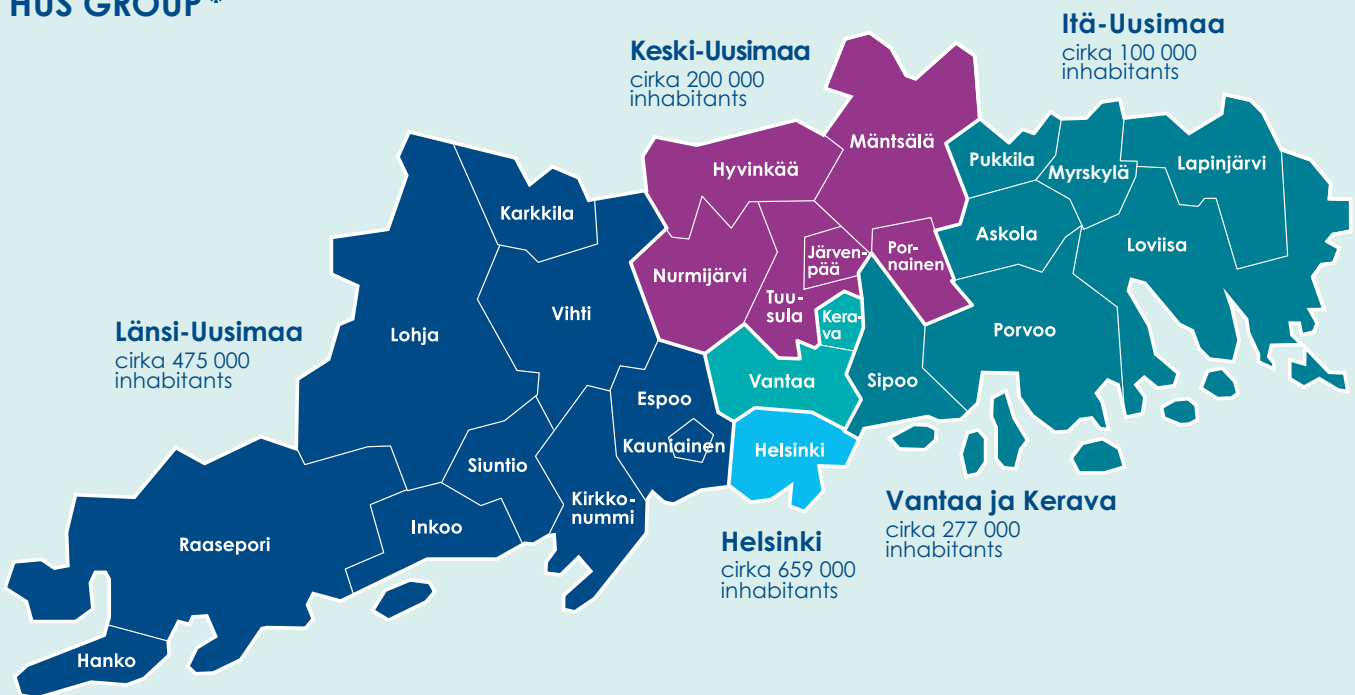




ATTRACTIVENESS AND PRODUCTIVITY
THROUGH HIGH-QUALITY NURSING
HUS ANNUAL REPORT OF NURSING 2024

HUS GROUP *



*) HUS Group also has some units outside this area.

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The articles in the Annual Report of Nursing are examples of the excellent nursing development work carried out at HUS in 2024 and other excellent nursing activities at different units. The Editorial Board extends a warm thank you to all authors and photographers.

Cover picture: Marika Kokkinen-Eurén

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Greetings from the Chief Nursing Executive

In 2024, we made history at HUS! In March, our Comprehensive Cancer Center became the first healthcare unit in Finland and in the Nordic countries and the second in Europe to receive the Magnet Hospital® recognition. The Heart and Lung Center followed suit and received the recognition in July, being the second in Finland and the Nordic countries, and third in Europe to do so. Our fine and determined work was rewarded and we received recognition for our excellent nursing. These significant recognitions are a great credit to nursing at HUS and our nursing staff, but also Finnish nursing as a whole.

The departments of Children and Adolescents and Psychiatry will continue their journey towards applying for the Magnet Hospital® Magnet Hospital® recognition. The Abdominal Center has now also started the process of obtaining this recognition.

The HUS Nursing Strategy is based on the Magnet Hospital® model. Our nursing strategy is concretised in structures of participation and thus in the work of each of our nursing professionals for the benefit of our clients and patients. We develop nursing according to the Magnet Hospital® model. Our financial situation is tight, as we know, and over the past year we have had to look at a wide range of ways and measures to rebalance our finances. Monitoring the quality of nursing according to the Magnet Hospital® model and measures taken on the basis of the results improve the cost-effectiveness of nursing and bring significant savings. For example, the reduction of pressure ulcers



demonstrably leads to significant cost savings in treatment and, at the same time of course, the human suffering of our patients is reduced. The systematic development of knowledge-based nursing, as well as the monitoring and measurement of results, enable continuous improvement in the quality of nursing. We must continue our work according to the Magnet Hospital® model.

The HUS strategy was renewed in 2023. Client experience is one of the five focal points of our 2023–2027 strategy. Utilising clients' experiential knowledge and expertise in the development of our services is important for our efforts to improve the client experience even further. Last year, HUS' NPS score (recom-

mendation index) rose to a historically high level from 64% in 2020 to 80%. This is a fantastic result and thanks to our skilled staff. This is how we continue towards our goal of providing the best client experience in Finland by 2027.

I would like to extend my warmest thanks to everyone for the past year's collaboration and (externally acknowledged) excellent nursing for the good of our clients!

Happy New Year 2025!

Your colleague, Marja

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

The HUS Nursing Strategy 2023–2027 is outlined on the back cover of this annual report. It can also be found in Eetteri (Potilaan hoito >Hoitotyö), where, in addition, a more detailed description of the indicators with target values is presented.

Two Magnet Hospital® recognitions of excellent nursing to HUS – first in the Nordics

Marita Ritmala

The journey started in HUS in 2014 towards Magnet Hospital® recognition included many exciting moments during 2024 as the application process of the two departments progressed towards the goal. The journey culminated in the Comprehensive Cancer Center's recognition on 22nd of March and the Heart and Lung Center's recognition on 24th of July.

At the end of the application process, the excellent nursing work carried out in the departments became visible in a completely new way when practical development was described in accordance with the requirements of the Magnet Hospital® criteria. In preparation for the evaluation visit that is part of the process, we discussed with both nurses and other professionals what we are particularly good at in terms of nursing and what is especially worth highlighting during the evaluation visit. Nurses described many excellent results in the development of nursing and practical activities, and other professionals highlighted things such as the fluency of cooperation and how highly skilled the nurses are. The evaluation visit was an exciting, positive and inspiring experience for the participants. On the evaluation day, the appraisers talked from morning to early evening with numerous nurses and other professionals while visiting all departments and separately

arranged group meetings. The appraisers praised, among other things, the internal teamwork of the departments and the extensive autonomy of the nurses. Thus, it has now been proven that the nursing work carried out at HUS is at an internationally high level and that the application process can be carried out successfully. Yours truly could not be prouder!

The success of the application processes of the Comprehensive Cancer Center and the Heart and Lung Center has inspired other HUS departments to invest more enthusiastically in the use of the Magnet Hospital® model as a roadmap guiding nursing work.

The Magnet Hospital® model requires active monitoring of the quality of nursing, rapid intervention in any deterioration of quality and continuous development of nursing. As a result of this work, patients are saved from complicated and prolonged treatment and nurses from additional work that treatment of adverse events during hospitalization always brings. Money is also saved. Based on a cautious calculation, I can say that the nursing work already carried out according to the Magnet Hospital® model has saved the cost of the Magnet Hospital application process dozens of times over.

The Magnet Hospital® model comprises the entire HUS nursing roadmap towards excellent nursing. In all departments, nursing is managed and devel-



oped according to the Magnet Hospital® model. Applying for the Magnet Hospital® recognition provides more structure for the development of nursing and the work towards continuously better quality results – excellent nursing quality, patient experience and job satisfaction of nurses. The application process for the recognition also sets schedules for the development of nursing and the continuous improvement of quality. The departments of Children and Adolescents and Psychiatry as well as the Abdominal Center are also actively working to achieve the Magnet Hospital® recognition. That journey is no longer expected to take ten years as results can be expected in just a few years, because now HUS has strong structures for supporting excellent nursing.

Marita Ritmala, RN, PhD, is the Magnet Hospital Director at HUS.

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

The activities of HUS nursing councils are meaningful and improve patient care

Marita Ritmala, Hanna Kristola and Kaisa Wikström

In order to ensure that nurses have influence and are heard, HUS developed Shared leadership structures in 2015. They comprise three levels: departments' nursing councils, coordinating councils and HUS-level nursing councils. In 2015–2023, there were six HUS-level nursing councils. A seventh council started its operations at the beginning of 2024. The members of HUS-level nursing councils in 2024 are presented in Appendix 1. The operations of the HUS-level nursing councils in 2015–2023 were assessed through a survey sent to their members. The survey consisted of 10 statements measuring the experience of participating in the council, two statements measuring the coordination of the person's own work and participating in the council, and 15 statements measuring the importance of the councils. The statements were answered on a scale of strongly agree – somewhat agree – somewhat disagree – strongly disagree.

The survey was answered by 50% (n = 46) of the chairs and/or secretaries and 47% (n = 123) of the members who did not have any other roles. The chairs and secretaries reported 45 different projects or tasks, such as the production of guidelines, the organisation of training sessions and the implementation of studies, carried out by their nursing council. In the future, we will find out how they have been utilised in practice.

Respondents mainly felt (80–90% strongly or somewhat agree) that they have been heard, their participation is meaningful, they are equal, they have been respected and their expertise has been valued.

95% of the respondents considered the activities of the councils important.

According to the respondents, there is room for informing about group's achievements outside the councils (48%), the efficiency of working methods (36%), reconciling personal work with participating in a council (29%) and obtaining support from the immediate management (21%).

The activities of the nursing councils were considered very meaningful (figure 1). Some (25%) of the respondents doubted whether the operations of HUS will change as a result of the actions of the nursing councils or whether the councils

will show the organisation the way in matters related to nursing (23%). 95% of the respondents considered the activities of the councils important. The activities were considered to promote networking (94%), improve patient safety (92%), be beneficial for the organisation (91%) and improve patient care (89%).

Marita Ritmala, RN, PhD, is the Magnet Hospital Director at HUS.

Hanna Kristola, RN, MHS student, is a Nurse Manager at Mood Disorder Ward P2, Jorvi Hospital.

Kaisa Wikström, RN (University of Applied Sciences), MHS, is an Assistant Nurse Manager at Internal Medicine Ward 3, Porvoo Hospital.

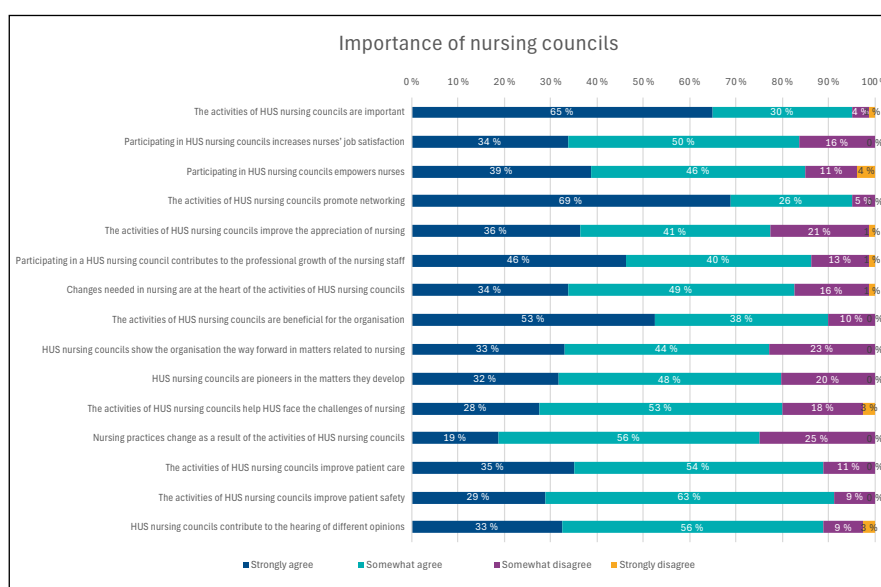


Figure 1. The importance of HUS-level nursing councils as experienced by the members of the councils.

EXCELLENT LEADERSHIP

An integral element of excellent leadership is the vision the nursing leader has for management for the benefit of patients and staff. As a result of excellent leadership, nursing professionals feel that they are heard, their work is appreciated and they are supported in their role as healthcare professionals. In 2024, the nursing leadership focused particularly on balancing finances.

Chief Nursing Officer on the application process for a Magnet Hospital® recognition

Vuokko Kolhonen, Inger Mäenpää, Virpi Sneck and Päivi Soininen

The Chief Nursing Officer (CNO) plays a key role by guiding their staff through the application process for the American Nurses Credentialing Center (ANCC) Magnet Hospital® Magnet Hospital® recognition. Under their leadership, the department forms a strong vision and operating philosophy, on the basis of which a strategy, operating model and quality objectives for professional practice in nursing are created. A present, coaching and participatory approach in which the staff are consulted is highlighted in excellent leadership.

Here we describe the application process of the four departments from the perspective of the CNO. Of these, two departments received recognition in 2024 and two departments are still in the application process for recognition.

Comprehensive Cancer Center

*Chief Nursing Officer, MHS, eMBA
Vuokko Kolhonen:*

In 2013, on the initiative of *terveydenhuoltoneuvos* (an honorary title of the eight rank granted by the President of Fin-

land to accomplished people involved in healthcare) Kaarina Torppa, who is now retired but acted as the Chief Nursing Executive at the time, the HUS Council approved a strategic goal for the development of HUS in accordance with the example set by international top hospitals. This goal included the development of nursing according to the Magnet Hospital® model. The matter was discussed in the HUS Nursing Executive Team, and two departments volunteered for the Magnet Hospital® journey: the Comprehensive Cancer Center and the Children and Adolescents Hospital. As the Chief Nursing Officer of the Comprehensive Cancer Center, I submitted on 9 October 2013 a written registration by email to the Chief Nursing Executive and held my first presentation of the Magnet Hospital® journey to the entire Comprehensive Cancer Center on 29 November 2013. Our actual journey kicked off with enthusiasm in 2014, when we examined a GAP analysis (description of the current situation) that included up to 89 criteria.

The structures for participation had to be created as quickly as possible; they

were discussed on 4 March 2015 at a workshop of the HUS Nursing Executive Team. The HUS nursing councils, which followed the Magnet Hospital® model, started their activities in September 2015, and it was particularly important that the departments involved in the Magnet Hospital® journey participated in the councils' activities. Another important element was the chief nursing officer's example, which meant that I was part of the HUS Nursing council of patient-centered nursing. The 2015 Professional Practice Model at HUS was approved by the Nursing Executive Team on 20 May 2015. The key structures for the Magnet Hospital® journey had been created, making it easier to continue the work towards Magnet Hospital® recognition. It was also particularly important for the Comprehensive Cancer Center that we were given a clinical nurse specialist in 2015, after which the increasingly intensive Magnet Hospital® journey continued towards Magnet Hospital® recognition, which we received after a rewarding ten-year journey on 22 March 2024.

The cover photo of this annual report shows Comprehensive Cancer Center staff rejoicing over the Magnet Hospital® recognition.

Children and Adolescents (LaNu)

Chief Nursing Officer, MHSc
Inger Mäenpää:

In LaNu's nursing division, we wanted to develop our nursing practice and went on a Magnet Hospital® journey at the same time as the Comprehensive Cancer Center. We had the organisational structure pursuant to the Magnet Hospital® model, because the nursing division is, under the Chief Nursing Office, an independent division (which includes all patient units), offering service to medical divisions. LaNu's nursing practice has been developed over the years in accordance with the Magnet Hospital® model. The model emphasises excellent leadership, structural empowerment, high-quality professional practice, new knowledge, innovations and improvements as well as excellent results. We immediately got off to a good start by conducting a GAP analysis, selecting the nursing key figures/quality indicators to be monitored at LaNu and setting up department level nursing councils across unit boundaries. As a Chief Nursing Officer, I acted first in the HUS Nursing council of economic and effective practice and later in the HUS Nursing council of patient-centred nursing. Our department is large and heterogeneous (about 50 patient units, including all specialties) and, as Chief Nursing Officer, I have, in order to promote the nursing quality project, strengthened both the clinical nurse specialists' activities and quality managers' activities. To support and develop occupational well-being, I launched monthly occupational well-being meetings for the entire staff and later appointed our own specialist to the position of a workplace wellbeing consultant. In order to develop client-oriented operations, we appointed a customer services manager to coordi-

nate extensive cooperation with several of our third-sector partners. The Chief Nursing Officer, in cooperation with the customer services manager, acts as the chair of the family panel.

The Magnet Hospital® process has required a review of practise, a clearer division of tasks, work and responsibilities, and the involvement of staff. At nursing management meetings (chief nursing officers, specialists, and on a monthly basis nurse managers and assistant nurses managers), we also regularly discuss the Magnet Hospital® process, current situation, and challenges related to progressing on this journey. At the moment, unit level nursing councils and reactivation of the coordinating group are under construction. Mentoring activities have been developed and peer review, which will expand to all levels, has been introduced to support development dialogue.

Through extensive, open and diverse communications, we ensure that all bodies within LaNu understand the project, its objectives and core issues. LaNu's monthly published newsletter highlights examples of excellent nursing at unit level. The development of nursing practise is a continuous process that requires respect between professional groups and good interaction and cooperation both

within the department and with other departments. The Magnet Hospital® journey has been long and multiphase, and we will continue our journey with small but sure steps with our gaze firmly fixed on the horizon.

"Magnet is a journey... not a destination. It is a journey that never ends.

It is an investment to ensuring the highest quality care and best patient outcomes" (C. Luzinski, Director, Magnet Recognition Program, ANCC)

Heart and Lung Center (SyKe) – new Chief Nursing Officer's Magnet Hospital® journey

Chief Nursing Officer, MHSc
Virpi Sneek:

My Magnet Hospital® journey began when I became Chief Nursing Officer of the Heart and Lung Center eight months after the reorganisation at HUS and three months after the Magnet Hospital® application was submitted to the ANCC.

During the Magnet Hospital® journey (Figure 1), the Chief Nursing Officer is expected to know both the organisation and the content of the application documents in their entirety (cf. Cantu & Batcheller 2016). I was familiar with the organisation and positions, but the operating environment and culture, as well as

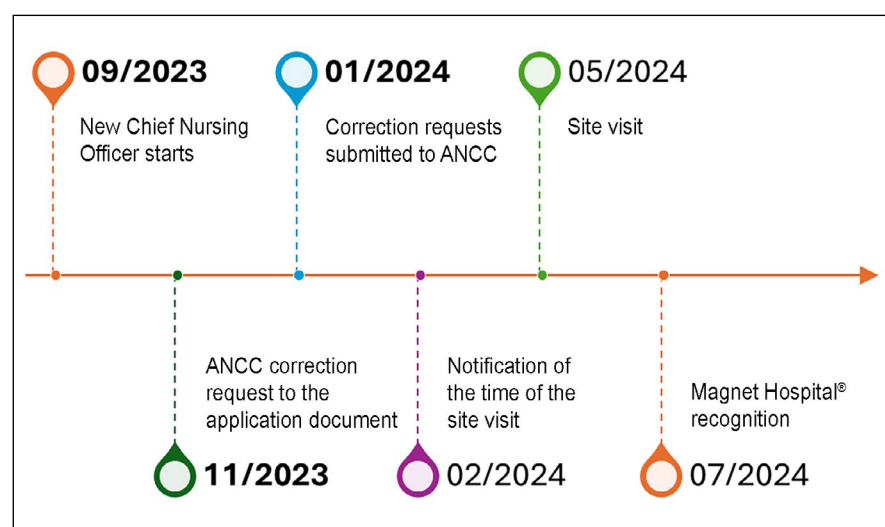


Figure 1. Timeline of the Magnet Hospital® journey of the Chief Nursing Officer of the Heart and Lung Center.

the content of the application that others had been worked on for a couple of years, were completely new to me. In practice, striving to learn the operating methods of a new department, a new profit area and a new organisation, as well as the ongoing projects of the department all at once left little time for familiarising myself with the documentation and examples of the Magnet Hospital® application.

My familiarity with the Magnet Hospital® journey was advanced by regular orientation meetings held with the director responsible for the Magnet Hospital® program at HUS. Part of the orientation took place in the department's nursing meetings where topics such as the progress of the application process were discussed under the programme director's guidance. In addition to this, the well-documented criteria enabled me to familiarise myself with the whole on my own. In the future, it would certainly be useful to develop an operating model to ensure orientation and knowledge transfer to a new Chief Nursing Officer in change situations. This would likely promote the building of networks and clarify the roles of different actors in the application process. (cf. Cantu & Batcheller 2016.)

Departments have one position of a Chief Nursing Officer, and it is not always possible to work in parallel with the previous officer in change situations. In the future, the Chief Nursing Officer may change, there will be retirements and new departments will apply for the Magnet Hospital® award. For this reason, it would be important to consider a structured transitional orientation programme for Chief Nursing Officers as well.

Psychiatry

Chief Nursing Officer, PhD
Päivi Soininen:

We started our Magnet Hospital® journey in 2018 by exploring the Magnet Hospital® model with the strong encouragement of the chief nursing execu-

tive who held the position at the time. In Psychiatry, the development of nursing and nursing science was strong and it laid the foundation for a possible Magnet Hospital® recognition where the focus is on nurses' evidence-based competence and its development.

The Magnet Hospital® journey started with a review of the Magnet manual and looking for indicators suitable for Psychiatry that measure the quality of nursing. During this journey, both the manual and the indicators got revamped. Along the way, the Chief Nursing Officer also changed, and the journey was strongly advanced by clinical nurse specialists and a quality manager.

In 2024, no suitable indicators for psychiatry were found in the current manual, so an effort to develop them in cooperation with the ANCC was launched. This was supported by a meeting with the director of the ANCC and cooperation meetings with three American psychiatric hospitals that hold the Magnet Hospital® recognition.

The Chief Nursing Officer maintains the Magnet Hospital® project with dedication. The project is recorded in the Psychiatry strategy, and the department monitors the report data produced by the quality manager and clinical nurse specialists, which is stored in the Laapo-Teams available to all staff. Since Psychiatry is organised into eight divisions, the nurse directors of each division coordinate the activities on their divisions, monitor the development work of the unit level nursing councils and support it. The Chief Nursing Officer may attend as invited in division coordination groups, and in addition, the Magnet Hospital® journey is a topic in all the meetings that the Chief Nursing Officer holds for nurse managers, nurse directors, and specialists about five times a year in the department. It is also discussed at weekly meetings between nurse directors as well as campus meetings (seven meetings twice a year). Twice a month, the Chief Nursing Officer meets with a core

team of clinical specialists, a clinical educator and a quality manager. In addition, the Chief Nursing Officer convenes monthly a team for excellent care. The team includes, in addition to those mentioned above, Magnet Project Managers (MPM) appointed by the divisions and the director of the Magnet Hospital® programme. Twice a year, Psychiatry organises Afternoons of Excellent Care, where the divisions present their development work. The event also includes rewarding persons who have completed a Master's degree either at a university or university of applied sciences.

For the success of the journey, it is crucial that forepersons are aware of the Magnet Hospital® journey and that staff are encouraged to contribute to the development work. Teamwork is also extremely important at different levels, and the prerequisite for success is the combination of different competencies. Knowledge-based management and reporting of quality data also requires IT expertise and the development of Apotti in order to create a knowledge base so that the information is produced centrally and reliably and does not burden the personnel with manual recording, letting the personnel focus on high-quality care and its development.

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Applicant-oriented recruitment and employer image are key to better recruitment and candidate experience

Sara Immonen, Julia Koivuniemi and Ann-Mari Månsson

The ageing of the population, the increasing need for care and issues of pay and occupational well-being have deepened the nurse shortage, which has been worsening for many years. Competition for skilled staff, as well as other challenges in the availability of staff, force us to stop and take a closer look at the state of recruitment and the availability of future labour. Recruitment requires continuous development and new technological solutions but, in the midst of all this development, it is essential to remember that people and interpersonal interactions are always the core of recruitment. Candidates expect an open, seamless and reliable recruitment process where they are treated with genuine and equal respect. With this perspective in mind, we have been working towards a more applicant-oriented recruitment.

Promoting the candidate experience and employer image

Nowadays, recruiting requires speed and efficiency, because candidates often apply to several different places at the same time. The employer must be able to engage the candidate in the organisation at the beginning of the recruitment process. The recruiter plays an important role in this, acting as a first contact while reinforcing the candidate's interest in the unit and work. In the past few years, some of HUS departments and profit areas have hired recruiters for their units. Recruiters are responsible for, among other things, recruitment, recruitment

development, employer image work and cooperation with educational institutions. Recruiters' job descriptions vary by department and profit area, but each of us is working towards more candidate-oriented recruitment.

Recruiters have, for example, streamlined the content of job advertisements, increased pay transparency and made advertisements more attractive. In addition, position-specific interview frameworks and guidelines have been prepared to support interviews, and candidate communications have been invested in. We take care of active and timely communication with candidates throughout the recruitment process. The recruitment process has been streamlined with a clear division of tasks and recruitment scheduling to make the process as smooth and efficient as possible for both the employer and the candidates. Recruiters' input has freed up supervisors' time for actual supervisory work, which has been very significant for efficient operations and candidate-friendly recruitment.

We also carry out active employer image work to promote an attractive employer image, and we are influencing the availability of skilled labour, now and in the future. Things such as edu-

cational institution events and lecture visits, as well as the open days of various HUS hospitals, have served as excellent meeting points where we have reached out to future employees and managed to build an image of HUS as an attractive employer. At these events, we have been able to have genuine conversations with students, highlight our values, tell about different job opportunities and internships, and share information about career paths and development opportunities. It has been of great importance to professionals and students in the field that they have had the opportunity to meet specialists and network with them. According to the feedback we have received from students, the positive talk about nursing and career opportunities has been refreshing and has strengthened their conviction that they are training for the right profession.

Nowadays, social media also has a big impact on building an employer image and reaching potential employees. Recruiters and various entities have set up social media accounts that support the employer image and provide the opportunity to more closely monitor the activities of a particular unit, hospital or speciality and see what the work there is like. Social media accounts also serve as

The employer must be able to engage the candidate in the organisation at the beginning of the recruitment process. The recruiter plays an important role in this, acting as a first contact while reinforcing the candidate's interest in the unit and work.

PICTURE: ANNE PITKÄLÄ



From left to right are recruiters Sara Immonen, Julia Koivuniemi and Ann-Mari Månsson.

excellent communication and discussion channels between nursing professionals, students and those interested in the field, and they also play an important role in terms of recruitment and job advertisements. In addition to social media work, we have worked closely with our recruitment marketing partners on the planning and implementation of recruitment campaigns.

Diversity and equality in recruitment

In addition to the shortage of nurses and increased competition, the internationalisation of the workforce and recruitment discrimination are hot topics today. In fact, HUS has promoted the implementation of diversity and equality in recruitment, and this work will continue. In autumn 2024, a diversity clause was added to HUS job advertisements, encouraging

applicants from different backgrounds to apply for vacancies at HUS. In the diversity clause, we promise to actively promote equality and diversity in our work community.

Furthermore, HUS will in the future start planning a pilot for anonymous recruitment. Anonymous recruitment is a way to promote diversity and equality and reduce the possibility of discrimination in recruitment. In anonymous recruitment, applicants' information, such as age, gender, nationality and mother tongue, is hidden from the application, ensuring that decision-making is based on the applicant's experience and skills, i.e. matters relevant to the job.

The diversity clause, the piloting of anonymous recruitment and various training courses on diversity are concrete steps towards more equal and diverse recruitment, by which we can guarantee a safe and equal candidate

experience for everyone. By investing in applicant-oriented recruitment, improving the candidate experience and carrying out employer image work, we are moving towards more modern recruitment.

We need to innovate and try new things to keep up with the changes in working life. We will continue our active development work towards a more applicant-oriented recruitment with the achievement of an excellent candidate experience in our minds.

Sara Immonen, M.Sc. (Econ.), and Julia Koivuniemi, Bachelor of Business Administration (University of Applied Sciences), are recruiters at HUS Perioperative and Intensive Care.

Ann-Mari Månsson, RN (University of Applied Sciences), MHSc, is a recruiter and Nurse Manager at HUS Psychiatry.

Promotion of occupational well-being at the outpatient clinics of the New Children's Hospital

Eeva Rouhe

In early 2023, the outpatient clinics of the New Children's Hospital (ULS) were set the goal of becoming healthy work communities. The goal was presented to the staff in spring 2023 and, during a departmental session, the 2023–2025 HUS occupational well-being programme was presented. At the same time, we reviewed what holistic occupational well-being consists of and what factors affect it. In addition, the staff were asked what would increase occupational well-being at the outpatient clinics. The staff wanted, among other things, a positive and good work atmosphere, joint occupational well-being activities, shared moments and clean workspaces.

The wishes of the staff were promoted by a new occupational well-being work group established for the outpatient clinics in spring 2023. The goal of the group was to promote matters related to occupational well-being and to brainstorm recreational events at outpatient clinics. The group includes seven nurses from the different speciality teams of the outpatient clinics. The group was originally led by Assistant Nurse Manager **Elina Laitonen** and, from autumn 2024, by Assistant Nurse Manager **Henriikka Venäläinen**. The group has come up with many nice activities for both staff and patients. On Valentine's Day, each employee was given their own paper heart on which their co-workers could write nice feedback. Later in the spring, the nurse stations were decorated for Easter and children were given pens and Easter-themed colouring pictures which were then displayed at the nurse

stations in art exhibitions. In addition, the occupational well-being team provided the staff with chocolate eggs. At Christmas time, a decoration competition for nurse stations was held. A panel made up of Nurse Directors and Nurse Managers chose the best decorated nurse stations, whose staff were rewarded with Christmas chocolate. In addition, the

occupational well-being team has been involved in organising potlucks for the outpatient clinic staff at ward sessions where themes related to occupational well-being have been discussed together.

In spring 2023, updating the common rules was seen as an important part of the outpatient clinics' occupational well-being work. The aim was to involve

PICTURE: EILA AIITAMAA



Nursing station 4 that won the Christmas decoration competition of nursing stations.

the entire staff in the construction of the rules, so that they would match the operations of the outpatient clinics perfectly. The rules were compiled with an electronic survey, and nurses, doctors, secretaries and special employees participated in the survey. From the survey responses, the occupational well-being group for outpatient clinics prepared 10 rules. These rules are always given to new employees and the staff are reminded of the rules at regular intervals during ward sessions and other joint meetings. In addition, the nursing staff contributed to the consideration of how the rules would be visible in our everyday work and what they mean in practice in our unit.

Based on the 2024 staff survey, recovery from work was selected as one of the development areas for the occupational well-being of nursing staff. In a ward session, we discussed which factors would promote recovery from work. The equal distribution of work, peaceful workspaces, shared breaks with a co-worker, as well as adherence to working hours were seen as important factors contributing to recovery from work at the outpatient clinics. In addition, Occupational Health Psychologist **Milja Lamppu** attended a ward session in autumn 2024 to tell us about psychological safety and strengthening psychological recovery.

In autumn 2024, children's outpatient clinics were included in the Hyve

The equal distribution of work, peaceful workspaces, shared breaks with a co-worker, as well as adherence to working hours were seen as important factors contributing to recovery from work at the outpatient clinics.

(Virtue) pilot that aimed to find community-based virtues of work communities. The pilot was carried out in cooperation with Lykeion CEO **Antti Kylliäinen** as a survey. The survey respondents included nursing staff, medical doctors, secretaries and special employees, and a total of 247 employees were sent the survey. The survey looked for the virtues of outpatient clinics and at the same time considered how they are reflected in practice. The virtues of the outpatient clinics were helpfulness, kindness, flexibility, a sense of humour and responsibility. The discussion about virtues continues in our work unit and the intention is that they become part of every working day.

The theme of well-being at work is maintained at outpatient clinics at regular intervals. The staff is reminded of the joint LaNu occupational well-being meetings. In addition, Occupational Well-being Consultant **Nenne Martikainen** has held several team coaching sessions for different outpatient clinic teams. Sometimes we watch well-being videos in the ward sessions or do workplace workouts together. In addition, the weekly newsletter of the outpatient clinics regularly has information about occupational well-being matters at HUS. We maintain an open discussion culture in our work unit and bring up problem situations in order to maintain a good working atmosphere.

Efforts to promote occupational well-being have yielded results. Work to promote occupational well-being is reflected in the results of the staff survey. The value of community spirit and work atmosphere is on the rise. The value of the recommendation index (eNPS) has also increased at children's outpatient clinics.

Eeva Rouhe, RN (University of Applied Sciences), MSc (Admin), is the Nurse Manager of children's outpatient clinics of the New Children's Hospital.

STRUCTURAL EMPOWERMENT

The most important resource of a successful organisation is its personnel. HUS employees are encouraged to grow professionally in accordance with the professional career model by utilising tools such as continuous training.

Strategic goal of nursing was achieved: Job satisfaction of HUS nursing staff continues to increase

Kristiina Junttila

In the Magnet Hospital® model, the outcomes of patient care, personnel and the entire organisation are at the centre of all activities. Since 2015, the job satisfaction of HUS nursing staff has been assessed in a separate survey in all HUS operating areas. Since 2018, data has also been collected from other well-being services counties as part of the co-operation for benchmarking nursing on a national level (HoiVerKe, The Finnish consortium for the national benchmarking of nursing-sensitive outcomes, www.hoiverke.fi).

The goal set in the HUS Nursing Strategy is that, in 2024, the job satisfaction of all HUS nursing staff will be better than in 2023. Furthermore, the Magnet Hospital® accreditation efforts require that the results of the different factors of job satisfaction of an individual work unit are better than the average national results of the same type of work unit.

The survey measuring nurses' job satisfaction is carried out annually by the HUS Nursing Research Center (responsible person is Director **Kristiina Junttila**). The survey is addressed to all

HUS nursing staff by sending it to their work email address. In 2024, the survey was carried out in March–April, and the results were reported in the HUS Power BI reporting portal in August.

Since 2018, the survey has been a modified version of the Nurse Engagement Survey (NESplus), which contains 49 statements, the responses to which are summarised as eight sum variables (factors of job satisfaction, Figure 3). In addition, the respondents' level of engagement is measured through four statements:

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

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

statements mentioned above, and also “fully agree” to at least two statements (value 6).

In 2024, 15 organisations participated in the data collection for the national nursing benchmarking (HoiVerKe). The comparison included responses from assistant nurse managers, nurses, midwives, paramedics, radiotherapists (not diagnostics), nurse managers, nurse directors (at all levels), clinical nurse specialists and clinical nurse educators, other nursing experts as well as nursing staff who have completed secondary level qualifications (N = 12,478). At HUS, the response rate was the same as in the previous year, i.e. 24%.

HUS's results for 2024 will next be examined in relation to HUS's results for 2023 and in relation to the national average for 2024. Work unit-specific results in relation to national averages are monitored separately at each work unit. In the case of HUS's internal results, the material included the responses of the entire nursing staff. Comparison with national averages is based either on the entire comparison material or the responses from nurses and equivalents.

Figure 1 shows the level of engagement of HUS nursing staff in 2023 and 2024. There is a significant increase in the percentages of those who are engaged and especially satisfied, while the share of those who are ambivalent is almost unchanged and the share of those who are disengaged has clearly decreased.

The level of engagement of the nursing staff included in the national benchmarking compared to national results in 2024 is shown in Figure 2. Nationally, the combined percentage of engaged and content respondents was 38.9%. The corresponding result at HUS was 42.9%. Even for the disengaged, the result at HUS is better than the national average.

Figure 3 shows the mean values of factors of job satisfaction at HUS and nationally in 2024 on the basis of responses by nurses and equivalents. The HUS results are better than the national average (HoiVerKe) for all factors. It is noteworthy that both the HUS and national averages have risen since 2023 for all factors.

Conclusions:

- The share of engaged nursing staff at HUS in 2024 is approximately three percentage points better than in 2023, so the goal of the HUS Nursing

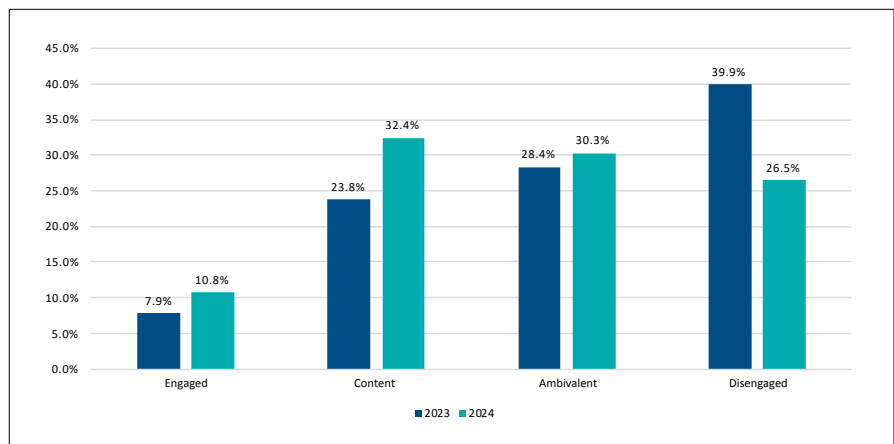


Figure 1. Level of engagement in 2023 and 2024 (entire HUS, all respondents).

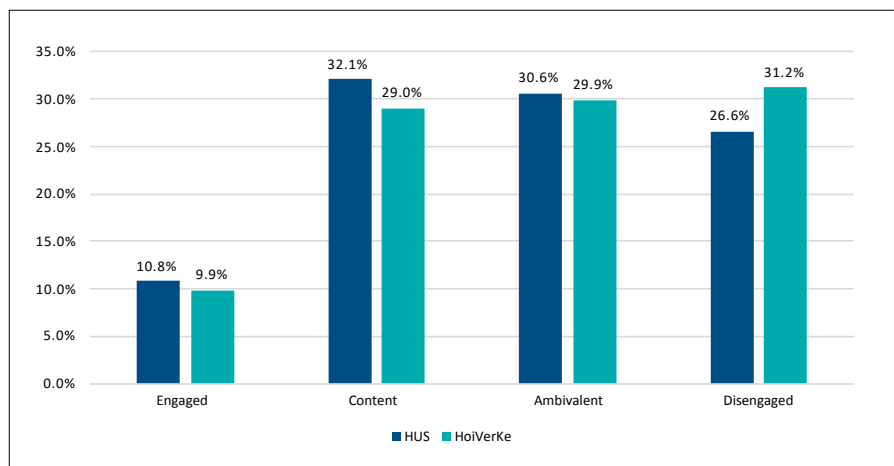


Figure 2. Level of engagement at HUS compared to national results in 2024 (comparison includes assistant nurse managers, nurses, midwives, paramedics, radiotherapists (not diagnostics), nurse managers, nurse directors, clinical nurse specialists and clinical nurse educators, other nursing experts as well as nursing staff who have completed secondary level qualifications).

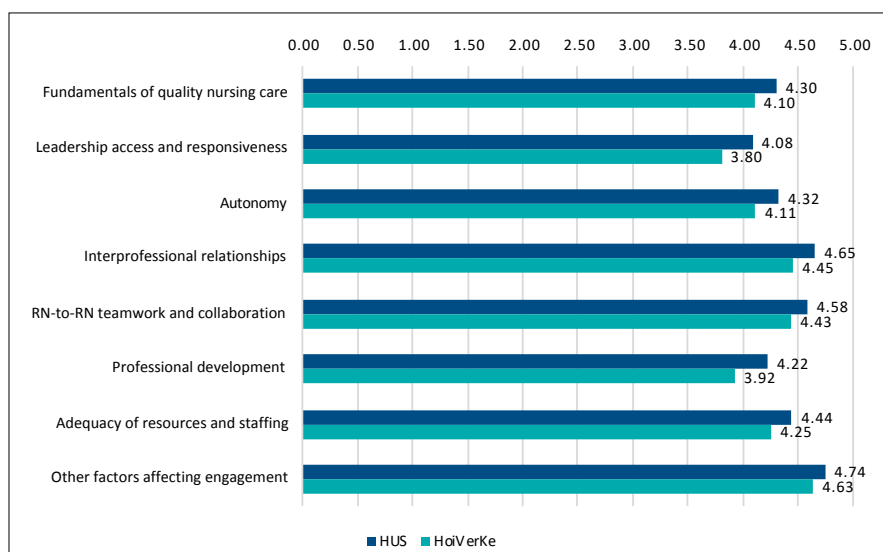


Figure 3. The mean values of factors of job satisfaction at HUS and nationally in 2024 (comparison includes nurses and equivalents).

Strategy has been met. Also the clear increase in the proportion of content (almost 9%) and the clear decrease in the proportion of disengaged (more than 13%) should be noted.

- The results of HUS nurses and equivalents were better than the national average for all factors of job satisfaction.
- In order to ensure the reliability of the results, effort should be made to increase the response rate in HUS and nationally.

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

Operating Department's teaching operating room – new operating model to support orientation

Taava Leppänen, Satu Poikajärvi and Satu Rauta

At the beginning of 2023, there was a shortage of 150 nurses in HUS Perioperative and Intensive Care (LeTe). Patients queues for surgery had grown to record lengths after the COVID-19 pandemic. A teaching operating room model was created in LeTe to support the orientation of nurses. The concept in question is a new activity, and no previous literature about a similar operating model could be found.

The purpose of teaching operating room activities is to enable goal-oriented learning for both nurses and other professionals working in surgery units by providing consistently high-quality initial orientation in a calm and safe environment, taking into account people's individual needs. The aim is for the person to master the basics of the work at the end of the teaching operating room period and to understand a patient's care path in the operating department – from arrival to preparations and from the recovery room to the transition to follow-up care. The teaching operating room offers experienced professionals the opportunity to do teaching work with an emphasis on daytime working hours.

Forepersons, nursing instructors and nurses from LeTe's various operating units participated in the planning of the model. Teaching operating room activities began in the operation department of Meilahti Tower Hospital in spring 2024, expanding to the operating departments of Lohja and Bridge Hospital during autumn 2024. Nurses were recruited both through external recruitment and by offering the so-called in-house staff the opportunity to move to work in the teaching operating room. In patient selection and

operating room design, cooperation was carried out with surgeons and anaesthetists working in specialities.

In addition to clinical competence in perioperative nursing, the preceptor nurse is required to have competence in both implementing evidence-based nursing and teaching and supporting learning. HUS has prepared uniform operating models for nursing for the assessment of the risk of falls and for preventive measures, for the prevention of pressure ulcers, as well as for the assessment and management of pain. These have been modified to fit the operating department environment. LeTe's uniform practises related to device, medical treatment and procedure safety have been compiled in the HUS Quality Manual. Instructions can also be found in HUS Ohjepankki ("instructions database"). From the perspective of working, it is essential to learn the right practises in basic orientation. Nationwide treatment recommendations, such as Aikuispotilaan normotermian ylläpito perioperatiivisen hoitoprosessin aikana ("maintenance of normothermia for an adult patient during the perioperative care process") (Hotus) or Hoitotarvikkeiden tarkistuslaskenta: näyttöön perustuva toimintaohje potilaan turvallisen leikkaushoidon varmistamiseksi ("recounting the treatment supplies: evidence-based operating guideline to ensure the safe surgical treatment of the patient") (Forna), have also been used as a tool for preceptors and as a way to enable uniform orientation.

The teaching operating room model is used in three LeTe operating units, and it is planned that teaching operating room activities will be started in the Peijas op-

erating unit. The model has been found to even out the quality of basic orientation and improve systematic orientation. At the same time, teaching is individual and supports learning. Nursing instructors play a major role in the organisation of the teaching operating room. It is important that they identify the new nurses who will benefit from the teaching operating room. In the model, it is important to select the right specialities and patients for the teaching operating room and to take into account uniform practices. The teaching operating room is a so-called extra operating room on top of the normal operations of the operating unit, in which case it contributes to improving patients' access to treatment.

The teaching operating room model increases the consideration of nurses from different backgrounds and the individuality of orientation in the context of perioperative nursing. The successful running of the teaching operating room requires good cooperation between different professional groups (anaesthetists, surgeons, nurses) and a shared understanding of the nature of the teaching operating room. However, it is the nursing instructors who are interested in teaching and supporting new colleagues who play a key role. The model is an important part of the orientation process of future perioperative nursing.

Taava Leppänen, RN, MHSc, and Satu Poikajärvi, RN, PhD, are Nurse Directors at the Center for Emergency, Perioperative, and Intensive Care Medicine. Satu Rauta, RN, PhD, is a clinical specialists at the Center for Emergency, Perioperative and Intensive Care Medicine.

Duties of practical nurses at HUS Center for Emergency, Perioperative, and Intensive Care Medicine (LeTe) – Case Hyvinkää Hospital Operating Department

Annika Björn, Satu Rauta and Maija Vitikainen

For this article, Nurse Managers **Tanja Aalto** and **Sonja Pasanen** and Practical Nurse **Jonna Isoketo** from the Operating Department of Hyvinkää Hospital were interviewed.

In spring 2023, LeTe set the goal of creating uniform duty descriptions for practical nurses in anaesthesia unit, operating room, intensive care unit and intermediate care unit. The aim was for the duty descriptions to take into account the special characteristics of the operating environments, the operating needs, the competence of practical nurses and its utilisation and to enable the participation of practical nurses in comprehensive patient care.

The development of the duty descriptions involved nursing forepersons, clinical nurses, practical nurses, nursing instructors and clinical nurse specialists. Using the Taura professional career model, the working groups determined practical nurses' duties in perioperative nursing and intensive care. In addition, summaries of the duty descriptions and competence descriptions were prepared to support orientation.

Practical nurses were recruited for anaesthesia unit, operating room, intensive care unit and intermediate care unit. The duty descriptions serve as a guiding framework. In each unit, the duties of practical nurses are defined in more detail based on operational needs and personal competence. The descriptions of competence can be used in the assessment of the initial situation of competence, orientation planning and monitoring.



PICTURE: SONJA PASANEN

In the middle, Practical Nurse **Satu Hongisto** assists Surgical Nurse **Laura Patane** in dressing sterile in the operating room of Hyvinkää Hospital. On the left, Practical Nurse **Jonna Isoketo**.

Case: Operating Department of Hyvinkää Hospital

At the beginning of 2024, five practical nurses were recruited to Operating Department of Hyvinkää Hospital. They either work at Leiko (Leikkauksen kotoa "From home to surgery" unit) where they receive and discharge patients and call next day's patients about their upcoming appointments or participate in the post-operative observation of patients in the recovery room, phase II recovery room treatment or the discharging of patients from the 23h unit. In operating room work, practical nurses assist in the start

of surgeries, replace nurses during their breaks and perform imaging with a C arm.

As the unit sees patients from seven different specialities, the job description of practical nurses was set some limits. This was to strengthen the practical nurses' sense of control at work. In addition, individual starting points for orientation were taken into account. Completing medical treatment licences required a lot of effort, but completing them has contributed to the work in a positive way. Practical nurses are an important part of the work community and the care team. The right patient choices can support their independent work.

Practical Nurse Jonna Isoketo describes her work in the Operating Department in Hyvinkää:

What kind of tasks do you perform?

“My duties include preparing and organising the operating rooms before and after surgery, and tasks such as preparing the correct surgery platforms between surgeries. The tasks before a surgery include scanning the medical equipment in the equipment maintenance register, giving supplies to the instrument nurse and getting the necessary additional equipment.

I collect the patient from Leiko and go through the checklist in the operating room with the operating room staff. If necessary, I guide the patient, hold them in position when the spinal anaesthesia is applied, and assist in putting the patient in different positions for the surgery. Disinfection of the surgical site is also part of my duties. During surgery, I make referrals and use the C arm.

After the operation, I assist in transferring the patient and allow the instrument nurse to take a break if necessary. I try to keep the change interval between the operating rooms short and swift by, for example, retrieving equipment trolleys of the next surgery outside the operating rooms during the change. After cleaning, I prepare the operating room for the next surgery. I also collect the equipment needed for the surgery from the trolley if, for example, the operating plans change.

I act as a substitute so that the supervising nurses can take breaks. In the afternoon, once the surgeries are finished, I look at the surgery list for the next day and prepare the operating rooms for the morning.

I also do minor repairs, such as repairs to operating platform supports. I investigate the maintenance of medical devices and make maintenance requests.

On the left, Practical Nurse Jonna Isoketo helps Surgical Nurse Laura Patane assemble a sterile table in the Operating Department of Hyvinkää Hospital.



I try to learn new things and I like to do everything I can, because it expands my job description and makes me more versatile. I have undergone surgical casting training and the plan is for casting to become part of my job description.”

Are you satisfied with your job description?

“I have the feeling that my own active approach has allowed me to influence by job description. The things I’ve wanted to learn have always been taught to me. At times, it is annoying when you are not able to be in all the places you are needed at the same time. No matter how meticulously you plan your day, there are often changes.

Lately, I have helped organise the operating rooms before and after surgeries and I have stepped in to allow others to take breaks during operations, which has meant that I have not really had the time to learn surgical casting.

My job description has not yet been fully finalised; we examine all the things I can do, taking into account my own interests.”

Do you feel that you can make use of your skills?

“This whole year has been about new things and orientation. It has been won-

derful that my wishes and competence have been taken into consideration.”

What kind of further training would you like?

“I would like to attend more surgical casting training.

My work is slowed down by the fact that I don’t always remember which instrument or what size is used and for what, since I don’t use them myself. Luckily for me, there is almost always a wonderful healthcare logistician or colleague who can help and advise me in the instrument storage.

I look for training courses in Oppiportti that could help me in my work. An example of such a course is a training course about diathermy machines that I completed.”

Annika Björn, sairaanhoitaja (AMK), TtM, on hoitotyön kliininen asiantuntija. Satu Rauta, erikoissairaanhoitaja, TtT, on hoitotyön kliininen asiantuntija. Maija Vitikainen, sairaanhoitaja, taitava hoitaja, on sairaanhoitaja Jorvin anestesia- ja leikkausosastolla K.

Kaikki kirjoittajat työskentelevät Leikkaus- ja tehohoitokeskuksessa.

The Inflammation Center and the Heart and Lung Center systematically develop competence

Terhi Lemetti, Marja-Liisa Packalén, Ira Pipatti, Virpi Sneck, Taru Tikkanen and Eeva-Leena Örn

Adequate, up-to-date competence that meets future needs is being strengthened at HUS. In this strengthening of competence, it is essential to set goals and draw up a clear plan (Työterveyslaitos 2024). The systematic competence reinforcement plan is based on the organisation's strategy and its focus areas – what competence is needed in the present moment and what we are aiming for in the future. It is essential that the entire work community is involved in the process of drawing up a plan for strengthening the competence of the community's unit, and it is also important that a safe and interactive culture is enabled within the unit. Strengthening the unit's competence requires each member of the organisation to be responsible and active (Kunta- ja hyvinvointialueyönantajat KT 2022).

Employees evaluate the strengthening of competence in the feedback indicator for management and the staff survey. In 2024, competence development planning (result 4, scale 1–5) and opportunities to learn and develop at work (result 3.9, scale 1–5) have been at a good level throughout HUS. A couple of years ago, the Inflammation Center noticed a downward trend in the results of the feedback indicator for management in the claim *“Our supervisor develops our competence systematically”*, which led to making the strengthening of competence a systematic development target in the nursing work of the Inflammation Center.

Planning and monitoring the strengthening of competence with a new tool

Objective of the development work

The development work aimed to create a tool (tool framework in Figure 1) for planning and monitoring the strengthening of the unit's competence, which will in turn contribute to the implementation of the HUS strategy. The key to creating the tool was: 1) competence is strengthened taking into account the competence requirements of the position and the competence development goals brought on by the changing working life and organisational strategy, and 2) the unit's nursing staff were involved in the processing, monitoring and assessment of the competence strengthening plan.

Plan and implementation of development work

The planning of the development work and tool involved the contributions of **Terhi Lemetti**, Clinical Nurse Specialist at the Inflammation Center, **Eeva-Leena Örn**, Training Planner of staff training at HUS Shared Group Services, and **Virpi Sneck**, Chief Nursing Officer. Terhi Lemetti and Eeva-Leena Örn participated in the piloting of the commissioning in cooperation with the Triangle Hospital outpatient clinic's Nurse Manager **Taru Tikkanen**, Assistant Nurse Manager **Ira Pipatti**, and the nurses of the unit. The commissioning began in autumn 2023 with the organisation of two workshops for the nurses of the unit. Terhi Lemetti presented the tool and Ira Pipatti shared

preliminary user experiences with forepersons of the Inflammation Center and the Heart and Lung Center. In 2024, the Triangle Hospital outpatient clinic continued to develop a tool for the needs of the unit in joint meetings between Nurse Manager Ira Pipatti, Assistant Nurse Manager **Saija Jokitalo** and staff, as well as independent work.

A tool for strengthening competence

In practice, the tool is a PowerPoint template that contains instructions and can systematically define: 1) HUS's obligatory and statutory training that persons in different positions in the unit must complete, 2) the competence requirements of the different positions within the unit, and 3) the competence development objectives in different positions within the unit in accordance with the organisation strategy and the changing working life. The tool records the means of competence validation (e.g. training, mentoring, unit meeting), target group, cycle, participating employee, costs and whether participation in a training course, for example, has been approved. At the moment, the evaluation is only marked “completed” and the date of when it was completed. The tool for strengthening competence records the strategic focus areas of HUS and the department, and they are then used to form the competence development objectives from the department's perspective.

Development work results

During the piloting of the tool, the original tool at the Triangle Hospital outpatient clinic was, among other things, modified

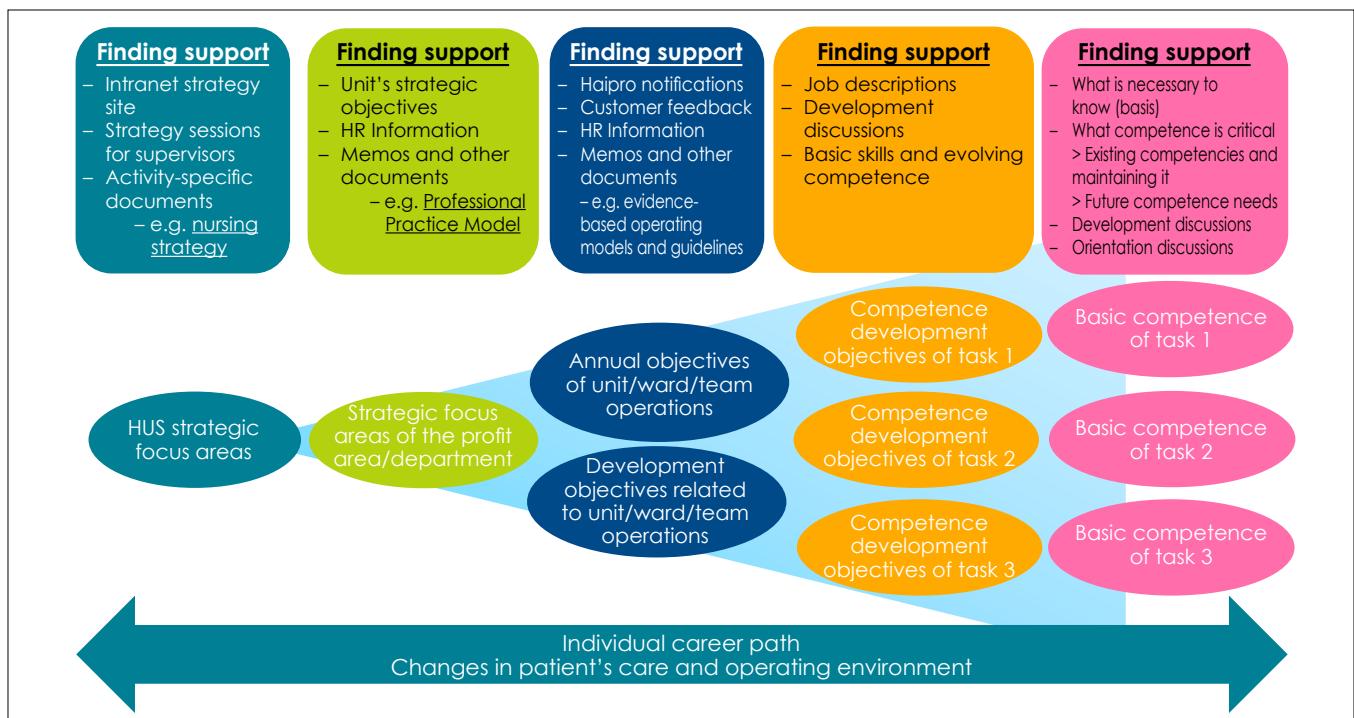


Figure 1. The framework of the tool for strengthening competence.

to also include a plan for strengthening the competence of the forepersons' team. User experiences of the tool have shown that the staff commits to the use of the tool when the plan is made co-operatively. The planning must be based on an understanding of the unit's operations and the organisation's strategic focus areas. The tool has helped forepersons to, in cooperation with staff, identify the competence needed in the unit. It has improved the staff's understanding of the importance of strengthening their own competence and introduced transparency to training courses and the opportunities to take them. The tool creates positive peer pressure to maintain one's own skills. From the foreperson's perspective, the tool facilitates training-related monitoring and provides a basis for development dialogues.

Based on these good experiences, the different units at the Heart and Lung Center and Inflammation Center have started to implement the model, and planning related to this is under way.

Department perspective

The tool, which promotes the strategic

goals of HUS, strengthened and clarified the structures that can be used to define the current and future competence requirements and needs of nursing staff. Through development work, various development needs were identified in the units, such as the more detailed description of the nursing staff's job descriptions, as well as updating the responsibilities and defining the related competence needs. Describing the job descriptions and competence requirements could dispel the image of a position being particularly demanding and increase the nursing staff's experience of having the opportunity to expand their competence.

At the department and profit area level, the information on competence requirements obtained by using the tool can be utilised in describing the plans for annual competence development based on personnel planning. In addition, the tool contributes to the achievement of the strategic goal for 2025 in Profit Area 3, which includes high-quality foreperson work, leadership and personnel planning reform, including the appointment of a key expert and succession planning.

Terhi Lemetti, RN, PhD, is a Clinical Nurse Specialist at the Inflammation Center. Ira Pipatti, RN (University of Applied Sciences) is a Nurse Manager at the Inflammation Center. Marja-Liisa Packalén, RN, MSc, is the Chief Nursing Officer at the Inflammation Center. Virpi Sneek, RN, MSc, is the Chief Nursing Officer at the Heart and Lung Center. Taru Tikkanen, RN, MSc, is a Nurse Manager at the Heart and Lung Center. Eeva-Leena Örn, MEd, works as a training planner at HUS Shared Group Services in personnel training.

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Recognition of excellent nursing

Our warmest congratulations to the members of our staff whose work was recognised in 2024!

Academic merits and degrees in 2024*

Title of Docent (nursing science)

- **Toni Haapa**, Research Nurse Director, Nursing Research Center, Corporate Administration (University of Tampere)

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

Doctoral degree (golden honorary badge of nursing science):

- **Anniina Heikkilä**, Development Manager, Corporate Administration (University of Helsinki)
- **Milja Niinihuhta**, Planning Specialist, Emergency Medicine and Services (University of Eastern Finland)



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

- **Aalto Satu**, Nurse Manager, Medical Services for Local Hospitals (University of Vaasa)
- **Ahokas Birgitta**, Shift Planner, Head and Neck Center (University of Eastern Finland)
- **Aspelin-Hiltunen Ann-Sofie**, Nurse, Emergency Medicine and Services (Åbo Akademi)
- **Baldschun Anu**, Nurse, Children and Adolescents (Tampere University)
- **Helmikkala Anu**, Nurse Manager, Children and Adolescents (University of Eastern Finland)
- **Järvinen Iina**, Assistant Nurse Manager, Abdominal Center (University of Eastern Finland)
- **Järvinen Jenna**, Assistant Nurse Manager, Abdominal Center (University of Eastern Finland)
- **Kempara Aga**, Nurse, Abdominal Center (Akademia Humanistyczno-Ekonomiczna w Łodzi)
- **Kormilainen Aino**, Clinical Specialist, Head and Neck Center (University of Eastern Finland)
- **Lindberg Toni**, Nurse Manager, Neurocenter (Tampere University)
- **Poikajärvi Krista**, Assistant Nurse Manager, Musculoskeletal and Plastic Surgery (University of Turku)
- **Rautajuuri Senja**, Assistant Nurse Manager, Children and Adolescents (University of Turku)



- **Ruponen Johanna**, Assistant Nurse Manager, Perioperative and Intensive Care (University of Eastern Finland)
- **Räikkönen Raili**, Physiotherapist, Psychiatry (University of Jyväskylä)
- **Suominen Tuuli**, Nurse Manager, Children and Adolescents (University of Eastern Finland)
- **Talvitie Terhi**, Assistant Nurse Manager, Psychiatry (Tampere University)
- **Tikkanen Taru**, Nurse Manager, Heart and Lung Center (University of Eastern Finland)
- **Turunen Sannamaria**, Nurse, Children and Adolescents (University of Helsinki)
- **Vasse Miia**, Nurse, Perioperative and Intensive Care (University of Turku)
- **Vääriskoski Maija**, Midwife, Gynecology and Obstetrics (University of Helsinki)
- **Wikström Kaisa**, Assistant Nurse Manager, Medical Services for Local Hospitals (University of Eastern Finland)

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

- **Aholainen Jonna**, Nurse, Abdominal Center (LAB)
- **Arajärvi Laura**, Nurse Manager, Perioperative and Intensive Care (Häme University of Applied Sciences)
- **Domie Leticia**, Nurse, Abdominal Center (South-Eastern Finland University of Applied Sciences)
- **Eloranta Heidi**, Midwife, Gynecology and Obstetrics (Metropolia)
- **Ferreira Ana**, Nurse, Psychiatry (Savonia)
- **Haapiainen Eeva**, Nurse Manager, Heart and Lung Center (Metropolia)
- **Hakala Titta**, Nurse, Heart and Lung Center (Tampere University of Applied Sciences)
- **Halonen Maria**, Nurse, Psychiatry (South-Eastern Finland University of Applied Sciences)
- **Hatakka Jaana**, Nursing Instructor, Neurocenter (LAB)
- **Havanto Anna**, Nurse, Children and Adolescents (University of Turku)
- **Heinonen Terhi**, Assistant Nurse Manager, Musculoskeletal and Plastic Surgery (LAB)
- **Hyvönen Hanna**, Midwife, Gynecology and Obstetrics (Metropolia)
- **Istermaa Minttu**, Service Supervisor, Psychiatry (LAB)
- **Juntunen Taru**, Project Planner, Abdominal Center (Metropolia)
- **Karhu Ulla**, Midwife, Gynecology and Obstetrics (Metropolia)



- **Karppinen Pinja**, Assistant Nurse Manager, Children and Adolescents (Turku University of Applied Sciences)
- **Koponen Sanna**, Assistant Nurse Manager, Gynecology and Obstetrics (Metropolia)
- **Koskinen Emma**, Assistant Nurse Manager, Abdominal Center (Laurea)
- **Kuisma Elina**, Assistant Nurse Manager, Emergency Medicine and Services (Metropolia)
- **Kunttu Tiina**, Nurse, Perioperative and Intensive Care (Oulu University of Applied Sciences)
- **Laine Jyri**, Nurse, Perioperative and Intensive Care (Metropolia)
- **Malinen Paula**, Nurse Manager, Gynecology and Obstetrics (Turku University of Applied Sciences)
- **Metsola Henna**, Nurse Manager, Head and Neck Center (Laurea)
- **Mäkelä Sari**, Nurse Manager, Gynecology and Obstetrics (Turku University of Applied Sciences)
- **Mäkelä Jenni**, Assistant Nurse Manager, Emergency Medicine and Services (Metropolia)
- **Nummela Johanna**, Nurse Manager, Heart and Lung Center (Metropolia)
- **Paavola Jaana**, Nurse, Musculoskeletal and Plastic Surgery (Savonia)
- **Pajari Saara**, Nurse, Neurocenter (LAB)
- **Patolinna Emmi**, Midwife, Gynecology and Obstetrics (Metropolia)
- **Peltola Anna**, Assistant Nurse Manager, Heart and Lung Center (Tampere University of Applied Sciences)
- **Pesonen Eija**, Assistant Nurse Manager, Perioperative and Intensive Care (Häme University of Applied Sciences)
- **Pesu Sari**, Assistant Nurse Manager, Psychiatry (Tampere University of Applied Sciences)
- **Petrasuo Siiri**, Nurse, Emergency Medicine and Services (Metropolia)
- **Pietiläinen Sanna**, Midwife, Gynecology and Obstetrics (Metropolia)
- **Randelin Hathaikan**, Nurse, Abdominal Center (Metropolia)
- **Rantanen Riikka**, Nurse Manager, Perioperative and Intensive Care (Metropolia)
- **Repo Mika**, Nurse, Head and Neck Center (Metropolia)
- **Romppainen Tuula**, Infection Control Nurse, Inflammation Center (Oulu University of Applied Sciences)
- **Rönnqvist Daniel**, Nurse, Neurocenter (Arcada)
- **Salonen Kari**, Registered Nurse, Emergency Medicine and Services (Metropolia)
- **Saras Jenny**, Nurse, Perioperative and Intensive Care (Metropolia)
- **Soinila Mari**, Nurse, Children and Adolescents (Turku University of Applied Sciences)
- **Sulopuisto Elena**, Nurse, Heart and Lung Center (Metropolia)

PICTURE: SAARA ROPPONEN



Chief Nursing Executive **Marja Renholm** presented the golden honorary badge of nursing science at Science Day on 21 November 2024 to doctors who defended their doctorates in 2024. In addition, Toni Haapa who had just been given the title of a docent was also given a congratulatory bouquet of flowers. From the left, Docent Toni Haapa, Doctors **Kiki Metsäranta** **, Milja Niinihuhta and Anniina Heikkilä, and Chief Nursing Executive Marja Renholm.

- **Tarakkamäki Jenni**, Assistant Nurse Manager, Operational Services of Local Hospitals (South-Eastern Finland University of Applied Sciences)
- **Toivonen Heini**, Assistant Nurse Manager, Children and Adolescents (South-Eastern Finland University of Applied Sciences)
- **Tuomola Katja**, Assistant Nurse Manager, Head and Neck Center (Diak)
- **Vehviläinen Nelli**, Nurse, Inflammation Center (Diak)
- **Vepsäläinen Sonja**, Assistant Nurse Manager, Heart and Lung Center (LAB)
- **Waris Rosanna**, Nurse, Children and Adolescents (Turku University of Applied Sciences)
- **Wickström Petra**, Nurse, Heart and Lung Center (Metropolia)

- **Winqvist Anni**, Assistant Nurse Manager, Abdominal Center (Metropolia)
- **Ylönen Eva-Lotta**, Nurse Manager, Emergency Medicine and Services (South-Eastern Finland University of Applied Sciences)
- **Österman Annukka**, Shift Planner, Psychiatry (Turku University of Applied Sciences)

*) Degrees notified to HUS nursing management

**) Kiki Metsäranta received her doctoral degree at the end of 2023, but did not receive the gold badge until 2024, because the handover of 2023 badges took place before her doctoral thesis defence.

The Rising Star award granted by the Finnish Nurses Association

- **Jonna Rauta**, Nurse, Abdominal Center Joint Ward M13, Meilahti, Abdominal Center
- **Carita Into**, Nurse, Cardiology Inpatient Ward S7, Jorvi Hospital, Heart and Lung Center
- **Meri-Linda Lilja**, Nurse, Cardiac Monitoring CCU, Meilahti, Heart and Lung Center
- **Jenni Lahtinen**, Nurse, Cardiac Unit, Meilahti, Heart and Lung Center
- **Sanna Ojala**, Nurse, Emergency Ward, Malmi Hospital, Emergency Medicine and Services
- **Henri Wahlman**, Nurse, Joint Emergency Ward, Meilahti, Emergency Medicine and Services

The Kiintotähti ("fixed star") award granted by the Finnish Nurses Association

- **Arja Mattila**, Nurse, Cardiac Unit, Meilahti, Heart and Lung Center
- **Marjo Sinisalo**, Nurse, Ward Tähti, New Children's Hospital, Children and Adolescents

Kyllikki Pohjala Memorial Fund recognition

- **Anniina Heikkilä**, Development Manager, Nursing Management and Special Duties, Corporate Administration
- **Kamilla Rautio**, Nursing Instructor, Orthopaedics and Traumatology, Musculoskeletal and Plastic Surgery

The Midwife of the Year award of the Federation of Finnish Midwives

- **Marjo Heikintalo**, Midwife, Gynecology and Obstetrics, Lohja Hospital

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

Cross of Merit of the Order of the Lion of Finland

- **Maritta Lindholm**, Nurse Director, Internal Medicine and Rehabilitation
- **Eila Manninen-Kauppinen**, Nurse Director, Abdominal Center

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

- **Oili Ask**, Nurse Manager, Internal Medicine and Rehabilitation
- **Susanne Hagner**, Assistant Nurse Manager, Heart and Lung Center
- **Marja-Liisa Hellstedt-Engberg**, Nurse, Transplant Coordinator, Heart and Lung Center Outpatient Clinic, Meilahti, Heart and Lung Center
- **Paula Siltanen**, Nurse Manager, Internal Medicine and Rehabilitation
- **Irene Vainikainen**, Assistant Nurse Manager, Infectious Diseases, Dermatology, and Rheumatology Ward K4B, Inflammation Center (retired as of 1 September 2024)

Publication activities and presentations

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

Toni Haapa received the title of Docent of Nursing Science

Hanna-Leena Melender

PICTURE: MATTI SNELLMAN

Research Nurse Director Toni Haapa received the title of Docent of Nursing Science from Tampere University in 2024. He graduated as a registered nurse in 2008 and worked as a nurse at HUS Tower Hospital in the Operating Department and in the endoscopy unit. He completed his academic degrees at Tampere University: gaining his MHS in 2012 and his PhD in 2018. After his career as a clinical nurse, Toni has worked at HUS as a clinical nurse educator, a researcher and now as a research nurse director since 2019. In addition, he has worked at Tampere University as a postdoctoral researcher since 2019 and as an associate professor in Norway, Lovisenberg Diakonale Høgskolen, since 2023.

Toni has for a long time studied the experiences of people with infectious diseases living with the disease and, in particular, the well-being of healthcare professionals treating infectious diseases during the COVID-19 pandemic. As research in health pedagogy, he studies teaching, including orientation (including cultural competence in orientation), in a clinical learning environment, and the competence of healthcare teachers. He has published 25 scientific peer-reviewed original publications, several professional articles, and three book chapters as evidence of implementing research evidence into practical nursing work. In addition, he has given 20 presentations at international and 45 presentations at national conferences.

Toni has supervised ten completed master's theses and is currently supervising eight doctoral theses. As research nurse director, his duties include promoting the continuous learning of HUS nursing staff and representatives of similar fields in evidence-based practise and research.

In addition to his research and teaching activities, Toni contributed to the founding of the Nursing Research Centre at HUS and has worked on the Regional Medical Research Ethics Committee of HUS since 2020, first as a member and since 2022 as Vice Chair. He has conducted scientific peer reviews for more than ten scientific journals, given statements on the national clinical guidelines for nursing of the Nursing Research Foundation, and served as Editor-in-Chief of the member mag-



azine Pinsetti of Finnish Operating Room Nurses Association (FORNA ry.) in 2021–2022. They awarded him the Academic of the Year award in 2019.

Warm congratulations to Toni for his new title and good luck in the future!

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

Docent refers to an academic title awarded in recognition of scientific and educational merit. The title of a docent needs to be applied for, and eligible for the title is a person who has in-depth knowledge in their field, proven (through publications or otherwise) ability for independent scientific research, as well as good teaching skills.

EXEMPLARY PROFESSIONAL PRACTICE

Exemplary professional practice means, among other things, safe and high-quality patient care. The uniform practices of nursing, the involvement of patients and clients, and patient satisfaction are a sign of high-quality professional activity.

The volume of patient feedback doubled and satisfaction remained unchanged

Marita Ritmala

Patient satisfaction in nursing is regularly monitored on a quarterly basis with the help of a patient feedback survey concerning

nursing (HoPP) given to adult patients, paediatric patients and their parents. The results of each unit can be seen in the Power BI report under Hoitotyön

potilaspalaute (“patient feedback for nursing”). The results are reported in relation to the national average for the corresponding types of units (HoiVerKe).

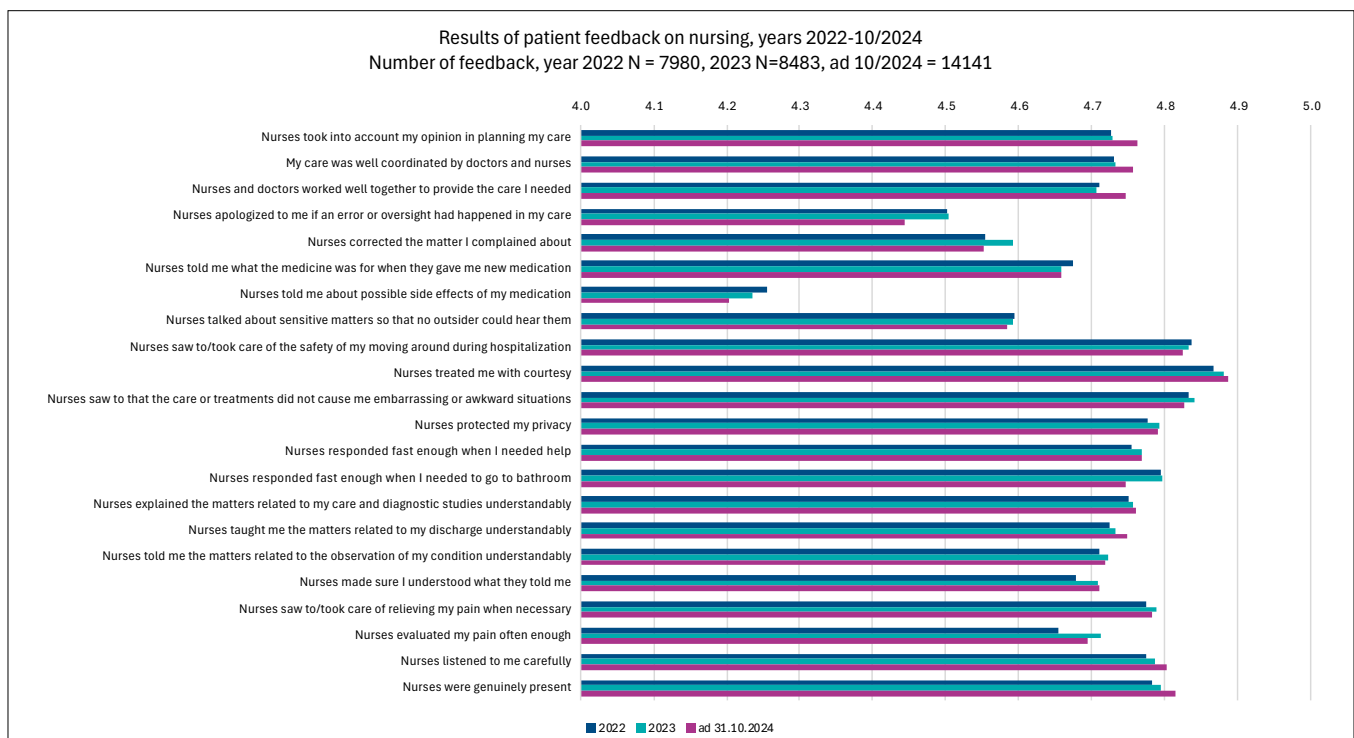


Figure 1. Average of the results of patient feedback on nursing at HUS in 2022– 2023 and January–October 2024.

The volume of patient feedback has increased dramatically from the previous year (figure 1). This is thanks to everyone who approach patients concerning this issue. Patients' satisfaction with their care is an important part of the excellent quality of nursing. Overall, patient feedback has been excellent year after year, with an overall average of 4.72 for the third consecutive year on a scale of 1–5. In 2024, the averages of individual statements ranged from 4.20 to 4.89. Patients were even more satisfied with their care planning and education than in previous years – except for the claim “The nurses told me about possible side effects of my medication”, which receives

the lowest rates year after year (4.20 in 2024). Patients' assessments of how carefully nurses listen to the patient (average 4.80) and nurses' genuine presence (average 4.81) increased slightly from the previous year, reaching peak levels. The best ratings again came from the statement “Nurses treated me with courtesy” (average 4.89).

The HoPP questionnaire produces data about the key patient-related areas of good nursing: patient's engagement/patient-centered care, coordination of care, safety, service recovery, courtesy and respect, responsiveness, patient education, pain and careful listening. We can be proud of these results, especially

in terms of realisation of the patient's engagement/patient-centered care, coordination of care and careful listening.

According to patient feedback, there is room for improvement, not only in the guidance of pharmacotherapy but also in the realisation of privacy, especially in ensuring that outsiders do not hear the patient's personal matters when they are discussed with him/her (average 4.58).

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

More effective risk management of violence on psychiatric hospital wards – eDASA+APP FI

Maria Ameen and Tiina Talja

Nursing professionals face violence in their work, which has significant consequences for their ability to cope at work, occupational well-being and even for them leaving the sector (Jang *ym.*, 2022). Violent behaviour or the threat of violent behaviour in psychiatry must sometimes be controlled by involuntary means, such as isolating or restraining the patient or involuntary medication. Systematic assessment of the risk of violence and planning its management can reduce the use of restrictive involuntary measures (Maguire *ym.*, 2019) and at the same time improve occupational and patient safety and the quality of care (Kuosmanen & Laukkanen, 2019). While effective methods have been developed for the risk assessment of violence, the risk assessment of the threat of violence

is often still based on an assessment guided by the nurse's clinical experience (Downes *ym.*, 2016).

The aim of the research and development project was to improve the quality of care with the help of an electronic Dynamic Appraisal of Situational Aggression + Aggression Prevention Protocol (eDASA +APP FI), which was adapted to Finnish conditions and integrated into the patient information system to support clinical decision-making.

Development Manager, PhD **Maria Ameen** and Docent **Tella Lantta** from the University of Turku started planning the project in 2020. The project management team consisted of representatives of Psychiatry, academic researchers (including the developers of the original eDASA + APP from Australia) and a representative of Apotti. In the project,

the eDASA +APP developed in Australia was adapted to fit the Finnish hospital environment and the Apotti patient information system. Web-based training was developed to support the implementation, and the functionality of the model was tested in psychiatric hospital care. The project was funded by the Finnish Work Environment Fund and the Finnish Nursing Education Foundation *sr.*

The modification of the EDASA + APP model was based on co-development in which the members of a multi-professional working group made their own expertise and understanding of the topic available at eight workshops. After that, a pilot was carried out at four psychiatric units in December 2023, after which feedback on usability and integration was collected in Apotti in January–February 2024. Based on the feedback,

changes were made to the integration, and these improved the usability and visibility of the model in Apotti. A section for recording the patient's own view was also added to Apotti. The records concerning the assessment and management of the risk of violence were reviewed in Apotti before the pilot (58 patients) and during the pilot (64 patients) over a period of three days.

The systematic assessment of the risk of violence and the recording of methods used to manage it increased during the pilot. Prior to the pilot, the risk of violence and the methods used to manage it had only been recorded for 16 patients (28%). The evaluations had not used a standardised metric and the result of the evaluation was recorded as free-form text. The interventions used to manage the risk of violence were described in slightly more than half of the patient cases, and the elements highlighted in the interventions were the administration of involuntary medication, calling security,

talking the patient down, increasing human resources and using isolation.

During the pilot, the assessment of the risk of violence was carried out for almost all patients and the assessment was carried out using the eDASA indicator. Interventions used to manage the risk of violence were recorded in half of the patient cases. The interventions emphasised non-restrictive measures, especially the use of an individual daily programme, validation, ensuring the safety of the environment and talking the patient down.

Based on the pilot, eDASA +APP seems to increase the systematic recording of the assessment of the patient's risk of violence and the interventions used to manage it.

Maria Ameer, RN, MSSc, PhD, is the Development Manager in the Psychiatry Department. Tiina Talja, RN, PhD, is a clinical specialist in the Psychiatry Department.

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Zero-waste project and Glove cutback campaign help save both the environment and money

Satu Naumanen, Nelli Lönnrot and Sanna Lepojärvi

In 2024, the HUS Operational Area organised the sustainability project Zero-waste project (Hukkaprojekti), and Perioperative and Intensive Care (LeTe) participated in the sustainability campaign Glove cutback (Karsi käsi-neitä). The Zero-waste project focused on reducing material waste and the cost of supplies. Its aim was to improve inventory management, procurement and ordering processes, reduce waste and the costs of care and research materials, and

improve cost awareness. The common goal of the entire Operational Area was to achieve a saving of EUR 1.348 million compared to the previous year. In the Glove cutback campaign, the Hyvinkää intensive care department and the Jorvi Hospital Anesthesia and Surgery Unit K endeavoured to reduce the unnecessary use of protective gloves and, through that, improve infection safety, reduce waste and decrease costs. Before participating in the campaign in 2023,

110,400 pairs of gloves were used at the Hyvinkää Hospital intensive care department and 259,550 pairs at the Jorvi Hospital Anesthesia and Surgery Unit K. The amount of waste generated by gloves is also significant, as they constitute an estimated 250,000 kilograms of waste at HUS annually.

The Operational Area's Zero-waste project was implemented in spring 2024 in close cooperation with the units and staff. In summer 2024, the project also

expanded to the operational and medical services of local hospitals and the outpatient units of Musculoskeletal and Plastic Surgery (TuPla), where corresponding reforms were initiated. The departments' project groups were responsible for the practical implementation of the initiatives, and in many units nurses played key roles as inventory managers. The units used the reports of the Support Services to monitor the consumption of supplies on a product-by-product basis, and they took inventories of their supplies, reduced the range of supplies and harmonised care practices. The ideas came directly from the staff. Particular attention was paid in TuPla to the implant and supply costs of emergency surgeries, which were monitored with Apotti's Slicer Dicer tool. At the same time, the number of standard operating procedures (SOPs) was assessed. The progress of the project was monitored at unit or department level on a monthly basis.

The key players in the Glove cutback campaign were the hygiene officers of the Hyvinkää Hospital intensive care department and the Jorvi Hospital Anesthesia and Surgery Unit K, with the support of the units' forepersons and infection control nurses. Hygiene officers introduced new employees to infection control, organised regular ward sessions and ensured that campaign materials were prominently displayed at the units. The officers invested in active observation of good hand hygiene. The core of the observations was active guidance and the provision of individual feedback, which was perceived to have helped in the change of practices. In addition, the Hyvinkää Hospital intensive care department switched from rectangular protective glove packaging to the SafeDon cube model packaging, because a person can really only take one pair of gloves at a time from a cube model package. Glove racks were replaced and their placement was designed so that changing gloves and using hand sanitiser is a seamless part of patient care. By im-

proving the placement of gloves, any errant half-used glove packages were also eliminated.

The main successes of the Zero-waste project were:

1. Improved cost awareness and financial competence of units and staff.
2. The commitment of the units and staff to a project that has been positively received. The objectives of the project, as well as the savings achieved in a short time, have motivated the staff to continue with the changed practices.
3. Critical review of current nursing practices and making operational changes based on the latest research evidence.

The savings target of (EUR -1,348 million) for 2024 will not be reached, but the Comprehensive Cancer Center (EUR -91,395, -7,3%), Musculoskeletal and Plastic Surgery (EUR -315,172, -5,2%) and the Abdominal Center (EUR -747,222, -11,5%) have achieved their savings targets excellently. This year, all departments in the operating area have treated more patients than last year, which is an important aspect to take into consideration when looking at the results. The results of the operational and medical services for local services, as well as the Musculoskeletal and Plastic Surgery outpatient clinics, cannot yet be fully assessed, as the project was only started in summer 2024. However, the first results suggest that the units will achieve significant savings as soon as this year.

Thanks to the Glove cutback campaign, the glove consumption of the Hyvinkää Hospital intensive care department was significantly reduced. The number of pairs of gloves supplied in January–September 2024 decreased to 47,700 pairs from 76,800 pairs in the corresponding period in 2023. The consumption of gloves per day of care decreased by more than ten pairs from

58.1 pairs in 2023 to 45.6 pairs per day of care in 2024. At the Jorvi Hospital Anesthesia and Surgery Unit K, the consumption of gloves in was 675 pairs in January–September 2024. Compared to the corresponding period of the previous year, this is 19,150 pairs of gloves more, but glove consumption per procedure has decreased by several pairs, taking into account the number of procedures increasing by about 1,000 after the opening of two operating rooms and the launch of the Leiko (Leikkauksen kotoa "From home to surgery" unit) operations.

The Zero-waste project succeeded in improving the cost awareness of units and staff, which is key to the current funding model of HUS and healthcare and social welfare. The project was received very positively by all units, and the staff actively participated in the submittal of savings proposals and making changes in operations. However, the challenges in the consumption of supplies are related to broader development areas within HUS, such as the lack of a modern inventory control system, the poor usability of the Valtti online store and the sub-optimality of procurement and tendering processes. In addition, at the Hyvinkää Hospital intensive care department and the Jorvi Hospital Anesthesia and Surgery Unit K, the diligent communications, guidance and observation of the staff responsible for hygiene has increased the staff's hygiene competence.

Satu Naumanen, RN (University of Applied Sciences), MHSc, and Nelli Lönnrot, RM (University of Applied Sciences), RN (University of Applied Sciences), Msc (Admin), are nurse managers at Perioperative and Intensive Care. Sanna Lepojärvi, RN (University of Applied Sciences), M.Sc. (Tech.), is a Senior Planning Officer at the Head and Neck Center and the Project Manager of the Zero-waste project in the operative department.

Linkki Hukkaprojektin loppuraporttiin:
[Hukkaprojekti - aineet ja tarvikkeet, TuA4](#)

NEW KNOWLEDGE, INNOVATION AND IMPROVEMENTS

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

2024 at the HUS Nursing Research Center (NRC)

Toni Haapa and Kristiina Junttila

The HUS Nursing Research Center (NRC) aims to promote within HUS the production of nursing and health science research, evidence-based development, research activities-based networking and the utilisation of research evidence in clinical nursing, its management and education.

Support for nursing and health science research

Research grants for doctoral students and post doc researchers

HUS NRC annually grants researcher months for nursing staff employed by

HUS. In 2024, 17 researchers applied for researcher months for their doctoral dissertations and post-doctoral research. Eleven of them were granted a total of 35 months (and three were in reserve). The utilisation rate of researcher months was approximately 97%.

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

Cooperation between HUS and the University of Helsinki's Master's Programme in Development of Healthcare Services was promoted in accordance with the joint research, education and

development strategy (2024–2028). During 2024, many things were produced, including a description of the forms of cooperation that nursing and health sciences representatives from HUS can carry out in the field of teaching and guidance. Further training was also planned for HUS staff. In addition, master's programme students were offered numerous master's thesis topics as well as practice placements.

NRC's own research activities

In 2024, NRC staff were involved in launching several new nursing and health science studies, one of which was a joint research project by HUS clinical specialists and educators, which examines the implementation and outcomes of evidence-based protocols and recommendations in patient care. In 2024, NRC staff produced 4 scientific publications which formed 8 Jufo points. In addition, the NRC staff produced professional publications based on research activities (n=2), as well as national (n=5) and international (n=8) congress presentations.

Cooperation between HUS and the University of Helsinki's Master's Programme in Development of Healthcare Services was promoted in accordance with the joint research, education and development strategy (2024–2028).

Table 1. Research and development projects supported by HUS NRC in 2024.

	Project name	Place of implementation	Project Planner
Strategy-based research and development projects	Updating and further development of the ASTU programme of clinical instructors	HUS-wide development project	Tii Kouvalainen
	Planning of the research project Magnet Hospital® framework in HUS nursing: importance for and impact on patients, staff and organisation	HUS-wide research project	Leena Tuominen
Research-based development projects at the unit level	Developing evidence-based online training in ear, nose and throat diseases nursing	Outpatient Clinic for Ear, Nose and Throat Diseases, Surgical Hospital	Mirkka Simonen

Support for research-based development

In 2024, NRC project coordinator vacancies were utilised both for strategy-based research and development and for research-based development of nursing at the unit level (Table 1). The development activities of HUS were also supported by coordinating the activities of the national HoiVerKe (the Finnish consortium for the national benchmarking of nursing-sensitive outcomes) and OVeLa (comparable quality of student supervision) networks.

Support for networking

In 2024, HUS NRC supported networking aimed at producing and utilising research evidence by organising, among other things, two HUS PhD Network meetings, two meetings for nursing and health science doctoral students, and two joint symposia for clinical specialists and educators. In addition, national and international networking was promoted by presenting the activities of the NRC at the national symposium of evidence-based healthcare in Helsinki (15 February 2024) and at the conference

of European Federation of Educators in Nursing Science held in Barcelona (22 March 2024). In addition, the activities of the NRC were communicated about in cooperation networks, including events organised by the nursing science departments of various universities.

Support for utilising research evidence

The utilisation of research evidence was supported by organising Nursing Science meetings (5 of them), and Science Day (21 November 2024), as well as by publishing NRC's newsletter (11 issues). In addition to the above-mentioned events, HUS NRC participated in organising the sixth national symposium of evidence-based healthcare (15–10 February 2024) together with the Nursing Research Foundation (Hotus) and the JBI Centre of Excellence. The theme of the symposium was ensuring evidence-based activities in the new social and health care structures. More than 100 social and healthcare professionals, specialists, leaders and educators participated in the symposium.

In 2024, HUS NRC led the organisation of the second International Confer-

ence of Clinical Nursing Research. The conference was held on 22–23 August 2024 at the Marina Congress Center in Helsinki and was attended by a total of 240 participants from 12 different countries. The conference's Finnish attendance comprised HUS employees as well as representatives of universities, universities of applied sciences and well-being services counties. The programme included 28 oral presentations in parallel sessions and 27 electronic poster presentations. HUS employees contributed to 13 oral and 9 poster presentations. Parallel sessions related to topics such as patient counselling, digital solutions for nursing, emergency nursing work, adverse events and the quality and evidence-based nature of clinical nursing. The conference Abstract book was published on the HUS website: <https://www.hus.fi/en/research-and-education/scientific-research/nursing-research-center-nrc>

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

Experiences from an international conference

Jaana Kaukonen, Anna Mason, Eveliina Ahokas and Jessica Ekholm

The 2nd International Clinical Nursing Research Conference held in August attracted a large number of participants from the Head and Neck Center, as the conference participation was prioritised by the nurse management of the centre. Abstracts for the event's scientific programme were also actively submitted. Center's six nursing professionals held a poster or oral presentation.

A Clinical Nurse Specialist and a Clinical Nurse Educator were actively involved in supporting the preparation of the abstracts. At the submission stage of the abstracts, a date was agreed upon

for a workshop for making presentations. Before the actual workshop, the instructions for the posters and presentations were reviewed and the HUS templates for presentations were retrieved.

Experiences of preparing for the conference

The workshop was carried out in person at the beginning of the summer at the Eye and Ear Hospital. Those presenting for the first time were apprehensive about speaking English, having no previous presentation experience and the

nervousness caused by this. Participants found the workshop to be a pleasant experience, which in itself calmed their nerves. It was really nice to get help from more experienced people with the content and visuals of the presentations. At the same time, working with other first-timers was a way to get peer support, as everyone was in a new situation. Those interested were also given the opportunity to present their presentations in advance to the Head and Neck Center's Nursing Leadership Team. Preparation for presentations was easier due to the conference organiser's clear instructions.

PICTURE: SELMA SAVAGE



A great number of Head and Neck Center employees attended the conference, which was held in August in the pleasant Marina Congress Center in Katajanokka.

Experiences of conference days and presentations

The conference was a great experience and had a good atmosphere. The presentation times were appropriately timed and everyone kept to the schedule. A pleasant addition was that tech support was present the whole time so there was no need to worry about sharing presentations or whether the microphone would work. Interesting keynote speaker presentations were highly praised. The conference was considered beneficial for all clinical nurses and the presentations provided ideas for the development of

nursing at the participants' units. Networking with others is always necessary.

Despite the anxiety before the conference, giving presentations was an empowering experience and increased people's confidence in talking before an audience. There was no need to be nervous about speaking English, because it was a foreign language to many other speakers as well. It was nice that the audience was interested and asked questions and commented on the presentations. It was even more wonderful to be able to answer them. After this experience, it will be easier to present next time.

Lesson learnt: there is no need to be scared of international scientific confer-

ences! Hopefully, as many of us as possible will be attending the international congress organised by the International Council of Nurses (ICN) in Helsinki in June 2025.

Jaana Kaukonen, RN, MHSc, Clinical Nurse Specialist; Anna Mason, RN, MHSc, Clinical Nursing Educator; Eveliina Ahokas, RN, MHSc; Jessica Ekholm RN, Nurse Instructor. All authors are from the Head and Neck Center.

Escape room game – a new way to learn about fall prevention

Virpi Medina, Kirsi Roms and Leena Tuominen

Falls that have led to harm to patients decreased in number at the Comprehensive Cancer Center's inpatient wards from 2018 (49) to 2023 (14). However, when comparing the results internationally with the key figure "falls/1,000 days of care", there were more falls than the international average. New innovative ways to prevent falls were needed.

Continuous improvement and innovation in patient care, nursing and nursing environment are characteristic features of Magnet Hospital® facilities. The practical implementation of new knowledge is encouraged and supported. An example of the introduction of a new evidence-based practice in the organisation is a fall prevention escape room game designed at the Comprehensive Cancer Center. In the game, the uniform fall prevention operating model of HUS was utilised through gamification. The more interesting and useful the players feel the game to be, the more motivating it becomes. In the fall prevention escape room game, the motivation comes from collecting numbers to crack a code and from giving immediate feedback that allows the nurse to monitor their progress. (Haapea & Kesti 2022.) Escape room games also improve problem-solving skills, cooperation skills and in-group communication, which in turn increase the players' active learning (San Martin et al. 2021). In order to create a successful game, the players' contribution is needed in the design process as well (Koivisto et al. 2018). The purpose of the fall prevention escape room game is to create a new kind of interactive learning method that supports active learning. The goal is to reduce falls in patients.

The Comprehensive Cancer Center's coordinating Nurse Manager **Aino Kormilainen** and Clinical Nurse Specialist **Leena Tuominen** got the idea for a fall prevention escape room game in 2022 in Philadelphia, at the poster exhibition of a Magnet Hospital® conference. An escape room game seemed like an enjoyable way to learn new things and a good way to activate participants. The topic was first presented at a meeting of the persons responsible for the prevention of falls at the Comprehensive Cancer Center in 2023. At the time, the persons involved in the project included Registered Nurse **Kirsi Roms**, who was responsible for the prevention of falls at the Comprehensive Cancer Center, substitute Clinical Nurse Specialist Aino Kormilainen and substitute coordinating Nurse Manager **Virpi Medina**. The first version of the escape room game was tested in March 2024 by the persons responsible for the prevention of falls at the Comprehen-

sive Cancer Center (six persons), led by Virpi Medina and Leena Tuominen. HUS experts tested the game a total of four times, and it was always modified based on feedback received.

At the first planning meeting, it was decided that the HUS operating model for preventing falls would be used in the escape room game. The ease of organisation and portability of the escape room game was considered important. Another important element was emphasising the activation of the players' perception, which is important in clinical work. Of the American version, the control point model of escape room games was utilised, but the control points were planned to meet the needs of the Comprehensive Cancer Center. The idea of using a number code to unlock an escape room-like lock was designed in such a way that the players had to obtain a number from each control point to form the final code to unlock the room.

Control point A is related to risks in the patient's environment that can cause them to fall. The props for this control point and the space needed for it required a separate room for the escape room game. This was arranged with the property maintenance staff.

At control point B, the players fill in an IKINÄ indicator on the basis of the patient's medical record.

Control point C focuses on selecting preventive measures for the case patient. The medical record made for the escape room game had to be changed due to this control point, as selecting the preventive measures needed to be clearer.

At control point D, the players identify medication that affects the risk of falling. Initially, the trade names of the drugs were formed by combining letter plates but, in order to save time, it was decided to use ready-made paper notes with the names of the drugs, which had to be placed in the right group of drugs and to consider whether this was a medicine that increased the risk of falling.

Control point E focuses on a quiz, the questions of which were specified to suit the Comprehensive Cancer Center's falling prevention challenges i.e. falling harm categories.

The American version also embraced a post-game discussion, which is a good way to summarise the game experience. In the feedback survey, participants were asked how much and what new things they learned thanks to the escape room game. In addition, they were asked for development ideas and how they felt participating in the escape room game. After giving feedback, the participants were free. The participants were rewarded with a diploma and a small gift.

Eventually, the escape room became a game in which the participants form small groups and solve exercises that are based on the uniform HUS operating model for preventing falls. The escape room game is meant to be a pleasant learning moment. After each control point, the content of the control point and the correct answers are reviewed and, if necessary, guidance is provided during the game. At the first control point, the players are asked to find environmental fall risks, and sometimes they have identified more risks than the game designers, so the control point has been

eye-opening in terms of risk perception. The second control point was considered important from the very beginning, because the use of the IKINÄ indicator is an essential part of the prevention of falls at the Comprehensive Cancer Center. The third control point, the selection of preventive measures, has proven to be challenging without the right patient. Since the number of preventive measures identified has varied, game organisers have focused on going through the operating model together with the players. This gives players more tips on how to use preventive measures to prevent falls. According to feedback, the poster at the fourth control point has significantly increased the participants' knowledge of medicines that increase the risk of falling and will hopefully be used by an increasing number of nurses. The quiz questions have also clarified the players' awareness of the correct classification of the harms of falling.

According to the feedback received so far, the diversity of drugs and how they impact patients' risk of falling were

a new thing for almost 40% of participants. Many were also surprised by how many factors affect the risk of falling. For some, it was new information that only physical harm is taken into account in the classification of falls. The escape room game has received good feedback from players in terms of how it has been created and its versatility. The game created an interesting situation where new things were easier to remember. Suggestions for improvement include an extension to other patient facilities, adding video material or complicating the patient case. An escape room game can be organised in any department, as long as the medical record has been modified to suit the operating environment. The escape room game could also be done as an online version.

Virpi Medina, Radiographer (Master), Substitute Coordinating Nurse Manager, HUS Comprehensive Cancer Center, Nursing Management, Kirsi Roms, RN (University of Applied Sciences) HUS Comprehensive Cancer Center Outpatient Clinic, 5th floor, Leena Tuominen, PhD, RN, Clinical Nurse Specialist, HUS Comprehensive Cancer Center, Nursing Management.

PICTURE: VIRPI MEDINA



Nurses (from the left) **Lotta-Liisa Nieminen**, **Anna-Elina Karvinen** and **Laura Salo** from the Comprehensive Cancer Center's pharmacotherapy unit were able to solve the code of the fall prevention escape room and are shown presenting the diplomas they received for their success.

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- Koivisto, J-M., Haavisto, E, Niemi, H., Haho, P., Nylund, S. & Multisilta, J. 2018. Design principles for simulation games for learning clinical reasoning: A design-based research approach. *Nurse Education Today*, 114–120. Accessed 14.11.2024. Available <https://www.sciencedirect.com/science/article/abs/pii/S0260691717302423?via%3Dihub>
- San Martin, L., Walsh, H., Santerre, M., Fortkiewicz, J., & Nicholson, L. 2021. Creation of a "Patient" Hospital Escape Room Experience to Reduce Harm and Improve Quality of Care. *Journal of Nursing Care Quality*, 36(1), 38–42. <https://doi.org/10.1097/NCQ.0000000000000485>

Appendix 1

Members of HUS nursing councils 2024

HUS Nursing council of care quality and safety

- **Komulainen Jenni**, 1st Chair, Nurse Director, Psychiatry
- **Kalliomäki Soile**, 2nd Chair, Nurse, Emergency Medicine and Services
- **Liehu Marja**, Secretary, Clinical Nurse Educator, Diagnostic Center
- **Alppi Leena**, Nurse, Comprehensive Cancer Center
- **Hakanen Minna**, Infection Control Nurse, Inflammation Center
- **Kivivuori Sanna-Maria**, Chief Quality Officer (consultancy assistance if necessary), HUS Group
- **Kujanpää Meri**, staff representative (deputy), SuPer (regular until 13 February 2024, deputy as of 13 February 2024)
- **Lindholm Terese**, Clinical Nurse Specialist, Raseborg
- **Linnavirta Veera**, Assistant Nurse Manager, Gynecology and Obstetrics
- **Löfqvist Carita**, Quality Manager, Heart and Lung Center
- **Mäntynen Jenni**, Chief Nursing Officer, Neurocenter
- **Ollikainen Tiia**, Nurse, Comprehensive Cancer Center
- **Pekkarinen Visa**, staff representative (regular), SuPer (as of 13 February 2024)
- **Poikajärvi Krista**, Nurse, Musculoskeletal and Plastic Surgery
- **Reponen Minna**, Nursing Instructor, Heart and Lung Center
- **Shabani Golnaz**, Quality Manager, Abdominal Center (until 14 May 2024)
- **Tihlman Ella**, Nurse, Psychiatry (not present at meetings in 2024 due to another commitment)
- **Tuohilampi Marjo**, Nurse Manager, Internal Medicine and Rehabilitation
Quality Manager, steering group of patient safety and security, invited when needed (not invited in 2024)

HUS nursing council of clinical competence and career development

- **Voutilainen Niko**, Chair, Nurse Director, Perioperative and Intensive Care
- **Laurila-Salakka Annukka**, Secretary, Clinical Nurse Specialist, Psychiatry
- **Ahokas Eveliina**, Nurse, Head and Neck Center
- **Allen-Ollas Charlotta**, Nurse Manager, Porvoo Hospital
- **Eskola Kia**, Nurse, Comprehensive Cancer Center
- **Kaira Anna-Maija**, Chief Nursing Officer, Operational Services, HUS Group
- **Kujanpää Meri**, staff representative, SuPer
- **Kulju Emma**, Radiographer, Comprehensive Cancer Center
- **Manninen Elina**, staff representative, Tehy
- **Meckelburg Mia**, Nurse, Psychiatry
- **Mäkelä Sari**, Nurse Manager, Hyvinkää Hospital
- **Männistö Maarit**, Nurse Director, Inflammation Center
- **Nieminen Mikko**, Assistant Nurse Manager, Perioperative and Intensive Care
- **Parkkonen Outi**, Clinical Nurse Specialist, Abdominal Center
- **Perokorpi Tanja**, Clinical Nurse Educator, Children and Adolescents
- **Pesonen Tanja**, Clinical Nurse Specialist, Musculoskeletal and Plastic Surgery
- **Tulenpää Soila**, Clinical Nurse Specialist, Neurocenter
- **Valmi Tuire**, Nurse, Internal Medicine and Rehabilitation
- **Yli-Arvo Soile**, Training Planner, HR Management and Special Tasks in HR, HUS Group

HUS Nursing council of economic and effective practice

- **Palomaa Tarja**, Chair, Chief Nursing Officer, Abdominal Center
- **Gröhn Annu**, Chair, Nursing Instructor, Abdominal Center
- **Ilmakunnas-Holmberg Ilona**, Secretary, Nurse Manager, Heart and Lung Center
- **Puttonen Ville**, Secretary, Nurse Manager, Musculoskeletal and Plastic Surgery
- **Aho Karoliina**, Nurse Manager, Inflammation Center
- **Borodavkin Joanna**, Nurse, Perioperative and Intensive Care
- **Halonen Tommi**, Nurse Director, Abdominal Center
- **Heikkilä Anniina**, Development Manager, Nursing Management and Special Duties
- **Kervinen Satu**, staff representative, SuPer
- **Kivi Minna**, Nursing Instructor, Heart and Lung Center
- **Kontinen Henna**, Nurse, Psychiatry
- **Leppänen Taava**, Nurse Director, Perioperative and Intensive Care
- **Rauta Satu**, Clinical Nurse Specialist, Perioperative and Intensive Care
- **Sneck Virpi**, Chief Nursing Officer, Heart and Lung Center
- **Taattola Katja**, Nurse Director, Children and Adolescents
- **Vaitjoki Outi**, Nursing Instructor, Chair of Nursing Intensity Coordinators
- **Vuoksenranta Suvi**, Nurse Manager, Internal Medicine and Rehabilitation

HUS Nursing council of knowledge management

- **Sipilä Riikka-Mari**, Chair, Nurse Manager, Medical Services
- **Repo Marita**, Chair, Nurse Director, Comprehensive Cancer Center
- **Talja Tiina**, Secretary, Clinical Nurse Specialist, Psychiatry
- **Arala Katariina**, Nurse Director, Abdominal Center
- **Ekroth Carola**, staff representative, Tehy
- **Juntunen Tommi**, Senior Planning Officer, Operational Services, HUS Group
- **Järvinen Kristiina**, Nurse, Perioperative and Intensive Care
- **Kiviniemi Riitta**, Nurse Manager, Internal Medicine and Rehabilitation
- **Knuutila Marita**, Clinical Nurse Specialist, Emergency Medicine and Services (absent 13 June 2024–30 November 2024)
- **Kostiainen Elina**, Software Specialist, IT Management
- **Laine Tiina**, Senior Medical Officer in Charge of Development, Corporate Administration
- **Lehikoinen Nina**, Chief Nursing Officer, Emergency Medicine and Services
- **Lemetti Terhi**, acting Director of Nursing Excellence, Corporate Administration (Melender's deputy 2 September –3 November 2024)
- **Lätti Katri**, Clinical Nurse Specialist, Emergency Medicine and Services (Knuutila's deputy 13 June 2024–30 November 2024)
- **Melender Hanna-Leena**, Director of Nursing Excellence, Corporate Governance (on research leave 2.9. –3 November 2024)
- **Oksanen Laura**, Application Trainer, Support Person Coordinator, IT Management
- **Rouhunkoski Anna-Maarit**, Nurse, Apotti Specialist, Heart and Lung Center
- **Simojoki Iida-Sofia**, Nurse Manager, Neurocenter
- **Stjernberg Tia**, Nurse, Apotti Specialist, Porvoo Hospital
- **Velo Terhi**, Project Planner, Apotti Specialist, Psychiatry
- **Vitikainen Maija**, Nurse, Perioperative and Intensive Care

HUS Nursing council of research and evidence-based practice

- **Ahokoivu Hanna**, Chair, Nursing Instructor, Children and Adolescents
- **Olsbo-Nurminen Maritta**, Chair, Nurse Director, Perioperative and Intensive Care
- **Heino Hanna**, Secretary, Nurse Manager, Emergency Medicine and Services
- **Ahjoniemi Minna**, Assistant Nurse Manager, Gynecology and Obstetrics (until 30 June 2025)
- **Haapa Toni**, Research Nurse Director, Corporate Administration
- **Hutri Inkeri**, Clinical Nurse Specialist, Neurocenter
- **Hyttinen Heidi**, Nurse Manager, Emergency Medicine and Services

- **Kanto Jenni**, staff representative, Tehy
- **Komi Tarja**, staff representative, SuPer
- **Kukkoaho Mona**, Clinical Nurse Specialist, Abdominal Center
- **Lemetti Terhi**, acting Director of Nursing Excellence, Corporate Administration (Melender's deputy 2 September –3 November 2024)
- **Levy Anna**, Development Manager, Group Administration
- **Lunden Anne**, Nurse Director, Emergency Medicine and Services
- **Maukonen Marika**, Clinical Nurse Educator, Perioperative and Intensive Care
- **Melender Hanna-Leena**, Director of Nursing Excellence, Corporate Governance (on research leave 2.9. –3 November 2024)
- **Nahi Pia**, Occupational Therapist, Internal Medicine and Rehabilitation
- **Packalén Marja-Liisa**, Chief Nursing Officer, Inflammation Center
- **Pakarinen Sami**, Chief Medical Officer for Clinical Auditing, Corporate Administration
- **Tökönen Tuomo**, Quality Manager, Psychiatry

HUS Nursing council of student preceptorship

- **Eronen Katriina**, Chair, Clinical Nurse Educator, Heart and Lung Center
- **Saarinén Kerry**, Vice Chair, Nurse, Abdominal Center
- **Ulmanen Mirka**, Secretary, Clinical Nurse Educator, Diagnostic Center (until 10 October 2024)
- **Liehu Marja**, Secretary, Clinical Nurse Educator, Diagnostic Center (Mirka Ulmanen's deputy, parental leave)
- **Auvinen Sari**, Nurse, Internal Medicine and Rehabilitation
- **Halt Nina**, Practical Nurse, Abdominal Center
- **Harjula Hanni**, Nurse, Porvoo Hospital
- **Hyttiäinen Krista**, Clinical Nurse Specialist, Hyvinkää Hospital
- **Koota Elina**, Nurse Director, Emergency Medicine and Services
- **Kujanpää Meri**, staff representative, SuPer
- **Levy Anna**, Development Manager, Research Management
- **Moisio Marianne**, Clinical Nurse Specialist, Lohja Hospital
- **Oakley Minta**, Nurse, Children and Adolescents
- **Peltonen Inkeri**, Radiographer, Diagnostic Center
- **Ruuskanen Susanna**, Project Manager, HR Management and Special Tasks in HR, HUS Group
- **Soininkallio Mira**, Nurse Manager, Porvoo Hospital
- **Virta-Helenius Maarit**, Chief Nursing Officer, Brain Center, HUS Group

HUS Nursing council of patient-centered nursing

- **von Harpe Camilla**, Chair, Assistant Nurse Manager, Children and Adolescents
- **Hänninen Katja**, Chair, Nurse Manager, Children and Adolescents
- **Ahlqvist Annika**, Secretary, Customer Services Manager, Emergency Medicine and Services (secretary as of 22 March 2024)
- **Aluko Kristi**, Secretary, Nurse, Heart and Lung Center (until 16 February 2024)
- **Hakasalo Katja**, Nurse, Heart and Lung Center
- **Hentunen Laura**, Nurse, Psychiatry
- **Jensen Karin**, Nurse Manager, Porvoo Hospital
- **Kauppi Outi**, Clinical Nurse Specialist, Internal Medicine and Rehabilitation
- **Kokko Sara**, Radiographer, Diagnostic Center
- **Kortekangas Tuula**, Customer Services Manager, Children and Adolescents
- **Kotiluoto Ulla**, staff representative, Tehy
- **Laaksonen Jaana**, Practical Nurse, Abdominal Center (until 16 February 2024)
- **Lindqvist Gunilla**, Expert by Experience, Internal Medicine and Rehabilitation
- **Kättö Teija**, Nurse Director, Gynecology and Obstetrics
- **Mäenpää Inger**, Chief Nursing Officer, Children and Adolescents
- **Ryynänen Sanna**, Patient Ombudsperson, Nursing Management and Special Tasks in Nursing
- **Zanella Marco**, Expert by Experience, Musculoskeletal and Plastic Surgery
- **Öhman Hanna**, Head Physician, Internal Medicine and Rehabilitation

Appendix 2 Peer-reviewed scientific publications in 2023* (n= 27) and JUFO score (38)

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

Publication (HUS authors' names are in bold in the text)	Departments of HUS authors	JUFO score
Ahlqvist A , Nurmeksela A, Kvist T. The COVID-19 Pandemic Challenged Nurse Managers' Daily Leadership Work: A Qualitative Study. J Nurs Manag. Vol. 2023, Article ID 8191426. https://doi.org/10.1155/2023/8191426	Emergency Medicine and Services	3
Ahonen O, Kotila J , Melender H-L , Saranto K. The Biomedical and Health Informatics Recommendation Domains in Relation to the Nurse Competence Scale Categories. Stud Health Technol Inform 2023;305:216-219. https://pubmed.ncbi.nlm.nih.gov/37387000	IT Management Group Administration	1
Cavonius-Rintahaka D , Roos M, Aho AL. Dialogisen perhehojauksen vaikuttavuus perheissä, joissa lapsella on neuropsykiatrinen häiriö – vanhempien näkökulma. Tutkiva Hoitotyö 2023;21(4):3–11.	Children and Adolescents	1
Elliott R, Axelin A, Richards KC, Vahlberg T, Ritkala-Castren M . Sensitivity and specificity of proposed Richards-Campbell Sleep Questionnaire cut-off scores for good quality sleep during an ICU stay. J Clin Nurs 2023;32(11-12):2700-2708. https://doi.org/10.1111/jocn.16348	Group Administration	3
Harju E, Haapa T , Törnävä M, Rissanen M-L, Kylmä J. Vaikeasti tavoitettavat ja piilossa olevat tutkittavat hoitotieteellisissä tutkimuksissa. Hoitotiede 2023;35(2):178-193.	Group Administration	1
Heikkilä A , Junttila K , Lehtonen L . 2022. Fall rates by specialties and risk factors for falls in acute hospital - a retrospective study. J Clin Nurs 2023;32(15-16):4868-4877, http://doi.org/10.1111/jocn.16594	Group Administration Diagnostic Center	3
Hellsten T, Arokoski J , Sjögren T, Jäppinen A-M , Kettunen J. Remote physiotherapy in Finland - suitability, usability and factors affecting its use. E J Physiother 2023;25(6):378-387. https://doi.org/10.1080/21679169.2023.2233560	Internal Medicine and Rehabilitation	1
Hirvi S, Laulainen S, Junttila K , Lamintakanen J. The dynamic nature of Leader-Member exchange relationships in healthcare organizations. Leadersh Health Serv 2023;36(3):374-388. http://doi.org/10.1108/LHS-06-2022-0073	Group Administration	1
Junttila K , Heikkilä A , Heikkilä Asta, Koivunen M, Lehtikunnas T, Mattila E, Meriläinen M, Peltokoski J, Sneek S, Tervo-Heikkinen T. Leadership is significant for nurses' autonomy and engagement: a cross-sectional multi-centre survey in Finland. J Nurs Adm 2023;53(1):19-26. https://doi.org/10.1097/NNA.0000000000001237	Group Administration	1
Koponen T , Löyttyniemi E, Arve S, Honkasalo M-L, Rautava P. Experienced Quality of Life and Cultural Activities in Elderly Care. Ageing Int. 2023;48:452-464. https://doi.org/10.1007/s12126-022-09483-9	Operational services of local hospitals	1
Lemetti T , Pakarinen A, Salminen L, Virtanen H, Haapa T . Instruments assessing nurse educator's competence: A scoping review. Nursing Open 2023;10(4):1985-2002. https://doi.org/10.1002/nop2.1479	Inflammation Center Group Administration	1
Luurila K , Kangasniemi M, Hult M, Häggman-Laitila A. Nurses' substance use disorder in disciplinary procedures - a retrospective document analysis. J Clin Nurs 2023;32(11-12):2663-2671. https://doi.org/10.1111/jocn.16343	Group Administration	3
Lönnqvist K , Sinervo T, Kaihlanen A-M, Vehviläinen-Julkunen K, Elovainio M. Psychosocial work characteristics and sleep quality among early career registered nurses: a cross-sectional latent profile analysis. BMC Health Serv Res 2023;23:1020. https://doi.org/10.1186/s12913-023-09949-9	Internal Medicine and Rehabilitation	2

Mason A , Joronen K, Lindberg L , Koivisto A-M, Fagerholm N , Rantanen A. Health-Related Quality of Life in Adult Patients with Strabismus—Translation and Psychometric Testing of the Adult Strabismus Questionnaire (AS-20) into Finnish. IJERPH 2023;20(4):2830. https://doi.org/10.3390/ijerph20042830	Head and Neck Center	1
Orell H , Pohju A , Tuokkola J , Junttila K , Heikkilä A , Österlund P , Schwab U, Mäkitie A . Time to act! - A cross-sectional study on how nutritional risk increases during hospitalization and associates with worse outcome. Clin Nutr ESPEN 2023;57:364-374. https://doi.org/10.1016/j.clnesp.2023.07.016	Internal Medicine and Rehabilitation Group Administration Comprehensive Cancer Center Head and Neck Center	1
Paala E, Heino M, Ritkala M , Lundgrén-Laine H, Salanterä S, Koivunen M. Potilaiden kokemuksia unta tukevista hoitotyön toiminnoista sairaalan vuodeosastolla. Hoitotiede 2023;35(3):253-263.	Group Administration	1
Savilahti E, Haravuori H, Rytilä-Manninen M , Lindberg N, Marttunen M. Comparison of adolescent referred involuntarily or voluntarily to psychiatric hospitalization. Nordic journal of psychiatry 2023;77(4):403-410. https://doi.org/10.1080/08039488.2022.2131904	Psychiatry	1
Strandell-Laine C, Haapa T , Timonen L , Suikkala A. The role of the teacher and learning in clinical practicum scales: a psychometric testing of the Finnish versions. Nursing Open 2023;10:7201-7208. https://doi.org/10.1002/nop2.1968	Group Administration Abdominal Center	1
Kupila SKE, Joki A, Suojanen LU , Pietiläinen KH. The Effectiveness of eHealth Interventions for Weight Loss and Weight Loss Maintenance in Adults with Overweight or Obesity: A Systematic Review of Systematic Reviews. Curr Obes Rep. 2023 Sep;12(3):371-394. https://doi.org/10.1007/s13679-023-00515-2	Abdominal Center	1
Roine M , Sjögren T, Korpi H, Jäppinen A-M , Karvonen E. Physiotherapists' Clinical Reasoning in Examination of clients with Low Back Pain in Direct Access Practice: a theory-driven Qualitative Content Analysis. E J Physiother 2023; 26(3):160-169. https://doi.org/10.1080/21679169.2023.2219694	Internal Medicine and Rehabilitation	1
Takala O . Itsensurman varjo. Psykoterapialehti 2023;42(4):303-316.	Psychiatry	1
Talja T , Rantanen A, Koivisto A-M, Helenius J, Joronen K. Associations between depressive symptoms, life events and family factors among school-aged children. J Sch Health 2023;93(4):279-288. http://dx.doi.org/10.1111/josh.13271	Psychiatry	1
Tervo-Heikkinen T, Heikkilä A , Koivunen M, Kortteisto T, Peltokoski J, Salmela S, Sankelo M, Ylitörmänen T, Junttila K . 2023. Nursing interventions in preventing pressure injuries in acute inpatient care - a cross-sectional national study. BMC Nurs 2023;22:198. https://doi.org/10.1186/s12912-023-01369-8	Group Administration	2
Tervo-Heikkinen T, Heikkilä A , Sankelo M, Koivunen M, Kortteisto T, Peltokoski J, Salmela S, Ylitörmänen T, Junttila K . 2023. Painevaurioiden ennaltaehkäisy aikuispotilailla suomalaisessa erikoissairaanhoidossa. Hoitotiede 2023;35(2):147-163.	Group Administration	1
Tuomikoski A-M, Parisod H, Kotila J , Palomaa M, Suutarla A, Holopainen A. FinAME asiantuntijuumalli näyttöön perustuvan hoitotyön tukirakenteena. Tutkiva Hoitotyö 2023;21(1):20-28.	IT Management	1
Tuominen L , Ritkala M , Vahlberg T, Mäkelä S , Nikander P , Leino-Kilpi H. The effect of nurse-led empowering education on nutrition impact side effects in patients with colorectal cancer undergoing chemotherapy: A randomised trial. PEC 2023;115: 107895. https://doi.org/10.1016/j.pec.2023.107895	Comprehensive Cancer Center Group Administration	2
von Gerich H, Junttila K , Pasanen M, Salanterä S, Peltonen L-M. Development and validation of instrument for assessment of situational awareness in operational management of nursing leaders in hospital settings. FinJeHeW 2023;15(2):130-141. https://doi.org/10.23996/fjhw.126866	Group Administration	1

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

In 2024, HUS nursing staff participated in professional training days and scientific conferences where they presented their research and/or development work in the form of oral and/or poster presentations. Table 1 shows the number of presentations reported to the Nursing and Health Sciences Research Centre (NRC) in 2024.

Table 1. Presentations by HUS nursing staff in 2024.

2024	Presentation forum	Oral presentation	Poster presentation
	International	19	8
	National	13	7
	Total	32	15

Table 2 shows the reference data of the professional articles (n=8) reported to the Nursing and Health Sciences Research Centre (NRC) and the HUS authors' departments.

Table 2. Professional articles by HUS nursing staff reported to the NRC in 2024.

Professional articles (HUS authors' names are in bold in the text)	Departments of HUS authors
1. Aaltonen S, Lampinen N. Hyvinkään sairaalan vastasyntyneiden virvoittelu- ja simulaatiokoulutusten järjestäminen ja kehittäminen moniammatillisena yhteistyönä. Neonataalihoitaja 2024;31(60):5-8.	Children and Adolescents
2. Eerola K. Lasten tehohoitajan osaaminen ja hoidon erityispiirteet. Tehohoito 2024 42(1):16-21.	Children and Adolescents
3. Haapa T, Junttila K. HUSin hoito- ja terveystieteiden tutkimuskeskus - tutkimusnäyttöä ja sen käyttöä potilaan parhaaksi. Hoitotiede 2024;36(4):459-460.	Group Services
4. Hutri I, Martin J, Mäkelä E. Niekemistä kannattaa seuloa. Sairaanhoitajat 2024(6):34-39.	Neurocenter
5. Lemetti T, Ala-Röyskö T, Kaivonen P, Simons L, Aho K. Hygieniahoidajan osaamiskartoitus ja sen hyödyntäminen HUSissa. Infektioidentorjunta -lehti 2024;42(4):32-35.	Inflammation Center
6. Rautiala S. Hoitotarvikkeiden tarkistuslaskennan toimintatapojen kehittäminen HUS Jorvin Anestesia- ja leikkausosasto K:lla. Pinsetti 2024(4):24-26.	Perioperative and Intensive Care
7. Sihvo A. Kvist T, Haapa T. Osastonhoitajat perehdytyksen johtajina. Pro terveys 2024;51(2):14-15.	Musculoskeletal and Plastic Surgery Group Services
8. Tuominen L, Leino-Kilpi H, Poraharju J, Lehtiö L, Stolt M, Sulosaari V, Virtanen H. Digipalvelut luovat mahdollisuuksia – ja osaamisvaatimuksia. Pro terveys 2024;51(1):20-23.	Comprehensive Cancer Center

Other publications (HUS authors' names are in bold in the text)	Departments of HUS authors
<p>9. Hotus-hoitosuositus 2024. Kroonista haavaa sairastavan henkilön omahoidon ohjaus. Hoitotyön tutkimussäätiön asettama työryhmä: Lemetti T, Arifulla D, Huusko S, Kirjavainen L, Linna-Alho J, Roos M, Tiuraniemi S, Virkki P. Helsinki: Hoitotyön tutkimussäätiö. (17.12.2024). Available: https://www.hotus.fi/hoitosuosituksia/</p>	<p>Inflammation Center</p>
<p>10. Hotus-hoitosuositus 2024. Injektion turvallinen antaminen pakaralihakseen. Hoitotyön tutkimussäätiön asettama työryhmä: Saastamoinen T, Sulosaari V, Karttunen M, Nummelin M, Tantt P-M. Helsinki: Hoitotyön tutkimussäätiö. (17.12.2024). Available: https://www.hotus.fi/hoitosuosituksia/</p>	<p>Perioperative and Intensive Care Group Services</p>
<p>11. Hotus-hoitosuositus 2024. Lasten ja nuorten emotionaalinen tukeminen päiväkirurgisessa hoitotyössä. Hoitotyön tutkimussäätiön asettama työryhmä: Tuomikoski A, Ahokioivu A, Kaakinen P, Pursio K, Romakkaniemi A, Halkola H, Salonen M. Helsinki: Hoitotyön tutkimussäätiö. (17.12.2024). Available: https://www.hotus.fi/hoitosuosituksia/</p>	<p>Children and Adolescents</p>
<p>12. Hotus-hoitosuositus 2024. Kriittisesti sairaan aikuispotilaan sekavuustilan lääkkeettömät ennaltaehkäisy- ja hoitomenetelmät. Hoitotyön tutkimussäätiön asettama työryhmä: Pelttonen L-M, Karjula E, Karjalainen M, Kuivalainen A-M, Poikajärvi S. Helsinki: Hoitotyön tutkimussäätiö. (17.12.2024). Available: https://www.hotus.fi/hoitosuosituksia/</p>	<p>Perioperative and Intensive Care</p>
<p>13. Hotus-käsikirja 2024. Käsikirja potilaan heräämövaiheen hoidosta ja turvallisesta siirrosta jatkohoitoon. Hoitotyön tutkimussäätiön asettama työryhmä: Siirala E, Helenius M, Kauppi O, Liukas T, Smeds E, Tuominen J, Ukonsaari P. Helsinki: Hoitotyön tutkimussäätiö. (17.12.2024). Available: https://www.hotus.fi/hoitosuosituksia/</p>	<p>Internal Medicine and Rehabilitation</p>

HUS NURSING STRATEGY 2023–2027


The nursing strategy and a more detailed description of the indicators with target values can be found in Eetteri (Potilaan hoito > Hoitotyö).

HUS Strategian painopistealue	Hoitotyön strategian tavoitteet	Alatavoitteet	Toimenpiteet	Mittari	Vastuuhenkilö(t)	Relaatio
Henkilöstökokemus	Hoitotyön johtaminen on erinomaista	Työntekijät kokevat tulevansa kuulluksi HUSissa paremmin kuin kansallisesti keskimäärin.	Jaetun johtamisen määrittely ja periaatteiden noudattaminen	NESplus-kysely, kategoriat Johtaminen ja Autonomia HUS Henkilöstökysely HUS johtamiskysely	Hallintoylihoitaja ja johtavat ylihoitajat tulosalueilla ja tulosyksiköissä	Asiakaskokemus Henkilöstökokemus Kestävä talous
		Hoitotyön esihenkilötyön ja johtamisen edellytykset paranevat (ml. Osaaminen ja tehtävänkuvat).	Hoitotyön johtamisen sisällön ja kelpoisuusehtojen määrittely	Hoitotyön esihenkilöiden ja johtajien tutkintorakenne Hoitotyön johtajien ja esihenkilöiden ajantasaiset tehtävänkuvat		
		Johtaminen on näyttöön perustuvaa.	Johtamiskoulutukseen osallistumisen tukeminen Tiedolla johtamisen tukeminen	Eri esihenkilötasojen johtamiskoulutukset Hoitotyön johtamista palvelevat Power BI-raportit		
Henkilöstökokemus	HUSin rakenteet voimaantuttavat hoitajia heidän työssään	HUS tukee hoitajien ja hoitotyön opiskelijoiden ammattuuralla kehittymistä.	Kouluttautumisen tukeminen Systemaattinen täydennyskoulutus	Täydennyskoulutusmäärät NESplus-kysely, kategoria Ammatillinen kasvu Opiskelijahoitajien laadun tunnusluvut: CLES-mittari, FSPR-mittari, LCP-mittari Opiskelijamäärät	Arviointiylihoitaja, Magneettiohjelman johtaja, hallintoylihoitaja ja johtavat ylihoitajat tulosalueilla ja tulosyksiköissä	Asiakaskokemus Kestävä talous
			Tavoiteltavan henkilöstörakenteen määrittely	Henkilöstörakenteen määrittely Opetushoitajien toimien kattavuus		
			Määritellään HUSin uramallit ja implementoidaan ne HUSin rakenteisiin	Uramallien päivitys Urasuunnittelun käytön kattavuus		
			ASTU-ohjelmat Vertaisarviointi Mentorointi	ASTU-ohjelmien toteutuminen Vertaisarviointien toteutuminen Mentoroinnin toteutuminen		
Jatkuva parantaminen ja uudistaminen	Hoitotyötä toteutetaan laadukkaasti ja ammatillisen toimintamallin mukaisesti	Hoitotyötä seurataan ja kehitetään perustuen systemaattiseen laatu-tietoon.	PowerBI-raporttien kehittäminen Laadunseurannan osaamisen kasvattaminen Hoitotyön laatuindikaattorien hyödyntäminen Yhtenäisten näyttöön perustuvien toimintamallien käyttö	Hoitotyönsensitiiviset mittarit Laadunseurannan koulutus Näyttöön perustuvan toiminnan auditoinnit	Kehittämispäälliköt (Hoitotyön johto), asiakaskokemuspäälliköt, Magneettiohjelman johtaja, hallintoylihoitaja ja johtavat ylihoitajat tulosalueilla ja tulosyksiköissä	Asiakaskokemus Jatkuva parantaminen ja uudistaminen Kestävä talous
		Potilaat ovat tyytyväisiä hoitotyöhön.	Jokaisen potilaan arvostava kohtaaminen Erinomainen potilasohjaus Vapaaehtoistoiminta potilaiden tukena	HoPP-kysely Asiakaspalautteet ja yhteydenotot Vapaaehtoistoiminnan tilastot		Asiakaskokemus
		Kaikki (soveltuvat) HUSin yksiköt ovat mukana kansallisessa HoiVerKe-tietotuotannossa vuoteen 2027 mennessä.	HoiVerKe-tietotuotantoon kannustaminen	HoiVerKe:ssä mukana olevat yksiköt Toimintaympäristökohtainen (vuodeosasto, poliklinikka) kattavuus		
Jatkuva parantaminen ja uudistaminen	Hoitotyössä tuotetaan ja käytetään uutta tietoa ja innovoidaan toiminnan parantamiseksi	Hoitotyön tutkimus on aktiivista ja tuloksellista.	Hoitohenkilökunnan jatko-opintojen tukeminen Tutkimusosaamisen hyödyntäminen luomalla tutkimuksen ja kehittämisen urapolku	Valmistuneet YAMK-, TtM- (ja vastaavat) ja TtT (ja vastaavat) -tutkinnot Hoitohenkilökunnan tieteelliset julkaisut Tutkimuksen ja kehittämisen urapolku	NRC:n johtaja Hallintoylihoitaja ja johtavat ylihoitajat tulosalueilla ja tulosyksiköissä Kehittämispäällikkö (Hoitotyön johto)	Jatkuva parantaminen ja uudistaminen Kestävä talous
		Hoitotyötä kehitetään systemaattisesti ja näyttöön perustuvasti.	Tutkimus- ja kehittämis-kohteiden tunnistaminen Tutkimus- ja kehittämisprojektien ja niiden tulosten systemaattinen dokumentointi Kehittämisysteistyö asiakasraatien ja kokemusasiantuntijoiden kanssa	Tutkimusavaukset Käynnissä olevat tutkimushankkeet Hoitotyön tutkivan kehittämisen projektit Asiakasraadeille ja kokemusasiantuntijoille annetut kehittämis tehtävät		Asiakaskokemus
Jatkuva parantaminen ja uudistaminen	Magneettisairaala-malli on HUSin hoitotyön viitekehys	Magneettisairaala-viitekehys on käytössä kaikkialla HUSissa.	Magneettisairaala-viitekehysten käyttö	NESplus-kysely, kategoria Sitoutuminen	Magneettisairaala-ohjelman johtaja Hallintoylihoitaja ja johtavat ylihoitajat tulosalueilla ja tulosyksiköissä	Asiakaskokemus Henkilöstökokemus
		Tulosyksiköt pyrkivät magneettisairaala-tunnustukseen.	Magneettisairaala-tunnuksen hakeminen	Magneettisairaala-tunnuksen kattavuus		

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