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Nurses' Experiences of an Ideal Nursing Environment in Kolmiosairaala based on Client-Centred Care

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LAUREA UNIVERSITY OF APPLIED SCIENCES ABSTRACT
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This bachelor's thesis study was carried out as part of the collaborative project between Laurea and Kolmiosairaala.The vision of Kolmiosairaala is based on supporting the client's active participation in his or her own care, changing leadership, the flexibility of the environment and the safe combination of services in the future hospital.

The topic for the thesis was chosen through an interest in promoting an ideal nursing environment for the new hospital considering client-centred care. The purpose of the study was to describe nurses' experiences of an ideal nursing environment in Kolmiosairaala based on client-centred care. The study is based on nurses' experiences describing what an ideal environment will be like in Kolmiosairaala. The ideal nursing working environment is emphasized as an important phenomenon of nursing science. The focus of nursing care is on client-centred care.

The data was collected during February and March 2008 from the seven HUS polyclinics joining Kolmiosairaala. These polyclinics are: haematology, lung diseases, cardiology, nephrology, rheumatic diseases, infectious diseases, and general internal medicine. A request for fourteen informants was made from which the reply rate was slightly over 50%, with a total of eight replies. For the study a qualitative design approach was used. Inductive analysis allowed for the data collected in the form of narratives to be described and conceptualized into thematic areas. General themes were constructed based on specific data from the findings. By reviewing and interpreting the narratives several thematic areas were discovered. One of the most common themes was adequate environment, followed by assuring quality care, optimal environment, client-centred care, access to information, services and professionals and sufficient resources. Issues of ethicality and trustworthiness were taken into consideration throughout the entire study process, according to Laurea University of Applied Sciences thesis guidelines and HUS ethical guidelines.

The conclusion drawn from the findings showed the registered nurses were not concentrating on the whole aspect of the environment but only on the physical one. Environment, and all the elements contained within it, is an important nursing concept which needs to be actualized and improved so that better nursing care can be provided for the clients' and the nurses can work in optimal conditions which will promote quality care. One possible way to bring about this future change is through further professional development which should be founded in evidence-based care.

Key words: Kolmiosairaala, ideal nursing environment, hospital environment, client-centred care, nurses experiences

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1 INTRODUCTION

A qualitative study was carried out as part of the Kolmiosairaala project. The focus was on the nurses' experiences of an ideal nursing environment in Kolmiosairaala based on client-centred care. Permission to do the study has been granted from the nurse manager of the Kolmiosairaala project for the students involved in the study to proceed with it as part of the thesis process at Laurea. The topic was chosen due to an interest in promoting an ideal nursing environment for the new hospital considering client-centered care. The study was based on nurses' experiences and describes how an ideal environment shall be like in Kolmiosairaala.

The ideal nursing environment is emphasized as an important phenomenon of nursing science. The focus of nursing care shall be on client-centred care. Nurses as professionals are advocates working for their clients and involving them and their significant others in their care. Nurses are promoters of their clients' health and well-being, supporting, guiding and counselling them during their transition while hospitalized. Therefore, nurses' working environment is an essential tool in providing the clients with quality care which ensures safety, comfort and privacy.

The hospital environment is meant to be optimal for sustaining a high level of care and or improving the health of the clients. Nevertheless, nurses are collaborating with a multi-professional medical team to assure the continuity of care inside and outside the hospital environment. This study is aiming at improving the Kolmiosairaala environment and to possibly bring a change, something new which will enhance a better work atmosphere and emphasize a client-centred care approach in nursing.

Kolmiosairaala is a new building for the specialized internal medicine units planned to be built into the Meilahti – hospital area in Helsinki by the year 2013. Kolmiosairaala is the first phase of the Meilahti-Project. The Meilahti-Project was started in spring 2003 by HUS (Helsingin ja Uudenmaan Sairaanhoito Piiri), Helsinki city and Helsinki University. In the project the aim is to finish the centralization and rationing of the somatic specialized health care that was started 20 years ago in the Helsinki area.

The vision of Kolmiosairaala is based on supporting the client's active participation in the care, changing leadership, the flexibility of the spaces and the safe combination of services in the future hospital. The purpose of the project is to research, develop,

model and produce guidance and information services for the clients. The goal of the project is to enhance client oriented health and well-being. The starting point of client orientation is to develop and produce empowering, modern, high quality and cost-effective guidance and information services to enhance the client's own activity in participating in the care.

In the Meilahti-project the Meilahti Hospital's patient (client) tower has a central role as it has moisture and different technical problems, the wards are aging and becoming old fashioned year by year. The safety of the clients and the workers is decreased. After Kolmiosairaala is ready half of the hospital care taking place in the Meilahti Hospital's 15-floor patient tower will move to the new Kolmiosairaala. The basic renovation of the Meilahti patient tower can start once this move has been completed.

Besides centralisation of the accident and emergency departments, the care of the nephrologists, liver and organ transplant and the acute rheumatology from the Surgical Hospital, as well as some parts of the Töölö Hospital will be transferred to Meilahti. Some hospital care from the Maria Hospital and the care of infection patients from the Aurora hospital are also centred to Meilahti.

The most important aim of the Kolmiosairaala and Meilahti – projects is to centralise operations that require heavy emergency facilities so that the use of medical imaging, laboratory and non-nursing support services can be enhanced. Another important aim is that the hospital units become updated for clients' investigation and nursing processes. This will involve enhancing spaces which have isolation possibilities according to infection control requirements. Furthermore the aim is to create spaces which meet safety regulations with regards to the conditions of the work environment.

From the year 2013 Kolmiosairaala will be entirely occupied by the following specialized internal medicine wards and policlinics: haematology, lung diseases, cardiology, nephrology, rheumatic diseases, infectious diseases, and general internal medicine. The number of beds in the specialized internal medicine units will be 209 in Kolmiosairaala and 50 in Meilahti Hospital by the year 2013. There is also a day-hospital planned to be adjoined to Kolmiosairaala which will have 29 client spaces. (HUS Management Meeting 2006)

2. CLIENT-CENTRED NURSING CARE IN KOLMIOSAIRAALA

2.1 Nursing Environment

Human living is carried out in a changing context that we call environment. Environment is defined as the entity that exists external to a person or humanity, conceived either as a whole or as that containing many distinct elements. In the environment a person acts, reacts, and interacts. The first characteristic of the presence of elements in the environment is related to duration and is suggestive of permanence and temporariness. The second characteristic is related to the manner of presence, that is, whether elements exist in the environment in a patterned, systematic way, or in a haphazard, irregular manner. The third way of conceptualizing environment focuses on the qualitative aspect of the environmental elements, thought of in terms of physical, social and symbolic qualities. (Kim 2000)

Ever since Florence Nightingale (1946) identified nursing in relation to a focus on optimizing an environment to promote healing and optimal health, environment has been a concept central to the nursing domain. According to Florence Nightingale, environment is viewed as all external conditions and influences that affect life and the development of the organism. The major emphasis is on warmth, odours, noise, and light. Nightingale considered both the discomfort and suffering that the patients (clients) experience as result of inadequacies in the environment and nurses' actions as focusing on that environment. Contemporary theorists see the environment as central to nursing, particularly as it relates to human beings and their responses. To these theorists, environment encompasses energy fields, social systems, family, society, culture, the client's room, the nurse, and all that surrounds the client. Rogers's (1970) theory focuses on a description of person and environmental energy fields as an inseparable and on the dynamics of human being – environment interactions. According to Rogers, the process inherent in such interactions can only be understood through a careful consideration of the environment. This view assumes the person and the environment as being in constant interaction and recognizes changes in one as integral and simultaneous to changes in the other. Therefore, the aim of nursing interventions is to promote, maintain, regulate, or change the environment and/or the life process of people to affect changes in either or in both. Environment, as a central domain concept, includes but is not limited to immediate client settings, family, significant others, health care professionals, and the socioeconomic and political context of the clients' families and communities. (Meleis 2005)

When one becomes designated as a client of health care, a person's environment comes to have a rather special meaning both in empirical and symbolic senses. A health care environment evolves around this client who is the recipient of health care services from others who have been designated as health care providers. The health care environment of a client can exist for a short duration such as for an episode of acute illness in a hospital or for a long, extended duration such as for a client in a nursing home. A health care environment constitutes spatial and qualitative characteristics that are different from the person's usual environment, even when the health care takes place in the client's home. Physically, the health environment may include elements that are only present in specialized situations that may be different from home, occupational, or recreational settings. Socially it consists of individuals who are not usually present in the ordinary environment, and it may be lacking the usual social constituents such as family members and friends in the immediate part of the environment. Symbolically, the environment encompasses role expectations that are specific to clients, sub cultural values and ideas specific to that institution, and specialized knowledge systems of health care. A person is specifically in a health care environment when in need of health care services and assumes the role of a health care client. From the nursing perspective, the health care environment is an important concept to consider in understanding and explaining clients' health care experiences. The health care environment can be the source of positive influences for clients' recovery and illness experiences. The health care environment is also the context in which nurse-client interaction takes place. Various elements (physical, social or symbolic) of the health care environment may influence the duration, nature, and quality of client-nurse interaction positively or negatively. (Kim 2000)

Nurses must practice together with other nurses and health care providers, under the given organizational and institutional constraints in the context of the cultural, professional and social symbolic systems. Hence the health care environment needs to be specifically conceptualized in the nursing perspective for knowledge development for phenomena in the client, client-nurse and practice domains. (Kim 2000)

Nursing is a profession whose function is to promote health of people through helping them to be active participants in health care, maintain the right to self-determination, and ensure adequate provision of information. Nurses use education, research, service, and involvement in health care policies to promote health, reduce risks,

prevent disease and disability, and meet the individuals' self-care deficits. Nurses help manage wellness, restore the optimal functioning after illness, and provide comfort and support during end of life. Nursing is a profession that is guided by a code of ethics and standards of practice. Nurses are engaged in the development of scientific knowledge and use of technological resources that will advance the profession. Nurses work with clients independently and in collaboration with other members of the health care team. Furthermore, professional nurses are engaged in leadership at different levels of society, including the local level, the national level and/or in international health related organizations. (Ball State University, School of Nursing 2007)

The recipients of nursing care are human beings as individuals and collectives such as families, groups, organizations, communities, and society as a whole. Nursing practice is conducted through the nursing process, a problem solving approach for gathering data, identifying capacities and needs, establishing goals, selecting and implementing approaches for nursing care, and evaluating the outcomes of care provided. In fulfilling nursing activities, nurses hold a profound regard for human and environmental consciousness, meaning, and common destiny. These beliefs are held with respect to individuals and groups receiving care, others participating in the provision of that care, and nurses themselves. As such, nurses promote the right of individuals to define their own health related goals and seek out health care that reflects their values. (Roy & Andrews 1999)

Humans are physical, psycho-emotional, socio-cultural, and spiritual beings. They are in continuous interaction with the environment. People's decisions about health are influenced by their physical and mental health, gender, age, socioeconomic status, ethnic, and racial origin as well as sexual orientation. Nurses recognize the individual's influential factors that affect health and provide care within the context of family, significant others, community, and the society (Ball State University, School of Nursing 2007).

In considering nursing as a caring profession and discipline, it is important to remember that nursing as a profession has a societal mandate to serve people. The professional nurse is challenged to serve others who need the assistance of a person qualified to respond to or who can anticipate the actual or covert care needs of people. Caring refers to actions and activities directed toward assisting, supporting, or enabling another individual or group with evident or anticipated needs to ease, heal, or improve

a human condition or life way or to face death or disability. (Leininger & Mcfarland 1994)

Safe care is a basic need of all clients, regardless of setting. Nurses are responsible for providing the client with a safe environment through the delivery of professional, quality nursing care that incorporates safety and hygiene assistance. Safety should be considered as a main priority in providing client care. The first step in maintaining safety is to raise nurses' awareness regarding risk factors. Prevention is the key to safety. Nurses must be aware of the factors that have the potential to endanger a client's safety. Constant attention to these factors enables the nurse to maintain a safe environment for the client. A safety committee is a usual requirement in all health care facilities, with the purpose of maintaining an overall safe facility for clients, employees, and visitors. The committee is composed of representatives from all departments of the facility. Responsibilities range from analyzing environmental safety in the facility to researching illness rates. Safety is associated with health promotion and illness prevention. A safe environment reduces the risk of accidents and subsequent alteration in health and lifestyle and helps contain the cost of health care services. (White 2000)

Nurses are a critical component of a hospital's staff and are the most typical contact for people who come to a hospital. As an example, the NMHHSA (New Mexico Hospitals and Health Systems Association) believes that a primary role of hospitals must be to foster meaningful work for all workers, and specifically for nurses, in order to successfully recruit and retain adequate staff to meet the growing demands for hospital care.

The following principles address the elements of meaningful work. The design of work as an ongoing priority in hospitals, focusing on achieving and maintaining a balance that considers increased staff satisfaction, safety, and productivity, improved clinical outcomes, enhanced client satisfaction and hospital financial viability. Hospitals should monitor and take into account the various elements that must be considered in ensuring that safe care is provided to clients, including the skills and competencies of available nurses, the experience level of nurses, the available supply of each type of nurse, the technology available, the needs of the clients, the activity level on the nursing unit, the work schedule of nurses, and the availability and skill level of auxiliary staff. Hospitals ensure that nurses and other staff possess and maintain the competencies required to provide appropriate, safe care and that there are

mechanisms in place to allow staff to maintain and increase their competence. Hospitals should work to create and maintain a culture in which nurses, and all workers, feel valued and that they are treated with respect. Hospitals should also work to develop systems that allow nurses increased input to decisions regarding staffing, client care standards, hospital policies, guidelines and data collection systems. Hospitals should involve nurses in the evaluation of nursing care and in the development and revision of processes and systems that impact nursing care and that establish desired outcomes. Hospitals should promote open, multidisciplinary communication and an environment that promotes teamwork. (New Mexico Hospitals and Health Systems Association 2002)

An intellectually nurturing environment is one that values theoretical nursing, allows time to clarify values, time to articulate and relate ideas as well as time to question. It is an environment that permits ambiguity that does not press for immediate solutions, that allows diversity of opinions and does not press for consensus. (Meleis 2005)

2.2 Client-centred Care

Nursing is a client oriented profession that effects changes in the client's physical and psychological environment to promote health, learning and growth. (Sundeen, Stuart, Rankin, Cohen 1985)

Client-centred care refers to providing care that is respectful of and responsive to individual client preferences, needs and values, ensuring that client values guide all clinical decisions.The degree to which caring behaviors can be implemented in nursing practice is influenced by several factors. Nurse-related factors include such things as individual beliefs, educational experiences about caring, feeling good about nursing work and one's own experiences in caring for others or being cared for. Client related factors include whether or not the client is hard to care for or confirms the nurse's caring behavior. Others factors that influence nurse caring include time to care, administrative support for caring behaviors, and the physical environment where care takes place. (Holden1991)

The US National Health Council commissioned a review of the many definitions of client-centred care as part of its *Putting Patients First* initiative. The initiative provides guidance to the Council in its efforts to improve the overall health of clients by uniting

the client-centred care movement to create the public support necessary to accomplish the following objectives: create a common vision of client-centred care; engage clients and their families as equal partners with other stakeholders in the debate on the health care delivery system; identify and disseminate evidence-based research and best practices about what constitutes client-centred care; and define and promote client-centred care standards based on client outcomes. The Council concluded with the following definition: ‘’[Client]-centred care is quality healthcare achieved through a partnership between informed and respected clients and their families, and a coordinated healthcare team.’’ (U.S. National Health Council 2007)

The relationship between the person who provides health care and the person who receives the care has been identified as one of the most crucial components of the entire health care delivery process (Northouse & Northouse 1998).The nurse-client relationship is a special relationship because it is created by the client’s need for nursing care. Nurses are obligated to show nursing behaviors towards those in need of health care because doing so promotes client good. (Smerke 1990)

According to Hegyvary (1982), primary nursing is both a philosophy of care and organizational design. It is not simply a way of assigning nurses to clients, but rather a view of nursing as a professional, client-centred practice. With regards to primary nursing, Manthey (1980) stated that the nursing care of a specific client is under continuous guidance of one nurse from admission through to discharge. Primary nursing does not define or guarantee the quality of nursing care. As a system it facilitates a very high level of quality by enabling and empowering individuals to perform at their maximum capacity. (Manthey1980)

The nursing process is an interactive, problem-solving process used by the nurse as a systematic, individualized way to fulfil the goal of nursing care. Together the nurse and the client emerge as partners in a relationship built on trust and directed toward maximizing the client’s strengths and maintaining his or her integrity. The purpose of the nursing process is to maximize a client’s positive interactions with his or her environment, level of wellness, and degree of self-actualization. (Sundeen, Stuart, Rankin, Cohen 1985)

One step of providing quality care is to apply self-awareness. Self-awareness is to know how the self thinks, feels, believes, and behaves at any specific time. Being self-aware is a constant process that is focused on the present. A person's thoughts,

feelings, and beliefs are interrelated and greatly influence behaviour. Being self-aware influences a person in several ways. Self-awareness may make a person uncomfortable. Awareness allows the person to either accept or alter feelings, beliefs, and behaviour. One can learn to be self-aware. Self-awareness is extremely important for nurses. Nurses must understand themselves so that their personal feelings, attitudes, and needs do not interfere with providing quality client care. The nurse who is self-aware is more likely to make decisions in response to the client's needs rather than the nurse's own needs. Nurses are often anxious about caring for a client. By taking some time to practice self-awareness, the nurse might discover that the anxiety experienced comes from never having performed the procedure in question. The nurse can then deal directly with the situation by reviewing the procedure and requesting assistance if needed. All decisions about client care must be made in response to the client's needs, not the nurses' needs. (White 2000)

Nurses are professional persons who are ultimately held responsible for and accountable to people in a particular society or culture to give care that will help people to regain and maintain their health and to prevent illness. Nurses, however, function best as professional persons when they know and understand different cultures in relation to their experience, human conditions, cultural care values and beliefs. Today all professional nurses need to be culturally prepared to be effective and beneficial to clients. Nursing as a culture also has culturally defined modes of functioning and being which may change over time with societal changes. However, as a discipline the culture of nursing expects that nurses will discover and use knowledge that is distinctive, explaining and interpreting the focus and essence of nursing. Most importantly, nursing as a discipline implies that there is a substantive body of knowledge to guide its members' thinking and actions. The discipline of nursing needs to focus more on caring to explain health and well-being as central to what nursing is or should be. (Leininger & Mcfarland 1994)

The process of valuing or holding values consists of three sub-processes: prizing one's own beliefs and behaviors, choosing those beliefs and behaviors and acting on those beliefs. Values modify behavior through a process of self-monitoring. Personal value systems allow or disallow certain actions. Values vary from culture to culture, from group to group and from person to person. It can never be assumed that other people's value systems are similar to one's own. Thus, in nursing, respect for other people's values is vital. The process of self-reflection and introspection helps to identify one's own values. Through clearly identifying our values we are better

equipped to make decisions about how to live our lives. We are also in a better position to appreciate the difference between our value system and that of others. (Raths, Harmin & Simon 1996)

The whole question of belief and value systems underlines the way nurses approach the issue of clients' spiritual needs. Nurses need to clarify their own belief and value systems before they are able to help clients with ultimate questions. It would do disservice to a wide variety of ways of addressing spiritual matters if the term spiritual was only related to religious matters. Nurses need to be open minded in their approach to this vital aspect of nursing care. (Burnard & Chapman 1988)

Within an organization, it is unusual for an individual to complete the decision-making process alone. Nurses support each other in decision-making concerning the care of clients, their own work capacity and professional development. By gaining insight into the process by which nurses make decisions, this process can then become visible to other members of the health care team and the profession. This transparency is beneficial when team decisions are required and can improve communication, client care and inter-professional relationships. (Cook, Gerrish & Clark 2001)

3 METHOD

3.1 Purpose of the Study

The purpose of the study is to describe nurses' experiences of an ideal nursing environment in Kolmiosairaala based on client-centred care.

3.2 Research Question

What are nurses' experiences of an ideal nursing environment in Kolmiosairaala based on client-centred care?

3.3 Participants

Two registered nurses from each of the seven HUS polyclinics joining Kolmiosairaala were invited to take part in the study. Each one was asked to write a narrative that was

used as data for the study process. The task of the informants was to write a narrative by answering the thematic questions. In this way, the 14 registered nurses participating in the study were informed about the topic of the study and the method which was used. They were given clear verbal and written instructions how to proceed in completing the thematic questions.

The informants wrote their narratives on their free will and were given the possibility to withdraw from the study at any time if they felt like they were not able to proceed for any reason. A deadline of three weeks was set for the informants of the study to answer the questions. The informants were notified of the possibility to receive further assistance on request if needed. Informants were given a choice as to which language they preferred to use when answering the thematic questions. The thematic questions along with the instructions were delivered in English and Finnish. All the informants chose to respond in Finnish. It was decided that the answers received in Finnish would be translated to English. This decision was made because English is the language used to present the finished study.

The narratives containing open thematic questions were sent via e-mail to each of the seven HUS polyclinic ward managers and forwarded to the fourteen registered nurses electing to take part in the study. Ward managers also received an attachment of the thesis plan to better understand the nature of the study. The ward mangers were responsible for choosing the informants for the study.

3.4 Data Collection

The study was done at the seven different HUS polyclinics joining Kolmiosairaala. The aim of the study was to find out and to describe the HUS nurses' experiences of an ideal working environment in Kolmiosairaala based on client-centred care. The study was done as part of the Kolmiosairaala project. The aim of the study was to bring out certain elements and concepts which can help to create a better working environment for nurses and the multi-professional team at Kolmiosairaala as well as for the clients of the new hospital.

The thesis process was started in January of 2007 with the initial meeting of the Kolmiosairaala project. In this meeting the Kolmiosairaala project was explained and possible ideas for a thesis project were discussed. The following months consisted of

working on elaborating an idea plan for the study and subsequent thesis plan. Members attended monthly meetings of the Kolmiosairaala project at Laurea Otaniemi. Participants in these meetings were not only limited to the people involved in this particular study, but all participants in the project and sub-projects, those present were the nurse manager, Laurea lecturers guiding the project and nursing students working on their theses.

The idea plan was presented in May 2007 at the monthly thesis workshop. In October of 2007 the thesis plan was presented to the lecturers and to an audience of other student groups, where feed back was received about the thesis plan. After this presentation, key concepts were refined as well as other areas of the thesis amended. In November of 2007 contact was initiated with the nurse manager to present the thesis plan. Establishing contact with the nurse manager was complicated, no reply was received regarding the thesis plan. In December a revised version was sent after discussion with the thesis tutor, again communication proved challenging and no reply was received from the HUS nurse manager involved in this project.

In January of 2008 permission requests were sent out to both the nurse manager and the HUS ethical research committee to receive the permission to carry out the study in the different HUS polyclinics involved in the thesis. A copy of the thesis plan was attached to the given letter. The thesis plan included two thematic questions. The consent was asked as well from the seven different polyclinic ward managers as well as from the registered nurses who participated in the study. Participation in the study was on the registered nurse's own free will. The nurses' identities were protected when handling the data assuring anonymity and confidentiality of the informants.

In February of 2008 the narratives were both delivered in person to some of the polyclinics and via e-mail to other polyclinics who requested this form of contact. The group set a deadline of three weeks to gather the data from the polyclinics involved in the study. This deadline was not respected by all the seven polyclinics. Therefore the deadline was extended to five weeks to get back as many completed narratives as possible. Of the seven polyclinics participating in the study, two letters were sent out to each polyclinic containing the thematic questions. A total of eight narratives were received from the 14 which were sent out. This return rate was slightly higher than 50%. Once the data was received, all of it was carefully read and general categories of emerging themes were created. Once these general categories were made, the narratives were reread to assign categories to the themes and to count which of the

answers received contained certain themes. Numbers were assigned to the different themes to facilitate the organization of the information.

A schedule was set up for the study to facilitate and organize the bachelor's thesis process. The schedule which was followed throughout the study process was the following: two months for formulating the research plan, three weeks preparative work before bringing the thematic questions to the ward, three weeks for the participants to answer the questions, two months for analyzing the findings and preparing the final report. The duration of the thesis process had been anticipated to last from spring 2007 to spring 2008. Once the thesis process was at its end the findings were presented in the thesis seminar. As a requirement of the HUS ethical guidelines on research, a synthesis of the work will be given to the nurse manager. The polyclinic ward managers are also entitled to receive a copy if they so wish.

The Kolmiosairaala nurse manager along with the thesis supervisor, have been kept up to date by reporting on the progress of the work. The reporting has been done during Kolmiosairaala project meetings, during the individual group discussions with the supervisors, during the workshop meetings as well as group meetings.

According to Talbot (1995) the aim of a qualitative approach is to discover meaning and understanding. Furthermore, the purpose of using a qualitative design can be to develop a descriptive base for practice. Qualitative approaches were identified in science as "modes of systematic inquiry concerned with understanding human beings and the nature of their transactions with themselves and with their surroundings". Qualitative methods as legitimate aspects of the realm of science lead to knowledge about people and their worlds and can be used to explore and describe as well as to discover and explain. (Talbot 1995)

A qualitative design approach was used for the study and data was analyzed by means of inductive analysis. The data collected from the narratives was described and conceptualized. Inductive analysis allowed for the construction of general themes based on specific data resulting from the findings.

Inductive methods are exploratory and seek to build accounts of what is going on from the data collected. This does not involve the need to establish pre-set measures or methods of counting out the data. Often, the researcher chooses exploration over formulating hypotheses. Through data collection the researcher tries to clarify the

environment which they are studying by seeking patterns and then identifying categories that show what is happening in that particular environment. (David and Sutton, 2004, pp. 35-37)

Data was collected from the informants of the study by asking them to write narratives about their experiences of an ideal nursing environment in Kolmiosairaala based on client-centred care. The data collected from the narratives was interpreted and structured into categories by means of inductive analysis.

A narrative is a story that tells a sequence of events that are significant for the narrator and his or her audience. A narrative as a story has a plot, a beginning, a middle and an end. It has an internal logic that makes sense to the narrator. A narrative relates events in a temporal, causal sequence. Every narrative describes a sequence of events that have happened. (McCance, McKenna & Boore 2001)

In this study the narrative approach is a qualitative method of gathering data through the stories written by the informants. Interpretation of narratives has been described as a complex interaction between the reader and the text. A textual approach assumes the narrative to be contained within the text as a single, fixed entity to be subjected to researcher analysis. Narratives challenge simple interpretations of the practice experience of nurses and give voice to the complexity surrounding their everyday interactions with clients. (Aranda &Street, 2001, pp.791-797)

Written narrations are expressions of the person's lived experiences where the reader is the listener and the document is the speaker. Narratives may be understood as language documents that express the lived experience of the narrator. (McCance, McKenna & Boore 2001)

Open thematic questions are those that leave the informant to decide the wording of the answer, the length of the answer and the kind of matters to be raised in the answer. (Talbot 1995)

3.5 Data Analysis

The purpose of qualitative data analysis is to organize received data so that it can be synthesized, interpreted and presented in a written form. (Polit & Hungler 1997, p. 376).

Content analysis originated in the 1950s as a quantitative approach to analysing the content of media text to enable similar results to be established across a group of text coders. However, this quantitative method, whereby text is broken down into quantifiable units, was challenged by a further development. Text loses its meaning through radical reduction which reduces it distinct words. A qualitative approach advocated for content analysis whereby meanings and insights are elicited from the text more holistically. Qualitative content analysis facilitates contextual meaning in text through the development of emergent themes derived from textual data. Repetition of coding produces the significance of particular themes. Qualitative content analysis may be derived through manifest content, whereby informants' actual words form concepts, or through latent content, whereby concepts are derived from the interpretation and judgement of informants' responses. Content analysis is a widely used method of eliciting meaning from text. (Priest, Roberts & Woods 2002. pp. 43-51)

Inductive logic is reasoning from the specific to the general. In using inductive methodology, events are observed that are part of a larger whole or system. This larger whole can be thought of in relation to another set of events or phenomena. Thus, with induction, it is possible to induce a hypotheses and relationships by observing or experiencing an empiric reality and reaching some kind of conclusion. (Chinn & Kramer pp. 79-81)

A narrative is created through a person's narration. Narration means an activity where the interesting aspect is the activity that produces plots rather than the plot itself. Through narrative, reality and its problems may be reformulated by viewing reality as a dynamic process. The reality creates an innovative imitation of something that previously occurred by imitating the practical action (praxis). However, the narration does not function as a repetition; it creates a new reformulated description. The narrative is thereby able to cast new light on that which has previously been experienced as familiar. Through the recreation of the narrative (poesis), new meaning can evolve in the creative imitation (mimesis) of the person's experienced world. Narrating involves a creative process in which both the narrator and the reality are reborn, which makes every narration a new one. (McCance, McKenna & Boore 2001).

Narratives can transcend the range of context in which the nurse works, providing a way for everyone to work more closely together. The current political and professional situation is ripe, for the development of newer, more democratic models of research

that help nurses to understand themselves, their clients and the work that they are doing and could be doing. The use of narratives is a better way of coming to understand oneself than many other research methodologies. In contrast to much nursing research using such methodologies, narratives more clearly reflect who nurses are and what they do. They provide a common means, accessible to both professionals and clients, of engaging with real-life problems." Narrative methodology begins with no preconceived questions in mind, no particular theory to orientate the questions around. There will be a topic but the main focus is on the client's or informant's story. Therefore, ''storytelling'' should be centrally placed in any consideration of research that has its focus on human lives and human wellbeing. (Carson & Fairbairn 2002. pp. 15-29)

As with other forms of qualitative research, data selected for narrative analysis are open to multiple interpretations. ''Narratives are interpretive and, in turn, require interpretation: They do not "speak for themselves". This may lead to doubt about the credibility of analysis. Furthermore, rules of story structure and grammar are culturally determined, and may not be shared between researcher and informant. Thus, despite following a set procedure, individual researchers may arrive at different conclusions regarding the structure, shape and meaning of stories. However, provided that the analysis has been conducted responsibly and remains faithful to the data and the methods, then the conclusions drawn can be accepted as a valid interpretation. Thus, narrative analysis may be considered as a viable approach in nursing and health care research." (Priest, Roberts & Woods 2002. pp. 43-51)

Narration is a manner for human beings to reformulate reality, weave together the past, present and future, thereby creating identity, often with the use of images and metaphors. The text may constitute a model for human actions. What has been described during the empirical research in form of a text is then interpreted. The interpretation can focus on the narrator, the narrative or the reader and takes places in the dialectic between explanation and understanding. (McCance, McKenna & Boore 2001)

Through Ricoeur's interpretative theory a phenomenological-hermeneutic method has been developed which contains three steps. First, a naïve reading of the text is done, followed by one or more structural analyses, and finally an interpreted whole is created. A common form of structural analysis is based on identifying meaning units, transformation of the units into formulating meaning and themes. Some studies

combine this form of structural analysis of the metaphors found. Core narratives have been chosen to create meaning for presentation of the interpretations. (McCance, McKenna & Boore 2001)

After the study is completed, Burns (1989) suggests the findings should be situated in relation to the existing body of knowledge about the topic of study. (Burns 1989)

After data analysis is done the concepts which emerged are structured and categorized where several themes and sub-themes are produced. Data is then linked to the theoretical background by describing the produced phenomena from the findings and its relation with the literature. Therefore, the data resulting from the findings will show if the concepts coming from the narratives are matching or not the concepts given by the different theorists regarding nursing environment research. A description of nursing environment as an essential phenomenon will be shown by means of inductive analysis. Figures are used to emphasize the different themes.

4 FINDINGS

4.1 Analysis of the Findings

In the findings of the study the data collected from the written narratives was thoroughly reviewed, interpreted, and broken down into thematic areas which were structured into categories. By means of inductive analysis the data was described and conceptualized and then analysed in relation to the theory on nursing environment.

The final number of narratives received was eight. The informants of the study have answered the narratives in a written form. Each answer was written in Finnish even though English language was an option as well. Thus, the data obtained in Finnish was translated into English as it is the language used in the study. All the informants were registered nurses working in the polyclinics joining Kolmiosairaala. Their nationality was Finnish, the work experience was 0-20 years and age range was between 20-49 years.

In reviewing and interpreting the narratives several thematic areas were created. One of the most common created themes was adequate environment. This theme implied sufficient, organized, flexible and ergonomically designed spaces. The following

quotations are excerpts from the original narratives a translation in English is also provided below the Finnish text.

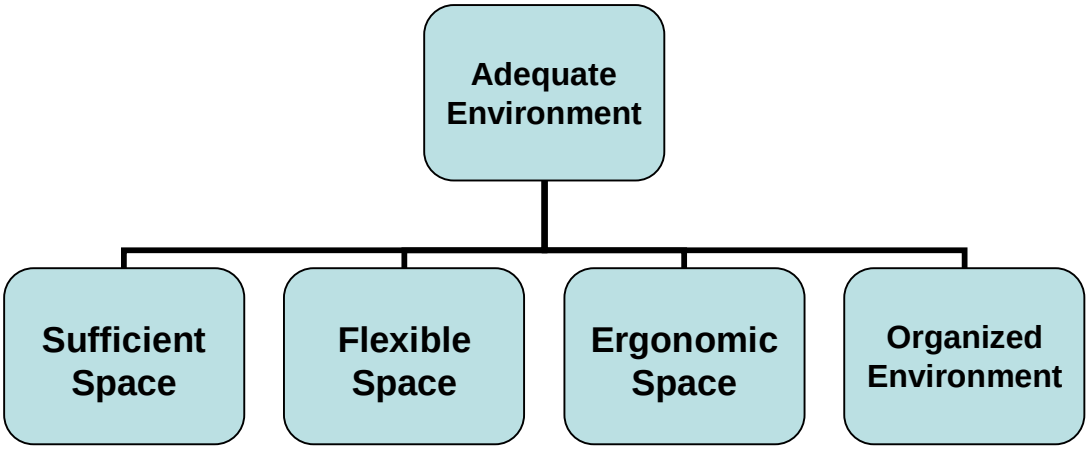
The thematic areas arisen from the narratives were *adequate environment, assuring quality care, optimal environment, client-centred care, access to information, services and professionals,* and *sufficient resources.*

Below are mentioned some of the excerpts from the narratives written by the registered nurses participating in the study. These excerpts describe most vividly the experiences of the nurses. Since the narratives were written in Finnish for the purpose of the analysis they were translated into English and therefore, as mentioned earlier, the original version and its translation are presented.

4.1.1 Adequate Environment

Adequate environment was the most frequent theme arisen from the narratives. The informants in the study valued aspects of environment such as: *sufficient space, flexible space, ergonomic space and organized environment.*

In this study, an adequate environment is one that meets the basic environmental conditions that are needed so that nursing care is delivered for the clients in a sufficient manner.



Sufficient Space

Informants expressed their ideas on the necessity of having sufficient space both for nurses and clients for a good working environment to happen. In an ideal environment informants would appreciate spacious rooms and bathrooms for the clients to be better cared for. There shall also be enough storage space for the equipment, instruments and devices used in the daily nursing care so it will improve the working conditions.

> *"Aivan ensimmäisenä tulee kyllä mieleen, että olisipa kunnolla tilaa potilashuoneissa…jotta olisi kunnolla työtilaa…Suihku + WC potilashuoneisiin (olisi upeaa hygieniaa!)."*
> *''The first thing that comes into my mind is that I wish that there would be enough space in the patient rooms…so that there would be enough space to work…It should be a shower and toilet in the patient rooms (that would be amazing hygiene!)."*

> *"Ihanteellisessa hoitoympäristössä on väljät ja tarkoituksenmukaiset työskentelytilat. Apuvälineet ovat lähellä, helposti saatavilla, ajan mukaisia ja niitä on riittävästi."*
> *" An ideal nursing/caring environment has spacious and appropriate working spaces. Aid devices are near, easy to obtain, modern and there are enough of these"*

> *"Huoneet on suunniteltu tarpeeksi väljiksi, jotta potilaiden hoito onnistuu esteettömästi ja on mahdollista käyttää erilaisia apuvälineitä esim. nostolaitetta, pyörätuolia. Huoneissa on riittävät säilytystilat joissa pidetään perustarvikkeita potilaan hoitoa varten…Jokaisessa huoneessa on oma tilava suihku ja wc. Huoneissa on riittävät säilytystilat joissa pidetään perustarvikkeita potilaan hoitoa varten."*
> *"The rooms are designed to be extensive enough so that the patient care can be done without obstacles and so that it is possible to use aid devices, like a lifting device or wheel chair. The rooms have enough storage space where basic patient supplies can be kept…Each room has a spacious shower and toilet. The rooms have enough storage space where basic patient supplies can be kept."*

“Ihanteellinen hoitoympäristö olisi tilava, pot. sänkyjen ympärillä tilaa apuvälineiden lisäksi myös hoitajalle. Säilytystilaa ja varastoja tarpeeksi, jolloin käytävät jäävät tyhjiksi. Apuvälineille, kuten rollille, pyörätuoleille, tippatelineille yms. oma huoneensa”
”An ideal working environment would be spacey surroundings around the patients’ beds as well as for the instruments (devices) and for the nurses. There shall be enough storing places (storages) so that the corridors will remain free. It shall be also own room for the instruments, rollers, wheel-chairs, i.v.-poles etc.”

Flexible Space

Informants expressed their views on the importance of having a flexible space where equipment can be organized according to clients’ needs of care. A space having flexibility includes also having the health care professionals placed near each other for better collaboration in the delivery of care. It would be ideal for the clients’ to have access to different commodities during their hospitalization in order to reduce anxiety and fear as well as to facilitate better cooperation.

”Vähän, mutta isoja varastohuoneita, ettei tarvitse sijoittaa tavaroita ympäriinsä”
“Not so many but big storage rooms so that you don’t have to place things all over”

”Laskutilaa hoitotarvikkeille, muutakin kuin potilaspöytä tai ikkunalauta”
“There should be a space where the nursing equipments can be placed on; other places than the bedside table or the window board”

”Vuodeosaston tilaratkaisut ihannesairaalassani on suunniteltu joustamaan tarpeen mukaan”
“In-patient ward lay out in my ideal hospital is planned to be flexible according to need”

''Ihanteelliset tilat missä tehdä joustavasti töitä huolimatta potilaan perussairaudesta, tehdystä toimenpiteestä tai infektiotilanteesta
''An ideal environment is where can work flexibly despite the basic illness of the patient, the completed treatment, and infection situation.

''…viihtyisät pot. huoneet, joissa hyvä ilmanvaihto ja oma puhelin, mahdollisuus netin käyttöön, sekä tietysti televisio. DVD:t olisivat ainakin pitempään sairaalassa oleville plussaa, samoin kirjasto. Kanttiini kävisi myös viikonloppuisin osastolla. ''
''… would be cozy rooms for the clients which shall be equipped with good air-conditioning, own phone, possibility to access the internet as well as DVD at least for long-term hospitalized patients (clients). Moreover, library and canteen services shall be delivered to the wards also during the week-ends. ''

'' Hoitajana koen tärkeäksi tilat jossa työskentelen sekä ilmapiirin mikä siitä välittyy. Tilat tulisivat olla mahdollisimman avarat, valoisat ja toimivat…Hoitoympäristön tulee olla selkeä ja helposti hahmotettavissa. Hoitajien huoneet on hyvä olla lähellä lääkäreitä ja 'sihteereitä. Osastosihteereiden ja hoitajien huoneet olisi hyvä olla lähekkäin käytännön syistä.
''As a nurse I think that working environment and the atmosphere coming out of it are important. The working environment should be as wide, light and working as possible…The nursing environment must be clear and easily visualized. The nurses' rooms should be near the doctors and secretaries. The secretaries' and nurses' rooms should be placed near each other due to the practical reasons."

Ergonomic Space

Informants expressed their views on the importance of having ergonomic spaces in the nursing environment to enhance better quality of care. The informants valued clear working environment where furniture would be organized and ergonomically designed for the clients as well as the nurses.

”Ihanteellisessa hoitoympäristössä, poliklinikoiden vastaanotot ja sairaanhoitajien työtilat olisivat vierekkäin, lähellä toisiaan. Hoitoympäristö olisi selkeälinjainen ja pinnat helppohoitoisia, kalusteet ergonomisesti oikein asennettuja, pöydät ja tuolit oikean korkuisia.”

”In an ideal nursing environment, the policlinic’s reception and the nurses’ working spaces would be next to and close to each other. The nursing environment should be clear and the surfaces should be easily taken care of, the furniture should be ergonomic and the tables and chairs the right height.”

’’Toivoisin huomioitavan entistä enemmän ergonomia näkökulmasta.”
’’ I hope that things are considered more from the view point of ergonomics.”

‘’Työskentelypisteet toivoisin olevan hyvin suunniteltu ja ergonomia tulisi toteutua niissä. Levähdystuoleja tulisi olla aseteltuna käytäville niin korkeita kuin matalia.’’
‘’ I wish that the work units would be well designed and ergonomically correct. There should be chairs in the hallways in which the patients could rest if needed and those should be both high and low.’’

Organized Space

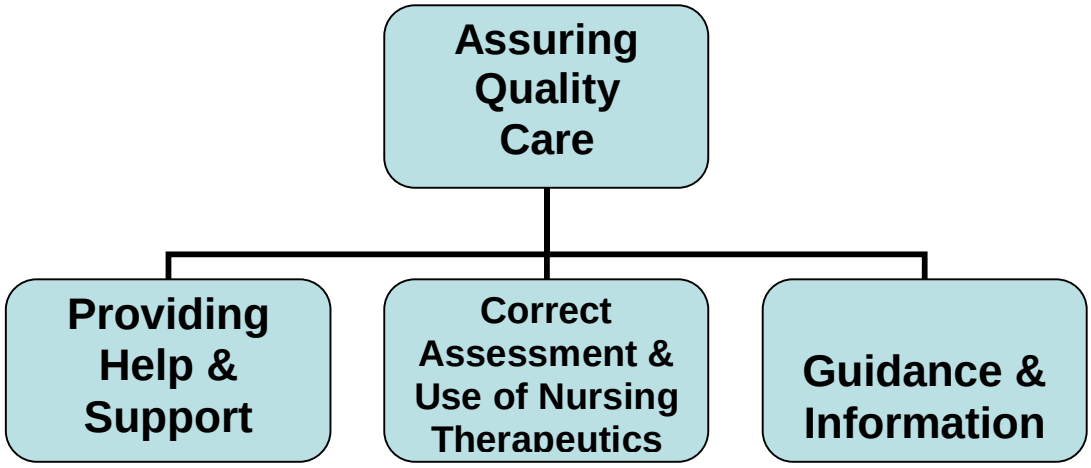
Informants expressed their desire to have a working environment which would be functional, well organized and easy to maintain clean. This would promote safety of the clients and the health care staff. It would also enhance better contact with the clients.

“Osastolla on riittävästi varasto- ja säilytystilaa, jotta kaikki ylimääräinen tavara saadaan pois näkyvistä ja tieltä. Se selkiyttää osaston yleista ilmettä, siivoaminen on helpompaa ja toimivuus parempi. Se vaikuttaa myös osaston turvallisuuteen kun kaikki kulkuväylät ovat avoinna.”
“The ward has enough storage space so that all extra materials can be kept out of view and out of the way. This will make the ward appear more orderly, cleaning is easier as well as functionality. It also affects the safety of the ward when corridors are kept clear.”

‘’Hoitohuoneet selkeitä ja pöydät niin, että pystyy hyvin huomioimaan asiakkaan (katsekontakti).’’
’’The nursing rooms should be clear and the tables should be placed so that one can be in contact with the patient well (the eye contact). ‘’

4.1.2 Assuring Quality Care

Assuring quality care was an important theme arising from the narratives. With regards to care provided for the clients this thematic area brought up concepts like *guidance and information, providing help and support, correct assessment and use of nursing therapeutics.*



Providing Help and Support

One informant described in the narrative that in order to provide client-centred care the nurse should provide help and support for the clients, taking care and supporting them and their needs during the caring process. The nurse should also be able to organize different services for the clients, implementing the best possible care.

“Katson että asiakaskeskeistä hoitotyötä on se, että pyrkii joustamaan ja toteuttamaan hoitoja ja kontrolleja mahdollisuuksien mukaan niin kuin

potilaalle itselleen sopii ja muutoin pyrkii tukemaan potilasta ja järjestämään hänelle mahdollisuuksien mukaan kotiin palveluita, silloin kun vointi on väsynyt eikä jaksa sieltä lähteä minnekään…Olen potilaille saatavilla…kaikella on tarkoituksena hoitaa potilasta tai auttaa potilasta selviytymään sairautensa kanssa…"
" I see that client-centered care is that when you try to adjust and implement the care and controls in that way which is the best for the patient and you try to support the patient and organize him/her services to home if the condition requires so…I am available for the patients… the meaning for everything is to take care of the patient or help the patient to survive with their illness..."

Correct Assessment and Use of Nursing Therapeutics

Informants considered that it is important that the nursing care happens in the correct environment at the correct time so that the clients are given efficient care according to their need by implementing the nursing therapeutics required.

"… potilaiden hoito olisi mahdollisimman sujuvaa eikä väärinkäsityksiä syntyisi, eikä tarvitsisi kävellä pitkiä käytäviä tarkistaakseen asioita.."
"… the nursing care would be efficient, there would be no misunderstandings and one didn't have to walk long halls to check up things…"

"Sairaalan toimintatapoja ja hoitopolkuja täytyy kehittää sen tarpeen mukaan. On tärkeää, että potilas saa oikeaa hoitoa oikeassa paikassa oikeaan aikaan."
"The hospital working ways and care path of the patient need to develop according to that need. It is important that the patient receives the correct care, in the correct place and at the correct time."

"Ihanteelisinta olisi että olisi tarvittaessa aina mahdollisuus toteuttaa hoito siihen tarkoitetussa tilassa."
"In the ideal system one should always have possibility to carry out treatment in the rooms meant for it.

Guidance and Information

According to informants, emphasis in nursing care should be on guidance given by nurses for their clients while involving them into their care. Guidance should be given in a quiet environment both personally and via telephone contact. Informants expressed the fact that the clients level of anxiety and fear will decrease when they receive enough guidance, being present and available whenever they need advice. Thus, clients will feel secure and safe and will perceive the information better.

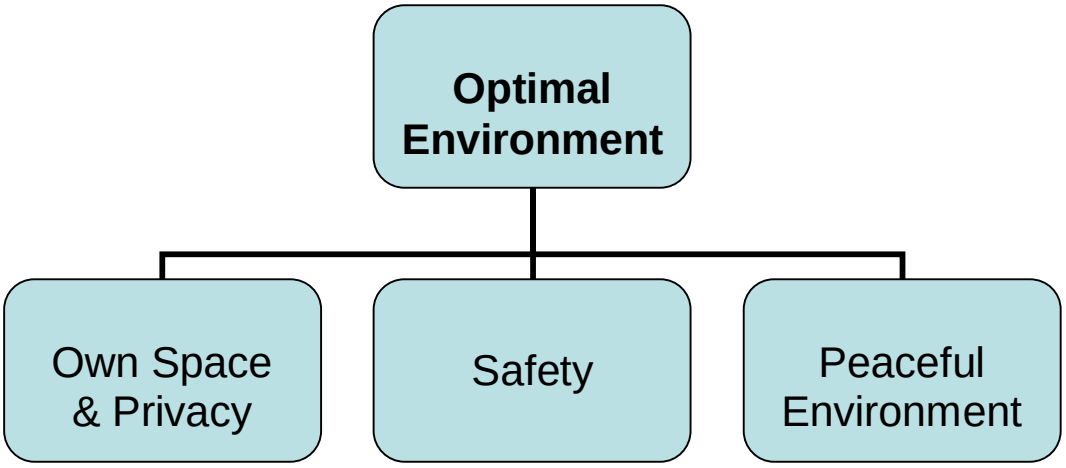
> *”Sairaanhoitajakin tarvitsee rauhallisen tilan missä ohjata potilaita ja vastata puhelimeen…”…puhelimella tavoitettavissa oleminen on ehkä parasta asiakaspalvelua mitä potilaalle voi tarjota, silloin on ohjaus ja käytännön järjestelyt helpointa toteuttaa ja kykenee hälventämään potilaan pelkoja ja turhautumista melko yksinkertaisella ja helpolla tavalla.”*
> *“Nurses also need peaceful place where they can guide patients and answer the phone…“…the best customer service that you can offer to a patient is to be available through phone. The guidance and practical matters are the easiest to implement this way and you can decrease the fear and the anxiety of the patient by a simple and easy way.’’*

> *“Potilaan ottaessa enemmän vastuuta omasta hoidostaan hoitajan antaman ohjauksen tarve tietenkin korostuu.’’*
> *”As the patient assumes more responsibility of his/her own care, emphasis on guidance given by the nurse becomes more prominent.*

> *’’Kun potilas kokee ympäristön turvalliseksi hän myös omaksuu tietoa paremmin. Tämä on eduksi ohjaukselle.”*
> *‘’When the patient feels that the environment is safe she/he also perceives information better. This is an asset for the guidance.’’*

4.1.3 Optimal Environment

The informants in the study considered that for an environment to be optimal it should contain own space and privacy, safety as well as be a peaceful environment.
In this study an optimal environment from the informants' point of view was seen as one that meets more than just the basic conditions necessary for an adequate environment as previously mentioned. This means that an optimal environment would be synonymous with an ideal nursing environment focused on client-centred care.



Own Space and Privacy

According to informants, privacy is an important aspect in the clients' care. Therefore all the clients need their own space or own room so they can feel safe and comfortable, a place where they can relax and be in peace without being disturbed by the other clients. There is also need for a socializing space such as an eating space so clients can meet with each other and interact. Moreover, nurses and other professionals shall also have their own private space, where they can work and guide the clients in peace.

> *"Osastolla olisi myös yhteinen oleskelutila potilaille…Henkilökunnan tilat: Hyvä taukotila (jääkaappi, mikro, myös pehmeitä tuoleja/sohva)…Naisvaltaisella alalla olisi suotavaa 2 henkilökunnan wc:tä"*
> *"There should also be a common room for the patients at the ward. The spaces for the staff: A good break room (refrigerator, microwave,*

comfortable chairs/sofa)…As nursing is a career in which the women are the majority at least 2 toilets meant for the staff would be desirable."

"Huoneiden on oltava tilaratkaisultaan sellaisia, että potilaan reviiri ja intimiteettisuoja säilyy."
"The rooms need to have spaces organized so that the patients privacy and own area are clear/safeguarded."

'' Ruokatilassa ei ole mahdollisuutta rauhoittua tällä hetkellä. Oma ruokatila ja sosiaalinen tila olisi tärkeä…'' Jokaiselle hoitajalle oma huone on välttämätön, jotta ohjaustilanteet ovat rauhallisia. Sihteereille omat työhuoneet, jotta heillä on rauhallinen työympäristö ja heidän työhön kuuluu paljon puhelintyötä niin toisen työrauha helposti häiriintyy."
''It is not possible to calm down and relax in the eating space at the moment. An eating space and social space of our own would be important…An own room to every nurse is necessary so that the guiding situations are peaceful. The secretaries need own workrooms so that they have peaceful working environment. This is important because they have to work with telephones a lot and it is difficult not to disturb each other. ''

Safety

Informants described the necessity of having a safe environment both for clients and staff. Thus the surroundings should be peaceful and enjoyable so that the clients can feel safe in it. This also assures comfort and good work conditions.

"Tilojen toivoisin olevan viihtyisiä ja valoisia. Ja näin myös tilat olisivat sekä potilaalle että henkilökunnalle turvallisia."
"I hope that the new environment is comfortable and bright (light). And this way the new environment would be safe for the patients and staff."

''Materiaalit olisi hyvä olla rauhallisen sävyisiä ja hyvä ääni eristys, jotta potilaiden asiat eivät kuulu muiden korviin. Tämä takaa myös hoitajalle työrauhan. Valaistus ja huoneiden sisustus niin, että se luo turvallisen

ilmapiirin...Ympäristö tulisi olla rauhallinen ja viihtyisä, ja tuntua potilaasta turvalliselta."

''The materials should be colors that are calm and there should be good sound proofing so that the patient's matters are not heard by everyone. This also ensures that the nurses can work in peace. The lightning and the design in the rooms should be done so that it creates a safe atmosphere…The environment should be calm and enjoyable and the patients should be able to feel safe in it.''

Peaceful Environment

According to informants an ideal environment is found when there is *a peaceful environment, safety, own spaces and privacy.* Anxiety will be decreased if the clients are situated in a peaceful environment where they can have own space and intimacy.

"Toivon työskenteleväni rauhallisessa, ei liian suuressa toimipisteessä…Lääkehuone huone, jossa kunnolla tilaa varastoida liuoksia. Siis tilaa, valoa ja värejä!"
"I hope I would work in a peaceful, not too big unit…There should be a medication room which has enough space to store the liquids etc. So space, lights and colours!"

"Potilaalle ihanteellinen hoitoympäristö on rauhallinen, turvallinen, yksityisyyttä kunnioittava, viihtyisä sekä siisti."
"For the patient an ideal caring environment is peaceful, safe, respects privacy/intimacy, pleasant and clear/organized."

"Sairaanhoitajakin tarvitsee rauhallisen tilan…Hoitoympäristöön miellän kuuluvaksi myös ilmapiirin, ja yleisen hälinän…"Ihanteellisessa hoitoympäristössä kännykän käyttö olisi myös kiellettyä niin potilailta kuin hoitajiltakin. Koska se osaltaan lisää rauhattomuutta osastolla"

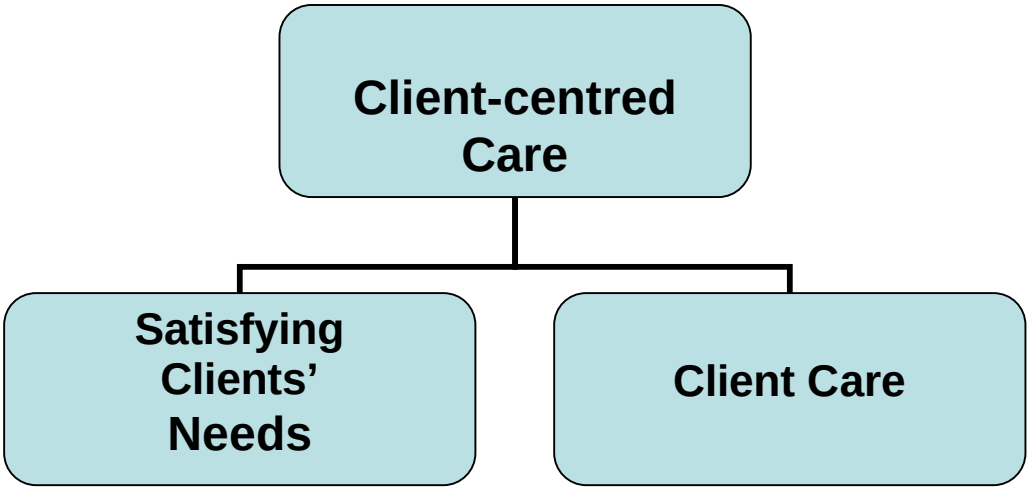
"Nurses need also a peaceful space… I also include the atmosphere and the general noise in the nursing environment…Also the use of mobile

phone would be prohibited for the patients as well as the nurses, because it increases the anxiousness at the ward"

"Minun ihanne sairaalaan on helppo ja mielyttävä tulla."
"My ideal hospital is easy and pleasing to come to."

4.1.4 Client-centred Care

According to the informants in this study, client-centered care was achieved when *clients' needs were satisfied* during the delivery of *client care.* In this way informants mentioned that nurses are the ones who deliver client- centred care in an ideal nursing environment.



According to informants to obtain client-centred care it is important to focus on the client's needs and try to satisfy them according to the clients' own necessity. Clients should be involved in their own care process starting from the point when the care plan is made. The client's own customs and life style should be taken into consideration to satisfy the goals of the client. In nursing client-centred care is possible when the environment answers to the clients needs. Nurses and clients should have shared goals of care so that both their needs are satisfied.

“Huoneen suunnittelussa otettaisiin huomioon niin potilaan kuin hoitavan henkilökunnan tarpeet.”
“When designing the rooms the needs of the patient as well as the nurses should be taken into consideration.”

“Potilas otetaan mukaan hoitosuunnitelman laatimiseen.”
”The patient is taken into account/included when the care plan is made.”

“Osastolla potilaan oma elämänrytmi otetaan huomioon esim. ruokailuajat, nukkuminen.”
“On the ward, the patients’ own lifestyle rhythm is taken into account, for example, meal times and sleep.”

’’Kuuntelemme ja toimimme kohti potilaan päämäärää (yhteinen tavoitteemme).”
‘’We listen to and act according the goals of the patient (it is our common/shared target).’’

” Hoitotyö on asiakaskeskeistä ja hoitoympäristön on vastattava sen tarpeita.”
’’ Nursing is client-centred and the nursing environment must answer to its needs.’’

Client Care

Client-centred care is achieved according to informants when the nurse is focusing on the client. Therefore the client should be prioritized before other unjustified tasks. A nurse should always be present and available for the client, organizing the time so that there is enough of it for client care. Clients should have access to the best possible care. In order to achieve this, good cooperation is necessary between the nurses and other professionals. The client’s care path shall be clear and delivered in an appropriate environment.

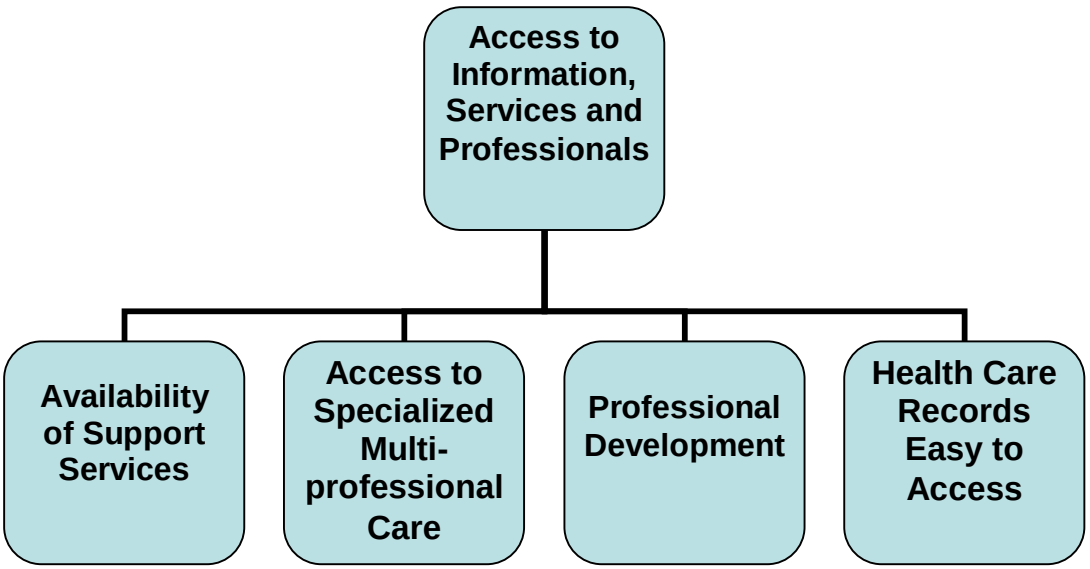
“Itse en käytä sairaalassa hoidettavasta vakavasti sairaasta ihmisestä nimitystä asiakas, koska me joudumme monesti tekemään ja vaatimaan

asioita, jotka eivät asiakaspalveluun kuulu, potilaan hoitamiseen kylläkin…Sairaanhoitaja ei tee mitään logistiikkaan liittyviä asioita esim. kaappien täyttöä, apteekki- ja varastotilauksia, potilaan kuljetuksia, ellei siihen ole lääketieteellisiä perusteita. Näin sairaanhoitajalle jää aikaa varsinaiseen tehtävään eli potilaan hoitoon."
"I myself don't use the term "client" for a seriously ill person at a hospital, because often we have to do and require things that don't belong to customer service, but they belong to the taking care of the patient…The nurse will not do any tasks relating to logistics such as stocking cabinets, pharmacy and other material orders, patient transport, unless it has a justified medical reason. In this way the nurse will have time for their essential duty, patient care. "

"Hoitoon pääsy on tehty potilaalle helpoksi, hän tietää miten hakeutua tarvittaessa hoitoon. Hoitoketjut ovat selvät sekä potilaalle että henkilökunnalle…"Potilaiden on päästävä sujuvasti siirtymään jatkohoitopaikkaan, yhteistyön on oltava saumatonta muiden yksiköiden ja organisaatioiden kanssa."
"Entry to care for the patient is made easy he/she knows how to come to the care environment when he/she needs. The care path is clear for the patient and for the personnel/staff…The patients need to be able to have access to further care in a fluid manner, cooperation with the other units and organizations needs to be seamless."

4.1.5 Access to Information, Services and Professionals

This theme emerged from the informants desire to express the necessity of access to information, services and professionals during the client care path. This theme involved such elements as *availability of support services, access to specialized multi-professional care, professional development and health care records easy to access.* The informants considered these elements important in order for client-centred care to be seamless and professional, measuring up to nursing standards of modern delivery of care. In order for the care to be fluent and assure continuity of the clients' care path, the environment needs to be technologically equipped and up-dated.



Availability of Support Services

The majority of the informants in the study have mentioned the need for availability of support services. They described that all the services that clients need should be easy to access so that the clients are able to use support services by themselves. Informants also mentioned that there should be enough information and guidance so that the support services are easy to access.

> *"Yhteys ulkomaailmaan on mahdollista säilyttää puhelimen tai jopa netin kautta., (tulevaisuudessa nettiä käyttävä potilas on kyllä kotonaan ja sairaalassa makaava ei tiedä netistä vaan pedistä). Potilas voi itse käyttää tukipalveluja, esim. tilata keittiöstä sopivan aterian, kanttiinista kahvia tai kirjastosta kirjan..."*
> *"It is possible to keep in contact outside of the ward by telephone or the internet (in the future a patient using the internet will be at home and one lying in the hospital has no idea of the net but only of the bed.). The patient can use support services by his/herself, for example, order an appropriate meal from the kitchen, coffee from the canteen, a book from the library!"*

”Ihanteellisessa hoitoympäristössä myöskin kaikki tukipalvelut, kuten verikeskus, laboratorio, röntgen ym. toiminnot olisivat helposti ja nopeasti saatavilla… Asiakaskeskeinen hoitoympäristö kaiketi tarkoittaa sitä, että potilaan tarvitsemat palvelut ovat helposti potilaan saatavilla.”
”In an ideal working environment all the supporting services like the blood central, laboratory, x-ray department etc. would also be easily and fast available…I guess that the client-centered nursing environment means that all the services the patient needs are easily accessible.

“…Toivoisin että ns. tukipalvelut kuten laboratorio ja RTG olisivat joustavasti lähettyvillä…
‘’I hope that the so called support services (such as the laboratory and x-ray) were near in the flexible way.”

’’Apteekista saisi lääkkeitä 24/7 jolloin ei tarvitsisi lähteä lainauskierroksille jos uuden pot. tarvitsemia lääkkeitä ei osastolta löydy.”
’’From the pharmacy medication should be available 24/7 (around the clock) so that it wouldn’t be necessary to go around and borrow medication whenever it is not available for the new patients (clients).’’

‘’Yleisissä tiloissa voisi olla myös potilaille virikkeitä; info automaatteja, lehtiä, hoito-ohjeita tietoa itse hakeville. Iso taulu eri ohjausryhmistä ja kokoontumisista”
‘’In the common rooms there could be some activities for the patients; info automats, magazines, nursing instructions for the ones who are interested to find out information by themselves. There could also be a big board about different guidance groups and meetings. ‘’

Access to Specialized Multi-professional Care

According to two informants every client should easily have *access to multi-professional care* at all times. The client should know whom to appeal to if necessary,

who is in charge of his/her care and understands that the *care is delivered multi-professionally.*

> *''Sairaanhoitajana tämä tuo mieleeni sen, että osana omaa työtäni olisi hoitajien ja lääkäreiden sekä muiden osapuolien, jotka hoitoon osallistuvat oltava helposti potilaan saatavilla...eri vastaanotoilta tulevien potilaiden hoito olisi joustavaa ja voinnin informointi hoitavalle lääkärille olisi mutkatonta ja helppoa.."*
> *''As a nurse this brings to my mind that as a part of my own work all the nurses, doctors and other workers that are part of the care should be easily available for the patient…the care of the patients coming out of different receptions would be adjustable and the information of the patient's condition to the doctor would be easy…"*

> *"Osastolla potilas tietää kuka on vastuussa hänen kokonaishoidostaan ja ymmärtää hoidon toteutuvan moniammatillisesti."*
> *"On the ward, the patient knows who is in charge of his/her overall care and understands that care is given multi-professionally."*

Professional Development

Another two informants have brought up the need for further education *for professional development* on a continuous basis so that there will be more expertise. With more expertise there are better possibilities to develop client-centred care in the hospital.

> *"…henkilökunnan jatkuva kouluttaminen on tärkeää."*
> *"…staff further education would be on a continuous basis."*

> *''Katsoisin että jokaisen asiantuntijakeskeisyys luo hyvät mahdollisuudet toimivalle asiakaskeskeiselle hoitotyölle. ''*
> *''I see that the system, where everybody is expertise-centred, creates good possibilities for well-functioning customer-centred treatment.''*

Health Care Records Easy to Access

According to three informants it would be essential that the communication with the clients, as well as the documentation and recording of data be fast and easy to access. Collaboration with the clients and other professionals would be enhanced by using a special telephone or computer to facilitate the information and guidance about care.

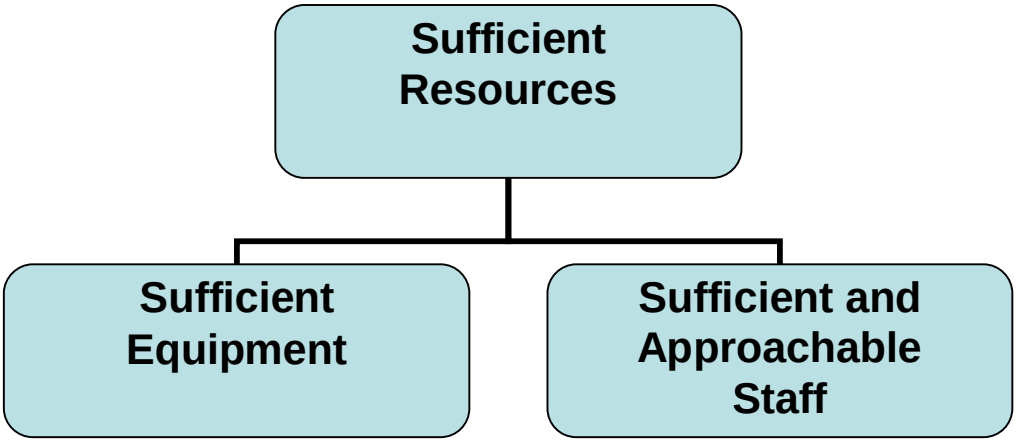
> *"Yhteydenotto osaston ulkopuolelle on nopeaa ja helppoa. Henkilökunnalla voisi olla mukana esim. puhelin tai pieni tietokone, jolla saisi nopeasti yhteyden tukipalveluihin joita tietenkin olisi riittävästi. Tietotekniikan käyttökin onnistuisi jopa ilman noin kymmentä eri tunnusta kymmeneen päällekkäiseen ohjelmaan ja kirjaamista varten koko talossa olisi sama ohjelma käytössä!"*
> *"Communication outside of the ward is fast and easy .The personnel could have with them, for example, a telephone or small computer, from which it would be easy to contact support services, which would be sufficient in number. Information technology would work without 10 different passwords to 10 repetitive/similar programs and for patient documentation the hospital should have the same program in use."*

> *"Työpisteitä on riittävästi, koska tulevaisuudessa kaikki hoitotyön kirjaaminen ja potilasta koskeva tieto tulee olemaan atk:lla…"Turhia ja aikaa vieviä puhelinsoittoja ei tehdä vaan tieto välittyy sähköisesti yksiköstä toiseen…Hoitoketjujen tulee olla saumattomia ja tiedon kulkea sähköisessä muodossa organisaatioista ja yksiköistä toiseen, myös yksityisen sektorin kanssa."*
> *"There are enough work stations because in the future all care documentation and patient documentation will be computerized…Useless and time consuming phone calls will not be made, information will be transmitted electronically from one unit to another…The care path needs to be seamless and information transmitted electronically from one unit to another, also with the private sector."*

> *''Toimivat ja helppokäyttöiset tietokoneohjelmat.''*
> *''There should also be in use easily working computer programs."*

4.1.6 Sufficient Resources

The informants in the study also expressed the importance of an environment which has *sufficient equipment*, as well as *sufficient and approachable staff* in order to deliver client-centred care. An ideal nursing environment as described by the informants would guarantee that the specific nursing environment is able to meet the needs of client-centred care by having sufficient resources.



Sufficient Equipment

The necessity of having sufficient equipment was described by two informants. According to them it would be ideal to always have the possibility to use the needed equipment in order to provide the necessary care and that the implementation of care is occurs in the proper environment, one which is meant for care.

> *"Nykyaikana lisääntynyt tietokoneen käyttö – tarpeeksi päätteitä."*
> *"As today there is increased use of computers there should be enough of them."*

> *"Ihanteellisinta olisi että olisi tarvittaessa aina mahdollisuus toteuttaa hoito siihen tarkoitetussa tilassa."*

”In the ideal system, one should always have possibility to carry out treatment in the rooms meant for it.”

Sufficient and Approachable Staff

According to informants it is desirable that there is always sufficient staff so that the clients are able to approach them when needed. It is also essential that clients receive not merely general care but specialized care, meaning that not only shall personnel be present but also well educated in their field of work. Nevertheless, having enough staff will enhance the working atmosphere.

”Hoitotiloissa olisi aina hoitaja, sellainen joka olisi asiantuntija sillä erikoisalalla, jonka sairautta potilas sairastaa”
“In the nursing spaces there should always be a nurse who is specialized in the condition the patient has”

“Ihannesairaalassani henkilökuntaa on riittävästi ja he viihtyvät työpaikassaan.”
”My ideal hospital will have enough personnel and they will enjoy their working environment.”

‘’…hoitaja on helposti lähestyttävissä…Hoitajat pitäisi olla potilasta lähellä ja helposti tavoitettavissa…’Korostaisin vielä sitä, että hoitajan tulisi olla helposti tavoitettavissa. Kenties ohjaus puhelin olisi hyvä tai yksi sairaanhoitaja jonka luokse voisi tulla "päivystysasioissa" ja hän pystyisi lähettämään potilasta eteenpäin esimerkiksi päivystykseen ym.’’

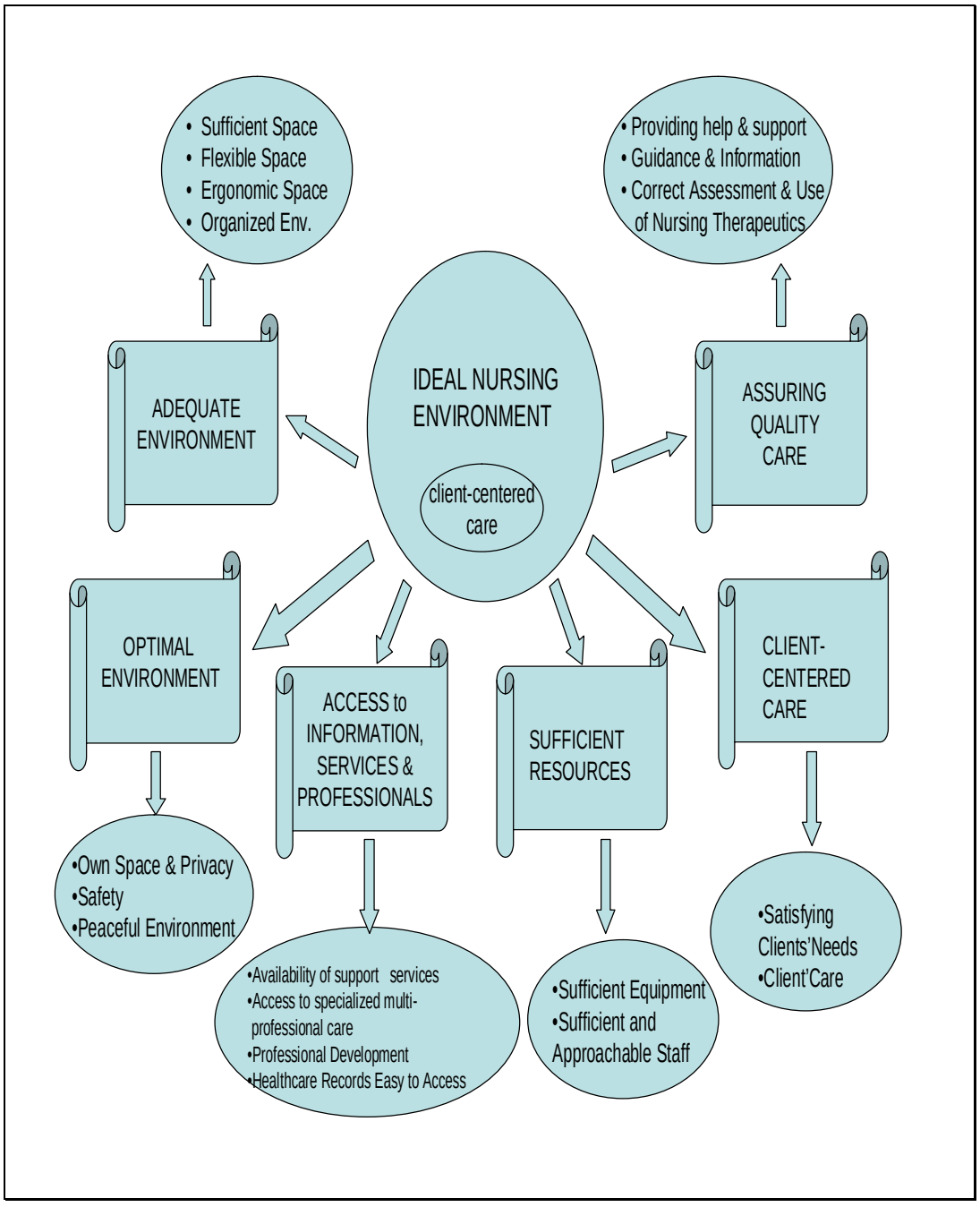
’’... that the nurse is easily approachable...The nurses should be near the patients and easily approached…I would still like to highlight the fact that the nurse should be easily approachable and contacted. Perhaps a guidance phone would be good or there could be one nurse to whom people could come with emergency matters and she could send patients forward for example to the emergency policlinic etc.’’

4.2 ***Conclusion***

Environment, and all the elements contained within it, is an important nursing concept which needs to be actualized and improved so that better nursing care can be provided for the clients' allowing the nurses to work in optimal conditions promoting quality client-centered care.

All the themes arisen from the findings have proven to be essential concepts needed to build up an ideal environment which will facilitate quality nursing care and enhance better understanding of health care needs. By working in collaboration within a multi-professional team, nursing can assure that client-centered care is possible and it is carried out in relation to clients' needs.

Fig 1. Ideal Nursing Environment as seen by Nurses Participating in the Study


• Sufficient Space
• Flexible Space
• Ergonomic Space
• Organized Env.
• Providing help & support
• Guidance & Information
• Correct Assessment & Use of Nursing Therapeutics
ADEQUATE ENVIRONMENT
IDEAL NURSING ENVIRONMENT
client-centered care
ASSURING QUALITY CARE
OPTIMAL ENVIRONMENT
ACCESS to INFORMATION, SERVICES & PROFESSIONALS
SUFFICIENT RESOURCES
CLIENT-CENTERED CARE
•Own Space & Privacy
•Safety
•Peaceful Environment
•Availability of support services
•Access to specialized multi-professional care
•Professional Development
•Healthcare Records Easy to Access
•Sufficient Equipment
•Sufficient and Approachable Staff
•Satisfying Clients'Needs
•Client'Care

5 DISCUSSION

5.1 Ethicality

Ethical issues emerge in every phase of the qualitative research process. They are ‘’present from the beginning and are woven throughout every step of the methodology.’’ (Talbot 1995)

The letter requesting participation in this study along with the paper containing the instructions and questions for the narratives was distributed to the informants by the ward manager of each polyclinic. An attachment of the thesis plan was provided to the ward manager for a better understanding of the intentions of the study. The informants of the study were given our contact information in case they needed further assistance with matters related to the questions they were asked or to their role in the study. The identity of informants remained confidential. They were informed of their rights and responsibilities involving their participation in the study.

Three weeks were given for the informants of the study to answer the questions. The informants were asked to answer the two thematic questions in a written narrative. They were required to answer individually and to be honest. Informants were assured that the data gathered from their narratives would be handled with confidentiality. It was made sure that any information that could lead to the identification of the informants in the study would not be utilized without having their consent on the matter. The data gathered from the narratives will be destroyed after being analyzed and used in the study.

Ethical principles are used to justify actions and assist in the resolution of moral dilemmas. Four main ethical principles can be identified: these are *autonomy, nonmalefience, beneficence and justice.* (Talbot 1995)

The ethical principle of *autonomy* claims that individuals ought to be permitted personal liberty to determine their own actions according to plans that they have chosen. This means that the individual is free to make decisions without influence by others. (Fry & Johnstone 2002)

Autonomy states that individuals may choose to participate in a research study. This choice must be made free from coercion or the threat of harm. This principle also allows the individual to withdraw from the study at any time without penalty or loss of benefit. Competency of the individual is central to the concept of autonomy, particularly where vulnerability may exist. In this study ethical considerations include the informant's free decision whether or not to participate in the study, that no harm is caused due to participation, that informants are told the truth about the nature of the study and privacy is maintained so that all information is anonymous. The information will remain confidential in such a way that it can not be linked to specific individuals. Information has not been given to third parties without permission. (Talbot 1995, 50)

Informants wrote the narratives on their free will without being forced to choose their answers from a preset format. The only instructions given were to answer the questions in a written form according to their own experiences. The informants of the study were told that they could withdraw at any moment if they so wished.

Nonmalefience means that the individual does not have any harmful intentions against the other person in the process or as a result of the study. Nonmaleficience as an action guiding principle of conduct has considerable importance in health care contexts. (Fry & Johnstone 2002)

The principle of nonmaleficience states that no harm will come to the subject participating in the research study. The risk of harm to a research subject can take many forms as exposure to injury beyond everyday situations, including physical, emotional, legal, financial, or social harm. The nurse researcher must do everything possible to minimize such risks in a research study. (Talbot 1995)

Informants took part in the study on their free will to contribute to the development of the ideal nursing environment in Kolmiosairaala. It was made clear to informants that there would be no financial gain out of the study and the information given by them would be used for learning purposes and further development. They were assured that the information received in form of narratives would be destroyed after being analyzed.

In *beneficience,* the nurse researcher balances the associated benefits and risks of the subject's participation in the study. The benefits should outweigh any associated risks. *Benefience* is the instance where the individual acts to prevent harm or remove harmful conditions and promote positive benefit for others. (Fry & Johnstone 2002)

The principle of *justice* states that equals should be treated equally and those who are unequal should be treated differently according to their needs. *Justice* is seen as treating everyone equally and giving what is due to everyone involved. (Fry & Johnstone 2002)

Samples and populations for a research study should be selected equally from all populations. (Talbot 1995) Informants of the study were selected evenly from each of the seven polyclinics joining the new Kolmiosairaala. Equal opportunity for the registered nurses to participate in the study was given to all the polyclinics. From each of the units two registered nurses were asked to participate in the study. The ward manager's task was to facilitate the two registered nurses willing to participate in the study.

5.2 Trustworthiness

Issues of ethicality and trustworthiness have been taken into consideration throughout the entire thesis process. To achieve trustworthiness four objectives must be attained: *credibility, transferability, dependability, and confirmability.* (Talbot 1995,488)

Credibility rests on whether the data has the power to elicit belief; do others believe what has been said. The credibility of a research project relies in part on the broad applicability of its findings. Validity indicates that the conclusions which have been drawn are trust-worthy. There is a clear relationship between the reality that is studied and the reality that is reported, with cohesion between the conceptual frameworks, questions asked, and findings evident. Conclusions need to be justified from what was found, and that which was found needs to accurately reflect what was being studied. (O'Leary 2004)

In dealing with *credibility* the goal is to increase the possibility that the research will produce credible results. *Credibility* ensures that the researcher has developed plausible interpretations and conclusions. Credibility meets the criteria of validity as described by Goetz and LeCompte (1984): "Validity is concerned with the accuracy of scientific findings. Establishing validity requires determining the extent to which conclusions effectively represent empirical reality and assessing whether constructs

devised by researchers represent or measure the categories of human experience that occur." (Talbot 1995)

For research to have the potential to create new knowledge, it must be seen as credible. In other words, it must have the power to elicit belief. Research that is not seen as credible is unlikely to be accepted as a contribution to a larger body of knowledge. Outside the research world, credibility can come from that which is believable, convincing, plausible, likely, probable, and realistic. But within the research world, credibility takes on a more specialized meaning demonstrated by indicators such as *reliability, validity, authenticity, neutrality, and au*ditability. Such indicators point to research that has been approached by disciplined rigorous inquiry. It is therefore likely to be accepted as a valued contribution to knowledge.

In qualitative research the idea of validity and reliability that has gained the most acceptances among all researchers is the concept of trustworthiness developed by Lincoln and Guba (1985).

The indicator of *validity* would be appropriate if one believes that there is only one truth that can be uncovered and understood, while authenticity is more likely to be appropriate if one believes that there may be more than one version of any event, and that truth is dependent on context. *Authenticity* is concerned with truth values, but allows for an expansion of the conventional conception of singular truths. Authenticity indicates that while the links between conceptual frameworks, questions, and findings may lead or not lead to a single valid truth; rigour and reflexive practice have assured that the conclusions are justified, credible, and trustworthy. It is therefore expected that research be a process that is both open and accountable. Others should be able to assess whether the methods and approaches used by researchers logically lead to the conclusions drawn. (O'Leary 2004).

In this study *authenticity* of the data was achieved instead of validity because the methodology used was narrative thus this implies that every informant is telling their own personal truth about their experiences. It is not possible to speak about validity because there is no one universal truth when interpreting the experiences of different informants, each informant constructs their own way of experiencing the world, in this case the ideal nursing environment. Therefore in this study each answer must be considered as authentic and can be seen as such because research methodology was followed according to protocol.

Objectivity has long been a standard benchmark in scientific research, indicating that judgements, findings, and conclusions are completely independent of personal subjectivities. Objectivity implies distance between the researcher and the researched, suggesting that relationships are mediated by protocol, theory, and method. This standard exists in order to prevent personal bias from contaminating study results. (O'Leary 2004)

This study meets the criteria for *objectivity* because none of the registered nurses or the group members carrying out the study had any kind of professional or personal relationship, within the studied environment or outside of it.

Neutrality is very similar to objectivity, but more explicitly recognizes that most researchers have some positioning in relation to their research topics, making objectivity problematic and perhaps unachievable. The desire to keep findings and conclusions free from bias, however, still remains and is addressed through a process of recognizing, naming, and developing strategies for counteracting identified subjectivities. Neutrality demands that researchers reflect on their own subjective positioning and attempt to mediate them in order to be true to the research process. This indicator suggests that the researcher has engaged in reflexive practice that considered issues of personal positioning (O'Leary 2004)

The indicator of *auditability* points to full explanation of methods so that others can trace the research process and appreciate how and why researchers came up with their data, findings, and conclusions. All research, regardless of paradigm, approach, or methods, should be auditable. It is expected that research be open and transparent. Readers should not be left in the dark in relation to any aspect of the research process. The explanation of the process should contain sufficient details of the research context, the researched, and the methods used to collect and analyze data so that other researchers can evaluate or audit the original research process. (O'Leary 2004)

In the previously mentioned methods section of this bachelor's thesis there is a detailed explanation of the research process from the beginning to the end, allowing the reader to follow the process step by step.

The proliferation of smaller-scale studies focusing on the collection and analysis of primarily qualitative data has led to the need for indicators such as transferability – whether lessons learned have relevance to other settings or populations. *Transferability* can be a useful indicator of applicability. Rather than make claims about populations, transferability highlights that lessons learned are likely to be applicable in alternative settings or across populations. The indicator of transferability suggests that researchers have provided a highly detailed description of the research context and methods so that determinations regarding applicability can be made by those reading the research account. (O'Leary 2004)

Transferability allows someone other than the researcher to determine whether the findings of the study are applicable in another context or setting. This is accomplished by providing a detailed data base and thick description, a description that enumerates everything that another would need to know to comprehend the researcher's conclusions. This means that the descriptive data should provide the widest possible range of information for inclusion in the thick description (Talbot 1995).

Transferability has been achieved in this study by explaining in depth the concepts of environment and client-centred care, which are central to the topic of the study of nurses' experiences of an ideal nursing environment in Kolmiosairaala based on client-centred care.

Confirmability is described as a process of developing an audit trail of the researcher's decisions. (Lincoln & Guba 1985) *Confirmability* guarantees that the findings, conclusions, and recommendations are supported by the data demonstrating that there is an internal agreement between the investigator's interpretations and the actual evidence. This also is accomplished by incorporating an audit procedure in the study (Talbot 1995).

In this study, *confirmability* has been achieved because it is possible to follow the thesis process in a logical manner and within this process there is a coherent relationship between the data extracted from the narratives and the theory to which it was related through the inductive analysis method.

Two indicators, *reliability* and *dependability* are offered to assess consistency and quality control in the research method. Reliability is based on the notion that there is

some sense of uniformity or standardization in what is being measured. This means that methods need to consistently capture what is being explored. Reliability is thus the extent to which a measure, procedure, or instrument provides the same result on repeated trials.

Dependability assumes that what is being studied may not be reliable, consistent, or standard – or that capturing what is seen as standard may not be possible. *Dependability* indicates quality assurance through methodological protocols that are developed in a manner that is consistent, logical, systematic, well-documented, and designed to account for research subjectivities. The indicator of *reliability* gives an assurance that the tools used will generate consistent findings. (O'Leary 2004)

In this study dependability was achieved in the sense that the methods used were logical, consistent and systematic. Reliability of the findings was seen by having consistency and repetitiveness in the narratives.

Dependability enables someone else to follow logically the process and procedures which were used in the study. It is achieved by using an auditor, a person who inspects the inquiry process and determines it to be authentic. *Dependability* refers to examining the process and the product of the research. It is suggested that *dependability* and *confirmability* can occur simultaneously. (Talbot 1995)

The polyclinic ward managers and the nursing manager representing the Kolmiosaairala project will be given a copy of the bachelor's thesis or a written synthesis of the main findings after the final version has been approved by the thesis tutors. The final work will be presented during the evaluative thesis seminars at Laurea and afterwards it will be published. A copy of the thesis will be available at the Otaniemi library of Laurea University of Applied Sciences.

5.3 Discussion of the Findings

This study was carried out due to an interest to promote an ideal nursing environment for the new hospital Kolmiosairaala considering client-centred care. The purpose of the study was to find out and describe registered nurses' experiences of an ideal nursing environment in Kolmiosairaala based on client-centred care.
The data was collected from the seven HUS polyclinics joining Kolmiosairaala.

Fourteen registered nurses were invited to take part in the study, from the initial number of informants a total of eight replies were received. The informants described their experiences in written narratives by answering the thematic questions given to them. Once the data was gathered it was carefully read through and broken down in to themes. The data was analyzed by means of inductive analysis. In this way, the data collected from narratives was described and conceptualized. Inductive analysis allowed for the construction of general themes based on specific data resulting from the findings.

All of the hospital wards that informants of this study work at are transferring to Kolmiosairaala in the future. It was surprising to find out that although Informants knew about moving to Kolmiosaiaala they did not know any details such as the new hospital mission and its goals in providing health care for HUS area clients. However the informants had a positive attitude towards the future wishing for a good working environment that supports the work of nurses in daily activities.

Creating a supportive environment should not be analogous to creating an environment that is artificial or foreign to an institution; it should fit within an institution's mission and goals and within its daily experiences and functions. The environment infiltrates all systems and all structures, it is purposeful, and it protects the functions of the client and the client system. It includes self-esteem, values, beliefs, and energy exchanges. (Meleis 2005)

A health care environment evolves around the client who is the recipient of health care services from others who have been designated as health care providers. The health care environment of a client can exist for a short duration such as for a patient in a hospital for an episode of acute illness or for a long, extended duration such as for a patient in a nursing home or in a long-term care institution. Environment affects human conditions and experiences such as health, illness, happiness, or growth (Kim 2000).

Based on the registered nurses experiences the aspect of environment was described mostly as a physical one whereas the other aspects were vaguely brought up. The concept of client-centred care was not directly addressed by the informants of the study but mentioned briefly as a consequence of an ideal environment. Therefore, by reviewing and interpreting the narratives several thematic areas were generated. These thematic areas were *adequate environment, assuring quality care, optimal environment, client-centred care, access to information, services and professionals,*

and sufficient resources.

In the narratives the nurses expressed repeatedly the importance of having an environment which is made up of ergonomic space, space which is flexible to the demands of the situation. When the nurses related their ideas of an adequate environment they mentioned having sufficient space and an organized environment. This meant that supplies would be located close at hand to where the patient care takes place. They also expressed the need for the different professionals working at the hospital ward to have their offices located next to each other to facilitate the care giving process.

A person is specifically in a health care environment when one is in need of health care services and assumes the role of a health care client. Hence the health care environment needs to be specifically conceptualized in the nursing perspective for knowledge development of phenomena in the client, client-nurse and practice domains. From the nursing perspective, the health care environment is an important concept to consider in understanding and explaining clients' health care experiences. On the other hand, the health care environment may also be the source for positive influence for clients' recovery and illness experiences. Health care environment is also the context in which client-nurse interaction takes place. Various elements of the health care environment may influence the duration, nature, and quality of client-nurse interaction positively or negatively. Nurses must practice together with other nurses and health care providers, under the given organizational and institutional constraints within the context of the cultural, professional and social symbolic system. (Kim 2000)

Findings showed informants considered that clients need different types of stimuli throughout their hospitalization in order to adapt to the environment and to facilitate their recovery. Some of the external stimuli are DVDs, mobile telephones, magazines, canteen services, information automats and library services. Access to information, services and professionals was desired in order to facilitate better collaboration enhancing quality care. All these external stimuli promote internal stimuli which in turn promote clients' well-being, interaction and adaptation to the environment.

Levine (1973) conceptualized a human being as an adaptive being, in constant interaction with the environment, whose behaviours are integrated wholes in response to internal and external environmental stimuli. Nurses are interested in integrated responses of whole patients to harmful stimuli, particularly when the individual is not

able to adapt behaviour to environmental demands. Nursing is expected to create an atmosphere to encourage healing, and to promote adaptation. Levine provided a detailed description of environment, describing dimensions of environment as internal and external. Responses of human beings emanate from the internal environment. Both the internal and external environments have an influence upon each other, and the internal environment is constantly challenged to meet the external environment's demands. (Meleis 2005)

Nurses in this study mentioned several times the idea of having more light, colour and space in the hospital ward. An optimal environment included a peaceful and quiet space. The nurses associated the optimal environment for the clients as one that included client rooms that had their own bathroom and shower. The informants mentioned that an ideal hospital is easy and pleasing to come to.

A feature of hospital care is that nurses are in constant contact with patients. Nurses not only share the same environment but are also largely responsible for shaping the physical and psychological setting in which healing takes place. The nurses concern is to manage the environment in which the patient is situated. Nightingale observed: "...nursing has been limited to signify little more than the administration of medicines and the application of poultices. It ought to signify the proper use of fresh air, warmth, cleanliness, quietness and the proper selection and administration of diet all at least expense of the vital power of the patient...the symptoms or sufferings generally considered to be inevitable and incident to the disease are very often not symptoms of the disease at all". In the hospital ward an attempt is made to create a homely environment in various ways. Pearson's research on nursing found that factors which influence the clients' perceptions of environment in a hospital includes the use of carpeted sitting rooms, with soft lightning and hanging plants, and encouraging relatives to bring in some of the clients' personal belongings. (Pearson 1992)

Nurses expressed that one way to relieve client anxiety was to provide customer service through telephone conversations which included giving guidance to the clients. They thought that it was important to focus on the clients' needs and try to satisfy them according to the clients' own necessity. In establishing a beneficial social environment the nurses took into account the clients' daily rhythm with respect to meal times and sleep. In an ideal hospital the nurses expressed the need for having a social space both for the nurses and for the clients. This social space fosters interaction between the clients. Whereas the social space for the nurses was seen as the space where

they could have their meetings and this space would also serve as a flexible space which could be used as a break room.

Some of the most powerful therapeutic effects nurses can exert on clients are through their effect on the organisation of the social environment. Nurses can do much to help alleviate the stress of the newly admitted client whose anxiety is typically at its highest on admission. Change in the environment itself can produce an adverse effect on the person. At the hospital wards the aim is to offset this by allowing the client to work out his or her daily schedule with the nurse as a priority over often unnecessary routines. Other direct attempts to foster a healing setting are in the invitation for clients and hospital staff to eat together, the nurses choosing not to wear uniforms, and the organisation of events by the activities organizer (Pearson 1992).

In the narratives the nurses emphasized the importance of satisfying clients' needs and involving them in their care. The nurses also felt they needed to be available for the clients providing them with guidance and help and support. The nursing goals should be shared and client-centred. Collaboration between nurses, other health care professionals and clients should be done in a fluid matter. Nurses should act as advocates for their clients promoting their rights and well-being.

Within the social context of nursing practice, it is clear that the environment of health care produces specific meanings and contents to a client who is inadvertently affected by individuals in the situation. Nurses, as social objects, are the sources of affection, information, and appraisal to the client. Nurses provide a client with warmth, personal attachment, or emotional neutrality. They impart new knowledge about health and health care and appraise the client's behaviors as appropriate or inappropriate, dispensing approval or disapproval. Clients, especially in nurse-controlled settings such as hospitals, are vulnerable to nurses' decisions to be an immediate part of their social environments, for clients are potential or sometimes unavoidable social objects of the nurses' environments. (Kim 2000)

According to Myra Levine (1967) society is viewed as the total environment of the individual, including family, significant others, and the nurse. According to Roy (1976) environment constantly interacts with the individual and determines, in part, adaptation level. Stimuli originate in the environment. (Chinn & Kramer 1999)

In this study the concept of family and significant others came out just once. The informants of the study did not consider this aspect in their narratives, concentrating rather on other aspects of the environment.

The social commitment of nursing is to contribute to health by focusing on life processes of persons in their environments. Environment as a domain in nursing has been described as all that influences people and their health. In particular, environment refers to the person's physical surroundings, warm or cold, comfortable or plain, and the people in one's life whether they are supportive or indifferent. The content of nursing knowledge focuses on persons and how they interact with their environments to enhance well-being and human integrity whether sick or well. Nursing knowledge also looks at patterns of human behaviour within particular environments, and at various critical periods of life. Nursing knowledge deals with ways in which people can bring about positive changes in their interactions with the environment to promote health. (Roy & Andrews 1999)

Nurses expressed the need for a seamless flow of the client care path. This occurs through collaboration with all the parties involved in the clients care, including the multi-professional team in the hospital ward, the clients and the third sector. Access to information, services and professionals was a concern for the nurses for creating an ideal nursing environment so that client-centred care would occur. Nurses hoped for a system in the future where professionals would be expertise centred which would in turn enhance well functioning client-centred care.

The meaning of symbolic environment is closely connected with the "sociality" of human history and concurrently with social environment. Symbolic environment is composed of shared ideas on various levels: cultural values, scientific knowledge, social norms, and role expectations, among others. Symbolic environment has meaning for human life to the extent that our behaviors and human happenings are modified and patterned by them, and insofar as the person is able to take in the meanings of symbols.

Symbolic environment allows a client to behave in the right ways, while it permits a nurse to provide reinforcements for these behaviors. Symbolic environment provides a common reference point from which individuals in social as well as in solitary circumstances recognize and perform valued actions. Symbolic environment has three specific components. The first component refers to cultural values and social norms

regarding health behaviors. Social conscience as a form of symbolic environment provides a context in which members of a society evaluate the quality of life and behavioral consequences – thus the occurrence of actual illness conditions and labeling of them are influenced by moral forces in societies. The second component of the symbolic environment encompasses elements of social institutions, such as science, education and policy. Scientific knowledge and technology are the major institutional elements that constitute a set of shared ideas in this sense. This component of symbolic environment provides a general frame of reference from which a certain level of expectations for control and recovery from illness is formulated in individuals. Health care providing behaviors appear to be different according to institutionalized structures of health care in different societies. The third component of the symbolic environment is more closely tied to social situations and refers to rules of behaviors for social roles. Individuals who come together in a social situation assume certain social roles that are congruent with the situation, and behave in accordance with mutual expectations and rules that have been socially learned. The role expectations of helper and helped are also socially derived and usually known to client and practitioner who come together in service settings. (Kim 2000)

With regards to cultural values relating to the symbolic environment the informants of the study did not express any specific cultural values that influences there form of giving client-centred care in the nursing environment. With consideration to scientific knowledge and technology there was little mention of a need for further development in nursing. This was surprising because nursing care today is moving towards evidence-based care which implies that the current evidence and scientific knowledge needs to be continuously considered and evaluated in order to provide the best possible standards of client-centred care. In the narratives nursing knowledge directly mentioning client-centred care was not seen as a major theme. This possibly did not come out because client-centred care is a fairly recent concept in the nursing literature and the majority of informants in the study had been in the nursing profession for quite some time, this lead us to ponder whether or not nursing has evolved from a task oriented profession to one that has a holistic view with the client as the centre of care. Within narratives there was not a clear description on how the informants delivered client-centred care with regards to the nursing process.

The Picker Institute, a research institute that deals with the study of alternative future scenarios in areas such as health care has identified several prime aspects of client-centred care. Firstly, there is the respect for the client's values, preferences and expressed needs. This dimension is best expressed through the phrase, "Through the Patient's [client's] Eyes" and leads to shared responsibility and decision-making. Then, there is the coordination and integration of care. This dimension addresses team medicine and giving clients support as they move through different care settings for prevention as well as treatment. The following dimension is information, communication and education. This includes advances in information and social technologies that support clients and health care providers, as well as the cultural shifts needed for healthy relationships. The client's physical comfort is also taken into account. This dimension addresses individual, institutional and system design (i.e. pain management, hospital design, and type and accessibility of services). Finally there is the emotional support, the empathy and the emotional well-being which are as important as evidence based medicine in a holistic approach. (Picker Institute 2004)

5.4 *Further Considerations*

An important issue brought up in this study was knowledge that there is a need of better channels of communication between the HUS polyclinics joining Kolmiosairaala and the Kolmiosairaala project organization committee. In this way, the results of the study drew attention to the possible lack of knowledge of a vision of the future as a nurse professional.

For the future a pilot study could be done to enhance more data or perhaps to refine the research question to make sure it is understood in the same way by both the informants and the students involved in carrying out the study. This conclusion was drawn as the answers received were superficial, not concentrating on the whole aspect of the environment but only on the physical aspect. This was intriguing since the nurses interviewed had many years of experience working in an environment where there is client contact everyday.

Once the Kolmiosairaala has been completed and all the planned wards functioning, it would be interesting to carry out a new study having the same thematic questions in order to describe the new environment and compare the findings of that present situation with the ideals proposed in the past (e.g. this study conducted in 2008). The purpose of a new study would be to evaluate whether or not the registered nurses who

participated in this study had their voices heard as part of a multi-professional care environment.

Environment, and all the elements contained within it, is an important nursing concept which needs to be actualized and improved so that better nursing care can be provided for the clients' and the nurses can work in optimal conditions which will promote quality care. One possible way to bring about this future change is through further professional development which should be grounded in evidence-based care.

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Dear study informants,

Please find attached the thematic questions we would like you to answer as part of our thesis data collection for the research we are conducting as part of the Kolmio Sairaala project in HUS.

We would like you to answer the two thematic questions in an essay form. We will be using a narrative method to analyse the experiences you describe for us. We will also ask a few background questions to help us with classifying the data.
Please give as complete answers as possible to the best of your knowledge based on your experience. We would appreciate as much information as possible. You may answer the questions on the papers provided.
You will have three weeks to answer the questions. We will pick up the completed essays on _____.

Your participation in this research is voluntary, you may withdraw at anytime. Your confidentiality and anonymity will be guaranteed according to ethical guidelines of research set out by Laurea AMK.
If you have any questions regarding this research please feel free to contact us. We have supplied your ward manager with our contact information.

Thank you for your cooperation!

Anu Alaluusua
Cristina Dorobantu
Marites Kuittinen
Tarja Mansikka

Appendix 1- Background information

Please mark the appropriate answer

Gender:

female ( )
male ( )

Age:

20-29 ( )
30-39 ( )
40-49 ( )
50+ ( )

Work experience:

0-4 years ( )
5-9 years ( )
10-19 years ( )
20+ years ( )

Nationality:

Finnish ( )
Non-Finnish ( )

Appendix 2- Taustatiedot

Olkaa hyvä ja merkitse sopivin vaihtoehto

Sukupuoli:

nainen ( )
mies ( )

Ikä:

20-29 ( )
30-39 ( )
40-49 ( )
50+ ( )

Työkokemus:

0-4 vuotta ( )
5-9 vuotta ( )
10–19 vuotta( )
20+ vuotta ( )

Kansalaisuus:

Suomalainen ( )
Muu ( )

Appendix 3- Thematic Questions:

1) Could you kindly describe an ideal nursing environment in Kolmiosairaala from your perspective?

2) How would you describe the client-centred care as part of nursing environment in Kolmiosairaala?

Appendix 4- Haastattelun Kysymykset:

1) Voisitteko ystävällisesti kuvailla essee muodossa ihanteellisen hoitoympäristön Kolmiosairaalassa sairaanhoitajan näkökulmasta?

2) Miten kuvailette essee muodossa asiakaskeskeisen hoitoympäristön osana työtäsi Kolmiosairaalassa?

Appendix 5- Letter of permission for narrative data collection

Dear Ward Manager

We are a group of students in the nursing degree programme at Laurea University of Applied Sciences. We are doing research for our thesis as part of Kolmiosairaala project. The working title of our thesis is ‘’Nurses’ experiences of an ideal nursing environment in Kolmiosairaala based on client-centred approach.’’ As part of our research we are planning to collect data through the narrative method from two registered nurses working in your polyclinic. The purpose of our narrative is to gather information that will provide us with knowledge with respect to our research questions. The thematic questions, attached together with the letter, will be answered in an essay form as part of the narrative method. Furthermore a copy of our research plan will be included.

In this way, we are writing this letter to kindly request your permission to collect data from two registered nurses from your polyclinic. The data collection will be done on the nurse’s free will. It is in our responsibility to protect the nurse’s identity when handling the data, by assuring his/her anonymity and confidentiality. Direct quotations will be used only with the participant’s permission. After analyzing the data the information will be destroyed.

Do not hesitate to contact us for further information: firstname.lastname@laurea.fi and/or our thesis supervisors Anna-Liisa.Pirnes@laurea.fi ; Pirjo.Korhonen-Kivinen@laurea.fi

Thank you for considering this request.

Sincerely yours,

Anu Alaluusua, Cristina Dorobantu, Marites Kuittinen, Tarja Mansikka

The above request is approved with the understanding that full credit will be given to the source.

Approved by Place and Date

Appendix 6- Tutkimuslupapyyntö

Arvoisa vastaanottaja

Olemme ryhmä opiskelijoita Laurea Ammattikorkeakoulun kansainvälisessä hoitotyön koulutus ohjelmassa. Teemme tutkimusta opinnäytetyötä varten Kolmiosairaala hankkeessa. Opinnäytetyön nimi on ’’Sairaanhoitajien odotukset ihanteellisesta hoitoympäristöstä Kolmiosairaalassa pohjautuen asiakas-keskeiseen työskentelyyn” Osana tutkimusta haluaisimme kerätä naratiiveja jotka tuottavat tietoa tutkimustamme varten kahdelta sairaanhoitajalta teidän yksiköstänne. Naratiivisen metodin temaattisiin kysymyksiin, jotka ovat tämän kirjeen liitteenä, vastataan kirjallisesti, essee muodossa. Lisäksi liitämme oheen tutkimus suunnitelmamme.

Tällä kirjeellä pyydämme lupaa kerätä tietoa kahdelta sairaanhoitajalta yksiköstänne. Tietojen keräily tehdään sairaanhoitajan vapaalla suostumuksella. Noudatamme Laurea AMK opinnäytetyön eettisiä ohjeita joten suojelemme sairaanhoitajan identiteettiä käsiteltäessä kerättyä aineistoa luottamuksellisesti ja nimettömästi. Suoria lainauksia käytetään vain osallistujan suostumuksella. Aineiston analysoinnin jälkeen kerätty tieto hävitetään.

Älkää epäröikö ottaa yhteyttä opiskelijoihin: etunimi.sukunimi@laurea.fi ja/tai opinnäytetyö ohjaajiin Anna-Liisa.Pirnes@laurea.fi ; Pirjo.Korhonen-Kivinen@laurea.fi

Kiitos pyyntömme huomioon ottamisesta.

Kaikella kunnioituksella,

Anu Alaluusua
Cristina Dorobantu
Marites Kuittinen
Tarja Mansikka

Annan suostumukseni edellä mainittuun haastattelupyyntöön:

Hyväksyjä Paikka ja pvm

Appendix 7- Letter of permission for narrative data collection

Dear Nurse Manager Riitta Vuorinen,

We are a group of students in the nursing degree programme at Laurea University of Applied Sciences. We are doing research for our thesis as part of Kolmiosairaala project. The working title of our thesis is ‘’Nurses’ experiences of an ideal nursing environment in Kolmiosairaala based on client-centred approach.’’ As part of our research we are planning to collect data through the narrative method from 14 registered nurses working in the seven internal medicine polyclinics (2 from each polyclinic) of HUS which are joining Kolmiosairaala. The purpose of the narratives is to gather information that will provide us with knowledge with respect to our research questions. The thematic questions, attached together with this letter, will be answered in an essay form as part of the narrative method. Furthermore a copy of our research plan will be included.

In this way, we are writing this letter to kindly request your permission to carry out our research for our thesis. We would like to start our data collection as soon as possible. The data collection will be done on the nurse’s free will. It is in our responsibility to protect the nurse’s identity when handling the data, by assuring his/her anonymity and confidentiality. Direct quotations will be used only with the participant’s permission. After analyzing the data the information will be destroyed.

Do not hesitate to contact us for further information: firstname.lastname@laurea.fi and/or our thesis supervisors Anna-Liisa.Pirnes@laurea.fi ; Pirjo.Korhonen-Kivinen@laurea.fi

Thank you for considering this request. We would appreciate a written approval via e-mail to be sent either to us or to our supervisors.

Sincerely yours,

Anu Alaluusua, Cristina Dorobantu, Marites Kuittinen, Tarja Mansikka

The above request is approved with the understanding that full credit will be given to the source.

Approved by Place and Date

Appendix 8- Tutkimuslupapyyntö

Arvoisa ylihoitaja Riitta Vuorinen,

Olemme ryhmä opiskelijoita Laurea Ammattikorkeakoulun kansainvälisessä hoitotyön koulutus ohjelmassa. Teemme tutkimusta opinnäytetyötä varten Kolmiosairaala hankkeessa. Opinnäytetyön nimi on ’’Sairaanhoitajien odotukset ihanteellisesta hoitoympäristöstä Kolmiosairaalassa pohjautuen asiakas-keskeiseen työskentelyyn” Osana tutkimusta haluaisimme kerätä naratiiveja jotka tuottavat tietoa tutkimustamme varten kahdelta sairaanhoitajalta teidän yksiköstänne. Naratiivisen metodin temaattisiin kysymyksiin, jotka ovat tämän kirjeen liitteenä, vastataan kirjallisesti, essee muodossa. Lisäksi liitämme oheen tutkimus suunnitelmamme.

Tällä kirjeellä pyydämme lupaa kerätä tietoa kahdelta sairaanhoitajalta sisätautien toimialojen eri poliklinikoilta jotka liittyvät Kolmiosairaalaan. Haluaisimme ryhtyä tiedon keräämiseen mahdollisimman pian. Tietojen keräily tehdään sairaanhoitajan vapaalla suostumuksella. Noudatamme Laurea AMK opinnäytetyön eettisiä ohjeita joten suojelemme sairaanhoitajan identiteettiä käsiteltäessä kerättyä aineistoa luottamuksellisesti ja nimettömästi. Suoria lainauksia käytetään vain osallistujan suostumuksella. Aineiston analysoinnin jälkeen kerätty tieto hävitetään.

Älkää epäröikö ottaa yhteyttä opiskelijoihin: etunimi.sukunimi@laurea.fi ja/tai opinnäytetyö ohjaajiin Anna-Liisa.Pirnes@laurea.fi ; Pirjo.Korhonen-Kivinen@laurea.fi

Kiitos pyyntömme huomioon ottamisesta. Toivoisimme kirjallisen suostumuksen toteuttaa tutkimuksen. Voisitteko lähettää vastauksenne sähköpostilla joko meille opiskelijoille tai opinnäytetyön ohjaajiille.

Kaikella kunnioituksella,

Anu Alaluusua, Cristina Dorobantu, Marites Kuittinen,Tarja Mansikka

Annan suostumukseni edellä mainittuun haastattelupyyntöön:

Hyväksyjä Paikka ja pvm

Appendix 9- HUS Research Permission

HELSINGIN JA UUDENMAAN SAIRAANHOITOPIIRI HYKS-sairaanhoitoalue 2008 Medisiininen tulosyksikkö	TUTKIMUSLUVAN MYÖNTÄMINEN § 15 05.02.2008	1 Dnro 18/2008

Hakija	Sh-opiskelija Anu Alaluusua Laurea AMK Metsänpojankuja 3 00250 Espoo
Esittelijä	Johtava ylihoitaja Ulla Eriksson
Asia	**TUTKIMUSLUVAN MYÖNTÄMINEN SH-OPISKELIJA ANU ALALUUSUAN OPINNÄYTETYÖLLE "NURSES' EXPERIENCES OF AN IDEAL NURSING ENVIRONMENT IN KOLMIOSAIRAALA BASED ON CLIENT-CENTERED CARE"**
Tutkijat/tutkimusryhmä	Anu Alaluusua, Cristina Dorobantu, Tarja Mansikka, Marites Kuittinen
Perustelut	Tämän tutkimuksen tarkoituksena on selvittää hoitajien näkemyksiä Kolmiosairaalan ihanteellisesta ympäristöstä asiakkaan näkökulmasta. Tutkimukseen osallistuu yhteensä 14 sairaanhoitajaa kaikista Kolmiosairaalaan siirtyvistä Medisiininsen tulosyksikön klinikoista. Opinnäytetyön ohjaajina toimivat Anna-Liisa Pirnes ja Pirjo Korhonen-Kivinen Laurea AMK:sta. HUS-vastuuhenkilöksi on lupautunut ylihoitaja Riitta Vuorinen.
Päätös	Edellä olevan mukaan päätän, että sh-opiskelija Anu Alaluusualle ja tutkimusryhmälle myönnetään lupa kyselytutkimukselle seitsemän Kolmiosairaalaan siirtyvän Medisiinisen yksikön 14 sairaanhoitajalle ajalle 6.2. - 30.4.2008.
Ehdot	Tutkimuksesta tulee sen valmistuttua toimittaa lyhyt yhteenveto johtava ylihoitaja Ulla Erikssonille sekä ylihoitaja Riitta Vuoriselle.
Sovelletut oikeusohjeet	HUS Yleiskirjeet 22/2000 Tutkimuslaki 488/1999; muutos 2004 Henkilötietolaki 523/1999
Päätösvallan peruste	HUS Yleiskirje 22/2000; toimialajohtajan päätösvallan siirto § 124/2006

Reijo Tilvis
Vastaava ylilääkäri, EVO tutkimus, klinikkaryhmä 5, HYKS Sisätaudit

Tiedoksi	Sh-opiskelija Anu Alaluusua Johtava ylihoitaja Ulla Eriksson Ylihoitaja Riitta Vuorinen Sisätautien ylihoitajat sähköpostilla
Lähetetty tiedoksi	11 / 2 2008
Lisätietoja antaa	Toimistosihteeri Marja Tolonen, p. 471 71474, 69667, PL 340, 00029 HUS