



ENDA 2019 congress

‘The Future, Leadership and Changes’



Welcome from the Organizers

On behalf of Tehy (Union of Health and Social Care Professionals), the University of Eastern Finland, HUS (Helsinki University Hospital) and Laurea University of Applied Sciences, it is with great pleasure that we welcome you to the 14th ENDA Congress which will take place at Helsinki Congress Paasitorni in Helsinki, Finland from 12 to 14 September 2019.

We are happy that over 200 participants are meeting in Helsinki to share their knowledge, learn and discuss. We wish to offer you a forum where you will get to meet your European colleagues and enjoy the scientific program that will cover a wide range of interesting topics.

The scientific program, information beyond numbers, is tailored to fulfill your needs in terms of updating and sharing knowledge and practices and promoting research and education. The topics will extensively cover the special aspects of developing the art and science of nursing leadership and management.

We hope that during this event and the planned social program you will meet colleagues and make friends and establish important future connections and formal links between nurse directors and nurse leaders across Europe.

We wish you all an enjoyable time in Helsinki and a fruitful and stimulating meeting.

On behalf of the Organizing Committee:

Kirsi Sillanpää
Director
Tehy – Union of Health and Social Care Professionals
Finland



PROGRAMME/WEDNESDAY 11.9.2019, THURSDAY 12.9.2019

Wednesday, September 11 th	Thursday, September 12 th
	<p>08.00 Registration desk opens</p> <p>08.45-09.45 Morning Coffee</p> <p>Main Hall (floor 2,5) 10.00-10.45 Opening ceremony 10.45-11.30 Keynote lecture: Anne Marie Rafferty / Human Resources and Knowledge Mobilisation 11.30-12.00 Comment speech & Discussion</p> <p>12.00-13.15 Lunch, Exhibition & Posters</p> <p>13.15-15.15 Concurrent Sessions Main Hall (floor 2,5) 1. Attractive Organizations & Visionary Leaders Karl Lindahl Hall (floor 1,5) 2. Patient safety & Nursing Sensitive Outcomes</p> <p>15.15-15.45 Coffee break, Exhibition & Posters</p> <p>Main Hall (floor 2,5) 15.45-16.30 Keynote lecture: Brian J Webster-Henderson / Visionary Leadership – no longer a choice?</p>
17.00-19.00 Registration desk open	<p>Karl Lindahl Hall (floor 1,5) 16.45-18.15 ENDA members meeting</p>
	<p>19.00 - 20.30 Get together -reception/ Helsinki City*</p>

PROGRAMME/FRIDAY 13.9.2019

Friday, September 13th
08.00 Registration desk opens
08.00-09.00 Morning Coffee
Main Hall (floor 2,5) 09.00-09.45 Keynote lecture: Cristina Andersson / Robots at Your Service in Healthcare 10.00-11.00 Concurrent Sessions Main Hall (floor 2,5) 3. Technological Innovations in Leadership & Improving Evidence Based Nursing (EBN) Karl Lindahl Hall (floor 1,5) 4. Human Resource & Knowledge Management
11.00-12.15 Lunch, Exhibition & Posters
Main Hall (floor 2,5) 12.15-13.00 Keynote lecture: Mari Kangasniemi / Leading the ethics at the work – from individuals to shared practices 13.10-14.50 Concurrent Sessions Main Hall (floor 2,5) 3. Technological Innovations in Leadership & Improving Evidence Based Nursing (EBN) Karl Lindahl Hall (floor 1,5) 4. Human Resource & Knowledge Management
14.50-15.00 Coffee break, Exhibition & Posters
15.00-16.00 Travel time to the site visit locations 16.00-17.15 Site visits 17.15-18.00 Travel time back to Congress 15.15-16.15 Alternative programme (for those who do not attend site visits) Main Hall (floor 2,5) Needed Competence in Fluent eHealth and Welfare Services Virtual presentation: New Children's Hospital
20.00 Conference dinner at floating panorama restaurant Meripaviljonki

PROGRAMME/SATURDAY 14.9.2019

Saturday, September 14th

08.00-09.00 Morning Coffee

Main Hall (floor 2,5)

09.00-09.45 **Keyote lecture: Perttu Pölönen / When nothing is certain, everything is possible**

10.00-11.20 Concurrent sessions

Main Hall (floor 2,5)

5. Leadership in Developing Health Care Services

Karl Lindahl Hall (floor 1,5)

6. Organisational Culture & Gender Issues in Nursing

11.30-12.30 Closing Ceremony

12.30-13.30 Lunch

KEY NOTE SPEAKERS

Anne Marie Rafferty CBE, United Kingdom



Thursday 12.9.2019 at 10.45-11.30: 'Human Resources and Knowledge Mobilisation'

Anne Marie Rafferty is Professor of Nursing Policy, former Dean of the Florence Nightingale Faculty of Nursing and Midwifery, King's College London.

She is a historian, health workforce and policy researcher, graduated from Edinburgh University in Nursing Studies, MPhil (Surgery) Nottingham University; first nurse to gain a doctorate (DPhil Modern History) from Oxford University. She was seconded to the Department of Health to work with Lord Ara Darzi on the Next Stage Review of the NHS and awarded a CBE for services to healthcare in 2008.

She served on the Prime Minister's Commission on the Future of Nursing and Midwifery 2009-10 and has been recipient of various awards; Nursing Times Leadership Award in 2014 and Health Services Journal Top 100 Clinical Leaders Award in 2015 and was inducted onto the Sigma Theta Tau International Hall of Fame in 2016.

She holds fellowships from the Royal College of Nursing, American Academy of Nursing. She co-lead a Student Commission on the Future of the NHS supported by NHS England and was a member of the Parliamentary Review of Health and Social Care in Wales which reported in 2018. She was elected President of the Royal College of Nursing from 2019-21.

Brian J Webster-Henderson, United Kingdom



Thursday 12.9.2019 at 15.45-16.30: 'Visionary leadership – no longer a choice?'

Brian Webster-Henderson is the Pro Vice Chancellor (Health) at the University of Cumbria and a Professor of Nursing.

He is the Chair of the Council of Deans of Health UK (www.councilofdeans.org.uk) the organisation that represents all 84 Universities across the UK who deliver nursing, midwifery and allied health education and research and is an adjunct Professor at the John Hopkins University Baltimore.

Brian is a frequent speaker to national and international audiences on issues relation to nursing and workforce development. Brian holds degrees in politics, advanced practice and education and has worked in several Universities across the UK in a range of leadership positions. He has had an extensive clinical career spanning substance misuse, emergency medicine, haematology and gastroenterology and has been in nursing for 37 years.

His most recent book with Professor Ruth Taylor "The Essential of Leadership in Nursing" has focused on his passion in supporting student nurse and healthcare practitioners to develop their leadership skills from the moment they enter their education.

Cristina Andersson, Finland



Friday 13.9.2019 at 9.00-9.45: 'Robots at Your Service in Health Care'

Cristina Andersson is an award winning and highly professional expert of leadership in the era of the new AiRo technologies.

She is a WinCoach, visionary and an energy mobiliser, a true renaissance woman, who has studied her topics widely through classical singing, inventorship, ice-hockey and participating in social activities. She is a board member, teacher, trainer, a business consultant and a pioneer in social networking online. Cristina is an active blogger. Her books include ie. The Winning Helix (in English and in Finnish), a book of poems and BohoBusiness.

She is one of the leading experts in the field of AI and Robotics (AiRo), especially in healthcare and services. Cristina have cooperated with the Ministry of Social Affairs and Health in a project to develop a national strategy for sustainable development and use of AiRo -technologies in healthcare and wellbeing. Cristina works also as a consultant and an expert in several AiRo related projects in Finnish organizations as well as in EU.

Mari Kangasniemi, Finland



Friday 13.9.2019 at 12.15-13.00 'Leading the ethics at work – from individuals to shared practices'

Docent, PhD Mari Kangasniemi is working as a University Researcher the University of Turku, Finland, and as a Visiting Professor at the Department of Nursing Science, University of Tartu, Estonia.

She has worked at the university as a full-time researcher and teacher since 2002. Her main research interest has been focused on nursing and health care ethics, including professional ethics, rights and regulations, collegiality, and patient and client rights, duties and responsibilities.

She is also investigating the change of social and health care work and environmental responsibility in patient care. Kangasniemi act as a research group leader and a member of national and international multidisciplinary research groups, supervisor and teacher for academic degrees and the lecturer and expert in various scientific and societal groups and tasks. She is also a chairman at Tehy`s ethical committee.

Perttu Pölönen, Finland

Saturday 14.9.2019 at 9.00-9.45: 'When nothing is certain, everything is possible'



Perttu Pölönen is an inventor, entrepreneur and composer who has won EU's biggest science competition for youth and studied future technologies at Singularity University, based at NASA Ames Research Center in Silicon Valley.

In media Perttu has been called a fearless inventor and a super highbrow –in 2014 he was given the Most Creative Finn Award at Slush and in 2018 MIT Tech Review honored him among the 35 Innovators Under 35 in Europe.

Perttu is an inspiring speaker who talks about disruption, megatrends, exponential technologies and their tremendous impacts on people, organizations and the future of education. Perttu's presentation is a dynamic combination of disruptive thinking from Silicon Valley and empowering optimism from a millennial. Perttu has received excellent feedback on his ability to encourage his audience to face the challenges of the future, but also its unprecedented opportunities. The world is open to the person who understands the evolution of technology.

CONCURRENT SESSIONS

12 September, Thursday 13.00-15.00

1. Attractive Organizations & Visionary Leaders	2. Patient safety & Nursing Sensitive Outcomes
13.00-13.20 Tarja Kvist (et al): Towards Magnet designation - Registered nurses' evaluations of their nurse leaders' transformational leadership.	Fatma Al Jabri (et al): Competent and Sustainable Healthcare System in Oman: Pilot Study Results.
13.20-13.40 Susanna Mustonen (et al): Nursing leadership in ensuring nurse engagement - case Helsinki University Hospital.	Marja Härkänen (et al): Inadequate staffing level and medication administration errors: a text mining analysis using incident report data.
13.40-14.00 Rita Solbakken (etal): Clinical presence in Nordic municipalhealthcare re- visions for change in nursing leadership.	Niko Borén: Modern psychiatric nursing care requires up-to-date evidence-based data for management processes and the allocation of appropriate nursing staff.
14.00-14.20 Alessandro Stievano (et al): Ethical values and challenges that underlie the proto-code of ethics for nurse directors.	Katri Vehviläinen-Julkunen: Challenges of research on medicines information in nursing.
14.20-14.40 Ippolito Notarnicola (et al): The value of clinical competencies of nurses in different clinical settings for nurse managers.	Ere Uibu (et al): Patient safety incident reporting in hospitals – utilization and outcomes of the reporting systems.
14.40-15.00 Rosana Svetic Cistic: Open the eyes to the grit in nursing - secret for success.	

CONCURRENT SESSIONS

13 September, Friday 10.00-11.00 & 13.10-14.50

<p>3. Technological Innovations in Leadership & Improving Evidence Based Nursing</p>	<p>4. Human Resource & Knowledge Management</p>
<p>10.00-10.20 Suyen Karki (et al): Digital and virtual leadership in social and health care: a systematic review.</p>	<p>Hanna Kallio (et al): Environmental responsibility in patient care requires strong leadership.</p>
<p>10.20-10.40 Jaana-Maija Koivisto (et al): Case study of Finnish remote services in maternity and child health care.</p>	<p>Johanna Lammintakanen (et al): Competence requirements for health care logisticians – support for nurses’ and leaders in health care.</p>
<p>10.40-11.00 Iris Meyenburg-Altwarz: Technological and Digital Innovations changes the nursing professionalism by maintaining human touch.</p>	<p>Oili Papinaho (et al): Description of the disciplined registered nurses in Finland – Important information for nursing management.</p>
<p>13.10-14.30</p>	<p>13.10-14.50</p>
<p>13.10-13.30 Mirka Parkkinen (et al): The change management of health care digitalization.</p>	<p>Lisbeth Fageström (et al): Associations between nursing workload and patient outcomes based on daily classifications by the RAFAELA system.</p>
<p>13.30-13.50 Reetta Mustonen (et al): Structures of nursing leadership and evidence-based practice in Finnish university hospitals and central hospitals.</p>	<p>Auvo Rauhala: The RAFAELA system’s validity and feasibility as measurement tools for human resources management in nursing.</p>
<p>13.50-14.10 Heidi Parisod (et al): Clinical nurse specialists’, nurse leaders’ and managers’ views about evidence-based nursing.</p>	<p>Päivi Lavander (et al): Optimal nurse resource index tool for managers requires a comprehensive view of patient care.</p>
<p>14.10-14.30 Camilla Strandell-Laine (et al): Nurse managers’ perceptions of newly graduated nurses’ competence: a scoping review.</p>	<p>Pia Liljamo (et al): Re-using coded nursing data in determining intensity confirms evidence for resource planning.</p>
<p>14.30-14.50 Helga Bragadóttir: Missed nursing care, teamwork and job satisfaction: Findings from three studies in Icelandic hospitals.</p>	<p>Sanna Kautto (et al): Price for Nursing– Defining the Nursing Cost in a Price for a Patient’s Care Day.</p>

CONCURRENT SESSIONS

14 September, Saturday 10.00-11.20

5. Leadership in Developing Health Care Services	6. Organisational Culture & Gender Issues in Nursing
10.00-10.20 Mina Azimirad (et al): Staff training on Rapid Response System and “innovation leadership”.	Tuija Ylitörmänen (et al): Finnish and Norwegian registered nurses’ evaluation on intraprofessional collaboration
10.20-10.40 Johanna Höykinpuro (et al): Finnish nurse managers’ and nurse directors’ collaboration in specialized health care.	Tytti-Maarit Ervasti (et al): Constructing the Life course – Aware Age Management Model for health care
10.40-11.00 Anja Terkamo-Moisio (et al): Education program to strengthen the nursing leadership for the future.	Jaana Seitovirta (et al): Reward types provided at workplaces perceived by registered nurses (RNs) in Finland
11.00-11.20 Arda Teunissen: Swiss Nurse Leadership Model: Our Model, Our Journey!	Susanne Wiczorek: Forging new paths – how to develop healthy leadership

POSTERS

Attractive Organizations & Visionary Leaders

- **Paula Adomeit (et al):** An investigation of leadership behavior in leadership situations in inpatient care
- **Saija Inkeroinen (et al):** Nurses' thoughts and hopes regarding leadership in Magnet® Hospital
- **Mirjam Meier (et al):** Job Crafting in Leadership: Investigate the self-initiated work design of leaders in hospital

Development & Evaluation of Advanced Practice Nursing

- **Mervi Flinkman:** Advanced practice nurses working in the Finnish health care services – a survey study
- **Johanna Jalonen (et al):** The HEALINT project – New Audit tool Supports Internationalization of Traineeships in the Healthcare Sector

Technological Innovations in Leadership & Improving Evidence Based Nursing

- **Anu Nurmeksela (et al):** Nurses' knowledge, skills and attitudes of coronary heart disease patients' education – a pilot study

Human Resource & Knowledge Management

- **Charlotta Allen-Ollas (et al):** The Nurse Managers' work orientation
- **Heli Vaartio-Rajalin (et al):** Work in home healthcare – time for reconsideration of structures and processes?

Leadership in Developing Health Care Services

- **Tuula Antinaho:** The role and importance of nursing managers in the development process of nursing work
- **Mina Azimirad (et al):** Nurse directors' roles in developing health care policies and services for family and community nurses
- **Juliane Hesse:** Nurses' health- do you manage this challenge? Staff appraisal 2.0 spotlights on health

Organisational Culture & Gender Issues in Nursing

- **Alessandro Stievano (et al):** The ethical values of nursing and health leaders during the Jubilee Year of Mercy 2016
- **Alessandro Stievano (et al):** Professional dignity as experienced by nurses in their working environments

Other

- **Mervi Flinkman (et al):** Tehy's academic expert group – producing the ten-year chronicle in Finland
- **Tiina Freimann:** Psychosocial risk factors for stress and burnout among nurses
- **Inger-Lise Magnussen (et al):** The significance of a sensory garden in the formation of “the room of closeness”
- **Maarit Romar:** Cooperation between nurse leaders and medical directors – From the nurse leader's perspective
- **Johanna Romppanen:** Empowering collaborative relationship between a nurse leader and a nursing worker promoting well-being at work
- **Stina Wallin (et al):** Occupational self-efficacy to support work ability among ageing home care workers

ORAL PRESENTATION AND POSTER ABSTRACTS

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An investigation of leadership behavior in leadership situations in inpatient care

Paula Adomeit¹, Dr. Michael Kleinknecht¹, Prof. Dr. Dr. Andrea Rögner², Prof. Dr. Rebecca Spirig³

¹Universitätsspital Zürich, Zürich, Switzerland, ²Kalaidos Fachhochschule, Zürich, Switzerland, ³Universität Basel Institut für Pflegewissenschaft, Basel, Switzerland

Background

The importance of leadership and its effects on nursing staff has been intensively researched and the relationship between successful leadership, staff satisfaction and patient outcomes has been repeatedly demonstrated. While reports on possible, desired and less desirable leadership behavior from the point of view of the employees are frequent, the question of what is the most appropriate behavior in a specific leadership situation has not been addressed, yet. No studies could be found that studied desirable leadership behavior in specific leadership situations from the perspective of nursing staff. To close this gap within the context of professional nursing, this study aims to explore different leadership situations and identify the most supportive leadership behavior from the perspective of nursing staff.

Method

This qualitative explorative study is conducted at the University Hospital Zurich. Data collection will consist first, of focus group interviews with staff from middle management and floor nurses in order to identify relevant leadership situations. Based on the results leadership vignettes are created. The vignettes will be used to identify supportive leadership behavior, for the perspective of floor nurses. Individual interviews are carried out for this purpose.

Results and Conclusion

It is to be expected that different leadership behaviors of the supervisors will be described as supportive by the employees in different leadership situations. Furthermore, it can be assumed that leadership behavior in all its dimensions, regardless of the various leadership styles, will be described as supportive. This would lend to the conclusion, that not a particular leadership style is important to be an effective leader, but the ability to correspond your leadership behavior to the presented leadership situation. First results could be presented to the ENDA Congress.

Competent and Sustainable Healthcare System in Oman: Pilot Study Results

Mrs Fatma Al Jabri¹, Mrs Tarja Kvist¹, Mrs Hannele Turunen¹

¹University of Eastern Finland, Kuopio, Finland

Background: Assessing the competence of healthcare professionals is crucially important for healthcare leaders in identifying areas for professional development and educational needs, and should be a core function in quality assurance systems, workforce planning and human resource management. The level of competencies influences largely the main outcomes of the healthcare system – that is quality of care and patient safety. It is also important to establish what constitutes quality of care from the perspective of patients, as well as having the views of clinicians and health care managers, as views might differ.

Objectives: The aim of this pilot study was to examine the Healthcare Professional Competency Instrument (HPCI) and Revised Humane Caring Scale (RHCS) to be used for the national study to (1) explore the core competency levels for nurses and physicians and investigate the correlation of competencies with their perception of quality of care and patient safety and (2) evaluate patients' perceptions of service quality at tertiary healthcare setting in Oman.

Method: A cross-sectional design was used. Data were collected from healthcare professionals (nurses=36, physicians=20) with HPCI questionnaire, and from patients (n=30) with RHCS questionnaire and analyzed statistically.

Results: The response rate was 92%, 70% and 73% of nurses, physicians and patients, respectively. Cronbach's alphas for HPCI (0,912) and RHCS (0,927) were appropriate. Competency level of healthcare professionals correlated positively to their perceptions on quality of care and patient safety. However, patients' overall perception of quality of care and patient safety was lower compared to that of healthcare professionals. Both instruments demonstrated appropriate validity and internal consistency.

Conclusion: This pilot study indicated that HPCI and RHCS were valid. Therefore, this pilot sets the ground nicely for a national-wide study that shall provide comprehensive data-driven perspectives to healthcare leaders and decision makers on future focus areas and transformational aspects.

The Nurse Managers' work orientation

MSc Student, RN Charlotta Allen-Ollas², PhD, RM Yvonne Näsman¹

¹Åbo Akademi University, Vasa, Finland, ²HUS Helsinki University Hospital, Porvoo, Finland

Purpose: The objective of the study was to find out what kind of work orientation the Nurse Managers who participated in the research had received, and what kind of orientation they would have needed.

Methods: Knowledge Management was used as the conceptual framework of the study. The research methods were qualitative, consisting of semi-structured interviews with eight persons who had worked for a maximum of five years as Nurse Managers in a health care district of Southern Finland. The transcribed interviews were analyzed by qualitative content analysis.

Results: The result of the research show that the orientation consists of three different phases: the period before intensive orientation, the period during intensive orientation, and the period after intensive orientation. The first period occurs before the actual employment begins. The second period starts when the employment begins, and the Nurse Manager is under the direct guidance of another person. The third period takes place when the Nurse Manager starts working independently and no longer is under the direct guidance of another person.

Conclusions: During the period before the intensive orientation, the new Nurse Managers can be prepared for their orientation by receiving relevant written material. Those who were most satisfied with their intensive orientation got a period of intensive orientation ranging from a few weeks to a few months. Nurse Managers without instructors or mentors felt left without orientation at all. A standardized orientation model was wished for during the intensive period, one that could be tailored to fit each person, with their assignments and previous job experience taken into consideration. Working with a mentor was seen as a requirement for a successful orientation. A continuous guidance based on an annual cycle derived from the individual needs of the Nurse Manager, advanced training, and mentoring would be important for the last period.

The role and importance of nursing managers in the development process of nursing work

PhD, Nursing Director Tuula Antinaho¹

¹*Central Finland Health Care District, Jyväskylä, Finland*

The objective of the study: The purpose of this study was to describe nursing managers' (NMs: head nurses and nursing directors) role and importance in a five-year nursing development process. This study was a part of a larger research. The process was aimed at increasing value-adding patient care in three inpatient units in one Finnish tertiary hospital. The development process included two rounds; the first round was a two-year development project while units continued the development work on their own during the second round.

Methods: A qualitative study. NMs (N=6), who were involved in the development process were interviewed via a semi-structured questionnaire in 2016. Interview data was analysed by content analysis.

Results: Five main factors were found to affect NMs' leadership and change management work. These factors were related to NM her/himself, the plan of the development process, NMs' nearest superiors and colleagues, clinical nurses and other professional groups. The commitment of NMs at all levels of the organization was seen crucial and affected positively to change and the development work in the units. NMs emphasized well-justified development work with adequate timetable, necessary resources, clear goals and plans as key success factors to get the set targets of the project. Bureaucracy and hierarchy were brought up as blocking factors. The engagement of clinical nurses affected positively to change and the development work in the units.

Conclusions: NMs have a crucial role both in promoting and in preventing the development work, but they need support such as training and mentoring when leading the development process. They can influence a lot to nurses' and other professionals' attitudes and commitments by hers/his own commitment and attitude. More longitudinal research about NMs' experiences in managing nursing development work is needed.

Staff training on Rapid Response System and “innovation leadership”

PhD candidate, MSc, RN Mina Azimirad¹, PhD Carin Magnusson², Dr, RN Allison Wiseman², PhD, RN, Professor (Full) Hannele Turunen¹

¹University of Eastern Finland, Kuopio, Finland, ²School of Health Sciences, Faculty of Health & Medical Sciences, Duke of Kent Building, University of Surrey, Surrey, The UK

Background

No healthcare innovation can be maintained without having “innovation leadership,” that is the process of creating the context for innovation to occur. One of the main characteristics of “innovation leadership” is the leader’s ability to facilitate, empower and coach rather than directing. Nurse directors are in the position of adopting “innovation leadership” strategy by creating conditions such as education and training for the workforce, and thereby supporting innovations to occur. The training and education of health care personnel are core activities for the health service to assure quality and safety of healthcare delivery. One hospital intervention that requires staff education and training is the Rapid Response System (RRS). RRS is the emergency assistance provided in response to patient deterioration in acute care hospitals. Nurses’ competence plays a key role in the success of the application of RRS in patient care.

Aims

To assess the impact of the hospital RRS educational programs on nurses’ perceived knowledge and performance in recognizing and managing deteriorating patients.

Design

A multi-center comparative cross-sectional study was conducted between Finnish and British nurses.

Methods

We recruited medical/surgical registered nurses in 2017, using a convenience sampling (N= 388; Finland: n= 180, UK: n= 208; response-rate: 46%). The data collection tool consisted of demographics, case-scenarios, multiple-choice questions including nurses’ roles during a RRS event. Differences between countries were calculated by T-test statistics and Mann-Whitney test.

Results

The majority of nurses had attended RRS training. The impact of the RRS hospital training on nurses’ perceived knowledge and performance in recognizing and managing deteriorating patients was revealed.

Conclusions

Hospital RRS training was found to be an effective intervention for sustaining and enhancing the RRS knowledge and skills of ward nurses. Study’s emphasis remains on the importance of nurse directors’ role in providing regular periodic educational program to maintain the results.

Nurse directors' roles in developing health care policies and services for family and community nurses

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Introduction: Nurse directors play a key role in adopting health care policies and services. Europe population is shifting with a significant increase in older people (WHO Healthy Aging Data and Statistics, 2018). This shift in demographics leads to having a high old-age dependency ratio, which requires a tailored health care policy from a focus on acute care in hospitals to integrated people-centred care in the community (Health at a Glance: Europe 2018, 2018). With having 53 WHO European regions consisting of varieties of health care systems (The Future of Health Care in Europe, 2011), ENhANCE project is established for developing an European-level Family and Community Nurse (FCN) curricula.

Aims: To increase the specialization level of nurses working in Primary Health Care (PHC) about FCN skills. To foster the development of FCNs curricula based on the World Health Organization (WHO) and the European Union (EU) policy recommendations that aim to promote a shift towards new integrated models of care: person-centered and community-based.

Methods: ENhANCE project consists of 13 partners from 5 different EU countries. The team extracted competences from the WHO Family Nurse Framework and Framework for Community Nursing in 2010. A Delphi study was conducted to identify core competencies. Moreover, team collected information about current curricula from a sample of 17 European countries. Thematic analysis was conducted and 7 learning units were developed. The curricula will be piloted in Italy, Finland and Greece.

Results: A reference EU FCN Professional Profile, curricula, and guidelines supporting designers and teachers of local curricula for FCN were developed. Furthermore, recommendations for efficient investments on FCN professionals for public and private employees will be provided.

Conclusions: ENhANCE project attempts a health care policy by training specialized EU-level FCN, and potentially facilitating workforce mobility across Europe. Nurse directors need to be supportive/responsible for implementing curricula.

Missed nursing care, teamwork and job satisfaction: Findings from three studies in Icelandic hospitals

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Objective: Missed nursing care (MNC) is defined as any aspect of patient care within the duties of nursing staff that is omitted or significantly delayed. The objectives of a program of research carried out in Iceland was to identify MNC and nursing teamwork and what contributes to MNC, nursing teamwork and staff outcomes in hospitals. The findings of three studies within this program of research are presented here, identifying the relationship of MNC and nursing teamwork, staffing adequacy and nursing teamwork, and nursing teamwork and job satisfaction. The conceptual framework of these studies is the Missed Nursing Care Model.

Methods: This was a cross-sectional, non-experimental research with data collection at one point in time collecting background data, data on missed nursing care, nursing teamwork and job satisfaction. A set of questionnaires was used including the MISSCARE Survey and the Teamwork Survey. The study population were all nursing staff employed on inpatient medical, surgical, and intensive care units in all hospitals in Iceland (N=925 in 27 units in 8 healthcare facilities). Response rate was 70%.

Results: The majority of participants were registered nurses and practical nurses in teaching hospitals. A significant relationship was identified between some of the background variables and MNC as well as teamwork. When controlling for background and demographic variables, using regression analysis, teamwork alone explained 14% of the variance in MNC, perceived staffing adequacy explained up to 10% of the variance in nursing teamwork, and teamwork explained up to 10% in job satisfaction.

Conclusions: These findings manifest the relationship of background variables, MNC, teamwork and staff outcomes as presented in the MNC Model, indicating a complex multi variable contribution to staff and patient outcomes. Staffing and teamwork play a pivotal role in nursing care outcomes and job satisfaction, both matters of concern for nurse managers and leaders.

Constructing the Life course – Aware Age Management Model for health care

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Study

Health care services are produced mainly by humans. Health care sector personnel are diverse, so their management needs and expectations vary and change during their life course. Organizations with good work–life practices are more attractive and promote more commitment among employees. This study used a literature review and a qualitative survey to build the Life course – Aware Age Management Model for health care.

Methods

A narrative literature review was used to identify earlier research on age management models. We searched key databases such as Cinahl, Medic, PubMed and ABI/Inform, and found 261 original studies based on title and abstract. After applying our inclusion criteria, 11 full texts were selected. Additionally, a qualitative survey was given to nurses (n = 325) and doctors (n = 52) of different ages to determine their personal needs and expectations of management as well as, what ways of age management could help them to balance their work and personal life, maintain good working ability and develop their level of know-how. The results were analysed using inductive–deductive content analysis.

Results

The literature review and qualitative survey results were combined to create the Life course – Aware Age Management Model. The model consists of seven parts: (1) age neutral recruitment, (2) knowledge management, (3) employee needs support, (4) health promotion, (5) flexible working hours, (6) relocation, and (7) retirement transition, or continuing a career.

Conclusions

The knowledge generated in this study can be exploited in the management of diverse workforces in health care. Employers can use the Life course – Aware Age Management Model to identify a range personnel management needs and support their staff in developing know-how, maintaining working ability and improving work–life balance.

Associations between nursing workload and patient outcomes based on daily classifications by the RAFAELA system

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Objectives To investigate whether the daily workload per nurse (OPCq/nurse) as measured by the RAFAELA system correlates with different types of patient safety incidents and with patient mortality, and to compare the results with regressions based on the standard patients/nurse measure.

Methods Totally 36 units from four Finnish hospitals participated. Patients' nursing intensity (249,123 classifications), nursing resources, patient safety incidents and patient mortality were collected on a daily basis during one year, corresponding to 12,475 data points. Associations between OPC/nurse and patient safety incidents or mortality were estimated using unadjusted logistic regression models, and models that adjusted for ward-specific effects, and effects of day of the week, holiday and season. The main outcome measures were patient safety incidents and death of a patient.

Results In this study, an association between daily workload per nurse and patient safety incidents and mortality was found. When OPC/nurse was above the assumed optimal level, the adjusted odds for a patient safety incident were 1.24 (95% CI: 1.08-1.42) that of the assumed optimal level, and 0.79 (95% CI: 0.67-0.93) if it was below the assumed optimal level. Corresponding estimates for patient mortality were 1.43 (95% CI: 1.18-1.73) and 0.78 (95% CI: 0.60-1.00), respectively.

Conclusions The study was the first to assess the relationship between nursing workload and patient outcomes based on data obtained on a daily basis. Current findings need to be replicated by future studies. The study provides some evidence to suggest that the traditional nurse staffing measure, the patients-to-nurse ratio, may partly fail to control for patient severity and case mix.

Tehy's academic expert group – producing the ten-year chronicle in Finland

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Objective of the study

Tehy is the largest trade union for health and social care professionals in Finland. There are total of seven expert groups operating in Tehy, which purpose is to bring together members of the same level of education, professional group or job. Tehy's academic expert group represents union members, who are studying or have been completed academic degree. Many of them are employed as a nurse leader or manager. After decade of active co-operation in the expert group in years 2006-2016, board members decided to produce the chronicle.

Methods

The material for the chronicle was gathered by interviewing the earlier chairmen's, and by gathering the records of meetings and other related documents.

Results

The chronicle describes the group's activities for the last ten years. The expert group has been performing actively, example organizing member and various educational events. Moreover, it has been given statements related to the legislation and is maintaining an active social media group in the Facebook. Academic expert group has been rewarding the 'Academic Member of the Year' in the social and health care branch in every second year.

Conclusions

Making chronicle was an interesting way to gather activities that been done for the last ten years. It can be used to inform the union members and various stakeholders what the expert group has been done. Moreover, it serves as a good introductory material for new members coming to the group. Chronicle can be utilized when developing other expert group activities in the unions and in other organizations.

Advanced practice nurses working in the Finnish health care services – a survey study

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Introduction: In the global perspective, Finland is among the countries that have long experience in integrating advanced practice roles within the health care system. Nurse Practitioners (NPs) and Clinical Nurse Specialist (CNS) roles has begun to develop in the organizations from the beginning of 2000, mainly in public sector. The number of registered nurses (RN) working in advanced practice roles continues to increase. Moreover, there are now nearly 400 RNs with limited right to describe medication in Finland.

Objectives: Tehy, the Union of Health and Social Care Professionals, in collaboration with the Finnish Nurses Association, has been participating in many ways to the development of the RNs advanced practice roles in Finland. Tehy's shop stewards play an important role when these advanced roles are implemented in the organizations.

Method: The survey was sent to 239 shop stewards working in the municipal sector, in June 2017. Total of 42 shop stewards filled a survey questionnaire with open ended-questions. Response rate was 18. Survey questionnaire was developed for this purpose and it contained 36 items. Frequency analyses were undertaken to describe the quantitative data. Content analysis was used to analyze the qualitative data.

Outcomes: Job descriptions and titles of the RNs working in advanced practice roles vary considerably between different organizations in primary care and in specialized care. RNs had received further training, but the length varied greatly. The RNs had received moderate wage increases when the demand of their job had risen.

Conclusion: The authorization, up-to-date regulation and commonly defined titles concerning the RNs advanced practice roles are needed. This enables new career pathways and opportunities for competence development for RNs. This is also vital when Finland is preparing for the major reform of social and health services. Cooperation between many stakeholders must continue in order to succeed in this reform.

Psychosocial risk factors for stress and burnout among nurses

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Aim: To explore the psychosocial risk factors (PSRF) for stress and burnout among registered nurses working in a university hospital.

Methods: A cross-sectional survey was carried out among registered nurses at Tartu University Hospital during April and May 2011. The PSRF, stress, and burnout were measured using version two of the Copenhagen Psychosocial Questionnaire (COPSOQ II). Descriptive statistics and Pearson's *r* correlation with sequential Bonferroni correction were used to analyse the data. The significance level was set at $p < 0.01$. For the analysis all the items of the PSRF, stress, and burnout were scored from 0 to 100 points (the five response options were 0, 25, 50, 75, and 100, and the four response options were 0, 33.3, 66.7, and 100) to make the scoring on the different scales comparable. The total score on a scale was the mean of the scores of the individual items. Cronbach's alpha was calculated to assess the internal consistency of the scales of the PSRF, stress, and burnout.

Results: The analysis was based on 404 nurses (45% of the full-time working population of nurses), including 397 female and 7 male nurses. Relatively high mean scores were occurred in the assessment of stress (41.2) and burnout (45.1). After sequential Bonferroni correction, most of the 21 PSRF statistically significantly correlated with self-rated stress and burnout (15 and 16 correlations, respectively). Most significant positive correlations were revealed between quantitative demands and stress and burnout, work pace and burnout, emotional demands and burnout. Most significant negative correlations occurred between rewards and burnout and social relationships at work and stress.

Conclusion: Psychosocial risk factors such as quantitative and emotional demands and work pace may contribute to high levels of stress and burnout among nurses.

Nurses' health- do you manage this challenge? Staff appraisal 2.0 spotlights on health.

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Study objective:

Carers are our most important resource and indispensable for the future of our society. Accordingly, health management is an essential management task and burdens must be recognized and dealt generally and individually. It remains questionable, how these burdens can be specifically identified.

In the following, the project "BGM Ward 42" (Start 11/2016) is reported on. At its core, employee superior interviews (MVG) were modified in such a way that stress factors can be identified and appropriate measures implemented.

Methods:

In addition to collecting information and researching literature, the divisional and group leaders were given detailed advice by experts. The options for action were detected and implemented in the first step. This was followed by coaching of the management team on the topics of life-phase oriented planning, esteeming dialogues, as well as presence-promoting leadership by the personnel development department.

In order to obtain specific information, the Occupational Safety Department carried out a mental hazard assessment survey (08/17) and the concrete measures such as changes in night shift times and case discussions were introduced to reduce the burden.

Result:

A needs-oriented cluster for the systematic assessment was synthesized and it is the basis for a coherent planning of goals and measures. Nurses those who receive adequate support in their competence development can optimally meet the requirements of the workplace. Conversely, there is a possibility to reduce the burden and have a positive effect on attendance and motivation. The evaluation of the first results shows different topics (e.g. training planning, interface management, quality management).

Conclusions:

The project "BGM Ward 42", in particular with MVG results - make it possible to identify individual and general burdens and to derive suitable measures for an area and its employees which protect and strengthen the health of employees.

BGM- Workplace Health Management
MVG-Employees Superiors Conversation

Inadequate staffing level and medication administration errors: a text mining analysis using incident report data

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Objective of the study: To describe trigger terms that can be used to identify incident reports with descriptions of inadequate staffing levels, to identify reports of inadequate staffing contributing to medication administration errors, and to examine the association between the most commonly reported inadequate staffing trigger terms and the incidence of (1) omission errors and (2) 'no harm' cases.

Methods: Data consisted of free text descriptions of medication administration related incident reports (n=72,390) reported to the National Reporting and Learning System for England and Wales in 2016. Analysis phases included identifying terms indicating inadequate staffing (manual analysis), followed by text parsing, filtering, and concept linking (text mining/ SAS® Text Miner). IBM SPSS was used for describing the data, testing the identified triggers, and comparing the associations with inadequate staffing trigger terms and medication omission errors and severity.

Results: The most effective trigger terms for identifying inadequate staffing level were 'short staffing' (n=81), 'workload' (n=80), and 'extremely busy' (n=51). There was significant variation in omission errors across inadequate staffing trigger terms (Fisher's exact test = 43.93, p<0.001) with those related to 'workload' most likely result in a report of an medication omission followed by terms that mention 'staffing' and being 'busy'. Prevalence of 'no harm' did not vary statistically between the same trigger terms (Fisher's exact test=11.10, p=.043), but triggers 'workload', 'staffing level', 'busy night', and 'busy unit' identified incidents that reported lower levels of 'no harm' than for incidents overall.

Conclusions: Evaluation of the appropriate level of staffing is important task for nurse managers. Inadequate staffing and increased workload may increase the risk of medication omissions and other errors, as well as patient harm. This work lays the groundwork for creating automated text-analytical systems that could flag /monitor staffing levels and related medication administration errors in real time.

Finnish nurse managers' and nurse directors' collaboration in specialized health care

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Objective of the study: The purpose of the study was to illustrate the collaboration between nurse leaders in specialized health care, based on their self-evaluations. The aim was to gain knowledge about the collaboration and which factors influence it. This information could be used to enhance collaboration between nurse leaders.

Methods: The study was a quantitative questionnaire survey. 253 nurse managers and nurse directors (response rate 30%) from five university hospitals in Finland answered to the survey. An already existing Collaborative Behavior Scale (Stichler 2013) was used to evaluate the nurse leaders' perception of collaborative behaviors. The quantitative data was analyzed by using Mann-Whitney's U-test and Kruskal-Wallis' test. Answers to the open-ended question were analyzed using inductive content analysis.

Results: The current collaboration was evaluated to be good (mean 3.13) by the respondents, with evaluations differing based on their leadership position. Nurse leaders reported a feeling of mutual regard and respect and that they trusted to each other. However, factors such as working together as a team and as associates and recognizing interdependence with one another in order to meet goals, scored not so high. The organization ($p=0,003$) and job satisfaction ($p<0,001$) were significantly related to the nurse leaders' evaluations on collaboration. Nurse leaders reported that chances to meet other leaders, commitment to joint work and good interpersonal relationships enhanced collaboration. Differences in working styles, envy and pursuing personal gain were personal factors that limited the collaboration.

Conclusions: Based on the results organizations need to pay attention to collaboration also on managerial level, especially between nurse managers and nurse directors. Collaboration can be enhanced by improving the nurse leaders' working conditions and internal relations. For the future, it would good to acknowledge the strong link between collaboration and work satisfaction for the purposes of developing nursing leadership.

Nurses' thoughts and hopes regarding leadership in Magnet® Hospital

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Objective: Journey to Magnet® Recognition is a process where nursing leaders work together with nurses to achieve better care, motivated staff and success in business. Yet, limited amount of research is found about nurses' thoughts regarding Magnet Hospital. Aim of this project was to describe nurses' thoughts and hopes regarding leadership in Magnet Hospital.

Methods: This was a qualitative, descriptive project. Data was collected with group interviews on October 2018. 26 nurses from 5 university hospital departments participated interviews. All participated departments are intending to apply Magnet Recognition in the future. Data was analyzed with inductive content analyses.

Results: Four themes emerged. Nurses' thoughts and hopes regarding Magnet Hospital's leadership concerned 1) having closer connection with leadership, for example with approachable and regular dialogue with nursing leaders, 2) nurses having a chance to participate in decision-making allowing nurses to develop nursing, 3) support and recognition of nursing leaders with rewards to motivate nurses, and 4) true and visible teamwork between nurses and nursing leaders to achieve the Magnet Recognition.

Conclusions: Nurses have a lot of thoughts and hopes about leadership in Magnet Hospital. Connection between nurses and nursing leaders, development of nursing and teamwork are in line with Magnet Model's Components and Forces of Magnetism. By being aware of nurses' thoughts and hopes, journey to Magnet Hospital could be improved by leaders. For example, leaders can build stronger connection and show more support to nurses. This is a challenge for nursing leaders in all levels of organization.

The HEALINT project – New Audit tool Supports Internationalization of Traineeships in the Healthcare Sector

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Objective of the three year HEALINT-project (2017-2020) is to develop an international audit tool, which can be used in the prospective assessment of clinical learning environments for nursing and healthcare across the European Union. The aim of the project is to support the ERASMUS+ programme and promote transcultural student exchange. The international HEALINT project is led by the University of Nottingham (UK) in collaboration Middlesex University (UK), University of Alicante (Spain), Satakunta University of Applied Science (Finland) and Panstwowa Wyższa Szkoła Zawodowa W Tarnowie (Poland), and two Clinical Partners Porin Perusturva (Finland) and Clinica Vistahermos, S.A. (Spain).

Methods The project will produce five outputs: IO1 literature review about nursing standards for practice placements followed by an audit tool development, IO2 piloting the audit tool, IO3 protocol for auditor's training, IO4 evaluation of validity and reliability of the audit tool, and IO5 dissemination of the audit tool.

Results Development of a valid transcultural auditing tool for European nursing practice.

Conclusions The new international audit tool is needed to harmonise the audit of the clinical learning environment across EU. The tool should also remove barriers to nursing student exchanges and therefore promote mobility and foster transcultural learning in line with the mission statement of ERASMUS+.

Environmental responsibility in patient care requires strong leadership

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Background: Patient care practices cause a global environmental harm because of extensive material, electricity and water consumption and use of the complex support services. However, environmental responsibility is very a little discussed within patient care leadership, and research of it is sparse.

Objective: To identify the content of environmental responsibility in patient care, including the roles of stakeholders, such as leaders.

Methods: We used a qualitative approach and conducted the study in two phases. In the first phase, we interviewed key informants. The participants were a full sample (N = 5) of the Finnish university hospitals' environmental managers. We used a semi-structured interview method and inductive content analyses to process the data. In the second phase, we analyzed the environmental program documents (N = 5) of the university hospitals using a deductive-inductive content analysis method.

Results: The content of environmental responsibility in patient care consisted of the guiding principles, the targets, the tools for implementation, and stakeholders' roles of administrators, environmental managers, unit leaders, environmental support people, staff, and patients. Administrators' role focused in organizational decision making and resourcing. Leaders were essential in promoting pro-environmental culture and practice in their units so that the staff and patients behaved pro-environmentally. In the unit level, educated environmental support people were needed to facilitate functional practices and act as peer support. It was leaders' responsibility to organize structures for environmental support people's work.

Conclusions: Environmental responsibility in patient care extends through an organization and requires involvement of all the employees. Committed administration and engaged staff were considered the greatest challenges. Thus, in all the arenas of patient care practice and development, it is important to promote understanding of the environmental impacts of patient care and the tools to inhibit them. Further research is needed regarding engaged and effective environmental leadership in patient care.

Digital and virtual leadership in social and health care: a systematic review

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In recent decade, information technology has rapidly advanced, which has enabled the process from office-based leadership to digital and virtual leadership. Digital leadership enhances to have the strategic success of any organization with the use of digital technology. In social and health care, professionals are dispersed in different geographic locations and many of them work remotely. Therefore, using information technology for motivating, inspiring, and coaching social and health care professionals can improve effective collaboration and can reduce time, effort and costs. However, there is no synthesized information regarding digital and virtual leadership in social and health care.

Therefore, this study provides a systematic review of the literature based on the procedure devised by the Centre for Reviews and Dissemination and PRISMA statement. It gathers and synthesises the empirical studies related to the digital and virtual leadership.

The empirical studies concerning the digital and virtual leadership were gathered from seven databases (Business Source Elite, CINAHL, Medline (Ovid), PsycInfo, Scopus, SocIndex and Web of Science). The search strategy was established in a research team and was consulted with the information specialist. The included studies are peer-reviewed, published since 2009 and written in English and German. After removing duplicates in Refworks, a total of 1198 studies are screened independently by two researchers. Selection of the articles are based on the inclusion and exclusion criteria and follows 3 phases.

The selected research articles will be analysed by using integrative analysis method in order to answer the research questions. The yielded results and conclusions of this study will be presented in the conference. This research is conducted as in connection with a project funded by the European Social Fund (ESF).

Case study of Finnish remote services in maternity and child health care

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There is a paradigm shift in Finnish public health care sector, which points to a more human, diffuse, participatory and peer-driven approach to the development activities. This case study focuses on a typical development project in public health care sector. It describes how a team of specialists planned and piloted customer-centered remote services in maternity and child health care units, but struggled with the implementation and collection of feedback from customers. The remote services consisted of informative web pages, a chat service and a phone service with a video connection.

The development of services in maternity and child health care units was done based on service channel thinking as well as professional knowledge and work experience of the specialists. Mapping of requirements and needs was done in a multidisciplinary team consisting of public health nurses, care unit managers, a doctor and a researcher in co-operation with a private service provider. In addition, the views of professionals and customers about the need for digital services were mapped. The requirements and needs were assessed to form different customer segments.

The most striking challenge during the piloting was the added value of the services; customers were not aware of the services and availability of the chat service did not match with the needs of customers. Maternity and child health care units were dissatisfied with the outcome; they invested resources for the piloting but the concrete benefits were scarce. No identification was needed in the chatting service, which was perceived positively. However, answering to customers' questions anonymously was difficult due to lack of background information. The anonymity also prevented gathering of feedback. Nevertheless, all participants perceived the pilots valuable, but they thought service design needs a stronger foothold in the development to fulfill the demands of both parties.

Towards Magnet designation - Registered nurses' evaluations of their nurse leaders' transformational leadership

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Objective of the study: Finnish university hospitals have a big interest to be Magnet designated hospitals. One component of Magnet model is transformational leadership. The aim of this study was to describe the transformational leadership level of Finnish nurse managers and nurse directors evaluated by registered nurses (RN).

Methods: Cross-sectional survey design. Data were collected from 1970 Finnish registered nurses (RN) from all five university hospitals. The instrument Transformational Leadership Scale (TLS) was developed by Finnish researcher group in 2010's. The scale has 43 items of nurse managers' and 11 items of nurse directors' transformational leadership. Items are in range: 1 (worst) -5 (best). The mean values over 4 are excellent and 3-4 are good. The descriptive and non-parametric analyzes were used to find the transformational leadership of nurse leaders evaluated by RNs.

Results: Most (91%) of the respondents were female. Their average age was 42 years. Their average overall work experience in health care was 17 years and 9 years in current unit. Biggest group of RNs worked in surgical area (16%), internal medicine (12%), pediatrics (12%), and psychiatry (12%). The mean values of transformational leadership of nurse leaders were not at excellent level by any of 54 items. Transformational leadership items of nurse managers ranged from 2.68 to 3.92 and nurse director items were between 2.91 to 3.38. There were statistical differences ($p < 0.05$) between background variables and TLS items.

Conclusions: Finnish nurse leaders' transformational leadership is at good level, but there is lot to do to be at excellent level and reach the admirable Magnet hospital leadership. Journey to Magnet Designation is long and change from traditional leadership to transformational is tremendous. New research is needed to show if any change has already happened in Finland.

Competence requirements for health care logisticians –support for nurses’ and leaders in health care

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The aim of this presentation is to discuss the competence requirements of healthcare logisticians in healthcare settings. A topical question in healthcare and especially in nursing has been the registered nurses’ working time use between value-adding care (direct care, indirect care, patient documentation) and necessary activities (indirect work, unit-related work). There has been doubts that nurses’ working time use is not in balance. Therefore, educated healthcare logisticians may support the daily functions in healthcare and therefore, enhance to allocate more nurses’ working time in value added care.

Healthcare logistician competence framework has been developed in European level project. The framework is based on multiple data sources, such as 1) reviewing previous literature and research on healthcare logistics, 2) analysing curricula of current educational programs (vocational, bachelor, master and PhD whether focused on logistics or healthcare) in order to find out the relevant contents of and competencies for healthcare logistics, and 3) interviewing stakeholders in project partner countries.

According to the framework healthcare logistics employees (vocational level) should understand the role of healthcare logistics tasks as part of the healthcare service system and the effects of logistics operations on service quality, productivity and patient safety. Healthcare logisticians (bachelor level) should be able to plan, organize, manage, and measure quality, performance and productivity as well as develop logistics operations at operating unit level. Healthcare logistics managers (master level) should be able to manage, assess, and develop supply chain management at strategic level in different healthcare organizations. Healthcare logistics researchers (PhD level) should be able to make theory-based evaluations about supply chain management practices existing in different healthcare environments and develop new information and innovations for development of healthcare sector.

In presentation, the competence framework will be presented in details as well as the interfaces to nurses’ and leaders’ work will be discussed.

Optimal nurse resource index tool for managers requires a comprehensive view of patient care

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The health workforce is key in delivering health services everywhere. Nurse managers' guiding principle should be to handle this essential resource so that its productivity is optimized for patients' benefit.

Objective: To produce information about the number of nursing staff in relation to activities. To compare the data to human resources, personnel structure and nursing intensity (NI) and determine the optimal number of nurses for the units based on the modified WHO Workload Indicators of Staffing Need (WISN) calculation model and the data of measuring NI by the Oulu Patient Classification (OPCq) as part of the RAFAELA© System.

Methods: Various treatment-related information was used and compared to current number of nursing staff and NI. Each unit (n=118) had its own optimal nurse resource index (NRI). In addition, about 80 units had updated calculations and 30 units had forecasts due to changed activity.

Results: The results indicated a fairly good situation in somatic wards but a poorer one in outpatient clinics. This development process revealed that NRI alone does not tell the whole truth. NI is one important factor, but there are other explanatory indicators that reflect the everyday life in units, e.g. patient turnover, number of emergency patients, division of labor and units' own understanding of the adequacy of staff.

Conclusions: NRI gives nursing managers a tool to justify decisions and provide the right number of staff for units. It gives information about different occupational groups' working time use and work content. Calculation must be based on transparency and be updated when processes change. Besides the RAFAELA© method, this nurse resource index has shown to work as an alternative or complementary model for determining the optimal nurse resource. In future, human resources must be valued more as know-how or skills, and this must also be considered in staffing.

Re-using coded nursing data in determining intensity confirms evidence for resource planning

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Re-use of patient care data outside direct care has received significant interest as essential for realizing the promises of high quality healthcare, improved healthcare management, reduced healthcare costs and effective clinical research. Structured nursing documentation with coded concepts in the electronic health record (EHR) systems is expected to produce more reliable data and fulfill these objectives better than narrative recording. A lot of data is generated during different phases of patient care; e.g. documentation of the nursing care process and the evaluation of nursing intensity (NI) are two separate processes. The objective of this presentation is to demonstrate the relation between coded nursing data generated by the Finnish Nursing Care Classification (FinCC) and NI data measured by the Oulu Patient Classification (OPCq), as part of RAFAELA© System, and discuss the potential for re-using nursing data for resource planning.

Methods

The results of cross-mapping the FinCC and OPCq by Delphi method were utilized to combine two registers of nursing and NI data. Register data comprising EHR of 806 patients with 2,564 inpatient days and the same number of NI classifications in a Finnish university hospital were analyzed with statistical methods.

Results

There was a clear statistical relationship between the number of coded nursing notes and NI. The higher the number of nursing diagnoses and interventions documented, the higher the NI level.

Conclusions

The results show that careful nursing documentation provides evidence of the content and workload of nurses' work. Traditional patient care classifications have been criticized for their subjectivity and for increasing nurses' workload by requiring separate manual assessment of patients' NI scores once a day. By re-using already existing data available in the EHR systems it is possible to provide real-time and factual estimates of NI without adding to nurses' workload. Development of information systems is obviously still needed.

The significance of a sensory garden in the formation of “the room of closeness”

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Background:

The Sensory Garden is in this study defined as a carefully planned, fenced and cultivated outdoor space used in caring for persons suffering from dementia and is a national health policy priority in Norway. The goal is to reduce the symptoms, provide the opportunity to cope, and to obtain contact with nature in a safe environment. Nature in a sensory garden may create the possibility of a patient–nurse relationship in caring for patients living with dementia in nursing homes.

The objectives of the study was to illuminate and increase the insight of the role, influence and opportunities of sensory garden and nature in dementia care when it comes to the patient-nurse relationship. The purpose of this study was to explore the relationship, describe it and moreover to make its meaning visible.

Methods:

The study forms part of a larger action research project with an appreciative approach (AI). The AI process is described as a cyclical process in four overlapping D-phases: discovering, dreaming, designing and determining, and data developed throughout the process. Through interventions, such as workshops and reflections, data was collected from fourteen participants.

Using thematic analysis, based on Braun & Clarke, two main themes were developed: (1) The formation of “the room of closeness” – a sensory garden-patient-nurse relationship and (2) “the room of closeness” – a significant relationship in dementia care.

Results:

The findings show the development of new knowledge about factors that promote or inhibit the formation of “the room of closeness”, and its potential for changing the care.

Conclusion:

The knowledge of “the room of closeness” may constitute a knowledge contribution in the development of future dementia care in nursing homes, and contribute new perspectives in changing nursing culture.

Keywords: action research, sensory garden, “the room of closeness”, nursing care and cultur

Job Crafting in Leadership: Investigate the self-initiated work design of leaders in hospital

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Objective:

The study aims to investigate job crafting in middle-management executives in hospitals. Job crafting is a part of Positive Psychology. Job crafting is the self-initiated behavior of employees in organizations, which results in changing their own tasks (task crafting), creating relationships in the workplace (relational crafting) and changing the way they think about their own tasks (cognitive crafting), so that individuals perceive their work as significant and identify strongly with it. Identification with the own work goes hand along with improved work performance and increased well-being. The economic pressure for profitability while maintaining high-quality is a challenge for the nursing and allied health professionals management. The focus is on the middle management as they exerts a major influence on work performance of basic employees. A lack of insight into how these leaders contribute significantly to the success of an organization exists.

Methods:

The study is conducted at the University Hospital Zurich. A mixed method approach is chosen (QUAL--> quant). In the first phase, 25 semi-structured interviews with middle management leaders will be conducted. Transcription is followed by coding of the material using deductively formed categories according to the job crafting model as well as inductively formed subcategories. The second phase is the Diary Study to collect daily job crafting behaviour for the same leaders during 5 consecutive working days. A validated scale is being used. The data integration takes place in phase 3.

Results & Conclusion:

It's expected that job crafting will be shown in different ways in terms of frequency and shape. Statements will be made on which conditions promote job crafting and how leaders concretely "craft" their jobs. It also highlights the impact of job crafting. At the time of ENDA congress detailed results will be available and conclusions for practice and science will be made.

Technological and Digital Innovations changes the nursing professionalism by maintaining human touch.

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Study objective: The objective is to introduce possible new technologies to improve nursing profession without affecting patient relationship. In the current decade, technology is leaping towards newer miles stones including nursing professions. Need for technological assistance increases due to increasing nurse's responsibilities and shortage of the nurses. Innovative concepts are most welcomed due to improved efficiency, enhanced productivity, human error free results. However, it is quite challenging for nursing profession as hospitals are handling patients who are in a critical situation wherein no risk can be taken to avoid unwanted outcomes.

Methods: One of the technological advancement is to introduce non-invasive method to measure the patient's vital and other important physiological parameters in a continuous surveillance (24x7) method through a smart monitoring device. This helps in early detection and notification of patient deterioration. This real times monitoring reduces nurse's workload and improves nurses work routines and better job satisfaction. This advanced smart monitoring device monitors many vital parameters based on reflective photoplethysmography (PPG). Several vital and significant physiological parameters can be measured periodically including Skin Temperature, Pulse, Oxygen saturation (SPO₂), Systolic Blood Pressure (SBP), Diastolic Blood Pressure (DBP), Stroke Volume (SV), Cardiac Output (CO), Cardiac Index (CI), Systemic Vascular Resistance (SVR) and Respiratory Rate (RR).

Results: All information are transmitted through Wi-Fi to a Cloud data base and made available as a Mobile APP and Display screens at nurses working stations. Stored data are analyzed to get further clinical recommendations. Alarm limits could be set in Mobile and Display screens for all individual patients.

Conclusions: Nurses already are concerned about stress and being overworked; hence, these devices are designed to naturally integrate into nurses' workflow, providing clear, actionable information at a glance. Maintaining limited mandatory nurse's visits to patients and implementing for special round plan ensures nurse-patient relationship is maintained.

Structures of nursing leadership and evidence-based practice in Finnish university hospitals and central hospitals

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Objective

The objective was to describe structures of nursing leadership and evidence-based-practice (EBP) in Finnish University Hospitals and Central Hospitals (n=21) in 2018.

Methods

Data were collected from organisational websites and by interviewing nurse executives from 5 University Hospitals and 13 Central Hospitals. The interviews included 10 semi-structured questions covering organizational and nursing leadership structures, assessment and development of nursing practice, use of EBP, roles of Clinical Nurse Specialists (CNS) in promoting EBP, and professional development of nurses.

Results

The results are discussed in four themes: 1) Structures of nursing leadership, 2) Assessment and development of nursing practice, 3) Methods for promoting EBP and 4) Professional development of nurses.

In three of the 18 hospitals, nurse executives were not included in executive teams or steering committees. Nursing practice was more advanced in organizations where nurse executives were part of the hospital's executive team or steering committee. In organizations where nurse executives did not have direct administrative power over nurses, the development of nursing practice was jeopardized.

Nursing practice was actively and continuously developed in 17 of the hospitals. University Hospitals were the most advanced in implementing EBP and systematically developing practice. Two university hospitals were working towards Magnet Hospital Status. EBP was promoted in the hospitals by arranging scientific meetings, systematic journals clubs and having CNSs for promoting nursing practice. Professional development was most advanced in University Hospitals, where nurse leaders were systematically educated on leadership skills and EBP, and where staff nurses received systematic education on EBP.

Conclusions

EBP is not implemented systematically in all hospitals in Finland. The implementation of EBP requires a systematic approach and supporting organisational structures. The development of nursing practice, EBP and professional development can be supported with strong nursing leadership structures that penetrate all organizational levels to improve the quality of care.

Nursing leadership and management in ensuring nurse engagement – case Helsinki University Hospital

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Objective: To describe the level of nurse engagement between 2015 and 2016 in Helsinki University Hospital (HUH) departments and to describe what leadership/management associated drivers are related to it. In this study nurse engagement meant nurses' engagement towards the employer organization and work in general.

Methods: A quantitative descriptive cross-sectional survey design was used. The data in this study was originally collected by HUH with Nurse Engagement Survey (NES). The sample consisted of registered nurses (or equivalent), practical nurses (or equivalent) and assistant head nurses from 11 HUH departments (n=2 464). The data was analysed by statistical methods.

Results: From the total sample, 15% were engaged, 42% were content, 30% were ambivalent and 13% were disengaged. From NES's nine engagement related drivers, Recognition, Work environment and Passion for nursing were found to be the main development targets in HUH. All these drivers contain statements associated to leadership and management. According to previous studies, Recognition requires that the work done by the nursing staff is acknowledged and rewarded, the nursing staff is appreciated, and the leaders are the ones who give the feedback. In terms of Work environment, it is important that there are sufficient resources for the work and enough time for patient care. Further, the help provided by the organization to stress and burnout cannot be forgotten. Passion for nursing is something that comes from nurse her/himself, but the organization can support nurses in this matter by providing a work environment where nurses can deliver ethically acceptable and high-quality nursing care. Also, with a low hierarchy and an equal working atmosphere, the organization can influence on this.

Conclusion: The positions of Nurse leaders and managers need attention in order to better support nurse engagement.

Nurses' knowledge, skills and attitudes of coronary heart disease patients' education – a pilot study

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Coronary heart disease risk factors can be influenced by nurse-led intervention. Furthermore, effective methods in secondary prevention may lead to reduction in hospital readmission, increased health and quality of life. Nurses' competencies to provide secondary prevention at primary care have remained unresearched.

The aim of this study was to investigate nurses' competencies of coronary heart disease patients' education in secondary prevention at primary care.

A self-estimate-questionnaire was conducted to evaluate nurses who educate coronary heart disease patients, for knowledge, skills and attitudes. It based on Finnish Current Care Guideline, the literature of patient education and Nurses' Basic Knowledge Assessment Questionnaire of Central Finland Health Care District. It contained 6 background questions and 42 items, in Likert Scale 0-10, included knowledge (24), skills (7), and attitudes (7).

Altogether 28 nurses responded in nine health centers. One in three had participated in at least one training. The subscale of knowledge was evaluated lowest (mean 6,58). Nurses knew least about social security (4,07), financial issues (4,44) and rehabilitation options (4,85) and best about diet (8,22), guidance if symptoms increase and about emergencies (8,15), and cholesterol (8,11). The skills subscale was evaluated in mean 6,68, highest were patient education skills (7,89), and the lowest was patient events organizing skills (4,44). The best evaluations were the subscale of attitudes (9,46). Older nurses estimated their competencies in all subscales better than younger colleagues.

Although nurses evaluated their own attitudes in the coronary patient education high, their knowledge of coronary heart disease and patient education skills were scarce. The study produced new information on the competencies for coronary patient education and assists in planning training in primary healthcare. The instrument of this pilot study needs more testing, and patients' experiences concerning education should be further studied.

DESCRIPTION OF THE DISCIPLINED REGISTERED NURSES IN FINLAND – IMPORTANT INFORMATION FOR NURSING MANAGEMENT

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Background

The reasons for disciplinary actions include many patient, practice and behaviour related violations. Disciplinary actions are set against nurses professional right to practice in cases where patient safety, relevant legislation or nursing standards has been violated.

The objective

The objective is to describe characteristics of the registered nurses who has been disciplined by a nursing authority.

Methods

We used a document analysis as a research method. The data consisted of documents (N = 204) between 2007-2016 collected from the registry maintained by the National Supervisory Authority in Social and Health Care in Finland (Valvira). The documents contain the cases in which registered nurses has been disciplined by a nursing authority. Data was analysed by using descriptive quantitative methods.

Results

Data analyzing is under way and will be finished within Spring 2019. According to the preliminary results, most of the disciplined registered nurses were female (80 %) and the mean age was for 44 years. On average, they were licensed for over 15 years as a registered nurse. Three-fourth had five years or less experience at work in the current working unit at the time of discipline. Over three-fourth of the registered nurses worked in the public health care and over half in the hospital or general health care settings. A small part (17 %) had also mentioned to have earlier criminal history as well as earlier disciplinary measures.

Conclusions

According to our results, contributory and risk factors for the nurse's unprofessional conduct and disciplinary procedures can be identified. More systematic reporting and research is needed about disciplinary actions and professional regulation process in nursing.

Keywords: disciplinary action, document analysis, Finland, professional regulation, registered nurs

Clinical nurse specialists', nurse leaders' and managers' views about evidence-based nursing

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Objective of the study

The objective of this study was to describe clinical nurse specialists' (CNS), nurse leaders' (NL) and managers' (NM) views how they support evidence-based nursing (EBN) and what supporting structures exist within their organizations.

Methods

The Nursing Research Foundation and the Finnish Nurses Association collected the data in 2017 using an e-questionnaire. The questionnaire was distributed to CNSs, NLs and NMs via email using registers of trade unions after receiving permissions. The questionnaire was constructed based on the Action Plan for Nursing and previous research on the subject. The data were analyzed with descriptive statistics.

Results

The CNSs, NLs and NMs (n=324) experienced that they recognize their role (89%) and responsibilities (90%) regarding EBN. The respondents described that they support personnel by disseminating information (79%) and advising them to use summarized evidence (78%). They also described that they justify development needs with research evidence (84%).

The majority of the CNSs, NLs and NMs (63%) described that EBN is a strategic goal of their organization. They described that the most important supporting structure is CNSs (58%) and that EBN is supported with education provided to nurses (54%). However, many of the CNSs, NLs and NMs were not aware of the supporting structures their organizations provide.

CNSs, NLs and NMs experienced that the major challenges in implementing EBN are organizational culture (71%), current practices (68%), lack of resources (67%) and internal hierarchy within organizations (65%). They also described that they do not have enough time to commit to the development of EBN (76%) or to evaluate the outcomes of EBN (86%).

Conclusions

The CNSs, NLs and NMs recognize their role in the EBN process. There is need to increase awareness of the supporting structures the organizations provide and to further develop CNSs', NLs' and NMs' possibilities to support EBN.

The change management of health care digitalisation

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Objective

The purpose of the study is to describe change management factors in health care digitalisation. The purpose of this study is explain, what promote and hinder change management of health care digitalisation.

Design/methodology/approach

A systematic literature review was performed to find articles that identify and describe change management of digitalisation. Searches of electronic databases were conducted using set criteria for article selection. Altogether 17 papers underwent an inductive content analysis.

The second research data was collected by electronic survey from health care leaders and managers (n=406) in six social- and health care organisations during year 2018 in Finland. The data were analyzed using quantitative, statistically descriptive methods.

Results

The systematic literature review concludes main themes emerging from research data related to change management of health care digitalisation. These are 1. Customer orientation in leadership - Customer is taken as a co-partner. 2. Powerful key actors - Doctors professional autonomy. 3. Innovation management, experimental culture. 4. The unpredictability of socio-technical impacts. Health care actors (doctors, nurses) translate the actual use of the technology differently from the designers' perspectives.

Survey data shows that digitalisation of health care is a slow and difficult change in organizational culture. Digitalisation has been slowed down by technical problems. Health care leaders and managers need more support in digitalisation change management. The pressure on digitization comes from outside the organization, but digitalisation change management do not success without powerful key actors, specially doctors, support. Leaders role is to motivate key actors in change. Also patients role becomes more active.

Conclusions

The study shows that there is a little scientific research on this subject. The study describes that health care digitalisation change management diverges from previous change management theories. Digitalisation change management also diverges in different organisations because of the sosio-technical elements.

The RAFAELA system's validity and feasibility as measurement tools for human resources management in nursing

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Objective: The RAFAELA system measures nursing intensity and its optimum. It uses the OPC for measuring nursing intensity and the PAONCIL to determine an optimum.

The aim: To determine the validity and feasibility of this system. (Doctoral dissertation)

Methods: The materials in five sub-studies consisted of one to eight Finnish hospitals and eight to 61 wards during one to four years period. The OPC and PAONCIL were in routine use at participating hospitals. Linear and negative binomial regressions were used.

Results: The determination of optimal nursing intensity was successfully performed in five out of eight wards (concurrent validity). The PAONCIL was used as a 'gold standard', with R2 of 37%. In the analysis of the construct validity of the OPC adding patient-associated cofactors did not increase R2. The results of the optimal nursing intensity were reliable if the PAONCIL response rate was >70%, the measurement period $\geq 3 - 4$ weeks and R2 >25 %.

Including as cofactors also questions concerning organization and staff raised the median R2 from 45% to 55 %.

The mean workload was 9% above the optimum. There was a linear trend between increasing workload and increasing periods of sick leave ($p < 0.006$). Among nurses with a workload >30% above the optimum, the rate of self-certified periods of sick leave was 1.44 (95% CI 1.13-1.83) times higher than among those with an optimum workload. The corresponding rate ratio for medically certified sick leave was 1.49 (1.10-2.03).

Conclusions: The OPC measure can be considered a well-validated measure of nursing intensity and nurses' patient-associated workload. The PAONCIL measure proved to be valid. The increased workload of nurses was associated with their markedly increased sick leave.

For future research: The relationship of optimal nursing intensity with patient safety events, hospital deaths, nurses' diagnosis-specific sickness absence, accidents, wellbeing, stress and psychological distress.

Price for Nursing– Defining the Nursing Cost in a Price for a Patient’s Care Day

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In health care, nursing staff is one of the most expensive resources. Despite that, there is little information related to allocation of nursing expenses that could easily be compared between units and organizations. There are many key measures, such as number of patients or nurses in a unit, but those do not describe the intensity of nursing or the actual need for nursing resource. There is a need for counting an intensity-adjusted cost of nursing resource.

The RAFAELA[®]-system produces information about patients’ need for care, which simplifies resourcing of nursing staff and describes the intensity of nursing. Based on the acquired amount of nursing intensity points, the patient’s care is defined as a corresponding nursing intensity class. The system is used in 30 organizations in Finland.

The aim of this development project is to describe how nursing time and cost relate to nursing intensity. It was also researched how nursing costs vary between different health care environments.

FCG Consulting Ltd experts conducted this project in cooperation with five organizations and their thirteen units. Working hours were monitored in the units and these results were the base of the cost allocation model.

The main outcome of this project is that nursing cost varies across different kinds of health care environments. Additionally, when nursing intensity increases, nursing cost increases as well. With this model, the share of nursing cost can be defined in a total cost of a patient’s care day. Precondition is that patient’s nursing class or points have been defined in RAFAELA[®]-system.

In the future, this model can be utilized in defining treatment packages for different patient groups. The model can be used only in adults’ somatic wards. Therefore, there is a need for studying other nursing environments as well, such as psychiatric ward, children’s ward or operating room.

Clinical presence in Nordic municipal healthcare- visions for change in nursing leadership.

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Background

Leading in the context of Nordic municipal healthcare is demanding due to demographic and political changes where elderly patients suffering from chronic diseases, to a larger extent live and receive care in their homes. Nurse leaders (NL) are therefore leading their staff from a distant office. Even if studies highlights the importance of presence, there is a paucity of studies from municipal healthcare of the meaning and purpose of presence. This study is part of a larger research project on caring in nursing leadership that also created the theoretical perspective of this study.

Aim

The purpose of this study is to illuminate the meaning and purpose of clinical presence for NLs in municipal healthcare.

Method

Hermeneutic abductive approach using three semi-structured focus group interviews with altogether 11 NLs in municipal healthcare in three Nordic countries.

Findings

Clinical presence enabled the NLs to build relations with their staff in order to enhance a caring work environment by supporting and praising. The NLs encouraged their staff to develop their highest potential from the inside-out by providing individually delegated work tasks. Codetermination in work tasks was important for staffs involvement and implementation of nursing care. The NLs are aiming at equal workloads, but they recognized that delegation could not include all staffmembers. They were therefore afraid of being unfair when delegating to some and not to others.

Conclusion

Clinical presence in municipal healthcare is a necessity for NLs to learn to know their staff as individuals, find each person's strengths and weaknesses in order to facilitate professional growth. A caring leadership culture evolves through clinical presence and may enhance the health of the entire healthcare organization. New leadership models focusing on caring not only for patients but also for the staff, is needed.

Cooperation between nurse leaders and medical directors – From the nurse leader's perspective

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The majority of leaders in Finnish health care are either nurses or doctors from their background. According to previous studies functioning cooperation between nurse leaders and medical directors results directly in good quality care of patients and well-managed hospitals. Nevertheless, previous studies have not sufficiently described the cooperation between nurse leaders and medical directors.

The purpose of the study was to describe cooperation between nurse leader and medical director. The study was conducted by using a qualitative descriptive research setting, in which 13 nurse leaders from a university hospital in mid and upper level management were interviewed. Nurse leaders were selected from the research organization by using total sampling. The interviews were conducted by using semi-structured interview questions and the data from the interviews were analysed by using inductive content analysis.

The majority of nurse leaders estimated that their cooperation with medical directors was successful and that it had improved over time. Nurse leaders described that a functioning cooperation between nurse leaders and medical directors was formed by having a clear division of work, proficient flow of information, mutual respect and by having regular meetings and good communication. Nurse leaders' and medical directors' cooperation was seen as a strategic planning and managing the hospital's operations together. Cooperation was done at least weekly, but especially in times of crisis, cooperation occurred even daily.

Organizations can endorse cooperation between nurse leaders and medical directors by having a clear division of work, proficient flow of information, mutual respect and by having regular meetings and good communication between both leaders.

Empowering collaborative relationship between a nurse leader and a nursing worker promoting well-being at work

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The purpose of this study was to describe the experiences of nurse leaders and nursing staff on empowering collaborative relationships that promote wellbeing at work and use this as a basis for creating a conceptual outline. The examination of the relationship between a nursing leader and the nursing staff was based on the leader-member exchange (LMX) and structural empowerment theories, and the view of salutogenic empowerment.

The research material was collected in group interviews using a theme interview method. The interviewees were from the healthcare units of one large organization providing 24-hour care. A total of seven interviews were carried out; four nurse leaders and three nursing staff groups. A total of 15 nurse leaders and eight nursing staff members participated in the interviews. The analysis of the material was carried out using the grounded theory method.

In this study, a conceptual outline was formed of the collaborative relationship between a nurse leader and a nursing worker promoting well-being at work. Reciprocity is central to the relationship. The starting point of the process is settling into interaction, which manifest itself in the presence of the parties. A key factor in the process is the dialogue between the collaborative relationship parties. The presence and dialogue contribute to the realization of other areas of the process; getting to know the other person, the emergence of trust, recognition of responsibility, and cooperation.

The conceptual outline created as a result of this research can be used to evaluate and develop the empowering reciprocal relationship between the nurse leader and the nursing employee promoting well-being at work. The created conceptual outline helps in considering how to ensure the development and maintenance of reciprocal collaborative relationships in today's working life that is focused on digitalization and remote management

Reward types provided at workplaces perceived by registered nurses (RNs) in Finland

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The objective of the study: To examine reward types provided at workplaces perceived by registered nurses (RNs) to highlight rewarding possibilities for healthcare organisations, nurse managers and nurses themselves. This study was part of a wider research of RNs' rewarding in Finland.

Methods: A cross-sectional, descriptive, questionnaire survey design. Participants were 402 RNs working in the public specialized medical care, public primary, and private healthcare in Finland. Data were collected in 2015 using the new Registered Nurses' Perceptions of Rewarding Scale. The subscale "Types of rewards provided at the workplace" included 13 items (e.g. Benefits, Worktime arrangements) and was scored using a trichotomous scale: Yes, No, I don't know. The data was analyzed with descriptive statistical methods.

Results: The most common reward types provided (Yes answers) were Education (93%), Experienced-related supplement (90%) and Opportunity to develop professionally at work (82%). About half of RNs reported that Performance-based pay (51%) and Initiative or other similar lump-sum payment (48%) not being provided at their workplace. In addition, 34% of the participants did not know, if the reward type Initiative, development or other similar lump-sum payment was provided at their workplace. Others were Task-related supplement (22%), Employment stability (21%) and Appreciation (21%). Background variables Place of work (public specialized medical care, public primary, and private healthcare) were found to have statistically significant relationships with seven types of rewards, service type (permanent/fixed term) with five and working hours (day work/shift work) with four types of rewards provided at the workplace (Fisher's exact test, $p < 0.05$).

Conclusions: RNs have some knowledge about the various reward types provided at their workplace. However, healthcare organisations should highlight all reward types they provide to make rewarding more visible. The results may facilitate the development of effective rewarding systems in public and private healthcare settings.

Professional dignity as experienced by nurses in their working environments

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Background: Patient care suffers when nurses are not respected. Therefore, to improve patient outcomes, it is crucial that nurses practice in moral environments of intrinsic and social respect. Theoretical underpinnings for this study were derived from Darwall's recognition and appraisal respect.

Aim: To describe nurses' experience of professional dignity in community and hospital practice in England to expand understanding of professional respect.

Design/Method: Data was collected using a descriptive qualitative method with purposive sampling of nurses enrolled in post-qualifying courses. 62 nurses were interviewed in focus groups in two different regions of England. Data was coded with inductive content analysis, extracting meaning units from interview transcripts. 14 categories and five related themes were abstracted.

Result: Respect of persons as related to Darwall's recognition respect represented the first theme. Other themes were linked to professional interactions, time to build trust in professional relationships, influence of workplace characteristics and nurses' professional autonomy.

Conclusion: The value of working in closely knit teams was clear to the nurses interviewed. However, they perceived its application in practice as complex and often reported a lack of interdisciplinary teamwork, especially between doctors and nurses and between nurses and nurses in hospitals. The role of nurse leaders was not perceived as effective in promoting change in this organizational climate. In addition, participants identified the organizational structure of some hospital workplaces, based on an old regime, as hindering optimum patient care. Participants also identified improving work overload and nurse-patient ratios as pivotal to enhancing professional and personal respect for nurses.

References: 1. Darwall S. Two kinds of respect. *Ethics* 1977; 88: 36-49.

Ethical values and challenges that underlie the proto-code of ethics for nurse directors

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The ENDA Proto-Code of Ethics and Conduct, a catalyst for making values salient, prompted the development of nurse directors ethical codes that complied with standards of practice in some European countries. The ENDA Proto-Code of Ethics and Conduct offers a platform for reflection for nurse directors, nurse leaders and managers as well as for competent authorities and researchers, based on ethical principles and values.

With values at the core, the ENDA Proto-Code of Ethics and Conduct has a unique character of framing its moral principles within competence, care, safety, staff, life-long learning and multi-sectorial working. However, critical examination of this code do not make prominent important ethical values, in particular the ethical recruitment of nurses especially those from lower and middle income countries. The mobility of nurses is on the increase, and, in this regard, accountability to the WHO's Global Code of Practice (9 December 2015) demonstrates that the challenges to respect fair labour practices and ethical recruitment of nurses have yet to be attained. Moreover, another challenge for The ENDA Proto-Code of Ethics and Conduct, is associated with the recent refugee crisis in Europe, that let emerge the necessity for specific ethical underpinnings in nursing ethical codes to promote the core value of humanity protection and well-being. With this presentation we underline the upcoming ethical challenges in our globalised society and, consequently, the need to revise the ENDA Proto-Code of Ethics and Conduct.

The value of clinical competencies of nurses in different clinical settings for nurse managers.

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Aims and objectives: To have an in-depth understanding of the perceptions of nurse leaders about the skills of nurses and the level of application of the same skills in different clinical settings.

Background: Nursing care is increasingly complex today, it needs to be repatterned in accordance with the organizational models that best meet patient's care needs. Therefore, it is pivotal that nurse leaders possess the appropriate knowledge to develop abilities to foster nurses' competencies in different clinical settings.

Design: A cross-sectional design was used.

Method: The study was performed by distributing the Nurse Competence Scale (NCS) in 17 public and private health facilities in Italy. Data collection was carried out from April to July 2017 using the NCS. For the statistical analysis, the Correlation Coefficient Alpha and Intra-Class of Cronbach were used, as basic assumptions of the theory of classical tests. The study was described following the Reporting Strengthening of Observational Studies in Epidemiological Guidelines (STROBE).

Results: Most of the nurse assessed their level of competence as "Very good" and evaluated themselves as more competent than the working position they were occupying in their healthcare facilities. Besides, it was detected a correlation between the possession of a specific competence and its application in clinical practice.

Conclusion: The strategies that nursing managers can use to foster the competencies of nurses in different clinical settings, are connected to the use of reliable tools that effectively evaluate them. This study also confirms that NCS is a valuable and reliable tool for measuring clinical skills in different clinical settings.

The ethical values of nursing and health leaders during the Jubilee Year of Mercy 2016

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Aim of the study: The purpose of this study was to investigate the concept of mercy for nurse directors and other health professional leaders.

Methods: During the extraordinary Jubilee for the Christian Catholic Church of the Sick and Disabled that took place in Rome, Italy, in 2016, a qualitative research was accomplished. Ten nursing and health professional managers, aged between 35 and 65, were interviewed on the meaning of the concept of mercy. Through an inductive process, specific clusters (core categories) of the value of mercy for health leaders were identified.

Results: From the interviews, it strongly emerged the intrinsic relationship between health professional leaders and mercy. Health professional leaders emphasized the importance of the elements of mercy that were anthropologically intrinsic in the inner epistemological core of their health professions. In particular, they linked the concept of mercy to elements such as: acceptance, hospitality, help, compassion, discomfort, ethics, Pope Francis, religiosity and suffering.

Conclusions: For nurse leaders to have an in-depth understanding and to promote the knowledge of mercy, not only as a religious or spiritual reflection, but as a perspective of the assistance of the person, was essential. This meant to have a good quality of care and to base the practice of nursing and other allied professions on worthy core values as compassion and the deep significance of suffering.

Nurse managers' perceptions of newly graduated nurses' competence: a scoping review

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Objective of the study: The purpose of this scoping review was to summarize previous studies on the nurse managers' perceptions of newly graduated nurses' competence and factors connected.

Methods: A scoping review was undertaken to address the topic broadly. A systematic literature search was conducted on four electronic databases, MEDLINE, CINAHL, ERIC and Business Source Complete, for primary empirical studies published in English using the same search terms up to November 2018. Titles, abstracts and full-text articles were screened by two independent researchers against the inclusion and exclusion criteria after which it followed a consensus discussion. An inductive content analysis of the included studies was undertaken. The critical methodological quality assessment was conducted by two independent researchers with an assessment tool measuring internal, descriptive, construct and external validity of the included studies.

Results: Based on the inclusion and exclusion criteria, a total of 12 studies were included in the review. There were variations in the studies describing the nurse managers' perceptions of newly graduated nurses' competence. Nevertheless, four main themes were identified: (1) newly graduated nurses' competence, (2) importance and expectations for newly graduated nurses' competence, (3) level of newly graduated nurses' competence and (4) factors connected with the competence. The quality assessment indicated a moderate level methodological quality of the included studies.

Conclusions: Nurse managers are responsible for the recruitment of the nursing staff. Thus, their perceptions of newly graduated nurses' competence stay important. However, this review identified that the existing knowledge of nurse managers' perceptions of the newly graduated nurses' competence is limited and rather fragmented. Rigorous empirical studies are clearly needed in the future to support recruitment, nurse managers' performance reviews and newly graduated nurses' transition into the workforce.

Open the eyes to the grit in nursing – secret for success

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Objective.

The dream work in nursing depends on the teamwork. The key role to supporting and promoting teamwork in health care organization have a leader and working culture combined. Each team member has his/her own role, but the leader has to have the authority to ensure and lead the team in functioning correctly and at peak efficiency, with an attitude “one of the team”. Self-assessment is a key attitude and includes personal qualities and characteristics of each leader. These include the person's character, motives, behaviors, knowledge, skills and grit.

Findings.

The main question, what is grit? Duckworth A. (2016) defined as having the passion and perseverance to achieve a goal regardless of challenges, obstacle or fails. Grit is made up of four key components: interest, practice, purpose and hope. Specific interest and essential need to help people are nurses' professional and intrinsic mission, which develop year after year.

Brilliant coworkers and amazing hard-working leader who can motivate and give support to nurses in the process recognize and develop grit in daily practice. Grit leads to dream work, it can motivate people to be better professionals and to love the profession. Using grit for knowledge and skills development and increasing outcome performance can lead to excellence. Recently, a great interest for grit can be recognized by a number of published articles about it. Finally, it can be concluded that academic, career and life success are in close correlation with grit.

Summary.

Finding and building grit in nursing team conducts nurse fulfilment, well-being and career success, which can result in high level of patient satisfaction and holistic ethics patient care. Payne (2017) Grit is like this too, a mindset or an attitude about seeking, a striving for something good and virtuous like nursing.

Keywords: grit, leadership, nursing, team work

Education program to strengthen the nursing leadership for the future

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Nursing leaders face increasing challenges by leading the greatest personal group within the social- and healthcare-sector: the nursing staff. The increasing digitizing of the social- and healthcare-sector and the coming reform in Finland highlight the need of updated education of the nursing leaders. In addition, management of multiple generations with differing attitudes to work and professionalism requires strong leadership skills. The demographic aging, which also concerns the nursing leaders, may lead to personnel shortage, especially when the profession is not considered as attractive. It is estimated that 80% of current head nurses will be retired by 2030. Thus, future nursing leaders should be educated in order to answer to the upcoming shortage and improve their leadership skills.

The aim of the current project is to educate a total of 75 individuals, who currently work as nursing leaders or intend to become one of these in the future.

This project is financed by the Ministry of Education and Culture and conducted in collaboration with all universities that educate Nursing science in Finland between 2019-2021. The themes of the education include i.e. the management of partnerships and working culture, digitalized healthcare system, economics and productivity, and evidence-based practice. The digital learning environment is employed in the education to improve students' ability to combine the studies with their work- and family life. The students represent large organisations and employees of healthcare sector from different parts of Finland.

This project it expected to strengthen the students' skills in strategic management, digitalization of social- and healthcare-sector as well as management of change, giving the students abilities to reshape the leadership in changing and digitizing service systems. Furthermore, this project ensures for its part the high quality of nursing leadership, strengthens the attractiveness of the profession and prevents the expected shortage of professional nursing leaders.

Swiss Nurse Leadership Model: Our Model, Our Journey!

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Swiss Nurse Leaders is the swiss leading Organisation for Chief Nurse Officers (328 members)

Our CNO professional model- originally developed in 1993 and slightly updated in 2005 needed renewal. A professional model (PM) highlights activities and focal points, depict values and suggest the appropriate knowledge base. It has a guiding function for practice, organisational structures and permits positioning. The model can inspire educational and training curricula and it may serve as an auto-evaluation

Method: An exploratory sequential mixed – methods design, seeking for complementarity and development

Step 1. systematic literature review,

Step 2. critical revision by an expertgroup,

Step 3. development questionnaire,

Step 4. analysis by expertgroup (4 participants) of the SwissNurseLeaders,

Step 5. world café with 42 Nurse Leaders

Step 6. SurveyMonkey questioning for all members of the SwissNurseLeaders (320),

Step 7. datacleanig by expert group,

Step 8. results check with soundingboard (43 Participants)

Step 9. finalizing of the model by the expertgroup

Result

100 CNO's participated on our Survey. An additional 70 CNO's participated actively in our soundingboards (n=7). Our model met consensus and covers core CNO activities.

Our model has 5 domains, each compose of 4 key elements, further illustrated with additional information or examples

Model Domains:

1. Strategy, politics, influence
2. Leadership and role model
3. Clinical setting and Environment
4. Processes and Projects
5. Daily business management

The two-year development process was as important as the final product. This process boosted our association and strengthened mutual understanding and cooperation. This Journey will be presented.

Our model will be presented. The CNO core activities are covered. Our model has the potential to inspire training programs, job descriptions and profiles, position papers or simply explain what the CNO function is about. Finally, we clarified the prerequisites, curricula or capacities a CNO function requires.

Patient safety incident reporting in hospitals – utilization and outcomes of the reporting systems

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Objective: Patient safety is a fundamental demand of healthcare and for understanding the current situation in patient safety development, this study aimed to assess previous knowledge of patient safety incidents reported in hospitals, to provide an overview of the structure of the reporting systems and of the actions taken to prevent incidents from occurring.

Methods: A systematic review was undertaken and the authors searched databases CINAHL, Web of Science, PubMed and Scopus for English articles published between 2014 and 2018. Three authors independently conducted screening based on titles, abstracts and full-texts. We included studies which reported incident reporting systems utilization in hospitals, their content, analysis, and/or described responding to the incidents reported.

Results: A total of 666 studies were found, 241 were selected based on titles and 75 based on the abstracts. Currently (2/2019) we are carrying out the selection based on full-texts and final results will be ready at the conference. Based on preliminary results the reported cases give insight into problems, risks and unsafe situations, which are considered a strong limit to the quality of performance in healthcare. Under-reporting, insufficiency of the reports' content and lack of appropriate analysis and feedback, are likely interrelated and need more attention for improvement. Quite a little research papers describe the analysing processes and feedback, as well as the systemic use of reports outcomes for patient safety development.

Conclusions: For the success, an incident reporting system needs more detailed reporting for the purpose of enabling to identify the entire chain of events, interdisciplinary expert-analyses for all cases, appropriate responding actions, and a system for feedback and dissemination. To ensure adequate transfer of knowledge and support development of patient safety, including healthcare professionals' competences and safety culture, more empirical research on the nature of the incidents' analysis and responding to incidents is needed.

Work in home healthcare – time for reconsideration of structures and processes?

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Background During the past two decades various hospital-at-home and person-centered medical home services have emerged to answer the need for somatic, psychiatric and palliative home healthcare services at an advanced level. Home healthcare employees are required to take a greater degree of responsibility for their work when compared to workers in institutional settings. At the same time, researchers have raised concerns about the turnover of home healthcare workforce, particularly RNs.

Objective The aim of this study is to describe nurses' experiences of working in home healthcare and their suggestions for development of this public healthcare sector.

Design and methods A qualitative descriptive design of interviews with 18 home healthcare nurses was conducted at two municipal HHC organizations in Finland. The interview data was analyzed with qualitative thematic content analysis.

Results The nurses perceived their work either as affirmative or non-affirmative, depending on the contextual (f.eg. inter-professional collaboration and communication, team management) and organizational factors (f.eg. division of professional responsibilities, IT resources, continuous education) affecting their workload. If the nurses perceived that they could influence their work, they perceived less stress and more engagement in patient-related nursing activities, patient-centeredness, collaboration and forward planning. However, they also had several concrete suggestions for development of home healthcare on the organization, inter-professional, team and individual levels.

Conclusions The working structures of home healthcare must be clarified in collaboration with different settings and professional groups. This should occur now, before larger problems such as accelerated staff turnover or negative patient safety outcomes are seen; until this happens, different hospital-in-home settings are not truly capable of providing somatic, psychiatric and palliative home healthcare at an advanced level.

Occupational self-efficacy to support work ability among ageing home care workers

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Objectives In present-days' continuously changing work life, people with an appropriate adaption capability and beliefs in their capabilities experience changes more likely as challenges. Occupational self-efficacy, i.e. beliefs in ones' work related capabilities, is an important personal resource for workers and positively related to work engagement. However, less is known about older workers' domain-specific self-efficacy.

The aim of this study was therefore to examine the relationship between work ability, occupational self-efficacy and work engagement among ageing home care workers.

Methods The study sample consisted of home care workers, 45 years and older, from Western Finland. Data were collected by questionnaires including Work Ability Index, Occupational Self-Efficacy Scale –Short Form, and short version of Utrecht Work Engagement Scale.

Results Two hundred and thirty-four home care workers completed the questionnaire (response rate 51%). Participants were on average 55 (SD; ± 5.3) years old, and 99% of them were women. Sixty-four percent reported good or excellent work ability (37-49 points), mean score 38 (± 6.8). The mean for Occupational Self-Efficacy Scale (1-7) was 5.9 (± 0.8) and for Utrecht Work Engagement (0-6) 5.1 (± 0.9), which are higher scores compared to previous researches in Finnish society. Spearman's rho showed significant correlations between Work Ability Index and Occupational Self-Efficacy Scale ($r = .356$, $p < .01$), and Utrecht Work Engagement ($r = .440$, $p < .01$).

Conclusions A significant direct relationship between perceived work ability, occupational self-efficacy, and work engagement was found among ageing home care workers. The results indicate that occupational self-efficacy may have a positive influence in supporting ageing workers' work ability.

Challenges of research on medicines information in nursing

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Aims: Medication is a significant part of nurses' everyday practice both in primary healthcare and in specialist healthcare. The task is demanding and nurses should update their competence on medication processes and medicines based on reliable evidence. The aim of this review was to analyze what and how medicines information has been studied in nursing science theses in Finland.

Materials and Methods: The material used was the graduate theses of the five universities in Finland, between 1 / 2010 - 8 / 2017. A total of 31 theses were included, of which 25 were master's theses and six were doctoral dissertations. The material was analyzed by the content analysis.

Results: The content of the thesis touched four themes. They were medication safety and deviations in medication process and attitudes related to medication safety (n = 12), nurses as well as students' pharmacotherapy competence (n = 11), the participation of elderly patients or home care clients in their medication process and decision-making (n = 5); and compliance to care and digital support (n = 3). Data collection methods were questionnaires and knowledge tests and in qualitative research mostly interviews. Web-based hospital incident reports and registers or patient care documents were used as data sources.

Conclusions: The results showed that medicines information research is quite rare in nursing. The theses of nursing science are mainly descriptive and explanatory, focusing particularly on the safety and quality of the medication process. The main research interest in nursing has been in nursing professionals and hospital care. In the future patients' point of view should be emphasized. Studies should be conducted in primary health care or in homecare including interventions. The use of social media or digital information sources should be studied. Multidisciplinary collaboration is highly recommended in research on medicines information.

Forging new paths – how to develop healthy leadership

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Over the past 5 years, St. Anna Children's Hospital has been committed to establishing health leadership in healthcare. Healthy leadership is part of workplace health management (WHM). WHM develops structures and processes that promote health at work. The objective is to sustain and promote employee health and well-being.

A system of indicators has been developed as a tool to describe the baseline situation. This system is now used to survey the age structure, fluctuation rate, admissions and other parameters on an annual basis. In addition, a process was initiated to measure the physical and psychological strain at work as well as job satisfaction.

Senior staff serve as role models for their employees and as key communicators in the context of health promotion activities. However, they should not only be seen as facilitators in health promotion but also as a target group in their own right. In other words, training activities for the specific qualification and improvement of healthy responsible living were needed to allow them to integrate this knowledge in their management style and impart this knowledge to the employees.

Senior staff training seminars for nursing ward managers with a focus on healthy self- and employee management have been conducted annually now since 2015. The primary objective has been and continues to be to sensitise senior staff to this field, to broaden their professional and social skills in handling soft factors like work climate, appreciation and the scope of freedom given for making decisions and taking action and, in so doing, to strengthen these by providing new impetus and specific guidelines for action.

Healthy leadership has become part and parcel of our corporate culture and is a developing and inspiring process undergoing continuous change. Evaluations will be carried out in 4-year intervals to measure the effectiveness of the measures taken.

Finnish and Norwegian registered nurses' evaluation on intraprofessional collaboration

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Objective of the study: To examine Finnish and Norwegian nurses evaluations on nurse-nurse collaboration in their workplace.

Methods: Data were collected in 2015, from 406 Finnish and Norwegian RNs in two acute-care hospitals, using the Dougherty and Larson's Nurse-Nurse Collaboration Scale (NNCS). Descriptive statistics, cross-tabulations, Pearson's Chi-Square tests, and multivariate ANOVA were used for analysis.

Results: Overall, RNs in both countries had a positive view on nurse-nurse collaboration. However, there were significant inter-country differences regarding RNs' views of items in the collaboration subscales. More than half (58 %) of the Finnish RNs reported that all points of views are carefully considered in conflict situation whereas the number was higher among the Norwegian RNs (90 %). Differences were also obtained in the area of communication. The Finnish RNs (77 %) vs. Norwegian RNs (90 %) reported that communication between RNs was very open. Though, three quarters of the all RNs reported that they often had to go back and check the accuracy of the information. Additionally, the Finnish RNs responded that they had less to say over what happens for patient care 72 % vs. 86 %. The RNs had also different views of leader support for collaboration, with 59 % and 88 % of the Finnish RNs and the Norwegian RNs, respectively, agreeing that the leaders are supportive.

Conclusions: Clear agreement on ground rules for handling conflicts should be established to improve conflict management. Open communication must be further emphasized for better information flow. Nurse leaders should encourage RNs to actively participate in the decision-making process to increase trust and respect among staff. The perception of collaboration can vary in different life-stages and therefore support for RNs' personal and professional development could be imperative. Nurse leaders play an important part in assessing and improving RN-RN collaboration.