



ALVIN NONAN
RALPH RABANG

COMPETENCIES OF COMBILANSSI NURSING STAFF

Administrators' and Nursing Staff's point of view

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Author(s) Nonan, Alvin Rabang Ralph	Type of Publication: Bachelor's thesis	Date June 2021
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<p>Abstract</p> <p>Due to the changing needs of the general population of Finland, a pilot program by Porin Perusturva that caters to elderly patients was conceptualized and implemented. This program was named Combilanssi which aims to lessen the burden of the emergency ward and the cost of hospital care. Combilanssi works like a regular ambulance but equipped specially to cater to geriatric patients. After the 2-year program pilot period, this research was started to help improve the quality of care by analyzing the nursing staff's competencies based on the point of the administrators and nursing staff.</p> <p>The aim of the research was to find out what are the competencies that the nursing staff have and the competencies that they need to improve on through the eyes of the nursing staff and administrators themselves. This research analyzed the response of the nursing staff and the administrators separately to show if their opinions vary.</p> <p>The study was conducted with the approval of Porin Perusturva and Satakunta University of Applied Science. A quantitative research was then conducted by collecting data through an electronic questionnaire via a link sent to one of Combilanssi's administrators who then distributed them to the whole Combilanssi staff. From the expected respondents: nursing staff (n=17) and administrators (n=6), it generated 18 replies that were analysed in the study.</p> <p>The results showed that the nursing staff are self-aware of their competencies but also recognizing the fact that there are things that they need to improve on. Two of the competencies that garnered a lot of response in the question about what competency that the staff needs to improve on are Theoretical Knowledge and Clinical Skills. Moving forward knowing the perception of the nursing staff and administrators on what the competencies that the nursing staff needs to improve on, the Combilanssi team can make changes to address these problems and eventually improve the quality of care that the team provides.</p>		
<p><u>Key words</u> Nursing, Paramedic, Competencies, Combilanssi</p>		

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1 INTRODUCTION

The science of nursing deals with all age groups, starting from the day that a fetus is still on the womb of a mother, up until to an elderly's last breath. It is one of this profession's beauty to be able to witness both a baby's first cry for air, to a dying man's last grip. However, taking care of patients should not be a one-size-fits-all type of treatment. Across each age and other demographics, patients require a specific set of nursing skills. An overlap in the patient care teams can put patients at risk and cause trouble in the communication between care teams. (Website of King University Online 2020.)

Asia and Europe are home to some of the countries with the oldest populations, ages 65 and above. At the top is Japan with 28% of its population or around 35,580,000. Following this is Italy with 22.8% of its population or 13,760,000. While Finland sits on the third rank with 21.9% of the country's population or roughly 1,210,000. The majority of this (58%) elderlies in Finland is between the ages of 65-74 years old, 30% are between the ages of 75-84, while 12% are 85 years old and above. (Website of the Population Reference Bureau 2020.) These data may not look overwhelming for some, but the big percentage of older adults may impact a country's social climate in more ways than one. Aside from the decreasing number of workforce and increasing budgets for retirement benefits, it also gives a significant threat to a nation's healthcare system.

The later stages of life do not necessarily mean the end of quality nursing care. This age group often places great demand on nurses and other healthcare workers, however, understanding how to communicate and treat elderly patients can make the job easier.

An elderly's body functions will continue to deteriorate and many of them will require serious healthcare. (Website of King University Online 2020.)

Nowadays, along with the changes that the healthcare field has faced is the regulation of new functions in the provision of care. This led to specialization of medical workers in specific fields like Family Medicine, Emergency Medicine, Oncology, Geriatric Medicine and many more. All with the shared goal of helping their patients to get healthy or maintain their present condition, but each field has specific skills and competencies that make them an essential part of the medical team. (Website of St. George University 2021.) In the middle of these innovations are the nurses, and nurses are on board in innovative practices mainly because they want to improve the experiences of patients, health outcomes and nursing practice (Website of Royal College of Nursing 2021). However, while we continuously keep up with these improvements, the patients still expect competency from the healthcare workers that care for them. Nurses are ethically and legally responsible to maintain their competencies to provide safe, efficient, timely, and patient-centred care. (Strong 2016.)

In line with this, a special project was started on March 2019 in the city of Pori, Finland to provide an innovative way of serving the geriatric people. The project was named Combilanssi, an emergency care team specifically designed to cater to the elderly. Being on its early stages and for the enhancement of the services of the team, it is deemed essential to conduct a research evaluating the viewpoint of the paramedics, nurses, and administrators about their nursing staff's competencies and about what skills and expertise they think they still need for the Combilanssi.

2 NURSING EDUCATION

According to the American Nurses Association, modern day Nursing is the glue that binds the patient's health care journey together. For the entire patient experience, the nurse is always present whenever the patient needs something and helps identify patient needs and advocates for them. It is a highly specialized profession that constantly adapts to address the fast-changing needs of the society. (Website of American Nurse Association 2021.)

2.1 Nursing Education in Europe

Most of the member states of the European Union adhere their nursing education programs to The European Higher Education Area (EHEA) and European Union in implementing education based on the Bologna Process. The EHEA aims to have a comparable, compatible, and coherent systems of higher education in its member states and therefore allowing the free movement of professionals and students from one-member country to another, which includes nurses. This has led creation of the ECTS (European Credit Transfer and Accumulation System) which helps grading system more transparent thus making the recognition of qualifications more standardized in all member states. (Website of the European Commission 2020). Currently 45 out of the 47 member states of the EHEA offer nursing education except for the Holy Sea and Liechtenstein. A comparative study Nursing Education of the member states show the difference in how Nurses gain their degree in each country (Appendix 1). Majority of the member countries offer nursing education in the higher education level like universities and colleges. Although the study also claimed that comparisons between the educational systems of country was difficult because terminologies are used differently in each country. (Lahtinen, Leino-Kilpi & Salminen 2013.)

Together with the European Federation of Nurses Associations (EFN) and with the review of Directive on Mutual Recognition of Professional Qualifications (2005/36/EC) an amended version (Directive 2013/55/EU) which was implemented last 2013, they have set guidelines and competencies which set the minimum educational requirements for Nurses in General care. (Website of the European Federation of Nurses Associations 2012.)

According to the EFN Guideline for the implementation of Article 31 of the Mutual Recognition of Professional Qualifications Directive 2005/36/EC, amended by Directive 2013/55/, they have drafted a competency framework that they have adopted during the EFN General Assembly in Brussels in the year 2015. Its aim is to address the certain difficulties of professionals in recognition process in other member states and update the educational requirements of the professions. This is also in line with the current focus of nursing care towards the prevention of diseases, long term and community-based care, e-health and research and evidenced-based practices, etc. In the framework they have modernized the Directive which includes 8 competencies, and is included in Article 31, paragraph 7 (Appendix 2). It enlists the educational requirement for nurses in General care. Paragraph 6 (Appendix 3) also includes competencies that nurses are required to have while they are studying. The competencies include the required knowledge and skill that nurses must be exposed to, as well all the formal qualifications the nurses must have to practice. (Website of the European Federation of Nurses Associations 2015.)

2.2 Nursing Education in Finland

Nursing is a regulated profession in Finland and nurses are expected to be highly qualified and professional. The curriculum for nursing education is based on guidelines provided by the EFN. A degree in nursing comprises 3 ½ years of education in the Universities of Applied Sciences (Ammattikorkeakoulu or AMK in Finnish). (Website of the Finnish Nurses Association 2020.) According to the Health Care Act, nursing

graduates are given the right to practice the profession as a licensed practitioner when the necessary training is completed in Finland (Health Care Act 1200/2007, Section 5).

The nursing curriculum varies with different educational institutions. In the AMK, the options in the nursing program are nursing, paramedic, public health nurse and midwife. In the case of the Satakunta University of Applied Science (SAMK), the nursing course includes basic studies that include communication skills and Basic Nursing Interventions; Professional studies that expose students to areas of nursing like Surgical and Perioperative Nursing, Medical Nursing, Mental Health and Substance Abuse Nursing. And lastly, students also undergo clinical practice placements after the completion of theory lessons in the specific nursing areas and during the final year students must conduct a bachelor's thesis. SAMK aims to produce nurses that work independently and with multidisciplinary teams, have a sense of professionalism in nursing-based promotion of health and ethical practices, and finally nurses that are creative and innovative in developing client-oriented services. (Website of SAMK 2020.)

In Finland, nurses are expected to have a high sense of responsibility and make decisions independently regarding the patients care. This requires a good theoretical knowledge and clinical skills. Because nurses are required to work independently, they need to be precise in their work, have good problem-solving skills and must work ethically. A nurse also needs to know how to communicate effectively and have good interaction skills, which is very important in interacting with the patient and coordinating with other participants in the patient's care. The job requires the nurse to be flexible and must have adapt to rapid changing situations. Lastly, with the big responsibility of nurse they must have physical and mental endurance to be able to handle stress. (Website of Työmarkkinatori 2016.)

2.3 Nurse's Core Competences Assessment

Based on the EU Directive 2013/55, competence requirements have been defined and states that nurses who work for general care should have 180 ECTS as a basic requirement and 30 ECTS of advanced professional studies wherein the students get to decide. Universities of Applied sciences then has the autonomy how they are going to implement or how these options are going to be available for the students. The result of a study conducted by the health sector on February 2017 states that there is no common and systematic method of evaluating the core competencies of Nursing students across Finland and that the evaluation varies from each institution. Although a desire to have a national competence assessment method has always been there From the Universities of Applied sciences. However, an application for funding from the Ministry of Education and Culture's separate funds was granted from period of March 1, 2018, to December 2020. (Kehus & Tieranta 2019.)

This has led to the YleSHarvointi project that aims to promote the development nursing students' clinical competence during the training and to ensure the core competence required for the nursing students' degree nationally are met (180 ECTS). In the YleSHarvointi project, the competence requirements and their contents were updated in co-operation with other OKM projects, EduPal and Sote-Peda 24/7 projects. (Laukkanen 2019.)

In January 2019, the competence requirement was first published. The competence requirements are divided according to the following areas: 1. Professionalism and ethics, 2. Customer orientation, 3. Communication and multi-professionalism, 4. Health promotion, 5. Management and employee competence, 6. Information technology and recording, 7. Guidance and teaching competence and self-care support, 8. Clinical nursing, 9. Evidence-based activities, utilization of research data and decision-making, 10. Entrepreneurship and development, 11. Quality assurance, 12.

Social and health care service system and 13. Patient and Customer safety. (Laukkanen 2019.)

3 NURSING COMPETENCIES STUDIED IN THE THESIS

To review the competencies of the Combilanssi nursing staff and gather their perspective about it, the researchers carefully chose competencies based on the literature that were gathered. The researchers collected the literature from various sources like internet, university pages and Studyinfo.fi which is an up-to-date website about the degrees offered in different institutions in Finland. Based on the gathered literature, the competencies vary not just from published literature but from different educational institutions that offer the nursing degree as well. Some were more specific and others in a more generalized way. The researchers chose to the competencies that are more specific and common between literatures. The researchers chose to focus on eight (8) competencies to limit the research because of time constraints brought upon the current pandemic.

3.1 Communication Skills

Communication is defined as the exchange of information, feelings, and thoughts through speech, writing and non-verbal modes like body posture and facial expressions. Communication, especially in Nursing is always a two-way process (Kourkouta & Papathanasiou 2014). An effective communication in the health care setting is also important in a multi-professional setting, professionals must communicate effectively to coordinate the patient's care so people within the team must be able to give their point clear across from one member to the other precisely. Communication is highly critical specially when dealing with the patient. Effective

communication is an important skill because the healthcare provider must be able to comprehend and interpret information coming from the patient to find the correct solution to their concerns and then relay them to the rest of the healthcare team. In the same way, the healthcare provider must relay relevant information to the patient as way prevent health risks and promotion of health. (Ratna 2019.)

3.2 Theoretical Knowledge

A cornerstone of a profession is having a body of knowledge which the profession is based on. Theoretical knowledge is the reason on why we react and act in certain situations. Effective nursing practice involves the application of scientific knowledge, skills and the art caring to the patients in an effective and considerate way. It is important specifically when making nursing clinical decision, the nurse's action is ideally must be evidenced or researched based. Improvements on the theoretical knowledge in nursing is always geared to the improvement of the nursing practice and quality of life of our patients. (Saleh 2018.)

3.3 Clinical Skills

A skill is defined as the ability to use one's knowledge effectively and readily in execution or performance and a learned power of doing something competently: a developed aptitude or ability (Meriam Webster Dictionary 2021). In nursing, clinical skill is always attached to knowledge because it is the proper application of it to appropriately care for the patient. It is the ability to perform safe and effective nursing practices and interventions using skills, knowledge, attitude, and professional values. (Fukada 2018.)

3.4 High Stress Tolerance

All jobs come with stress but when the job is dealing with a human's wellbeing and health, the job becomes very critical. Nursing is one of the professions that comes with its potential stress, physically it involves a lot of lifting and bending, exposure to toxic substances and changing shift schedules. Being a nurse is emotionally draining as well because we develop interpersonal relationships with colleagues, patients, and relatives that causes stress. (Website of Ausmed 2015.) Stress at work can have a negative impact on the way we treat people and increases the chances of error at work that affects the quality of care. As a nurse, a good coping strategy must be present to work longer, taking a break, saying no to long shifts, having a hobby or doing something can be just some of the nurses' ways to cope with stress at work. (Masmedicalstaffing 2017.)

3.5 Interpersonal Skills

Nurses can adopt an open and honest approach when dealing with their patients as well as their colleagues. Empathy and emotional intelligence are the core of interpersonal skills. (Website of Global Pre-Meds 2014.) Aside from medical knowledge, nurses must also be good listeners, must be effective in both verbal and written communications, must have patience, emotional stability and even humor. While interpersonal skills are usually not a major part of the curriculum in nursing schools, it is still as important as knowledge and application of nursing skills in any given medical situation. (Contreras 2017.)

3.6 Independence

This is the ability to use professional knowledge and judgement to make decisions about the situation and act. It can also be referred to as Autonomy (Murphy 2020). Autonomy in nursing gives nurses the power to determine parts of the patient's care

without the need to consult doctors to make decisions. Definitely, nurses will still have to collaborate with doctors in more intensive situations, however, independence in nursing presents an opportunity for optimized care when nurses swiftly decide without having to wait for another professional to whether approve or deny the nurses professional judgement. In emergency health situations, nurses make decisions independent of doctors. This independence can increase job satisfaction to nurses. Studies have shown that nurses who are granted with more autonomy are more likely to feel respected, have confidence in their treatment plans, and also strengthens their decision-making skills. (Website of Western Governors University 2021.)

3.7 Teamwork and Collaboration

Nurses are collaborators who play an important role in the health-care team partnership (Website of the College and Association of Registered Nurses of Alberta 2019). This competency means that a nurse must be able to function efficiently with fellow nurses and collaborate in interdisciplinary teams, fostering open communication, respect, making decision and learning as a team, and development (Website of the Massachusetts Department of Higher Education Nursing Initiative 2016). Research have concluded that delivering the best medical or even surgical care within hospitals is a “team sport”. The use of multi-profession in-hospital teams limits adverse events, improves outcomes of treatments, and adds satisfaction to patients and employees. (Epstein 2014.) As an attitude, a nurse must value the perspectives and expertise of all the members of the team but at the same time functions entirely within his or her own scope as a part of the health care team (Website of the Massachusetts Department of Higher Education Nursing Initiative 2016).

3.8 Sense of Responsibility

This means that a nurse is answerable for the decisions that were made during their professional practice. They should be able to give reasons and justify their decisions in relation to legislation, professional guidelines and standards, ethical conduct, and evidenced-based practice. (Website of the Nursing and Midwifery Board of Ireland 2021.) Moreover, a nurse is also expected to demonstrate themselves in a professional presence and professional behavior. A nurse must also be able to recognize their own competence that is within their scope of practice as defined by the legislation and know when to seek support and assistance from other nurses or healthcare professionals when necessary. (Registered Nurses Association of the Northwest Territories and Nunavut 2014, 10.) Aside from this, being responsible can also mean refraining from providing care that you know you are not competent or confident of delivering and being able to notice and report an error or raise a concern. (Cathala & Moorley 2020.)

4 PARAMEDIC EDUCATION

4.1 European Paramedic Education

Like nursing, paramedic education in Europe is governed by the Directive 2005/36/EC that seeks to have free movement of professionals from member states within the European Union by having a mutual system of recognition that will automatically recognize the professional qualifications of limited number of professions in their territory. A task that is difficult because paramedic education in Europe varies greatly. An ongoing project funded by Erasmus called European Curriculum for Paramedic BS that seeks to create a harmonized curriculum within the European Union. Only several countries in Europe offer paramedic education in a university level, Nordic countries

like Sweden and Finland are an example of this. This project will initially seek a united curriculum for paramedic in the Nordic countries and will potentially be done with other European countries. This project has four participant countries namely Denmark, Finland, Norway and Iceland. The result of the study will try to improve Paramedic Education in the tertiary level and improve cooperation in Nordic countries. (Website of the European Commission 2021.)

4.2 Paramedic Education in Finland

Paramedic education in Finland is a dual degree (Ensihoitaja AMK), starting from a bachelor's Science in Nursing then required continued education in advanced life support and emergency care to complete 240 ECTS credits which can usually last up to four (4) years (Website of the Finnish Nurses Association 2020). Currently there are eight (8) institutions that offer paramedic courses at tertiary level or AMK. Though admission processes are different their curriculum are almost the same. In the curriculum of Savonia AMK, aside from being exposed to different concepts and areas of nursing during the first 2 years, towards the end of their studies paramedics are exposed extensively to the concepts of basic first aid and emergency care. Students are trained in basic emergency care in areas like the emergency room and department, intensive care unit, and the ambulance. During the last year of schooling, students are expected to apply and evaluate first aid and nursing skills, and lastly will be able to coordinate, manage, and work independently as a nursing expert. A breakdown of studies include: Basic Studies 30 ECTS, Professional studies: theory 110 ECTS, Professional studies: internship 75 ECTS, Thesis 15 ECTS and Elective studies 10 ECTS. (Website of Savonia AMK 2020.)

5 ELDERLY CARE IN FINLAND

Asia and Europe are home to some of the countries with the oldest populations, ages 65 and above. According to the United Nations, Europe will retain its rank as the oldest continent in the world for the foreseeable future. (Rau, Muszynska & Vaupel 2013.) The rapid increase in ageing populations across Europe will drive the growth in care home industries. In line with this, there is a continuous development in the care for the elderly. Investors are starting to have a more interest towards the elderly's healthcare service. Moreover, there had been an increase in capital invested in the elderly care homes and living properties for seniors to up to 2.5% in the recent years. (Brame 2020.)

The Principle 18 of the European Pillar of Social Rights states that, "Everyone has the right to affordable long-term care services of good quality, in particular home care and community-based services (European Pillar of Social Rights, Chapter III Principle 18). In Finland, a lot of services are organized by the municipalities in order to make their lives easier and to ensure that the elderly are able to live in their own homes as long as possible (Website of InfoFinland 2021). An essential task of the home municipality is not just to arrange social and health care services, but also to support the well-being, health and functioning of the elderly residents in coordination with other parties or agencies (Website of the Finnish Institute for Health and Welfare 2021). The Ministry of Social Affairs and Health Services (MSAH) is responsible for implementing the services for the elderly. It determines the course of service development, creates legislation, and supervises the implementation of reforms. Furthermore, it monitors the standard of the services through the National Supervisory Authority for Welfare and Health (Valvira) and the Regional State Administrative Agencies. (Website of the Ministry of Social Affairs and Health 2021.)

The legislation supports the elderly to be entitled to the services of the MSAH not necessarily according to their age, but mainly according to their needs. With this,

Valvira operates nationwide in guiding and supervising social care. It monitors the work of the Regional State Administrative Agencies to ensure that the supervision and related guidance is standardised throughout Finland. Moreover, the Finnish institute for Health and Welfare (THL) produces information about the services that are available for the elderlies and their associated requirements. (Website of the Ministry of Social Affairs and Health 2021.)

The Finnish Institute for Health and Welfare points out that the municipality can greatly impact which services are available on the municipality, how easily these services are available for their older residents, how accessible these services are and how clear and functional are the services rendered. However, there are elderlies who require special support and care. According to THL, these people can be found by welfare-promoting home visits, meeting older people face-to-face through outreach programs done by the municipalities or by other organizations, counselling and client guidance, reports of professionals who encounter older people in their workplace and through worry notifications. Through these notifications, one can report an elderly who seemed unable to take care of their own health and safety, or who is in danger for neglect or abuse. These worry notifications can be filed by anyone. (Website of the Finnish Institute for Health and Welfare 2021.)

5.1 Family Care

It is a form of care wherein the elderly gets care and attention in the home of a family career, whether it be in a professionally run care home or in their own home (Website of Suomi.fi 2021). Therefore, it has the elements of both home care and institutional care. It enables the elderly to be a part of a family, feel safe and secure and still live an ordinary life in the circle of a family. A professional family care operates under a license pursuant to the Act on Private Social Services and the care is provided in a professional family home. Family care is fitting for older people who can function when assisted by a single career, is not in the later stages of memory disease or

dementia, usually sleeps well at night, and for older people who feels unsafe at home or feels lonely. (Website of the Finnish Institute of Health and Welfare 2021.)

There are approximately 300 full-time family careers for elderlies in Finland, but the country targets a 10-fold increase. Luckily, a family career does not need to be a professional in social work and health care. The quality of health careers is ensured by advanced coaching sessions arranged by municipalities and other organizations. Unfortunately, a big number of people who have completed the advance coaching sessions will not start working as a family career immediately. In addition, Family care is not known well enough, and people are discouraged because of the prejudices against it. (Website of the Finnish Institute of Health and Welfare 2021.)

There are, however, few types of family care such as long-term family care, short-term family care, part-time family care, and an itinerant family care which acts as a substitute for the other family careers or informal careers (Website of the Finnish Institute of Health and Welfare 2021).

The home municipality will discuss about the costs of family care. In general, the fees for a long-term family care are determined on the same classifications as fees for long-term institutional care. In situations where the older person does not have enough money to pay for the fees, the municipality can reduce the fees, or they may not be collected at all. (Website of Suomi.fi 2021.)

5.2 Informal care

This refers to care and support given at the older person's home by a family member or any close person to the client. In Finland, approximately 50,600 people are in informal care and there are around 48,700 informal careers, mostly women. Without these informal careers, fifty seven percent of the people in informal care would be brought to intensive home care of care homes providing 24-hour assistance. There has

been an increase in the number of older people becoming informal careers of their spouses. This, however, is a high risk for exhaustion. (Website of the Finnish Institute of Health and Welfare 2021.)

Fortunately, informal careers can get support from the municipalities. For example, if their help is essential for their loved one due to illness, disability or old age, they can receive financial support. A care fee, for instance, is determined on how much commitment is needed for the care and how difficult it is to provide care. Other support may include transport services, trainings and education, and welfare and health examinations. The municipality will also provide a contact person for the informal care, whom they can contact whenever necessary. (Website of Suomi.fi 2021.)

5.3 Institutional care

If the older person is unable to live at home or in service accommodation, care can be organized in the form of institutional care (Website of the Ministry of Social Affairs and Health 2021). It can either be short-term rehabilitating care or long-term care. The aim of the short-term institutional care is to help the older person cope at home or to support the family member who serves as an informal career for the older person. Its purpose is to prevent the need for permanent institutional care. The fee is usually charged for each day spent in the care. Meanwhile, long-term institutional care is intended for those older people who require a lot of care and if the care cannot be organized safely in any other way. This will be based on medical grounds. Usually, older people in long-term institutional care have several illnesses, and require nursing and help from more than one career. The fee is based on how much the person can pay. (Website of Suomi.fi 2021.)

5.4 Housing

Supported housing (Tukiasuminen) and service housing (Palveluasuminen) are available in Finland for those who needs support in living independently like the elderly, the disabled, the mentally disable and those recovering from mental and drug abuse problems (Website of InfoFinland 2021). It is possible to have food as well as housekeeping and home nursing services provided in your home. To ensure that the home is safe and well-functioning, support and assistive devices are available for elderlies. (Website of Suomi.fi 2021.)

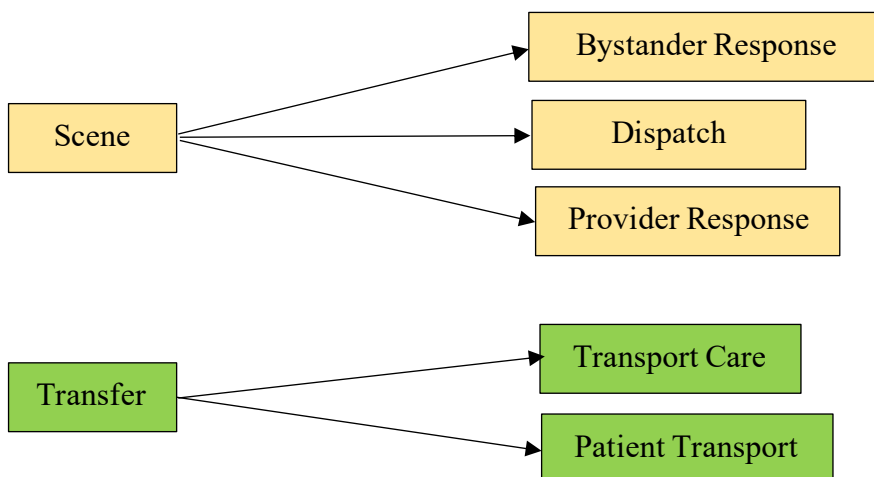
Meanwhile, older people often wish to live independently for as long as possible. The services that the municipality provides can be purchased through private companies or non-government organizations. As an elderly, they can get the support by contacting the social welfare services of their home municipality, even their relatives can do it for them. The authorities will the assess their need for services and prepare a service plan for them in coordination with the elderly and their family members. After which, the authorities will start processing the plan within three months after they contacted them. However, if their health or functional capacity gets worse, the plan will be reviewed without delay. If the elderly is aged 75 years or above, or they are receiving care allowance for pensioners from social insurance institution of Finland (Kela), their need for support will be assessed without delay, or within seven working days at the latest. (Website of Suomi.fi 2021.)

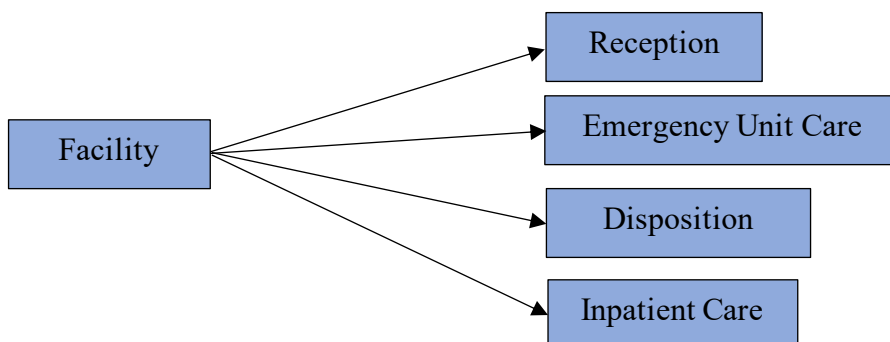
Municipalities in Finland organize home care (kotihoito) for the elderly, which involves day-to-day assistance such as washing and dressing oneself and feeding. It also includes home nursing and rehabilitation. In addition, support services are available for the elderly which include meal, cleaning, shopping, transport, and security service. (Website of InfoFinland 2020.)

6 PREHOSPITAL EMERGENCY CARE

By definition, emergency care is a system of providing immediate medical care that is activated by an incident that causes life-threatening illness or injury. An emergency medical service (EMS) is more than just a ride to the hospital. It is a system of coordinated response and emergency medical care, which involves number of people and agencies. (Website of EMS.gov 2021.) It covers a spectrum of activities that includes prehospital care and transport, initial evaluation, resuscitation and diagnosis, and in-hospital care (Reynolds 2020). The Figure 1 shows the World Health Organization' Emergency Care System Framework. It shows that emergency care from the scene involving the response of the bystanders, dispatch team, and provider response. After which, the patient transfer which includes the transport and the care that is given during the transport. Lastly, the facilities that receives the patient, and the care that were given. (Reynolds 2020.)

Figure 1: WHO's Emergency Care System Framework (Reynolds 2020)





As opposed to the first aid given by laymen, prehospital EMS will reassess the scene once they arrive and the necessary pre-hospital treatment will already be started onsite. The assessment will include measurement of blood pressure, pulse, cardiac function, level of consciousness, blood glucose level, and alcohol content of necessary. The physician-staffed unit can conduct an even more extensive test onsite and support the vital functions of the patient. For example, the patients breathing can be supported by different technical aids, and the patient's blood circulation can be treated with fluid which may or may not include medicinal therapy. Moreover, and effective pain management is an important part of this care. (Website of Tays 2020.)

The organization and provision of EMS varies greatly across the globe, sometimes even between regions within a country. However, for low to middle income countries, the EMS can be largely limited to transport without any protocols for field triage, standards of care, or communication with the planned receiving facility. Most of the time, the public will be left to decide whether and where to transfer their injured or acutely ill patients. (Mehmood, Rowther, Kobusingye, Hyder 2018.)

A significant number around the world use two frameworks in providing quality care in prehospital emergency medicine, the Anglo-American and the Franco-German system. The Anglo-American model consists of ambulances manned with Emergency Medical Technicians (EMTs) and paramedics with basic, intermediate and advanced

life support skills. Their care includes stabilization, intervention and transport of the patient to a hospital for further evaluation of emergency care doctors. The Franco-German system, on the other hand, has a physician on board with the ambulance and permits the doctor and EMS to not only evaluate but also treat the patient on the scene of a medical emergency. If necessary, the patient can also be brought to the hospital for further evaluation. An effort is made in both models to ensure the use of modern techniques, equipment and technology to decrease medical uncertainties and to attain the best possible quality of patient-centered prehospital care. However, most countries make compromises in order to still provide an efficient prehospital EMS while keeping it under the budget and the capacity of their existing infrastructure. Some countries must face the challenges of lacking trained EMS providers, modern equipment and transport vehicles. But the Anglo-American and Franco-German models are the frameworks in guiding these countries for the continuing advancements for the provision of prehospital EMS in their countries. (Page, Sbat, Vazquez & Yalcin 2013, 1-2.)

6.1 Prehospital Emergency Care in Europe

The European healthcare policy focuses strongly on the quality improvement and assurance. It also aims to establish a more patient-centered health care system which means patients' own health matters should be taken more actively with their own hands. (Bos, Kroi, Veenvliet & Plass 2015,10.) The European EMS model incorporates the use of modern tools, techniques, and technologies like telemedicine, pharmaceutical tracking systems, electronic health records and online communication into prehospital EMS. In Germany, EMS can be accessed by calling 112 phone number. With this number, the fire and police department can also be accessed. The call will be received by one of 320 ambulance control centers all over the country. A paramedic with a supplemental training for ambulance dispatch will answer the call and will either dispatch an ambulance or a vehicle staffed with an emergency physician depending on the information given by the caller. If a physician is needed, he will use

two systems for transport, the rendezvous system or the stationary system. The rendezvous system allows the physician to take a vehicle equipped for rapid response and meet an ambulance of the scene. It allows the physician to move from one emergency scene to another easier unless he needs to accompany the patient to the hospital. This vehicle, however, cannot transport a patient. On the other hand, in the stationary system, the physician is part of the ambulance team and travels with the ambulance. In providing prehospital EMS, it is preferred that the physician performs the interventions needed rather than the EMTs. However, if the physician is not available, the EMTs are allowed to perform certain interventions such as drug administration, defibrillation, infusion of crystalloid solutions, and even intubation. All of these under physician's order. (Page, Sbat, Vazquez & Yalcin 2013, 20-22.)

In Greece, the ambulances are not only for emergency transport but sometimes also for comfort. The EMS is completely funded by the government and is free for all its citizens as funded by the Greek National Health Care System. The merge of resources from the Red Cross and Center for Emergency Care in 1986 allows the establishment of 166 as the nation's EMS telephone number. However, 112 is also used. The National Center for Emergency (EKAB) handles the Greek EMS system via 12 EKAB stations in major cities. In order to serve a larger area, these major stations have substations with dedicated communications and dispatch centers, physicians, EMTs, and emergency equipment. These EKAB stations coordinate with the hospitals within their regions for the dispatch of ambulance. An EMT with additional training for dispatch answers the calls. Depending on the demand, the EMT will dispatch either a basic ambulance or a Mobile Intensive Care Unit (MICU). A basic ambulance has first aid equipment, intravenous access kits, simple airway equipment, oxygen and suction. The MICU is equipped with advanced airway tools, fluids, manual defibrillators, equipment for intravenous access, pulse oximeters, drugs and even ventilators. For some cities in Greece, a motorcycle staffed with a paramedic and sometimes a physician can be dispatched to the scene. (Page, Sbat, Vazquez & Yalcin 2013, 23-26.)

In United Kingdom, EMS can be accessed by calling 112 or 999. This call will be connected to a dispatcher in one of their 38 National Health Service ambulance stations. An ambulance is then dispatched once the information about the location of the patient is received. The ambulance team will then receive further information about the patient's case through radio or electronically. United Kingdom uses two types on vehicles in responding for emergencies. An ambulance is normally staffed with a paramedic and an ambulance technician. A rapid response vehicle is a motorcycle staffed with a paramedic or an ambulance technician. This is usually sent to the scene before an ambulance if the route is congested or in areas where the route is considerably long. (Page, Sbat, Vazquez & Yalcin 2013, 31-33.)

Emergency care teams in most of the countries in Europe consist of a medical doctor, a nurse or ambulance coworker, aside from the ambulance driver. For non-emergency care teams, the ambulance staff is consisting of one or two nurses, EMTs or assistants accompanied by an ambulance driver in most of the countries. Medical doctors are usually a part of the ambulance staff for non-emergency ambulance care. Special trainings for their staff are required in all countries. In countries like Czech Republic, Germany, Ireland, Latvia, Netherlands and United Kingdom, their staff are required to take courses on a yearly basis. A national assessment is also carried out in Netherlands every three years. In Belgium, skills are evaluated once in every five years. In Hungary, competency measurements are held irregularly. Over the years, the increase in budget for EMS in Europe and the increase in volume and functions of the emergency medical staff has enabled the countries to respond to growing numbers of emergency calls and transport. (Bos, Kroij, Veenvliet & Plass 2015, 20.)

6.2 Prehospital Emergency Care in Finland

In Finland, Turku initiated the first municipally organized transport of the sick and injured in 1901. This was followed by Helsinki in 1905. This responsibility was

designated to the fire departments during this time using horse-drawn carriages, push carts and bicycle carts. In 1923, Helsinki got its first motorized ambulance, Oulu and Turku followed in 1926 and 1928 respectively. In 1953, only Finnish Red Cross was interested in developing the emergency response system in Finland. During this time, there was no training for the personnel participating in emergency care, there were no standards about patient transport, and there was no emergency equipment. The Association of Finnish Ambulance Entrepreneurs was founded in 1964. At this point military first aid training was considered to be sufficient to the ambulance staff but was not mandatory. The transport of the ill and injured was legally defined for the first time in 1972 by the Public Health Act. The responsibility of transporting the patients were given to the municipalities in cooperation with the fire department or a private service provider. At the same time, ambulance staff were officially trained. (Rasi 2014, 7.) Now, the Public Health Act gives a detailed definition and standards for the emergency services in Finland.

Prehospital emergency medical service refers to providing immediate medical treatment to a patient who has sudden onset of illness or got injured. If necessary, this includes transporting the patient to a health care unit that can provide urgent and emergency care services for follow-up care. The main task of an emergency care unit personnel is to assess what treatment the patient needs, direct the patient to the proper place of care, and to plan the organization of care with a health care unit that can provide emergency care services. It is the responsibility of The Ministry of Social Affairs and Health to draft the legislation on prehospital emergency medical care and to oversee and general directions of the activities. (Website of Pelastustoimi 2021.)

The joint municipal authorities for hospital districts shall provide prehospital emergency medical services in their areas. In cooperation with units providing this services, emergency medical services shall be planned and implemented in order to form a coherent system regionally. (Health Care Act 1326/2010, section 39.) Prehospital emergency care can be managed but the hospital districts themselves or in

collaboration with other rescue services or another hospital district. Purchasing the service from a private service provider is also possible as long as they have a license for their operations from the Regional State Administrative Agency or from the National Supervisory Authority for Welfare and Health (Valvira). (Website of EU-healthcare.fi 2021.) The joint municipal authorities for hospital districts will be the one to determine the standard of service needed for emergency medical services. This will provide the information about the procedures to be followed in providing emergency medical services, the required qualifications of the personnel providing emergency medical care, targeted response time, and other pertinent issues that affects the provision of emergency medical services in the area. (Health Care Act 1326/2010, section 39.)

Aside from providing urgent treatment, the scope of emergency medical services includes readiness for the provision of emergency medical services at all times; referral of patients, their relatives, and other individuals involved in the emergency to psychosocial support services whenever necessary; drafting of regional contingency plans together with other public authorities and organizations for dealing with major accidents and exceptional medical emergencies; and assisting the police, rescue services, maritime rescue authorities, and border control authorities in their duties. (Health Care Act 1326/2010, section 39.)

Throughout Finland, an ambulance can be called by dialing the emergency number 112. The call will be answered by the Emergency Response Centre and will send an ambulance to the location if necessary. Helicopter emergency medical services are organized by university hospital districts. The personnel, equipment, and medicines used in the helicopter are determined by the university hospital district. A non-profit company called FinnHEMS Oy owned by the university hospital districts, is responsible for the flight operations and bases of the emergency helicopter unit. The Helicopter Emergency Medical Services (HEMS) units operates in Vantaa, Turku, Tampere, Oulu, Kuopio and Rovaniemi. (Website of EU-healthcare.fi 2020.)

FinnHEMS is responsible for medical helicopter operations. They provide a high-quality emergency care in life-threatening situations. They reach 70% of Finns through its physician and medical helicopters within 30 minutes after the emergency call. (Website of FinnHEMS 2020.)

In cooperation with hospital districts, medical emergency departments provide a regionwide emergency medical service. Their aim is to provide high-quality, versatile and customer-oriented emergency medical services. (Website of Pelastustoimi 2021.) The duties of emergency departments include ensuring a continuous access to emergency medical services provided by qualified physicians in their areas; planning and coordinating the provision of air ambulance services within the catchment area; coordinating patient transfers between treatment units; overseeing the use of Finland's Authority Radio Network by the social and health care services and the maintenance of the field information system if applicable and; coordinating instructions by the Emergency Centre Administration with regards to emergency response relating to health care. (Health Care Act 1326/2010, section 39.)

Prehospital emergency care is organized in five levels in order to ensure that the closest and most appropriate type of EMS will respond on the patient's needs. The levels of emergency care are the following:

First Response Unit

Fire engines are the most common first response units. The fire engine personnel were trained to assess the patient's condition, provide emergency first aid and start the prehospital emergency medical treatment of a lifeless person before the arrival of ambulance. First response units have the basic ambulance equipment, but they do not transport patients to emergency departments. (Website of Pelastustoimi 2021.)

Basic Life Support (BLS) Ambulance

Non-urgent missions are carried out by BLS ambulances wherein the patient's condition is stable. This is staffed by two emergency medical technicians who has professional skills that are needed to provide emergency medical care and transport patients following care instructions. (Website of Pelastustoimi 2021.)

Advance Life Support (ALS) Ambulance

An ALS ambulance is capable to initiate more demanding care to a patient and transport them while ensuring their vital functions. Paired with an emergency medical technician is a nurse or a qualified paramedic. (Website of Pelastustoimi 2021.)

EMS Field Commander

In cooperation with the Emergency Response Centre, the EMS field commander is responsible in directing and coordinating ambulances that were called to prehospital emergency mission. The field commander oversees the emergency medical services incident management in multi-patient situations, major accidents and multi-authority tasks, and they have more extensive selection of medicines that they can use compared to an ALS ambulance. (Website of Pelastustoimi 2021.)

EMS unit with a Physician and FinnHEMS Medical Helicopter

The duty of an EMS unit with physician is to deliver a physician trained in emergency medical care to the patients. The paramedics can keep a close contact with the physician even if he is not present in the scene. But once the physician is present, the paramedics with assist him or her in the treatment. In cases of helicopter transport, the paramedics can additionally be responsible for navigation and ensuring safety landing. (Website of Pelastustoimi 2021.)

The triage classification in Finland is presented in Table 1. After systematically assessing the patient's condition considering its respiration, blood circulation, level of consciousness and other potential trauma findings, the patient will be classified in to four triage classes (Website of Tays 2020).

Table 1. Priority definitions and responses in Finnish EMS System (Hoikka 2018, 19)

Priority code	A	B	C	D
Definition	Serious disturbance of vital functions	Suspicion of failure of vital functions	Minor symptoms	No disturbance of vital functions
	High-energy mechanism of injury	Mechanism of injury is suspected to lead on failure of vital functions	Low-energy mechanism of injury	
Dispatch priority	Immediately	Immediately	Patient will be reached within 30 mins	Patient will be reached within 120 mins
EMS unit response	FRU+ ALS+ (HEMS)	ALS (+FRU if it can arrive quicker on scene)	BLS or ALS	BLS
	Lights and sirens	Lights and sirens	Normal driving	Normal driving

7 COMBILANSSI

Combilanssi is a pilot experiment project that combines home and institutional geriatric care with basic emergency care. The practical implementation of the experimental project was done in cooperation between Satasairaala, Porin Perusturva, and the rescue department of Satakunta. (Website of Satasairaala 2020.) This project was held during 4.3.2019-31.12.2020. The aim of the project is to find out the effectiveness of the concept of Combilanssi from the perspective of both the patient and the system. It also aims to study the possibility of extending the services of Combilanssi throughout the province of Satakunta. Combilanssi served as an additional first aid service unit during its pilot trial. (Lempinen & Lähteenmäki 2020.)

The idea for a new type of multifunctional unit arose four years ago when the regulations for emergency care was amended. The establishment of a one-person assessment unit was considered in Satakunta, but for occupational safety, the thought of working with a professional partner was a better option. (Aalto 2021.) With this, Combilanssi works with a two-person ambulance- level unit. The elderly is the center of the operations of Combilanssi with skills focusing specifically on solving the problems of the elderly. It has equipment suitable for bed-side diagnostics, mobile operations and first aid and operates under the Provincial Emergency Response Centre. Its staff consists of care level paramedic and mobile nurses specializing in geriatric care. In this way, the expertise of both professionals would be utilized. (Website of the City of Pori 2018.)

Aside from the standard equipment used in first aid care, the Combilanssi is also equipped with Lifecare patient information system. In addition, the nursing staff is skilled and capable of taking venous blood samples and start an antibiotic treatment if necessary. They also have the option to consult a mobile doctor thru video call. (Lempinen 2020.) With this, it is possible to provide a holistic care to the patient and

avoid transferring to the hospital or a care institution if the situation permits. However, if the patient's situation is worse than the preliminary information given by the caller to the respondents or if it turns out to be an emergency, the Combilanssi staff is capable in emergency care and start treatment. Moreover, the unit also can transport the patient and thus lessening the need for other healthcare services or emergency units to be involved. (Website of Kuntatyö2030 2019.)

Starting in the beginning of year 2021, Combilanssi is a registered trademark and part of Satakunta's emergency care service. Because of this, it has been possible to reduce the number of patients transported to the emergency ward. Almost half of the tasks being handled are situations where the patient does not need to be transported and treatment can be delivered and given on site. (Aalto 2021.)

The concept of Combilanssi is like the new and evolving healthcare model called Community Paramedics. This model allows paramedics and emergency medical technicians to work in broader roles by assisting with public health and preventive services to the community. (Website of Rural Health Information Hub 2021.) Community Paramedics perform primary care, public health, oral health services, home assessment, health teaching and consultation, and direct care such as wound management. The intention of this healthcare model is to fulfil the health care demands of those populations with limited access to primary care services. (Website of the American Nurses Association 2021.) The skill set of Community Paramedics can be useful in addressing unmet needs for primary care services in the community like administering injection in an emergency. This model can benefit rural Emergency Medical Services by reducing emergency request for situations that are not urgent and non-transport services. (Website of Rural Health Information Hub 2021.) In Finland, this model has been implemented by areas like Social and Healthcare Association of Southern Karjala Municipalities (Etelä-Karjalan Sosiaali- ja Terveysterveystyö Kuntayhtymä), Central Pohjanmaa Association of Social and Health Services (Keski-Pohjanmaan Sosiaali- ja Terveysterveystyö Kuntayhtymä) and Association of Southern

Pohjanmaa District Hospitals (Etelä-Pohjanmaan Sairaanhoidopiirin Kuntayhtymä). Similar to the goals of Combilanssi, they aim to decrease emergency room traffic, support the social work, home care services and support the elderly living at home, decrease ambulance transport and lessen expenses in health services. (Länkimäki 2017.)

8 AIMS AND OBJECTIVES OF THE RESEARCH

The project launched by the Porin Perusturva in 2019, Combilanssi, is geared towards efficiently providing emergency medical services to geriatric patients at home and/or in a care institution. At the same time, by so, effectively decreasing the traffic in the hospital emergency departments and lessening the care cost for every emergency care patient handled by Combilanssi. The purpose of this study is to identify the competencies that the Combilanssi nursing staff have and what they need based on the administrators' and nursing staff's perspectives. The research results will be used for future studies for the improvement of the services of the said project.

The research aims to explore the Combilanssi nursing staffs' and administrators' assumptions of their current competencies and future educational needs for working in the project. Specifically, the research will answer the following questions:

1. What competencies do nurses working in Combilanssi have based on:
 - a. Perception of the nursing staff
 - b. Perception of the administrators

2. What competencies do nurses working in Combilanssi need based on:
 - a. Perception of the nursing staff
 - b. Perception of the administrators

Considering the growing number of the geriatric population, increasing demand for emergency services from this age group, and the benefits seen within the few months run of Combilanssi, this study will be useful in ensuring the quality of services being rendered by the care team. This study will help ensure that the competencies of the nursing staff of Combilanssi are relevant to the needs of the focus group they are catering, to Combilanssi's own goals and objectives and in line with the Finnish standards.

9 RESEARCH IMPLEMENTATION

This study was done as a quantitative research to study the perspective of the Combilanssi nursing staff about the nursing competencies of their organization, both the expected and those that needs to be improved. The quantitative research method was used because it emphasizes the use objective measurements and numerical analysis of data collected through questionnaires and surveys (Website of Questionpro 2021). The questions used were a combination of Likert scales to quantify the results (Strongly agree to Strongly disagree) and multiple questions to get direct answers from the respondents (Website of Survemonkey 20). The competencies studied in this thesis were chosen from the collected literature that were available during the planning phase of this study. Literature used in the study were carefully chosen to reflect information that were as accurate as possible.

After the research plan was approved, the researchers applied for SAMK's Agreement on the preparation of a thesis (Appendix 4) and the permit to conduct a thesis (Appendix 5). These were granted few days after the application. The researchers then started collecting data from all the nursing staff (n=17) and administrators (n=6) of Combilanssi. The researchers utilized a structured questionnaire as a data gathering

tool, which was done online. This was used to elicit information about the respondents' profile regarding their type of education, their role in Combilanssi, additional training related to the type of work they are doing, competencies that they must have to be able to work in Combilanssi, and competencies they believe the nursing staff should have for the job. A link was sent to the respondents through email together with short information about the research and consent for the research, and a simple instruction on how to answer the questionnaire (Appendix 6). The respondents were given two weeks to answer the questionnaire. After this, fourteen (n=14) respondents replied to the questionnaire. This was consulted with our research adviser and project head of Combilanssi and was decided to give the respondents more time to answer the questionnaire. The researchers were able to gather 18 responses in total, 16 of which were from the nursing staff and 2 from the administrators. There were also two respondents who sent blank answers.

The data was analysed quantitatively using the Tixel application in Microsoft Excel. Frequency and Percentage was used to describe the data about the respondents' profile and the competencies that they think they have for the job, and those they perceive that they still need. The answers from the nursing staff were treated separately from the administrators to see the differences, if there will be any. The results will be presented in a table form in the next chapter.

10 RESULTS AND DATA INTERPRETATION

This chapter seeks to analyse and interpret critically the data obtained through the online questionnaire to know the point of view of the Combilanssi administrators and nursing staff about the competencies of their nursing staff. The data gathered will be compared to the hypothesis on the earlier part of the research.

Table 2 Educational Background of the Nursing Staff

	<i>Freq.</i>	<i>%</i>
Nursing Degree	14	78
Paramedic Degree	1	6
Both	2	11
Other Educational Background	1	6
Total	18	100

The Table 2 shows that majority (n=14) of the nursing staff of Combilanssi have finished a degree in nursing. Only one is a graduate as paramedic nurse, while two has both finished the nursing and paramedics degree. Lastly, one respondent is a doctor specialized in acute medicine.

Despite emphasizing that the question is only for the nursing staff, all the respondents including the administrators answered this question.

Table 3 Role in the Combilanssi

	<i>Freq.</i>	<i>%</i>
Nurse	8	44.44
Paramedic	8	44.44
Administrator	2	11
Total	18	100

The consolidated data in Table 3 illustrates that out of the 18 respondents, n= 8 work as nurses, while an equal number of respondents replied that they work as paramedics. Only two responded that they assume the role as administrators.

Table 4 Length of work experience

	<i>Freq.</i>	<i>%</i>
0-2	0	0
3-5	0	0
6-8	3	17
9-10	4	22
More than 10 years	11	61
Total	18	100

When asked about the length of their work experience (Table 4), majority or 61% answered that they have more than 10 years. Four of respondents have 9-10 years of work experience. Three of the respondents have 6-8 years of work experience, which is the shortest among the group. This shows that all the respondents have more than five years of experience.'

Table 5 Nursing Staff past working field experience (areas or nursing)

	<i>Freq.</i>	<i>%</i>
Polyclinic	3	20
General Ward	11	73
Emergency Ward	2	13
Surgery Unit	3	20
Dialysis Department	1	7
Maternity Ward	1	7
Radiotherapy unit		0
Intensive Care Unit	1	7
Endoscopy Unit		0
Psychiatric Unit	5	33
Geriatric Assessment Unit	6	40
Rehabilitation Department	3	20
Assisted Living Facility	4	27
Elderly Care Home	6	40
Others	8	53

It can be seen from Table 5 that most (n=11) of the respondents have worked in a ward setting. Six (n=6) of them have worked in elderly evaluation units, while the same number worked in elderly homes. A few (n=5) worked in psychiatric units and four (n=4) of the respondents worked in assisted living facilities. Furthermore, in polyclinics, operating rooms, and rehabilitation wards take similar representation of three (n=3) respondents each. Two (n=2) of the respondents experienced working in the emergency ward.

Significantly, several of the respondents (n=8) has experienced working in other areas aside from the choices that were given. These areas include paramedics, home care, child protection services, blood services, home hospital, developmental disability services. Others also mentioned working as ambulance nurses and discharge care nurses. One of the administrators have worked in eight different areas of nursing, while the other has been working as a paramedic during his entire career.

Table 6 Administrators: Adequacy of the nursing education of the Combilanssi staff

	<i>Freq.</i>	<i>%</i>
Strongly Agree	0	0
Agree	3	60
Disagree	2	40
Strongly Disagree	0	0
Total	5	100

When the administrators were asked if the education of the nursing staff has sufficiently prepared them for their role in Combilanssi, one (n=1) administrator strongly agreed, while the other thinks that it is not sufficient. It can be noticed from Table 6 that some respondents have answered the question that was intended for the administrators only.

Table 7 Nursing Staff: Adequacy of the nursing education of the Combilanssi staff

	<i>Freq.</i>	<i>%</i>
Strongly Agree	0	0
Agree	7	44
Disagree	9	56
Strongly Disagree	0	0
Total	16	100

When the nursing staff were asked if their education has sufficiently prepared them for their job in Combilanssi, 44% (n=7) agreed, while more than half of the nursing staff (56%) disagreed as shown in Table 7.

Table 8 Awareness of the nursing competencies needed to work in Combilanssi.

	<i>Freq.</i>	<i>%</i>
Strongly Agree	2	11
Agree	9	50
Disagree	7	39
Strongly Disagree	0	0
Total	18	100

Half of the respondents (n=9), including one of the administrators said that they are familiar with the professional competences needed to work in Combilanssi, while two (n=2) strongly agreed (Table 8). However, seven (n=7) disagreed with the statement, which includes the other administrator.

Table 9 Communication Competency

	<i>Freq.</i>	<i>%</i>
Strongly Agree	5	28
Agree	11	61
Disagree	2	11
Strongly Disagree	0	0
Total	18	100

Majority of the respondents (n=11) were aware that good communication skills is required in working as a nurse in Combilanssi. Five (n=5) of the respondents strongly agrees, while two (n=2) replied that they did not know that working as a nurse in Combilanssi requires good communication skills. When the answers of the administrators were analysed, one (n=1) strongly agreed while the other agrees (Table 9).

Table 10 Adequacy of the nursing staff's communication skills

	<i>Freq.</i>	<i>%</i>
Strongly Agree	6	33
Agree	12	67
Disagree	0	0
Strongly Disagree	0	0
Total	18	100

Table 10 shows that the administrators both agreed that currently the communication skills of the nursing staff of Combilanssi are adequate. As a whole (N=18), majority responded (n=12) that they agreed with the statement. While the remaining six (n=6) strongly agreed.

Table 11 Theoretical Knowledge

	<i>Freq.</i>	<i>%</i>
Strongly Agree	2	11
Agree	10	56
Disagree	6	33
Strongly Disagree	0	0
Total	18	100

As shown in Table 11, more than half (n=10) of the respondents, including both administrators agreed that they are aware that having a good theoretical knowledge is

requirement in working in Combilanssi. Surprisingly, six (n=6) respondents do not realize that theoretical knowledge is necessary.

Table 12 Adequacy of Nursing Staff's theoretical knowledge

	<i>Freq.</i>	<i>%</i>
Strongly Agree	3	17
Agree	12	67
Disagree	3	17
Strongly Disagree	0	0
Total	18	100

There were three (n=3) that strongly agreed with the statement that Combilanssi's nursing staff has adequate theoretical knowledge for their job. Both the administrators including ten (n=10) of the nursing staff agreed (n=12), while three (n=3) of the respondents disagreed. (Table 12)

Table 13 Clinical Skills

	<i>Freq.</i>	<i>%</i>
Strongly Agree	5	28
Agree	11	61
Disagree	2	11
Strongly Disagree	0	0
Total	18	100

Five (n=5) respondents strongly agreed that they were familiar that clinical skills are needed in Combilanssi, while majority of the respondents (n=11) agreed. Although, two (n=2) respondents were unfamiliar of the required clinical skills. (Table 13) When the answers of the administrators were analysed, the other strongly agreed while the other agrees.

Table 14 Adequacy of Nursing staff's clinical skills

	<i>Freq.</i>	<i>%</i>
Strongly Agree	3	17
Agree	12	67
Disagree	3	17
Strongly Disagree	0	0
Total	18	100

Table 14 presents that most of the respondents (n=12) believe that the Combilanssi nursing staff has adequate clinical skills. There were three (n=3) respondents that strongly agreed with the statement, while the same number of respondents disagreed. The administrators both agreed with the statement.

Table 15 Ability to tolerate stress

	<i>Freq.</i>	<i>%</i>
Strongly Agree	9	50
Agree	9	50
Disagree	0	0
Strongly Disagree	0	0
Total	18	100

When asked if they are aware that the job of the nursing staff of Combilanssi requires them to have the ability tolerate stress, they all gave a positive response, including both of the administrators who strongly agrees (Table 15). Specifically, both strongly agree and agree options equally got 50% of the answers.

Table 16 Adequacy of Nursing staff's stress tolerance

	<i>Freq.</i>	<i>%</i>
Strongly Agree	5	28
Agree	13	72
Disagree	0	0
Strongly Disagree	0	0
Total	18	100

All respondents positively answered that the nursing staff of Combilanssi have adequate stress tolerance. Precisely, five (n=5) strongly agreed, while 13 agreed (Table 16). In this statement, the administrators agreed but in varying degree.

Table 17 Interpersonal Skills

	<i>Freq.</i>	<i>%</i>
Strongly Agree	9	53
Agree	8	47
Disagree	0	0
Strongly Disagree	0	0
Total	17	100

It can be seen in Table 17 that more than half or 53% (n=9) strongly agreed to statement that they are familiar that the work in Combilanssi requires good interpersonal skills. Also 47% (n=8) just agreed with the statement. One of the administrators agreed while the other did not give a response.

Table 18 Adequacy of Nursing Staff's Interpersonal skills

	<i>Freq.</i>	<i>%</i>
Strongly Agree	9	50
Agree	9	50
Disagree	0	0
Strongly Disagree	0	0
Total	18	100

All the respondents agreed in varying degree that the Combilanssi nursing staff have adequate interpersonal skills (Table 18). To be exact, 50% (n=9) on both strongly agree and agree options. In this statement the two administrators strongly agree.

Table 19 Independence

	<i>Freq.</i>	<i>%</i>
Strongly Agree	12	67
Agree	5	28
Disagree	1	6
Strongly Disagree	0	0
Total	18	100

As presented in Table 19, both administrators and 10 nurses (n=12) strongly agreed that they are aware that the ability to work independently is necessary to become a nursing staff of Combilanssi. Five (n=5) of the respondents agreed, and the remaining one disagreed.

Table 20 Ability to work Independently

	<i>Freq.</i>	<i>%</i>
Strongly Agree	13	72
Agree	5	28
Disagree	0	0
Strongly Disagree	0	0
Total	18	100

All the respondents (N=18) including two administrators believe that the nursing staff of Combilanssi are capable of working independently (Table 20).

Table 21 Teamwork and Collaboration

	<i>Freq.</i>	<i>%</i>
Strongly Agree	12	67
Agree	6	33
Disagree	0	0
Strongly Disagree	0	0
Total	18	100

As shown in Table 21, the respondents confirmed that they are aware that working in Combilanssi requires teamwork and collaboration with other professionals. The two administrators strongly agreed to this. Specifically, 67% (n=12) strongly agreed, while 33% (n=6) agreed.

Table 22 Ability to collaborate with others

	<i>Freq.</i>	<i>%</i>
Strongly Agree	11	61
Agree	7	39
Disagree	0	0
Strongly Disagree	0	0
Total	18	100

Most of the respondents (n=11) strongly agreed that they can work as a team and collaborate with other professionals, one of them is an administrator. The remaining seven (n=7) just agreed with the statement. (Table 22)

Table 23 Sense of Responsibility

	<i>Freq.</i>	<i>%</i>
Strongly Agree	12	67
Agree	6	33
Disagree	0	0
Strongly Disagree	0	0
Total	18	100

As presented in Table 23, one administrator and eleven nursing staff (n=12) strongly agreed that they are aware that sense of responsibility is required when working as a nursing staff in Combilanssi. The remaining (n=6) including another administrator just agree with the statement.

Table 24 Working with a sense of Responsibility

	<i>Freq.</i>	<i>%</i>
Strongly Agree	12	67
Agree	6	33
Disagree	0	0
Strongly Disagree	0	0
Total	18	100

In the statement that the Combilanssi nursing staff have a sense of responsibility in their work, both the administrators strongly agreed. As a whole, the Combilanssi staff agrees, 67% (n=12) strongly agrees and the remaining 33% agrees with the statement. (Table 24)

Table 25 Competencies that the respondents think need improvement.

	<i>Freq.</i>	<i>%</i>
Communication Skills	3	18
Theoretical Knowledge	15	88
Clinical Skills	14	82
Stress Tolerance	3	18
Interpersonal Skills	1	6
Independence	3	18
Teamwork and Collaboration	2	12
Sense of Responsibility	1	6
	-	0
N	17	

When asked about what competencies the nursing staff needs to improve presented in Table 25, the top two competencies that they said were Theoretical Knowledge and Clinical Skills, with 15 (n=15) and 14 (n=14) responses, respectively. Also, Communication Skills, Stress Tolerance and Independence came in third, each with 3 (n=3) responses. Two respondents (n=2) said that they need to enhance their ability to work with a team and collaborate with other healthcare professionals. One (n=1) claimed that they need to improve their interpersonal skills, while one (n=1) respondent said that they need work on their sense of responsibility. One (n=1) respondent did not give a response on this part of the questionnaire; hence, the computed population size was 17.

The perspective of the administrators is in line with these results. The other administrator believes that the nursing staff needs to improve their Communication Skills, Theoretical Knowledge, Clinical skills, and Stress Tolerance. The other administrator thinks that the nursing staff needs improvement also in Theoretical Knowledge, Clinical Skills and Teamwork and Collaboration.

11 CONCLUSION

As the population of elderly people increases all over the world, the need for a healthcare service focused on this age group also increases. With the innovation of healthcare services, there is also a need to oversee that the skills and competencies of the healthcare providers are relevant to the field they are working in. The Combilanssi is a relatively new project by the Porin Perusturva catering on the emergency needs of the elderly within the area. This project was conducted to identify the level of competencies of the Combilanssi nurses based on the viewpoint of the administrators and the nursing staff.

The aims of this research were met, and the research questions and their subtopics were answered with the use of data collected from the designed questionnaire. The chosen method, however, has its drawbacks. Some of the questions were misinterpreted, while a few submitted blank replies. Because of this, out of the 20 replies from the respondents, only 18 were used in this research.

The data showed that the administrators believed that the nursing staff has adequate nursing competencies to work in Combilanssi. However, a few nurses believed that they lack adequate theoretical knowledge (n=3) and clinical skills (n=3). This was also reflected when the respondents were asked directly what competencies they thought the nursing staff should improve on (Table 25). The top answers were theoretical knowledge (n=15) and clinical skills (n=14) against all the listed competencies that were part of the options. Otherwise, the administrators and most of the nursing staff believed that their competencies are adequate for the job.

The results of the study share similarities in a study about the basic competence of Intensive Care Unit nurses, where the nurses self-assessed their knowledge base and skill base competences as “good” and collaboration received the best rating

(Lakanmaa, Suominen, Ritmala-Castren, Vahlberg, Leino-Kilpi 2015). Another study involving 74 hospitals in different European countries showed that nurses assessed their overall nursing competencies as good and very good (Lombarts, Plochg, Thompson, Arah 2014, 7-10). With regards to the difference in the perception of the administrators and nursing staff on the nurses' competencies, similar results were noted in another study held in Finland about the congruence between nurse managers' and the nurses' assessment on their competencies. Nurse managers gave a higher assessment to the nurses' competencies compared to the nurses themselves. The study noted that the difference may come from the difference in views regarding the required level of competence for the job. The nurse managers may have set the level lower than what the nurses' thought is demanded from them. (Numminen, Leino-Kilpi, Isoaho, Meretoja 2014, 146-147.)

It is surprising to note that theoretical knowledge and clinical skills were the competencies that the nursing staff perceived to be lacking. These competencies are two of the main foundations of nursing care. Every profession including Nursing requires knowledge base and skills set. On the other hand, it is good that the nursing staff of Combilanssi are self-aware of the need to improve on these competencies. Afterall, you cannot solve a problem if you cannot recognize that there is a problem. The clinical implications that can be derived from the results of the research is how nursing competencies can impact the quality of service that nurses can provide. The nursing competencies should also be a basis in continuously improving the practice and developing strategies to improve the healthcare service. To maintain the public's trust to the nursing profession, these competencies should always be updated.

11.1 Validity and Reliability of the Thesis

The entire process of the research was supervised by different professionals. To ensure the validity of the study, every step of the research was overlooked and approved by authorized people from the Satakunta University of Applied Sciences and

Combilanssi. The references used in this research were properly chosen while making sure of their reliability.

The research method used in this research enabled the researchers to gather data conveniently even during the pandemic. The questionnaires were distributed on time and responses were received almost immediately after. However, the chosen method also has its drawbacks. The researchers were not able to supervise the answering of the questionnaire while some instructions were not clear for the respondents. The researchers were not able to pre-test the questionnaire.

Interestingly, almost all previous studies regarding nursing competencies used different nursing competencies. Some of them more detailed while some were generalized.

The results of the study were examined using the Tixel application on Excel word sheet that helps analyze the data and puts them on a table format. The use of the application was chosen to prevent errors and free of manipulation and to make the results of the study valid. The initial result of the study was then presented to Combilanssi administrators and to the supervising teacher. It is important to note that the results were based on the data that were collected from May to August 2020, the new core competencies that were published by the YleSH arviointi were mentioned but were not considered during making of the study as the information was not available during the planning and data collection phase of the study.

Spell- and grammar- checking programs were used in writing the thesis. Translation programs were also used to translate Finnish terms to English. These translations were further corrected and approved by the supervising teacher of this research.

11.2 Ethical Considerations of the Thesis

This study was conducted after obtaining the necessary permits from the Satakunta University of Applied Sciences and an agreement to conduct the study with the Combilanssi staff were obtained through Porin Perusturva. Since the study involves a small group of individuals, all the nursing staff had an equal opportunity to participate in the study and the selection of respondents were considered free of biases. The data has been collected through official academic databases with the help of a professor from SAMK.

The research was held in the middle of the COVID-19 pandemic. Hence, for the safety and convenience of the respondents and the researchers, an online questionnaire was opted for this research. This eliminated the risk of harming the researchers and the respondents from possible exposure to the virus. The questionnaire sent to the respondents included a letter informing them about the goals and importance of the study, and that their responses will be dealt confidentially. To comply with ethical requirements, the participation of the staff of Combilanssi was voluntary and the respondents' information was kept confidential and was used only for the purpose of this study. It was then assumed that by answering and returning the questionnaire, the respondents are giving consent to participate in the study.

11.3 Suggestions for Further Development

This research is a part of the continuous improvement of the pilot project Combilanssi. Based on the results of this research, a more specific research can be done regarding the theoretical knowledge and clinical skills of the nursing staff of Combilanssi, to address what specific skills and knowledge they need.

Future research involving both the nursing staff and administrators, a separate questionnaire should be sent to each group to avoid confusion. Better instructions about how to answer the questionnaire should be constructed also to avoid confusion.

To update the study, a new research about the competencies of the nursing staff of Combilanssi is encouraged using the revised Nursing Core Competencies by the YleSHarviointi Project. The researchers chose eight (8) competencies to study in the thesis and the researchers suggests to study the competencies that were not mentioned in the paper like in the newly adapted core competencies.

Because of the updates of the nursing competencies and considering that during the start of the study, Combilanssi was still on its early developmental phase, hence the research should have been executed in a timely manner.

11.4 Authors' Personal Development

The authors of this research gained learnings and improved various skills while working on this research. Firstly, the researchers deepened their knowledge about the topics that were discussed in this thesis such as nursing education, elderly care, nursing competencies, and ethical principles. The nursing competencies that they have discussed will guide their actions in caring for their patients in the future, and in developing their skills and knowledge further.

Working on an academic paper also helped them develop their critical thinking from formulating a research plan, creating the research objectives, choosing reliable resources, implementing their research methods. Their analytical skills were also developed in interpreting data collected during the research. This thesis also taught the researchers how hard it is to conduct a research considering this paper can have an impact in the way Combilanssi will hire their staff and operate in the future. Ensuring that the data are reliable and relevant was also a great challenge for both researchers.

The researchers' writing skills were improved with the help of their supervisor's advice and comments. It also taught the researchers to enlist the help of teachers in widening our knowledge in conducting this research particularly in the data interpretation wherein we were guided by our Statistical Methods teacher in using the Tixel tool in data analysis.

Both the authors of this research were working students while writing this. Because of this, there have been a lot of conflicts in their schedule that lead to the delay of the final product of this research. This has taught the researchers how to properly manage their time with work, personal life, studies, and the requirements of their courses.

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APPENDIX 1 (1/5)

Nursing education in the 47 member countries of the European Higher Education Area (Lahtinen, Leino-Kilpi & Salminen 2013).

	Education system	Duration in years	Title
Albania	College	3	Bachelor
Andorra	University	3	Bachelor
Armenia	College	3	Diploma
	College <i>Training also in nursing schools</i>	4	Bachelor
Austria	Nursing school	3	Diploma
	University	3	Bachelor
Azerbaijan	Nursing school	22– 30 months	Vocational Diploma
Belgium	University	3	Bachelor
Bosnia and Herzegovina	University	3	Bachelor
Bulgaria	College	4	Bachelor
Croatia	Polytechnic <i>Training also in nursing schools</i>	3	Bachelor
Cyprus	University	4	Bachelor
Czech Republic	College	3	Bachelor
	University	3	Bachelor

APPENDIX 1 (2/5)

Denmark	University college	3,5	Bachelor
Estonia	College	3,5	A professional higher education diploma
Finland	Polytechnic	3,5	Bachelor
France	Nursing school <i>Diploma should be recognized as a university degree at the bachelor level in 2012</i>	3	Diploma
Georgia	Vocational school	2	General Practice
	Higher education program	4	Nurse Bachelor
Germany	Nursing school	3	Certificate
	University of applied sciences	3	Bachelor
	University	3	Bachelor
Greece	Higher Technical Education Institute (A.T.E.I)	4	Bachelor
	University	4	Bachelor
<i>Holy See</i>	<i>No nursing</i>		
Hungary	Nursing school	3	Diploma
	University	4	Bachelor
Iceland	University	4	Bachelor
Ireland	University	4	Bachelor

APPENDIX 1 (3/5)

Italy	University	3	Bachelor
Kazakhstan	College <i>Reform aims to upgrade nursing education</i>	3	General practice Nurse
Latvia	Nursing school	3	Diploma
	College	3	Diploma
	University	4	Bachelor
Liechtenstein	<i>Does not have its own nursing education, students' study in neighboring countries</i>		
Lithuania	College	3	Bachelor
	University	4	Bachelor
Luxembourg	Nursing school <i>There is no full university. Graduate nurses requiring more than three years' training will require training abroad</i>	3	Diploma
Malta	University	3	Bachelor
Moldova	College <i>College programs typically last between 2 to 3 years, more specific information not found</i>	2-3	Diploma
Montenegro	Nursing school	4	Diploma
	College	3	Diploma

APPENDIX 1 (4/5)

The Netherlands	University of applied sciences	4	Bachelor
	University	4	Bachelor
Norway	University college	3	Bachelor
Poland	University college	3	Bachelor
Portugal	Polytechnic	4	Bachelor
Romania	University college	3	Bachelor
Russia	Nursing school <i>Bachelor studies available after graduating nursing school</i>	3	Diploma
Serbia	Medical school (<i>Vocational</i>)	3	Diploma
	University	4	Bachelor
Slovakia	College	3	Diploma
	University	3	Bachelor
Slovenia	College	3	Bachelor
Spain	University	4	Bachelor
Sweden	University college	3	Bachelor
	University	3	Bachelor
Switzerland	College	3	Diploma
	University of applied sciences	3	Bachelor
	University	3	Bachelor
The former Yugoslav Republic of Macedonia	High medical school (under university)	3	Bachelor

APPENDIX1 (5/5)

Turkey	Health high school (secondary education)	4	Bachelor
	Health school (higher education, under university administration)	4	Bachelor
	University	4	Bachelor
Ukraine	Vocational school <i>Bachelor studies available after graduating vocational school</i>	2	Junior Specialist (<i>General Medical Nurse</i>)
United Kingdom	University	3	Diploma
	University <i>All new nurses will be educated to degree level from 2013</i>	3	Bachelor

Appendix 2

Paragraph 6 of EFN Guideline for the implementation of Article 31 of the Mutual Recognition of Professional Qualifications Directive 2005/36/EC, amended by Directive 2013/55/EU (Website of the European Federation of Nurses Associations, 2015).

Paragraph 6. Training for nurses responsible for general care shall provide an assurance that the person in question has acquired the following knowledge and skills:

- (a) comprehensive knowledge of the sciences on which general nursing is based, including sufficient understanding of the structure, physiological functions and behaviour of healthy and sick persons, and of the relationship between the state of health and the physical and social environment of the human being.
- (b) sufficient knowledge of the nature and ethics of the profession and of the general principles of health and nursing;
- (c) adequate clinical experience; such experience, which should be selected for its training value, should be gained under the supervision of qualified nursing staff and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient;
- (d) the ability to participate in the practical training of health personnel and experience of working with such personnel;
- (e) experience of working with members of other professions in the health sector.

Appendix 3

Paragraph 7 of EFN Guideline for the implementation of Article 31 of the Mutual Recognition of Professional Qualifications Directive 2005/36/EC, amended by Directive 2013/55/EU (Website of the the European Federation of Nurses Associations, 2015)

7. Formal qualifications as a nurse responsible for general care shall provide evidence that the professional in question is able to apply at least the following competences regardless of whether the training took place at universities, higher education institutions of a level recognised as equivalent, or at vocational schools, or through vocational training programmes for nursing:
- A. Competence to independently diagnose the nursing care required using current theoretical and clinical knowledge as well as to plan, organise and implement nursing care when treating patients on the basis of the knowledge and skills acquired in accordance with points (a), (b) and (c) of paragraph 6 in order to improve professional practice;
 - B. Competence to work together effectively with other players in the health sector including participation in the practical training of health personnel on the basis of the knowledge and skills acquired in accordance with points (d) and (e) of paragraph 6;
 - C. Competence to empower individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired in accordance with points (a) and (b) of paragraph 6;
 - D. Competence to independently initiate immediate measures to preserve life and to carry out measures in crisis and disaster situations;
 - E. Competence to independently advise, instruct and support individuals needing care and their attachment figures;
 - F. Competence to independently ensure the quality of nursing care and assess it;
 - G. Competence to communicate comprehensively and professionally and to cooperate with members of other professions in the health sector;
 - H. Competence to analyse the quality of care in order to improve their own professional practice as



Appendix 4(1/2)



SATAKUNNAN AMMATTIKORKEAKOULU
SATAKUNTA UNIVERSITY OF APPLIED SCIENCES

OP07B

1 / 2

SAMK / Agreement on the Preparation of a Thesis	
Author of thesis: Ralph Eugene Rabang, Alvin Nonan	
Student number: 1801792,1801791	Group in which studies were started: NNU18SP
Degree programme: Degree Programme in Nursing	
Name of supervising teacher, email address, telephone number and address: Anu Elo, anu.elo@samk.fi, Satakunnankatu 23, 28130, Pori; Maarit Harjanne, maarit.harjanne@samk.fi, Satakunnankatu	
Client, name of contact person, email address, telephone number, address and Business ID : Ylilääkäri Katriina Lähteenmäki, Akuutti Kotikeskus/Porin Perusturva Projektisuunnittelija, katriina.lahteenmaki@pori.fi; He	
Title of thesis: Competencies of Combilanssi Nursing Staff: Administrators' and Nursing Staffs' Point of View	
Scheduled progress of thesis: Distribution of questionnaires: June 8-12, 2020, Collection of data: June 12-26, 2020 The agreement is based on an approved research plan.	
Any disputes over the agreement shall be primarily resolved by mutual consent between the parties. If no agreement can be reached in negotiations, the disputes shall be resolved at the Satakunta District Court. This agreement was prepared in 3 identical copies, one for each party.	
We have read the Terms (page 2) and accepted them.	
Date: May 29, 2020	
Signature of the client's representative, title and clarification of name:	
Signature of Dean and clarification of name:	
Signature of the supervising teacher:	
Signature of the author:	
 	

Appendix 4 (2/2)



SATAKUNNAN AMMATTIKORKEAKOULU
SATAKUNTA UNIVERSITY OF APPLIED SCIENCES

OP07B

2 / 2

Terms of Agreement

Insurances. If the thesis is prepared entirely or partly during the student's paid employment, the client shall draw up an appropriate written employment contract. The employer shall take out the statutory insurance policies because the insurance policies taken out by Satakunta University of Applied Sciences do not cover the author of a thesis prepared during paid employment.

Compensation of thesis costs. The client and the student shall mutually agree upon the compensation of any costs incurred by the thesis (including data acquisition, raw materials, travel, compensation for work etc.). As a rule, Satakunta University of Applied Sciences shall not compensate for the costs of an individual thesis.

Rights to the results. The client shall obtain the right to use the results of the thesis and to utilise them commercially. The author shall report the results of the thesis to the client.

Intellectual property rights. Copyright and other intellectual property rights shall be reserved to the author. The author and the client shall separately agree upon as to which extent copyright and other intellectual property rights are transferred to the client.

Thesis supervision and responsibilities. The student shall be responsible for the preparation of the thesis and the results presented therein. Satakunta University of Applied Sciences shall be in charge of thesis supervision and monitoring, as well as ensuring the adequate quality of work. Satakunta University of Applied Sciences shall not be held financially responsible for the results or schedules of the work. The author shall not be responsible for any damage caused to the client due to delays in the thesis process, unless otherwise agreed upon. The client undertakes to provide the student with all the information and material needed for preparing the thesis and to supervise the thesis process from the client organisation's standpoint. The student undertakes to return the confidential material obtained from the client during the thesis process after having completed his or her thesis, or when the parties jointly find that there is no basis for cooperation to complete the thesis.

Publication of results and confidentiality. The thesis shall be public in its entirety. If the thesis includes business secrets or other confidential information referred to in the Openness Act, the confidentiality requirements shall be taken into consideration when preparing the thesis report. When necessary, the confidential information shall be kept in the background material. The thesis, or parts thereof, can also be published on the Internet upon separate agreement. The parties involved in the thesis (student, client and supervising teacher) undertake not to disclose any confidential information or documents brought up during the thesis process or in preceding or following negotiations and not to make use of any confidential information expressed by another party without separate permission. Contact details of the agreement are saved on SAMK's customer management system Yrinet. (Privacy policy is based on the act on personal data 539/1999).

Satakunta University of Applied Sciences is entitled to use the cooperation project as a reference to the University's working life contacts, including SAMK's cooperation database in which searches can be made on the Internet. For each thesis, the following information is indicated: title, organisation and contact person in the organisation. Furthermore, the project may be used for the attainment of objectives set on vocational higher education e.g. in the form of teaching material or method, provided that the confidentiality of the information included on the project is not jeopardised.

Person in charge: Eeva-Leena Forma	Last revised: 3.6.2016	Last changed: 3.6.2016
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Appendix 5(1/3)

Liite 1


**OPINNÄYTETYÖN/TUTKIELMAN/TUTKIMUKSEN
TUTKIMUSLUPAHAKEMUS**

Opinnäytetyön tekijä täyttää

Opinnäytetyön tekijää/tekijöitä koskevat tiedot	Suku- ja etunimet RALPH RABANG Ja ALVIN NONAN	
	Virka/toimi tai oppiarvo/koulutustausta ja koulutusohjelma Sairaanhoidajaopiskelija	
	Perusturvakeskuksen palveluksessa <input type="checkbox"/> Kyllä, missä <input checked="" type="checkbox"/> Ei	
	Katuosoite ja sähköpostiosoite ralph.rabang@student.samk.fi , alvin.nonan@student.samk.fi	
Opinnäytetyön ohjaaja oppilaitoksessa	Yliopisto ja laitos/Ammattikorkeakoulu/oppilaitos, jossa opiskelee Satakunnan Ammattikorkeakoulu	
	Opinnäytetyön ohjaaja(t), ohjaajien oppiarvot ja yhteystiedot (sähköposti/puhelin) Anu Elo, Lehori, anu.elo@samk.fi, +358 44 710 3887	
	Opinnäytetyön tutkimussuunnitelma hyväksytty esitetyssä muodossa <input checked="" type="checkbox"/> Kyllä	
Opinnäytetyötä koskevat tiedot	Opinnäytetyön nimi Combilanssissa tyriskentelevien hoitajien osaaminen - esimiesten ja hoitajien ndkukulma	
	Lyhyt selostus opinnäytetyön suorittamisesta Tutkimusluvan saamisen jdlkeen e.kyselylomake lfihetetidin sdhkdpostitse ensihoidon kenttjohtajalle, Heikki Lampiselle, joka on luvannut vdliftAd linkin Combilanssin henkilokunnalle vastattiaivaksi. Vastaukset toivotaan saavan kes?ikuun 2020 aikana, Heindkuun aikana tulokset analysoidaan ja raportoidaan elokuussa 2020	
	Asiasanat (max. 5 kpl)	
	Opinnäytetyön taso	Opinnäytetyön tieteenala
	<input type="checkbox"/> Väitöskirja <input type="checkbox"/> Licensiaattitutkimus <input type="checkbox"/> Pro gradu –tutkielma <input type="checkbox"/> Ylempi AMK:n opinnäytetyö <input type="checkbox"/> Kandidaattityö <input checked="" type="checkbox"/> AMK:n opinnäytetyö <input type="checkbox"/> Muu, mikä?	<input type="checkbox"/> Lääketiede <input type="checkbox"/> Hammaslääketiede <input type="checkbox"/> Hoitotiede <input type="checkbox"/> Terveystieteet <input type="checkbox"/> Yhteiskuntatieteet <input checked="" type="checkbox"/> Hoitotyö <input type="checkbox"/> Muu, mikä?
Opinnäytetyö on osa laajempaa hanketta perusturvassa <input checked="" type="checkbox"/> Ei <input type="checkbox"/> Kyllä, mitä?	Aineistonkeruun arvioitu aloituspm. 15.6.2020	Aineistonkeruun arvioitu päättymispvm. 30.6.2020
Opinnäytetyön suorituspaikat		
<input type="checkbox"/> Perusturvakeskus <input type="checkbox"/> Sosiaali- ja perhepalvelut <input type="checkbox"/> Aikuissosiaalityö <input type="checkbox"/> Lastensuojelu <input type="checkbox"/> Perheneuvola <input type="checkbox"/> Vammaispalvelut	<input type="checkbox"/> Vanhuspalvelut <input type="checkbox"/> Kotihoitopalvelut <input type="checkbox"/> Ympäri vuorokautisen hoidon palvelut <input type="checkbox"/> Sisäiset palvelut <input type="checkbox"/> Talouspalvelut <input type="checkbox"/> Henkilöstö- ja hallintopalvelut	

Appendix 5 (2/3)

Liite 1


**OPINNÄYTETYÖN/TUTKIELMAN/TUTKIMUKSEN
TUTKIMUSLUPAHAKEMUS**

Terveys- ja sairaalapalvelut <input type="checkbox"/> Avosairaanhoito ja terveydenhuolto <input type="checkbox"/> Suun terveydenhuolto <input type="checkbox"/> Psykososiaaliset palvelut <input type="checkbox"/> Sairaalapalvelut <input checked="" type="checkbox"/> Akuutti kotikeskus		
Kohderyhmä <input type="checkbox"/> Potilaat <input type="checkbox"/> Omaiset <input type="checkbox"/> Muu, mikä?	<input type="checkbox"/> Asiakirjat <input checked="" type="checkbox"/> Henkilökunta	Tutkittavien/havaintoyksikköjen määrä 9 ensihoitajaa 8 sairaanhoitajaa 6 esimiestä
Aineiston keruumenetelmä <input checked="" type="checkbox"/> Kysely <input type="checkbox"/> Haastattelu <input type="checkbox"/> Muu, mikä?		<input type="checkbox"/> Asiakirja-analyysi <input type="checkbox"/> Havainnointi
Opinnäytetyö saadaan julkaista Porin perusturvakeskuksen intranetissä <input checked="" type="checkbox"/> Kyllä <input type="checkbox"/> Ei		
Opinnäytetyön tekijänä sitoudun noudattamaan perusturvakeskuksesta saatuja ohjeita ja sääntöjä ja raporttoimaan opinnäytetyön tuloksista tutkimusluvan valmistelijalle. Päiväys 8.6.2020 Opinnäytetyön tekijä/tekijät		

Tarvittavat liitteet

- Opinnäytetyön suunnitelma
 Aineiston keruulomake
 Kysely/haastattelulomakkeen saatekirje
 Muut liitteet, mikä?

Lisäksi tarvittaessa

- Opinnäytetyötä suorittava muu henkilö
 Kustannusarvio ja rahoitussuunnitelma
 Hakemus tietojen saamiseksi salassa pidettävistä asiakirjoista
 Vaitiolositoumus/salassapito- ja käyttäjäsitoumus
 Tutkittavan tiedote ja suostumus
 Eettisen toimikunnan lausunto
 STM:n lupa
 Henkilörekisteriseloste

Lähetä tutkimuslupahakemus valmistelijalle sähköisesti osoitteella [etunimi.sukunimi\(at\)pori.fi](mailto:etunimi.sukunimi(at)pori.fi)

Appendix 5 (3/3)

Liite 1



**OPINNÄYTETYÖN/TUTKIELMAN/TUTKIMUKSEN
TUTKIMUSLUPAHAKEMUS**

Valmistelija täyttää

Lupahakemuksen valmistelua koskevat tiedot	Valmistelija: suku- ja etunimi/virka/toimi/sähköpostiosoite/puh Korsgrund-Rauvola Anne-Marie , anne-marie.korsgrund-rauvola@porinperusturva.fi, 0447013418
	Lupahakemus saapunut (pp.kk.vvvv) 9.6.2020
	Yhteyshenkilön nimeäminen tarvittaessa Katriina Lähtenmäki, Kirsi-Marja Merinen
	Opinnäytetyön raportointi <input type="checkbox"/> Valmis raportti toimitetaan sähköisesti luvan valmistelijalle <input type="checkbox"/> Työ esitetään <input type="checkbox"/> Palvelualueen työryhmässä <input type="checkbox"/> Osastokokouksessa <input checked="" type="checkbox"/> Jokin muu tapa, mikä Työn tilaajan kanssa sovittu esitystapa
	18.6.2020 Päiväys Anne-Marie Korsgrund-Rauvola Valmistelija perusturvakeskuksessa

Päätös

	<input checked="" type="checkbox"/> Myönnetään hakemuksen mukaisesti <input type="checkbox"/> Myönnetään edellyttäen, että <input type="checkbox"/> Hakemus hylätään seuraavin perusteluin
	Tutkimusluvan alkamispäivä 18.6.2020 Tutkimusluvan päättymispäivä 31.8.2020
	18.6.2020 Päiväys Kristiina Aalanto hoitotyön suunnittelija kristiina.aalanto@porinperusturva.fi 044 701 3022 Tutkimusluvan myöntäjä

Appendix 6 (1/7)

Saatekirje

Arvoisa vastaanottaja,

Olemme kaksi sairaanhoitajaopiskelijaa Satakunnan Ammattikorkeakoulusta. Osana opintojamme teemme opinnäytetyön yhteistyössä Porin Perusturvan kanssa, jonka edustajana opinnäytetyötä koordinoi ylilääkäri Katriina Lähteenmäki. Opinnäytetyön aiheena on "Combilanssissa työskentelevien hoitajien osaaminen – esimiesten ja hoitajien näkökulma". Tässä tutkimuksessa sanalla hoitaja tarkoitetaan sekä sairaanhoitajia että ensihoitajia.

Opinnäytetyön tarkoituksena on tunnistaa Combilanssin hoitohenkilökunnan olemassa olevia ja tulevaisuudessa kehitettäviä kompetensseja sekä esimiesten että hoitohenkilökunnan näkökulmista. Saatuja tuloksia tullaan hyödyntämään kehitettäessä Combilanssissa työskentelevälle henkilökunnalle suunnattua koulutusta.

Toivomme, että vastaatte tässä tutkimuksessa esitettyihin kysymyksiin työstänne Kombilanssissa ja mielipiteistänne koskien työtänne sekä muutamiin koulutusta ja työkokemusta koskeviin taustakysymyksiin viikon kuluessa. Tämä kyselylomake on lähetetty sähköisesti kaikille Combilanssissa hoitotyötä tekeville hoitajille (sairaanhoitajat ja ensihoitajat) ja esimiehille. Kyseeseen vastaaminen on vapaaehtoista mutta erittäin toivottavaa. Palautteet käsitellään luottamuksellisesti eikä vastaajan henkilöllisyys tule ilmi missään vaiheessa. Palautteet kerätään vain tutkimusta varten ja hävitetään heti asianmukaisesti analysoinnin jälkeen.

Mikäli teillä on tähän tutkimukseen liittyviä kysymyksiä, ne voidaan osoittaa opinnäytetyötä ohjaavalle opettajalle, Anu Elolle, email: anu.elo@samk.fi.

Kiitämme osallistumisesta jo etukäteen. Hyvää päivänjatkoa!

Ystävällisin Terveisin,

Ralph Eugene Rabang (ralph.rabang@student.samk.fi) Alvin Nonan (alvin.nonan@student.samk.fi)

Appendix 6 (2/7)

**COMBILANSSISSA TYÖSKENTELEVIEN HOITAJIEN OSAAMINEN -
ESIMIESTEN JA HOITAJIEN NÄKÖKULMA**

Tässä kyselylomakkeessa sana HOITAJA tarkoittaa sekä sairaanhoitajaa että ensihoitajaa. Osa kysymyksistä koskee vain hoitajia, osa esimiehiä. Mikäli asiaa ei ole mainittu, koskee kysymys kumpaakin.

Vastaa kysymyksiin rastittamalla oikeat vaihtoehdot tai kirjoittamalla vastauksesi viivalle.

Taustatiedot

Hoitajat: Olet koulutukseltasi

- sairaanhoitaja
- ensihoitaja
- molemmat
- jokin muu, mikä: _____

Työskentelet

- sairaanhoitajana
- ensihoitajana
- esimiehenä

Sinulla on koulutuksesi edellyttämää työkokemusta

- 0-2 vuotta
- 2-5 vuotta
- 5-8 vuotta
- 8-10 vuotta
- enemmän kuin 10 vuotta

Olet työskennellyt seuraavilla koulutuksesi edellyttämällä hoitotyön alueilla (voit valita useampia vaihtoehtoja)

- poliklinikalla
- vuodeosastolla
- päivystysosastolla
- leikkausosastolla
- dialyysiyksikössä
- synnytysosastolla
- sädehoitoyksikössä
- teho-osastolla

Appendix 6 (3/7)

- tähystysyksikössä
- psykiatrian toimipisteessä
- geriatrinen arviointiyksikössä
- kuntoutusosastolla
- palvelukodissa
- vanhainkodissa

Muualla, missä _____

Rastita kunkin vaihtoehdon kohdalla sinulle sopivin vaihtoehto.

Esimiehet: Sairaanhoitajan/Ensihoitajan koulutus on valmistanut riittävästi hoitajia heidän työhönsä Combilanssissa.

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Hoitajat: Sairaanhoitajan/Ensihoitajan koutukseni on riittävästi valmistanut minua työhöni Combilanssissa.

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Sairaanhoitajan/Ensihoitajan ammatillinen osaaminen, mitä Combilanssissa työskentely edellyttää, on minulle tuttua:

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

SAIRAAHOITAJAN OSAAMINEN:

Viestintä- ja vuorovaikutustaidot: Hoitaja pystyy viestimään suullisesti ja kirjallisesti (sisältää uuden teknologian hyödyntämisen) potilaiden, omaisten ja kollegoiden kanssa sisältäen myös henkilöt, joilla on viestintää ja vuorovaikutusta haittaavia tekijöitä.

Combilanssissa edellytettävä viestintä- ja vuorovaikutusosaaminen on minulle tuttua.

Appendix 6 (4/7)

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Combilanssin hoitajilla on riittävät viestintä- ja vuorovaikutustaidot.

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Teoreettinen osaaminen: Hoitaessaan potilasta hoitaja kykenee itsenäisesti tekemään hoitotyön diagnoosin perustaen sen ajankohtaiseen teoreettiseen ja kliiniseen tietoon sekä suunnittelemaan, toteuttamaan ja arvioimaan hoitotyötä.

Combilanssissa edellytettävä teoreettinen osaaminen on minulle tuttua.

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Combilanssin hoitajilla on riittävä teoreettinen osaaminen.

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Kliininen osaaminen: Hoitaja kykenee arvioimaan, tutkimaan ja tarkkailemaan potilasta/asiakasta oikein, suorittamaan hoitotyön toiminnot tehokkaasti ja arvioimaan saavutettuja tuloksia.

Combilanssissa edellytettävä kliininen osaaminen on minulle tuttua.

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Combilanssin hoitajilla on riittävä kliininen osaaminen.

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Appendix 6 (5/7)

Stressinsietokyky: Hoitaja kykenee sopeutumaan ammatin tuottamaan fyysiseen, psyykkiseen ja emotionaliseen stressiin.

Combilanssissa edellytettävä stressinsietokyky on minulle tuttua.

- Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Combilanssin hoitajilla on riittävä stressinsietokyky.

- Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Ihmissuhdetaidot: Hoitaja tunnistaa omat uskomukset ja arvot sekä kunnioittaa toisten ihmisten uskomuksia, arvoja ja toimintatapoja.

Combilanssissa edellytettävät ihmissuhdetaidot ovat minulle tutut.

- Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Combilanssin hoitajilla on riittävät ihmissuhdetaidot.

- Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Itsenäinen työskentely: Hoitaja hallitsee tilannekohtaisen toiminnan ja kykenee priorisoimaan, johtamaan ja ennakoimaan muutostilanteissa sekä päättämään konsultointitarpeesta ja tiedottamisesta.

Combilanssissa edellytettävä itsenäinen työskentely on minulle tuttua.

Appendix 6 (6/7)

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Combilanssin hoitajat kykenevät itsenäiseen työskentelyyn.

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Tiimityö- ja yhteistyöosaaminen: Hoitaja kykenee toimimaan hoitotyön asiantuntijana monialaisessa tiimissä. Eri hoitotyön ammattilaisten tulee työskennellä yhdessä, viestiä ymmärrettävästi, jakaa resursseja ja tehdä päätöksiä yhtenä yksikkönä kohti yhteistä tavoitetta eli potilaan hyvinvointia.

Combilanssissa edellytettävä tiimityö- ja yhteistyöosaaminen on minulle tuttua.

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Combilanssin hoitajat kykenevät tiimityöhön ja tekevät yhteistyötä tehokkaasti muiden ammattilaisten kanssa.

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Vastuullinen työskentely: Hoitaja toimii kansallisten lakien, säädösten ja toimintaohjeiden mukaisesti sekä osoittaa toiminnallaan vastuullisuutta luotettavuutta.

Combilanssissa edellytettävä vastuullinen työskentely on minulle tuttua.

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Combilanssin hoitajat työskentelevät vastuullisesti.

Appendix 6 (7/7)

Vahvasti samaa mieltä Samaa mieltä Eri mieltä Vahvasti eri mieltä

Seuraavia Combilanssin hoitajien osaamisalueita tulee mielestäni kehittää (voit valita useampia vaihtoehtoja).

- Viestintä- ja vuorovaikutustaidot
- Teoreettinen osaaminen
- Kliininen osaaminen
- Stressinsietokyky
- Ihimissuhdetaidot
- Itsenäinen työskentely
- Tiimi- ja yhteistyöosaaminen
- Vastuullinen työskentely
- Ei mitään

Kiitos osallistumisestasi!