psychiatric emergency care was to deepen the clinical nursing competence of the participants from a competent level to a proficient level. The aim of the training was to provide competence for independent nursing appointments and for the key methods of psychiatric emergency care in the care of the most common patient groups. The aim was to produce competence in the standardised assessment of need for care, planning and work approach for a psychiatric emergency patient and evidence-based interventions. Efforts were also made to strengthen competence in perceiving care as a whole, independent decision-making, quality assurance and situational management. The aim was also to deepen multiprofessional cooperation in emergency services and cooperation with basic services and third sector actors.

Planning and implementation

Training in psychiatric emergency care (7 credits) was planned and implemented in spring 2021 in cooperation with Metropolia University of Applied Sciences. 25 nurses were selected for the training from the Division of Acute Psychiatry and Consultations at Helsinki, Jorvi, and Peijas and the Enhanced Outpatient Care Units in Hyvinkää, Porvoo and Lohja.

The training followed the European Qualifications Framework (EQF) level 6. Where applicable, the contents of the training could be included in Master's degree studies (EQF, level 7).

The training was preceded by planning workshops including representatives of clinical nursing, supervisors, management and experts. The workshops provided more specific information on the purpose of the training, formulated learning objectives and built the thematic areas of the training (Figure 1). The division of labour in the implementation of the training was agreed so that HUS Psychiatry representatives mainly organised expert lectures, and Metropolia was responsible for the pedagogical planning and implementation of the training, maintenance of the Moodle online learning environment and practical arrangements for the training.

The training included expert lectures, independent study, online work, workshops and simulation exercises. Working life-based learning assignments were linked to the HUS organisation's own activities and development. Due to the coronavirus pandemic, all six contact teaching days were carried out via the Teams platform. The simulation exercises were carried out as part of contact teaching at the Metropolia campus in Myllypuro. Independent study in the Moodle environment was of great importance, and independent-study assignments were closely related to the themes of training days. Successful completion of the training required both participation in contact teaching days and completion of learning assignments in the online environment.

Representatives of HUS Psychiatry's medical, nursing, development and quality work and management staff and experts were responsible for the lectures. The patient ombudsman, safety expert and experts in domestic violence

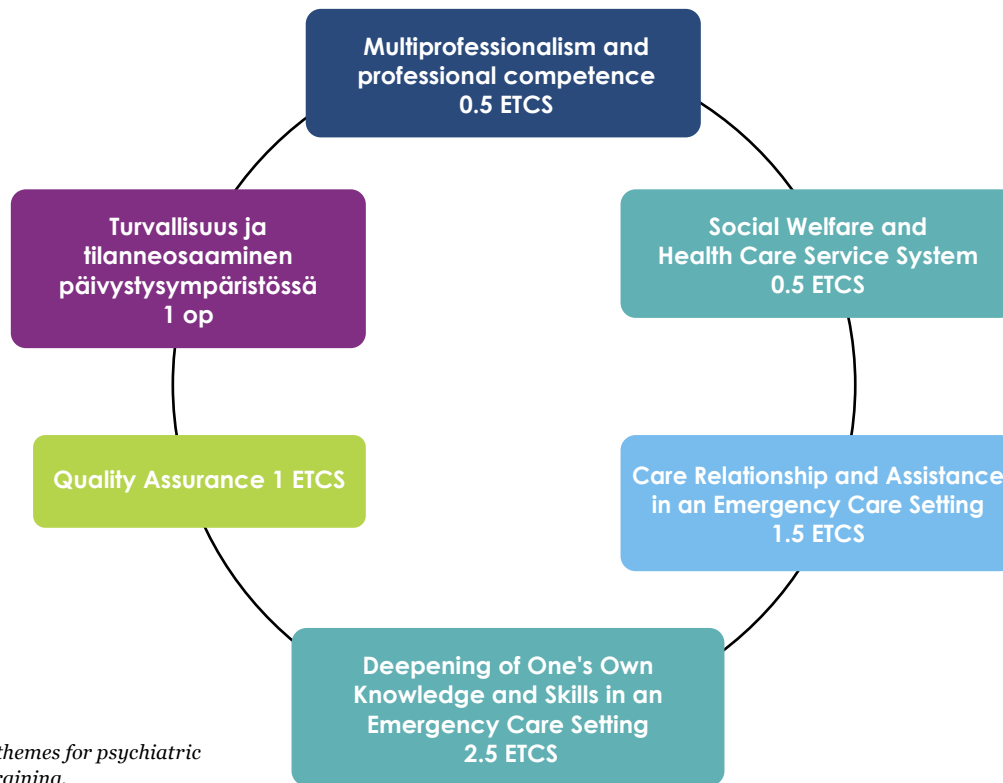


Figure 1. Content themes for psychiatric emergency care training.

from the Finnish Institute for Health and Welfare also acted as trainers. The degree programme included lectures on the diagnostics of an emergency patient, assessment of the need for treatment, cooperation between a doctor and a nurse, as well as on pharmacotherapy and the implementation of pharmacotherapy in emergency services. Key topics included assessing and treating a patient who had attempted to commit suicide, identifying and assessing domestic violence, and bringing up the topic with patients, and encountering a substance abuse patient, their examination and treatment at the emergency clinic. The themes also included the structure and service system for mental health services, development and quality work in practice and sections related to legislation, patient rights and safety. In their speech, an expert by experience examined the quality of nursing in emergency services from the client's perspective.

The framework for the training was the patient case descriptions produced by the students, which were utilised diversely in different stages of the learning

process. The students were taught the basics of information retrieval, and they searched databases for a valid scientific article, the information and treatment recommendations of which were compared to the treatment provided in their own patient case. The patient case and article were presented in the person's own work unit and a discussion was held on the evidence-based nature assessing the patient's need for treatment and their actual treatment. The participant's own patient case was also used in a task focusing on service guidance, in which the patient's path in the service system was examined. The network map was used to describe the psychosocial services suitable for the patient and offered by different sectors. The models for indicators, treatment recommendations and instructions and good care available in Mental Hub's section for professionals were also utilised in one's own patient case. Work on the patient case ended with the students preparing posters for their own work units, the contents of which included the research evidence found in a scientific article and the au-

thor's own clinical observations on patient care.

The students also learned about the Ministry of Social Affairs and Health's mental health work strategy and analysed its policies and long-term objectives. A case and reflection assignment was used to focus on how to bring up the topic of domestic violence and how to provide nursing to substance abuse patients. In addition, at the beginning of the degree programme, students compiled a SWOT analysis of their competence and the competence of their work community and a small-scale Lean development task in their work units.

Results

Training feedback (n=14) was collected at the end of the training in the form of a Forms survey. The response rate was 60.9%. Two students dropped out of the training. 71.5% of students agreed or somewhat agreed that they had been able to organise their studies parallel with their work. 64.3% estimated that the training had increased their professional competence in the emergency care set-

ting, and 78.6% felt that they had gained new perspectives on patient work. 85.7% of respondents felt they have achieved the objectives they had set for the training (Figure 2).

The qualitative responses revealed that nurses at the beginning of their careers were more satisfied with the training than those who had already had a long career, who said that what was taught was predominantly a review of things they already knew. The majority of respondents saw the exchange of experiences with participants working in other units as the most rewarding aspect of the training. It was found that guidance provided by an information specialist for searching for scientific articles was useful. Expert lectures and section taught by experts by experience received praise. Respondents requested more practical training, reflection and in-depth understanding of what is learned.

“Versatility and familiarisation with practices in other areas were the best.”

“The training provided new perspectives on work, even though I already had long-term work experience”

“I would have liked more concrete tools/tips for working in a challenging emergency environment.”

Conclusions

It is important to continue training in workplace-based emergency care also in the future. The training contributes to the implementation of the nurse's basic task, the clarification of the nursing process and the implementation of the even quality of emergency care work in different emergency units. The training must provide the readiness to meet the requirement for additional competence in emergency care. This is also related to assessing the work's level of demand and, consequently, the basic salary specific to the task.

Based on feedback submitted on training, the training can in future be divided into, for example, qualification training that strengthens substance

Question 3 As a student, I achieved the objectives set for the education

- Totally agree
- Partly agree
- Not agree, not disagree

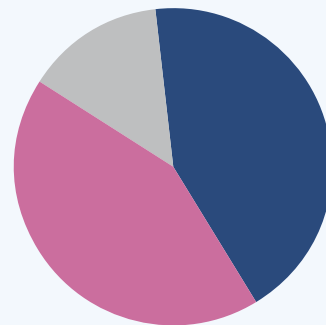


Figure 2. The students' own assessment of how well they achieved the objectives set for the education.

competence and further proficient-level training that supports development competence. This division will likely strengthen the consideration of participants' needs when formulating learning objectives. The student admissions process should also be developed, and the assessment criteria prepared for the assessment of basic-level competence must be drawn up. In the future, completion of such modules as shift coordinator and security plan training as well as command of symptom assessment indicators and the ISBAR reporting method may be required from training applicants.

Multiform studies were found to be effective as a training option. In the future, experts by experience could also participate in simulations in the role of an instructor. Simulations would comprise practicing clinical decision-making in an environment similar to an authentic situation. In the future, linking learning assignments to practice would facilitate even stronger learning alongside work and increase study motivation. At the same time, the work communities of training participants would have the opportunity to reflect on their own activities, find development targets and strengthen their uniform evidence-based operating models. The engagement of supervisors to the training process should be promoted, as they play a key role in supporting training participants

and in determining how the competence produced in training will be utilised in the work units.

In the future, it would also be justified to include a reciprocal short internship in the training where two participants could exchange work units. This would provide new perspectives and tools for developing one's own work.

The future aim is also to monitor and support the integration of training into practice, its effectiveness and the implementation of the students' developmental work approach in the units. The purpose is to organise a “booster afternoon” six months after the end of the training. In this case, the added value of qualification training for vocational competence will be assessed together with the participants and supervisors, and the development proposals submitted by participants will be discussed in order to streamline care processes, improve the quality of nursing and increase the safety of the operating environments.

Virve Edlund, BSN, MHSc, is an Education Coordinator at HUS Psychiatry, and Tuula Rajala, BSN, MHSc, is a Chief Nursing Officer at HUS Psychiatry.

References: Kivelä H., Kilkku N. 2017. *Mielen-terveys- ja päihdetyön opintojen määrä ja sisältö sairaanhoitajien koulutuksessa Suomessa. TAM-Kin julkaisut. Tampere University of Applied Sciences.*

Recognition of excellent nursing

In 2021, our staff members have been merited in many different ways.
Congratulations to everyone!

Academic merits and degrees in 2021*

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

Doctoral degree (golden honorary badge of nursing science):



- **Maria Ameel**, Advanced Practice Nurse, Psychiatry (University of Turku)
- **Katja Janhunen**, Senior Planning Specialist, Children and Adolescents (University of Eastern Finland)
- **Yunsuk Jeon**, Nurse, Head and Neck Center (University of Turku)
- **Terhi Lemetti**, Advanced Practice Nurse, Inflammation Center/responsible Development Manager, HUS Nursing Management (University of Turku) (Terhi Lemetti defended her doctoral dissertation at the end of 2020, which is why she was only granted the honorary badge at the 2021 Science Day.)
- **Maria Pulkkinen**, Nurse Manager, Perioperative, Intensive Care and Pain Medicine (University of Turku)

- **Marita Knuutila**, Advanced Practice Nurse, Emergency Medicine and Services (University of Eastern Finland)
- **Sanna Korkkinen**, Physiotherapist, Internal Medicine and Rehabilitation (University of Jyväskylä)
- **Jaana Lojander**, Assistant Nurse Manager, Gynecology and Obstetrics (University of Turku)
- **Satu Munck**, Nurse Manager, Lohja Hospital Area (University of Eastern Finland)
- **Päivi Oinonen**, Assistant Nurse Manager, Gynecology and Obstetrics (University of Turku)
- **Leena Rantanen**, Nurse Manager, HUS Diagnostic Center (University of Eastern Finland)
- **Liisi Romppanen**, Nurse Manager, Abdominal Center (University of Turku)
- **Maria Rosenblad**, Nurse, Psychiatry (University of Turku)
- **Tanja Sandell**, Development Manager, Hyvinkää Hospital Area (University of Eastern Finland)
- **Hanna Skogberg**, Assistant Nurse Manager, Gynecology and Obstetrics (Åbo Akademi University)
- **Birgitta Tetri**, Nurse Manager, Internal Medicine and Rehabilitation (University of Helsinki)
- **Niko Voutilainen**, Nurse Manager, Abdominal Center (University of Eastern Finland)

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



- **Anu Aittovaara**, Assistant Nurse Manager, Abdominal Center (University of Tampere)
- **Laura Hako**, Advanced Practice Nurse, Lohja Hospital Area (University of Eastern Finland)
- **Tommi Halonen**, Nurse Manager, Abdominal Center (University of Vaasa)
- **Inari Heimo**, physiotherapist, Internal Medicine and Rehabilitation (University of Jyväskylä)
- **Heidi Hyttinen**, Assistant Nurse Manager, Musculoskeletal and Plastic Surgery (University of Turku)
- **Julia Jacobsson**, Nurse Manager, Perioperative, Intensive Care and Pain Medicine (University of Eastern Finland)
- **Saara Jolkkonen**, Nurse, Psychiatry (University of the West of England Bristol)

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



- **Satu Ahonen**, recruiter, Porvoo Hospital Area (XAMK)
- **Tiina Anttila**, Service Advisor, Hyvinkää Hospital Area (Metropolia)
- **Mitra Dirin**, Nurse, Psychiatry (Metropolia)
- **Anna Fastberg-Ilkas**, Nurse Manager, Hyvinkää Hospital Area (LAB)
- **Petra Haring**, Nurse, Abdominal Center (Laurea)
- **Anja Heikkilä**, Midwife, Gynecology and Obstetrics (XAMK)
- **Tiina Hietaranta**, Assistant Nurse Manager, Perioperative, Intensive Care and Pain Medicine (Metropolia)
- **Anna Huurinainen**, Nurse, Psychiatry (Karelia)
- **Mia Karlsson**, Customer Service Manager, Porvoo Hospital Area (XAMK)

- **Maria Kautsalo**, Nurse, Musculoskeletal and Plastic Surgery (Laurea)
 - **Suvi Kontkanen**, Perioperative, Intensive Care and Pain Medicine (Metropolia)
 - **Pipsa Lahtinen**, Nurse, Heart and Lung Center (Metropolia)
 - **Nora Lavola**, Assistant Nurse Manager, Hyvinkää Hospital Area (HAMK)
 - **Pernilla Lindberg**, Midwife, Lohja Hospital Area (Arcada)
 - **Henna Litmanen**, Assistant Nurse Manager, Lohja Hospital Area (Turku University of Applied Sciences)
 - **Katriina Liuski-Kiviranta**, Assistant Nurse Manager, Internal Medicine and Rehabilitation (Laurea)
 - **Satu Nisonen**, Nurse, Abdominal Center (LAB)
 - **Liridiana Peña Zamora**, Nurse, Abdominal Centre (Metropolia)
 - **Ann-Maarit Pessi**, Assistant Nurse Manager, Internal Medicine and Rehabilitation (LAB)
 - **Kamilla Rautio**, Assistant Nurse Manager, Musculoskeletal and Plastic Surgery (Turku University of Applied Sciences)
 - **Noora Turunen**, Nurse, Lohja Hospital Area (Turku University of Applied Sciences)
 - **Emma Uusihakala**, Midwife, Gynecology and Obstetrics (Metropolia)
 - **Saana Vaahtera**, Assistant Nurse Manager, Hyvinkää Hospital Area (Laurea)
 - **Tamara Vierikko**, Assistant Nurse Manager, Psychiatry (Turku University of Applied Sciences)
 - **Beatrice Öhman**, Assistant Nurse Manager, Gynecology and Obstetrics (Arcada)
- * Degrees notified to HUS nursing management

The Nousevat tähdet 2021 award awarded by the Finnish Nurses' Association

- **Henna Airiainen**, Meilahti Operating Department, HUS Perioperative, Intensive Care and Pain Medicine
- **Marjo Juvonen**, Joint Outpatient Clinic/Day Ward, Peijas Hospital, HUS Internal Medicine and Rehabilitation
- **Kaitlyn Merila**, Neurosurgery Intermediate Care Unit, Töölö Hospital, HUS Neuro Center
- **Herkko Miettinen**, Emergency Ward, Malmi Hospital, HUS Emergency Medicine and Services, HUS Regional Clinical Services
- **Toni Siniranta**, Eye Diseases, Retinal Outpatient Clinic, HUS Head and Neck Center
- **Daniel Turunen**, Joint Emergency Services, Meilahti, HUS Emergency Medicine and Services, HUS Regional clinical services
- **Erika Wikberg**, Ward Taika, New Children's Hospital, HUS Children and Adolescents

Kyllikki Pohjala Memorial Fund recognition

- **Jaana Kotila**, Advanced Practice Nurse, HUS Neuro Center

2021 Neuroscience Nurse of the Year (Finnish Association of Neuroscience Nurses FANN)

- **Hannele Marjomäki**, Ward 6 (Neurosurgery), Töölö Hospital, HUS Neuro Center

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

Knight of the Order of the Lion of Finland (FLK)

- **Teija Kaukosalmi-Virtanen**, Head of Division, Chief Nursing Officer, HUSLAB, HUS Diagnostic Center

Cross of Merit of the Order of the White Rose of Finland

- **Margit Eckardt**, Clinical Nurse Educator, HUS Musculoskeletal and Plastic Surgery
- **Terhi Lemetti**, Advanced Practice Nurse/Development Manager, HUS Inflammation Center/HUS Nursing Management
- **Eija Rissanen**, Chief Nursing Officer, HUS Internal Medicine and Rehabilitation
- **Carita Sainio**, Nurse Director, Eye Diseases Division, HUS Head and Neck Center
- **Virpi Sneck**, Chief Nursing Officer, HUS Inflammation Center
- **Marja-Liisa Stenroos**, Nurse Director, Pulmonary Diseases Division and Cardiology Division, HUS Heart and Lung Center

Cross of Merit of the Order of the Lion of Finland

- **Anu Elomaa**, Regional Manager, Preanalytics, HUS-LAB, HUS Diagnostic Center
- **Eva Gustavsson-Niemelä**, Nurse Manager, Inpatient ward K2B for infectious diseases, HUS Inflammation Center
- **Minna Karjalainen**, Nurse Director, Clinical Microbiology and Clinical Chemistry, HUS Diagnostic Center



Chief Nursing Executive **Marja Renholm** awarded the golden honorary badges of nursing science at Science Day on 23 November 2021 to those who received their Doctorates in 2021 or in late 2020. In the photo from the left Advanced Practice Nurse **Marja Ameen**, Senior Planning Specialist **Katja Janhunen**, Nurse **Yunsuk Jeon**, Advanced Practice Nurse/Development Manager **Terhi Lemetti** and Nurse Manager **Maria Pulkkinen**.

- **Anna Mason**, Nurse Manager, Clinical Teacher, HUS Head and Neck Center
- **Anu Nyman**, Nurse Manager, Pulmonary Diseases Inpatient Ward S4K, HUS Heart and Lung Center
- **Sirpa Pohjala**, Regional Manager, Preanalytics, HUS-LAB, HUS Diagnostic Center
- **Marita Repo**, Nurse Director, HUS Comprehensive Cancer Center
- **Jenni-Katariina Sakki**, Nurse Manager, Cardiac Surgical Intensive Care Unit M2A, HUS Heart and Lung Center

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

- **Pirkko Bellaoui**, Nurse Manager, Ward 6A Pulmonary Diseases and Cardiology, HUS Heart and Lung Center
- **Kaija Halonen**, Assistant Nurse Manager, Pathology, Meilahti, HUS Diagnostic Center
- **Eeva-Liisa Ihander**, Nurse Manager, Pulmonary Disease Inpatient Ward Keu5, HUS Heart and Lung Center
- **Liisa Kähönen-Ruuska**, Assistant Nurse Manager (retired on 1 April 2021), Physiotherapy Meilahti, Rehabilitation Division, HUS Internal Medicine and Rehabilitation
- **Heli Laaksonen**, Assistant Nurse Manager, Group home for respiratory paralysis patients, HUS Heart and Lung Center
- **Anneli Laulajainen**, Assistant Nurse Manager, Cardiac Surgical Intensive Care Unit M2A, HUS Heart and Lung Center

- **Sanna Lehtivaara**, Assistant Nurse Manager, Pulmonary Disease Inpatient Ward Keu5, HUS Heart and Lung Center
- **Jaana Niemi**, Laboratory technician, coronavirus testing, HUSLAB, HUS Diagnostic Center
- **Maria Paloheimo**, Assistant Nurse Manager (retired as of 1 June 2021), Cardiac Surgical Intensive Care Unit M2A, HUS Heart and Lung Center
- **Marjaana Peittola**, Nurse Manager (retired as of 1 October 2021), Ward 6 (Neurosurgery), Töölö Hospital, HUS Neuro Center
- **Arja Sihvo**, Nurse Manager, Group home for respiratory paralysis patients, HUS Heart and Lung Center
- **Pirjo Stenman**, Nurse Manager (retired as of 1 July 2021), Virology and Immunology, HUS Diagnostic Center
- **Christina Svennblad**, Assistant Nurse Manager, Operating Department K, HUS Perioperative, Intensive Care and Pain Medicine

Medal, First Class of the Order of the White Rose of Finland

- **Paula Väre**, Laboratory Technician, Virology and Immunology, HUS Diagnostic Center
- **Hannemari Westerholm**, Occupational Therapist, assistive equipment, patient work, Assistive Equipment Center, HUS Internal diseases and rehabilitation

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

EXEMPLARY PROFESSIONAL PRACTICE

Exemplary professional practice means e.g. high-quality and safe care of patients, including uniform practices in nursing, patient satisfaction and the inclusion of patients and clients.

Patient satisfaction has remained high

Marita Ritmala

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

A fairly good number of responses are submitted throughout the year, and by the end of November 2021, patients had already submitted 5,337 responses (Figure 1). Of course, the number is still small compared to the number of patients treated, but hopefully with an active reminders from the nurses on the importance of feedback the amount of feedback will continue to increase. In 2021, HoPP reporting for PowerBI software was developed. Its purpose is to facilitate the easy and explicit examination of each unit's own results, so that units can celebrate about what they have succeeded in and to develop what the feedback suggests could be further de-

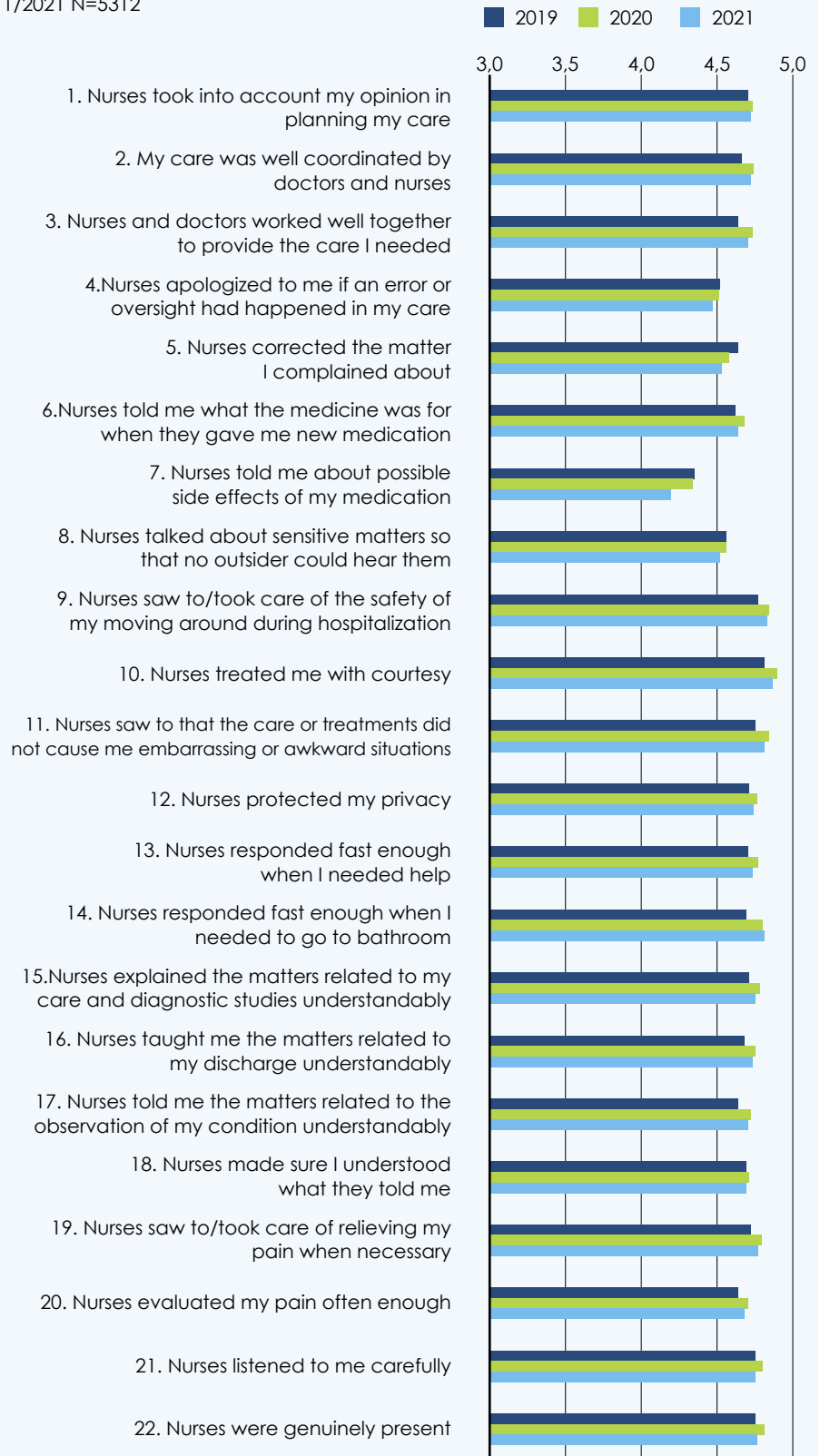
veloped. The feedback is consistently excellent at the HUS level, although it has declined in 2021. The lowest averages are given are from one year to the next for the claim "The nurses told me about the possible side effects of my medication", scoring between 4.19–4.34, on a scale of 1–5. Patients gave the best evaluations for courtesy (averages 4.80–4.88) they had received from the nurses and for genuine presence (averages 4.74–4.80).

The excellent quality of nursing consists of the best evidence-based nursing possible for the patient and the patient's experience. We need to know how satisfied – or dissatisfied – patients are. Using

Figure 1. Average of the results of patient feedback on nursing at HUS in 2019, 2020 and January-November 2021.

Results of patient feedback on nursing, HUS 2019–11/2021

2019 N = 4204, 2020 N = 5243, 11/2021 N=5312



this information, nurses and nurse leaders can correct possible shortcomings experienced by the patient. Each unit will receive its own results, which highlight the matters they should develop.

Nursing sensitive patient feedback is an important tool in the development of daily nursing care and an excellent indicator for evaluating changes made in patient care.

Marita Ritmala, Registered Nurse, PhD, Post doc Researcher, is HUS’s Magnet Program Director. She has developed Patient Feedback on Nursing as part of the quality requirements of the Magnet Hospital®.

Prevention of falls in the inpatient oncology wards 7 and 8

Leena Tuominen

Background and observed problem

The inpatient ward of the HUS Comprehensive Cancer Center monitors falls/1,000 care days that cause harm to patients in treatment. The data is entered into the NDNQI (American National Database of Nursing Quality Indicators) and the comparison reports are submitted quarterly to the Comprehensive Cancer Center. The results are compared with the averages of similar units. Incidence is calculated by multiplying the number of falls causing harm by 1,000 and dividing the number by the number of patient days. In the examination, the number of falls causing harm to patients per 1,000 care days was higher in Oncology Wards 7 and 8 than the comparison averages of similar units. The poorer result was observed in quarters 2 and 3 of 2020.

Objectives of Development Project

The purpose of the development project was to find additional means for preventing falls in inpatient Oncology Wards 7 and 8. The objective was to improve patient safety and reduce falls that caused harm to patients. The aim was for the incidence to decrease to below the international average in the future. HUS' objective is < 0.8 falls/1,000 care days.

Participants

The following persons participated in the planning and implementation of the development project:

- **Ann-Sofi Ilkka** Registered Nurse, Oncology Ward 8

- **Marko Kaira** Assistant Nurse Manager, Oncology Ward 8
- **Vuokko Kolhonen** Chief Nursing Officer, Comprehensive Cancer Center
- **Pirjo Lönnfors** Nurse Manager, Oncology Ward 8
- **Timo Makkonen** Senior Ward Physician, Oncology Ward 8
- **Kirsi Mononen** Physiotherapist, Oncology Ward 8
- **Raija Siirtola** Ward Pharmacist, HUS Pharmacy
- **Leena Tuominen** Advanced Practice Nurse, Comprehensive Cancer Center

Intervention

The planning of the intervention began in August 2020 in Oncology Ward 8. To determine the baseline, Nurse Ann-Sofi Ilkka used two weeks of project funding from the HUS NRC (Nursing Research Center) in September 2020 to compile materials as follows:

- Interviews with staff (physician, physiotherapist, pharmacist, LVN, basic nurse, licensed practical nurse and registered nurse) (n=8) on the causes of patient falls and the means used to prevent falls.
- Use of means for preventing falls in the inpatient oncology ward based on medical records (n=20).
- Reasons for falls in the inpatient ward based on reports of adverse events (1 July 2018–31 July 2020).
- Learning from others' good practices; benchmarking of practices for preventing falls in oncology wards at other university hospitals (TYKS, TAYS, OYS, KYS).

In October 2020, Advanced Practice Nurse Leena Tuominen searched in the PubMed and Cinahl databases for research evidence on means for preventing falls. On the basis of the baseline survey, it was noted that additional training is needed on the assessment of the adverse effects caused by a fall, multiprofessional cooperation (physiotherapist, doctor), the recording of preventive measures and the identification of medicines that increase the risk of falling in one's own ward.

Next, a multidisciplinary working group was convened to plan the content of training on the prevention of falls in inpatient Oncology Wards 7 and 8. The content of the training now includes the following:

- Review of the HUS nursing practice for preventing falls
- Factors that increase the risk of falling for patients with cancer
- Recording
- Procedures for preventing falls
 - Multidisciplinary cooperation in preventing falls
 - Highlighting the risk of falls among patients at risk of falling through the daily management notice board and the nurses' report list
 - Raising the topic of risk of falls among patients at risk of falling during a physician's rounds
 - A multidisciplinary discussion after a fall on the causes of the fall and corrective measures to prevent such falls
 - The placement of patients at risk of falling near the toilet and nurses' office in the inpatient ward

- Requests for additional resources for a shift if necessary
- A poster on the risk of falling and on individual preventive measures in the room of a patient at risk of falling
- Maintaining the patient’s muscle strength during the treatment period
- Medications that increase the risk of falls among patients with cancer in inpatient Oncology Wards 7 and 8.

On 9 November 2020, Ann-Sofi Ilkka and Leena Tuominen gave the nurses in Oncology Ward 8 a briefing on the prevention of falls, and on 11 January 2020, Raija Siirtola and Kirsi Mononen on the topics of theirs. They held the same briefings in Ward 7 on 19 January 2021 and 9 February 2021. The following is a run through of the results of the development work.

Results

In September 2020, the incidence of falls among patients in Ward 7 causing harm to the patient was 9.95 in the initial measurement. After the development intervention, the corresponding figure was 0.0 in May 2021 (Figure 1). Similarly, in May 2020, the incidence of falls among patients in Ward 8 causing harm to the patient was 8.13 in the initial measurement. After the development intervention, the corresponding figure was 2.59 in February 2021 (Figure 2).

Conclusions

Examination of the results indicates the number of monthly falls decreased significantly in Oncology Wards 7 and 8 as a result of multidisciplinary intervention. Preventing falls is a common concern for everyone. Maintaining these good results will require continuous highlighting of the topic by different professional groups. If results decline, this must be addressed. The role of the person responsible for preventing falls is also essential; they regularly participate in network meetings, share the lat-

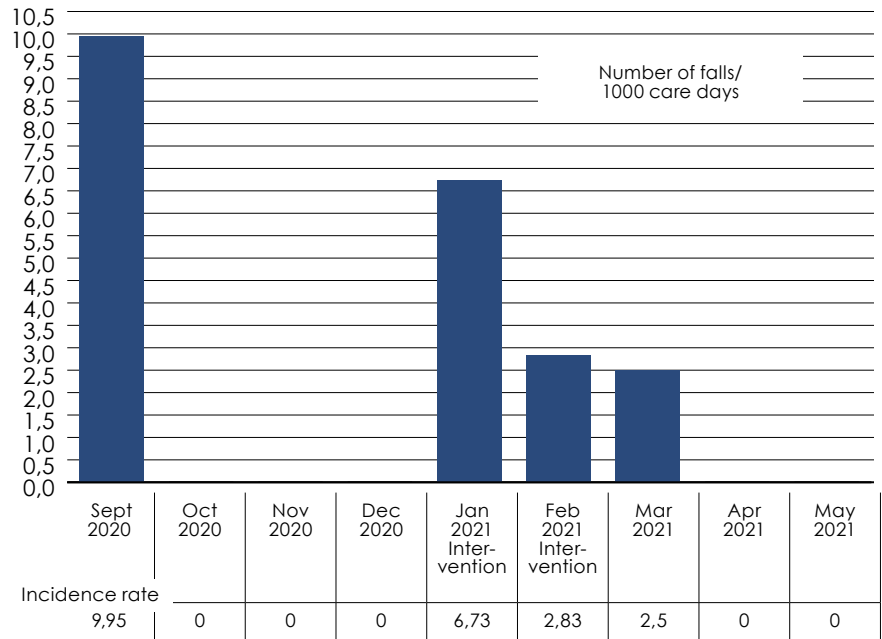


Figure 1. Number of falls causing harm to patients/1,000 care days in Oncology Ward 7 at the HUS Comprehensive Cancer Center.

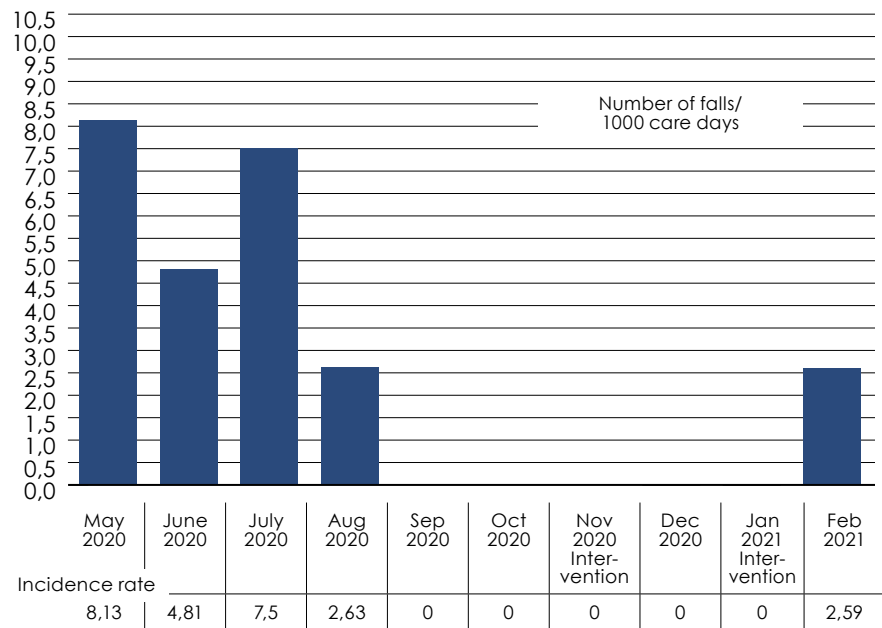


Figure 2. Number of falls causing harm to patients/1,000 care days in Oncology Ward 8 at the HUS Comprehensive Cancer Center.

est information with colleagues and, for their part, take care of the implementation of the operating model in their own unit.

Leena Tuominen, Registered Nurse, MHS, PhD student, an Advanced Practice Nurse at the HUS Comprehensive Cancer Center.

Central venous cannula infections decreased as a result of development work in Ward 7B Hematology

Leena Tuominen

Problem behind the development project

Ward 7B Hematology cares for patients who have received bone marrow transplants. The patients in the ward have a total of approximately 300 central venous cannula days per month. Information on central venous cannula based circulatory system infections is entered monthly into the NDNQI (National Database of Nursing Quality Indicators) and the database reports comparison results from similar units quarterly to each unit. Incidence is calculated by multiplying the number of infections by 1,000 and dividing this number by the number of central venous cannula days. When the ward compared its own results with international comparative results, it was noted that Ward 7B Hematology had more infections than the reference average in the fourth quarter of 2020.

Objective of development project

The aim was to ensure that the number of infections of central venous cannula origin in Ward 7B Hematology was below the international benchmark.

Participants

The following persons participated in the planning and implementation of the development project:

- **Jonna Hyttinen**, Infection Control Nurse, HUS Infection Control Unit
- **Ulla Kotiluoto**, Nurse Manager, Ward 7B Hematology
- **Leena Tuominen**, Advanced Practice Nurse, Comprehensive Cancer Center

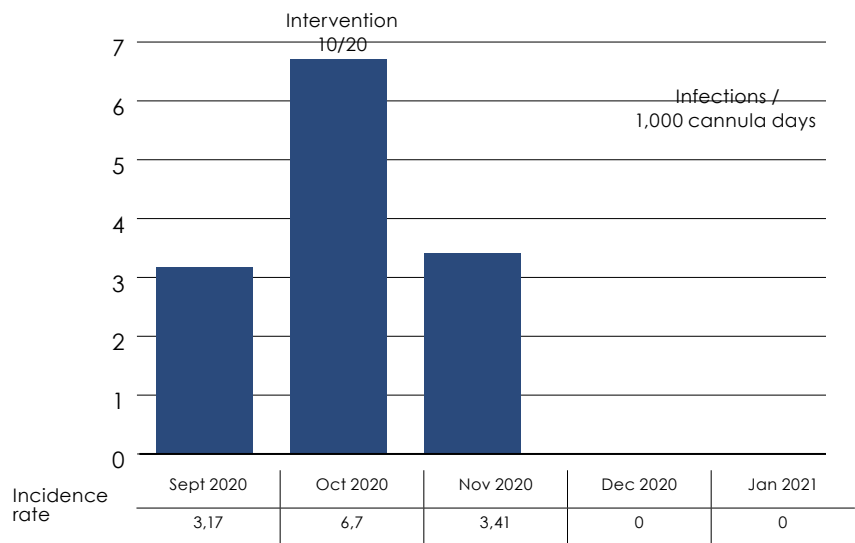


Figure 1 Infections of central venous cannula/1,000 cannula days in Ward 7B Hematology, HUS Comprehensive Cancer Center.

- **Hannele Vilanen**, Registered Nurse, Ward 7B Hematology

Development intervention

Regular meetings with hygiene contact persons are organised at the HUS Comprehensive Cancer Center to control infections. This development project included the planning and implementation of the following development intervention:

- 1) Jonna Hyttinen and Leena Tuominen prepared the training material for the hygiene contact persons.
- 2) On 28 October 2020, the following issues were discussed at a meeting between the development project actors and the care staff of Ward 7B Hematology:

- Infection situation in the inpatient wards
- Prevention of infections of central venous cannula:
 - Hand disinfection technique
 - Memory rules for good hand hygiene
 - HUS infection control instructions/central venous catheter care instructions
 - Checklist for caring for central venous cannula
- 3) Recommendations to help reduce infections
 - dissemination of HUS infection control instructions for central venous cannula treatment in the unit
 - completion of Duodecim Oppiportti Patient Safety e-learning

4) In Ward 7B, nurse Hannele Vilanen gave the nursing staff briefings on central venous cannula circulatory system infections and safe catheter handling. Nurse Manager Ulla Kotiluoto made this possible in shift planning.

Development project results

The results of the development project are shown in Figure 1. In the initial

measurement in September 2020, the incidence of central venous cannula based circulatory system infections was 3.17. After the development intervention, the incidence was 0 in January 2021.

Conclusions

Continuous improvement of quality is important to achieve and maintain the set objective. The monitoring of the incidence of infections must continue

and staff must actively intervene in the event of a deviation in quality. Success requires cooperation between all professional groups. The reasons behind infections should be considered together and plans must be made for evidence-based measures to reduce them.

Leena Tuominen, Registered Nurse, MHS, PhD student, an Advanced Practice Nurse at the HUS Comprehensive Cancer Center.

Nursing at the Children and Adolescents Department meets the characteristics of excellent nursing

Henna Halkola and Kirsi Lindfors

In order to be granted Magnet Hospital® status, the applicant organisation must prove excellent nursing work using either a narrative or measurement results. Any examples must be from within the past four years and can focus on improving either the treatment process, the care environment or the patient care results, depending on the criterion to be verified. It may be a description of the work of one nurse, several nurses or a multiprofessional working group, but the examples must strongly reflect the nurses' contribution to developing nursing.

The Magnet journey of the Children and Adolescents began in 2014, and in the first years, two separate GAP analyses were carried out in at the department, which were used to map out its nursing work. The analysis examined the Magnet Hospital® criteria and looked for similar examples in nursing work at Children and Adolescents. The purpose of the GAP analysis was to find the areas

of nursing at Children and Adolescents that required development work to meet the criteria for excellent nursing in the future. Although the first steps of the Magnet journey were taken to implement nursing sensitive indicators, as the journey progressed, the focus shifted increasingly to verify excellent nursing work.

Nursing at Children and Adolescents is carried out with much heart and professional skill. The staff wants to provide families with the best possible care, and the care relationships may be long and stressful. The rushed nature of nursing rarely allows staff to stop and reflect on the development of nursing in the actual sense of the word. Despite this, the development of nursing is maintained in the midst of everyday work, and nursing at Children and Adolescents fulfils the characteristics of excellent nursing.

In November 2020, Children and Adolescents submitted its preliminary application for Magnet Hospital® status.

The submission of the preliminary application initiated an enormous writing process, the aim of which is to describe the development of nursing from its different perspectives. Advanced Practice Nurses **Kirsi Lindfors** and **Henna Halkola** from Children and Adolescents are responsible for the writing together with the department's nursing management. For example, the Excellent Nursing series in the Children and Adolescents monthly newsletter, for which the units propose their own examples of developing their nursing work, is being used as an aid in writing. The Excellent Nursing series was first published in 2018, and it has maintained its place as an important part of the department's newsletter. The development examples submitted to the newsletter may be small everyday ideas or large development projects and their pilots. The core idea of the newsletters is that they reveal the involvement of nurses and their possibility to exert their influence. During

PHOTO: MARKUS SOMMERS



2021, we have had the opportunity to read about topics such as the Medical Transport robot pilot at the Neonatal Intensive Care Unit Saari, and how the Day Hospital and appointments Taika organised with third sector representatives a virtual Camp coaching camp for young people with long-term illnesses, when the coronavirus pandemic prevented a traditional physical camp. The newsletter explains how the group of experts on shared care practices at Children and Adolescents has worked to promote uniform and easily accessible care instructions while learning how to use the Instructions Bank and its new features. And how a wish for work coaching with solution proposals brought to the idea board helped the inpatient ward staff work coaching to help them. In addition, the year has had many great achievements and awards: The Pediatric Emergency Department at the New Children's Hospital received silver in the HUS Quality and Patient Safety Competition, and two bilingualism prizes were awarded to the Children and Adolescents

nursing division, and towards the end of the year, Jorvi received a national recognition as the Rafaela unit of the year being an exemplary provider and user of nursing intensity data.

No idea or thought is too small to be written about to our communications experts or for them to interview you about. The Excellent Nursing article series describes everyday nursing in a positive way and also encourages other units to develop their own nursing work. In addition, examples of excellent nursing in accordance with the Magnet Hospital model are sought at joint meetings between nurse managers, assistant nurse managers and nurse directors as well as from advanced practice nurses. Child psychiatry has established its own steering group to consider examples of excellent child psychiatry nursing that are suitable for the Magnet criteria.

The writing work has strengthened the vision of how great work carried out at our units is, but it has also highlighted a challenge that we should pay more attention to in the future: measuring the

impact of development work. Numerous Magnet criteria require baseline measurement and regular monitoring of impact after a nursing development intervention for three monitoring periods. We are not accustomed to this type of activity, and the monitoring of impact has often been forgotten, even though development work has been successfully implemented as part of everyday activities. Impact assessment may be considered too difficult, as it is a question of measuring activities, but the Magnet criteria do not require the use of validated indicators. The purpose is to focus on the objective of development work, consider what we want to achieve and measure this achievement with suitable indicators. Together, we can succeed, and develop better care for every child every day.

Henna Halkola, Registered Nurse (University of Applied Sciences), MHS and Kirsi Lindfors, BSN, MHSc, PhD student, are both Advanced Practice Nurses at the Children and Adolescents Department

Observation of aseptic practices of midwives working in the operating room of the Labor Ward in Espoo

Nina Heinikoski and Tiina Pulli

High-quality aseptic activities are the key foundation of surgical care. In addition, surgical care requires special expertise.

As the Labor Ward of Jorvi Hospital moved to the new premises at Espoo Hospital in 2018, two operating rooms were built in connection with the labor ward for operative activities related to labour (planned c-sections, emergency c-sections, curettage, manual removal of the placenta and repair of tears). In the past, operative activities were carried out in the vicinity of the Labor Ward in the facilities in Jorvi Hospital's Surgery and Anesthesia Unit K, and its own perioperative nurses acted as surgical nurses and circulating nurses. When the new Labor Ward facilities were relatively far from the actual operating theatre at Espoo Hospital, Jorvi Hospital decided to train midwives for the tasks of surgical nurses and circulating nurses. Traditionally, working in the operating room is not part of a midwife's duties, and the midwives who participated in the training did not have previous experience in perioperative nursing.

Detailed job descriptions and competence criteria were created for both surgical nurses and circulating nurses, which were based on the tasks of perioperative nurses. The training was provided as on-site training, including theoretical lectures by physicians and nurses, workshop work and practical training both as a surgical nurse and circulating nurse at the delivery unit of the Espoo Hospital and the Women's Hospital operating unit. Training has already been organised

several times over the past few years, and in accordance with a preliminary plan, training will continue in autumn 2022.

In order to ensure the appropriate aseptic practices of midwives in the new working environment, i.e. in the operating room, we launched an aseptic practices development project in January 2020. In addition, our aim was to guarantee uniform practical models for operating room work, ensure patient safety and identify possible additional training needs. The development method was to observe the activities of midwives and make improvements based on the information obtained from these observations.

An observations form was created on the basis of the job descriptions and competence criteria, which was based on the international care guidelines of The Association of periOperational Registered Nurses (AORN). The observations form was piloted at the operating unit of the delivery unit in Espoo in January 2020. Three midwives working as surgical nurses and three midwives working as circulating nurses were included in the pilot. Based on the pilot, the form was found to be working and no changes were made to it.

The actual observation began in March 2020. The aim was to observe the activities of each midwife working as a surgical nurse or a circulating nurse. However, the coronavirus pandemic interrupted the observation already in May, and we were only able to continue at the end of 2020. **Tiina Pitkänen**, Teaching Nurse at Operating Unit K at Jorvi Hospital, was responsible for the

observation. The observations were made passively and did not interfere with the midwife's work. In this development project, passive observation meant that the observer did not participate in daily operating room work and, in this role, did not influence the course of situations or events.

In the feedback discussion held after the observations, midwives received concrete suggestions on how they should improve the aseptic aspects of catheterisation, the dressing of sterile gloves, the use of hair caps, surgical hand disinfection and sterile storage of equipment. By November 2021, the work of 22 midwives working as surgical nurses and 19 working as circulating nurses have been observed, and the aim is to continue observation rounds as soon as possible, but no later than the beginning of 2022.

Based on the observations, it was found that the aseptic procedures carried out by midwives were mainly correct and inline with guidelines. However, attention should be paid to the number of people in the operating room, the use of doors, the timing of opening sterile products and sterile tables, the storage of sharp products and the general cleanliness of the working environment. The results of the observation were reviewed in person and in confidence immediately after the observation event. Any additional training was agreed on with the midwife.

Experiences by midwives in observations were mapped using a separate electronic survey, which was answered by 14 midwives. The survey examined midwives' experiences of being observed and



Surgical hand disinfection.

how the feedback received from these observations has influenced their own working methods. The electronic survey included questions with both Likert scale answer options and open answers. Based on the results, observation benefited the development and critical assessment of one's own competence and provided certainty in the adoption of a new role, as one of the respondents wrote, *"This kind of observation brought certainty to my work: I do things correctly without undermining the patient's care and aseptic practices. I've missed mentoring and support for my own competence and certainty for this new competence area."* In addition, the responses revealed that even experienced midwives need feedback on their own work practices, such as *"Even though I have many years of experience, this kind of observation is really important, as you become blind to*

your own work". Feedback was considered encouraging and concrete, such as *"It was nice to receive positive feedback on my work. It enforces the feeling that I am able to do my work well. When you get concrete development targets, you can easily modify your own activities in an increasingly aseptic direction."*

Based on the survey, midwives felt that the observation was mostly positive and they had mostly been open to the feedback they received. Experiences included *"Difficulty to adapt to being observed"* or *"initially nervous"*, but *"observation was discreet"*.

As a conclusion, although the practice was new, and working in the operating room is not normally part of the midwife's work, the work of midwives in the operating room was mostly of a high standard from the point of view of aseptics. Through theoretical studies, workshop

studies and supervised practical training, midwives were provided a good foundation for working as surgical nurses and circulating nurses in the operating room.

Observation was a good method of examining the implementation of uniform aseptic practices in the operating theatre. The aim is to continue observation, as new midwives will be trained to work in the operating room in the future. In the future, the aseptic activities of other professional groups could also be observed in operating theatres.

You can ask the authors for a copy of the observation forms at nina.heinikoski@hus.fi or tiina.pulli@hus.fi

Nina Heinikoski, Registered Midwife, MHS, Advanced Practice Nurse, HUS Gynecology and Obstetrics; Tiina Pulli, Registered Midwife, MNSc, Nurse Manager, HUS Gynecology and Obstetrics.

Developing job descriptions helped in exceptional circumstances

Eeva-Liisa Ihander and Sanna Lehtivaara

The Heart and Lung Center's Pulmonary Disease Inpatient Ward Keu5 at Jorvi Hospital was in the eye of a storm with other COVID-19 units as the pandemic rolled over Finland in spring 2020. The strenuous work carried out by the ward's staff during the pandemic was noted in autumn 2021, when the Finnish Nurses' Association awarded Ward KEU5 the Ihmisen parhaaksi recognition award at the proposal of Nurse **Minka Lyytikäinen**. Proposal to the association was impressed by the team's enthusiasm for their work, their ability to work together and their encouragement of colleagues. The award criteria also emphasised flexibility in the face of new things, inventiveness and open-mindedness.

We were aware that there would be changes and development in 2020, even without the coronavirus. Jorvi Hospital and KEU5 introduced Apotti as planned in February, which they had prepared for over the past two years under the leadership of Nurse Manager **Eeva-Liisa Ihander**. As it was known that Apotti would influence many parts of daily nursing, KEU5 had expanded the work description of practical nurses to the model of individual responsibility. This allows practical nurses to use all their competence in a versatile manner, and as pharmacotherapy workflows became more time-consuming, the workload of nurses remained reasonable. At the same time, efforts were made to combat the threatening labour shortage.

The pandemic spring also thoroughly complicated and changed the job description of the shift supervisor. At KEU5, an expert group had developed

the job description of the charge nurse, but the pandemic brought about an abundance of rapid changes. Some of the reforms remained permanent, some have already been abandoned after the situation stabilised. Patient traffic management, patient placement, distribution of new instructions and taking care of the adequacy of protective equipment were of key importance, and the ability of both nurses and other professionals working in the ward to withstand pressure was tested. The importance of the shift coordinator has grown, and the change in the job description remains continuous. Situational awareness and decision-making skills are an important part of a nurse's competence in this role.

The job description of Assistant Nurse Manager **Sanna Lehtivaara** had been developed at the ward in previous years. This helped in getting through the challenging year. The job description for assistant nurse managers has been expanded to include the task of a teaching nurse, which enabled the necessary competence and flexibility in the rapidly changing situation, as the ward needed support in daily management, induction and patient work at the same time. Other tasks remained in a smaller role for some time when the unit focused on managing the new situation and coping with it.

A good working atmosphere and management, as well as ensuring well-being at work have been of key importance in coping with the stressful and prolonged situation brought about by the pandemic. The ward operates as a multiprofessional team in which everyone's work input is valued and there is no hierarchy. Everyone can be themselves and

PHOTO: TAAVI LAMPINEN



Ward KEU5 staff giving their thanks for the Ihmisen parhaaksi award.

the openness of the working atmosphere also means freedom to express emotions. During the first spring of the pandemic, in particular support from the work community helped everyone cope. This is also supported by a present and listening approach by the nurse manager, which communicates caring for employees. Measures to support coping at work have included enabling part-time employment for all staff members, if necessary.

The coronavirus seems to be here to stay. KEU5 will continue multiprofessional teamwork and the development of nursing for the benefit of patients and nurses.

Eeva-Liisa Ihander, Registered Nurse (University of Applied Sciences), is the Nurse Manager and Sanna Lehtivaara, Registered Nurse/Public Health Nurse (University of Applied Sciences), is the Assistant Nurse Manager at Pulmonary Disease Inpatient Ward Keu5, Jorvi Hospital.

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

The best possible and safe care for each patient is ensured by harmonising care practices based on research evidence. In order to achieve this, it is important to strengthen the research competence of the nursing staff and competence of the nursing staff in the implementation of research evidence in clinical patient care.

2021 at the HUS Nursing Research Center (NRC)

Toni Haapa ja Kristiina Junttila

The Nursing Research Center aims to promote the production of nursing and health science research evidence that benefits the patient and to strengthen HUS as a pioneer in the implementation of research evidence into patient care. One of the NRC's objectives is to provide resources and a clear structure for strengthening research in nursing and health sciences as well as research-based development.

Support for nursing and health science research

Research grants for doctoral students and post doc -researchers

Every year, HUS NRC grants researcher months to nursing staff (doctoral students) employed by HUS. The aim is to continuously produce new and sig-

nificant clinical evidence that improves patient care in HUS. In 2021, a total of 13 researchers applied for researcher months for doctoral dissertations and post-doctoral research. Ten of them were granted a total of 34 months (in addition, three were on reserve). The utilisation rate of researcher months was approximately 94%.

Updated Health Sciences Research Programme 2022-2025

The previous HUS Health Science Research Programme ended in 2018. In addition, the research data required by the Magnet Hospital® model and the new HUS Nursing Strategy necessitated an update to the HUS Health Science Research Programme. The work was launched under the leadership of HUS NRC in November 2020. The research

programme was updated in the HUS network of PhD researchers with a nursing background in spring 2021, and the updated research programme was approved by the HUS NRC Scientific Steering Group and the HUS Nursing Executive Group. The research programme describes the objectives, priorities, and practices of HUS's health science research activities. It brings together health science research carried out at HUS into broader entities and describes HUS health science research to outsiders. In addition, the research programme directs health science research carried out at HUS, for example by offering research topics to research organisations, such as universities and universities of applied sciences.

During the programme period 2022-2025, HUS's nursing and health science

research activities will focus on four focus areas: good management, premises of professional activities of nursing staff, interventions of clinical nursing, therapy and diagnostics work and the high quality of health services. The research programme was published on HUS Science Day 23 November 2021 and is available (in Finnish) on the HUS website (<https://www.hus.fi/tutkimus-ja-opetus/tutkimustutkimus/hoito-ja-terveystieteiden-tutkimuskeskus-nrc>)

Research activities related to the COVID-19 pandemic

NRC staff have searched for, disseminated and published research evidence to support nursing and its management, including from the perspective of COVID-19. In addition, a follow-up study to the COVID-19 Staff Well-being study (COVID-19 HeHy) has been launched. The follow-up study focusses on support for health care personnel working at HUS (nursing staff, doctors, psychologists) as well as their first-line supervisors during the COVID-19 pandemic through a qualitative interview study. In 2021, the following research results were published as part of the COVID-19 HeHy study:

- Haravuori H, Suvisaari J, Pellikka A, Junntila K, Haapa T, Laukkala T. HUS-henkilöstön psyykinen hyvinvointi covid-19-pandemian aikana – Tuloksia etenevästä kohorttitutkimuksesta. *Sosiaalilääketieteellinen aikakauslehti* 2021;58:337-348. <https://doi.org/10.23990/sa.103241>
- Laukkala T, Suvisaari J, Rosenström T, Pukkala E, Junntila K, Haravuori H, Tuisku K, Haapa T, Jylhä P. COVID-19 Pandemic and Helsinki University Hospital Personnel Psychological Well-being: six-month follow-up results. *Int J Environ Res Public Health* 2021;18:2524, <https://doi.org/10.3390/ijerph18052524>

In 2021, the NRC staff produced a total of seven peer-reviewed publications for which they were awarded nine Jufo points.

Support for strategy-based research and development and research-based development at the unit-level

In 2021, NRC project coordinator vacancies (2) were utilised both for strategy-based research and development (2 projects) and for the research-based development of nursing at the unit level (5 projects). The following are descriptions of NRC-supported research and development projects in 2021.

Strategy-based research and development projects

- Nursing staff job satisfaction (NES+ survey)
 - Project aim: produce results from the results of the 2021 HUS level and national nurses' job satisfaction survey. In addition, it will produce statistical analyses for research concerning the national job satisfaction of nursing staff and the factors affecting it (material from nine organisations from 2020).
 - Project coordinator: **Anniina Heikkilä**
- Key figures for nurse staffing
 - Project aim: to prepare the key figures for nurse staffing on the basis of nursing key figures in HUS's 25 inpatient wards.
 - Project coordinator: **Birgitta Ahokas**

Unit level research-based development projects

- Renewing the Baby Friendly Hospital certificate (Lohja Hospital, Obstetrics and Gynecology Ward 2SN)
 - Project aim: verifying the criteria required for a Baby Friendly Hospital certificate and renewing the certificate.
 - Project coordinator: **Titta Järvenpää**
- Initiating the job description of the clinical instructor (HUS Musculoskeletal and Plastic Surgery)
 - Project aims: describe and define

the duties of the clinical instructor in Ward 3 (Plastic surgery) at Töölö Hospital and pilot the job description of the clinical instructor.

- Project coordinator: **Tiina Stolt-Niemi**
- Competence and job satisfaction of the shift coordinator (HUS Neurocenter)
 - Project aims: improve the competence and job satisfaction of shift coordinators working at the Neurosurgery Intermediate Care Unit at Töölö Hospital.
- Project coordinator: **Marianne Eliasson**
- Evidence-based development of midwifery in the maternity ward (HUS Gynecology and Obstetrics)
 - Project aims: plan and launch midwifery meetings at the Women's Hospital Labor Ward.
 - Project coordinator: **Heidi Auvinen**
- Prediction model for nursing to support shift planning for inpatient wards (HUS Gynecology and Obstetrics)
 - Project aims: identify and use workload factors in shift planning at Gynecological Inpatient Ward 30, Women's Hospital.
 - Project coordinator **Terhi Malm**

Support for nursing staff research competence

The HUS Nursing Research Centre, the University of Eastern Finland and Equal wellbeing for children and families (Itla) organised an Abstract Clinic in spring 2021, which included workshops held on 25 March and 20 May 2021. The objective of the Abstract Clinic was to provide the participant with the capacity to hold a conference presentation (oral or poster presentation) at a scientific or professional conference. A total of 15 people participated in the Abstract Clinic, 13 of whom were from HUS. Participants in the Abstract Clinic worked on conference abstracts and related presentations

in small groups and with the support of teachers. Many abstracts produced at the Abstract Clinic were accepted for scientific or professional conferences and were presented by the participants. The participants' feedback on the Abstract Clinic was positive and a future need for it was also seen.

Support for implementing research evidence

The use of research evidence in patient care and its management, and in teaching was supported by organising Nursing Science meetings (5), the 19th anniversary of nursing research (9 September 2021) and the 20th Science Day (23 November 2021). In addition to the above-mentioned HUS events, HUS NRC participated in organising a national evidence-based health care webinar (11 February 2021) together with the Nursing Research Foundation (Hotus). The focus of the webinar was on the COVID-19 pandemic and the new normal in health care.

The implementation of research evidence into patient care was also supported by organising education related to the use of the databases of the Joanna Briggs Institute (JBI) together with Wolters Kluwer. Both nurses in clinical patient care and clinical nurse specialists (CNS) as well as nursing supervisors participated in the educational sessions. The new research evidence was also distributed in HUS NRC newsletters (10 issues in 2021).

Support for networking

In 2021, HUS NRC supported networking that aimed at producing and implementing research evidence by organising



TERVEYSTIETEELLINEN TUTKIMUSOHJELMA 2022-2025

activities such as a cooperation meeting between HUS and research, development and innovation actors at social and health sector higher education institutions in the Helsinki Metropolitan Area (8 December 2021). Moreover, a cooperation meeting was held together with the University of Helsinki (9 December 2021) where activities in the field of health science research was discussed and planned. Lastly, network meetings of HUS doctoral students in nursing and

health sciences (2 meetings) and a joint work webinar of clinical nurse specialists (CNS) and clinical nurse educators (2 November 2021) were organised.

Toni Haapa, RN, PhD, is the Research Nursing Officer at the HUS Nursing Research Center NRC, and Kristiina Junttila, RN, PhD, Adjunct professor, is the Director at the HUS Nursing Research Center NRC. tieteidien tutkimuskeskuksessa.

Development of digital care paths in the Department of Gynecology and Obstetrics

Virve Hietala and Johanna Lampinen

HUS' objective is to be an internationally high-quality hospital organization, which produces new knowledge, and where the treatment, examination and care of patients is high-quality, timely, safe and client-oriented. To achieve this goal, we need digital services of a high standard.

A key part of digitalisation is the reform of operating methods, the digitalisation of internal processes and the electrification of services. For younger age groups, digitalisation is the default. Reliable information on well-being and the electronic services that support its utilisation increase the comfort, flexibility and freedom of choice of services from the client's perspective. The services to be developed offer better support for self-care and promote client participation. User-driven digital services are a prerequisite for the competitiveness of the Gynecology and Obstetrics (NaiS) department.

The department has been developing digital care paths for patients for several years. There are currently six paths in use to which the patient is directed with a referral. The IVF path (in vitro fertilisation path), Ovulation induction path, Gestational diabetes path and Egg cell donor path were the first to be introduced. In 2021, the HUS Care Pathway for Preparing for Birth and HUS Hormone Treatment for Adolescents with Gender Dysphoria were introduced. The seventh, the Babyjourney Path, is complete and will be introduced in late 2021.

The following is a more detailed description of the HUS Care Pathway for Preparing for Birth, HUS Hormone treatment for adolescents with gender dysphoria and the Babyjourney Path. Finally, a description is given of how the My Path mobile app will revolutionise the user experience of digital care pathways.

HUS Care Pathway for Preparing for Birth

The HUS Care Pathway for Preparing for Birth is a form of care for a primipara (first-time mother), with a moderate or severe fear of childbirth in the Helsinki University Hospital area. It is the only care path of those used in the department classified as a medical device. The path includes information, peer stories, assignments, relaxation exercises and midwife support for handling one's own fear of childbirth. The treatment of fear of childbirth mainly involves the treatment of one's own mind and preparation for childbirth. The path supports the handling of fear of childbirth in a versatile manner and helps to identify the resources that are important in childbirth.

Instead of a single outpatient appointment, the path offers a longer support period to a pregnant person who fears childbirth, regardless of time and place. The opportunity to speak with a midwife throughout the path increases a feeling of safety and helps in the process of handling fear of childbirth.

The path has been built in a multiprofessional manner. The content has been produced in cooperation by midwives,

physicians and psychologists familiar with fear of childbirth based on research evidence. Clients have also participated in and influenced the development of the path.

Hormone treatment of HUS Adolescents' gender dysphoria

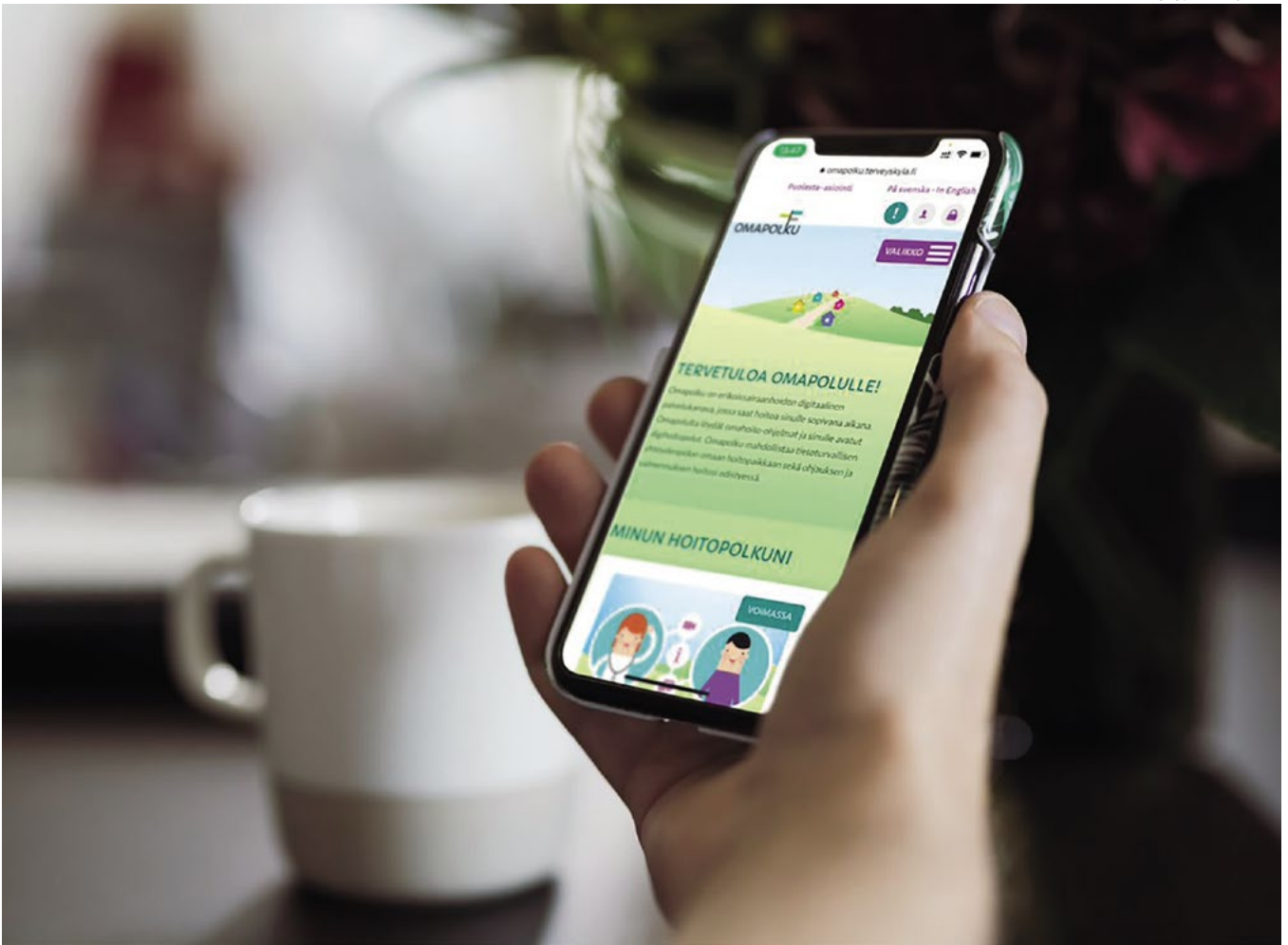
The HUS Hormone Therapy Path for Adolescents with Gender Dysphoria, developed at the HUS Reproductive Medicine Unit, is intended for young people receiving hormone therapy for gender dysphoria. The path provides information and support related to hormone treatment, and it enables safe communication with professionals.

The path provides information to support young people's decision-making and for timely treatment and increases commitment to gender reassignment care. The aim of the path is also to decrease the direct and indirect costs of the treatment, such as the travel costs of the patient, by replacing some of the appointments with remote appointments.

Babyjourney Path

The Babyjourney Path is part of the information and guidance materials for clients produced by delivery hospitals.

The path and the guidance material obtained from the hospital together form an entity. The content of the Babyjourney Path is intended for all pregnant persons in the Helsinki University Hospital area. The path provides an opportunity to learn about the activities of maternity hospitals during pregnancy. The path



The My Path mobile app was developed to improve the client's user experience

contains reliable information and support for pregnancy, childbirth, postpartum time, breastfeeding and baby care. The perspective is coaching.

The structure and contents of the path take into account the diversity of pregnant persons. The path takes into account, for example, primiparas (first-time mothers) and multiparas (women who have given birth earlier), single expectant parents and rainbow families. Specialists and professionals in specialised medical care and primary health care have been involved in the development work. As the implementation approaches, experts by experience, public health nurses at child health clinics and pregnant persons have participated in the testing of the path.

My Path mobile application to revolutionise the user experience of digital care paths

Persons referred to the maternity outpatient clinic due to gestational diabetes have had a digital treatment path already for quite some time. The path has worked in a web browser and required strong identification from the client. The My Path mobile application was developed to improve the client's user experience and published in late 2020.

After the first authentication, you can use the application with a pin code, facial recognition or fingerprint recognition. The My Path mobile application is currently in use in some of HUS' digital care pathways.

The development of the mobile app's functionalities was based on the HUS HUCH Gestational Diabetes Trail. During development work, the content of the path was modified and updated to suit mobile use. Gestational diabetes patients treated at Jorvi Maternity Outpatient Clinic were the first users of the My Path mobile application.

Virve Hietala, Registered Midwife (Master's Degree) is a service coordinator in the Gynecology and Obstetrics sector. Johanna Lampinen, Registered Midwife, Public Health Nurse (Master's degree) is a project worker in cooperation between specialised medical care and primary health care in the field of Gynecology and Obstetrics.

New normal for outpatient psychiatry

Maarit Mäenrinta, Tiina Saloranta, Heta Wuorinen and Päivi Soininen

The growing number of patients has created a challenge to respond to the increased need for treatment. Different digital treatment paths and video-based appointments have been one way of responding to the challenge. In 2019, less than 5% of outpatient psychiatric patients received services by using remote appointment devices. The active participation of patients in their own care using digital tools was less than 30% that same year.

The New normal for outpatient care project will be part of HUS' broader Digimuutos project in 2021. The aim of the project has been to systematically increase the number of remote appointments, especially those via video, also taking into account the patient's condition and their wishes regarding the manner in which the appointment takes place. The aim has been to ensure that video appointments are carried out in a timely manner to best support the patient's functional capacity. The aim has also been to increase the use of the patient's self-service functions, the Maisa portal as part of the patient's care and to increase the patient's participation in their own care.

Chief Nursing Officer **Päivi Soininen** has been responsible for the project. **Maarit Mäenrinta** has served as the project coordinator, and 50% of her working time was allocated for seeing the project through. The progress of the project was monitored in weekly meetings with HUS IT Administration and those responsible for the project. The progress of the psychiatric project was followed by a steering group consisting of Director of the Department **Jesper Ekelund**, Advanced Practice Nurse **Annukka Laurila-Salakka**, Deputy Chief Physician **Laura Hiltunen**, Head of Division

Jan-Henry Stenberg, Development Manager **Reetta-Maria Roiha**, Development Manager **Petri Näätänen**, Client Manager **Teemu Natunen** and Apotti Specialist **Tero Laiho**. In addition to these persons, cooperation has been carried out with numerous different professionals, without whose input it would not have been possible to see the project through. A client panel has also been utilised in the planning of different areas of the project to ensure that the patient's perspective is taken into account as well as possible.

During the project, the staff has been offered weekly Teams training on the use of Maisa. Ward meetings have focused on reviewing means for the use of Maisa as part of patient care, its benefits and how to motivate patients to download the Maisa application. First-line, middle and division management have been informed about the project and its objectives during nurse manager meetings as well as at strategy day with the aim of supporting managers in the introduction of innovations. Information on the project has been provided during ward meetings and through the intranet and weekly bulletins. The project created video instructions for all HUS customers on how to use the different functionalities of Maisa. In Maisa, patients can fill in forms, follow their laboratory results and appointments, make appointments if the function has been activated, set goals for their treatment and monitor the achievement of these goals together with a nurse. The patient and nurse can also open a conversation where links to suitable exercises can be recorded in the Mental Hub's self-care guides, or the message channel can be utilised through images. The use of images is one possible way to monitor the attainment of goals.

Experts by experience have worked together by presenting the project at customer panel meetings. These meetings have produced many development ideas and issues that should be considered, and feedback has been utilised throughout the project. Experts by experience have also participated in making a teaching video. When the video is completed, it will benefit the entire HUS organisation.

The New normal for outpatient care project, as part of HUS's strategic digital transformation project 2021, has supported the networking of HUS department projects. Cooperation with other projects has been smooth and the contact persons have been easily found. Weekly meetings have been an easy channel for reviewing the project status and phases. The project's status and tasks are reviewed at weekly meetings with the Project Manager and the Project Manager for Strategic Project Support (SPT). Among other things, different options for promoting the objectives have been considered, answers to unclear issues have been sought, and the situation picture has been updated for the HUS Management Team. Where necessary, other experts have also been invited to the meetings.

The project team has updated the progress of the project in an Excel file, from which the information has been updated in the Project Online tool to create a snapshot of strategic projects and track project progress. Using this has clarified the status of different areas at different stages of the project. Weekly targets have been set and their implementation has been monitored using the table. An example of the table is shown in Figure 1.

The attainment of project objectives has been monitored regularly and in real

A	B	D	E	F	G	H	I	J
1	Ilmaisin-Turnus	Tehtävän nimi		Kesto	Alku	Loppu	% valmiina	Resurssien Tehti
2		YH - HUS Digimutoshanke Psykiatria		30p	21.10.2020	31.12.2021	90 %	
3		Määrittelyvaihe		45p	21.10.2020	22.12.2020	100 %	
4		Suunnittelu vaihe		41p	4.1.2021	1.3.2021	100 %	
5		Projektikoordinaattorin perehdyttäminen		28p	4.1.2021	11.2.2021	100 %	
6		Viikottaiset tapaamiset projektikoordinaattorin kanssa suunnittelu		5p	4.1.2021	11.1.2021	100 %	
7		Projektisuunnitelman tarkentaminen ja täydentäminen		30p	4.1.2021	15.2.2021	100 %	
8		Viestintäsuunnitelma		38p	4.1.2021	25.2.2021	100 %	
9		Projektiryhmän kokoaminen		30p	4.1.2021	15.2.2021	100 %	
10		Projektin päättövaiheen mittarareiden raportoinnin selvittäminen		25p	4.1.2021	25.2.2021	100 %	
11		Etävastaanotot		1p	4.1.2021	28.2.2021	100 %	
12		Puhelinvastaanottomäärien tarkastelu - enemmän kuin videovälitteisiä		1p	4.1.2021	28.2.2021	100 %	
13		Videovälitteisten vastaanottojen määrän lisääminen - suunnitelman laatiminen		1p	4.1.2021	28.2.2021	100 %	
14		Työryhmistä sopiminen		1p	4.1.2021	28.2.2021	100 %	
15		Kohdeyhästä sopiminen		1p	4.1.2021	28.2.2021	100 %	
16		Koulutusarpeiden selvittäminen		1p	4.1.2021	28.2.2021	100 %	
17		Videovastaanottojen määrän lisääminen kaikista vastaanotoista		4.1.2021	28.2.2021	100 %		
18		Videovastaanottojen määrän lisääminen etävastaanotoista		4.1.2021	28.2.2021	100 %		
19		Koulutuksen suunnittelu		4.1.2021	28.2.2021	100 %		
20		Tukimateriaalin suunnittelu		4.1.2021	28.2.2021	100 %		
21		Potilasohjeen varmentaminen		4.1.2021	28.2.2021	100 %		
22		Kokemusasiantuntijoiden hyödyntämisen suunnittelu		4.1.2021	28.2.2021	100 %		
23		Maisa		1p	4.1.2021	28.2.2021	100 %	
24		Koulutusten suunnittelu henkilökunnalle		1p	4.1.2021	28.2.2021	100 %	
25		Perehdytysten suunnittelu		1p	4.1.2021	28.2.2021	100 %	
26		Maisan käytötkäytöksen tarkentaminen psykiatrialla		1p	4.1.2021	28.2.2021	100 %	
27		Asiakkaiden hyödyntämisen suunnittelu		1p	4.1.2021	28.2.2021	100 %	
28		Tukimateriaalin suunnittelu		1p	4.1.2021	28.2.2021	100 %	
29		Henkilöstön infojen suunnittelu		1p	4.1.2021	28.2.2021	100 %	
30		Potilaille suunnatun materiaalin suunnittelu		1p	4.1.2021	28.2.2021	100 %	
31		Esimiesten aktiivisuuden suunnitelma		1p	4.1.2021	28.2.2021	100 %	
32		Toteutusvaihe		175p	1.3.2021	28.10.2021	95 %	
33		Henkilöstön tiedottaminen viikissä		20p	1.3.2021	28.10.2021	100 %	
34		Henkilöstön tiedottaminen intrassa		1.4.2021	28.10.2021	100 %		
35		Yhdyttäjien ja osastonhoitajien tiedottaminen		1.4.2021	28.10.2021	100 %		
36		Osastonhoitajien tiedottaminen		1.4.2021	28.10.2021	100 %		
37		Jalkautuminen yksilöihin		1.6.2021	31.9.2021	100 %		
38		Maisan kokonaiskäytön seuranta		1.2.2021	30.10.2021	90 %		
39		Strategiapäivät		1.7.2021	8.9.2021	100 %		
40		hankeen raportointi		1.2.2021	31.10.2021	80 %		
41		Tutkimusalueen ensimmäisen digiohjelmistojen implementoinnista osaksi hoitotyötä		1.7.2021	1.9.2021	100 %		
42		Osastonhoitajien tukeminen uusien digihövälineiden kanssa		1.7.2021	1.9.2021	100 %		
43		Osastonhoitajien tukeminen etäjohtamisen suhtein.		1.7.2021	1.9.2021	100 %		
44		Keskijohdolle koulutusväivä muotojohtamisesta ja kulttuurimuutoksesta		15.9.2021	1.12.2021	20 %		
45		Potilasohjeiden seuranta per potilas		1.3.2021	28.10.2021	100 %		
46		Enskirjeen sisällön selvitys ja muokaus		1.9.2021	28.10.2021	50 %		
47		Etävastaanotot		175p	1.3.2021	28.10.2021	97 %	
48		Työryhmä työskentely käynnistyy		1p	1.3.2021	1.3.2021	100 %	
49		Kohdeyhästä sovittiin		1p	1.3.2021	1.3.2021	100 %	
50		Etenemisyhteistyöstä sovittiin		1p	1.3.2021	1.6.2021	100 %	
51		Videovälitteisten tapaamisten lisääminen ohi puhelintapaamisten		1p	1.3.2021	28.10.2021	100 %	
52		Koulutuksen toteuttaminen		1p	1.3.2021	28.10.2021	100 %	
53		Etävastaanoton suunnitelmallinen toteutus kuvattu auki		1p	10.5.2021	31.5.2021	100 %	
54		Etävastaanottojen käytännöt tarkistettu		1p	1.6.2021	30.9.2021	100 %	
55		Työräkkäisiin tehty tarvittavat muutokset tarkistuksen perusteella		1p	1.8.2021	28.10.2021	100 %	
56		Vakiointi		1p	1.3.2021	28.10.2021	100 %	
57		Seuranta		1p	1.3.2021	28.10.2021	90 %	
58		Teknisten heasteiden selvittely		10.5.2021	16.6.2021	100 %		
59		Videovastaanottoihin kulunut työaika - mittari		1.3.2021	28.10.2021	100 %		
60		Videovastaanottojen osuus ensikäynneistä - mittari		1.3.2021	28.10.2021	100 %		
61		Videovastaanottojen osuus kokonaisuuriteista - mittari		1.3.2021	28.10.2021	100 %		
62		Maisa		175p	1.3.2021	28.10.2021	80 %	
63		Maisa perehdytykset henkilökunnalle		1p	1.3.2021	22.6.2021	100 %	
64		Maisa koulutukset henkilökunnalle viikoittain		1p	1.3.2021	28.10.2021	100 %	
65		Videomateriaali oppimisen tueksi?		1.5.2021	22.6.2021	100 %		
66		Yhteistyö kokemusasiantuntijoiden kanssa MAISAn käyttöön lisäämiseen liittyen		1p	1.3.2021	28.10.2021	100 %	
67		Infot henkilökunnalle		1p	1.3.2021	28.10.2021	100 %	
68		Materiaalit potilaille		1p	1.6.2021	31.8.2021	80 %	
69		Esimes infot		1p	15.5.2021	28.10.2021	100 %	
70		Maisan käyttö seuranta		1p	1.3.2021	1.11.2021	90 %	
71		Sosiaalisen median hyödyntäminen potilasviestinnässä		1p	1.6.2021	28.10.2021	100 %	
72		Yksiköiden Maisa tukihenkilöiden tunnistaminen		45p	26.4.2021	25.5.2021	100 %	
73		Asiaksohjeluksen tekeminen yhteistyössä kokemusasiantuntijan kanssa		1.6.2021	31.8.2021	95 %		
74		Maisa tukihenkilöiden motivointi ja tukeminen viestinnällä		1p	1.5.2021	30.9.2021	100 %	
75		Maisa tukihenkilöille yhteiset suunnittelutunnit tavoitteista		1.6.2021	31.8.2021	100 %		
76		Yksikkökohtainen Maisan seuranta - mitkä yksiköt tarvitsevat tukea eniten		20.5.2021	28.10.2021	70 %		
77		Yhteistyö APOTTiitun suuntaan - MAISAn esille tuominen syysyllä		1.6.2021	30.10.2021	100 %		
78		Päätös		42p	1.11.2021	31.12.2021	50 %	

Figure 1. A table illustrating the planning, scheduling, and progress of project tasks.

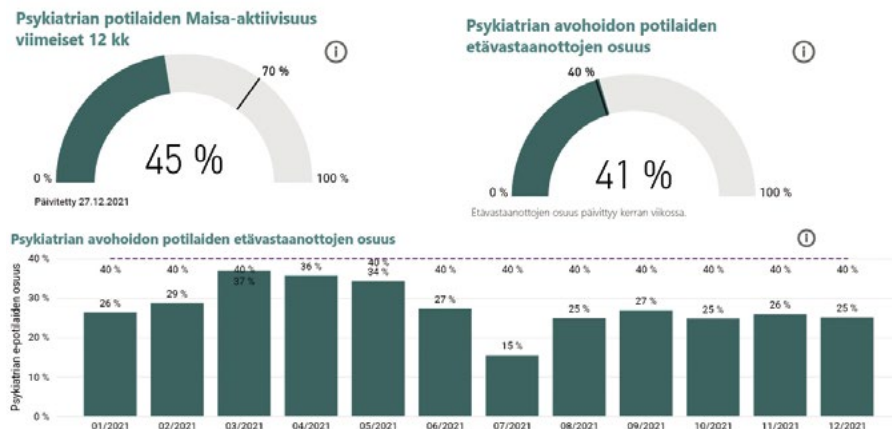


Figure 2. The objectives set for the project and the indicators built for the monitoring of objectives and how they are monitored.

time throughout the project (Figure 2). The indicators used include the number of clients out of all clients who have downloaded Maisa, excluding children, adolescents and online therapy patients. The monitoring utilised the Power BI report and a report produced on the HUS Psychiatry procedure codes. The number of video appointments has been monitored by seeing how many clients have met a professional via a video appointment, in relation to all clients, excluding online therapy patients.

During the project, the use of Maisa as part of patient work has increased. However, the original target of 70% of patients using Maisa was not yet achieved. The number of video appointments has reached the desired 40%. However, in the future, the challenge will be to increase the number of video appointments and provide them for patients in a more timely manner, taking the patient's functional capacity into account. In the future, Maisa's various other features will also be utilised.

Engaged middle management that identifies the organisation's strategic objectives is behind the successful implementations. Increasingly digitalised nursing in the future will create a need for new type of knowledge and management for supervisors, and attention should be given to this in the future. Clear indicators help to monitor goals and achieve them.

Maarit Mäenrinta, Registered Nurse (University of Applied Sciences), Master's degree student at a university of applied sciences, HUS Psychiatry, Tiina Saloranta, Registered Nurse, Health sciences Bachelor's degree student, Project Manager, Support for Strategic Projects Heta Wuorinen, Registered Midwife, MhSc, Development Manager, HUS IT Management e-Services Päivi Soininen, BSN, PhD, Chief Nursing Officer, HUS, Psychiatry

Nursing Research conducted at HUS and published in 2021

Maria Pulkkinen

The effect of a new perioperative practice model on anxiety and health-related quality of life in arthroplasty patients

Aim of the study: The aim of the study was to explore the effect of a new perioperative practice model on anxiety and health-related quality of life in patients undergoing total hip arthroplasty and total knee arthroplasty. In the new perioperative practice model one assigned anaesthesia nurse cares for the patient throughout the entire perioperative process and visits the patient in the surgical unit on the first postoperative day. In the contemporary perioperative care model, the patient is cared for by different nurses in the operating room and the Post Anaesthesia Unit, and do not receive postoperative visits.

How the study was conducted: A randomized clinical trial with a two-group parallel design was conducted. The randomized patient sample comprised (n=453) patients undergoing total knee arthroplasty and total hip arthroplasty. Patients in the intervention group (n=231) received new perioperative practice model care and patients in the control group (n=222) received contemporary perioperative care. Both groups completed the STAI anxiety inventory and the health-related quality of life

survey 15D, two to three weeks preoperatively and three months postoperatively.

Main results: In terms of anxiety, there was no statistically significant difference between the intervention group and the control group. In both groups, anxiety decreased in a statistically significant manner at three months postoperatively. The anxiety of male patients did not decrease statistically significantly in either group. In both groups, female patients who underwent total hip arthroplasty benefited most from the new perioperative practice model. Their anxiety decreased statistically significantly three months postoperatively. The health-related quality of life improved from baseline to follow-up in both groups. The improved dimension scores of the 15D were moving, usual activities, depression, distress, and vitality. The improvement was observed in all other patients, except of those who underwent total knee arthroplasty, where only improvement in the dimension of moving was observed.

Results can be utilised at HUS as follows: HUS needs to develop a short questionnaire to measure patient anxiety well in advance of planned surgery and to offer the new perioperative practice model to patients who are anxious and in need of more emotional support and encouragement to manage self-care. This

In the new perioperative practice model one assigned anaesthesia nurse cares for the patient throughout the entire perioperative process and visits the patient in the surgical unit on the first postoperative day.

type of indicator could be integrated in e-service (Maisa). According to earlier studies, patients who need special emotional support are those who are to undergo total knee arthroplasty, especially male patients. They are known to suffer more from anxiety than other patients.

Maria Pulkkinen, RN, PhD, Nurse Manager, currently works in the HUS Perioperative, Intensive Care and Pain Medicine Department's quality project group

Reference to original publication: Pulkkinen M, Jousela I, Sintonen H, Engblom J, Salanterä S & Junttila K. 2021. A randomized clinical trial of a new perioperative practice model on anxiety and health-related quality of life in arthroplasty patients. *Nursing Open*, 8:1593–1605. <https://doi.org/10.1002/nop2.776>

Research conducted in HUS midwifery and published in 2021

Mikko Tarvonen

Zigzag pattern indicative of pronounced variation in foetal heart rate in cardiotocographs during labour: definition, prevalence and clinical significance

Purpose of the study: The projection for years of work lost due to foetal asphyxia, severe foetal oxygen deficiency, and disability caused by brain damage resulting from hypoxia in newborns, is significant globally. In an ideal situation, foetal monitoring identifies a threatening lack of oxygen at an early stage, in which case timely interventions could prevent or reduce damage. There is little previous research data on pronounced foetal heart rate variation in cardiotocography (CTG), i.e. the zigzag pattern, predominantly a small series of patients and publications based on animal studies. In this series, the incidence and significance of a zigzag finding for foetal and newborn health were examined.

How the study was conducted: A zigzag pattern refers to a pronounced variation of the foetal heart rate, with an amplitude, or vibration extent, of more than 25 beats/minute for a period of 2-30 minutes. In a cohort of labour study of 5,150 births conducted at HUS, the CTG registers were assessed by two experienced perinatologists blindly. The material is uniquely large even by international standards.

Key results: A zigzag pattern was observed in 11.3% of foetuses during the last two hours of childbirth. The zigzag

pattern was related to acidosis in the umbilical artery's blood, the concentration of the high oxygen deficiency marker erythropoietin, small Apgar points, the added need for neonatal intubation and intensive care, and maternal gestational diabetes. Severe complication (umbilical artery pH < 7.10 and/or excess base 12.0 mmol/L and/or Apgar scores at the age of 5 < 4 and/or moderate/severe encephalopathy) in 160 newborns. In these cases, the zigzag pattern appeared in 45% of heart rate curves, while it was only observed in 6% of the 3,620 newborns born in good health. When it occurred, the zigzag pattern preceded classical signs of foetal asphyxia in 88% of cases. A normal CTG registration preceded the zigzag pattern in 90% of cases, while a normal CTG register was only detected in 1% of cases after the zigzag cycles.

The findings indicate that foetal oxygen deficiency in childbirth can be verified early in the CTG register by identifying the zigzag patterns.

Results can be utilised at HUS as follows: The results indicate that foetal oxygen deficiency during childbirth usually develops gradually, and in the early stages of the process, an abnormal finding is a zigzag pattern in the foetal heart

rate curve, which emphasises the clinical importance of this heart rate change. The findings indicate that foetal oxygen deficiency in childbirth can be verified early in the CTG register by identifying the zigzag patterns. The results of the series can be transferred directly to practice to support midwives and obstetricians in Finland and around the world.

Mikko Tarvonen, Registered Midwife, Researcher, MA, HUS Gynecology and Obstetrics, HUCH Women's Hospital

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Bedsores occurred, pressure ulcers were actively prevented, could we completely eliminate pressure injuries?

Miska Vaara and Opri Kuokkanen

HUS introduced the term *pressure injury* in its Prevent pressure injuries operating model updated in autumn 2021. The term corresponds with the latest recommendation and describes the mechanism of injury better than the term *pressure ulcer* used previously. A pressure injury is a local injury to the skin and/or the tissue underneath resulting from pressure or pressure combined with stretching. The injury is often located at a point with a protruding bone. It may also be caused by a medical device or other object.

The Prevent pressure ulcers model was published at HUS in 2014. In the following years, the Intensive Care and Intermediate Care Unit, Operating Room and Recovery Room, Children and Adolescents, Medical Transportation and X-ray received their own operating models. The models will be updated during 2022. New models are coming, including patients who have their lower limb(s) in a plaster cast.

The operating models are based on studies and the international care guideline *Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline*. The guideline is based on extensive multiprofessional cooperation involving, among others, the European Pressure Ulcer Advisory Panel (EPUAP), the National Pressure Injury Panel (NPIAP) and the Pan Pacific Pressure Injury Alliance (PPPIA).

The illustration of the redesigned Prevent Pressure Injuries model fits on one page. The model is more guiding than its predecessor. It instructs to assess the patient's risk of pressure injury

as soon as possible after arriving at the hospital and to use skin protection products, aids and risk-reducing bedding and sitting mats. The updated model guides you to feel the pulses of both feet and to ensure adequate hydration and good treatment balance for diabetes. The models can be found on the HUS intranet under Patient care - Prevention of pressure ulcers.

The HUS Multiprofessional Working Group on Pressure Injuries develops the prevention of pressure injuries in treatment chains. The group includes nurses, paramedics, wound care nurses, advanced practice nurses, plastic surgeons and a development manager. The group coordinates surveys on the incidence of pressure damage at HUS, organises training, publishes instructions and organises a STOP Pressure Ulcers day, which is part of the global STOP Pressure Injury event. In 2021, the theme of the day was emergency services and patient transport. A guide video on the

updated operating model was produced with Laurea University of Applied Sciences, and a pocket-sized booklet on prevention of pressure injuries was shared. In 2022, the group will participate in updating the Duodecim Oppiortti Prevent pressure ulcers course.

In Finland, pressure injuries cause hundreds of millions of euros in costs each year, suffering and even death. The prevention of pressure injuries is part of HUS's patient safety strategy, the criteria for Magnet Hospital status, the JCI quality system and Apotti's functions. HUS has also carried out and conducts research on pressure injury.

*Miska Vaara, Registered Nurse/Paramedic (University of Applied Sciences), MA, works at HUS Emergency Medicine and Services (Transportation).
Opri Kuokkanen, Registered Nurse (Master's degree), authorised wound care nurse, works at Jorvi Hospital's Surgery Outpatient Clinic.*



PHOTO: HUS

Appendix 1 Members of HUS nursing councils 2021

HUS Nursing council of care quality and safety

Mäkelä Terhi , chairperson	Chief Nursing Officer	HUS Musculoskeletal and Plastic Surgery
Hakkarainen Hanna-Mari , chairperson	Registered Nurse	HUS Musculoskeletal and Plastic Surgery
Reen Eija , secretary	Assistant Nurse Manager	HUS Children and Adolescents
Aalto Johanna	Advanced Practice Nurse	HUS Abdominal Center
Bruce-Suomela Marianne	Representative of personnel	Tehy
Hagqvist Maija	Registered Nurse	HUS Comprehensive Cancer Center
Hakanen Minna	Infection Control Nurse	HUS Inflammation Center
Hako Laura	Advanced Practice Nurse, Nursing	Lohja Hospital Area
Kivivuori Sanna-Maria	Chief Quality Officer Consultancy assistance if necessary	HUS Joint Resources
Kohvakka Ulla	Quality Manager	HUS Emergency Medicine and Services
Koivu Johanna	Nurse Manager	HUS Abdominal Center
Lankinen Vilja	Registered Nurse	HUS Psychiatry
Meriö Anu	Nurse Director	HUS Perioperative, Intensive Care and Pain Medicine
Niskanen Minttu	Assistant Nurse Manager	HUS Perioperative, Intensive Care and Pain Medicine
Oinonen Timo (part of the period)	Registered Nurse	Porvoo Hospital Area
Pesonen Margit	Quality Manager	HUS Perioperative, Intensive Care and Pain Medicine
Rantanen Leena (part of the term)	Nurse Manager	HUS Diagnostic Center
Yli-Parkas Joni (part of term)	Nurse	HUS Heart and Lung Center

HUS nursing council of clinical competence and career development

Olsbo-Nurminen Maritta , chairperson until 9/2021	Nurse Manager	HUS Emergency Medicine and Services
Arala Katariina , chairperson from 9/2021	Nurse Director	HUS Abdominal Center
Yli-Arvo Soile , secretary until 9/2021	Education Coordinator	HUS Group Management, Human Resources Management
Gustavsson-Niemelä Eva , secretary from 9/2021	Nurse Manager	HUS Inflammation Center
Björn Annika	Advanced Practice Nurse	HUS Perioperative, Intensive Care and Pain Medicine
Hyvärinen Santtu	Licensed Practical Nurse	HUS Neuro Center

Karjalainen Tanja	Physiotherapist	Hyvinkää Hospital Area
Koivisto Eeva-Liisa	Nurse, Nurse Manager	HUS Internal Medicine and Rehabilitation
Lindholm Maritta	Nurse Director	HUS Internal Medicine and Rehabilitation
Lindström Minna (Deputy member Manninen Elina, Tehy)	Representative of personnel	SuPer
Mikkonen Sinikka	Chief Nursing Officer	Lohja Hospital Area
Määttä Ulla	Registered Nurse	HUS Heart and Lung Center
Nissinen Niina	Assistant Nurse Manager	HUS Psychiatry
Numanovic Vanesa	Nurse Manager	HUS Head and Neck Center
Palmroth Tiina	Registered Nurse	HUS Diagnostic Center
Palmu Sanna	Registered Midwife	HUS Gynecology and Obstetrics
Timonen Leena	Clinical Nurse Educator, representative of the HUS Student Guidance Expert Group (OOAR)	HUS Abdominal Center
Valkama Virpi	Advanced Practice Nurse	HUS Heart and Lung Center

HUS Nursing council of economic and effective practice

Laitila Markku-Tapio , chairperson	Nurse Director	HUS Internal Medicine and Rehabilitation
Sandell Tanja , chairperson	Chief Nursing Officer/Development Manager	Hyvinkää Hospital Area
Halonen Tommi , secretary until 01/2021	Nurse Manager	HUS Abdominal Center
Liisa Marttila , secretary from 03/2021	Nurse Manager	Lohja Hospital Area
Halkola Henna	Advanced Practice Nurse	HUS nursing coordinator chairperson
Karjalainen Minna	Nurse Director	HUS Diagnostic Center
Kauppi Outi	Advanced Practice Nurse	HUS Perioperative, Intensive Care and Pain Medicine (Part of term at HUS Inflammation Center and part of term at HUS Gynecology and Obstetrics as well as HUS Perioperative, Intensive Care and Pain Medicine)
Kervinen Satu	Representative of personnel	SuPer
Komulainen Jenni	Nurse Manager	HUS Neuro Center
Koskinen Arja (part of term)	Nurse Manager	HUS Musculoskeletal and Plastic Surgery
Kostamo Päivi	Nurse Manager	HUS Psychiatry
Lintula Kirsi	Registered Nurse	HUS Comprehensive Cancer Center
Louhemäki Johanna	Nursing Coordinator, Nurse	Hyvinkää Hospital Area
Ranta Anniina	Nurse Director	HUS Heart and Lung Center
Salmivaara Tuula	Representative of personnel	They
Suomalainen Tuula	Nurse Manager	HUS Diagnostic Center
Virta-Helenius Maarit	Chief Nursing Officer	HUS Neuro Center
Vuoristo Ilona	Nurse Manager	HUS Emergency Medicine and Services
Övermark Anneli	Nurse Manager	HUS Perioperative, Intensive Care and Pain Medicine

HUS Nursing council of knowledge management

Klapuri-Kari Mervi , chairperson	Registered Nurse	HUS Neuro Center
Poikajärvi Satu , chairperson	Nurse Director	HUS Perioperative, Intensive Care and Pain Medicine
Kiviniemi Riitta , Chair (part of term)	Nurse Manager	HUS Internal Medicine and Rehabilitation
Haverinen Kaisa , Secretary	Acting Nurse Manager	HUS Internal Medicine and Rehabilitation
Ala-Nikkola Taina	Chief Nursing Officer	HUS Psychiatry/Management of the Helsinki University Hospital Area
Ameel Maria (part of term)	Advanced Practice Nurse	HUS Psychiatry
Bergman Marja	Registered Nurse	HUS Perioperative, Intensive Care and Pain Medicine
Ekroth Carola	Representative of personnel	They
Hermens Taru	Project Manager	HUS IT Management
Iso-Tomu Maija-Leena	Registered Nurse	HUS Head and Neck Center
Koskinen Katja	Nurse Director	HUS Gynecology and Obstetrics
Elina Kostiainen (part of term)	Application Trainer	HUS IT Management
Kuitunen Jenni	Registered Nurse	HUS Psychiatry
Laine Tiina	Senior Medical Officer in Charge of Development	HUS Development Management
Lemetti Terhi	Advanced Practice Nurse Consultant member	HUS Inflammation Center/HUS Nursing Management
Melender Hanna-Leena	Director of Nursing Excellence	HUS Nursing Management
Pursio Katja (part of term)	Advanced Practice Nurse	Porvoo Hospital Area
Saloranta Tiina	Project Manager	HUS IT Management
Viitikainen Maija	Registered Nurse	HUS Perioperative, Intensive Care and Pain Medicine
Westman Tanja	Nurse Manager	HUS Inflammation Center

HUS Nursing council of research and evidence-based practice

Haapa Toni , chairperson	Research Nursing Officer	Nursing Research Center (NRC)
Essi Karikoski , chairperson	Oral hygienist	HUS Children and Adolescents
Schildt Jenny , chairperson (part of term)	Registered Nurse	HUS Inflammation Center
Sneck Virpi , chairperson (part of term)	Chief Nursing Officer	HUS Inflammation Center
Viholainen Karina , secretary	Nurse Manager	HUS Abdominal Center
Anttila Katriina	Nurse Director	HUS Children and Adolescents
Huuskonen Minna	Nurse Director	HUS Psychiatry
Komi Tarja	Representative of personnel	SuPer
Kanto Jenni	Representative of personnel	Tehy
Koota Elina	Development Manager	HUS Research Management
Kukkonen Pia	Clinical Nurse Educator	HUS Internal Medicine and Rehabilitation
Melender Hanna-Leena	Director of Nursing Excellence	HUS Nursing Management
Pakarinen Sami	Chief Medical Officer of Clinical Auditing	Management of medical care and service production

Pulkkinen Maria	Nurse Manager/JCI project team member (HUS Perioperative, Intensive Care and Pain Medicine)	HUS Perioperative, Intensive Care and Pain Medicine
Rauta Satu	Advanced Practice Nurse	HUS Perioperative, Intensive Care and Pain Medicine
Repo Marita (part of term)	Acting Quality Manager	HUS Comprehensive Cancer Center
Salla Sanna-Tuulia	Registered Nurse	HUS Psychiatry
Touray Minna	Registered Nurse	HUS Heart and Lung Center
Tuominen Kati	Registered Nurse	HUS Emergency Medicine and Services
Tähkä Katja (part of term)	Quality Manager	HUS Comprehensive Cancer Center

HUS Nursing council of patient-centered nursing

Metsäranta Kiki , chairperson	Nurse Manager	HUS Psychiatry
Männikkö Pia , chairperson	Customer Services Manager	HUS Head and Neck Center
Pulkkinen Kirsi , chairperson (part of term)	Registered Nurse	HUS Perioperative, Intensive Care and Pain Medicine
Kiviranta Katja , secretary	Nurse Manager	Hyvinkää Hospital Area
Suonsilta Jonna-Mari , deputy secretary	Registered Nurse	HUS Musculoskeletal and Plastic Surgery
Heinikoski Nina (part of term)	Advanced Practice Nurse	HUS Gynecology and Obstetrics
Joutsen Nina	Physiotherapist, coordinator of client inclusion activities	Hyvinkää Hospital Area
Jäppinen Anna-Maija	Advanced Practice Nurse, physiotherapy	HUS Internal Medicine and Rehabilitation
Karhu-Hämäläinen Anita	Patient Ombudsman	
Kauppinen Sami	Practical Nurse in Mental Health	HUS Psychiatry
Kortekangas Tuula	Customer Services Manager	HUS Children and Adolescents
Kotiluoto Ulla	Representative of personnel	They
Mäenpää Inger	Chief Nursing Officer	HUS Children and Adolescents
Nummela Johanna	Assistant Nurse Manager	HUS Heart and Lung Center
Pihlajamaa Katriina	Physician	HUS Heart and Lung Center
Renwall Veronica	Nurse Director	HUS Emergency Medicine and Services
Rästu-Werner Pia	Registered Nurse	Raseborg Hospital
Vuori-Kemilä Anne	Expert by experience	HUS Head and Neck Center
Öhman Beatrice	Registered Midwife	HUS Gynecology and Obstetrics

Appendix 2 Peer-reviewed scientific publications in 2020*

(n=34) Jufo score 43

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

- Ameel M**, Leino H, **Kontio R**, van Achterberg T, **Junttila K**. Using the Nursing Interventions Classification to identify nursing interventions in free text nursing documentation in adult psychiatric outpatient care setting. *J Clin Nurs* 2020;29:3435-3444. <https://doi.org/10.1111/jocn.15382> [JUFO 2]
- Askola R**, **Soininen P**, Seppänen A. Offense-related issues in forensic psychiatric treatment: a thematic analysis. *Front Psychiatry* 2020;10:925. <https://doi.org/10.3389/fpsy.2019.00925> [JUFO 1]
- Cavonius-Rintahaka D**, Aho AL, Billstedt E, Gillberg C. Dialogical Family Guidance (dfg) – development and Implementation of an Intervention for families with a child with neurodevelopmental disorders. *Nurs Open* 2020;1–12. <https://doi.org/10.1002/nop2.627> [JUFO 1]
- Cooke M, **Ritkala-Castrén M**, Dwan T, Mitchell M. Effectiveness of complementary and alternative medicine interventions for sleep quality in adult intensive care patients: a systematic review. *Int J Nurs Stud* 2020;103:582. <https://doi.org/10.1016/j.ijnurstu.2020.103582> [JUFO 3]
- Halmesmäki K**, **Paajanen J**, **Bianchi S**, **Mason A**, **Sinkkonen S**, **Tallgren M**, **Hirvensalo E**. Kulkutautisairaan pystyttäminen 2020. *Lääkärilehti* 2020;75:1614–1616. [JUFO 1]
- Haravuori H**, **Junttila K**, **Haapa T**, **Tuisku K**, **Kujala A**, Rosenström T, Suvisaari J, Pukkala E, **Laukkala T**, **Jylhä P**. Personnel Well-Being in the Helsinki University Hospital during the COVID-19 Pandemic—A Prospective Cohort Study. *Int J Environ Res Public Health*. 2020;17:7905. <https://doi.org/10.3390/ijerph17217905> [JUFO 1]
- Heino M, Lundgrén Laine H, **Ritkala-Castrén M**, Holm A, Salanterä S, Koivunen M. Potilaiden näkemykset unta häiritsevistä ja edistävästä tekijöistä sairaalan vuodeosastolla. *Tutkiva Hoitotyö* 2020;18(2):18–25. [JUFO 1]
- Hottinen A**, **Ryttilä-Manninen M**, **Laurén J**, **Autio S**, **Laiho T**, **Lindberg N**. Impact of the implementation of the safewards model on the social climate on adolescent psychiatric wards. *Int J Ment Health Nurs* 2020;29:399–405. <https://doi.org/10.1111/inm.12674> [JUFO 1]
- Huoponen S, Eberl A, **Räsänen P**, **Roine RP**, **Sipponen T**, **Arkkila P**, Blom M. Health-related quality of life and costs of switching originator infliximab to biosimilar one in treatment of inflammatory bowel disease. *Medicine* 2020;99:e18723. <http://dx.doi.org/10.1097/MD.00000000000018723> [JUFO 1]
- Janhunen K**, Kankkunen P, Kvist T. Nurse staffing and care process factors in paediatric emergency department: an administrative data study. *J Clin Nurs* 2020;29:4554–4560. <https://doi.org/10.1111/jocn.15482> [JUFO 2]
- Jeon Y**, **Meretoja R**, Vahlberg T, Leino-Kilpi H. Self-assessed anaesthesia nursing competence and related factors. *J Nurs Educ Pract* 2020;10(6):9–18. <https://doi.org/10.5430/jnep.v10n6p9> [JUFO 0]
- Jeon Y**, **Meretoja R**, Vahlberg T, Leino-Kilpi H. Developing and psychometric testing of the anaesthesia nursing competence scale. *J Eval Clin Pract* 2020;26:866–878. <https://doi.org/10.1111/jep.13215> [JUFO 1]
- Jeon Y**, **Ritkala-Castrén M**, **Meretoja R**, Vahlberg T, Leino Kilpi H. Anaesthesia nursing competence: self-assessment of nursing students. *Nurse Educ Today* 2020;94:104575. <https://doi.org/10.1016/j.nedt.2020.104575> [JUFO 2]
- Jäppinen AM**, Hämäläinen H, Kettunen T & Piirainen A. 2020. Patient education in physiotherapy in total hip arthroplasty (THA) – The perspective of physiotherapists. *Physiother Theory Pract* 2020;36(8):946–955. <https://doi.org/10.1080/09593985.2018.1513617> [JUFO 1]
- Jäppinen AM**, Muñoz M, Kettunen T & Piirainen A. Patients' narratives of patient education in physiotherapy after total hip arthroplasty. *Physiother Res Int*. 2020;25:e1862. <https://doi.org/10.1002/pri.1862> [JUFO 1]
- Koota E**, Kääriäinen M, Lääperi M, **Melender H-L**. Emergency nurses' evidence-based practice attitudes, self-efficacy, knowledge, skills and behaviors before an educational intervention: baseline of a randomized controlled trial. *Collegian* 2020;27(4):361–369. <https://doi.org/10.1016/j.colegn.2019.11.002> [JUFO 1]

- Koskinen K**, Hytönen M, **Räsänen P**. The use of real-world effectiveness measurements in clinical settings at Helsinki University Hospital: a systematic literature review. *J Comp Eff Res* 2020;9(5):321–326. <https://doi.org/10.2217/ce-2019-0159> [JUFO 0]
- Kujala S, Ammenwerth E, **Kolanen H**, Ervast M. 2020. Applying and extending the FITT framework to Identify the challenges and opportunities of successful eHealth services for patient self-management: qualitative interview study. *J Med Internet Res* 2020;22(8):e17696. <https://doi.org/10.2196/17696> [JUFO 2]
- Laukkala T**, **Tuisku K**, **Junttila K**, **Haravuori H**, **Kujala A**, **Haapa T**, **Jylhä P**. COVID 19 pandemian aiheuttama psyykinen kuormitus terveydenhuollossa – seuranta on perusteltua. *Lääketieteellinen aikakauskirja Duodecim* 2020;136:2005–2012. <https://www.duodecimlehti.fi/duo15695> [JUFO 1]
- Lemetti T**, Partanen E, Hupli M, Haavisto E. 2020. Cancer patients' experiences of realization of relatives' participation in hospital care: a qualitative interview study. *Scand. J. Caring Sci.* 2020;35(3):979–987. <https://doi.org/10.1111/scs.12918> [JUFO 1]
- Luoma T, **Melender H-L**, Rajala M, Kanste O. Äitien tyytyväisyys synnytyksenaikaiseen hoitoon: kysely kolmessa keskussairaalassa. *Hoitotiede* 2020;32(4):238–249. [JUFO 1]
- Palviainen M**, **Soininen P**, Paavilainen E, Koivisto A-M, Kylmä J. Sosiaalisen ilmapiirin kehittyminen HUS Psykiatrian psykoosien ja oikeuspsykiatrian linjan vuodeosastoilla Safewards mallin implementoinnin edetessä. *Tutkiva Hoitotyö* 2020;18:3–11. [JUFO 1]
- Peltonen L-M, Kuloheimo A, **Junttila K**, Salanterä S. A Digital Service Logistics Information System for Emergency Department Care Coordination – Professionals' Experiences. *Stud Health Technol Inform* 2020;270:1177–1178. <https://doi.org/10.3233/SHTI200350> [JUFO 1]
- Pulkkinen M**, **Jousela I**, Engblom J, Salanterä S, **Junttila K**. The effect of a new perioperative practice model on length of hospital stay and on the surgical care process in patients undergoing hip and knee arthroplasty under spinal anesthesia: a randomized clinical trial. *BMC Nurs* 2020;19:73. <https://doi.org/10.1186/s12912-020-00465-3> [JUFO 1]
- Siirala E, Salanterä S, Lundgrén-Laine, H, Peltonen L-M, Engblom J, **Junttila K**. Identifying nurse managers' essential information needs in daily unit operation in perioperative settings. *Nurs Open* 2020;00:1–11. <https://doi.org/10.1002/nop2.454> [JUFO 1]
- Simoila L**, **Isometsä E**, Gissler M, Suvisaari J, **Halmesmäki E** & **Lindberg N**. Schizophrenia and pregnancy: a national register-based follow-up study among Finnish women born between 1965–1980 with schizophrenia or schizoaffective disorder. *Arch Womens Ment Health* 2020;23:91–100. <https://doi.org/10.1007/s00737-019-0948-0> [JUFO 1]
- Soikkeli-Jalonen A, Stolt M, Hupli M, **Lemetti T**, Kennedy C, Kydd A, Haavisto E. Instruments for assessing nurses' palliative care knowledge and skills in specialised care setting: an integrative review. *J Clin Nurs* 2020;29(5–6):736–757. <https://doi.org/10.1111/jocn.15146> [JUFO 2]
- Suojanen L-U**, Ahola A, Kupila S, Korpela R, **Pietiläinen K**. Effectiveness of a web - based real - life weight management program: Study design, methods, and participants' baseline characteristics. *Contemp Clin Trials Commun* 2020;19:100638. <https://doi.org/10.1016/j.conctc.2020.100638> [JUFO 1]
- Syyrilä T**, Vehviläinen-Julkunen K, Härkänen M. Communication issues contributing to medication incidents: Mixed method analysis of hospitals' incident reports using indicator phrases based on literature. *J Clin Nurs* 2020;29(13–14):2466–2481. <https://doi.org/10.1111/jocn.15263> [JUFO 2]
- Tarvonen M**, Sainio S, Hämäläinen E, **Hiilesmaa V**, **Andersson S**, **Teramo K**. Saltatory Pattern of Fetal Heart Rate during Labor Is a Sign of Fetal Hypoxia. *Neonatology* 2020;117:111–117. <https://doi.org/10.1159/000504941> [JUFO 2]
- Tornivuori A**, Tuominen O, Salanterä S, **Kosola S**. A systematic review on randomized controlled trials: Coaching elements of digital services to support chronically ill adolescents during transition of care. *J Adv Nurs* 2020;76(6):1293–1306. <https://doi.org/10.1111/jan.14323> [JUFO 3]
- Tuominen L**, Leino-Kilpi H, **Meretoja R**. Expectations of patients with colorectal cancer towards nursing care – a thematic analysis. *Eur J Oncol Nurs* 2020;44:101699. <https://doi.org/10.1016/j.ejon.2019.101699> [JUFO 1]
- Werkkala CM**, **Bäckmand HM**, Kuosmanen LM, Vastamäki MH, **Rajala TH**, **Lindqvist PR**, **Jylhä PJ**. Efficacy of a real-time patient feedback system: patient satisfaction study in psychiatry. *Nord J Psychiatry* 2020;74(2):155–162. <https://doi.org/10.1080/08039488.2019.1684989> [JUFO 1]
- Werkkala C**, Välimäki M, Anttila M, Pekurinen V, Bresington D. Validation of the Finnish Health Improvement Profile (HIP) with patients with severe mental illness. *BMC Psychiatry* 2020;20:112. <https://doi.org/10.1186/s12888-020-02511-5> [JUFO 1]

Appendix 3. Other nursing publications

(professional articles and presentations)

During 2021, HUS nursing staff has participated in continuing education events and scientific conferences where they have presented their research and/or development work in the form of oral and/or poster presentations (Table 1).

Table 1. Presentations by HUS nursing staff in 2021.

2021	Presentation forum	Oral presentation	Poster presentation
	International	4	3
	National	17	2
	Total	21	5

In addition, the nursing staff has produced the following professional articles (n=19):

- Haapa T, Perttunen J.** 2021. Leikkausosastojen määrän kartoittaminen kansallisesti. *Pinsetti – Suomen leikkausosaston sairaanhoitajat Ry.* 33(3), 32–33.
- Ihalainen T, Muotka R.** 2021. Tehosairaanhoidajan kompetenssit. *F.A.N.N. Suomen Neurohoitajat* 44, 25–27.
- Ihalainen T, Muotka R.** 2021. Tajunnan tarkkailu: Glasgow coma scale (GCS) ja Full Outline of Unresponsiveness (FOUR) -mittari - kulkevatko käsi kädessä? *F.A.N.N. Suomen Neurohoitajat* 44, 28–32.
- Kassinen J.** 2021. Päänsärkypotilaan hoito. In: Mustajoki M, Alila A, Matilainen E, Pellikka M, Rasimus M. (ed.) *Sairaanhoitajan käsikirja*. Kustannus Oy Duodecim. Available at: <https://www.terveysportti.fi/apps/dtk/shk/article/shko3680?toc=4104>
- Kassinen J.** 2021. Amyotrofinen lateraaliskleroosi (ALS). In: Mustajoki M, Alila A, Matilainen E, Pellikka M, Rasimus M. (ed.) *Sairaanhoitajan käsikirja*. Kustannus Oy Duodecim. Available at: <https://www.terveysportti.fi/apps/dtk/shk/article/shko3658/search/kassinen%20jaana?db=24>
- Kassinen J.** 2021. Huimaus. In: Mustajoki M, Alila A, Matilainen E, Pellikka M, Rasimus M. (ed.) *Sairaanhoitajan käsikirja*. Kustannus Oy Duodecim. Available at: <https://www.terveysportti.fi/apps/dtk/shk/article/shko3682?toc=4104>
- Kassinen J.** 2021. Multippeliskleroosia sairastavan potilaan hoito. In: Mustajoki M, Alila A, Matilainen E, Pellikka M, Rasimus M. (ed.) *Sairaanhoitajan käsikirja*. Kustannus Oy Duodecim. Available at: <https://www.terveysportti.fi/apps/dtk/shk/article/shko3655?toc=4104>
- Kassinen J.** 2021. Lannepisto. In: Mustajoki M, Alila A, Matilainen E, Pellikka M, Rasimus M. (ed.) *Sairaanhoitajan käsikirja*. Kustannus Oy Duodecim. Available at: <https://www.terveysportti.fi/apps/dtk/shk/article/shko3690?toc=4104>
- Kotila J, Lemetti T, Vaara M.** 2021. Leanisti painehaavojen ennaltaehkäisyä HUS sairaaloissa. *Haava-lehti* 3, 8–11.
- Laiho S, Virta-Helenius M.** 2021. Johtaminen koronapandemian aikana. *F.A.N.N. Suomen Neurohoitajat* 44, 10–11.
- Lemetti T, Ruuskanen S, Mäenpää I, Virtanen H.** 2021. Opettaja linkkinä opiskelijasta työhön. *Pro Terveys* 3, 26–27.
- Suikkala A, **Melender H-L**, Kaakinen P, Lehto J, Rajala M, Hökkä M. 2021. Palliatiivisen hoidon osaamista tutkimus-, kehittämis- ja innovaatiotoiminnalla. In: Hökkä M, Lehto J, Heinonen S, Suikkala A. (ed.) *EduPal – koulutusta kehittämällä parempaa palliatiivista hoitoa*. Kajaanin ammattikorkeakoulun julkaisusarja B. Raportteja ja selvityksiä B 125/2021. Kajaani, p. 112-124. Available at: <https://www.theseus.fi/handle/10024/505019>
- Pohjamies N, Haapa T.** 2021. Perehdyttäjät paljon vartijoina kliinisissä oppimisympäristöissä. *Pinsetti – Suomen leikkausosaston sairaanhoitajat Ry.* 33(3), 14–15.
- Rauta S, Haapa T, Voutilainen N, Neffling T-L.** 2021. Perehdytyksen vakiointi -malli - osaava, itseohjautuva ja sitoutunut leikkaushoitotyön ammattilainen potilaan parhaaksi. *Pinsetti – Suomen leikkausosaston sairaanhoitajat Ry.* 33(3), 16–18.
- Rauta S, Haapa T, Voutilainen N, Neffling T-L.** 2021. Perehdytyksen vakiointi -malli - osaava, itseohjautuva ja sitoutunut anestesiahoitotyön ammattilainen potilaan parhaaksi. *Spirium – Suomen anestesiahoitajat Ry.* 54 (2), 18-20.

Rautiala S, Riikonen C. 2021. Tutkimusklubitoimintaa anestesia- ja leikkausosastolla - näyttöön perustuvan toiminnan tukena. *Spirium – Suomen anestesia- ja leikkausosastojen sairaanhoitajat Ry.* 1, 9–11. Published also in: *Pinsetti – Suomen leikkausosaston sairaanhoitajat Ry.* 33(2), 20–23.

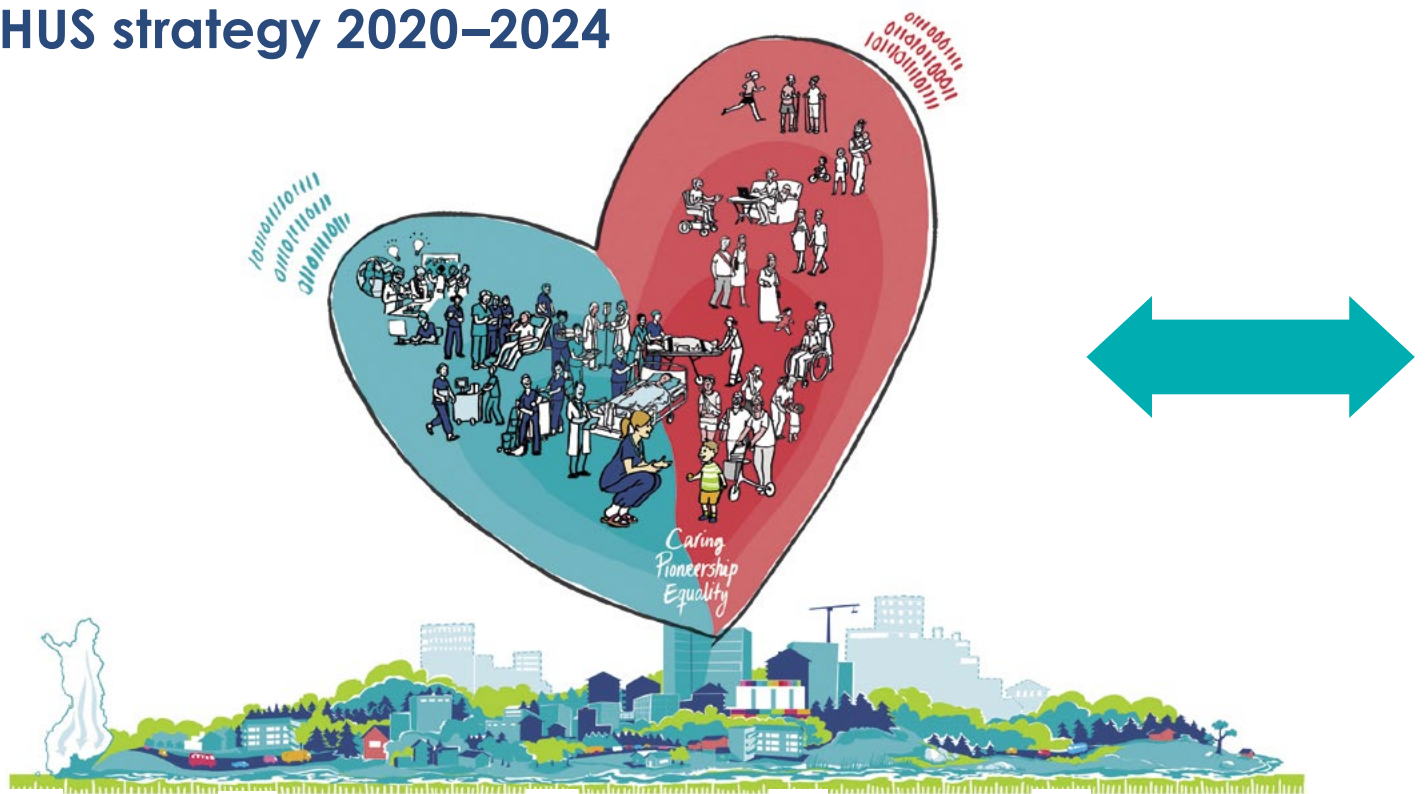
Rautiala S. 2021. Näyttöön perustuvat toimintatavat tarvikelaskennassa. *Pinsetti – Suomen leikkausosaston sairaanhoitajat Ry.* 33(2), 8–12.

Rautio K, Berg J. 2021. Sairaanhoitajien työsiirrot vaativat pandemian aikana tehokasta perehdytystä. *Talk-verkkolehti, HYVE/Health and Well-Being, Turun ammattikorkeakoulu*, Available at: <https://talk.turkuamk.fi/hyve/sairaanhoitajien-tyosiirrot-vaativat-pandemian-aikana-tehokasta-perehdytysta/>

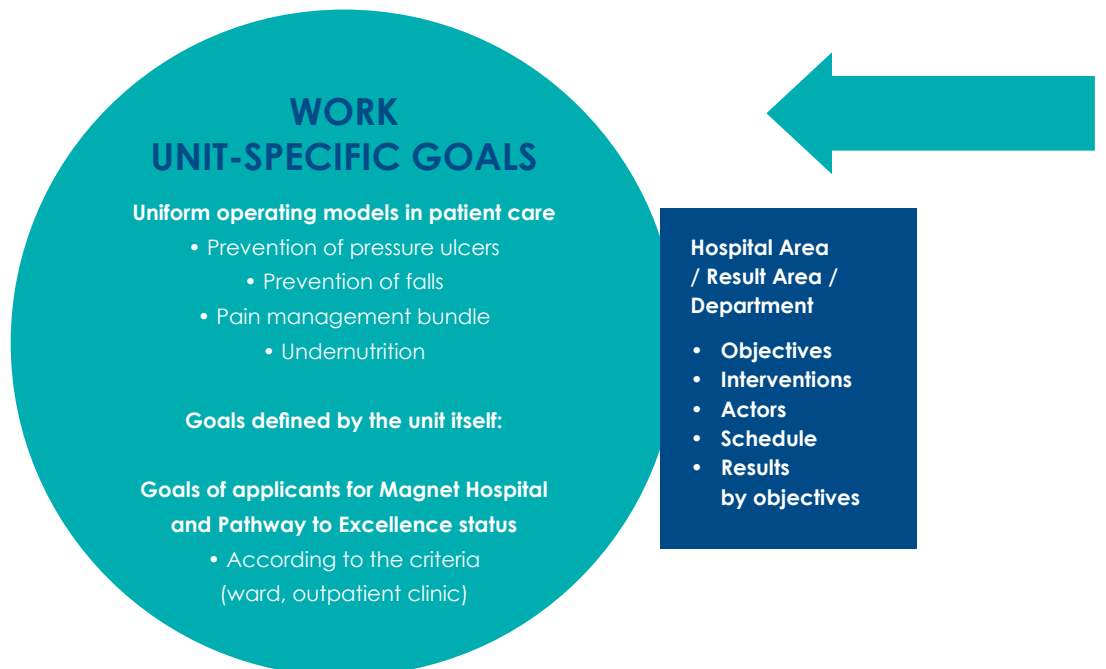
Ruotsalainen V, Kotila J, Virta-Helenius M. 2021. Neurohoitaja perehtyy perin juurin.

From HUS and nursing strategies to nursing unit specific goals

HUS strategy 2020–2024



1. Proven to provide best medical care and service
2. Best community for learning, research, and meaningful work
3. Promoting health efficiently and effectively
4. Our responsibility for the common good
5. Customer-driven digital change





1. Proven to provide best medical care and service

2. Best community for learning, research, and meaningful work

3. Promoting health efficiently and effectively

4. Our responsibility for the common good.

5. Customer-driven digital change

HUS Nursing Strategy

Caring C **Pioneership P** **Equality E**

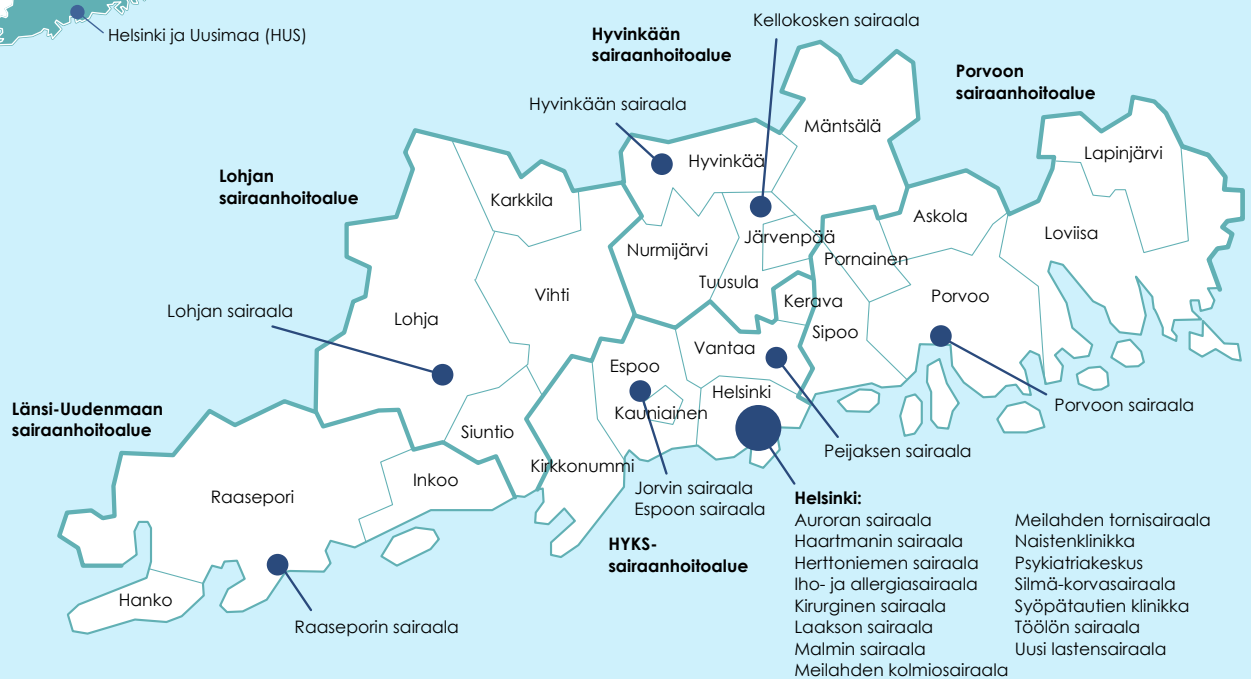
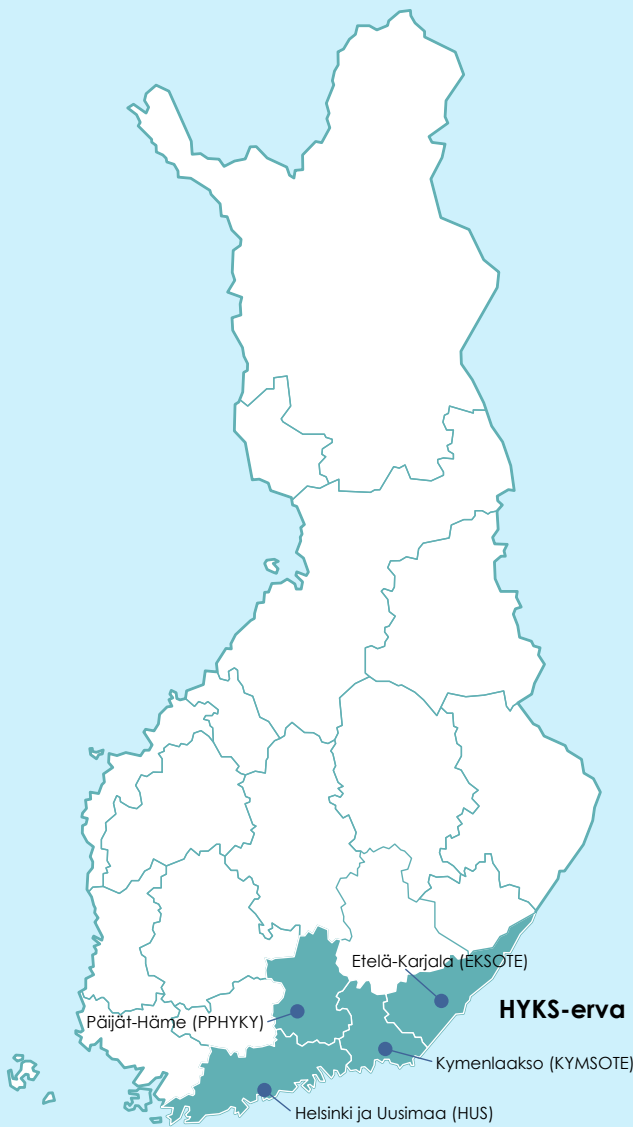
Objective	Indicator	Goal	Value	Nursing actors
Patient care is of high quality and safe.	– Nursing sensitive indicators: Pressure ulcers, falls, pain management, undernutrition – Patient satisfaction (HoPP) – Patient involvement	1, 3, 4, 5	CPE	HUS Nursing council of quality and safety, HUS Nursing council of information management, HUS Nursing council of patient-centered nursing, HUS Nursing council of research and evidence-based practice, HUS Nursing council of economic and effective practice, HUS experts by experience and customer panels, NEVEREVENTS working group, HUS Nursing Executive Group, HUS NRC, HUS Nursing Management
The commitment and job satisfaction of the care staff are better than in 2019.	NES survey TOB survey PTAP programs (y / n)	2	CPE	HUS nursing council of clinical competence and career development and HUS Nursing council of economic and effective practice, HUS NRC, HUS Nursing Executive Group
Teaching: Guidance of health sector students meets the objectives and health sector education meets the needs of HUS.	CLES Student numbers	2	CPE	HUS nursing council of clinical competence and career development, HUS Clinical Teachers in Nursing, HUS nursing council of student guidance, HUS NRC
Research: Produces and uses nursing and health science research that benefits patient care.	HUS Research Programme in Nursing and Health Sciences, HUS NRC Action Plan	1, 2, 3, 4	CPE	HUS NRC, HUS Nursing council of research and evidence-based practice
Management: Nursing management ensures nursing staff competence and job satisfaction.	TOB survey NES survey HoPP survey	2, 1, 3, 4, 5	CPE	HUS Nursing managers (chief nursing officers and nurse directors)
The application process for Magnet Hospital status will start in 2020 (Heart and Lung Center, Comprehensive Cancer Center, Children and Adolescents).	Magnet Hospital project plan	1, 2, 3, 4, 5	CPE	Management of the Heart and Lung Center, Comprehensive Cancer Center and Children and Adolescents, HUS Nursing Management, Magnet Hospital project



HUS is responsible for the treatment and research of several demanding diseases in Finland

Our national responsibilities include

- Organ transplantations
- Treatment of severe burns
- Allogeneic bone marrow stem cell transplantations
- Invasive diagnostics and surgical treatment of epilepsy
- Open heart surgery of infants and other demanding pediatric cardiac surgery
- Demanding invasive fetal diagnostic studies and treatment
- Planning the overall treatment and surgical treatment of cleft lip and palate patients



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