



Finnish Peacekeepers Experiences of Serving Abroad during COVID-19 Pandemic

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The purpose of this thesis is to increase the understanding of how a pandemic is experienced in the peacekeeping context, which is an exceptional work environment and differs greatly from the civilian everyday life. The experiences of Finnish peacekeepers were gathered for the Finnish Defence Forces Center for Military Medicine.

Previous studies show that the COVID-19 pandemic has increased the experienced level of stress, both physical and mental, and increased the workload of peacekeepers around the world. Due to the pandemic, the status of some peacekeeping missions has changed from active to paused because of the traveling restrictions. Studies have reported that professional groups working in the front line have experienced sleeping problems and have been more prone to mental health problems and stress.

This thesis was a qualitative study that aimed to investigate the Finnish peacekeepers' experiences of the COVID-19 pandemic phenomenon while they were deployed abroad on a UNIFIL peacekeeping mission in Lebanon. The peacekeepers' experiences were gathered anonymously using an online questionnaire. The results were analyzed with inductive content analysis. The classical trustworthiness criteria were used in quality assurance of the study.

The results indicate that Finnish peacekeepers are very content with their pre-deployment training. Peacekeepers experiences indicate that the instructions regarding the COVID-19 pandemic have been clear and easy to follow. Most experienced that having lived with COVID-19 for that past one and half years in Finland did not make COVID-19 pandemic a major factor in their serving abroad. The instructions regarding COVID-19 were the same in Lebanon as in Finland. Quarantines were the only thing that was almost unanimously experienced as an unpleasant or negative feature. The COVID-19 pandemic significantly limited the opportunities to work together with the locals and restricted the peacekeepers' movements both inside and outside the camp. This seemed to be something that most had been looking forward and now had to miss out. The peacekeepers were content with the missions' staff's efforts to prevent infections, with the provided information on how to keep healthy and the arrangements that were made to make the quarantine time endurable. The results of this thesis can be used to improve the education and training given to peacekeepers before deployment by the International Education Department of Finnish Defence Forces Central for Military Medicine. Insights gained from the experiences can help minimize the consequences of the pandemic peacekeepers in the future deployments. Pre-deployment training can be developed by increasing education on infection prevention and means to manage quarantine time.

In the event of new pandemics, it would be recommended to execute an easily approachable questionnaire to gain information of where the education was successful, how the arrangements were experienced and what the peacekeepers' wish would be done differently next time. Considering these wishes and proposals might result in improved resilience and preparedness of peacekeepers.

Keywords: Covid-19 pandemic, peacekeeper, serving abroad, content analysis

Contents

1	Introduction	5
2	COVID-19 pandemic and its impressions	5
2.1	COVID-19 pandemic	6
2.2	COVID-19 pandemic and peacekeeping	6
2.3	Burdens of COVID-19 pandemic to military and peacekeeping personnel.....	7
2.4	COVID-19 pandemic burdens to Lebanese	8
2.5	Means to manage	8
3	Study aims and objectives.....	9
4	Methods	9
4.1	Description of the study	9
4.2	Study setting and context	9
4.3	Data collection and analyzing methods.....	10
4.3.1	Content analysis.....	12
4.3.2	Truthworthiness	12
4.4	Ethical and legal considerations	13
4.5	Data management plan	14
4.6	Recruitment of the participants	15
4.7	Informed consent procedure	15
4.8	Risk-benefit analysis	15
4.9	Description of project funding.....	16
5	Study results.....	16
5.1	Participants.....	16
5.2	Experiences on education	16
5.3	Experiences related to COVID-19 pandemic.....	17
5.4	Advice to the future peacekeepers	19
5.5	Content analysis	19
6	Discussion	20
6.1	Trustworthiness	20
6.1.1	Credibility	20
6.1.2	Transferability.....	21
6.1.3	Dependability.....	21
6.1.4	Confirmability	22
6.2	Reflection of gained results.....	23
7	Recommendations	24
	References	25
	Appendices.....	31

1 Introduction

The thesis studies the experiences of United Nations (UN) UNIFIL missions Finnish peacekeepers working abroad during COVID-19 pandemic. COVID-19 pandemic sets restrictions and new rules that dictate how peacekeepers can perform their service abroad (WHO 2021a). The pandemic has forced a change in many routines, vacation arrangements and how they interact with others (UNIFIL 2020). Peacekeepers experiences might be useful in preparation and education development for any future pandemics. Focus was on the peacekeeper's experiences of the pandemic while they are serving abroad, their thoughts of their preparedness and means to manage and information needs. Finnish Defence Force Centre for Military Medicines gain meaningful information of peacekeepers experiences that hasn't been collected before.

Working as a peacekeeper differs greatly from the life that the deployers normally live. When Deploying for a mission, the Peacekeepers leave their families and their day to day lives in Finland. Depending on the mission, one might be away from home for several months at a time. Peacekeeper's work, live, eat, and spend their free time with the same crew every day. Spending all day together and not being able to leave or get hours of privacy, is a big change to some. (UN Peacekeeping no datea.)

The COVID-19 pandemic creates more restrictions by demanding the peacekeepers to follow the recommendations for social distancing, and in case of exposure to COVID-19 quarantine or isolation. If the COVID-19 prevalence grows high in the society around them, the local authorities might order lockdowns and curfews that limit the daily functions even more. (WHO 2021b.)

2 COVID-19 pandemic and its impressions

The need for the thesis comes from working life. The Finnish Defence Forces Centre for Military Medicine recognized a need to learn from the peacekeeper's experiences of COVID-19 pandemic. Experiences could be used to develop their pre-deployment education. (Field Nurse 2021a. Personal communication.) When the experiences of the pre-deployment education and pandemic related restrictions are known, it is possible to develop the training and the facilities to improve peacekeepers experiences in the future.

2.1 COVID-19 pandemic

COVID-19 is an infectious disease caused by Coronavirus (SARS-CoV-2-virus). Once infected with COVID-19, most people get different severity of respiratory illness. No specific cure has been discovered and that is why, the patient's symptoms are treated with accordingly. Infection of COVID-19 can be prevented by keeping a safe distance from other people, wearing a face mask, washing hands with soap or by using hand disinfectant. In addition, getting a vaccination prevents from catching the disease or if you contract it, it is going to be a milder version of the disease. If one is experiencing flue like symptoms, contact the local health authority to get tested for COVID-19. In the meantime, avoid contact with people, cover your mouth with your flexed elbow or a tissue to avoid spreading of the virus. (WHO no date.)

If one is infected with COVID-19, in Finland, patient is ordered into an isolation by the local infectious disease physician. People that have been in contact with the infected person will be mapped out and ordered in to a 14-day quarantine. (THL 2021.)

Coronaviruses are most carried by bats. It is still unknown how the virus got from a bat to a human. It has been thought to have happened to a person who handles bats. (Sansonetti 2020.) WHO (2020a) states that 31.12.2019 the Chinese Health Commission on China reported that in Wuhan Municipality a cluster of cases of pneumonia had occurred. On 5.1.2020 WHO (2020a) gave notice of a disease outbreak by a new virus. By 30.1.2020 there were 7818 cases of COVID-19 reported around the world (WHO 2020c) On the 11.3.2020 COVID-19 was declared as a pandemic (WHO 2020a) On 27.1.2020 Finland began to Vaccinate against COVID-19 (YLE 2020). By 29.11.2021 there are 262 113 705 reported COVID-19 cases globally, of which 5 221 313 have diseased and 236 689 681 have recovered (Worldometer 2021).

2.2 COVID-19 pandemic and peacekeeping

The COVID-19 pandemic has significantly impacted the peacekeeping operations. At the time the COVID-19 pandemic hit there were more than fifty full crisis management mission ongoing. Maintaining the operation in countries that closed their borders and didn't want any foreigners to enter meant that new ways and adjusted methods were needed. All missions were assessed to two categories: critical and important but not critical. According to de Coning (2020) vital functions included civilian protections activities, patrols and supporting the humanitarian activities. Some missions were suspended, and their resources were allocated to containing the spreading of COVID-19 at all levels. (de Coning 2020.)

Peacekeepers, along with everyone else, had to start obeying the rules of social distancing to limit the spread of the virus. Mission staff had to rearrange their common areas, dining policies, staff rotations and meeting policies to keep the virus from spreading with in the

peacekeeping community and from there to natives. For example, in Lebanon, the new rotation of peacekeepers had to be quarantined for 14 days before starting their mission work. (UNIFIL 2020.) After the countries had closed their borders, the mission staff couldn't cross the borders either. The mission had to start planning how and where they could evacuate their mission member in time of crisis. The task was quite challenging when thinking of the mission in the Democratic Republic of Congo where the mission had 17 500 members and without any quarantines of where they would be safe. In addition, the healthcare of the mission, response is not built to endure such communicable disease outbreaks. (de Coning 2020.)

90 of UNIFIL Lebanon missions' peacekeepers were reported to be infected with COVID-19 on 13.9.2020. Peacekeepers were treated in UNIFILs own healthcare facility. (Naharnet 2020.) On 12.4.2021 the Finnish Defence Forces evacuates 23 Finnish peacekeepers because of COVID-19 infections and expositions. 14 peacekeepers were infected with COVID-19. All peacekeepers were fit to continue serving abroad. (Finnish Defence Forces 2021.)

2.3 Burdens of COVID-19 pandemic to military and peacekeeping personnel

According to Zhang, Xiang and Alejok (2020) information about the COVID-19 pandemic within the peacekeeping field hospital indicated that COVID-19 pandemic added a lot of pressure, added significantly to the workload and mental stress. They suggested that rotating the staff and hospital preparedness could be increased by bringing more educated staff and medical supplies. Chinese also studied the military healthcare workers mental health problems and risk factors in Wuhan's COVID-19 hospitals (Pan et al. 2020). They found that military healthcare workers that worked in hospitals specialized in COVID-19 had high prevalence in depression, anxiety, and somatic symptoms during the pandemic. They state that a junior level professional title, older age, poor sleep quality and sleeping in short periods had the most effect on the mental health. They recommend that a surveillance and monitoring of the military healthcare workers mental health during COVID-19 pandemic should be constant and mental health should be promoted regularly.

Mental healthcare service needs for military personnel during COVID-19 pandemic has been researched by Guo, Yu, Sun and Liu (2020) and Wynn et al. (2020) and they state that the military personnel are at a high risk to mental health problems because of their demanding and at times stressful work on a non-pandemic time. They report that COVID-19 pandemic has increased the military staffs' workload and stress which has made them more likely to suffer from anxiety and depression.

Nursing staff outside of military, Tu, He and Zhou (2020) conducted a cross-sectional study of frontline nurse sleep quality and mood symptoms during COVID-19 pandemic. They showed

that 60% of the 100 nurses reported having had sleeping problems (poor sleep quality) 46% had symptoms that are related to depression and 40% reported with symptoms linked to anxiety.

2.4 COVID-19 pandemic burdens to Lebanese

The civilization closest to the peacekeepers in Lebanon mission are the Lebanese. Recent study by Jaspal, Assi and Maatouk (2020) of Lebanese mental health outcomes during COVID-19 pandemic states, that Lebanon has been under armed conflict, economic crisis, massive unemployment, their currency has devaluated, political status is instable, and poverty reaches throughout the country, COVID-19 pandemic has made life even harder for the Lebanese. Jaspal et al. (2020) say that lockdown and other methods for social distancing have taken away the many coping methods from the Lebanese that are used to working together in a close community. Fawaz and Samaha (2020) wrote that post-traumatic-stress-syndrome started to increase in people during the second week of COVID-19 quarantine and the numbers got even bigger around the fourth week.

2.5 Means to manage

Resilience and coping with COVID-19 in military community was research by Chiu and Yu (2020). They found that COVID-19 pandemic puts a strain on the individual and on the military community. They created an action plan to improve the resilience and found the key to this plan to be community counseling. This resilience promotion model included both client and military community services in direct and indirect ways. Their last statement of the research was, however, that more research is needed to determine the effectiveness of this plan at its different stages. (Chiu & Yu 2020.)

Pre-deployment programmes that help build resilience, have been shown to prevent military and frontline emergency workers mental health problems such as depression and post-traumatic stress (PTS). Both military and frontline emergency employees can encounter events that may cause mental health problems if they are not addressed or if the persons resilience is at a low level. The events might include witnessing traumatic events such as explosions, injuries, death or exposing oneself to risk of such events. Studies have shown that cognitive behavioral therapy and mindfulness-based interventions are efficient in building resilience. Preventing post-traumatic stress symptoms, studies show that interventions including biofeedback and neuropsychological models had the best success rate. Although study shows that there are many programmes that are designed to build resilience to symptoms of stress and PTS, having reviewed 28 different programmes, the researchers were not convinced that they provided enough of insight to prove that the programmes build better resilience. (Doody, Robertson, Cox, Bogue, Egan & Sarma 2021.)

In the future, remains to be seen how many countries limit the mission staff movement and become more hostile towards foreign staff because of COVID-19. This after all dictates how the UN can keep performing the peacekeeping mission. (de Coning 2020.)

3 Study aims and objectives

The aim was to get knowledge of the Finnish peacekeepers' experiences of the COVID-19 pandemic while they are serving abroad.

The objectives of this study were the experiences of peacekeepers' during the COVID-19 pandemic in general as well as their experiences related to restrictions due to the pandemic and the means they used to manage the pandemic.

With this information the Centre for Military Medicine are able to find ways to better support the peacekeepers by trying to minimize the influence that a pandemic has on their service experience.

4 Methods

4.1 Description of the study

This thesis was a qualitative study revealing the experiences of peacekeepers' serving abroad during COVID-19 pandemic. Information for the study are the insights and knowledge of the peacekeepers working on the UNIFIL Lebanon mission. Focus of the study is on the individuals' comments and trying to learn how to better prepare peacekeepers for pandemics in the future.

4.2 Study setting and context

This study uses qualitative cross-sectional study design (Setia 2016) to answer the question: "How do the Finnish peacekeepers experience servicing abroad during COVID-19 pandemic". The attempt was to find out the peacekeepers' experiences without bias or assumption. Main subjects are peacekeeper (target population), peacekeeping mission (as the context of the study), COVID-19 pandemic (the phenomenon) and peacekeepers experiences (the object).

The target population of the study are Finnish peacekeepers working on a United Nations peacekeeping mission in Lebanon. Peacekeepers have a very specific mission, that varies from a normal 9 to 5 day job, and it is guided by a large number of norms, rules and laws. This makes it important to study the pandemic effects in their environment because studies

performed elsewhere does not give a realistic picture. As part of a multinational operation the mission staff have guidelines from all the operating countries. Finnish peacekeepers get directions from Finland and the international operators, which can it hard to know whos' rules to follow. (UN peacekeeping no dateb.)

The 200 Finnish peacekeepers (working as part of the Force Commander's reserve) are taking part in the study are deployed on a United Nations UNIFIL peacekeeping Mission in Lebanon. This operation was founded in 1978 and its' most important task are to monitor the Blue Line, Support Lebanese Armed Forces and assist the Lebanese population. The mandate includes securing the delivery of humanitarian aid to the area. The UNIFIL operation is in coordination with Lebanese and Israeli government and they are working to achieve a state where the Lebanese could take responsibility for the security of the Southern Lebanon. (Finnish defence Forces no date.)

All together the UNs' UNIFIL operation has about 10 500 peacekeepers from 45 countries working on the 14 500 operations and activities per month. 17 percent of these operations and activities are supported by the Lebanese Armed Forces. (UN no date.)

4.3 Data collection and analyzing methods

The method used was semi-structured data collection by the open-ended online questionnaire (Appendix 3) (Lin, Jun, Hongyan, Zhongweu, Zhanfang 2018). Data was gathered anonymously from the peacekeepers with questionnaire focusing on their self-reported experiences and means to manage serving abroad during COVID-19 pandemic (Demetriou, Özer, Essau 2015). All staff members with the peacekeeper as their title are included in the study. Other employees on the mission staff are excluded from the study.

The study method was chosen after reviewing many different methods and found, that qualitative cross-sectional study gives the Center for Military Medicine the best information on the peacekeeper's experiences.

Operationalization of the semi-structured online questionnaire:

Questions one and two aimed to gain background information for the peacekeepers previous experiences.

What were the peacekeepers' experiences

- in general during the pandemic? (Q3)
- related to the guidelines and restrictions (for example: lockdown, social distancing) given for the COVID-19 pandemic? (Q 5)
- related to pre deployment training to serve abroad during COVID-19 pandemic? (Q 7, Q 9)

What were the peacekeepers' means to manage

- in general during the pandemic? (Q4)
- life with the guidelines and restrictions (for example: lockdown, social distancing) given for the COVID-19 pandemic? (Q 6)
- given by the COVID-19 pandemic pre deployment training? (Q 8)

Question ten was a summarizing question.

The questionnaire was piloted on a sample of peacekeepers that have returned from a UNIFIL mission in Lebanon before sending it to the participants. The pilot group felt that the questions were clear to them, and they were able to provide understandable answers to all questions. A member on the pilot group felt that it would be easier to talk about personal experiences if the questions were written in Finnish instead of English. Based on their answers the questionnaire was translated to Finnish. The translated questions were piloted on another small group of peacekeepers, who felt that the questionnaire was comprehensible and questions easy to interpret. The thought was that the peacekeepers are more likely to answer when they can execute it in their native language instead of a foreign language. Study results were presented in English. Answers were translated not interpreted. (Patel & Joseph 2016.)

The questionnaire was reviewed by the mission staff before it was distributed to the peacekeepers, to ensure operation safety. After security review, there was no need to change any of the questions but the original distribution method (sending a link to the questionnaire by email) was changed to a QR code that the peacekeepers were able to scan and gain access to the questionnaire this way.

From the 156 informed peacekeepers 32 participated. The collected data was exported from excel to word document. Data collected in total was 15 pages (with Calibri font sized 11 and line space 1,0.) and 2849 words.

The decision to execute the online questionnaire in Finnish was dividing in its results. On the other hand, it was a good in the sense that some of the peacekeepers described their experiences a bit more elaborately, which may have been due to native language. On the other hand, in two of the questions, some of the participant wrote that they had trouble understand the question. This might have been avoided with the use of original English questions. Finnish people are usually quite well educated with English, but in this case, the author did not have the knowledge of the peacekeepers level of English and that was why the decision was made to execute the questionnaire in Finnish. (Patel & Joseph 2016.)

Data collection in a written form with an online questionnaire was easy to execute. Taking into consideration the demand for mission safety, anonymity, and the need to have all

published material pre-reviewed to ensure the operations safety, questionnaire was also a safe choice. Thinking of the data collection, it might have been more useful to meet with the participants in person. That might have limited the number of participants, but it might have given more elaborate description of the experiences. In a live interview the author can ask additional questions and explain the question if somethings seemed unclear to the participant.

4.3.1 Content analysis

Data from the questionnaire was analyzed with inductive content analysis method. Content analysis is a method to analyze verbal, visual or written communication messages. It aims to describe and quantify a phenomenon both systematically and objectively. Two approaches can be used: quantitative and qualitative and both can be conducted either deductively or inductively. Despite the variation, same three phases apply: preparation, organizing and reporting. (Elo & Kyngäs 2008.)

In the preparation phase, text was analyzed and classified into content categories. Researcher chooses a unit (word, theme, sentence, number of pages and so on) and decides whether to analyze just the content or the latent content as well. (Elo & Kyngäs 2008.)

Analytic process continues by getting to know the data. This can be done by using questions like “who is telling?”, “when did it happen?” and “Why?”. Next step is to conduct the analyzing with either deductive or inductive approach. Inductive content analysis begins with organizing data into categories and abstractions. Next the category lists are rearranged under higher headings. This helps to reduce the number of categories. The categories’ purpose is to provide means to describe a phenomenon or to increase understanding or create knowledge. (Elo & Kyngäs 2008.)

4.3.2 Truthworthiness

All data are given the same value which makes sure that the writer of the study cannot let her own bias of assumptions to influence in the results. Truthworthiness was analyzed by using the criteria created by Lincoln and Guba (1985).

Credibility means that one is confident that the findings are true. It can be proven by persistent observation, triangulation, peer debriefing, referential adequacy, member-checking, negative case analysis or prolonged engagement. (Lincoln & Guba 1985.)

Dependability stands for consistency of the finding, meaning they could be repeated. Strategies to conform dependability are low-interference descriptions, participants', researchers, triangulation, audit inquiry, multiple researchers, or peer examination. (Lincoln & Guba 1985.)

Confirmability means that the results of a study are so neutral and the production of the respondent only, that the authors motivation, interest, or bias has not affected them. Confirmability can be established for example by providing audit trails, describing the audit process elaborately, keeping an autobiography of writing a research journal. (Lincoln & Guba 1985.)

4.4 Ethical and legal considerations

The thesis subject had a focus on both Global Healthcare and Crisis Management fields and the study has a close and concrete ties to working life as suggested by ARENE ry (2015). The subject was agreed after discussing the information need of the Center for Military Medicine. The thesis gathers information on the peacekeepers experience of serving abroad during COVID-19 pandemic. The subject was thoroughly discussed with thesis contact person from the Center for Military Medicine, supervising teachers from Laurea UAS and the head of International Medicine of the Finnish Defense Forces.

The author had familiarized the topic by acquisitioning information from six different healthcare and military databases. The author conducted several interviews and chats with professionals who had been in Lebanon as peacekeepers, educators who had trained the peacekeepers and professionals who had held the debriefing discussions to the peacekeepers after they have returned from mission.

The information for the study was collected with an online questionnaire (Appendix 3), that did not take a lot of the peacekeepers time and did not put them under any added stress (TENK 2019, 9). Answering the open-ended questions in the online questionnaire was estimated to take about 20-40 minutes of time. The questionnaire was provided through an online form which doesn't require any kind of logging in or identification, meaning the participants will be anonymous to the author. The study group had an estimate of 200 Finnish peacekeepers and no personal data was gathered, so it was unlikely that a person would be identified based on their answers. The anonymity also protects the mission safety, which was a priority (UN 2017). All gathered data was reviewed carefully to make sure that the open answers did not contain data, that might compromise the mission. All secret and mission related sensitive data was automatically excluded from the study.

Anonymity was an important promise and a key point of ethical principles when conducting study on people (TENK 2019). All study subjects are given a voluntary opportunity to take part in the study and they could have exited at any time as instructed by TENK (2019). In the information given to the participants (Appendix 1) it was made sure that all study subjects had their constitutional rights such as right to personal freedom, immunity, speech, religion

(1999/73, 6-23§). They were informed that if they wished to drop out of the study, their answers would stay as part of the study (TENK 2019, 8). Before answering the online questionnaire, the participants have read the participant consent form (Appendix 2). The consent procedure is thoroughly explained in Appendix 2. Study participants are going to have access the results of this study if they wish to (thesis.fi).

This thesis was written by Masters' thesis student who at the time of the study was employed by the Center for Military Medicine as a field nurse at Kainuu Brigade. The study was separate from the field nursing work. The author does not receive funding from any company or organization and the study was written on outside of the working hours. The study was guided by a contact person from Center for Military Medicines educational sector in Riihimäki. No bias or conflict of interest has been recognized. An ethical review board statement was not required because the thesis does not require access to Finnish Defence Forces data register and the thesis was not invasive of nature.

4.5 Data management plan

The information for the study was collected with an open online questionnaire. The questionnaire was provided through an online e-form (e-lomake.fi by Eduix Oy 2021), which doesn't require any identification information, so the peacekeepers will be anonymous to the author. Eduix Oy (2021) informed that their webpage only record: anonymized IP-address, IP addresses location (country, district, city) and time of visit, what pages the visitor has looked at and how long, links that the visitor used to get out of the site. Eduix Oy (2021) also gives an opportunity to deny the recording of the previously mentioned information and they do not give the collected data to any third party. All recorded data is stored on Eduix Oys secured server in Finland and it only has a limited access by their administrators (Eduix Oy 2021). According to Laurea University of Applied Sciences (2020) and Eduix Oy Head of Sales (Head of Sales 2021. Personal communication.) this form does not transfer information outside of EU or ETA, all gathered data was stored in Finland and all data was transferred through internet https-protocol. Eduix Head of Sales confirms that participants were able to access only the form they were given a link to, and it is not possible to access anyone else's questionnaire (Head of Sales 2021. Personal communication.).

The author was the registry keeper. This meant, that the author was the only one with direct access to the online questionnaire data. After questionnaire was executed, the participants anonymous answers were exported from e-lomake.fi on a excel datasheet on to the authors personal computer. Data was collected so that the participants self-reported experiences could have been analyzed and reported as results of this study. As registry keeper, the author deletes the textual data from e-lomake.fi and personal computer six months after thesis has

been published. No copies of the data remain. According to the Finnish Defence Forces study permission AR17329, the author was not allowed to pass on or sell the collected data to third parties.

Questionnaire data was shown on an anonymous excel for Laurea supervising teacher via Teams in addition to the author. Center for Military Medicine contact person reviewed the data selected on the thesis report before publishing to ensure the data could be published and operational safety was guaranteed.

There was no personal or medical data being collected in this thesis (ARENE 2020 p.20). No sensitive or secret data as described by the Finnish Data protection Act (1050/2018) or EU General data protection regulation (GDBR) (2016/679) were not collected or stored during the thesis project.

4.6 Recruitment of the participants

All participants were Finnish peacekeepers working on UNIFIL mission in Lebanon. 156 of the peacekeepers on the mission received the announcement of study the letter (Appendix 1) and the consent letter (Appendix 2). These letters gave the possible participants information on the study and what taking part in it, would involve.

The QR-codes to the online questionnaire were made available to all 156 peacekeepers by handing the letters to the missions' field nurses who presented the online questionnaire to the peacekeepers. 50 peacekeepers took the information letters. Peacekeepers were allowed to answer the online questionnaire with their mobile phones or in a written form. No written questionnaires were returned, and 32 online questionnaires were returned. (Field Nurse 2021b. Personal communication.)

4.7 Informed consent procedure

Participants got the consent letter on paper (Appendix 2). The consent letters were given to the missions' field nurse for storage (unsigned forms). No written signed consents will be gathered because of the anonymous study design. This was important and necessary to maintain mission safety. Mission staff stored the consent forms until the thesis was published. After consenting participants went to Eduix oy page through a QR-code provided on paper and deny the collection of anonymized data. Then they scanned the other QR-code which took the participant to the online questionnaire e-form.

4.8 Risk-benefit analysis

This study had recognized risks related to data management. It was imperative to maintain full anonymity and to review all participant written material carefully so that no secret or

operationally suspect data is published. Data management was overviewed by the Defence Force contact person. Benefits of the study are to the future peacekeepers. Read more on the discussion.

4.9 Description of project funding

The project did not have any funding. The student writing the thesis made the study outside of working hours and was not paid by the employer. There were no funds being raised for the study. Study writer will pay her own travelling if necessary. The author was on an unpaid study leave from work for two months.

5 Study results

The results were reported in four categories named analyzing the content. The categories are participants, experiences on education, experiences related to COVID-19 pandemic and advice to future peacekeepers. Lastly the inductive content analysis of the gained results was explained.

5.1 Participants

From the 200 Finnish peacekeepers being deployed in UNFIL Lebanon mission 32 participated in the questionnaire. Most of the questions were answered shortly and the participants kept their answers on a practical level.

In this participant group, most were on peacekeeping mission for the first time. A couple of peacekeepers had previous experience of working abroad, and they felt that the significant difference between serving before pandemic and serving during a pandemic were the quarantines and the social restrictions, which made serving abroad somewhat harder emotional and physical levels.

The biggest difference was for example visiting other camps was more difficult and in the beginning it was hard to talk to the locals. Otherwise, it has been pretty much the same. Of course, it is annoying to wear the face mask when you are performing physically hard performances. (Informant= I17)

The fact that most of the participants were on their first mission meant that they did not have anything to compare their experience to.

5.2 Experiences on education

The pre-deployment training seemed to have answered all questions that the participants had of COVID-19. All answered that they had enough of information on COVID-19, and they did not

have any information that they would have wanted to learn. In their open answers they wrote that in addition to the pre-deployment training, they had studied the COVID-19 pandemic facts before deployment.

Most of the participants experienced that the pre-deployment education had adequately prepared the peacekeepers to serve abroad during a pandemic. Many said that they had gotten so familiar with the COVID-19 restrictions and social distancing rules during the past 1,5 years before the pre-deployment training that no additional training was needed. They were a couple of comments saying that it was good, that in the pre-deployment training they started to follow same restrictions than the once being used in Lebanon (masks, social distancing, and hand disinfectant).

The training was the best that a person who hasn't been to Lebanon during the COVID-19 pandemic themselves, can give. The best preparedness training was given to us by the Finnish peacekeepers that served there before us. (I20)

The peacekeepers experiences of the pre-deployment training were very positive. All participants answered that they received good acquisitions for the mission and the instructions were clear and easy to follow. Although the question 8. "What means did the pre-deployment training give you to manage your service?" (Appendix 3.) wasn't related to COVID-19, many participants reported that the use of hand disinfectant, face masks and rules to avoid shaking hands, was something that they learned in the training.

Overall, the training prepared us to begin work in the operation site, but still the training and guidance for the day to day practices by the previous rotation was very useful. (I27)

Most peacekeepers felt that they had all the information they required before deployment from the training that they were given. A couple of peacekeepers would have wanted more information on free time activities and sporting possibilities, what exercises are possible during the mandatory quarantine time and general knowledge on Lebanon.

I would have liked to get more information on the practice of the mission and earlier notification of the second leave being cancelled, would have been appreciated. (I15)

5.3 Experiences related to COVID-19 pandemic

Experiences of serving abroad during COVID-19 pandemic was positive. Experiences like

Really good experiences. Quarantine was well arranged, and we got our vaccinations in time. (I11)

and

Experiences have been positive, even though they don't take COVID-19 as seriously as they do in Finland (meaning the locals). (I10)

There were negative experiences from having to wear a face mask indoors and in cars, quarantine was said to be boring, some guidance's seemed like they were given just for show, but they weren't followed, and the restrictions limited the co-operation possibilities with the locals. A participant that had served before COVID-19 pandemic experienced, that

Serving during a pandemic is mentally more restraining than serving before the pandemic. Less contact with the locals. (I3)

When asking about the means the peacekeepers had manage serving during COVID-19, most answered how they managed to avoid catching COVID-19 infection. Answers like masks, good hand hygiene, social distancing and vaccinations repeated in most of the answers. Some experienced that keeping in contact with their nearest and dearest helped to endure the quarantine time. Also, humor, exercising and good mission staff was mentioned by a few of the peacekeepers.

I just lived as normally as I could, and I didn't focus my thoughts on covid! (I7)

Experiences of the guidelines and restrictions caused more diversity in peacekeepers. Most of the negative experiences have been related to quarantine which lasted 14 days in Finland and in Lebanon. All were aware of the length of the quarantine and recognized why it was necessary, but still half of the participants had negative experiences and felt that it was stupid, confusing, and generally just a bad experience. The other half described that their experience was "Similar as in Finland" (I17), "Didn't affect negatively" (I24), "Didn't bother at all" (I28), "Good experiences" (I11) and "Sometimes sound insane but they seem to work" (I8). Couple of participants pondered their experiences saying:

Quarantine has made my life more difficult. First 2 weeks of quarantine in Finland and after that another 2 weeks on operation site. Everyone realizes that one can't do anything about it, and to others quarantine is easier than others. In my case staying put, in a confined space, isn't the most comfortable choice. But surely, you can't always get everything you want. (I31)

The question of the means to manage serving with the restrictions was understood in two different ways. Most reported that their means were quarantine, masks, vaccines, social distancing, and hand hygiene. A few peacekeepers replied that they had trouble understanding the question.

Clear daytime routines within the basecamp, exercising, books, games. There were no contact restrictions within our own group, which was good. (I32)

The answers reflect means to serve without catching COVID-19 and not so much means how to manage serving despite restrictions and quarantines.

5.4 Advice to the future peacekeepers

In the last question the peacekeepers were asked to reflect their own experiences of serving during a pandemic and upon that knowledge give advice to the future peacekeepers. Almost every answer was filled with positive notes and encouraging words like

Don't stress! (I19)

Good spirits and patience! (I24)

You'll get along easier if you comply with the restrictions, even some of them feel stupid. ((I29)

Think of quarantine as exercising vacations and eat well. (I32)

Patience upon arrival. The everyday life will start rolling, it just takes time. (15)

It's gonna be fun even though the restrictions restrict it a bit. (I9)

Obey the directions given. Home affairs need to be in order before the operation. (I3)

It can be detected from the answers, short and long, that the peacekeepers have found a way to put aside the pandemic and focused on the task at hand. After two years, quarantines and other restrictions seem like the new normal wherever you go, so it doesn't seem to have impacted serving abroad any more than it has affected everyone's everyday life everywhere on the globe.

5.5 Content analysis

Study outcomes were analyzed with criteria for inductive content analysis by Elo and Kyngäs (2008). In the operationalization phase (before content analysis) there were two categories: experiences and means to manage. After the online questionnaire was executed and data received, four main categories arose from the data: Participants (describes the responding peacekeepers), experiences of education (pre-deployment training), experiences of COVID-19 pandemic and advice. The material was first reviewed according to informants so that all answers by the same informant was read through. Second time the material was read through one question at the time. Both ways of getting to know the data gave different insights.

In the Participants category the data was gathered from question one. This category gives the reader an idea and a bit of character of the participants. It shows how experienced they were and how that may be reflected in the outcomes of the other questions.

In experiences of education, the data was gathered from questions 2, 7, 8 and 9. This covers all the education that the peacekeepers have gone through before deployment and during their services abroad. Two major sources were recognized: the official pre-deployment training and the departing mission staff. Experiences on how and what they learned can be considered important information to the Center for Military Medicine and the pre-deployment team.

Experiences related to COVID-19 pandemic was the third main category. This covers the answers from questions 3,4,5 and 6. This category gives a well-rounded understanding of how the COVID-19 pandemic has affected the peacekeepers service abroad and what kind of experiences they have had related to COVID-19.

The last category only contained data from question 10. This question does not meet the criteria of any of the other categories. Advise and greeting to the next peacekeepers based on their own experiences.

6 Discussion

Trustworthiness was evaluated according to Lincoln and Guba (1985) criteria. Secondly reflections of the gained results are presented with regulations and existing literature.

6.1 Trustworthiness

Trustworthiness was evaluated by Lincoln and Guba's criteria (1985) by establishing credibility, transformability, dependability, and confirmability.

6.1.1 Credibility

Credibility in this thesis was ensured by peer debriefing with Field Nurse from Center for Military Medicine. External checking of the process by Supervising Principal Lecturer.

Member checking is recommended by Lincoln and Guba (1985) as a method to gain credibility. The veracity of the collected data was confirmed by discussing the results and data collection method with former peacekeepers. They felt that results were in line with their own experiences from their UNIFIL mission.

The author peer debriefed (Lincoln and Guba 1985) the results with members of UNIFIL healthcare staff who felt that the results of this study were in line with their own service experience. Healthcare professionals that were consulted served at the beginning of COVID-19 pandemic. They felt that the results of this study reflect similar experiences of their UNIFIL mission in 2020.

6.1.2 Transferability

Tobin and Begley (2004) suggest that in a qualitative study it only concerns case to case transfer. They also state that because in a qualitative study there is no one truth or one true answer, it is not possible to try and transfer these peacekeepers experiences and try to replicate the same outcome in another group of people.

Description of the results can be provided. The results stem straight from the questionnaire. In the outcome sections a summary of the peacekeepers answers is written and that is then confirmed by raw data quotes that are not modified. All answers for each question are not reported as quotes, but the author has made sure that quotes that gave a new angle or a different opinion are recorded in study results. These results might be easily transferable to another pandemic that the participants had had a long time getting in terms with before going on a peacekeeping mission.

6.1.3 Dependability

Dependability stands for consistency of the finding, meaning they could be repeated (Lincoln & Guba 1985).

According to Tobin and Begley (2004) when process is logical, it can be traced and all. When this is documented clearly, then can a study be called dependable. The aim of the design and execution were to be clear and proceeded logically. First the author discussed the thesis topic with Center for Military Medicine. When the author chose the topic, it was presented and agreed by the supervising teachers. In the next phase the thesis plan was drawn and accepted by the supervising teachers. Then the author applied for a permission to conduct the study from the Finnish Defence Forces General Headquarters Logistics department. 3 Months later, permission AR17329 was granted by Finnish Defence Forces Senior Physician, and Chief of Administrative Officer. This allowed the author to conduct the online questionnaire. Procedure was agreed upon, questionnaire conducted, and author received the data. Raw material was reviewed with supervising Principal lecturer. Once the raw material was content analyzed and outcomes drawn, material was reviewed by Center for Military Medicine Field Nurse, to ensure the operational safety of the peacekeepers and to ensure that no secret data is printed as public. Final version of the thesis report is checked and agreed by supervising Principal. The author will have permission to publish. Thesis will be sent to Urkund where documents possibilities of plagiarism is checked.

The means to prevent getting infected with COVID-19 and how the peacekeepers handled serving with the restrictions reflects, that participants have taken the threat of COVID-19 pandemic seriously. COVID-19 was reported to be as harmful and deadly to humankind as war or conflict (UN peacekeeping 2021). UN peacekeeping (2021) community have reported that

barrier measure are important to maintain, because they save lives by minimizing the spread of COVID-19. This could be seen from the results where the current safety measures and protective gear was all listed. Even though some reported that the preventive measures seemed unnecessary, they all reported to understand why they were important and followed the guidelines. Peer support and keeping in touch with colleagues and families were reported as important means to manage the isolation or quarantine time (UN Peacekeeping 2021), which is exactly the answer that most of the participants gave in the questionnaire.

Khan (2021) reports in his study that peacekeepers have felt both stressful and miserable experiences serving during COVID-19 pandemic. At the same time, he states, that peacekeepers have reported that the pandemic gives no cause for panic and voiced a thought that pandemic has gotten over advertised. These feelings were on the same range of variety as the results in this study. Similar comments of their feeling about the quarantine times stressfulness and sadness because the long-awaited vacation time was cancelled. As well as comments about some of the protective measures seeming useless because no one had gotten infected in a long time even if someone had not obeyed the face mask policy.

6.1.4 Confirmability

In reference to Tobin and Begley (1985) To establish that authors outcomes and interpretations stem from the data, author will demonstrate how they have been reached. Guba and Lincoln (1985) state that confirmability is achieved when the previous three criteria are achieved. Another way to show confirmability is to explain the reasons for analytical, methodological, and theoretical choices (Koch 1994). Author chose the latter method.

The topic was chosen due to authors own interest for the peacekeeping missions and after discussing possible information need of the Center for Military Medicine. The topic also reflects well the core competences good the Masters' studies the author is undergoing now in Laurea University of Applied Sciences. The topic was discussed with Center for Military Medicine who also found the topic interesting and potentially useful.

Online questionnaire was chosen as method to collect data because peacekeepers are in Lebanon, and it was not possible for the author to visit there. Open ended online questionnaire allowed a big number of participants and gave a chance to write elaborate answers. Questionnaire was provided in Finnish language because the participants are all Finnish national and the author felt that it would be easier to write about experiences in one's native tongue. The answers were translated into English so that the thesis report is internationally available to most readers.

Content analysis was chosen as analysis method because Elo and Kyngäs (2008) expressed that it is exceptionally well suited for nursing studies and describing its phenomenon. Inductive

analysis suited well to the study because the focus was on the peacekeepers experience instead of proving a pre-existing theory.

6.2 Reflection of gained results

Peacekeeper's training strategy has globally been criticized for not evolving with the world and for the lack of effectiveness measurement. Globally there are no agreed evaluation criteria for peacekeepers performance evaluations. The method for assessing the peacekeepers preparedness during pre-deployment period was lacking in accuracy. (Cutillo 2013) The data collected, and results drawn in this study, gave a positive picture of the education peacekeepers receive before deployment. The Finnish peacekeeper pre-deployment education was said to be short, but reflecting on the results, it seems to be working.

The results also showed that the support of their peers (the departing mission crew) seems to have a good bond and they help each other to adapt. The departing peacekeepers played an important role as part of the education, mentoring and adaptation chain. Mentoring in both informal and formal, have been proven to help transitioning to a new place or a new work role and provided psychological support (Lunsford, Crisp, Wuetherick 2017). Peer mentoring provides an opportunity to developmental learning where the experienced colleagues (who already lived through the Lebanon mission) teach those who were new to the experience. Peer mentoring aims to give the new recruits chances of success and encourage their persistence and sense of belonging. The mentored peer (new recruits) evolves into more active, effective in their decision making, system navigation, reaching targets and the work environment becomes demystified. During peacekeeping mission, the mentoring can evolve. After the old crew has departed, the new recruits had their own group dynamic and this could result in multilevel, group or cultural mentoring. (Mullen & Klimaitis 2021)

The take home message from this questionnaire was, that having had the pandemic had roam Finland for the past 1,5 years before these peacekeepers left for Lebanon, they already had a good picture of how to handle COVID-19 pandemic. A study on familiarity with COVID-19 pandemic shows that COVID-19 related information provided by WHO has been considered trustworthy which has made high familiarity and adherence numbers possible (Varghese, Sabat, Neumann-Böhme, Schreyöhh, Stargart, Torbica, Exel, Barros, Brouwer 2021). They found that adherence was higher for social distancing than hygiene measures (hand disinfectant and coughing methods). Although peacekeepers reported to being familiar with the COVID-19 preventive measures, non-stated that education on COVID-19 was useless.

What peacekeepers seemed to long, was more information of what the pandemic changes in their everyday life on the mission and how to manage it. COVID-19 pandemic changed many things present in one's Everyday life. COVID-19 pandemic has also proven to be hard to

predict as to how it changes and when a new wave is coming and where from. Gilead and Gideon (2021) suggest that education would help develop better adaptability to manage living with uncertainty. WHO (2020a) says that uncertainty during a pandemic is inevitable and leads to fear. Uncertainty might also cause stress and lack of clarity. Communication is key means to manage in an ever changing and evolving situations. Information given changes with time and the communities, and their rules and restrictions change accordingly. It is important to tell people what they can do to help protect themselves. This gives people the sense of importance and means to act. (WHO 2020a.)

7 Recommendations

Recommendations for future actions and development ideas were gathered from the data collected. In addition to recommendations related to the thesis topic, it would be recommendable to pursue research on the peacekeeper's experiences due to their stressful life of work and the special nature of their service. In the case of future pandemics, it could be useful and recommendable to execute this questionnaire (Appendix 3) to the peacekeepers either during their mission (around halfway of the rotation) when there is still time to fix guidance or give more educations on things that still seem unclear, or at the end of rotation when the peacekeepers can review the rotation time.

The future aim is to include preparedness of things that might have an impact on the peacekeepers experience by developing the pre-deployment training to better answer to the knowledge needs of the peacekeepers.

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Appendices

Appendix 1 Participant information sheet	32
Appendix 2. Participant consent form	35
Appendix 3. Questionnaire.....	36

Appendix 1 Participant information sheet

Study title: Finnish Peacekeepers Experiences of Serving Abroad during COVID-19 Pandemic

Invitation to participate in a study

You are requested to take part in a study, where the Finnish Peacekeepers' experiences of serving abroad during COVID-19 pandemic is being studied. Every peacekeeper within this rotation has received this invitation because this crews' experiences are the subject being studied. This makes you a potential member of this study. This announcement tells you what is being studied and how you can participate in the study. After you have familiarized yourself with this study, and you are aware of how it is going to proceed, You have the opportunity to ask questions from the author. After you have had a chance to create a comprehensive understanding of the study, you can decide if you want to participate or not.

Study is conducted anonymously; the author will not collect any personal data. Therefore no written consent will be signed and returned. Consent will be given on the e-form online questionnaire.

This information sheet describes the study and Your role in it. Before you decide, it is important that You understand why the study is being done and what it would involve for You. Please take time to read this information and discuss it with others if You wish. If there is anything that is not clear, or if You would like to get more information, please ask the contact person or the author.

Voluntary nature of participation

The participation in this study is voluntary. You can withdraw from the study at any time without giving any reason and without there being any negative consequences. If You withdraw from the study or withdraw Your consent, any data collected from You before the withdrawal can be included as part of the study data.

Purpose of the study

The aim of this study is to learn what kind of experiences the Finnish Peacekeepers have of serving abroad during the unusual circumstances of COVID-19 pandemic. This information can be used to help develop the pre-deployment training so that future peacekeepers can be better prepared for serving during a time of pandemic.

The study is open for all peacekeepers who are on the UNIFIL mission at the moment. Study invitation has been sent to all 200 members of the mission staff in Lebanon.

Who is organizing and funding the study?

This study is conducted by Global Healthcare and Crisis Management Master's degree student Pauliina Kiilava in Laurea University of Applied Sciences.

Supervisors are Principal lecturer [REDACTED] and [REDACTED]. The contact person for the study is Combat Nurse [REDACTED] who is guiding the data collection process.

The author does not get paid to do the study. Study is written to a purpose outside of authors job description, so the employer doesn't pay the author either. No outside funding is involved. The author has not identified any bias.

What will the participation involve?

This study is an open-ended online questionnaire. Every peacekeeper will receive a link to a e-form (e-lomake.fi) where you find the questionnaire. On the first page you decide if you give your consent to e-form provider Eduix Oy to record your anonymized information of your visit on their page. None of the information gathered will be taken outside of EU or ETA. On the first page you will be given information of what you agree to if you decide to participate in the study. All given information is begin handled with care and following the data protection guidelines. No information will be given to any third parties. If you agree to the terms, you continue to the questionnaire. Taking part takes you about 20-40 minutes of your time.

Possible benefits of taking part

It is possible that taking part in this study does not benefit you in any way. The information and results received by this study will help the future peacekeepers to be more prepared to pandemic situations and there for will be better supported during their service abroad.

Possible disadvantages and risks of taking part

This study doesn't include any visits, observations, physical testing or treatments.

Financial information

Participation in this study will involve no cost to You. You will receive no payment for Your participation.

Informing about the study results

This thesis will be published in theseus.fi webpage. It is Finland's largest web archive for thesis and research. The results and the whole study can be openly accessed by anyone. Aim is to have the study published by the end of year 2021.

Further information

Further information related to the study can be requested from the author of the study.

Contact details of the author

Author

Name: Pauliina Kiilava

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Email: [REDACTED]

Supervisor

Name: [REDACTED]

Faculty of: [REDACTED]

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Supervisor

Name: [REDACTED]

Name of the organisation / Faculty of: [REDACTED]

Tel. Number: [REDACTED]

Email: [REDACTED]

Finnish Defence Forces study permission granted AR17329.

Appendix 2. Participant consent form

Title of the study: Finnish Peacekeepers Experiences of Serving Abroad during COVID-19 Pandemic

Location of the study: Author Pauliina Kiilava [REDACTED] [REDACTED] Master's Degree student for Global Healthcare and Crisis Management in Laurea University of Applied Sciences. Supervising Principal Lecturers [REDACTED] [REDACTED]. The Center for Military Medicine contact person is Combat Nurse [REDACTED].

I, a Finnish Peacekeeper on UNIFIL Lebanon mission, have been invited to participate in the above study. The purpose of the study is to find out the Finnish Peacekeepers experiences of serving abroad during COVID-19 pandemic. This information can be used to develop the pre-deployment training given to peacekeepers.

I have read and understood the written participant information sheet. The information sheet has provided me sufficient information about above study, the purpose and execution of the study, about my rights as well as about the benefits and risks involved in it. I have had the opportunity to ask questions about the study and have had these answered satisfactorily.

I have had sufficient information of the collection, processing and disclosure of my self-reported experiences gathered for the study.

I voluntarily consent to participate in this study. I have not been pressurized or persuaded into participation.

I have had enough time to consider my participation in the study.

I understand that my participation is entirely voluntary and that I am free to withdraw my consent at any time, without giving any reason. I am aware that if I withdraw from the study or withdraw my consent, any data collected from me before my withdrawal can be included as part of the study data.

By selecting the "I have read the consent form and agree to the terms" button, I confirm that I voluntarily consent to participate in this study.

By signing I grant the consent to process the collected experience related data without any personal data. I have right to withdraw the consent regarding processing of my self-reported experience data. No personal data will be collected.

Date



I have read the consent form and agree to the terms.

The original anonymous consent by the participant will be kept in the secured data records of the author. The participant cannot proceed to the questionnaire without consenting to participate. The consent letter and announcement of study will be given to all participants by the Center for Military Medicine contact person [REDACTED] with the link to online questionnaire (e-lomake.fi). Finnish Defence Forces study permission granted AR17329.

Appendix 3. Questionnaire

Open-ended Questionnaire for Finnish Peacekeepers in Lebanon

1. Do you have previous experience of working abroad as a peacekeeper? YES/NO
 - a. If you answered YES, how does serving abroad during the COVID-19 pandemic differ from the experience of serving abroad in a non-pandemic time?
2. Do you feel you have been given enough of information of COVID-19 and how to avoid catching it? YES / NO
 - a. Would you have liked to know more?
3. What is your experience of serving abroad during COVID-19 pandemic?
4. What were your means to manage during COVID-19 pandemic?
5. What was your experience of the guidelines and restrictions (For example lockdown and social distancing) given due to the COVID-19 pandemic?
6. What means do you have to manage serving with the guidelines and restriction (for example of lockdown and social distancing) given due to COVID-19 pandemic?
7. How did the pre deployment training prepare you to serve abroad during COVID-19 pandemic?
8. What means did the pre deployment training give you to manage your service?
9. Is there anything you would have liked to know before you landed to Lebanon?
10. Any advice you could give to others that are going to serve abroad during a pandemic?