Preparing social and health care services for a new era - a multidisciplinary approach in Finland

Yvonne Hilli. RN, PHN, RNT, PhD, a) Head of project b)Principal Lecturer
a) the Council for Swedish Education and Culture in Ostrobothnia, Finland
b) Novia University of Applied Sciences, Finland

Rika Levy-Malmberg. RN, RNT, PhD, Senior Lecturer
Novia University of Applied Sciences, Finland

Correspondence:
Yvonne Hilli
Seriegatan 2
65320 Vaasa
Finland
\texttt{Yvonne.hilli@sofuk.fi, Yvonne.hilli@novia.fi}
Tel. +358 44750 3225
Preparing Social and Health Care Services for a New Era - A Multidisciplinary Approach in Finland

Abstract

The aim of this qualitative study is to map the educational requirements and the needs of health and social care. In addition to social and health care services in the western region of Finland, the intention is to create models, possibilities and a new intensification concept for regional development within education, research and development (R&D). In phase one the data was collected in the form of a questionnaire on a regional and local level. The second phase focused on data collection using the method “Call for Papers” on a national level. The third phase was guided by the results from the former two phases. The data was collected by conducting four focus group interviews among leaders within health and social care. The data was analyzed through content analysis. The results emerging from this survey promote collaboration between the universities and universities of applied sciences, different networks, health and social care services. Furthermore, the results emphasize the need to develop interprofessional and multilingual learning environments, entrepreneurship, multi-professional R&D and a means for leadership to promote the vision of leading toward change. The results stress the need for the development of advanced teaching methods and a shift of the learning environment from a traditional approach to a new setting, i.e. a living learning environment, with a focus on practice, health promotion and holism.

Keywords: education, social and health care, competence, multidisciplinary approach
Introduction

The shortage of nurses within social and health care is a growing problem on a global level. Since 2002 it has been termed a global crisis by ICN (Oulton, 2006). In Finland many nurses are planning to leave their profession; this is especially apparent among young nurses. The lack of nurses and the high nurse turnover represent problems for social and health care, which will affect the quality and accessibility of care. According to earlier research, nurses tend to leave nursing practice in favour for other professions, and there is a longing for early retirement among nurses (Flinkman, Laine, Leino-Kilpi, Hasselhorn and Salanterä, 2008; Holopainen, Tossavainen, Kärnä-Lin, 2009; International Council of Nurses [ICN], 2006). Consequently, it is central to secure retention of a competent nursing workforce by educating nurses using a curriculum based on the knowledge, skills and competencies needed to practice in the health and social care sector (ICN, 2006).

In several countries nursing education has been scrutinized by employers, who claim that the education and preparation of graduates does not meet with the health service demand. In order to address the education-service gap it is important to reform nursing education to ensure that the curriculum is relevant to health and social service needs and sufficiently flexible to meet future service demands. Therefore it is important that all relevant stakeholders are involved in the development process including employers, educators, clinicians and regulators (ICN, 2006).

By merging college level and higher vocational level professional institutions in Finland to multidisciplinary polytechnics in the 1990s (today they are called universities of applied sciences), the objective was to raise the level of professional vocational education by strengthening its connections to working life, improving the regional effectiveness and promoting its international comparability. The degree registered nurse and the degree
programme in social services are now higher-level education (bachelor’s degree) and the duration is 3.5 years or 210 ECTS (Holopainen et al., 2009). In Finland there are currently 25 universities of applied sciences and 16 universities today. The aspiration of the Ministry of Education and Culture (2010) is that by 2012 there are fewer universities of applied sciences and universities in Finland with more distinctive profiles. The objectives of the structural development will strengthen the quality of activities, efficiency and international competitiveness. Strategic coalitions on a regional basis between universities and universities of applied sciences will secure greater imposing units. Notwithstanding, the Bologna Process depicts learning as a productive activity through which students generate knowledge for personal and social benefit. Therefore, research should be directed towards the benefit of the society, purposefully to produce useful results for the individual and the society; in other words applied research (Keeling, 2006).

One of the greatest challenges in the health and social care sector in Finland is to retain an adequate amount of professionals and to maintain recruitment (Ministry of Social Affairs and Health, 2003). It is necessary to design an act in order to secure access to qualified personnel within social and health care. A new action plan has been drawn up by the Steering Group for Development of Nursing Care set up by the Ministry of Social Affairs and Health in Finland. The action plan aims at developing the skills and clinical competence activities of the health and social care sector personnel. The emphasis is to use client/patient-oriented care and safe ways of operation, making use of evidence-based high-quality practices in the services, as well as integrating the promotion of health and well-being into nursing and social care practices and management, securing the availability of personnel and developing human resources. According to the action plan these measures presuppose development of the management of nursing and social care by creating specific regional structures for practice, training and research, and by improving the opportunities of the personnel to take part in
developing their own work and other activities (Increasing the effectiveness and attraction of nursing care by means of management. An action plan for the years 2009-2011. (Ministry of Social Affairs and Health, 2009:18 [MSAH]).

In the region of Ostrobothnia in western Finland, a project was launched in 2009 in order to secure the need of workforce within health and social care by strengthening the cooperation between different social and health care actors, universities and universities of applied sciences in the region in order to create bigger and more imposing units.

The aforementioned region in western Finland has 167 000 inhabitants, of which 51% have Swedish and 49% Finnish as their mother tongue. The requirement is that professionals within the health and social care sector can deliver services and care in both languages (http://www.vaasankeskussairaala.fi/Pa_Svenska/Vasa_sjukvardsdistrikt/Allmant). Moreover, the Swedish language in Ostrobothnia makes the region a “window” towards other Nordic countries enabling natural and fruitful cooperation. Therefore, the further attention of this survey is to construct multilingual learning environments with the objective of creating a development unit to secure the need of personnel and to create a magnetic caring culture for the region.

The premise of the project is Finnish law (351/2003), the strategy of the Ministry of Education and Culture (2010), the Bologna Process and the action plan (MSAH, 2009). According to the law the universities of applied sciences have three main duties; to arrange education based on the need of the working life, to conduct applied research and regional development in cooperation with and supporting the working life. This study is part of the project describing the survey made during 2009-2010.
Method

The aim of this qualitative study was to map the educational requirements and the visions and needs of health and social care. In addition to social and health care services visions the intention is to create models, possibilities and a new intensification programme for two universities of applied sciences within education, R&D in the Ostrobothnia region. A three-phase research process was developed to implement the chosen approach: In phase 1 the data was collected in the form of a questionnaire on a regional and local level. The open-ended questionnaire comprised demographic data and questions related to the focus of this study. Phase 2 was exploratory using the method “Call for Papers” on a national level. Phase 3 was guided by the results from the former two. The data collection was made by conducting focus group interviews among leaders within the social and health care sector in four Ostrobothnian regions. The content analysis inspired by Graneheim and Lundman (2004) was used. The process included open coding, creating categories and abstraction to make sense of the data generating understanding and knowledge.

Ethical considerations

Ethical approval for the focus group interviews was granted by the leaders of social and health care in the four Ostrobothnian regions. All participants were given full information regarding the purpose of the study. Confidentiality and the voluntary nature of the study were emphasized. All data has been stored and managed, as well as will be disposed of in compliance with good practice (Burns & Grove, 2005).

Results
The results constitute of five main categories as follows: “Evidence-based education”, “Living learning environments”, “A unit of development - an innovative actor”, “Multi-professional research and development” and “Regional development – leading for change”.

Evidence-based education

There was clear consensus that the universities of applied sciences should produce high quality evidence-based education. More cooperation is expected between the two universities of applied sciences and other universities and actors in the Ostrobothnia region especially in working life. Shortage of professionals was one of the items brought forward by the focus groups. There is especially shortage of nurses, social workers and physicians in the region. The education should answer to the rapid changes in the society and the needs of the region. There was consensus that there is a need to enhance the clinical competence of nurses, although the concept is broad and difficult to define. This can signify everything from hands-on skills to the ability to assess the need for care of the client/patient. An attitude change is desired within the social and health care sector as regarding performance of care. More cooperation and inter-professional teamwork approach should be developed. To quote one person in the focus group: “the multi-professional work is vital for our survival and the assessment… and that the personnel receiving the patient know their own organization.” This illustrates the level of complexity of the problems faced today and the impossibility of personnel being individually able to cope with them. There is a need to develop inter-professional cooperation using the knowledge in the organizations that benefits the health and well-being of the client/patient. The importance of integrating immigrants into the Finnish society was emphasized. One way of achieving this is to arrange education on different levels for immigrants. The focus should be on the need of the sectors and the region when planning further education. The expectations are that the education will be inter-professional,
multilingual, cross-sectional specialization developed in cooperation with universities and other actors, continuous further education is needed above all in leadership and economy.

Living learning environments

According to the survey it is important to create appropriate learning environments. The objective is to have student-centred learning environments promoting the student’s own activity. The survey calls for more creative spaces while educators wish classrooms for practical training, high technology simulations, living laboratories and test laboratories. High technology simulations are seen as something positive by the focus groups, but only as a complement. The students should have simulations together with experienced nurses, enabling their tacit knowledge to be transferred. Other professionals prefer living learning environments, such as a wellness centre, a walk-in centre where authentic patients/clients can come and the students can practice inter-professionally. A wellness centre could have as its target group’s families with specific needs, persons from different cultures and the elderly. At the wellness centre it would be possible to develop new methods of care work and service for the population in the region. The findings could be evaluated and their efficiency measured. There are also expectations that R&D in cooperation with the employers, universities and universities of applied sciences will be developed.

A unit of development – an innovative actor

There are great expectations concerning the unit of development where the two universities of applied sciences in the region will be situated. The unit is expected to deliver high quality, multilingual education at different levels. The demands of the services in the region are expected to be in focus when planning further education. The content of the educational programs must respond to the needs of the society. New technology and welfare service is
expected to be developed and tested in cooperation with other sectors. Entrepreneurship should be in focus and education ought to work closely with the private sector. A continuous dialogue with the surrounding society is expected, therefore the unit should be a multi-professional science park conducting applied research developing cross-sectional welfare service. Entrepreneurship within the social and health care sector is needed in the Finnish society today. The unit is considered by many to be an open house for visitors of different ages. Private actors, offering complementary treatments, working side by side in the same unit as the students, can offer the students good practice placements and a wider perspective. The unit is also suggested to be a platform for non-profit organizations and for coordinating R&D.

Multi-professional research and development

There is a broad consensus that we need overarching research programmes due to the need to secure the quality and regional development. The cooperation with the universities and universities of applied sciences should be strengthened. Basic research in the universities could produce content and substance for the applied research mainly conducted within the universities of applied sciences. This could help bridging the gap between universities and universities of applied sciences. The survey also suggests developing R&D projects in cooperation with multidisciplinary researchers bound to working life. Especially when new technology helping elderly to live in their own homes as long as possible is developed, the cooperation between multidisciplinary R&D and working life should be strengthened. There is need for better coordination considering the common wealth. Integrating the existing research findings in practice and evaluating their efficiency is a challenge for the academics today. This is also a way bridging the gap between education, faculty and working life.

Regional development – leading for change
There is a broad consensus that there is a great need to develop the structure of service and culture within the social and health care sector with the human being in focus. This implies that the client/patient goes to one place where he/she gets the help and service he/she needs. This requires a comprehensive view on planning welfare service, more cooperation between different actors and decision-makers examining the allocation of resources, as well as more efficient case management. Welfare service is to be constructed according to the requirements of the population living in the region. A change of attitudes and the working methods is essential. Health promotion and the well-being of the individual person should be in focus in all activities. Thus, vital characteristics are to be developed, such as leadership skills, as well as health and well-being promotion, which in turn will act as an investment for a positive working environment. It is essential to secure the quality of the education by strengthening the multi-professional cooperation in order to become nationally and internationally competitive. The dialogue with the society and political decision makers should be improved, as well as the cooperation between universities, universities of applied sciences and R&D networks. For this reason growth of the international collaborative cooperation by networking is pivotal.

**Trustworthiness**

It is important to give the reader a clear picture of the context, the selection of participants, data collection and the analysis process. The result should be described as contents of the categories through subcategories. According to Elo & Kyngäs (2008) the sample must be representative. In this research the sample can be considered to be representative, since the data collection was carried out on national, regional and local level from a multidisciplinary approach.

**Discussion**
The integration strengthening the cooperation between universities and universities of applied sciences, as well as between researchers and professionals in fieldwork, has been found to be important. This type of collaboration may create a platform for integrating theory and practice, which has the probability of being valuable for promoting health and well-being in the society (Lauvås & Handal, 1993). Additionally, it is vital to modify new structures for nursing education by developing the curriculum relevant to health and social service needs when addressing the educational service gap (ICN, 2006). This urges a new pedagogy with living learning environments, a student centred pedagogy with the client/patient in focus, as well as having a holistic view.

The core findings of the survey emphasizes the need of evaluating and comparing the current educational curriculum, which may lead to the development of greater understanding between multidisciplinary programmes and professionals nationally and internationally (Marrow, 2006). Thus, a participating and supportive leadership style may lead to a change, which will create flexibility in working conditions and may lead to clinical career development opportunities, which in turn will rationalize the need to develop careers and thus further education for professionals (Flinkman et al., 2008).

**Acknowledgement**

Funding from the European Regional Development Fund, the European Union, the Council for Swedish Education and Culture in Ostrobothnia, the City of Vaasa and the Vaasa Hospital District have made this project possible. We wish to express our thanks to all financiers.

**References**


http://www.vaasankeskussairaala.fi/Pa_Svenska/Vasa_sjukvardsdistrikt/Allmant