



Nurses' Visions for the Development of Surgical Ward K4

by the year 2015 Jorvi Hospital



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The purpose of this study was to find out nurse's visions for the development of surgical ward K4 by the year 2015. The nurses' visions offer something that they can aspire to, something to guide their practice and provide a platform for development within the framework of their work environment, the Surgical Ward K4. Information, based on the nurses', included their visions and development of what they felt is important for the development of the Surgical Ward K4.

The study method was qualitative research method and a focus group interview was used. Inductive content analysis was used to interpret the data. The focus group interview consisted of five registered nurses and one licence practical nurse working in the same department of the ward K4. The interview was in the Finnish language and the data was then translated in English.

Two themes and several sub-categories relating to the study surfaced. The nurse's identified challenges that they face on a daily basis. Some of which they felt was of utmost importance for the ward K4. The findings in this thesis formed two main categories, visions and development. The opinion that they express and communicated gave the framework of what they felt that was needed for the development in their department K4. The nurse's visions and development were the issues that needed to be taken into consideration for the improvement of patients' care, collaborations with other multi-disciplinary team in order to provide quality of care in the ward K4. The finding also showed various areas where there is a need for improvement to provide quality care, this also including the speedy transition for rehabilitation units, and increase safety for patients and staff. The finding also indicates the importance of language training, professional development and increased information guidance for the patients.

Key words: Development, Nurses, Surgical Ward K4, Jorvi Hospital and Visions

Indira Kuivalainen

Sairaanhoitajien kehitys visiot Jorvin kirurgisella osastolla K4 vuoteen 2015 mennessä

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Tämän tutkimuksen tarkoituksena oli selvittää sairaanhoitajien kehitysvisioita kirurgisella vuodeosastolla K4 vuoteen 2015 mennessä. Hoitajien näkemykset antavat heille jotain johon pyrkiä, jotain joka ohjaa heidän työskentelytapojaan sekä tarjoaa pohjan heidän työympäristönsä kehitykselle kirurgian vuodeosastolla K4. Tiedot perustuvat hoitajien näkemyksiin siitä, mikä heidän mielestään oli tärkeää kirurgisen osasto K4 kehityksen kannalta.

Tutkimusmenetelmänä käytettiin kvalitatiivista eli laadullista tutkimusmenetelmää. Kohderyhmähaastattelun tuloksia analysoitiin käyttämällä induktiivista sisältöanalyysiä. Kohderyhmähaastattelu koostui osaston K4 viidestä sairaanhoitajasta sekä yhdestä perushoitajasta. Haastattelut suoritettiin suomen kielellä. Tämän opinnäytetyön tulokset ovat hoitajien visioita. Heidän voimakkaat mielipiteensä antoivat viitekehyksen sille, mikä heidän mielestään oli tärkeää osaston K4 kehityksen kannalta.

Tutkimuksessa nousi esille kaksi pääteemaa sekä useita ala-kategorioita. Pääteemoiksi nousivat hoitajien kuvaukset siitä, mikä heidän mielestään osastolla K4 oli tärkeintä: visiot ja kehittäminen. Hoitajien visiot sekä kehittäminen olivat asioita, jotka olisi otettava huomioon potilaiden hoidon parantamiseksi sekä tulosten saavuttamiseksi. Tulokset osoittivat myös useita parannuskohteita laadukkaaseen hoidon takaamiseksi, kuten nopea kuntouttavaan jatkohoitoon siirtyminen. Lisäksi oli tarvetta parantaa sekä potilaiden että henkilökunnan turvallisuutta. Tulokset painottivat myös kielitaidon merkitystä, ammatillista kehitystä sekä potilaiden lisääntyvää informaation tarvetta.

Asiasanat: Sairaanhoitaja, kehitys, visiot, operatiivinen yksikkö ja osasto K4 Jorvin Sairaala

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1 INTRODUCTION

The health care system is undergoing changes at an unprecedented rate. The impact of this change process is profound. The need for effective changes has never been greater than now (Unsworth 2002). It is important that the working environment supports the profession and provide the necessary tools needed for changes. In fact the continuous advancement of medical technology and the increasing aging in the society are all reasons for future development. According to Unsworth (2002) development of the nursing practice and vision will improve clinical outcomes, increase patient's satisfaction and contribute to quality of healthcare.

The purpose of this study was to research the nurses' visions for the development of surgical ward K4 by the year 2015 in Jorvi hospital. The purpose was to find out what are the challenges nurses' faces for the development of ward K4? And what are their visions for this ward. The nurses' visions are to empower and promote patient health and support the basic needs and well-being of patient. The changing social, economic and demographic situation is increasingly putting strains on resources on the ward K4. The ideal nursing environment is emphasized as an important phenomenon of nursing (Kim 2000). Nurses are collaborating with multi-disciplinary professional medical teams to assure comprehensive care of patients. The nurses' visions and development will enhance and improve the atmosphere and emphasize a patients-centered approach in the ward K4.

In general, the changes in demand for the development of ward K4 will lead to interrelation changes within the facilities and among co-workers and other units. There is considerable evidence which suggests that there is a need to embrace the agenda for the development and reform of the Ward K4. This study looked into the visions and development of the ward by the nurses and their identification of what they felt were mostly needed to be developing on the Ward K4.

According to William (2007) a vision is an articulation of a desirable future condition or situation in which an individual try to attain the plausible course of action to be taken for its development and achievement. The nurses have clear perspectives regarding their visions and development and the importance of achieving these visions will not only benefit them but the entire working environment and its patients.

2 BACKGROUND OF THE STUDY

In order to present and give a better understanding of the framework of this study, the background of the context in which this thesis was performed will be presented under this heading.

2.1 Helsinki hospital district (HUS)

HUS stands for Helsingin Uudenmaan Sairaanhoitopiiri (HUS) in its Finnish form. It is an organization of specialized medical care in Finland. It is divided into 20 hospital districts throughout the province of Uusimaa. Five of them are University Central Hospitals. The Hospital District of Helsinki and Uusimaa is the largest of these. HUS provides specialized medical care for the residents of its 26 municipalities (Helsingin Uudenmaan Sairaanhoitopiiri 2008).

The aim of HUS is to provide patients in all member municipalities' timely and equal access to specialized medical care. HUS offers highly specialised medical care in all 20 of its hospitals throughout the province of Uusimaa. All of the major medical specialities are represented at HUS: surgery, medicine, anaesthesiology, psychiatric, obstetrics and gynaecology, paediatrics, neurology, neurosurgery, ophthalmology, otorhinolaryngology, imaging, laboratory specialities, psychiatry, oncology, dermatology and allergy, and sexually transmitted diseases and their specialities. In HUS you can find highly qualified experts in a total of 49 specialities (Helsingin Uudenmaan Sairaanhoitopiiri 2008).

HUS's values are demonstrated through excellent outcomes. This can be seen through the works of the experts in a total of forty-nine specialise department administer throughout the years in HUS hospitals. The success rates are in part due to openness in communication, good cooperation, trust, competence and networking. HUS has the will to act as a pioneer and work innovatively to meet customer's needs through the use of advanced technology and techniques. HUS's base core-value is respect for customers, the ethical treatments of patients and partners. The staff emphasis the important of team work in the environment and its treatment of customers and colleagues with fairness, responsibility and tolerance. Another one of its base values are to follow the same rules and responsibility for the natural environment (Helsingin Uudenmaan Sairaanhoitopiiri 2008).

HUS's vision is customer orientated based and its activities are in the interest of the patients. The patients receive the best specialised healthcare in a timely, efficient and flexible manner. According to Helsingin Sairaanhoidopiiri (2008) HUS promotes the development of the society and drives Finland's competitiveness as an innovative and attractive employer. In this thesis the visions of nurses from surgical unit K4 will be in the line with visions of strengthening and developing HUS's visions of customer orientated system (Helsingin Uudenmaan Sairaanhoidopiiri 2008).

TABLE 1: Hospitals belonging to HUS

Hospitals in the Helsinki Area	Hospitals in Espoo and Vantaa	Hospitals in the other hospital areas
Aurora Hospital Children's Castle Children's Hospital Department of Oncology Eye and Ear Hospital Herttoniemi Hospital Kätilöopisto Maternity Hospital Meilahti Hospital Psychiatric center Skin an allergy Hospital Töölö Hospital Women's Hospital	Jorvi Hospital Peijas Hospital	Hyvinkää Hospital Kellokoski Hospital Lohja Hospital Länsi-Uusimaa Hospital Paloniemi Hospital Porvoo Hospital Tammiharju Hospital

2.2 Surgical Ward K4, Jorvi Hospital

In the beginning of the year 2000 Jorvi hospital became part of the HUS organization. Jorvi hospital is situated in the district of Espoo and is serving the communities of Espoo, Kauniainen, Kirkkonummi and Helsinki. In Jorvi hospital there are five surgical wards, K3, K4, K5, K6, and K7. Ward K3 specializes in plastic surgery. K4 specializes in orthopedics. K5 specializes in Gastronomy and orthopedics and K7 specializes in arteries and veins (Helsingin Uudenmaan Sairaanhoidopiiri 2010).

Jorvi Hospital's surgical ward K4 is an orthopedic trauma ward for 28 patients. There are five two bed rooms and five four bed rooms. The ward concentrates on module care which is divided into three modules. Each module is being care for by a nurse and a practical nurse. The ward is open twenty four hours and all year round (Fred 2007).

K4 ward is located in the K-Tower on the fourth floor of Jorvi Hospital. K4 also specializes in back surgery. Patients are admitted to the ward through a waiting list or from the accident and emergency unit. The average hospitalization time is three to five days and then patients are referred to rehabilitation hospitals for recovery. The staff includes Doctors, Nurses, Primary Nurses, Unit Secretaries, and Physiotherapist and Institutional cleaners. Patients care is carried out by a multi-disciplinary professional team. The Nursing staff works three shifts; some are eight hour shifts, some fourteen hour shifts and some are on the night shifts, which are eleven hours. This means that the same Nurse will be tending to a patient for a longer period and supervise patients' care for the day (Helsingin Uudenmaan Sairaanhoidopiiri 2010). In this thesis nurses will discuss their visions for this ward and what is needed for the development to improve K4 in the future.

Surgical wards consist of pre- and post-operative surgical patients. There can be various degree of complexity, form simple to comprehensive in a surgical ward. Orthopedic surgery spans a wide range of procedures that correct problems that affect the musculoskeletal system: aches, stiffness, and discomfort are common afflictions, but the more severe cases may need a surgical solution (Grace, Cuschieri, Rowley, Borley & Darzi 2003).

Surgery is the treatment of an injury, deformity, and disease using operative procedures. Generally, surgery is performed to alleviate suffering when medication alone cannot cure an ailment. Routine procedures performed in a physician's office include vasectomies. More complicated operations requiring a medical team are performed in a hospital setting: Laparoscopic, Cholecystectomy (removal of the gallbladder), stomach, liver, intestines, appendix, breasts, thyroid glands, salivary glands, arteries, veins, and skin. The brain, heart, lungs, eyes, feet, kidneys, bladder, and reproductive organs, to name only a few, are areas that require specialized surgical repair.

Blank (2001) stated that muscles, tendons, joints, and bones can all be work to erase the effects of traumatic injuries, diseases, aging, or a combination of all of the aforementioned. Medical/surgical units contain a combination of post-operative surgical patients as well as other ill patients with conditions that are not surgical but require hospitalization (Whitwam 1994). K4 Ward has seen and worked with all these combinations of surgeries

Surgical procedures in this category usually require two hours or less and involve minimal blood loss and have a short recovery time (Schwartz, Fischer, Spencer, Shires, and Daly 1998). Surgical wards and its staff's goals are to provide efficient, quality, individualized and comprehensive nursing care to all patients. This study will determine the nurse's visions on these aspects and the development of surgical ward K4 by the year 2015.

3 PURPOSE AND RESEARCH QUESTIONS

The purpose of the study was to find out what are the nurses' visions for the development of the surgical Ward K4 by the year 2015.

Research Questions are:

What are the nurses' visions for the surgical ward K4 by the year 2015?

How can the nurses develop their visions for the development of nursing on surgical ward K4?

4 THE MAIN CONCEPTS OF THE STUDY

Nurses are working across professional boundaries, building new links and skills with other health care professionals. Many of the most innovative developments in nursing rely on the professional skills, knowledge, close relationship and the understanding of patients (Yonge & Molzahn 1996).

4.1 Nursing

Starting with the founder of modern nursing, Florence Nightingale (1979) nursing leaders and educators have sought to define nursing. Nursing has been define as a person taking charge of the personal health of someone else and what nursing has to do is to put the patient in the best condition for nature to act upon. The philosophy of nursing has been restated and refined since 1859, but the essence remains the same (Nightingale 1859).

According to Henderson (1961) nurses help people in times of sickness, to do those things needed for health or a peaceful death that people would do on their own if they had the strength, will, or knowledge to do so. Nursing is the backbone of health care. They also protect, promote, and optimize healthcare. Nursing has the ability to prevention illnesses and alleviate injuries and suffering through the diagnosing and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.

Henderson (1961) continue to say that what defines nursing and sets it apart from other health care professions, particularly medicine, of which it has long been considered as part of parcel. It is the nurses' focus in theory and practice, on the response of the individual and the family health problems. According to Cheryl (2006) the education of nurses enables them to be attuned to the holistic being of a person, not just the unique presenting health problem. The diagnosis of medical illnesses may have a person respond in much circumscribed way, and the effect this may have on that person can cause the individual the lack of ability to overcome the initial medical problem. It is often said that physicians cure, and nurses care. Cheryl (2006) continue to stated that nurses harvest on their understanding of the disease and illnesses and work towards processing and promoting the restoration and maintenance of health in their clients.

The wide based education of nurses and the holistic focus position on them to provide a network in which to build a true health care system for the future. This acknowledged the realization that individuals must have considerable responsibility for their personal health and an increasing recognition that there is a professional group, whose focus is education and practice, that can facilitate individual's efforts to reach their fullest health potential. This profession is that of registered nurse (Earnest 1993). Surgical nurses are on the front lines every day. They are the forefront of what is new and exciting in nursing (Greggs-Caulking 2003).

Understanding nursing will help one to understand the nursing process and its place in a proper perspective. Nursing is a unique blend of art and science which is being applied in an interpersonal relationship for the purpose of promoting well-being, restoring health and preventing illness in families, individuals and communities (Wilkinson 2001).

According to the American Nursing Association (2006) nursing is a health care profession responsible for the practice of nursing through the use of the nursing process in conjunction with other health care professionals. There are several branches of nursing, the register nurse, public health nurse, practical nurse and midwife nurse. The registered nurses, public health nurse, and midwife nurse's work as patient advocates for the care and recovery of the sick and maintenance of their health. In their work as advocates for the patient, registered nurses use the nursing process to assess, plan, implement, and evaluate nursing care of the sick and injured.

According to Johnson (1994) the art of nursing is to possess the ability to develop meaningful connection with clients, grasp the meaning of client encounters, and perform nursing activities skillfully. Also nurses must be able to uses rational thinking to choose appropriate course of action. Indeed nursing is an art of science with its own evolving scientific body of knowledge. Evidently there are many variety of roles nurses play as they practice nursing. Some of the most common roles are those of a caregiver, a counselor, a communicator, a teacher and an advocate (Aiken & Fagin 1990).

Archer & Murray (2008) pointed out, that perhaps the most recognizable nursing role is that of a caregiver. A caregiver is one who helps with, supervises, or takes care of needs and activities of another person. They offer concern for the well-being of that person and pays close attention to their needs. A caregiver can be compared with parenting, especially when the client is dependent like a child. The caregiver is ministering the nursing role and assisting the client in need.

According to Beyea (2005) the navigation of nursing plays a critical role in patient's safety throughout their encounters with the health care system. This is especially true when a patient is undergoing surgery and anaesthesia or is too ill or sedated to serve as his or her own advocate (Beyea 2006).

In the role of advocate the nurse strives to protect the rights of the client and believes that the individual has a right to his or her own choices regarding their condition of illness. In the role of a communicator, which has many aspects and is essential to all nursing, is the nurse's relationship with the patient needing the nursing care; that relationship occurs through communication. According to Atkinson and Murray (1989) communication is very significant within the family member's friends and others.

4.2 Development of nursing

Development in nursing is defined as a continuous process of improvement towards increased effectiveness in patient-centred care. This enables the health care team to develop their knowledge, skills, values through personal development to transform the culture and context of care (Garbett & Mc Cormack 2002).

According to Manley (1997) development in itself is on many different and diverse disciplines, which in turn enables all professional functions to be integrated for the benefit of patients. Manley (1997) continued that it is clinically effective with continuous quality improvement that nurses can develop and facilitate the responsive action necessary for effective healthcare.

In the development of the profession nursing environment, nurses require a leadership vision, strategy and commitment to excellence (Kramer & Schmalenberg 2004). Professional development of nurses through strategic resourcing, investment in training and broad based program development creates the evolution of a nursing education department that pro-actively supports the careers of nurses through innovative professional development (American Organization of Nurse Executives 2000).

According to Halfer (2009) building clinical skills help nurses to build their professional growth and enhance the quality of patient care. Through this nurses can recognize that learning is a lifelong process. Nurses seek different types of development depending on where they are in their career. According to Chang, Chou, & Cheng (2006) the source of this reputation is a dynamic learning enterprise that supports clinical competency, patient safety, and professional development. During the 1990s era of “redesign, reinvent, rework,” leaders invested in an educational vision for nurses development (Chang, Chou, & Cheng 2006).

Halfer (2009) states, that leadership vision, strategy and commitment are vital for the promotion of nurse’s professional development. Halfer (2009) describes the process as a vision for innovative professional development. Organizations can upgrade their professional development through financial aid and quality gains for organizations. For example, mentor programs for new graduate nurses can improve recruitment, job satisfaction, and retention, thereby decreasing organizational financial and quality cost. Through continuing education and certified attainment nurses can support and meet patient’s health care needs. Patients and their families experience firsthand the results of certified nurse’s resulting in enhanced satisfaction with care. American Organization of Nurse Executives (2000) states that, nurses’ development outcomes are attained and the organization experiences enhanced financial and quality success; some of the gain can be reinvested in nursing professional development.

4.3 Development of nursing visions

In this thesis the concept visions has been focus merely on healthcare and nursing environment. The world is changing fast and by the year 2015 there will be lots of changes from the way we are living today. The ageing of citizens alone will have a huge impact on our society. In healthcare, this will range from significant increase of the number of people suffering from chronic diseases to the wholesale retirements of health care providers. Vision displays an innovative and intuitive edge when it comes to understanding the needs and desires of today’s citizens. In this thesis the nurse’s visions for the development of surgical ward K4 by the year 2015 collaborates with the visions of HUS (Appendix 5) for providing exceptional patient focused care by highly skilled professionals.

According to William (2007) a vision is an articulation of a desirable future condition or situation which ones try to attain the plausible course of action to be taken for its development and achievement. In this thesis a vision therefore seeks to actively mobilize the people and other resources towards the achievement of a shared goal. William (2007) continued that a shared vision arouses people's aspirations and creates the spark that lifts the situation out of the mundane. In the process a vision gives hope and courage to individual and community to rise to challenges at a national level. A vision can be seen as a force of hope and inspiration for motivating people in search for and work harder for the betterment of their livelihood. The transformation of the healthcare system requires a bold step to be taken.

5 METHODOLOGY

Qualitative research methods were used in this study: focused group interview was used for gathering data, and inductive content analysis for analysing it. As the main interest of this study was to find out nurses' visions for the development of K4 ward, the qualitative research approach fitted the study better than the quantitative. There was not enough time and resources to facilitate a quantitative researcher so the researcher chooses qualitative method.

According to Hirsjärvi, Remes and Sajavaara (2008) the starting point for qualitative study is to describe the real world, and this includes the idea that of the reality being a diverse concept. As the events give form to and affect to each other at certain times, it is possible to find some diverse relations between them. Qualitative research methods are based on the insight and understanding of individual's experience and it seeks to examined the richness of the data by determine the quality of the data (Brockopp & Tolsma 1995). Qualitative study tends to study the subject as wholly as possible (Hirsjärvi et. al 2008). In this study the nurse's visions was seen as something unique, which only the nurses could define. Thus, the nurse's views were approached by using the qualitative methods.

Hirsjärvi et. al (2008) present the typical features of qualitative research: first of all, the nature of the study is to observe the data as a whole, and thus the data must be collected in a natural and real setting. This has been emphasized in analysing data from the first stages of data analysing. According to Hirsjärvi et. al (2008) the researcher needs to emphasize the interview

and encounter it as a whole also trust the interviewee, not the survey questionnaire for example. The questionnaire and scrap papers may come in handy and act as a part of the study, but the person, the interviewee, needs to act the main role.

This is also an important factor as to why the qualitative research methods were used in this study. The main interest lay in encountering the person, and hearing what he/she has to tell about their vision for the ward K4. One of the important features in a qualitative study is that it aims at picking out unexpected things, and the other advantages are that it uncovers an accurate picture of the underlying perceptions of the topic (Denzin & Lincoln 2000). This is why the qualitative research does not aim at testing theories or hypotheses, but at observing the data in multifaceted and very detailed manner. Cottrell & Mackenzie (2005) stated, that the researcher does not define what is important in the study, but this is the interviewees' job. This is also a reason why the inductive content analysis was decided to be used in this study. It will identify the different views and construction of the nurses visions and experience and the best ways of finding out those visions is to explore the meaning of their work (Cottrell & Mackenzie 2005).

5.1 Participants

In this thesis the participants were five registered nurses and one practical nurse all from the same department of K4 Ward. MacIntosh (1981) recommended that the number of people per group should not be more than six to ten persons. But some researchers have used up to fifteen people at a time (Goss & Leinbach 1996). Having a large group that consists of a large number of representative can be convenience in a large sampling and can ensure adequate results by participation of its members. At the same time a group should not be too small that it will fail to give substantially greater coverage than when interviewing with one individual. Stewart & Shamdassani (1990)

Merton et al (1990) suggests that the size of the group should be taking into considerations. The group should not be too large as to be unwieldy or to preclude adequate participation by other members nor should it be too small that it fails to provide substantial information. Merton et al (1990) continues that the number of participants will depend on the objectives of the research and smaller groups are much preferable if the participants have much more to share on the topic of discussion.

The participants in this study were informed about the topic of the study and the method of which was to be used. An application letter for the permission to conduct the study was sent to the head quarter of HUS. Also an invitation letter for the interview in Finnish and English (Appendix 1 & 2) was sent to the department and letters for informed consent in both languages were also available to the participants before the interview (Appendix 3 & 4).

A copy containing the purpose of the study and the questions was given to the participants a day in advance and also a copy of the plan was given to the Ward manager to better understand the nature of the study. The ward manger was responsible for choosing the informants for this study. The nurses participating in this thesis shared the same working experiences. The participants were all women. The nurses have been working in the department of K4 for a number of years, ranging from five years to twenty-three years. The youngest of the nurses were twenty-seven years of age old and the oldest sixty-one years old. Five of them were registered nurses with educational background of a university degree. And one was practical nurse with degree background.

The nurses signed the consent form before the interview was conducted. Confidentiality was also discussed and assurances were given that no names will be mention throughout the thesis. They were also given the possibility to withdraw from the study at any time and if they wish to do so, there was no need for an explanation or reasons. They were given a choice as to which language they preferred to use in the interview. The options were English language or Finnish language. All the participants choose Finnish language. It was then decided that Finnish language will be the language used in the interview and the discussion will then be translated in English by the researcher.

5.2 Data Collection

In this study, focus group was used as a method of data collection. The purpose of focus group was to draw upon respondents' attitudes, feelings, beliefs, and experiences. According to Morgan (1998) these attitudes, feelings, beliefs and experience may be partially independent of a focus group and its social setting, but are more likely to be revealed via the social gathering and the interaction which being in a focus group entails. In this thesis the purpose was to gather information from the nurses on their visions for the development of Surgical Ward K4 by the year 2015. The nurses that took part share a common characteristics and the relation relating to the topic of this thesis. The participants were altogether five nurses and one practical nurse from the same department, K4.

According to Kitzinger (1995) focus group method is particularly useful in exploring people's knowledge and experience and their ways of thinking. This then help the researcher to clarify their views in ways that would be less accessible in a one to one interview. Merton (2003) stated that, focus groups are seen as an important tool for acquiring feedback regarding new products, as well as various clues and insights, particularly in companies wishing to develop and test new ideas. The usages of focus group can be seen in various research projects.

According to Stewart & Shamdasani (1990) background information in focus group session can be used for further testing in other researches. Henderson (2009) state that a focus group is a form of qualitative research in which a group of people are asked about their perceptions, opinions, beliefs and attitudes towards a product, service, concept, advertisement, or idea. In this thesis it was about the nurse's visions for the development of K4 Ward. In a focus group questions are asked in an interactive group setting, where participants can freely discuss with other group members and share ideas.

Gibbs (1997) stated that the comparison of individual interviews, which aim to obtain individual attitudes, beliefs and feelings, as in focus groups elicit the multiplicity of views and emotional processes within a group context. Gibbs (1997) continues to state that individual interview are a lot easier for the researcher to control, where as in a focus group in participants may take the initiative. However, through a focus group the researcher will be able to gain a larger amount of data from several people in a short period of time.

Morgan & Kreuger (1993) stated that focus group are particularly useful when there are power differences between the participants and decision-makers or professionals, when the everyday use of language and culture of particular group is of interest, and when one wants to explore the degree of consensus on a given topic.

TABLE 2: Elements of focus group

Elements	Focus group
Format	Group session
Size	5 Nurses and 1 practical nurse
Length of time	1.5 to 2 hours
Participants	Selected by invitation and similarities
Form of data	Interview
Data collection	Audiotape

According to Kitzinder (1995) a focus group studies can consist of anything between six to ten people with the same or similar characteristics in a single session. Focus group or group depth interviews are the most widely used research tool in social science. Focus group emerged in behavioral science research as a distinctive member of the qualitative research family. According to Stewart and Shamdasani (1990) focus group can involve small research projects with more than two or three groups; this can include individual depth interviewing, ethnographic, participant observation, and projective methods, among others.

Focus group interviewing involves organized discussion with a selected group of individuals. It is particularly suited for obtaining several perspectives about the same topic in order to gain information about their views and experiences of the topic, Stewart and Shamdasani (1990). In this study there were two theme questions and the informants were aware of the purpose of the research. The topic was interesting to the participants and the discussion was done in a relax manner.

5.3 Data Analysis

The data in this research was analysed by using content analysis. According Berelson to (1952) & Kirppendorff (1990) content analysis has been defined as a systematic, replicable technique for bringing many words of text into fewer content categories. Content analysis is also used to describe the characteristics of a document in a systematic and objective way (Polit and Hungler 2004). It aims to produce concepts or categories which provide a condensed and general description of the phenomena in question. Through content analysis data are simplified, categorized and conceptualized (Lo-Biondo-Wood and Haber 2006).

The analysis of this study is a systematic analysis (Krueger 1997). The data analysis began by listening to the tape and organising the received data so that it can be synthesized interpreted and presented in a written form. All the transcribed data was then put into word document, the language used then was in Finnish language. The data was then translated into English language by the researcher, because the thesis is in English. The researcher started by listening to the transcript and familiarizing with the data in order to understand its contents and break the text down into smaller components units by highlighting. The next step is to develop relevant categories for analysis by paraphrasing and continuous comparison was made throughout the analysis process. Some concepts and themes began to appear which develop into categories. According to Thomas (2006) inductive content analysis is themes and concepts which emerge from the participants and the outcome of an inductive analysis comes from the development of categories into a model which summarizes the raw data and introduces key themes and processes. The next step of the analysis was to divide the data into subcategories, which formulated by interpreting the contents of sentences, by putting data that belongs to the same categories which formulate into seven sub-categories of which the main categories were: Nurses visions and development of K4 ward. In this way the main categories were formulated. The subcategories were put in order to describe the areas the nurses discussed about. The method used in this study was first the splitting of the data in simplified expressions and then the simplified expression were divided into sub-groups, groups and categories. In this study the themes appearing and the categories were the nurse's visions for the development of K4 ward by the year 2015. These visions and developments emerged from the participants through group discussions.

TABLE 3: Data analysis process (Krueger 1997)

DATA PROCESSING	MEANING	GOAL
Organizing the data	Arranging the data into a format that is easy to work with. Transcribing and jotting down note from the tape recorder. Listening to the tape several times and reading the transcripts several times.	Making sense of the interview before breaking it down into categories and typing it up into major themes which has began to appear
Identifying the data into information framework	Looking through the data and assessing the types themes that are coming through. Jotting down the different categories and different responses that arise. Writing memos in the form of short phrases, ideas or arising concepts are beginning to develop categories.	Forming descriptive statements and carried out the analysing of the data. Start separating the data into groups with similar characteristics. Becoming more familiar with the data and find out about the relationships between the groups.
Interpreting the data	Shuffling and highlighting the data. Sorting out quotas	Managing the data and making comparisons within the group and between cases
Charting of the data	Re-arranging the quotes from it original context into a newly developed thematic content. Comparing and reducing data by contrasting data and cutting out similar quotes.	Managing of the data

6 FINDINGS

The findings of this thesis are presented congruent with the interview. The nurses had individual opinions and descriptions about their visions for the development of ward K4. Some of the findings that were identified was of more personal importance and significant to some of nurses. All together the nurses had a common goal. That goal which defines the issues involved in the visions and development of K4 ward and the possibility for solutions in the future. In reviewing and interpreting the data, two thematic areas were created. The data were collected through a focus group interview from five register nurses and one licence practical nurse, with years of experience in the K4 ward. The nurses describe their visions and needs for developing and finding solutions as valuable and of importance for the future of K4 Ward. They reflect on their work throughout the years and visualise needs for development and improvement. These visions and developments are presented in the findings of this thesis.

6.1 Development of Ward K4

The category Development is one of the main concepts that arouses from this study. Through this category the nurses recognizes the needs for the development of K4 Ward. The sub-categories which contain the contents challenge, educational program, and expertise will clarify the needs for the development of K4 ward.

6.1.1 Professional Development

Nurses discussed professional development as more of a challenge for themselves and the environment they work in. There is a need to provide practitioners with opportunities to explore and understand the personal theories belonging to their practice. Participant-5 *"stated that it is essential for nurses to have a continuous educational program in their field. This will provide them with more expertise, with more expertise; there will be better development of patients care. P-1 "Continuing educational programs should be mandatory for all nurses, graduates and experienced."*P-6 *"Professional development keeps the nurses update in addition, the organization saves money an there will be an increased productivity"*.

The nurses discussed why professional development is essential in the medical field. There is a constant change of advancement in technology and the growth that takes place in the health care system and this growth is changing rapidly. Nurses need to keep abreast with these changes. The nurses also considered professional development as a personal growth, with developing skills and knowledge, nurses can gain optimized personal development and job growth. Participant-2 *"Professional development should be mandatory for the entire nursing staff of K4 ward in the future"*.

6.1.2 Orientation for staff and language courses

The nurses felt that orientation provides an avenue in which the ward's visions and missions can be seen clearly and consistently communicated. This helps the new employee to immediately understand their role on the ward. The Orientation helps the staff to focus and put them in charge of their own development. More so, orientation will give an opportunity to connect with the other employees and to get insights into the department.

Participant-4: *"There is a great need in the future for the development of staff orientation in K4 ward. Orientation should not only be provided for new nurses, but for the experience nurses as well"*. There should be continuous orientation throughout the year as to the changes that occur within the patients care plan and within the organization as well. The staff will then be able to provide better care when they are on the right track.

The nurses emphasised the old saying that says "nursing is a calling" and that saying is no longer effective. Effective nurses are made, not born. It doesn't matter how experienced nurses are, coming into a new organization, nurses need orientation to familiarize them with the specific attributes, policies and expectations of the organization and its employees. They all agree that staff orientation should include a wide range of issues, and key elements that are found in the department. Participant-5&2 *"There is a need for a longer period of orientation time for new nurses. One to two weeks of orientation is just not enough time to learn the basics routines on the k4 Ward. The orientation should also involve reviewing of operating procedures and protocols."*

The nurses express the importance for a new nurse, whether hired from within the HUS organization or recruited externally--to understand the healthcare organization mission, visions and values. While the HUS health care organizations are concerned with patient care and quality of service, there can be variations on K4 Ward and these are important for new nurses to know. A clear understanding of what is important to the organization and what is to K4 will ensure that the nurse will be effective in her performance.

Participant 3 “ *Orientation should include information about what is most important to the K4 ward and the HUS health care organization in terms of care for clients needs and what areas of needs are of most important for client*”. It is important that orientation is focused on each individual nurse. A nurse who has extensive experience in management in the HUS organization will not need much orientation on supervisory issues; a new nurse coming from another organization outside of HUS facility will need more information on the health care organization, the ward and its structure, policies and procedures than a nurse promoted from within the organization.

Language skills both spoken and written are a major concern for the nurses. Many of the nurses worry about the weak Finnish language among the staff whose mother tongue is other than Finnish. As we are moving forward into a world without borders, we are having an increase in different ethnic groups, a true multicultural environment. However, healthcare professionals must educate themselves on languages and cultural issues that their clients may be facing. Participant-6: “*There is a concern of the use of weak Finnish-Sweden language skilled used in the healthcare department. By the year 2015 there will be more staffs who do not speak Finnish nor Swedish as their mother tongue. This is a major problem that the health care system will be facing and the need for continues language course is crucial* “. Participant-4:”*One of the reasons for mistakes in the quality of care is the lack of comprehension of the Finnish-Sweden language. Language training should be integrated into the training curriculum as early as possibly and should be mandatory*”.

6.1.3 Collaboration with other professionals

In this sub-category nurses discussed the need and importance for collaboration with other healthcare professionals. Some of the contents are verbal communications, anger, misunderstanding and collaborations. The extent to which healthcare professionals work together can greatly affect the quality of care that is provided for the patients. All the nurses agree that there are many issues within the ward that need to be address and this concerning collaboration with other healthcare professionals in the future. One of their vision is to enhance a structure of communicate and interacting with each other, concerning patient care that occur.

Participant-2 "There is a great need for verbal communication between doctors and nurses concerning post-operative protocols. Communication among professionals needs a lot of development in the future. Example: doctors will come in and issue an order in patients file, without communicating this to the nurses. The nurses will only notice this order a few hours later and this will then breathe anger and misunderstanding. Communication and collaboration will give insights as to what we and our colleagues are doing and this will take us closer to the goal of quality care".

The nurses felt that there was a need to inter vent strategies into the healthcare settings to improve work interactions and processes between the nurses and other healthcare professionals. *Participant-3*: "There is a need to develop a process in which we can have open communication and link with other professionals that are involved in the patient's care".

Participant-6 stated that there is a greater need for collaboration between the out-patient unit, psychiatric and anaesthetic nurses and physiotherapists, based on the information and planning of patients care. *Participant-2*: "Doctors rounds should take place in the mornings to maximize productivity. Organization among the doctors is an issue that needs to be address".

Another major problem is collaboration with the professionals in other rehabilitation unit. K4 ward is a specialize orthopaedic ward and the waiting list for patients continuing care to the rehabilitation unit is a huge problem, unless we can find some ways to communicate. This causes problems for the elective patients waiting in ques for operation and even cancellation of their operation. Nurses' visions are to have more continuing care units for patients.

Nurses were concerned that doctors show interest mostly to their own patients continuing care plan. Meaning the patients that they operated "own patients system". And less interest is being put by the doctors on the planning of patients continuity care by other doctors are left hanging around during the doctors rounds. This sort of action puts a strain on the nurses and slows the productivity of the ward. P-1 "*Doctors need to show more responsibility for all patients and share information among their peers. They also need to observe the same routine and nursing care plan for patients. P-1: Within the next five years the newly graduated doctors will have to take more responsibility and part take more in patients care, not just to perform operations and leave the rest up to the nurses*".

6.2 Nurse's visions

This main category is on nurse's vision. This is one of the main concepts of this thesis on nurse's vision for the development of K4 ward. The description of the visions presented in this category is to clarify the different aspects that the nurses felt are most needed to develop K4 ward.

6.2.1 Nurse's visions on value and recreation

The Nurses expressed their concern of the growing problems facing our society and the challenges that nurses will be facing in finding solutions to these problems in the future; also the lack of nursing staff is putting a great strain on nurses in the future. It has now been seen that not many people are interested in the nursing field today, and being under paid is one of the major reasons for this set back in nursing profession. Participant -5 "*Nurses are the driving force behind healthcare and yet the most underpaid. One of our visions is to find a way to show the value of what we are doing and let it be seen outside the healthcare environment*".

Nurses visualise more recreational activities for the elderly, something they can pursue when retired. Participant-2 "*There is a great number of entrepreneurs whom have retired and basically have nothing to do with their time on hand, not having any kind of hobbies to occupy their time, they just sit at home sipping alcohol. An increase number of these clients are women and after injuring themselves they clog the wards because they refuse to go home or a rehabilitation home. They enjoy the social surrounding of the hospital and basically they are*

afraid of the challenges of recovery. One of the reasons is loneliness and isolation. Not having any motivation and activities to occupy their lives”.

6.2.2 Providing quality of care in Ward K4

Providing quality of care in K4 ward is another issue arose during the interview. In an environment where the quality of care is diminishing, nurses felt that this is putting a lot of pressure on the permanent nursing staff. Participant- 2” *In order to produce better quality care, every nurse should administer the same standard care for all patients. P-2 continued to state that, there should be a debriefing at least once a week between colleagues to discuss problems that arise with patients care and the means to develop strategies to find solutions”.* Participant-6”*The quality of nursing care in this ward should be constantly updated and the nurses in the department should also be informed about the new changes in order to keep abreast with the care given. These updates should also be included as part of the curriculum on the ward”.*

Participant-1: *”However, the level of quality in nursing is decreasing, this is due to less nurses having permanent jobs .There are more nurses working on short term contracts than ever before. The nurses who are working permanently are the ones with the most responsibilities and the quality of care rests on their shoulders. These nurses that are passing through are the ones with less responsibility and more importantly, accountability, the challenge for the future is to have more permanent staff”.*

Another issue that arose during the interview and was the major concern for the nurses was the long waiting period those patients has to wait for an operation. Some patients must wait for two to three days with fracture hip or ankle before they can be operated. Participant-4” *The mortality rate has increased to seventy percent in elderly patients waiting for an operation more than twenty-four hours. The waiting period is within a twelve hour window”.* The general state of a patient decreases after twenty four hours, due to complications, pain and other illness that the patient's may have before injuring themselves. This is a problem that needs to be address in the future in order to provide quality care for patients.

According to the nurses, another unfortunate fact that is hampering the quality of care in K4 is the enormous increase in mental health, drugs and alcohol problems facing our society. Participant-1 *"As the years goes by we are experiencing in K4 the rising number of mental health problem experience by patients. Within the next five years we not only need to educate ourselves on the specific need of the patient, which is the operation but on ways to deal with lack of performance and social skills of clients that are deteriorating. This provides quite a challenge for nurses in the future"*.

6.2.3 Providing patient centered care

In this subcategory of patient's centre-care some of the contents which integrated are capabilities, responsibilities. Providing patient centre-care the nurses felt that the role of patients is one of action and collaboration. Many of us in health care were train in traditional medical model of care. In this model of care the doctors make the decision and the patient goes along with that decision most of the time. Participant-4 *"We need to educate the patients on their own capabilities, we must try to get them to understand that they are responsible for their health and well-being, and it is very important for them to be active again after an operation"*.

In order to provide patient centre-care the nurses discussed the importance of focusing on the patients needs after surgery and try to find solutions according to the patient's necessity. Patient's need to be encourage to be more involve in their own care process, starting from the point of pre-visit to the ward. Doctors and Physiotherapist also need to be more involved in order to achieve this goal, an area which really needs development in the future.

One of the daily problems facing the nurses on the K4 Ward is the continuous constipation problem patients are facing in post-operation. There is a need for development in this department in the future. Participant-2 *" We should develop an enema program for the patient prior to the pre-visit to the doctor. And automatically distribute laxative in small portion on a daily basic"*. Many patients are having these bowel problem months before surgery, due to fact that they are taking heavy medication on an everyday basis prior to surgery. There also a need for more attention to be paid to the client after being discharge from hospital.

6.2.4 Providing a safe environment for patient's and staffs

Nurses described the necessity of safety for both patients and staffs on the K4 ward. The nurses felt that safety should be considered as a two way flow. The safety of patients and staffs decreases as the environment on the ward become less stable. Nurses discussed that there are fewer hours per patient, fewer staff members, and increase number of responsibility for the nurses. They felt that the capacity to provide a safer environment is decreasing, because of the increasing number of patients to a nurse.

Participant-4” *On a daily basis there are twelve patients to two nurses and on the night shifts approximately twenty-five patients to one registered nurse and one practitioner nurse. This can sometimes produce higher level of anxiety for nurses and an increase level of mistakes for the nurses on duty*”. With the increasing growth of alcohol and drug consuming in the society, comes the increasing risk of falling of civilians which results in longer waiting periods for operation. This is a growing concern on K4 ward for the future of nursing and an issue that challenges nurses in the future. Most of these clients goes through delirium and can be aggressive towards the nurses.

According to the nurses, there is definitely room for development in the safety department of K4 ward. Another factor that was discussed was the need for the patients to feel safe when coming in for an operation. Participant-3” *Having a bed place in a room and a place to store one belonging already reduces the anxiety of the patient. Also having a bell to ring the nurses for help provided the patient with a sense of comfort and safety*”. According to the nurses this is a problem that needs more attention in the future. Not having a bed place in the room for incoming patients is due to the slow pace of discharging the ones that are already in.

6.2.5 Information and guidelines

The nurse expresses altogether the same opinion on the sub-categories, information and guidelines. They stress the need for a better form or structure of information and guidelines for the patients. Too much information is given at once and patient are either too ill to concentrate on the information or there is too many pages of info to be considered.

P-6 " Express the need for patients instructions on home care should be no more than a A4-page. The information should be precise and clear. There is a need for information and guidelines in three languages, Finnish-Sweden and English and every patient has the right to receive information in his or her mother tongue".

Nurses visualise a future where patients will take on more responsibilities according to the information given to them on discharge procedures. Participant -1 "On the day of your discharge, patients should at least arrange to have their transportation available. Check their room for their belongings and if they are having any valuables in the hospital safe, tell the nurse so they can be returned. Often when the patient leave the hospital they telephone back to ward for their belongings, or last minute they will claim that they have no transportation to take them home. These situations create excess work for the nurses and use up resourceful time.

Participant -1 suggested: *Things patients and their families should think about before they go home and may be helpful is to have someone stay with you the first 24 hours. Stock up on easy-to-prepare foods. Know who to call in case of an emergency. There are many community resources available".*

Nurses felt that there is a lot of resourceful time being spent on the telephone repeating the same information to patients after discharged from K4 Ward. Also valuable time is spent on accumulating patients belonging after they leave the hospital. With proper information and guidelines these situations can be avoided and time saving. There is a need to produce a check list to be added on the information forms on patients' pre-operative interview and also on the discharge form. According to the nurses, the needs for guidelines are necessary for the speedy recovery of patients. Some patients read up on their surgical procedures before hand, from the internet, which lead to higher expectations when they come in for an operation. It is the entire staff responsibility to facilitate guidance and information for the patient safer recovery leading to the discharge. Some of the nurse's visions are for the patients to have proper guidance after discharge from the hospital. Many patients prefer to stay longer period in the hospital and the bacteria strains in the hospital puts patients at greater risk.

7 DISCUSSION

The findings in this study was from the nurses working in Surgical Ward K4 and the aim of the research was to find out nurses visions for development of the surgical ward K4 by the year 2015. The nurses visualise the need to improve and develop a collaboration and communication among nurses and other professional. This has implications for the education of future nurses, physicians and other health care providers. According to Miller (2004) educational strategies must be developed to better prepare staff to collaborate effectively in the future, not only to build bridges rather than silos.

The finding in this study also demonstrates the importance of quality in healthcare and the need for collaboration within the team, in order to produce a safe recovery for patients. Clear communication amongst staff was an important factor of concern express by the group. The effectiveness of communication and respect for each profession can provide interdisciplinary collaboration among team members, the nurses felt that by sharing their experience, information and expertises they can create high quality of care. According to Miller (2004) training in collaboration with team work gives recognition and acknowledgement to staff clinical skills. The study also suggested ways of developing particular interventions concerning with empowering clients and helping them to achieve and maintain their own recovery independently. According to the WHO (2011) the ultimate purpose of the health-care, is to provide safety in all health-care settings and involve patients as partners in an effort to improve the safety and quality of health care.

Nurses stress the need for supporting the development of educational programmes that will enable nurses to support their individual nursing career. Having experience the lack of staff on board, teamwork and significant disrespectful communication from their peers and physicians, nurses felt that this seems ironic in a profession focused on caring. Despite these challenges, new innovations and strategies must emerge to support the future of healthcare and allows the promotion of open and effective training in the nursing environment. By the year 2015 the health care will be facing a growing number of shortages of nurses. This is also due the fact that a great number of nurses will be retiring. K4 ward is already feeling those strains, with the lack of expert's nurses in orthopaedic field. Without intervention to improve and developing the work environment for nurses and the ward itself, the health care delivery system will struggle to

provide high quality and safe health care to its patients. Nurses also revealed many important issues that are needed to be address and develop in the future. By developing their visions and finding solutions, nurses can improving patients care, provide safety for patients and staff effectively.

Another issue which is of utmost importance was the language barrier that will be seen more and more in the future. Language courses should be mandatory, with more nurses seen in the work force with mother language being other than Finnish or Swedish. There is more room for mistakes and misunderstanding. According to Allan (2007) in nursing, language is used to facilitate the quality of care and educate patients of that care. In today's society, it is essential that the information that is transmitted to the patients and colleagues are commonly interpreted by nurses and patients alike. Allen (2007) continues that language is very important because it the means by which communication is both conveyed and received. Learning the Finnish language and communication poses a challenge for the nursing profession in the future. The challenges are differing requirements for specific situations. Nurses acknowledge that language facilitates commonality of understanding and hence meaning. Having a better understanding of the language when communicating with other health professionals and patient, does prevent mistakes and guarantee some level of quality of care for patients.

The finding of this study also indicates the importance of guidance for patients and information concerning their care. The lack of proper patient's information and guidance is time consuming for the nurses on the ward. According to Bunker (1983) by providing good patients guidance and information staff can make sure that patient are properly prepared for their operations and procedures. This will also help patients to remember what their doctors or nurses have told them. Information and guidance also enables patients to make decisions and give them time to think about issues involve in their care and treatment. According to Bunker (1983) good information and guidance can reduce patients anxiety and give them confidence and improve their medical outcome.

7.1 Ethical considerations

Ethical considerations in focus groups research are the same for almost all other researches. When selecting participants, researchers must ensure that full information about the purpose and the contributions of the participants are honest and informed. Also the participant must be informed about the expectations of the group and topic (Homan 1991). Ethical issues emerge in every phase of qualitative research. They are visible from the beginning and throughout the whole process of the methodology (Talbot 1995).

The request to part take in this study along with the plan and a paper with the purpose of the study and the questions were given to the informants by the ward manager. An attachment of the thesis plan was also given to the ward manager for a better understanding of the study and its intentions. They were also informed about matters relating to their confidentiality in this study and their rights and responsibility involving in this study.

Another way of considering ethical issues is by respecting the ethical codes in human rights as it is stated in the main Rights Declarations, beginning with the Universal Declaration of human rights (United Nation 1948). Every person and as part of a community is obligated to respect the declarations, but in case of any professional relation, one must recognised the relation between right and wrong and duties that is express by the code of ethics (Alexandra & Columbus 2006).

According to Norman and Yvinna (2005) code of ethics emphasizes the important of respecting anonymity and privacy of research participants. It safeguards and protects person identities and those of the research location. Also the confidentiality is assured as a primary safeguard against unwanted exposure. The informants took part in the study did so on their free will, knowing that they are contributing to the development of K4 ward. Also it was made clear to the informants that the information given by them would be used for learning purpose in the development of K4 ward and after the analysing of the data, the tape will be destroyed. The question asked during the interview was specified in a way to give the informants the possibility to express their views in free and openly manner. In this study the results obtain from the interviews were treated with utmost confidentiality and the participants privacy was also protected through confidential procedures.

7.2 Trustworthiness

The aim of trustworthiness in a qualitative research is to support the argument and finding, and paying attention to it (Lincoln & Guba 1985). In qualitative research validity and reliability, are criteria used to evaluate the quality of research in the conventional research paradigm. As an interpretive method, qualitative content analysis differs from the tradition in its fundamental assumptions, research purposes, and inference processes (Bradley 1993). Thus in this study validity and reliability is not applicable, therefore these criteria are unsuitable for judging the relevance of this research results.

Research finding should be as trustworthy as possible and every research study must be evaluated in relation to the procedures to generate the findings (Downe-Wamboldt 1992). Throughout this thesis process trustworthiness has been taken into consideration by securing the four criteria used to describe trustworthiness: Credibility, dependability, confirmability, and transferability (Talbot 1995).

Credibility was secure throughout this thesis by the researcher focus and confident. Considering the informants messages carefully and taking direct loans from the interview to the finding sections, the researcher establish that the results are credible from the perspective of the participants in this research. Therefore, the participants are the only ones who can legitimately judge the credibility of the results.

Dependability is another aspect of trustworthiness and it seeks the means of describing the factors of the phenomenal of the study and the risk of inconsistency during the data collection (Lincoln & Guba 1985). In this thesis the methods and procedures are describe clearly and they are also easy to follow by readers and others researchers. The data collected were carefully analysed. Confirmability assures the data supports the findings and conclusion (Talbot 1995).

Transferability provides a second party other than the researcher, the opportunity to determine whether the findings are relevant and can be put into practice (Talbot 1995). Transferability is secure by detailed and can be generalized or transferred to other contexts or settings. From the perspective of qualitative view, transferability is primarily the responsibility of the one doing the

generalizing. By doing a thorough job, the researcher brings about the assumption that describes the context in this study and all that is central to this research.

7.3 Future recommendations

By undertaking this study, the researcher has brought the visions of the nurses in the opening. According to the data from this research the Jorvi Hospital Ward K-4 staff strongly believed the Finnish health care system would improve with increased communication in all realms, ongoing training with a multidisciplinary approach, increased safety, increases in salaries, reversing the trend towards part-time staff would all benefit the patients' overall care and outcomes. Ward K-4 nurses believe these factors would decrease stress amongst staff, increase productivity and continue to provide the high quality of care the Finnish society has enjoyed in the past and will continue to receive in the future.

For future recommendation: a research on processing the nurse's visions and how efficient it is as tool, that it could benefit the ward K4. Another recommendation could be on developing the findings in this research example the collaboration in a multi-disciplinary environment.

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APPENDIX 1: INVITATION LETTER FOR AN INTERVIEW

Laurea University of Applied Sciences
Indira Kuivalainen
Gsm: 045 6382804
E-mail: indira.kuivalainen@hus.fi

Dear Nurses,

I am currently studying part time in a Masters of Health Care Degree Programmed at Laurea University of Applied Science. My name is Indira Kuivalainen. The degree programmed entails writing a thesis report based on the research carried out in the field of Health Care.

The purpose of the study is to find out what are the nurses visions for the development of surgical ward K4 by the year 2015, by interviewing nurses.

I wish to ask your permission and if you would be willing to be involved in my research by allowing me to interview you as a group. This will enable me to understand your work better! I can assure that all information available during the interview will be treated with utmost confidentiality. The identity of the informants will not be reveal, and you will have the option to withdraw from the interview if you wish to do so at anytime.

Kind Regards
Indira kuivalainen

Tutors:

Paula Lehto Yliopettaja
Tel:09-88687533

Anna-Liisa Pirnes Lehtori
Tel:09-88687546

APPENDIX 2: INFORMED CONSENT, ENGLISH

_____ agree to take part in the interview for research on the nurse's visions for the development of surgical ward K4 by the year 2015. We grant authorization for the use of the information we give throughout this interview. Thereby we understand fully that anonymity and confidentiality will be preserved during the research. We understand that our names will never be disclosed or referenced in any way. We are aware and grant permission to use the information that will be available for the research. We understand that the tapes, transcripts and saved versions, will be handled confidentially and will be erased after the research. We understand that our participation is entirely voluntary and that we may withdraw the permission to participate in this study without explanation at any time.

Espoo

15.12.2010

Nurses Signatures

APPENDIX 3: KUTSU HAASTATTELUUN

Laurea University of Applied Sciences
Indira Kuivalainen
Gsm: 045 382 804
E-mail: inipersaud@yahoo.com

Hyvä Sairaanhoitajat,

Teen parhaillaan loppututkielmaa, opiskelen ylempää AMK-tutkintoa (Master of Health Care) Laurea- ammattikorkeakoulussa. Tutkielman tavoitteena on selvittää Sairaanhoitajien kehitysvisiot Jorvin kirurgisella osastolla K4 vuoteen 2015 mennessä.

Haluaisin tällä kirjeellä tiedustella halukkuuttanne osallistua tutkielmaa varten suoritettavaan ryhmähaastatteluun. Kaikki haastattelun aikana esille tulleisiin tietoihin tullaan suhtautumaan luottamuksellisesti eikä haastatteluun osallistuneiden henkilöllisyyttä tulla julkistamaan. Teillä on myös mahdollisuus tarkistella haastattelun tuloksia ennen kuin ne lisätään tutkielman loppuraporttiin.

Toivon, että suotte minulle mahdollisuuden haastatella teitä, jotta voisin ymmärtää paremmin työnne haasteita.

Ystävällisin terveisin,

Indira Kuivalainen

Espoo
15.12.2010

APPENDIX 4: INFORMED CONSENT, FINNISH

Suostumme _____ osallistumaan tähän haastattelun, jonka tutkimusaiheena on Sairaanhoidajien kehitys visiot Jorvin kirurgisella osastolla K4 vuoteen 2015 mennessä. Olemme tietoisia, että tämä tutkimus liittyy ylimmän ammattikorkeakoulun tutkintoon. Annamme luvan käyttää tämän haastattelun aikana annettuja tietoja tutkimukseen. Olemme tietoisia siitä, että tietomme käsitellään anonyymisti ja luottamuksellisesti. Hyväksymme ja annamme luvan käyttää tietoa asiakkaiden laatu palveluun kehittämiseen. Tutkimukseen kerätty tieto säilytetään huolellisesti ja hävitetään tämän tutkimuksen päätyttyä. Olemme tietoisia, että osallistuminen tähän haastatteluun on täysin vapaaehtoista ja että voimme kieltäytyä osallistumasta tähän tutkimukseen milloin tahansa ilman selitystä.

Espoo
15.12.2010

Allekirjoitus

APPENDIX 5: THEME QUESTIONS

What is the different aspect that is in need to be developing in Ward K4?

What are the challenges nurses will face in the development of their vision?

HUS's visions in general, in Finnish and English language according to HUS.

HUS VISIO

Asiakaslähtöistä toimintaa potilaan parhaaksi

Potilaamme saavat maailman parasta erikoissairaanhoidoa oikea-aikaisesti, joustavasti ja asiakaslähtöisesti.

Huippuosaamisella, laadukkaalla ja tehokkaalla palvelutuotannolla sekä tasapainoisella taloudella toteutamme omistajien tahtotilan

Edistämme yhteiskunnan kehittymistä ja Suomen kilpailukykyä ja olemme innovatiivinen ja vetovoimainen työnantaja.

Top Hospital - customer-orientated activities for the good of the patient

Our patients get the best specialist healthcare in the world, in a timely, flexible and customer-orientated manner.

Top expertise, efficient high-quality service provision and balanced finances help us to achieve the vision of our owners.

We promote the development of society, we drive Finland's competitiveness, and we are an innovative, attractive employer.

Customer-oriented activities in the best interest of the patient's.