

Health Check-Ups for Unemployed

A Pilot study of a Nurse's point of view in Central
Finland

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Abstract <p>This study was a pilot study conducted in order to find out nurse's perspective about the way health care services for the unemployed are organized in Central Finland's Health Care District. The purpose was to provide information for further studies and possibly improve the health check-ups for unemployed. The research tried to found out how the health check-ups for unemployed were organized, and the influence of earlier projects to the services for unemployed.</p> <p>The study was a qualitative research, and it was carried out by in-depth interview. One public health nurse with four years working experience with unemployed health check-ups was interviewed.</p> <p>Results indicate that Wire-project had influenced the structure of unemployed health check-ups. Additional education considering the health of unemployed would be needed, and occupational health nurse specialist studies would meet the needs of assessing health of unemployed. Time and employee resources were challenging in the work, but on the other hand working conditions and equipment were sufficient.</p>		
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1. Introduction

Differences in health have a relationship with socio-economic level of a person. According to the review of Heponiemi, Walhström, Elovainio, Sinervo, Aalto & Keskimäki (2008, 11), in many scientific studies (Jin, Shah & Svoboda 1995; McKee-Ryan, Song, Wanberg & Kinicki 2005; Shortt 1996; Weber & Lehnert 1997), it has been noticed that unemployed people have worse health status than employed ones. Especially, long-term unemployment increases the risk of diseases, but also a bad health decreases the possibilities to get employed; this is a continuous circle. The reasons for the worse health of the unemployed seem to include factors such as life habits, psychosocial and economic resources, and also the usage of services. Unemployed do not have similar possibilities as employed ones to take care of their health, because they are outside of the free occupational health care, which is offered for working people. They have to use either the services of the private sector, or those of the community. It has been found out that those with worse health status and economy may not be able to use the services they would need. This increases the inequalities in health. (TEM raportteja 10/2011, 7.)

Many projects and programs, for example Development Project of the Health Care for Long-Term Unemployed (Pitkäaikaistyöttömien terveydenhuollon kehittämishanke, PTT-project), have been implemented during recent years. Also, money supplements have been given to the municipalities, and the change in the Health Care Act has been made in order to narrow the differences in health caused by different socio-economic backgrounds. Unemployed have their special needs in health, and health care professionals providing care to this social group have to be aware of those special needs.

This research aims to find out the nurse's perspective about the way that health care services for the unemployed are organized in Central Finland's Health Care District. This study was done as a pilot study with the purpose of providing information that could be used as the basis for further studies about the health care services for the unemployed. The purpose was also to provide information in order to improve the existing health care services.

2. Health and unemployment

2.1 Health

Health can be seen as a wide concept of physical, mental and social well-being. In year 1948, WHO (2003) defined health as follows: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." However, the definition was thought being broad and impossible, so in the year 1998, WHO modified it to a form "Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity" as a reply to criticism given (Torppa 2004, 47). Health is a process that is affected by possible diseases, and physical and social environment. Despite the official definitions, the most important definition of health is the one each and every individual experiences, and defines by oneself. Therefore, every individual can experience the health differently. Usually, the more people have control over their life, the healthier they feel. (Huttunen 2012.)

WHO defines the determinants of health in three categories: the social and economic environment, the physical environment, and the person's individual characteristics and behavior. The social and economic environment includes income, social status, level of education, quality of social support network, and level of employment, which all have effects to health. The physical environment means the state of the place people live in. In general, clean water, unpolluted air, safe housing and community, and a working place where a worker have control over the working conditions, improve the health status. The third category is a person's individual characteristics and behavior, which includes genetics, gender, lifestyle and coping skills. People cannot control all the determinants of health, hence inequalities in health exist. (The determinants of health 2014.)

2.2 Unemployment

An unemployed person is described as a job seeker without a working contract. Full-time students and entrepreneurs are not count as unemployed job seekers. Those, who are totally laid off of their work, or are regularly working less than four hours per week, are considered as unemployed. (Työttömät työnhakijat 2013.) Long-term unemployed is defined as a person who has been unemployed for 12 months in a row (Pesola 2010, 3).

The most important single challenge in social policy is to decrease poverty and social exclusion related to that (Saari 2005, 7). In Nordic countries, as in Finland, municipalities are responsible for providing basic services to its inhabitants, and the states take mainly care of transfer payments. Key component is that services are not depending on person's wealth. All services that are provided to citizens such as education, healthcare and social services, should be equal and common to

everybody. Extensive public sector with high taxes, active labor policy and right to basic income are a few aspects that are common in welfare politics. (Häkkinen, Jaakkola, Kuivalainen & Palola 2001, 8)

According to Eurostat (2014), the Statistical Office of the European Union, the unemployment rate was 12,1% in Euro area, and in the area of 28 European Union's countries it was 10,9% in November 2013. Finland places itself below average, as its unemployment rate was 8,4%, and the United States' unemployment rate was 7,0% in November 2013.

According to the Center for Economic Development, Transport and the Environment (ELY), in the end of year 2013, unemployed jobseekers' amount of the working population was 12,6% (329 899) in Finland. In Central Finland, the percentage of unemployed jobseekers of working population was 16,9% in December 2013, total amount of 33 798 people being unemployed jobseekers. In addition, the percentage of long-term unemployed of all jobseekers was 26,5%, while whole country's average was 25,1%. (Keski-Suomen työllisyyskatsaus 2014, 1-2.)

3. Socio-economical differences in health

Health problems are accumulated to some socio-economic groups, such as unemployed. One way to improve the general health of population is to improve the health of the socio-economic groups to which health problems are accumulated. A concrete action is to provide health care services for unemployed. In addition,

costs can be curbed, employment level can be increased, and the sufficient services can be ensured, if the socio-economic differences in health are diminished. (Saikku 2010, 7.)

Many health- and social political projects have been implemented in past years to narrow socio-economic differences in health. The lack of socio-economic resources is known to increase the incidence and prognosis of diseases. Also, it might lead to functional capacity problems. (Koskinen, Lahelma & Martelin 2005.) Poverty and social isolation decrease physical health and mental autonomy (Saari 2005, 9).

3.1 Unemployment as a Determinant of Health

Unemployed people are sicker than the employed ones, and especially long-term unemployment increases morbidity and decreases wellbeing. The coverage and content of the treatment, and how quickly the treatment is started also differ in different socio-economic groups; it is known that health check-ups are done more frequently to people with higher incomes. (TEM raportteja 10/2011, 7.)

According to Heponiemi (2008), unemployed report their health to be worse than employed. They also have more restrictive chronic diseases, and more health hazard. Smoking, obesity, hypertension and cholesterol problems are noted to be more common among unemployed. Even though unemployed were the biggest group using public health services, they did not get enough care to their health problems. In addition, their health and physical ability can reduce faster than those of employed. It has been noted that unemployment increases suicide and

mortality rates in Finland as well as in other countries. Nevertheless, mental health problems, such as depression, anxiety as well as increased alcohol consumption, have been linked to unemployment. (Heponiemi et al 2008, 12-14.)

According to Perttilä (2011, 187), the consequences of long-term unemployment appeared to affect men more than women. Men's health was more deteriorated along with unemployment, and they experienced financial difficulties more stressful, which might be due to the fact that men are more traditionally considered as breadwinners of the household. Also, men's attitude towards unemployment was more negative than women's, who found positive aspects of unemployment, such as possibility to spend more time with friends and in free time activities.

Also, there were differences in coping between the age groups. Younger people tend to suffer financially more than older. In addition, they felt unemployment more stressful as they were uncertain of future and other people's expectations. On average, younger people's health was more negatively affected due unemployment, possibly by stress. Older working age people experienced same amount or even less stress than while working. (Perttilä 2011, 187-188)

Not only does unemployment increase health problems, but also vice versa. Poor physical health, worsened functional capacity and lifestyle risk factors have been noted to expose people to unemployment. Also, mental health problems can predispose to unemployment. Surprisingly, Finnish panel study during 1996-2001 discovered that connection between unemployment and health was more a case

about poor health predisposing to the unemployment, than the unemployment affecting the experienced state of health. (Heponiemi et al. 2008, 17-18.)

The report of working life group suggested, that the longer the unemployment time becomes, the more difficult it will be to return back to working life. The return to the labor market becomes more difficult already after three month's period of unemployment. (Ehdotuksia työurien pidentämiseksi 2010, 11.) Therefore, it is important to prevent the unemployment to be prolonged, and find out, if the unemployed needs a health check-up where the functional and working capacity can be examined (Vuokko, Juvonen-Posti & Kaukiainen 2012).

Anyhow, it cannot be said that the unemployment directly affects the health, but the factors included to unemployment can affect. The factors are related to lower economic status, which can lead to unhealthy nutrition, worse living conditions and narrowed social life. Nonetheless, individual factors have their role; unemployed with positive attitude toward re-employment are linked to better health status than those who are thinking negatively about the unemployment. (Heponiemi et al. 2008, 26-28.)

As can be seen, there is a correlation between health and unemployment, but the causality is not obvious. Also, the effects of unemployment differ in different age groups and genders. Offering health check-ups and services for the unemployed can reduce socio-economic differences in health, and an equal access to services can be achieved (Saikku 2010, 13).

4. Health Care Services and Projects for the Unemployed

4.1 The Division of the Health Care Services

In Finland, the health care services for the working age residents are organized by the communities, private sector and occupational health care (TEM raportteja 10/2011, 7). The unemployed are outside of the free employer-provided occupational health care, which covers almost 90% of the workers, and where almost one million health care visits are done annually. Primarily, the unemployed use the health care center services, where there does not exist as much preventive health care as in occupational health care, and where some of the services are chargeable. (Saikku 2010, 7.)

The Public Health Law obligates communities to organize health counseling and general health check-ups for its residents. Still in 2009, there were many municipalities that did not provide systematic health check-ups for unemployed. (Saikku 2010, 20.) Thereby, a new Health Care Act 2010 was presented, and it came gradually into effect on 1st May 2011 (Terveydenhuoltolaki 2010).

The Health Care Act 2010, s.13 states that the community has to organize health care services also for those that are not under the occupational health care. Health care counseling and check-ups should support the functional capacity and mental wellbeing, prevent diseases, and help in life controlling. (Terveydenhuoltolaki 2010.) In case of long-term unemployment, the stress management could be a part as well (Saikku & Sinervo 2010, 23). According to the new law, the health

care services for the unemployed are a part of the primary health care of the community (Saikku & Sinervo 2010, 114).

4.2 Health care projects for the Unemployed

The health care services for the unemployed have been developed with different kinds of projects. The Terveys 2015 -strategy of Ministry of Social and Health published in 2001, wanted to improve the health of people in every phase of their life, and one objective was to promote equal possibilities to health care and preventive care services for the unemployed as the employed ones have. (Valtioneuvoston periaatepäätös Terveys 2015 - kansanterveysohjelmasta 2001, 25.)

The Paras -project in 2005 tried to improve social and health services. In 2007, The Renewal Project of the social security proposed that the communities should have a special public health nurse whose responsibility would be the health care and health supportive services of the residents outside of the occupational health care. One part of the KASTE-project (The National Developmental Program of Social and Health Care) in 2008-2011, was to develop the health care service models of the unemployed. (TEM raportteja 10/2011, 21-22.)

Between years 2000-2007 WIRE-project was implemented in the area of Central Finland. It aimed to recognize the risks and resources related to health of unemployed and thus better the life control of unemployed. (Puustinen 2008, 19.) The project came up with guidelines for unemployed care path and the questionnaire, which have been used in the health check-ups of unemployed. The unemployed

fill up the pre-form before the check-up. The questionnaire is used as a basis of the interview in the health check-up. (Saikku 2010, 62.)

During years 2007-2010, the project of the Health and Welfare Institute called Long-term Unemployed Healthcare Development –project (in Finnish Pitkäaikaistyöttömien terveydenhuollon kehittämishanke, PPT) was implemented in 24 different localities, including Jyväskylä Health Care District. The purpose of the project was to support and promote the health and the functional capacity of unemployed, and promote preventive care. One of the project's objectives was also strengthening the cooperation between different associations and promoters concerning employment, such as the Ministry of Employment and the Economy (in Finnish Työ- ja elinkeinoministeriö) and the social and health care professionals. The purpose of the project was to attach health care and its services to be a part of the other employing services that are provided to unemployed, and to spread information about the services. (Saikku & Sinervo 2010, 17.)

During the PPT -project, network seminars were organized, and online education materials, guides, brochures and recommendations were offered. Seminars and peer workshops were organized in order to support the common learning process. Seminars for the nurses and public health nurses were planned with the aid of Wire-project done earlier (Saikku 2010, 62). Conclusions about the need of health care services for the unemployed were directed to Ministry of Employment and the Economy, to the professionals in social and health care field, to the education institutions of social and health care, to the political parties and authorities, and to clients and residents. (Saikku & Sinervo 2010, 24-31.)

According to the recommendations done with the information acquired during the PTT-project, the health care services for unemployed should be included to the primary health care, and they should be provided in collaboration with the social services, and the Ministry of the Employment and Economy. Also, enough professional staff with appropriate equipment and working spaces is needed, and additional training for professionals should be offered. The unemployed jobseekers' health should be observed and promoted, and the information about health services for unemployed should be available to professionals and residents. (TEM raportteja 10/2011, 24-25.)

From 2006, the government has had separate additional supplement to the municipalities' for health check-ups of long-term unemployed residents, total of 2 million euros annually (Saikku & Sinervo 2010, 21). Communities participating in the PPT-project have received project funding in order to create health care services for unemployed. From year 2006 to 2009, the municipalities have received an encouraging letter from the Ministry of Social and Health, where the systemic health care check practice for long-term unemployed has been emphasized. (TEM raportteja 10/2011, 14.)

According to follow-up study, almost all communities that had participated in the PPT-project continued the practices done during the project afterwards (Saikku 2012, 4). The basic implementation of the health care services for unemployed was quite similar in all communities, including the health check-ups done by a nurse or a public health nurse. These services included counseling of a client, participation in multi-professional collaboration, and guiding a client to other health care services. (Saikku 2012, 10.) Many communities had a special

nurse or a public health nurse taking care of the health care services for unemployed before the project, but afterwards many communities added more nurses to work on unemployed health check-ups. Also, certain days were organized when the health check-ups for unemployed were done. Seven out of ten communities did not think that there is enough resources to organize the health care check-ups, and the rest of them thought that resources are enough for now but not in the future. (Saikku 2012, 24-25.)

4.3 Institutions of Health Care

The development of health care services for the unemployed is important, and it requires collaboration of different institutions. In 2009, a questionnaire about different actors' commitment of developing health care services for unemployed was done in municipalities. 54% of the respondents (N=157) thought that very commitment actor was the labor force services (Työvoiman palvelukeskus, TYP), 52% considered social office being very commitment, 41% believed that Offices of Public Employment and Business Services, TE-services, was very commitment, followed by health care centers which was thought being very commitment by 39% of the respondents. 36% considered the employment services of the municipality (työllistämisyksikkö) being very commitment of developing health care services, and The Social Insurance Institution of Finland (Kela), was in the 7th place by 19% of the respondents thinking being very commitment. (Saikku 2010, 28.)

Ministry of Employment and the Economy (Työ- ja elinkeinoministeriö, TEM) is responsible for planning, developing and implementing public employment and

business services, and it gives support and advices to different actors. Public Employment and Business Services (Työ- ja elinkeinopalvelut, TE-services) of TEM have employment, information and counseling services free of charge for the unemployed living in Finland or wanting to work in Finland. (Työvoima- ja yritys-palvelut 2014.) Central Finland Public Employment and Business offices (Työ- ja elinkeinotoimisto, TE-office) provide services in Jyväskylä, Jämsä, Saarijärvi and Äänekoski (Keski-Suomen TE-toimisto 2014).

The labor force service centers (Työvoiman Palvelukeskus, TYP) have a multi-professional approach which includes actors from TE-offices, Kela and the municipality which collaborate with the unemployed in order to find rehabilitative ways to better the unemployed possibilities to work and get employed (TEM raportteja 10/2011, 22). In the Central Finland's TE-offices there are two labor force service centers, one in Jyväskylä and the other in Äänekoski. (Työvoiman palvelukeskukset 2014.)

Kela is a Finnish independent social security institution, which provides several services from child benefit to pension to all age groups. All residents living in Finland and people that live abroad but are a part of Finnish social security system are entitled to Kela's services. "Kela's mission is to secure the income and promote the health of the entire nation, and to support the capacity of individual citizens to care for themselves." (Toiminta 2012.) In 2012, the state's share of funding was about 69%, insurance premium was 26%, and municipalities share was about 5%. Total annual estimated costs were 13,5 billion euros in 2012. (Rahoitus 2012.)

Kela has benefits for the unemployed. First, a person must register as an unemployed job-seeker at TE-Office to be eligible to receive unemployment benefits. TE-Office helps to seek a work or training place, which cannot be declined without a good reason. (Kela 2014, 2.) After being registered as an unemployed job-seeker, a person can either receive unemployment daily allowance, which can be basic or earnings-related allowance or labor market subsidy. Long-term unemployed and people who enter the labor market for the first time or otherwise have no recent working experience are eligible for labor market subsidy. (Kela 2014, 2-4.) In 2014, the amount of labor market subsidy is 32,66 euros per day, and it is paid 5 days a week. Children living in same household and employment promoting measures, such as labor market training, work try-outs and rehabilitative work activity, will raise the allowance. Also, a new regulation allows an unemployed to earn 300 euros salary per month without affecting the amount of subsidy. (Työttömän perusturvaa selkeytetään vuonna 2014.)

If unemployment continues, in order to receive labor market subsidy, a declaration must be done at 4 weeks intervals to Kela via internet or by a form. It must indicate unemployment days, days participated in activities arranged by TE-Office, and possible days at occasional work. (Kela 2014, 7.) Kela is also obligated by law to clarify the need for rehabilitation of its customers if needed, and guide them to get care, investigations and possibly evaluation of the working capacity and rehabilitation possibilities in the healthcare. The clarification should be done at last when the amount of daily allowance of health insurance increases over 60. (TEM raportteja 10/2011, 20.)

4.4 Health care services for the unemployed in Jyväskylä

In the area of Central Finland's Health Care District, the primary health care services are divided between five Federation of Municipalities that are the Health Centre of Jyväskylä Cooperation Area (JYTE), Regional Health Care Centre (Seututerveyskeskus), Saarikka, Wiitaunioni and Äänekoski (Keski-Suomen sairaanhoitopiiri 2013.). JYTE and Seututerveyskeskus were founded in the beginning of 2011. Because of these concepts, the course of actions in different healthcare centers included to this District have been unified and developed. With this development, it has also been possible to start with the health care check-ups for the unemployed in the municipalities where it has not been possible before. (Tietoa seututerveyskeskuksesta 2014.)

JYTE offers health care services for the municipalities of Jyväskylä, Muurame, Hankasalmi, and Uurainen, while Seututerveyskeskus is responsible for the municipalities of Joutsa, Keuruu, Konnevesi, Laukaa, Luhanka, Multia, Petäjävesi, and Toivakka. (Jyväskylän yhteistoiminta-alueen terveyskeskus (JYTE) 2014; Tietoa seututerveyskeskuksesta 2014.) Saarikka has primary health care offices in Kannonkoski, Karstula, Kivijärvi, Kyyjärvi, Pylkönmäki and Saarijärvi. Wiitaunioni is responsible of the services in Viitasaari, Pihtipudas and Kinnula, and Äänekoski provides primary health services in Äänekoski, Suolahti, Sumiainen and Konginkangas. (Keski-Suomen sairaanhoitopiiri 2013.)

In JYTE, Jyväskylä and Hankasalmi provided the health care check-ups for unemployed. The practices were developed and harmonized by increasing the knowledge and skills, and by updating the approach. Deepening education was

offered to nurses and public health nurses in order to improve their knowledge about unemployed and health. (Saikku & Sinervo 2010, 62.)

According to Saikku and Sinervo (2010), in Jyväskylä the unemployed can come to health center by themselves, or they are guided by a TE-office, a social office, or a third sector party. The client fills a form of preliminary information, and one hour is reserved to the health check-up. The health check is done by a nurse or a public health nurse, but the client can be guided to laboratory tests, a doctor, a psychologist, a physiotherapist or a dentist, if needed. Time for the follow-up appointment or tests are planned during the check. Goal is to improve the collaboration between different associations of the health care and to unify the practices, so that all the unemployed in JYTE district would have the similar possibilities to get a health check. (Saikku & Sinervo 2010, 62-63.)

5. Aim and purpose

This research's aim was to find out the nurse's perspective about the way that health care services for the unemployed are organized in Central Finland's Health Care District. The study was a pilot study with the purpose to provide information that could be used as a basis for further studies about the health services for the unemployed. The purpose was also to provide information in order to improve the existing health services.

Research questions for the study are as follows:

1. How are the health care services for unemployed organized in the health care center?

2. How has different project(s) influenced the health care services for the unemployed?
3. What is the nurse's point of view about the way that healthcare services for the unemployed are provided?

6. Methods

6.1 Research methodology

There are different kinds of qualitative research methods like in-depth interviews, focus group discussions, observation, content analysis, visual methods, and life histories or biographies (Bailey, Hennink & Hutter 2011, 9). Those can be combined with each other, but also with quantitative research methods-

This research will be implemented qualitatively. Qualitative research was a suitable method for this study as it examines people's experiences, attitudes and beliefs in detail. This study also intended to examine issues from the perspective of the participant of the study, and tried to describe the meaning that they give to behavior, event or object. This approach is called interpretive approach. As the study is carried out in people's natural environment, the understanding of different phenomenon and contextual effects on the research issues are more accurate. Qualitative research method is used in order to find explanations for issues in nurse's point of view. (Aira 2005; Bailey et al. 2011, 9.)

Depending on research questions, the best possible information sources should be found out. That way a diverse and comprehensive result can be achieved. Re-

sults of qualitative research cannot be described only by numbers, like in quantitative research, but they can be described more like descriptions and meanings. Moreover, it should be remembered that there is not one right answer to this kind of study. (Braun & Clarke 2013, 20.) This research tried to find answers to questions “why” and “how”, and find out explanations or descriptions of behavior or processes (Bailey et al 2011, 10).

6.2 Data collection and measures

The study was carried out in the area of Central Finland. The interviewee was recruited with the aid of the project consultant of the research, development and innovation unit of the University of Applied Sciences of Jyväskylä. The first purpose was to make a pre-study to edit the actual research and its questions by interviewing one nurse and making changes to research plan after that. Due to extensive work of implementing a wider study, and broad results of the pre-study, the thesis is based on the results of the pre-study and recommendations for further studies.

The potential participant agreed to the interview via email, and was eager to be a part of the project. The participant was a public health nurse, who had done unemployed health check-ups for four years, and was currently doing them in one small health care center. The time and place for the interview was agreed with the nurse. The interview took place in May 2013 at the nurse’s workplace. Participant had familiarized herself with the questions (appendix 1) beforehand. The interview was audio recorded in consensus to enable data analyzing later. The aim was to gather information about the unemployed health care services in the nurse’s perspective.

Data collection was carried out by in-depth interview, which is a qualitative research technique. In this study one nurse was interviewed to explore her perspectives about the practices of unemployed health check-ups. The advantage of in-depth interview is that it can provide more detailed information and a relaxed atmosphere to answer the questions as it is arranged face-to-face. Anyhow, disadvantages can occur if a participant tries to prove that their way of doing things is right. Then the answers might include bias which might harm the objectivity of the study. The results of this kind of data collection method cannot be generalized either because this provides only one point of view. At the time of the study, interviewers tried to leave their personal opinions in the background. By avoiding questions where the interviewee could answer only yes or no a wider perspective was obtained. (Boyce 2006, 3-4.)

6.3 Data analysis

The recording of the interview was listened and put into a written form, in other words a verbatim transcript of the interview was produced including everything that was said in the interview. The verbatim transcript was total of ten pages with the font of Palatino Linotype size 12, and the paragraph spacing 1,5. Names and specific information that might have revealed the identity of the participant or other people mentioned in interview were left out. The interviewers' and the participant's voices were identified with different font colors. (Bailey et al 2011, 211-212.)

Sorting of the participant experiences and opinions helped finding out to which of the three research questions each comment answered. Inductive reasoning was used in the analysis, meaning that it was possible to reason themes and bigger categories by logic reasoning. The bias was avoided, and all the comments during

the interview were taken into account. (Willberg 2009.) The common words, phrases, themes and patterns were found by sorting every sentence to four categories: three to answering to each research questions, and fourth was neutral sentences or those, that did not answer directly into any research question. After categorizing the transcript, a mind map was used to sorting out themes and sub themes. By the time the transcript was sorted out, the answers, that were important to the thesis and possibly coming to the results, were translated into English as accurately as possible.

Findings include direct quotes from the study sources that support the analysis and quality of research. Discussion considers the strengths and disadvantages of the study. The results of the study are compared to existing ones. (Aira 2005.)

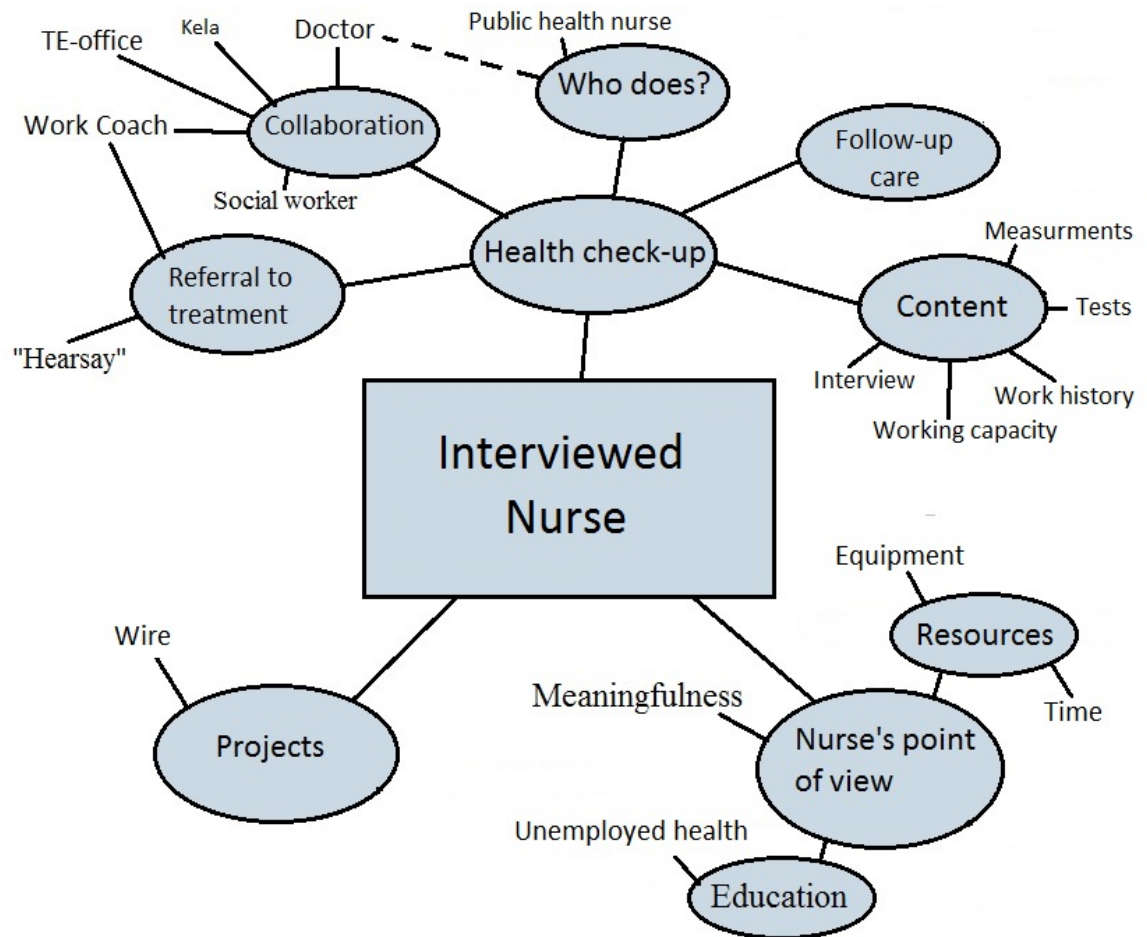


Figure 1. Mind map of data analysis process

7. Results

After making the mind map of the interview and categorizing answers to each research question, the results came up easily by focusing on big themes. The first research question was answered the most: about how the healthcare services are organized in the health care center. The nurse had not participated in any projects, so in that research question there did not come to a lot of results. The nurse's point of view was seen in some comments throughout the interview, but

mostly it was focus in the end. The research questions are answered below question by question, and sub themes that came up are titled.

7.1 The health care services in the health care center

Informing unemployed about the health care services

Most of the unemployed that come to health check-ups are guided by municipal's own work coach. "Mainly this year's unemployed have come through the work coach... I think she has background of rehabilitation counselor studies. She is my work partner in these issues." The nurse is doing diabetes nursing and adult clinic, and some of those people are unemployed, so they are already in the health care system. Also, the word goes in hearsay from people to people. At some point, brochures about free unemployed services were distributed in the local library. "And well, they [unemployed people] basically are coming here either by their own-initiative, through work coach or then they just got the information somewhere."

Who does the health check-ups

In the health center where the interviewed nurse worked, she was the only one doing the unemployed health check-ups. She was able to plan quite independently her working schedules. Thou, she had to balance and priorities her work, as there might be urgent unemployed check-ups, but also she had to manage doing 70-years-olds' check-ups due certain date. At the same time, she was also doing adult clinic (aikuisneuvola in Finnish) as only nurse in the health care center. "The unemployed people are sort of same type of clients as those who

come to adult clinic, anyway. There are those same basic public health problems as with the people who are not unemployed.”

Content of the health check-up

Before the health check-up, an unemployed must fill up an information form, which is given by the work coach, by the nurse, or it will be sent by post. It is titled as “Health Interview”, and it contains multiple questions about person’s health issues such as how person feels own health at the moment, is there long-term illnesses, life habits such as alcohol consumption and smoking, last dentist visit, vaccinations and overall satisfaction of own health status. When an unemployed comes to the checkup, he or she will bring the form to the meeting:

The interview with an unemployed is based on this pre-filled `Health Interview` -form, and then we also check the basic things, blood pressure, weight, height... Of course an essential part of the health check-up is life habits: nutrition, exercise, sleeping, addictions, alcohol, smoking, and substance abuse – drugs if considered separately. And also mood is queried a bit more closely... [If needed] a depression test, substance alias AUDIT –test, and diabetes risk test are done, and vaccinations are checked.

Time, that is booked on calendar for every health check with the client, is one and a half hours. It contains the interview and basic measurements, but if hearing or vision tests must be done, they are done on different time. If last laboratory tests were taken over a year ago, or there is otherwise some particular reason to tests, a nurse will do a referral to laboratory.

Before a client comes to the health check-up, the nurse will examine person's health history of previous two years, possible family history of underlying diseases, and prior laboratory tests. After the meeting follow-up care is considered:

Let's say, that two to two and half an hour it takes per client some sort of time in any case, in which that one and a half hours we are face-to-face with the client. There are many sorts of things to find out before the client comes, plus after the client has left the follow-ups must be considered.

In the health check-up the working history is part of the interview: what are the last working tasks, and if the unemployed is capable to do the same job as he has done before. Functional capacity, working ability and unemployed own evaluation of performance are asked. "The working history is surveyed with the client, or some has already a referral type of paper with them from the work coach, where is the working history summed up."

If some needs for further examinations come up in the health check-up, the nurse can arrange new appointment for those specifically. Also, the nurse book follow-up appointment to talk with the patient about the results:

Two to three weeks after the checkup I take the client to a shorter visit to hear out the laboratory results or something like that. In the results might come up untreated diabetes, high cholesterol or that sort of things. There we can then consider those results individually.

Multi-professionalism and collaboration:

There is possibility to guide the unemployed to see a doctor, dental hygienist or dentist, psychologist or depression nurse and/or physiotherapist, if needed. The nurse will assess the need for a further treatment and care. As this health check-

up, also the first dental visit is free of charge for the client. During the care path collaboration partners can vary from laboratory workers to depression nurse, physiotherapists, the doctor in charge, substance abuse nurse, and dental hygienist. If needed, Kela can be contacted.

The assessment of working capacity is part of occupational health physician special field. A doctor does an assessment if there is an unclear plan what is the capacity of unemployed, so to say if there is restriction of functional capacity that affect ability to work. "Not nearly everybody goes to the doctor's office if there's not a big need. Or there is not a need where a doctor is needed, but instead we do this [unemployed] checkup and based on that we consider the follow-up care."

Approximately two to three times a year there is a need to wider multi-professional team to get together and consider the situation of unemployed. There is a worker from TE-office, personnel from health care center, the municipal work coach, and also a social worker. The unemployed is also there, and they consider the follow-up care of the unemployed. An idea of preventive care is also valid with those who already have diseases. If there is a borderline case, where actual diseases have not yet occur, it is important to focus on life coaching because they determine whether the disease can be slowed down or even prevented totally:

Usually there is a variety of problematic in these cases, and we must consider if the unemployed is retiring, if rehabilitation research is needed, or if there is a need for a sick leave. These subjects can then again be taken forward in TE-office management... With some, we are hopelessly late from preventive care. They might have been long outside of health services, and there has developed all sorts of things. But then again, we can prevent those further diseases or something else, so there is always that perspective of preventive care.

In difficult cases, the nurse can consult other nurses doing mainly diabetes nursing in the nearest health centers, by calling them. Also, the doctors who are working in the health care center are easy to approach and ask opinion. "And those issues that need to be clarified, those will be sorted out."

7.2 The effect of different projects

The nurse had not participated in any projects or seminars which had been organized by national projects. She stated that the current organization where the health care center where she worked belongs, has been working only a bit over two years, so it takes some time with such a big organization to make all the care paths of the patients and other practical matters work.

One project that had impact to the nurse's work was Wire –project. Through the project the model for the health care check-ups, and also a pre-filled health information form, were developed for unemployed. The form is used in Central Finland's district.

7.3 Nurse's point of view about the practice

Education:

The interviewed nurse was a public health nurse with a short additional education about unemployed health in Jyväskylä, and it was provided by employer during work. She estimated that it was about three credits.

Still, the nurse felt that there should be more education considering unemployed health, especially when assessing working capacity. She gave example on how one must take into account the person's previous job and the possible job related health issues. For instance, if a person is working in industry, there might be concrete dust in lungs that cause health problems.

We have to have tools to figure things out in public health nurse's perspective. That way we could get more flesh on the bones also in these health check-ups. And what would be extremely good in this job is occupational health nurse specialist studies. It would bring a lot of use in these health check-ups. Also, doing the unemployed health check-ups regularly keeps the professional touch to this work.

Resources:

In the small health care center there is only one nurse doing the unemployed health check-ups and adult clinic. Also, the health care center is partly closed during summer. And because there isn't many workers, responsibilities goes a bit that who knows what. "The challenge here is that if I'm sick for three days, I probably don't have a replacement, so the booked appointments will have to be rearranged."

When speaking about equipment, the nurse said there always could be a bit modernization in tools. In addition she stated that she has good working space because all needed things are close. Time resource is something to fight with, but she said that time and labor resources are dealt with many other places "so that's not any news" and "sometimes a small stress is part of any job somehow".

The nurse said that unemployed health check-ups are nice to do, so there is strength to do them. The nurse felt beneficial to do adult clinic and other work than just unemployed people health check-ups: it gives wider perspective of diseases and other health issues that support the work with unemployed. But on the other hand, there should be enough work with the unemployed that the touch with work will stay. "Same basic national diseases [diabetes, hypertension and hypercholesterolemia] are found both with unemployed and employed ones. So, definitely diverse job description supports doing these unemployed health check-ups."

8. Discussion

8.1 Discussion of main results

This study answered how health care services were provided in one health care center in Central Finland in a nurse's point of view. It was found out that health check-ups for unemployed were organized as it was told in the report of Saikku and Sinervo (2010, 62-63). Using interviewing as data collection method was a successful choice, as there was good and broad answers achieved. The questions were sent beforehand, which gave the nurse time to familiarize herself with the subject and questions. Also, during the interview, there was possibility to clarify answers if something was not understood.

According to Heponiemi et al. (2008) diseases, such as hypertension and hypercholesterolemia, occur more with unemployed, and unemployed are reported to be more often affected with health issues related to smoking and obesity. The in-

interviewed nurse stated that many of the unemployed have same national diseases as employed people. Since she was doing also adult clinic and diabetes nursing, she had met both employed and unemployed clients. She felt that doing variety types of job gives wider perspective and supports also health check-ups for unemployed. Working with both groups supports professionalism.

The nurse who was interviewed in this research had not participated in seminars or education days related to the national projects mentioned by Saikku (2010, 62). If there have been projects relating to unemployed health check-ups, why has not the nurse participated in those? Should employer be more active to participate national projects and educations which would benefit workers? The nurse had attended to a short course in University of Applied Sciences relating to unemployed people's health check-ups. It was promoted by employer and done during work as adult education additional study.

Central Finland's own Wire-project has done guidelines for unemployed care path and the questionnaire, which the unemployed filled up before the meeting with the nurse. It was used as a basis of the interview in the health check-up. Wire-project was a response to the aim to reduce health inequalities, which was a part of government's health promotion program (Puustinen 2008, 19).

The nurse stated that the health check-up for unemployed is a really large check-up and further education to the nurses who do those check-ups would be essential in order to keep the quality of check-ups in a good level. She also stated that occupational nurse studies would be good in order to have deepened knowledge

and skills about assessing working capacity. As Saikku (2010, 7) stated, occupational health care covers almost 90 % of working residence, and unemployed are outside of that. Definitely there should be more education considering unemployed health check-ups, or that could be integrated to public health nurse studies as own subject.

There has been good legal actions to improve unemployed status in health care, such as the new law that obligates municipalities to provide sufficient health care to unemployed (Terveydenhuoltolaki 2010). Also, projects that study and improve the unemployed health have been carried out. In the future, there must be enough professional staff with appropriate equipment and working spaces (TEM raportteja 10/2011, 24-25). The interviewed nurse felt that the material resources as well as working space and equipment were sufficient, but personnel and time resources were insufficient. There should be enough well trained staff, so that current staff will not be over strained by the work load. Permanent employment is already decreasing as the temporary contracts are more common. One way could be improving and increasing personnel in reserve system (varahenkilöstö), which would give dynamic ways to replace people in sick leaves. By providing sufficient staff work load can be decreased for other employee and patient safety can be improved.

In 2009, there were still many municipalities that did not provide systematic health check-ups for unemployed (Saikku 2010, 20). Where the interviewed nurse worked, the organization had been operating as such about two years. Still, they did good job with unemployment health check-ups. The municipality's work coach did investigative work with unemployed and guided them to health check-

ups. She was succeeding in her own work with unemployed, and the results were good when looking at the unemployed guidance to the health care services. Collaborative work between doctors, nurses, social workers and work life preventives' worked well.

Since there was only one participant in our study, the broader results concerning whole Central Finland were impossible to be achieved. Even though the model for health check-ups created during Wire-project can also be used in other health care centers, this study does not reveal if it is used, or if health check-ups are organized as systematically in other health care centers in Central Finland. If more nurses had been interviewed from a few different health care centers, the findings might have been more variable and the wider picture of the subject might have been gotten. It might have been possible to find out different opinions about the subject and thus discuss about possible differences in point of views.

8.2 Credibility, Dependability, Transferability and Confirmability

Trustworthiness of the study can be described by the following terms: credibility, dependability, transferability and confirmability. Credibility, in other words internal validity, means that the results of the research are reliable and trustworthy. Dependability demonstrates that the study is possible to be repeated in the same context with the same methods and participants by another researcher, and the same results would be obtained. Transferability means that sufficient amount of details of the context is provided in order to make it possible for a reader to think that the results of the study can be related to some other similar situation. Confirmability shows that the results are from the data and not biased by researcher's own opinions. (Shenton 2004, 63-71.)

Credibility is one of the most important factors in qualitative research, because it demonstrates the trustworthiness of the results by demonstrating how well the aim of the study was achieved. Credibility can be guaranteed by choosing appropriate data collection methods and by gathering the sufficient amount of data to be able to find answers to the research questions. Also the broad variety of participants with many experiences give variation to the study. (Graneheim & Lundman 2004; Shenton 2004, 64-73.) This research reveals a limited picture of the subject because there was only one participant. However, the research answers to the research questions chosen before the data collection and the participant had experience relating to the studied subject. Data collection method was appropriate as it gave wide answers to the research questions. The results to the second research question about the effect of different projects to the work of a nurse were narrower because the interviewed nurse had not participated to any of those projects. The results would have been broader if there had been more participants.

Dependability of the study is assured by explaining in detail how the data was collected so that the data collecting process is possible to be repeated by another researcher later (Shenton 2004, 71). In this thesis, it is revealed and explained how the participant for the study was recruited, and how and where the data was collected. The process of data analysis is also described. That makes it possible to repeat this study in the same context with the same methods by another researcher. Still, the results may change because the basis how the health check-ups are

made might change during time. This research describes only how they were arranged at the time the interview was carried out in the health care center where the nurse was interviewed, and what was the opinion of the interviewed nurse.

According to Shenton (2004, 69), transferability, in other words external validity tells to which extent the findings of the study can be applied in other settings. As said earlier, the more information about the context is revealed, the easier it is for the reader to justify if the results of the study can be used somewhere else. That is why it is important to describe clearly the context, the selection of participants and the processes of the data collection and analysis. (Graneheim et al. 2004.) In this study only one nurse was interviewed, so the results cannot be generalized as reliably as in a broader study. On the other hand, Stake and Denscombe propose that even though every qualitative research situation is different and unique, it provides an example to a broader group. Bassey also states that if someone can see the similarities between his own situation and the one in the study, the findings may be related. (Shenton 2004, 69.) This study shows the basis of health check-up for the unemployed arranged in one health care center of Central Finland. It was also told in detail that there was only one participant in the study, what was the background of interviewed nurse, in which geographical area the interview was arranged, which were the data collection methods, which were the research questions and what kind of questions were answered. Also, the structure of the interview was revealed. Still, this is only the opinion of one nurse of the existing health check-ups for the unemployed, so broader generalizations cannot be made.

Confirmability demonstrates the objectivity of the results of the study. It guarantees that the results are straight from the data collection session and not biased by the opinions of the researcher. (Shenton 2004, 72.) In this research, the data analysis progress were revealed. Mind map was added in order to show how the results were obtained from the interview by categorizing it to themes.

8.3 Ethical considerations

The study was conducted with respect for ethical principles (Bailey et al 2011, 66). All the data, results, methods and procedures were reported honestly without falsifying or fabricating them. The study process was carried out with objective point of view and bias was avoided. The participant was asked questions impartially in order to find out what her real experiences were without letting researchers' personal interests affect. Possible expected results were not let to affect the real results. (Resnik 2011.)

Confidentiality was an important factor. It means that any information discussed in the in-depth interview was not revealed to external parties. Since the study was a qualitative research, quotations of the participants were used when describing the data analysis results. Thus, complete confidentiality was not easy to ensure. Anonymity of the participant was ensured by removing all the information including identifiable details from the data so that the participant of the research cannot be identified. (Bailey et al 2011, 71.) The possible physical, mental, social or economic harm caused for the participant because of the study was minimized, and the data collection was organized with the limits the participant gave (Bailey et al 2011, 73).

The collected data was examined critically and carefully. The participant of the study was clearly informed that her participation in the study was voluntary and she was able to withdraw at any point. It was explained to her that her privacy is protected and that she is kept anonymous. (Bailey et al 2011, 68 & 72; Resnik 2011.) The participant was also informed about the factors concerning the study like the purpose and aims of the study, how the study is conducted and how the data is used. The expected duration of the study was also informed. Moreover, the participant was told to be free to ask questions if something was unclear. (Bailey et al 2011, 71; Resnik 2011.)

The participant was informed also about the data handling and record keeping process. It was important to explain the participant why it is necessary to record the interview. The participant was illustrated how long the data concerning her is kept and how it is protected. The data was protected confidentially, and only us as researchers, had the access to listen to the recordings in the phases of data analysis. (Bailey et al 2011, 70-72; Resnik 2011.)

8.4 Conclusion and recommendations for further studies

The main findings of the study were, that the health check-ups for unemployed in the health care center where the interviewed nurse worked, followed the care path and model created during Wire-project. The opinions of the nurse were mostly positive. She opined that the model was working well, and she considered her working conditions and equipment sufficient. The more negative things concerned about the time problem and personnel problem, since she was the only one doing the health check-ups there.

For further studies, broader researching concerning the health check-ups for unemployed might be necessary. The model created during Wire-project is used at least in some parts of Central Finland. It might be interesting to find out if the same model for health check-ups for the unemployed is used in other health care centers in the area of Central Finland, and if the health check-ups are organized elsewhere in the same way as in the study site of this research. For further studies concerning whole Finland, an interesting research subject could be what other models are used as guidelines for the health check-ups for unemployed, and what kind of experiences other public health nurses have.

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Appendix 1.: Haastattelussa käytetyt kysymykset

Taustakysymykset

1. Kuinka kauan olette tehneet työttömien terveystarkastuksia?
2. Onko työttömien terveystarkastukset päätyötänne vai minkälaista muuta työtä teette?
3. Millä terveysasemalla/-asemilla olette tehneet työttömien terveystarkastuksia?

Ensimmäinen tutkimuskysymys: Kuinka työttömien terveystarkastukset on järjestetty?

1. Kuka työttömien terveystarkastuksia tekee?
2. Mitä terveystarkastus sisältää?
3. Onko terveystarkastukselle valmista mallia, jonka mukaan tarkastus tehdään?
4. Jos kyllä, millainen se on ja kuka sen on laatinut?
5. Kuinka työttömät saavat tiedon terveystarkastus mahdollisuudesta?
6. Minkälaista yhteistyötä teette toisten ammattilaisten kanssa työttömien terveystarkastuksiin liittyen?

Toinen tutkimuskysymys: Mitä mieltä hoitajat ovat työttömien terveystarkastuskäytännöstä?

1. Mitä mieltä olette tietämyksestä ja taidoista, joita omaatte työttömien terveystarkastuksiin liittyen?
2. Mitä mieltä olette resursseista, joilla työttömien terveystarkastuksia tarjotaan? (aika, tila, välineet, jne.)
3. Haluaisitko kehittää työttömille tarjottuja terveystarkastuksia jollain tavalla? Jos kyllä, minkälaisia?