Programme & Abstract book

The 1st International Conference of the Estonian Nurse Directors Association

CREATING A COMPREHENSIVE VIEW ON NURSING LEADERSHIP

April 21–22, 2021 VIRTUAL CONFERENCE
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Welcome from the Organizers

On behalf of the Estonian Nurse Directors Association (EstNDA), the University of Tartu, Tartu University Hospital, Tartu Health Care College, and Tallinn Health Care College, it is our great pleasure to welcome you to the EstNDA virtual conference "Creating a Comprehensive View on Nursing Leadership".

We are happy that over 250 participants are meeting online to share their knowledge, learn and discuss. At this conference, you will find the most relevant topics in nursing leadership and have the opportunity to communicate with excellent speakers from different countries. The conference gives a great opportunity to combine the perspectives of practice, education and science to create a comprehensive view on nursing leadership.

We wish you enjoyable time within two days of the conference and many new ideas to develop nursing leadership.

On behalf of the Organizing Committee

Tiina Freimann RN, PhD
Estonian Nurse Directors Association
PROGRAMME
## DAY 1 Wednesday, 21 April
Moderated by Danel Jantra

### KEYNOTE SESSION 1
Moderated by Mari Kangasniemi

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<tr>
<td>11.00–11.15</td>
<td>WELCOME AND OPENING CEREMONY</td>
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| 11.15–12.00| Smart Nursing – if 1+1 is more than 2
Iris Meyenburg-Altwarg, *Chair of ENDA, Germany* |
| 12.00–12.45| Human-centered health care, also during crisis situation
Liiri Oja, *Office of the Chancellor of Justice, Head of human rights activities, Estonia* |
| 12.45–13.00| Break                                                                  |
| 13.00–14.00| Evidence-based nursing management: From principles to action
Prof. Lisbeth Fageström, *University of Åbo, Finland* |

### PARALLEL SESSION 1: Nursing management competencies
Moderated by Tiina Freimann

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| 14.00–14.20| Nurse Managers’ Leadership and Emotional Intelligence Competencies
Ene Vadi (et al.), *Estonia* |

### PARALLEL SESSION 2: Implementation of knowledge
Moderated by Saima Hinno

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| 14.00–14.20| Prevention of vitamin K deficiency bleeding of newborns’ at East Tallinn Central Hospital. Development Project
Maarja Pajo, *Estonia* |
| 14.00–14.40| Social- and healthcare personnel's and nurse leaders' views about remote leadership in decentralized organizations
Anja Terkamo-Moisio (et al.), *Finland* |
| 14.40–15.00| Nurses' perception of the leadership styles and leadership success of nurse managers in the surgery clinics of Estonian central hospitals
Tene Tammearu (et al.), *Estonia* |
| 15.00–15.20| Break                                                                  |

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## DAY 2 Thursday, 22 April
Moderated by Danel Jantra

### KEYNOTE SESSION 2
Moderated by Jekaterina Šteinmiller

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Moderated by Ülle Ernits

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<td>13 How to shape regulatory institutions in different regions of the world. A nursing leadership view&lt;br&gt;Alessandro Stievano (et al.), Italy</td>
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<td>12.30−12.50</td>
<td>14 Regulatory authority’s disciplinary decisions for registered nurses in Finland&lt;br&gt;Mari Kangasniemi (et al.), Finland</td>
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<td>12.50−13.10</td>
<td>15 Ethics in nurses’ interprofessional collaboration in clinical practice&lt;br&gt;Piku Pakkanen (et al.), Finland</td>
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### PARALLEL SESSION 6:<br>Complexity in care management
Moderated by Jekaterina Šteinmiller

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<tr>
<td>12.10−12.30</td>
<td>16 Sustainability in nursing – considerations for management and education&lt;br&gt;Noora Gustafsson (et al.), Finland</td>
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<td>17 Job descriptions and leadership skills of students participating in continuing education in the social- and healthcare sector&lt;br&gt;Anja Terkamo-Moisio (et al.), Finland</td>
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<td>18 Instruments for measuring patient safety competency in nurses&lt;br&gt;Michael Mortensen (et al.), Norway</td>
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Moderated by Laura-Maria Peltonen

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<td>13.30−13.50</td>
<td>19 Care left undone and work organization: a cross-sectional questionnaire-based study in surgical wards of Estonian hospitals&lt;br&gt;Helle Peterson (et al.), Estonia</td>
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### PARALLEL SESSION 8:<br>Evidence-based nursing
Moderated by Ere Uibu

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**KEYNOTE SESSION 3**
Moderated by Anja Terkamo-Moisio

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<tr>
<td>14.10−14.55</td>
<td>Challenges in leadership</td>
<td>Kirsi Sillanpää, Director, Tehy - Union of Health and Social Care Professional, Finland</td>
<td>Finland</td>
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<td>14.55−15.40</td>
<td>How organisations can elevate &amp; inspire their teams</td>
<td>Laura Viilep, Mindvalley, Head of Global Events, Estonia</td>
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<tr>
<td>15.40−16.00</td>
<td>Closing ceremony, best poster award</td>
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ORAL PRESENTATIONS
Keynote sessions
Iris Meyenburg-Altwarg

Iris Meyenburg-Altwarg is a Registered Nurse with a university degree in Care and Health Management. She is the President of European Nurse Directors Association, EFQM Assessor. Iris has 40 years of experience in healthcare, 25 years of experience as Managing Director of Nursing and Nursing Education in large hospitals including university hospitals and 15 years of experience in consulting with a focus on technology, risk management, organisational development, and education.

Iris is Visiting Professor at Southern Medical University, Guangzhou, China. She is also the German Project leader for development and implementation of further education in Nursing at Master level in Shenzhen, China. Iris is the Founding member of the German-Ghana Medical Education Program to build a Nursing School in Toase Ghana, and responsible for the development and implementation of the Nursing Curriculum together with the Ghanaian Nursing Association. Furthermore, Iris is working as a consultant for organisational development and she is an entrepreneur (CWO of Com-P-Tense Germany GmbH).

Presentation topic: “Smart Nursing – if 1+1 is more than 2”
Smart Nursing – if 1+1 is more than 2

Iris Meyenburg-Altwarg, Chair of ENDA, Germany

**Background:** There are an estimated 7.3 million nurses and midwives in the European Region, but this number is not enough to meet current or future needs. In the course of the demographic development, the need for high-quality care is growing. Nevertheless, they do not fully succeed, neither in Germany nor in Europe, in enforcing framework conditions based on international standards that would ensure adequate care results.

**Purpose:** Previous attempts to improve the framework conditions have only been moderately successful and tend to lead to an “improvement in the deterioration”. It is therefore important to illuminate the point of view from a different and broader perspective.

**Methods:** Let us take the path of a newer perspective and fulfil our responsibility as nursing leaders together. Support the technologies and their transformation into our daily care routine to ensure the quality of tomorrow. By comparing different terms and procedures (such as the principle of effect vs. the principle of effort) an effective strategy is presented step by step as to how we can successfully provide professional care for our customers, effectively and efficiently, in a reasonable and affordable amount.

**Results:** The underlying system of “technology-support-assistance”, enables precise positioning and results-orientation in the nursing care as well as underpinning patient satisfaction.

Keywords: technology, transformation, professional care results, principle of effect, technology-support-assistance
Liiri Oja, PhD

Liiri Oja is a human rights lawyer based in Estonia. She holds a PhD in Law from the European University Institute. During her doctoral studies she was a visiting researcher at Harvard, Sussex, and Cambridge universities where her work analysed sexual and reproductive rights narratives in international human rights law.

Currently, she is the head of human rights activities at the Office of the Chancellor of Justice (Õiguskantsleri Kantselei). Liiri leads projects on human rights education, connects the civil society to the Chancellor’s every day human rights work, and is responsible for international human rights reporting (e.g. within the United Nations system).

Her academic research centres on human rights, equality and health. For example, Liiri’s work explores questions about obstetric violence, sexual & reproductive rights in transitional justice contexts, and the role of health care professionals in human rights protection. She regularly publishes articles on sexual and reproductive rights both in Estonian and English, is passionate about giving public talks on human rights-based approaches, and shares research related content on her Twitter account (@liirioja).

Liiri is enthusiastic about teaching: over the years she has coached the Estonian National Team for the World Schools Debating Championships and lectured Constitutional Law at Tartu University. More recently her teaching consists of leading an experimental course “Human Rights and Design” at the Estonian Arts Academy, and organising human rights workshops for health care professionals.

Presentation topic: "Human-centered health care, also during crisis situation"
Human-centred health care also during crisis situations

Liiri Oja, Office of the Chancellor of Justice, Estonia

My talk will explore “human-centred health care” from a human rights perspective. I explain what a human rights-based approach is, and why it is a powerful way to analyse health care systems. What is the difference between “a patient-centred approach”, “a human-centred approach” and “a human rights-based approach”? How can human rights offer the needed push to look at broader societal power relations, and to understand health care systems not as “delivery apparatuses for goods and services” (Alicia Ely Yamin), but instead as social institutions with their own power dynamics and their potential for making change?

I argue that irrespective of the crisis situation (whether a global pandemic, a humanitarian or an economic crisis), a health care system needs to protect and promote human rights of both the patients and the health care professionals. The former cannot exist without the latter: an exhausted, overworked and underpaid nurse, doctor or midwife cannot be a champion of human rights, cannot be someone that is committed to privacy, non-discrimination, dignity; cannot be committed to asking consent, providing adequate information and keeping track of the latest evidence.

Thus, a health care system that puts human rights into centre stage needs to be designed and built before a crisis, and needs to be sustained throughout. Health care systems that are not perceived and built as spaces for human rights protection and promotion before a crisis hits cannot become such spaces during an emergency. Protecting and promoting human rights in health care is a long-term project that demands interdisciplinary efforts, serious financial and political commitments. It requires that the training and education of health care professionals is framed by human rights knowledge and that their own human rights (e.g. dignified working conditions, safety, and mental health support) are fully protected. It requires a conversation about the power and role of health care professionals in human rights protection.
Lisbeth Fagerström

Professor Lisbeth Fagerström is a professor in caring science and rector at Åbo Akademi University in Vaasa, Finland and affiliated professor in Nursing Science at the University of Southeast-Norway. Her main research areas are advanced practice nursing, nurse staffing, nursing intensity, gerontological nursing, and health promotion. She has extensive experience of nursing education on all levels and of leadership in clinical health care with special focus on leading changes in healthcare, health education and research. She introduced systematic patient classification by the RAFAELA system at the beginning of 1990s in Finland and had since then conducted extensive research regarding nurse staffing, nursing intensity and outcomes.

During the last fifteen years, Fagerström has developed master programmes in advanced practice nursing and contributed substantially to the implementation of advanced practice nursing in Finland, Norway and Sweden. Fagerström published the first Swedish book in advanced practice nursing in 2011 and the first Norwegian book in 2019. She is leading several research projects in advanced practice nursing, with a special focus on the evaluation of advanced nursing roles and education. She was for many years a member of the ICN/APN Network and by networking on national, Nordic and international level Fagerström has inspired and motivated colleagues, leaders and students for advanced practice nursing.

Presentation topic: "Evidence-based nursing management: From principles to action"
Evidence-based nursing management: From principles to action

Lisbeth Fagerström, Åbo Akademi University, University of Souteast-Norway, Finland

New demands are placed on nurse managers as leaders of change. They have to guarantee high quality care for each individual patient, simultaneously deal with budgetary, efficiency and personnel issues and often at the same time be capable of leading change. In a change process, nurse leaders face the challenge of having to navigate the difficult waters of uncertainty and advocate for themselves, others and their profession. As an introduction, the three-dimensional model of the main tasks and roles of nurse leaders during a change process will be presented. By leading relationships, processes and a culture, nurse leaders create prerequisites for good patient care not only during change but also in everyday practice.

Nurse staffing is an actual problem and challenge in many countries, and nursing workload, nursing intensity, and unattended patients’ needs are organizational factors that significantly affect the quality of care and patient outcomes. One prerequisite for the sustainable development of a health care system is allocation of staff resources. One central principle of evidence-based nursing management is therefore an optimal allocation of care resources, in both quantity (number of nurses) and quality. Measuring nursing intensity and workload is a complex process, and many non-patient factors affect both nursing intensity and nurses’ experiences of the total workload.

Tested and proven patient classification systems are able to provide a rational, systematic and objective foundation upon which staffing decisions can be based and can therefore be used for evidence-based nursing management. The RAFAELA system has been used in Finland since the middle of 1990’s, and is now in use in Iceland. The RAFAELA system will be shortly presented and some examples of how the system can be used to facilitate evidence-based nursing management.
I am Visiting Professor at Tartu Health Care College, Estonia, Professor Emerita at the University of Southampton, UK and a Fellow of the Faculty of Nursing and Midwifery at the Royal College of Surgeons Ireland.

In the keynote, I shall present, through professional biography and theory, the key role of professional knowledge and interdisciplinary care as a core theme of Nursing Leadership situated in the life cycle of a global pandemic. I will show how I learnt from, with, and shared knowledge with a range of other nurses and disciplinary colleagues from the beginning of my career as a student nurse; through intensive care and high dependency nursing; becoming a ward sister in first cardio-thoracic and vascular nursing (at the time of the rapid expansion of this speciality in the early 1980s) and second, in Neuro-medical nursing. Following an active clinical career, I subsequently became a nurse educator, educational developer, curricula designer, researcher, evaluator and leader with extensive national and international experience (Europe, USA, Canada, Republic of Georgia, Sudan).

Currently, I am joint co-ordinator of the Nursing Subject Area Group in the recent Tuning Project ‘CALOHE’, editor of the Tuning Journal for Higher Education, co-editor of a new Sage Handbook of Nursing Education; International Commissioner for the Commission on Accreditation for the American Nurses Credentialing Center and undertake a range of advisory and consultative roles.

Presentation topic: "Professional knowledge and interdisciplinary patient care"
Professional knowledge and interdisciplinary patient care

Mary Gobbi, University of Southampton, UK; Tartu Health Care College, Estonia

This paper debates the key role of professional knowledge and interdisciplinary care as a core theme of Nursing Leadership.

The study of professional knowledge typically evokes memories of many seminal nursing scholars ranging from Nightingale’s ‘Notes on Nursing’, Henderson’s ‘unique function of the nurse’ to Carper’s ‘forms of knowing’ and the subsequent added dimensions of knowing from White (socio political) and Chinn and Kramer (emancipatory). My own work on the nurse as bricoleur, intuition, learning in the workplace, and the generation of professional capital has shown that there are both individual and collective aspects to the development of knowledge in practice. Authors like Wenger, Gabbay and Le May have similarly demonstrated how knowledge is generated, transmitted, shared, and questioned -within communities of practice where membership is not always restricted to a single profession or discipline. More recent advances in technology are revealing the tacit and embodied aspects of professional knowledge and how we recognise such knowledge in others, irrespective of the main professional background.

While each profession and discipline lays claim to its own bounded knowledge base, not one health or social care profession works in complete isolation. Relationships between individuals and professions are known to be crucial aspects to team efficiency, quality patient care and the prevention of errors. From a patient safety perspective, there is abundant evidence on what happens when professionals fail to communicate, collaborate effectively, ‘whistle blow’ or abuse power within the workplace.

This paper focus on the professional knowledge and competence needed to deliver high quality patient care within an interdisciplinary context. We need to understand what competences are needed to operate effectively when each discipline/profession has its own culture, linguistic codes, and core professional capital. Our aim is to ensure that the patients’ needs take priority over professional boundaries, power struggles and traditions.
Kirsi Sillanpää

Director Kirsi Sillanpää has a clinical background in intensive and emergency nursing. She has worked for several years in many kinds of directorship roles for example as a nursing manager, nursing director, head nurse, personnel director in Helsinki University Hospital and also in the private sector, where she was responsible for personnel development and personnel leadership as well as on-call duties. Her main interests are leadership, changes in social and health care, the ability of staff to participate and develop at work throughout their career, and ethical issues.

Now she is working in Finland's largest social and health trade union, TEHY as a director in the field of development and social relations. Her key work is concerned with the supervision of professional and financial interests, and the improvement of the position of educated care personnel in the labour market. She has developed Tehy's leadership school and mentoring system for nursing managers.

Presentation topic: "Challenges in leadership"
Challenges in leadership

Kirsi Sillanpää, Tehy - Union of Health and Social Care Professional, Finland

**Background**: Tehy commissioned a research survey of nursing managers and supervisors from 09.01 – 26.02.2020 among its working members. 76% of respondents reported working in the public sector, 19% worked in the private sector and 5% in the third sector. The respondents worked variously in different tasks in the social and healthcare sectors. The respondent group was quite experienced in supervisory roles, with 51% reporting having worked as a nursing leader or supervisor for over ten years. Of the respondents 80% worked as immediate supervisors (e.g. ward nurse, assistant ward nurse), 10% were in middle management (e.g. chief nurse, group head of department), and 3% were in top strategic leadership roles (e.g. leading chief nurse, administrative chief nurse). 7% of respondents reported working in other roles, for example, as head of a nursing/care home, service supervisor, head of a supported living home, head of services, operational manager, unit leader or head of unit.

**Aim**: The study sought to gain data on, among other topics, what was included in the task field and task description of nursing leaders and supervisors, considering a change of working place, the position of nursing leaders and supervisors, as well as the points for development in nursing leadership and supervisory work in organisations. In addition, the relationship between nursing supervisors and shop stewards was examined.

**Methods**: Samples were collected by electronic form and in total 1588 nursing leaders and supervisors responded to the study, forming a response rate of 39%. The research was carried out with Aula Research Oy.

**Results**: The number of nursing leaders and supervisors has decreased systematically since the start of the millennium. This development process can also be seen in the study. Around 45% of respondents reported that the number of nursing leaders and supervisors had decreased in recent years. According to the study nursing leaders and supervisors need more time to lead, listen to and support their subordinates. Approximately one in five nursing leaders/supervisors feel that their work wellbeing is poor. This study shows that considering a change of working place was most common among immediate supervisors. The common reasons behind considering changing field were the mental workload of the work, as well as the pursuit of better pay. More than half (55%) of the respondents who received support reported receiving support primarily from an immediate supervisor, while a quarter of those who received support reported that the support primarily came from nursing leader colleagues. 31% of the nursing leaders who responded said that they mainly do not receive support.

**Conclusion**: We got valuable information how to support nursing leaders’ and supervisors’ working conditions, and nursing leaders’ and supervisors’ views on the development needs of leadership and supervisory work.

**Keywords**: Nursing leadership, resources, support, working conditions
Laura Viilep

As the Head of Global Events at the world’s leading personal growth company, Mindvalley, Laura has organised transformational experiences and events across 3 continents and 15 countries, from Costa Rica to Bali. She has 15 years of experience in communications, HR, project management and event production. Laura is passionate about designing and creating innovative experiences that inspire people to live their best lives. As part of Mindvalley’s leadership team, Laura has contributed to building a remote work friendly team culture that allows everyone to thrive, and expanding the Mindvalley office in Estonia.

Laura is a mom of two amazing boys and she’s created a lifestyle that allows her to blend all her passions: family, travelling & exploring new cultures, personal growth & learning, healthy & conscious living, and creating beautiful and impactful experiences.

Presentation topic: "How organisations can elevate & inspire their teams"
How organisations can elevate & inspire their teams

Laura Viilep, Mindvalley, Estonia

In this talk Laura Viilep, Head of Global Events & Seminars at Mindvalley shares how the international educational technology company has built and extraordinary work culture that inspires and transforms the employees. Laura joined Mindvalley as one of the winners of the Most Awesome Job recruitment campaign back in 2012 and has ever since had front-row seats to witnessing the incredible growth of the company and team members. She has helped to expand Mindvalley’s live events around the globe and has also played an important role in building the remote friendly work culture that allowed Mindvalley to grow and flourish even during the global pandemic.

Mindvalley employs 300 people from 60+ countries with offices in Malaysia and Estonia. At Mindvalley, we believe that our team is the most important asset that we have. We are a community that works hard, grows and celebrates - together.

Research from Harvard University has shown that employees who have a best-friend at work are 7X more engaged in their job. At Mindvalley, we create an environment that is designed to make the work, projects and even company meetings, a ton of fun. If you’re going to spend 70% of your waking hours at work, why not make those moments some of the most loving, joyful, supportive moments in your day. Laura will share some of the traditions and rituals that bring happiness and joy to the international team at Mindvalley, and unite the employees no matter where they are in the world or their life journey.

We encourage our people to have higher goals and ideals in all areas of their life. For us, growth is a goal in itself. The typical person at Mindvalley has physical health and fitness levels way above the norm, practices meditation daily, and is an enthusiast of reading, learning, fitness and spiritual growth. As part of the talk, Laura will explain how Mindvalley encourages and supports employees on their personal growth journeys with tools like the 3 Most Important Questions exercise, Lifebook, internal coaching programs and much more, and how it has impacted her growth as a leader, mother, wife and a friend.
ORAL PRESENTATIONS
Parallel sessions
Nurse Managers’ Leadership and Emotional Intelligence Competencies

Ene Vadi, Tallinn Health Care College, Estonia
Antek Kasemaa, Tallinn University, Estonia

**Background:** Leadership (LS) is a process by which a leader is able to influence his followers, identifying and agreeing on objectives and actions to achieve them. On the other hand, emotional intelligence (EI) means the ability to regulate someone’s emotions, perceive the emotions of others and to understand the causes for them. In order to instruct, motivate and inspire subordinates effectively, nursing managers need to develop their LS and EI competencies. Therefore, the proper evaluation of LS and EI among nursing managers will provide valuable information, which facilitates the evidence-based development of their competencies.

**Aim:** The aim of this study was to assess the LS and EI competencies of nursing managers by comparing self-ratings and subordinates’ ratings.

**Methods:** The sample consisted of nurse managers (n = 81) and their subordinates (n = 231) in an Estonian hospital. The data were collected in January 2020 using three instruments: Transformational Leadership Behaviour Inventory, Leader Reward and Punishment Questionnaire, and Genos Emotional Intelligence Inventory. All measures had the version for self-assessment and for the assessment of others. The data were analysed using confirmatory factor analysis, Mann-Whitney U test, Spearman’s correlation analysis, and Fisher’s Z-test.

**Results:** Managers’ EI was positively correlated with the majority of transformational LS components and contingent reward, however, negatively correlated with non-contingent punishment. Managers’ assessments of their LS and EI competencies were, on average, significantly higher than the assessments given by their subordinates.

**Discussion:** Based on the results, the development of LS skills through the growth of the EI competencies is recommended. Additionally, involvement of the subordinates, co-workers and leaders of the managers for the assessment of the LS and EI would be beneficial.
Social- and healthcare personnel’s and nurse leaders’ views about remote leadership in decentralized organizations

**Anja Terkamo-Moisio**, University of Eastern Finland, Finland
**Elsa Paronen** University of Eastern Finland, Finland
**Johanna Lammintakanen**, University of Eastern Finland, Finland
**Arja Häggman-Laitila**, University of Eastern Finland, Finland

**Background:** The social- and health care sector has been changing globally, in Finland the change has been strong in the 21st century. This has led to decentralized organizations, where individuals are working in dispersed locations and times. Furthermore, the remote leadership in these organizations is increasing, including technology mediated communication. Despite the clinical experience of remote leadership, the scientific evidence is sparse in social- and healthcare sector.

**Aim:** This study aims to describe the social- and health care personnel’s and nurse leaders’ views about remote leadership

**Methods:** The data were collected by individual and group interviews between 09/19 and 01/20 in three different regions in Finland. The informants (n=33) represented the personnel and management of social- and health care organizations in public and community sector. The duration of the interview varied between 57min and 1h 43min, resulting a total length of 13h 33min of recorded data that was analyzed by inductive content analysis.

**Results:** The practices of remote leadership varied between and within the organizations. The informants emphasized the significance of communication in remote context. They were worried that technology mediated communication would turn to more problem oriented. In addition, reciprocal trust was seen as crucial in remote collaboration. Openness between stakeholders and feelings of being valued were seen to strengthen the trust. Furthermore, creating a team culture that emphasizes the collaboration was highlighted by the informants. Technical skills, organizational structures, leaders’ availability, and presence despite the distance were recognized as challenges in remote context.

**Discussion:** The positive results of remote leadership could be enhanced by standardizing the current practices. Notice should be taken of the technical skills and creation and enhancement of reciprocal trust. The aspects of remote leadership should be more strongly integrated into the education and training of nurse leaders.

Keywords: Remote leadership, nursing management, leadership competencies.
Nurses' perception of the leadership styles and leadership success of nurse managers in the surgery clinics of Estonian central hospitals

Tene Tammearu, East-Tallinn Central Hospital, Estonia
Kätlin Pallo, East-Tallinn Central Hospital, Estonia
Airin Treiman-Kiveste, University of Tartu, Tartu Health Care College, Estonia

Background: With their leadership styles, nurse managers influence the job satisfaction of the staff, the work environment, the employee turnover rate, and the commitment of employees to the organization and their workplace. In addition to staff, leadership styles also have an impact on patients, affecting patient satisfaction with the nursing care provided, the achievement of nursing outcomes, and patient safety.

Aim: To describe nurses' perceptions of the leadership styles and the leadership success of nurse managers in the surgery clinics of Estonian central hospitals.

Methods: The research involved 177 nurses/assistant practitioners from inpatient departments of surgery clinics of Estonian central hospitals. The MLQ 5X-Short questionnaire developed by Avolio and Bass in 2004 was used to collect data. Data were collected between 1 April and 30 June 2019. Data were analysed using IBM SPSS Statistics. Descriptive statistics, correlation analysis, and analysis of variance were used for data analysis.

Results: According to the respondents, nurse managers of surgery clinics of central hospitals apply transformational leadership the most, followed by transactional leadership, and passive/avoidant leadership is the least applied leadership style. The three most commonly used leadership behaviours were inspirational motivation, intellectual stimulation, and contingent rewarding. In areas of leadership success, nurses/assistant practitioners rated nurse managers higher in the areas of leadership effectiveness and leadership satisfaction and lower in the leader's extra effort.

Discussion: The results of this master’s thesis can be applied in the development of nursing management. Nursing managers can make their leadership activities more effective if they know which leadership styles and behaviours nurses and assistant practitioners consider successful. The results of this master’s thesis can be the basis for the development of competence requirements for nurse managers of departments.

Keywords: Nurse manager, nursing management, leadership styles, leadership behaviours, leadership success, nurses' perceptions.
Prevention of vitamin K deficiency bleeding of newborns’ at East Tallinn Central Hospital. Development project

Maarja Pajo, East Tallinn Central Hospital, Estonia

**Background:** WHO recommends that all newborns are given 1 mg of vitamin K intramuscularly after birth to prevent vitamin K deficiency bleeding in newborns. It is a growing trend among the parents to refuse the administration of vitamin K. It is proven that the occurrence of vitamin K deficiency bleeding in newborns is lower when parents are educated on this subject. The aim of this development project was to develop a parental leaflet and refusal form of vitamin K deficiency bleeding prophylaxis in newborns by January 2021. The far-reaching aim is to expand the use of the refusal form among all of Estonia's maternity counselling centres, delivery departments and independent midwifery care service providers. There were four research tasks set to achieve the aim.

**Method:** The development project was multi-stage project. Firstly, the theoretical part based on a systematic up-to-date evidence-based literature review. Analysed literature was used as a basis for developing leaflet and refusal form. Secondly, the detailed methodology of the development project was described, including diagnostics of the organisation, team and interest groups involved. And finally, the whole process of the development project was described, including risk management and resource planning.

**Results:** As a result, the leaflet and refusal form of the vitamin K deficiency bleeding in newborns was developed. In the future it is planned to start using these forms as nationwide source documents and to publish them at the website of the maternity hospital at East Tallinn Central Hospital.

**Discussion:** It can be concluded that the development project was successful. The results of this project ensure patients’ safety, increase patients’ contentment and trust for healthcare providers. This project supports and improves the quality of midwifery care and enhances intended results.

Keywords: Newborns’ vitamin K deficiency, bleeding prophylaxis, leaflet, refusal form.
Implementing delirium assessment tool in the intensive care unit in East Tallinn Central Hospital

Evelin Limberg, East Tallinn Central Hospital, Estonia

Background: According to literature, delirium is often underdiagnosed and has negative impact on patients’ outcome. Special tools are used for timely diagnosis of delirium, the most suitable is Confusion Assessment Method for the Intensive Care Unit. There is no unitary approach managing delirium in Estonia. The aim of this development project was to implement delirium assessment tool in the intensive care unit in East Tallinn Central Hospital.

Methods: Theoretical section is written based on evidence-based literature, presented as a systematic review and describes the nature, diagnosing and prevention of delirium. The most suitable delirium assessment tool CAM-ICU was translated to Estonian language. Method’s worksheet and flowsheet were translated and designed to Estonian language accordingly. A pilot project was launched to identify and eliminate possible obstacles in implementing CAM-ICU in the selected environment. Intensive care personnel was trained for implementing the tool. The pilot project is continuing until 31.01.2021.

Results: After the pilot project is performed, final conclusions and adaptations are made, if necessary. Implementation of CAM-ICU is adapted officially as a routine part of monitoring all critically ill patients in intensive care unit.

Discussion: During the pilot project, personnel had many spontaneous discussions about delirium. This created a good starting point for creating and implementing a unitary approach for delirium management. Several follow-up activities are planned to develop delirium management.

Keywords: Intensive care unit, underdiagnosing delirium, delirium assessment tool, flowsheet.
Reporting and responding to safety incidents - systemic approach in need of committed and competent management

Ere Uibu, University of Tartu, Estonia
Kaja Pölluste, University of Tartu, Estonia
Margus Lember, University of Tartu, Estonia
Mari Kangasniemi, University of Tartu, Estonia, University of Turku, Finland

Background: Patient safety incident reporting systems allow collecting information on incidents and adverse events that have occurred and give the information for planning activities for their prevention. Previous research shows that very often those systems lack follow-ups like the provision of feedback and disseminating of knowledge about findings and recommendation. However, such disadvantages influence negatively on initiating trust and organizational learning and evidently need more commitment from managers.

Aim: The aim of this systematic review was to summarize the latest evidence of follow-up actions like recommended improvements, feedback to reporters and knowledge dissemination regarding safety incidents reported.

Methods: We carried out both electronic and manual searches for previous literature by limiting our searches for scientific, peer-reviewed papers which had been published in English between the years 2014–2018. Electronic searches were made in four databases. Manual searches were made for the reference lists of included studies and for four high-quality journals on patient safety.

Results: Altogether 16 studies were selected for analysis. All studies described safety incidents which were responded to with recommended improvements. Five studies reported feedback and knowledge dissemination activities, referring to meetings, written support and visual support.

Discussion: Patient safety incident reporting is an established practice in health care, but research focused on systematic feedback and knowledge dissemination is still scarce. However, that knowledge is crucial when implementing and developing patient safety practices. Healthcare managers, especially nursing leaders, need to be committed and have sufficient competences in patient safety. The education and resources for incident reporting and responding have to be provided for all staff members. More attention has to be paid on systematic implementation and research for the follow-up activities to make the benefits of incident reporting and lessons learned clearly visible.

Keywords: Patient safety, incident reporting, follow-up activities, knowledge dissemination.
A Scale for Assessing the Emotional Intelligence of Nurse Managers

Ene Vadi, North Estonia Medical Centre, Tallinn Health Care College, Estonia
Antek Kasemaa, Tallinn University, Estonia

Background: Emotional intelligence (EI) of nurse managers significantly contributes to job satisfaction and commitment among nurses, being important for promoting teamwork and ensuring quality nursing care for patients. It is therefore necessary to use evidence-based assessment tools for measuring and developing manager’s EI skills.

Aim: The aim of this research was to evaluate the structural validity of the Genos EI Inventory (short version) translated in Estonian.

Methods: A study was conducted with nurse managers (n = 81) and their subordinates (n = 231) in an Estonian hospital in January 2020. Data were collected using the Genos EI Inventory (short version, 14-item scale). The Genos EI tool is a self (used by managers) and multi-rater (used by subordinates) assessment designed specifically to evaluate EI. The questionnaire was translated into Estonian by the research authors following the appropriate procedure. Data were further analyzed in JASP 0.11.1.0 using confirmatory factor analysis.

Results: The Genos EI Short version allows only for a total EI score and has one factor, as per the original version. Two items of the inventory had very low loadings in some sub-samples and were excluded from further analysis. Based upon the loadings of the items, it can be concluded that the Estonian version of Genos EI Inventory is more suitable to measure EI skills if used as a multi-rater rather than a self-assessment tool.

Discussion: According to the analysis of the whole sample, the structural validity of the questionnaire was conceded as satisfactory. The analyzed cutoff values remained in their majority within the recommended range. The internal reliability of the questionnaire was also acceptable (α = 0,95; ω = 0,94). In the following studies, the authors recommend testing the questionnaire among a larger sample of nurse managers and using alternative items.

Keywords: Nursing management, emotional intelligence.
The relationship between the nurse manager’s support, nurses’ job satisfaction and intention to leave perceived by nurses

Anzela Kaminskas, East Tallinn Central Hospital, Estonia
Jekaterina Šteinmiller, Tallinn Health Care College, Estonia

Background: Each manager represents certain health care organization. Lack of nurse managers’ support can lead to nurses job dissatisfaction and leaving work.

Aim: To identify the relationship between nurse managers’ support, job satisfaction and intention to leave perceived by nurses, and to find out the correlation between the opinions and background variables of nurses.

Methods: A questionnaire survey completed by 343 nurses of one North Estonian Regional Hospital.

Results: The stronger the perceived managers’ support was found to be, the higher the level of job satisfaction was reported. The lower the level of managers’ support was found to be, the higher the level of intention to leave was reported. Intention to leave correlated negatively with job satisfaction. There were both statistically significant positive and negative correlations found between perceived managers’ support, job satisfaction and intention to leave and nurses background variables.

Discussion: The finding suggest that managers’ supportive behaviour play an important role in nurses job satisfaction and intention to leave. The results can be taken into account to address the shortage of nurses and develop quality of nursing care. There is a need for systematic management trainings in order to raise managers’ awareness of the links between support, job satisfaction and intention to leave, and to gain modern knowledge and required skills to improve the situation in the organization.
Expectations and challenges of remote leadership in healthcare – integrative review

Anja Terkamo-Moisio, University of Eastern Finland, Finland
Suyen Karki, University of Eastern Finland, Finland
Mari Kangasniemi, University of Turku, Finland
Johanna Lammintakanen, University of Eastern Finland, Finland
Arja Häggman-Laitila, University of Eastern Finland, Finland

Background: Globalization and revolution of digital technology has changed the organizational structures, leading to increasing decentralization also in health care organizations. Advancement in digital technologies has made it possible to interact remotely between leader and employees via various communication channels. Little is however known about the expectations and challenges of remote leadership in health care context.

Aim: This systematic review aims to gather and synthetize the current empirical evidence on remote leadership and discuss it in the context of health care.

Methods: The integrative review was carried out in five phases, following the PRISMA statement. Literature search was conducted in seven databases. 21 articles met the inclusion criteria; published between 2010-2019 in English, German or Finnish and being peer-reviewed. The inductive synthesis of the data was reported in narrative method.

Results: Based on the expectations and experiences of leaders and employees, the characteristics of successful leadership were related with three themes; characteristics of the remote leader, trust and communication in the remote context, and leading the team culture in remote context. The recommendations, based on good practices, for enhancing the leader-employee relationship in remote contest encompasses the organization of regular face-to-face meetings, regular communication and clear communication policies as well as leading the positive team spirit. Identified challenges of remote leadership consist of remote leader-related challenges and challenges related to the members of remote team.

Discussion: The nurse leaders’ leadership skills in remote context are emphasized by the increasing decentralization of the health care organizations. Trust, communication, and the positive team spirit are core themes of the remote leadership. Furthermore, leaders are expected to combine different leadership- and communication styles to be successful. These factors should be taken into account in the education of the future and training of current nurse leaders.

Keywords: Remote leadership, nursing management, leadership competencies.
Cost-effectiveness calculators for health, well-being, and safety promotion: a systematic review

Marja Hult, University of Turku, Finland
Olli Halminen, Aalto University, Finland
Miika Linna, Aalto University, Finland
Sakari Suominen, University of Turku, Finland, Turku University Hospital, Finland, School of Health Sciences, University of Skövde, Sweden
Mari Kangasniemi, University of Turku, Finland

Background: Health, well-being, and safety of inhabitants are leading goals of the welfare society. Still, due to difficulties of forecasting and weighing costs and benefits to support efficient decision-making, development and evaluation of effective promotion is challenging. The aim of the review was to identify and assess cost-effectiveness calculators for health, well-being, and safety promotion.

Methods: We conducted a systematic review with inclusion, exclusion and quality criteria using the data bases CINAHL, PsycInfo, SocINCEX, EconLit, PubMed and Scopus for identifying peer-reviewed studies published in English between 2010 and 2020. The data analysis was carried out by narrative synthesis.

Results: The searches resulted in 6,880 studies of which nine studies met the eligibility criteria. All nine calculators focused on health and well-being promotion but no safety tools were identified. Five calculators were targeted for the group level, two for the regional and three for the national level. The calculators were based on a combination of different data sources. In addition to user input data, three calculators used empirical research and five previous literature. Calculators created baseline estimates and assessed the program cost-effectiveness in pre- or post-intervention phase.

Conclusion: Cost-effectiveness calculators for promotion of health and well-being can support the decision-making of resource allocation at a local, regional and national level. No calculators for safety promotion were identified. Calculators were context-specific and applied various data sources when producing outcomes of different level of accuracy.

Keywords: Health promotion, well-being; safety, economic evaluation, tool, cost-effectiveness, calculator.
Are comprehensive and individually designed care and service plans for older people’s home care a vision or a reality in Finland?

**Jonna Puustinen**, Karelia University of Applied Sciences, Social Services and Health Care, Finland  
**Mari Kangasniemi**, Department of Nursing Science, Faculty of Medicine, University of Turku, Finland  
**Riitta Turjamaa**, Unit of Continuous Learning, Savonia University of Applied Sciences, Finland

**Background**: Many older people want to continue to live in their own homes, supported by home care services. The basis for care is real-time care and service plans documented by home care professionals. More, leadership and management are necessary to ensure and develop high quality electronic nursing documentation. More knowledge is needed about these plans to ensure that older people benefit from individual and comprehensive home care.

**Aim**: The aim was to describe the contents of older home care clients’ care and service plans by using the Finnish Care Classification (FinCC), which includes the Finnish classification of nursing diagnoses (FiCND) and the Finnish classification of nursing interventions (FiCNI).

**Methods**: The data were collected during spring 2018 from 71 care and service plans by home care organisation in an urban region of Finland. The data were analysed the data using descriptive statistical methods.

**Results**: The documentation focused on daily activities, but was based on a narrow view of individual needs and comprehensive care planning. In addition, we found a statistically significant association between documented clients’ needs (FiCND) and nursing interventions (FiCNI) in secretions, fluid balance, respiration and skin integrity. The client’s age, gender, how long they had been receiving home care and the number of home visits they received each week were all associated with certain documented needs and interventions.

**Discussion**: Findings provide new knowledge about inconsistent documentation related to clients’ needs and nursing interventions. The contents should also take into account the views of older people on how they want their care and services needs to be planned and delivered. The development of electronic nursing documentation requires management commitment to ensure both technical development and the improvement of home care professionals’ documentation skills.

Keywords: Care and service plans, client records, home care, home care professionals, older people.
Shift leaders’ experience of hurry in emergency departments

Mikko Nieminen, Satakunta University of Applied Sciences, Finland
Laura-Maria Peltonen, Department of Nursing Science, University of Turku, Finland

Background: Emergency departments have become more complex and challenging from operational and clinical perspectives. At the same time, the declining resources and increasing patient numbers add pressure to improve efficient use of resources. High workload is associated with exhaustion, which is threatening the well-being of the nursing workforce globally.

Aim: The aim was to describe shift leaders’ experience of hurry in three Finnish emergency departments.

Methods: Data were collected in 2015-2016 with a form where unit shift leaders 1) assessed the unit’s hurry on a scale from 0 to 5 (0=not at all, 5=extreme hurry) and 2) described the shift with a narrative on issues such as sick leave, patient flow or unexpected events. These narratives were analyzed by content analysis and descriptive statistics were calculated from the numerically reported experience of hurry.

Results: A total of 823 forms were collected from different shifts. The mean for the reported hurry was 2.8 (SD 1.0). Evening shifts were the most urgent (mean 3.1, SD 0.9) and night shifts the least urgent (mean 2.5, SD 1.1). The mean for the reported experience of hurry in morning shifts was 2.8 (SD 0.9). The most frequently reported reasons behind the hurry regarded patients. The second most frequently reported reason behind the hurry regarded staff, and the third most frequently reported reasons regarded technology.

Discussion: Overall, the reported hurry in the emergency departments was moderate; however, leaders need to acknowledge the differences in the experience of hurry between the different shifts when allocating resources. Further research is needed to explore if there are patient, staff related or technological issues that could be improved to reduce experienced hurry in emergency departments. Additionally, research could explore associations between experienced hurry and coping with work by staff.

Keywords: Emergency department, nursing management, decision-making, hurry, shift leader.
How to shape regulatory institutions in different regions of the world. A nursing leadership view

Alessandro Stievano, Centre of Excellence for Nursing Scholarship, Italy
Franklin Shaffer, CGFNS Inc., Philadelphia, USA
Laura Sabatino, Centre of Excellence for Nursing Scholarship, OPI Rome, Italy
Gennaro Rocco, Centre of Excellence for Nursing Scholarship, OPI Rome, Italy

Background: The principal objectives of nursing profession’s self-regulation are linked to two pivotal objectives: most directly, the public protection of the citizens who obtain services from professionals and less publically acknowledged, the improvement of the social and economic power of the occupational groups concerned. The factors that historically shape these two objectives have been underexplored in the nursing profession.

Aim: This study describes the main factors that have produced changes and challenges to nursing professional regulatory bodies main objectives and functions, as well as identifying how these factors have changed over time and place.

Methods: A review of the literature published over the last 15 years was performed using the search engines PubMed, Cinahl, Scopus and OpenGrey. A combination of the following search terms was used – registration, regulatory bodies, nurs*, history. Additional records were included from bibliographies of the articles chosen. We included a total of 21 studies for the final review and then subjected them to independent thematic analysis.

Results: Consensus on five factors was achieved. Convergence in regulatory systems was found in Europe, United States and Oceania. These features were linked to economics, migration, politics, war and workforce supply. However, history also illustrated many points of divergence across different countries, such as the form taken by regulation (e.g. licensure versus registration) or the form of the regulatory model: delegated self-regulatory, supervised self-regulatory, independent self-regulatory and Government based.

Discussion: A clearer comprehension of self-regulatory systems of nursing professionals in the past and present could be useful to better understand the continuous challenges the nursing profession faces in two areas in particular: the linkage of self-regulation to public safety and the stabilization of professional identity. The fluid of the nursing workforce across the globe presents great challenges to self-regulatory systems of nursing professionals.

Keywords: Global leadership, nursing, regulation, self-regulatory systems.
Regulatory authority’s disciplinary decisions for registered nurses in Finland

Mari Kangasniemi, University of Turku, Finland
Luurila Katrimaija, University of Eastern Finland, Finland
Papinaho Oili, University of Turku, Finland
Häggman-Laitila Arja, University of Eastern Finland, Finland

Background: Nurses have an obligation to meet ethical and legal standards of safety care and practice. However, in average, under half percent of registered nurses receive a regulatory authority’s decision in a case of failing to meet nursing standards and threatening of patient safety. Nurses’ unprofessional conduct is a challenge for individual nurses’ carrier pathway but also for nurse leaders’ management of safe patient care and ethical working culture.

Aim: The aim of this study was to describe and analyse regulatory authorities’ disciplinary decisions for registered nurses in Finland.

Methods: Document analysis was used for regulatory authority’s disciplinary decisions as discipline actions for registered nurses (RN’s) between 2007 and 2016. The data consisted of 204 decisions of total of 324 RNs. The data was by descriptive and correlative analysis methods.

Results: Most of the disciplined RNs were female with a mean age of 44 years and a registered nurse licence for over 16 years. Most often, they had under five years lasting working contract, and worked mainly in the public sector and half in the hospital settings. A part had also a criminal history and earlier disciplinary procedures. Most often regulatory authority’s decisionsfronted to RN’s substance abuse issues and second often to stealing of medicines, decreased ability to work or neglect of nursing guidelines.

Discussion: Unprofessional conduct by an individual nurse have consequences for the patient safety and entire organisation culture. Understanding of the content and process of disciplinary actions support nurse leaders to identify and prevent nurses’ unprofessional conduct.
Ethics in nurses’ interprofessional collaboration in clinical practice

Piiku Pakkanen, University of Turku, Finland
Arja Häggman-Laitila, University of Eastern Finland, Finland
Mari Kangasniemi, University of Turku, Finland

Background: In today’s social and health care, nurses’ work is increasingly carried out in interprofessional collaboration with other social and health care professionals. However, ethical issues emerge from the professionals’ daily practice in this interprofessional collaboration occurring in clinical practice. This highlights the role of nursing leaders supporting professionals in processing ethical issues together.

Aim: This study aimed to synthesize previous knowledge about ethics in nurses’ interprofessional collaboration in clinical practice to better understand ethical issues arising from this context.

Methods: We conducted a meta-synthesis including seven phases by Noblit & Hare (1988). We carried out a literature search covering the period 2013–2019 using four databases; CINAHL, PubMed, Scopus, and SOC index, combined with a manual search. Publication language was not restricted. Original papers were selected based on titles, abstracts and full-texts. This process was based on pre-defined inclusion and exclusion criteria, and quality assessment.

Results: The electronic (N = 4,763) and manual search resulted in a total of nine original papers. Our synthesis demonstrated that previous studies have focused on: i) a different perception of patients’ position in the care process, and ii) the different roles of professionals in the care process. These included ethical issues connected to the significance of patients’ wishes, truth-telling, and how to identify and treat patients’ pain. Ethical issues were also connected to professionals’ aims, roles and responsibilities, commitment to collaboration, and a balance of power between different professions involved in the care process.

Discussion: In clinical practice, nursing leaders play a crucial role to enable the identification and emergence of professional, interprofessional and organizational values. Future research should explore how nursing leaders evaluate their actions related to ethics in interprofessional collaboration.

Keywords: Ethics, interprofessional collaboration, health and social care, clinical practice, leadership, meta-synthesis.
Sustainability in nursing – considerations for management and education

Noora Gustafsson, University of Turku, Finland
Sanna Koskinen, University of Turku, Finland
Indrė Brasaičė-Abromė, Klaipėda University, Lithuania
Pilar Fuster Linares, Universitat Internacional de Catalunya, Barcelona, Spain
Eliisa Löytyniemi, University of Turku, Finland
Leena Salminen, University of Turku, Finland
Juliane Stubner, Martin Luther University Halle-Wittenberg, Germany
Herdís Sveinsdóttir, University of Iceland, Iceland
Helena Leino-Kilpi, University of Turku, Turku University hospital, Finland

Background: Several sustainable development goals relate to health and thus link to nursing. Nurses are in a key position to develop sustainable healthcare and need sufficient knowledge and attitudes to apply sustainability in practice though commitment from administration is also required. Sustainability has gained increasing interest in past years but research regarding sustainability in nursing is still limited.

Aim: To examine newly graduated nurses’ (NGNs) sustainability attitudes and factors associated.

Methods: A cross-sectional correlational design was applied. Data were collected from five countries (Finland, Germany, Iceland, Lithuania, Spain) from NGNs (n=515) and nurse managers (n=406). Among NGNs, SANS_2 survey was used and among managers, one question regarding NGNs’ application of sustainability in their practice. Data were analysed statistically.

Results: NGNs’ sustainability attitudes were positive but varied significantly between countries. Female NGNs reported significantly more positive sustainability attitudes compared to males. A significant positive association was also found between NGNs’ sustainability attitudes and generic professional competence. According to managers, NGNs applied sustainability principles moderately, but there was also significant country differences.

Discussion: Sustainability is an important principle for healthcare and nursing education and has been included into many future strategies. In this study, NGNs had positive sustainability attitudes. Then, managers, being responsible for recruiting new nurses, reported NGNs applying sustainability rather moderately, and both had significant country differences. In future, the meaning of country, culture and possible differences in healthcare organizations and education need to be analyzed in more detailed to gain deeper understanding about the actualization of sustainability and the development needs regarding it. While this study grasped sustainability as a part of nurses’ practice, also managers have an important role in fostering sustainable nursing. Their contribution in education and work policies is necessary.

Keywords: Sustainability, nurses, sustainable nursing, multi-country comparison.
Job descriptions and leadership skills of students participating in continuing education in the social- and healthcare sector

Anja Terkamo-Moisio, University of Eastern Finland, Finland
Pirjo Kaakinen, University of Oulu, Finland
Mira Palonen, University of Tampere, Finland
Laura-Maria Peltonen, University of Turku, Finland
Heli Vaartio-Rajalin, Åbo Akademi University, Finland
Helena Leino-Kilpi, University of Turku, Finland
Arja Häggman-Laitila, University of Eastern Finland, Finland

Background: Healthcare systems around the world are changing due to economic constraints, and dynamic workplace challenges. Nurse leaders face increasing challenges in the future, as they head the largest group of employees in the social and healthcare sector. To combat such changes, effective leadership practices are required, especially to produce healthy work environments for nurses and good patient outcomes.

Aim: This study described the job descriptions and leadership skills of students in continuing education at the beginning of their studies.

Methods: The study involved students who were nursing leaders or who orient towards nursing management tasks in the future (n = 85). The survey-data were collected between 10/2019–02 / 2020. The questionnaire consisted of demographical questions and participants self-evaluation of their job description and leadership skills. The statistical analysis of the data was carried out e.g. With Mann-Whitney U and Kruskal-Wallis tests.

Results: In the participants' job descriptions, the strongest emphasis was placed on the management of human resources (mean. 3.91, sd. 0.84), the development of personnel and working conditions (mean. 3.80, sd. 0.91) and the planning / management of the physical environment and the commitment of personnel (mean. 3.72, sd. 0.97). The participants assessed their skills as the strongest in the areas of use of communication and electronic systems (mean. 3.89, sd. 0.67), direct patient care (mean. 3.85, sd. 0.62) and tasks of work supervision (mean. 3.82, sd. 0.56).

Discussion: With the emphasis on human resource management in the participants' job descriptions, the strategic and customer-centric planning of services and financial management remain secondary. This was also demonstrated in participants' assessments of their own skills, which were weakest in these areas. Thus, the management skills of nursing supervisors are at least partially deficient, which demonstrates the need for further leadership-education.

Keywords: Nursing leadership, leadership competences, leadership education.
Instruments for measuring patient safety competency in nurses

Michael Mortensen, Western Norway University of Applied Sciences, Norway
Kristin Naustdal, Haukeland University Hospital, Norway
Ere Uibu, University of Tartu, Estonia
Liisi Mägi, University of Tartu, Estonia
Mari Kangasniemi, University of Tartu, Estonia
Kaja Põlluste, University of Tartu, Estonia
Asgjerd Litteré Moi, Western Norway University of Applied Sciences, Norway

**Background:** Patient safety competencies refer to the skills and knowledge that nurses need to obtain to prevent harm to patients. During the last decade, increased education on patient safety has improved nurses’ patient safety competencies. However, an overview of available patient safety competence instruments is missing, and identifying the most relevant instruments is needed. Being able to measure patient safety competencies is a prerequisite for evaluating and quality development of learning programs offered in higher education and hospitals.

**Aim:** This review aimed to identify the content and validity of existing instruments for patient safety competence in nurses.

**Methods:** We carried out a scoping review with systematic literature searches for The Cochrane Library, Epistemonikos, ERIC, Ovid MEDLINE, CINAHL, Embase, and Web of Science databases. The searches were limited to peer-reviewed scientific papers published in English between 2010 and 2020. The papers were selected based on inclusion, exclusion, and quality criteria, and the results were analyzed using a narrative summary.

**Results:** In total, we found 1,198 papers, whereas 24 papers met selection criteria. The papers presented six patient safety competence instruments, and they focused on attitudes, skills, and knowledge. The length of the questionnaires ranged from 22-41 questions. Three instruments had nurses as a target group and the three other healthcare personnel in general. Four instruments have been validated and translated into other languages.

**Discussion:** Patient safety competencies are essential for nursing quality and have been integral to direct patient care through proper hygiene and safe medication management. However, more emphasis is needed on patient safety’s socio-cultural aspects, recognizing the nursing role in an interprofessional team. The identified instruments can help educational institutions and hospitals to identify the needs for updating the programs and identify the possibilities for implementing the interprofessional approaches into nurses’ and other healthcare professionals’ teaching and training.

Keywords: Patient safety, competency, nursing education, instrument.
Care left undone and work organization: a cross-sectional questionnaire-based study in surgical wards of Estonian hospitals

Helle Peterson, Ida-Viru Central Hospital, Estonia
Ere Uibu, University of Tartu, Estonia
Mari Kangasniemi, University of Turku, Finland

Background: Care left undone is a worldwide problem for both the quality of healthcare and the safety of patients. Previous knowledge about care left undone in the surgical field is missing. However, this knowledge is essential for nursing managers to evaluate the quality of nursing care provided and management mastered.

Aim: To describe care left undone and its relationship to the nurses' and organizational characteristics in the surgical wards of regional and central hospitals in Estonia.

Methods: A cross-sectional study with an online questionnaire took place from June to October of 2018. The target population consisted of nurses (N=570, response rate 30%) working in the surgical wards of two regional and three central hospitals at the time of the study. The data were statistically analyzed with descriptive statistics, Pearson’s chi-square, and Fisher’s exact test. The open-ended questions were analyzed with deductive content analysis.

Results: Nursing care in the surgical wards was reported as having been left undone sometimes or often by 88% of the nurses. Most often, the documentation and evaluation of care plans (33%) were reported as undone and most rarely, disinfection measures were left undone (5%). Nurses with a shorter employment history left care undone more frequently, and when the number of patients per nurse increased, the amount of care left undone increased as well. More than half of the participants (59%) considered work organization to be the cause of care left undone.

Discussion: Work organization in surgical wards requires more attention and extra careful management, as nursing care left undone occurred to a significant degree in the wards investigated. In addition, nurses and nursing managers have to cooperate closely together to find out solutions for diminishing the cases of care left undone for improving nursing care quality.

Keywords: Nursing care left undone, surgical ward, work organization.
The impact of COVID-19 emergency on nursing care in Estonia: clinical, ethical and educational issue

Gerli, Usberg, University of Tartu, Estonia
Mari Kangasniemi, University of Tartu, Estonia

Background: The outbreak of COVID-19 has caused the global emergency with consequences for health care, economy and social functioning. In nursing care, the influences are visible in daily nursing activities and ethical issues, in work organization and workload, in training and education of nurses.

Aim: The aim of this study was to investigate the influence of COVID-19 emergency on nursing activities and nurses satisfaction in Estonia.

Methods: Cross-sectional survey study was conducted among Estonian nurses, using an international and tested web-questionnaire. The data was collected in collaboration with professional nurses’ organizations and in social media between September and November 2020. Total of 162 nurses enrolled in the study.

Results: The data analyses in currently ongoing and preliminary results will be presented in conference presentation. However, based on background information, the majority (95%) of participants were female, having higher education (diploma in nursing or bachelor’s degree) in nursing (45.7%) or had passed course of advanced nursing or specialization (26%). Altogether 94% worked in public sector and 64 % in multi-specialty hospital. In addition, 20% worked in community care, focusing on family medicine. The mean age of participants’ was 44 years (min 22, max 66, SD 11).

Conclusions: This study will help point out topical problems in practice, enhance preparedness for future pandemics and consider issues when drawing up crisis plans. Environmental and societal changes influence nurses’ daily work, and understanding of the changes helps to improve preparing for future changes alleviating the harmful effects and learning of them to gain good patient care and services during and after changes.

Keywords: COVID-19, nursing care, care satisfaction, nursing activities, work organization.
Developing a scientific guideline for an independent nursing reception of totally laryngectomised patients in the North Estonia Medical Centre

Agnes Koort, North Estonia Medical Centre, Estonia

**Background:** Total laryngectomy is a life altering operation, after which the patient requires continuing support through rehabilitation to cope with one’s life after the operation. Total laryngectomy in Estonia is performed only in the North Estonia Medical Centre (NEMC), where patients are also invited for a follow-up appointment by their doctor and speech therapist. However, due to the limited time and specialty specifics, not all problems that the patients have to face in their lives after total laryngectomy can be solved. A nurse has a suitable position to support such a patient, while also being a link between the patient and other specialists. Providing such nursing aid is possible during an independent nursing reception. Therefore there is a practical need to develop a guideline for such a reception in the North Estonia Medical Centre.

**Aim:** The aim of the thesis is to develop a scientific guideline for an independent nursing reception of totally laryngectomised patients in the head and neck surgery centre at the North Estonia Medical Centre and to describe specialists’ expert opinions about the guideline.

**Methods:** For the development of the guideline the model of continuous improvement by William Edwards Deming and as a research method the systematic literature review were used. Assessment for the guideline were collected from five head- and neck surgeons with written questionnaire method based on the AGREE II instrument for evaluating guidelines. According to the assessment amended guideline was submitted for the approval of nursing quality specialist of the hospital.

**Results:** The created guideline integrates the practical experiences of specialists, theoretical and empirical knowledge, international and national recommendations, therefore providing a scientific framework for implementing independent nursing reception of totally laryngectomised patients in the NEMC.

**Keywords:** Totally laryngectomised patient, independent nursing reception, nursing guideline, development project, systematic literature review, Deming model.
Assessing the workload of nurses: Testing the metric in the North Estonia Medical Centre based on the Perroca’s Patient Classification Instrument

**Airi Toode**, North Estonia Medical Centre Foundation, Estonia  
**Piret Mülner**, North Estonia Medical Centre Foundation, Estonia

**Background:** The regional hospital does not use a patient acuity classification system which would allow the head of nursing to distribute patients among the nurses working in the same department based on equal workload. Different classification systems have been used in several countries to assess the acuity of patients and the intensity of nurses’ work in order to ensure an equal work distribution of on-call staff. In Estonia, the working time standards in departments with different bed profiles are not regulated by the state and there is no unified approach to distribute the patients based on acuity. This project is one of the inputs for further research on this topic.

**Aim:** The aim of the study was to test the implementation of the Perroca’s Patient Classification Instrument in the North Estonia Medical Centre.

**Methods:** The Deming PDCA model was used as a methodology for the development project. The theoretical framework was based on the evidence-based literature. The development project was carried out in eight departments in the regional hospital. Based on the Perroca’s Instrument, patients were mostly divided into minimal and intermediate care categories during the data mapping period. Patients who were divided into a semi-intensive category were mostly in the seventh department during this period.

**Results:** As a result of this development project, it can be stated that dividing patients into specific patient care categories provides an opportunity to distribute patients fairly among the nurses on-call. The Perroca’s Patient Classification Instrument enables to divide patients into specific patient care categories.

**Keywords:** Nurses’ workload, workload measurement, patient acuity, Perroca’s Patient Classification Instrument.
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Poster no. 1

Caring for Others in a Precarious Era – COPE

Marja Hult, University of Turku, Finland

Background: The amount of people that need care is not decreasing, and at the same time, care work attires fewer workers. There are signs that caring is becoming a precarious work with temporary contracts, low employment quality and wages, increased risk of dropping out of decision-making processes, and limited career development opportunities.

Aim: To investigate the associations of employment precariousness, job satisfaction, supportive working conditions, and autonomy with health and work ability in permanent and temporary care workers in Finland.

Methods: Data were collected by an online survey from 7834 workers representing health care, social services and early education. Permanent and temporary workers were compared for health (Salutogenic Health Indicator Scale SHIS), work ability, employment precariousness (Employment Precariousness Scale EPRES) and job resources. Logistic regression analyses were applied to examine the associations between health, work ability, employment temporariness, employment precariousness and job resources (job satisfaction, supportive working conditions, autonomy).

Results: Temporary workers had significantly better health and work ability, higher job satisfaction and more supportive working conditions, but had higher employment precariousness scores and lower autonomy than permanent workers. Employment precariousness increased the odds for weakened health and work ability, whereas temporary contract and job resources increased odds for better health and work ability. Low wages and vulnerability were the employment precariousness dimensions most strongly associated with poor health and weakened work ability.

Discussion: Temporary workers were more exposed to precarious work, but their health and work ability were better than those of permanent jobs. Results are contradictory with the earlier research that has shown the deleterious effect of precarious work on health. Therefore, employment precariousness should be further studied in the care sector because it challenges the management of workers’ occupational well-being and health and may contribute to job retention.

Keywords: Precarious work, temporary work, health, work ability.
Poster no. 2

Development and application of standardised nursing handover system in the centre for intensive care, of the North Estonia Medical Centre Foundation

Reelika Kaljurand, North Estonia Medical Centre Foundation, Estonia.
Katre Zirel, North Estonia Medical Centre Foundation, Estonia.

**Background:** An internationally recognised factor in the patient safety is the nursing handover, being very important from the point of view of nursing care continuity and increasing the quality of nursing assistance. There are different standards in use throughout the world in nursing handover that depend on the situation; the environment in which the handover takes place; the communication involved in the handover and the contents of the information. Unstandardised nursing handover has a strong negative impact on patient safety and quality transfer.

**Aim:** The aim of the development project was the application of a standardised nursing handover system, for the nurses of the intensive care centre of the North Estonia Medical Centre Foundation.

**Methods:** The theoretical framework for the development project was created by describing evidence based scientific articles relevant to the field, written in English, which provided an overview of standardised nursing handover, as well as the factors affecting the nursing handover. The organisation was subjected to diagnostics using as the methodology the Burke and Litwin model (1992).

**Results:** A checklist in Estonian was compiled called STOP – Situation (Situatsioon), Background Information (Taustinformatsioon), Situation Evaluation (Olukorra hindamine), Day Plan (Päevaplaan), suitable to the intensive care department profile, relying on the the SBAR standard (Situation, Background, Assessment, Recommendations).

**Discussion:** In order to improve patient safety, it is necessary to develop a unequivocal standardized nursing handover system, the structure of which is adapted to the context of a specific department.

Keywords: Patient safety, nursing handover, checklist, Burke and Litwin model.
Poster no. 3

COVID-stop manager

Laura Keidong, OÜ Perearstikeskus, Estonia
Piret Innos, OÜ Perearstikeskus, Estonia

The development project has been compiled by Laura Keidong (2021) at Tallinn Health Care College as a master's thesis in health sciences. The development project "Creating the application COVID-stop manager for infection prevention in the work environment" consists of 34 pages, including five figures and five tables, and an additional appendix on one page. 24 literature sources were used.

The aim of the project was to create and pilot the application COVID-stop manager, which enables companies to monitor the health of their employees and prevent possible outbreaks of infections caused by the COVID virus. To achieve this goal, a multidisciplinary team of specialists was assembled. The application was created based on the Scrum development process, moving in sprints, which allows the application to be constantly updated according to user feedback and scientific developments.

During the project, a working COVID-stop manager application was created, including the mobile version. The application was piloted in five companies. Based on the mapping of problems and feedback improvements were made to the application. The feedback from the piloting companies to the application was positive. It is a useful application, the efficiency of which requires additional communication in society.

Keywords: COVID-19 virus, Scrum process, agile development, infectious disease prevention, contact tracing.
Poster no. 4

The experiences of adult patients in contact isolation – a qualitative research

Heli-Kaja Kübarsepp, The Institute of Family Medicine and Public Health, Estonia
Janika Pael, Tartu Health Care College, Estonia
Merle Seera, The Institute of Family Medicine and Public Health, Estonia

Background: Contact isolation is used to prevent the spread of epidemiologically important organisms in health care facilities. It limits physical and social contacts of the patient and is associated with stigmatisation, fear of spreading infection, and social isolation, which negatively influences the mental health of the patient. Isolated patients receive fewer and shorter visits from the health care personnel, which may lead to dissatisfaction with care. There is a lack of evidence of how patients perceive contact isolation, which is a barrier for human-centred health care.

Aim: To describe the experiences of adult patients in contact isolation.

Methods: The research was empirical, qualitative, and descriptive. It included seven patients who had been in contact isolation in Estonian regional and central hospitals. Data was collected via semi-structured interviews after the hospital discharge of the patients between June 2018 and February 2019. The data were analysed using the inductive content analysis method.

Results: The experiences of the patients with contact isolation differed and were influenced by the physical environment, the type of infection, relationships with people, and information gained. Patients felt imprisoned, lonely, subdued in terms of stimuli and activity, dirty, and excluded from others. Infectious diseases caused fear for health damage and death. Support from family and friends was important and helped to manage disease and isolation better, but fear of spreading infection reduced the social contacts of the patients. They experienced supportive as well as hurtful behaviour from health care personnel. Patients needed clear information, and inconsistencies in using personal protective equipment by health care staff made them feel confused.

Discussion: It is important to support coping and adaptation with contact isolation to improve the isolation experience of patients. Staff needs better education about infection control and answering the emotional needs of patients.

Keywords: Contact isolation, isolation experience, patient experience.
Poster no. 5

Development and implementation of an Integrated Perinatal Mental Health Service Model

Jana Meier, Tartu Health Care College, Estonia
Marge Mahla, Tartu Health Care College, Estonia

**Background:** A mental health problem during pregnancy is a serious complication, it comes with difficulties to cope with everyday life, low quality of life, affecting the growth, development and well-being of the child indirectly. Mental health problems affect motherhood negatively. There is no system in Estonia that would provide appropriate ongoing support for women postnatally. Services provided are fragmented, availability and quality are not regularly assessed and patients are often left alone. An important problem area is unmapped and chaotic patient journey in the mental health support system.

**Aim:** An integrated care model with self-assessment tool is needed to support mental health during perinatal period, patient's journey between different levels of health care and services are more human-centered, visible, smooth and elaborated.

**Method:** Theoretical input was provided by Estonian Midwives Association Board. To create a theoretical model, an information search was started, followed by a systematic review of the literature. Recognized professional experience and evidence-based information were the basis for creating this model. Mental health specialists were consulted to identify concerns and needs during development the integrated care model. After the respective meetings, EPDS, previously adapted for use in Estonia by Tallinn University lecturers, was integrated into the model.

**Results:** All recruited patients will be offered a continuous care model to support perinatal mental health. The project will make possible to invest in service development to reduce the cost of maternity care and childcare in the long run.

**Discussion:** The integrated mental health care model implemented during perinatal period, enables to be proactive and encourages early detection and initial intervention. Supporting the mental health of women and mothers reduces the fear of the onset and termination of pregnancy, childbirth and parenting, and coping.

Keywords: Perinatal period, midwife, mental health, depression, integrated care.
Poster no. 6

Webinar for nurses in Latvia during COVID pandemic- hot topic review

Agita Melbarde-Kelmere, Riga Stradins University, Latvian Nurse Association, Latvia
Aija Lielnora, Latvian Nurse Association, Latvia
Dita Raiska, Latvian Nurse Association, Latvia

Background: Sars-CoV-2 main strategy on 2021 declared as vaccination and started in the hospitals. Low vaccination of nurses was seen in the first weeks of vaccination, which was linked to the level of education of nurses (on media).

Aim: Organize webinar for nurses in Latvia to promote nurses’ understanding of infection control requirements and educating about aspects of vaccination (newest information about COVID 19 vaccines and technical aspects).

Methods: Web-based seminar with transmission of video and audio. Participation by invitation only (after registration); free of charge. Platform: Zoom

Results: The virtual seminar organized by Latvian Nurse association on 14.01.2021. Online access was sent to the specified email a day before the webinar. The main theme of the webinar program is the Covid 19 pandemic and the most pressing events are the delivery of vaccines in Latvia and the commencement of vaccination of medical personnel. LMA choose the keynote speakers (infection control nurse from university hospital, the chair of state council of immunization, staff of university hospital of vaccination department) Main topics discussed- infection control during pandemic, vaccination studies and results, also technical information about vaccination process explained, also planned plenty of time for questions and feedback. Webinar Length 3 hours. There are registered nurses above the 800, but meeting attended by 671 nurse. Nurses submitted more than 100 questions and received answers. 4 further training points allocated to the webinar, received in allocated email during 2 weeks period after webinar.

Discussion: COVID-19 is an ongoing crisis; but we need to continue to motivate and educate the nurses in all country, it is a real-time lesson in leadership to organize the webinar quickly. In previous time we can’t organize the conference and meetings for so many attendees.

Keywords: Nursing, educational technology, pandemics, vaccination.
Poster no. 7

Emotional support for preschool-aged children in day-surgery nursing: education and other strategies of the nursing guideline implementation in a day-surgery unit

Hanna-Leena Melender, VAMK University of Applied Sciences, Finland
Salla Pirkola, VAMK University of Applied Sciences, Finland
Kaisa Imppola, VAMK University of Applied Sciences, Finland
Helinä Ahonen, Vaasa Central Hospital, Finland
Saija Seppelin, Vaasa Central Hospital, Finland

Background: Use of guidelines constitutes part of evidence-based practice in healthcare. Aim: To implement a nursing guideline on emotional support for preschool-aged children in day-surgery nursing into the practice of nurses at a day-surgery unit.

Methods: In the implementation, a 10-step guide to adopting and sustaining evidence-based practices was used as a framework. Step 1 comprised the identification of the need of an intervention. In Step 2, the nurses’ ability to adopt evidence-based practice was assessed. Support of stakeholders was garnered in Step 3. Step 4 comprised notification of the guideline being a “good fit” for the unit and Step 5 dealt with any decision to make necessary adaptations. In Step 6, research evidence and specialist assistance regarding the implementation of EBP were sought. In Step 7, the staff was educated. The implementation of the guideline began in Step 8. Step 9 comprised an evaluation of outcomes and Step 10 comprised the creation of feedback loops and ongoing opportunities for learning and reflection.

Results: In a survey conducted in Step 2, in April 2018 (n = 14), 21 % knew about the guideline. No one used the guideline regularly and 21 % used it occasionally. Two out of five recommended practices published in the guideline were in use at least to some extent. 79 % reported challenges in providing emotional support for preschool-aged children. In a survey conducted in Step 9, in October – November (n = 20), 80 % knew about the guideline. 40 % used it regularly and 35 % occasionally. All the five recommended practices published in the guideline were used by the respondents at least to some extent. No challenges in use of the guideline were reported.

Discussion: The guideline implementation was quite successful, and its strategies can be recommended.

Keywords: Evidence-based practice; guideline implementation.
Poster no. 8

Shared learning for registered nurses and nursing students: a systematic review

Liisi Mägi, University of Tartu, Estonia
Ere Uibu, University of Tartu, Estonia
Kaja Pölluste, University of Tartu, Estonia
Asgjerd L. Moi, Western Norway University of Applied Sciences, Norway
Michael Mortensen, Western Norway University of Applied Sciences, Norway
Kristin Naustdal, Haukeland University Hospital, Norway
Mari Kangasniemi, University of Tartu, Estonia

Shared learning refers to a process, where participants are in a dialogue and they all contribute to learning and teaching. Academic and clinical partnerships have found to be beneficial for improving both nursing education and nursing care, but little is known about the advantages of shared learning for nurses and nursing students.

The aim of this review was to identify previous knowledge about organizing shared learning activities for registered nurses and nursing students and what are the reported learning outcomes for participants.

We conducted a systematic review, following PRISMA guidelines. We carried out searches for CINAHL, PubMed, Web of Science and Scopus databases and six scientific journals. We selected scientific peer-reviewed papers, which were published in English between 2010 and 2020. The selection of papers was based on inclusion, exclusion and quality criteria and the data was analyzed by content analysis.

We included altogether nine eligible papers, whereas three were theoretical papers and six empirical studies. Organizing the shared learning activities, practical arrangements as suitable facilities, sufficient timing and supporting management plays a crucial role. In addition, pedagogical starting points were considered important, where constructive and the target group orientated learning methods have been pointed out. Participants have experienced that shared learning increased their evidence-based competencies. In addition, strengthened self-efficacy and collegial collaboration were experienced.

Although uniting registered nurses and nursing students in shared learning activities is beneficial for both parties, previous studies seldom reported it. In future, systematic research on pedagogical methods and evaluation of outcomes are needed to develop shared learning.

Keywords: Shared learning, registered nurses, nursing students, collaboration, systematic review.
Poster no. 9

The model of restoring the integrity of the birth canal for midwives

Emily Naarits, Tartu University Hospital, Tartu Health Care College, Estonia
Egle Lihtsa, Põlva Hospital, Estonia
Evelin Gross, Tartu University Hospital, Tartu Health Care College, Estonia
Saima Hinno, Tartu Health Care College, Estonia

Background: In complex health care, the challenge of leadership is to secure the effective professional midwifery practice since a considerable number of women experience perineal trauma after vaginal deliveries, requiring stitches. A core set of midwifery competencies is essential to provide the high quality services that lead to the desirable patient outcomes. Midwifery leadership should focus also on the specific competency areas to cover the need for sufficient amount of competent midwives carrying out perineal repair in every working-shift. The practice profile and competences of advanced practiced midwives task performance and competency levels related to restoring the integrity of the birth canal should be explored.

Aim: Aim of the development project: by 2023, the model for restoring the integrity of the birth canal is developed for Estonian midwives, 59% of midwives working in the delivery rooms are trained in perineal repair.

Methods:
As baseline, the pilot study with mixed method approach was used. Extensive literature review was performed. Data was collected from 40 midwives (interviews (n=6) followed by survey (n=68), pre-and post-training questionnaires).

Results: Advanced training programmes for midwives are crucial in reducing the risk of perineal trauma and improving recovery techniques. The results of pilot study highlighted that the major benefit of clinical practice guidelines for midwifery practice is their potential to improve the process of midwifery-care. There is a need among midwives for a competence based model for restoring the integrity of the birth canal.

Discussion: The project outcome contains evidence informed national guideline for midwifery care during the postpartum period along with the advanced practice midwifery training programme. This development project provides insight into leadership in midwifery with a particular focus on competent midwives performing perineal repair. Project outcomes support midwives’ professional development and efforts to improve patient outcomes.

Keywords: Perineal trauma, repair, guidelines, midwife.
Poster no. 10

Ethical and cultural issues in nursing management

Alessandro Stievano, Centre of Excellence for Nursing Scholarship, OPI Rome, Italy
Gennaro Rocco, Centre of Excellence for Nursing Scholarship, OPI Rome, Italy
Franklin Shaffer, CGFNS International, USA

Background: Health worker migration has been growing worldwide over the past decades, even if, during COVID-19 pandemic, health professionals' flows decreased significantly. A review on the application of the WHO’s Global Code of Practice (9 December 2015), a catalyst for making values salient, demonstrates that the challenges to respect fair labour practices and ethical recruitment of health professionals have yet to be attained in many countries.

Aim: An examination of different ethical codes for health professionals’ recruitment has been accomplished to support ethical international labour mobility.

Methods: The research group analyzed inductively different ethical codes, mainly created for health professional recruitment. The salient sentences regarding recruitment ethics were grouped together and further scrutinized to highlight the main themes on the issue.

Results: Crucial advice for health professionals and leaders in the sector were outlined out of the codes investigated. This requires a strong commitment to supporting policy strategies via a set of data and workforce projections, particularly in resource-constrained countries, by the provision of technical assistance, data improvement, independent analysis, and multi-stakeholder policy dialogues.

Discussion: In the unknown post-COVID-19 scenarios, nurse leaders could take some measures to alleviate the burden of countries with chronic shortages of health professionals and mitigate the effects of the adverse events of migration towards more affluent countries. Firstly, more interdisciplinary research based on the health professionals’ mobility is pivotal to accomplish effective monitoring of flows of health actors. Secondly, it is central that all nursing authorities and nursing leadership will highlight strategic concepts via professional code of ethics to endorse countries affected by shortages to educate, hire, and retain health professionals through domestic funding to increase health migrants workers' benefits and reduce the adverse effects of health worker migration.

Keywords: Ethical recruitment, labour, nursing, migration, mobility.
Poster no. 11

Nurse-sensitive indicators in adult active treatment: a systematic literature review

Jaanika Survo, East-Tallinn Central Hospital, Estonia
Ere Uibu, University of Tartu, Estonia

The quality of nursing is seemingly self-explanatory, however, in Estonia, there is no uniform system to rely on. One approach to measure nursing quality is to use nurse-sensitive indicators (NSIs) which reflect patient care that are directly affected by the nursing practice. Adult active treatment is one of the widest fields in nursing and from a nursing management and a quality insurance perspective, it is important to find the suitable NSIs for assessing nursing performance in this field. A systematic literature review was conducted in three databases: MEDLINE, Web of Science and CINHAL with literature searches for scientific, peer-reviewed papers which had been published in English between the years 2014–2018. Also, a hand search was conducted in the reference lists of included studies. Two authors independently made the study selections examining each paper phase by phase. As a result of the review, 46 NSIs has been described. Based on the Donabedian model, the indicators were categorized as structure-, process- and outcome indicators. The number of nurses is described as the structure indicator. Pressure ulcers and falls are outlined as both process and outcome indicators. Outcome indicators are described the most. These include urinary tract infections, pneumonia, sepsis etc. Assessment of nursing care is challenging task for nursing managers. By focusing on defining and selecting relevant and evidence-based indicators, nursing managers can contribute to finding the best ways to reflect nursing care quality and to develop the nursing practice and quality management in the field of active treatment. Nursing quality is assessed by single complications, nursing documentation and pain management in Estonia. Those indicators do not cover whole nursing care. There is a need to find NSIs to assess the quality of nursing care on the full scope of nursing care.

Keywords: Nurse-sensitive indicators, nursing-sensitive outcomes, adult active treatment, systematic review.
Poster no. 12

Virtual platform with database for storing development projects created in the framework of the Master’s studies of Health Science of Tartu Health Care College

Merlin Aadussoo, Estonia
Mari-Liis Tuvi, Tartu University Hospital, Estonia
Kairi Sarapuu, Tartu University Hospital, Estonia
Saima Hinno, Tartu Health Care College, Estonia

Background: At Tartu and Tallinn Health Care Colleges, development projects are prepared as part of the final examination in the Master’s Program in Health Sciences. However, currently, those projects are not virtually stored. A survey conducted among the master students of Tartu Health Care College in 2020 showed that most of the students know nothing about the development projects created before their admission. At the time of compiling this development project, there is no Estonian-language database in Estonia for storing nursing development projects.

Aim: By the end of 2021, Tartu Health Care College has created a virtual platform with a database for storing development projects prepared within the framework of Master’s studies in Health Sciences.

Methods Creating the content of the virtual platform includes collecting information about development projects, systematisation of the received information and the preparation of summaries in English. Next, specific input is given to the IT team and the technical implementation of the virtual platform is carried out through software development. In this phase, development projects are entered in the database. The virtual platform is subsequently linked to the web environment of Tartu Health Care College.

Results: As a result of the project, a virtual platform will be completed at Tartu Health Care College by the end of 2021, together with a database of development projects. This solution provides an opportunity to show more broadly what areas need to be developed, solutions successful so far and methods to share best practices.

Discussion: The virtual platform gives students and already working nurses the opportunity to get acquainted with the development work of nursing and encourages participation in the development of the speciality. It also shows society how nurses participate in research and development and how networking opportunities are created.

Keywords: Development project, virtual platform, database, nursing.
Poster no. 13

Strategic action plan to support the employer's brand on the example of the inpatient nurse job of AS East Tallinn Central Hospital Heart Center

Svetlana Udalova, East-Tallinn Central Hospital, Estonia

Background: Labor shortage in nursing.

Aim: Strategic action plan emerged as part of the development project, according to the example of a stationary nurse at AS East Tallinn Central Hospital Heart Centre to support the employer's brand and to contribute to the success of recruiting new employees.

Methods: Integrated literature review. SWOT analysis in the focus Group. The structure of the survey is based on the McKinsey 7S Framework management model.

Results: The great strength of the department is the well-functioning and over-the-years work organisation of nurses – the distribution of workload, rotation between the standard ward and the intensive care area, and the support of nurses to increase competence through training and basic training programmes. The absence of a skilled labour force can be described as an internal weakness. The biggest concern is that we are facing outdated household conditions, which is a barrier to choosing an employer for the new generation of workers. Greater external threats are increased competition between health service providers in the form of vacancies and nurses working in two jobs.

Discussion: It is evident that the responsibility and initiative of inpatient nurses to teach and support future colleagues is the key to the success of hiring new nurses. The SWOT analysis showed that in fact the experience and knowledge of the nurses in the department is unique, but we have been very modest for years, focusing on the problem of nurses' labour shortages, not sharing personal work experience and high-quality training for posterity.

Keywords: Employer brand, nursing students, factors influencing job choice, employer attractiveness.
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Jane Freimann, RN, MSc

Evelyn Evert, RN, MSc

Gerli Usberg, RN, MSc

Mari-Leen Pärn, RN, MSc, PhD student
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Docent, PhD Mari Kangasniemi is working as a Visiting Professor at the Department of Nursing Science, University of Tartu, Estonia and as a University Researcher at the University of Turku, Finland. She has worked at the university as a full-time researcher and teacher since 2002. Her main research interest is focused on nursing and health care ethics, including professional ethics, rights and regulations, collegiality, and patient and client rights, duties and responsibilities. She is also investigating the change of social and health care work and environmental responsibility in patient care. Kangasniemi have published peer-reviewed scientific papers on her topics, acting as a research group leader and a member of national and international multidisciplinary research groups, supervisor and teacher for academic degrees and the lecturer and expert in various scientific and societal groups and tasks.

She is looking forward to the conference as the event for shared knowledge and inspiration for further research and development.

Arja Häggman-Laitila acts as a Professor of Nursing Science at the University of Eastern Finland in nursing leadership and as a Chief nursing officer at the City of Helsinki in social and health care. Her current research focuses on the nursing leadership of effective client work and patient care and on the attractiveness of nursing. Her focus is also on the leadership in digitalized environments.

She regards the main topic of the conference inspiring and expects to get ideas on how to lead future nurses from a comprehensive perspective.
Tiina Freimann is the Chief Nurse of Tartu University Hospital and Chair of the Estonian Nurse Directors Association. She acts also as a teacher at the University of Tartu and the Tartu Health Care College. Her research has focused on health risks of nurses' work environment.

She hopes that the first conference of the Estonian Nurse Directors Association will bring together many participants who wish to create a comprehensive view on nursing leadership.

Saima Hinno holds a PhD degree and is currently working at Tartu Health Care College as Head of Nursing and Midwifery Department. Her research interest concerns professional practice environment and nursing education. Currently she is a board member of European Academy of Nursing Science. She is a representative of Estonia in the European COST Action, Rationing - Missed Nursing care: An international and multidimensional problem.

She will contribute to the success of the conference while promoting the discussions related to leadership and professional development in nursing.

Ülle Ernits is the Rector of Tallinn Health Care College in Estonia since 2006. As a Rector she is able to influence the training of the future health care professionals and contribute actively to the working groups of the field. She has education in nursing, social pedagogy and social work. In 2018 she defended a PhD dissertation in nursing science in Tampere University, Finland.

Moreover, she belongs to the Rectors’ Conference of Universities of Applied Sciences of Estonia. She is also a member of the Erasmus+ and LLP-ERASMUS Steering Committee, the Health Care Professional Council, Chancellor of Justice’s Advisory Committee on Human Rights, Estonian Nurses’ Association, and the Estonian Association for Advancement of Vocational Education.

She hopes that the conference will give inspiration and different development ideas to implement for the heads of nurses.