

Off-Campus Nurse Education Supported by On-Site Mentoring

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Abstract

Long distances, the expertise required for particular circumstances, and the aging of nursing staff currently pose serious challenges to the provision of health and social services in Lapland. The School of Social Services, Health, and Sports at Lapland University of Applied Sciences in Finland has launched a project in which twelve practical nurses or similar from four municipalities in Lapland will undergo nursing education largely off-campus. The project is financially supported by the European Social Fund (ESF), and it aims to create a training model that can be used to improve the availability and adequacy of skilled workers in the region. This article assesses the development of this model. We found strong commitment to the new nurse education model, demonstrated by trust and strong networks built between the various parties. Furthermore, this off-campus education model was demonstrated to provide good opportunities for comprehensive knowledge building. Finally, when developing an education model, the involvement of various parties and individuals in the early stages of the process appears to be of paramount importance. This report is part of a special collection from members of the University of the Arctic Thematic Network on Northern Nursing Education. The collection explores models of decentralized and distributed university-level nursing education across the Circumpolar North.

Keywords: nursing education; mentorship; distance education; blended learning; Scandinavia; Circumpolar North

1. Background of the Study

The Lapland University of Applied Sciences strives to develop expertise and vitality from the strengths and opportunities arising from changing and dynamic contexts, in order to meet the needs of northern people and organizations. In health and social services provision, one of the greatest challenges in Lapland is the availability, adequacy, and permanence of skilled workers. The education of nursing staff is further challenged by the context: long distances between communities, low population density, and an aging population. The School of Social Services, Health, and Sports at the Lapland University of Applied Sciences launched an initiative to tackle these challenges, using support from the European Social Fund (ESF).

In Lapland, nurses have been trained for decades through the use of blended learning. Health and social services and their related education are, however, facing major developmental challenges. Without a concerted effort, transparency, adequate resources, user consultation, and the will to create something new, the development of adequate educational programming (as well as the construction and implementation of digitalization and other new services and practices) will fall short. In addition, the social and economic situation in Finland requires that education is restructured and reimplemented to allow for career extension and lifelong learning opportunities. From the educational point of view, this translates into, for example, new entrance examination formats, the identification and recognition of prior competencies, availability of year-round education, and improved teaching and learning practices. These objectives are included in the official Finnish educational policies set out by the current government program (Government programme, 2015, pp. 17–19).

Off-campus nurse education corresponds to the need to educate health professionals to serve northern people and communities. It allows professional growth and development through practical, real-life situations by adopting a solution-oriented approach. Research and development related to off-campus learning, in turn, are rising to the challenge set for research institutions and universities with regard to open innovation, open science, and openness to the world, and are in line with official Finnish educational policies for addressing the development of education.

This project aims at creating a nurse education model that will combine learning and working in a new and better way. This article describes a

qualitative study that was undertaken as a part of the development of a new nurse training model. The specific focus of the study was on the mentoring system, which is seen as both a pedagogical solution and a form of guidance.

2. Framework of the Study

2.1 Nurse Education and its Guiding Documents and Acts

The initial phase of the development work involved twelve nursing students from different municipalities in Lapland. They had previously obtained a degree in health and social care from an institute of secondary education, and all held stable jobs in the region. The municipalities in question committed to participate in the development process.

The nursing education program is built upon working life situations. The program focuses on skills related to primary health care and follows a competency-based curriculum involving both nursing theory and practice, as well as laboratory studies combining the two. The theoretical part of the studies includes tutorials, lectures, independent data acquisition and learning, seminars, workshops, and study visits, as well as studies in a simulation learning environment that integrates theory and practice. Independent learning tasks are based on authentic, real-life situations and require theoretical understanding.

Practical learning takes place in Lapland in either municipal primary health care centres, private sector institutes, or specialized medical care units. In the wards and outpatient clinics of the local health centres, the students have the opportunity to practise basic nursing skills, internal medicine nursing, elder care, and, to some extent, surgical and neurological care. In the specialized medical care units, students study surgical and perioperative nursing, gynaecological care, and intensive care nursing. Mental health and substance abuse care is practised in either municipal mental health units or specialized care. Students also have the opportunity to participate in research and development work coordinated by the University of Applied Sciences or the organization in question. Education continues through summer months, which makes it possible to complete the program in a shorter period of time.

The off-campus registered nurse education complies with Finnish national legislation, the Professional Qualifications Directive 2013/55/EC, established curriculum, and European Union (EU) legislation. Additionally, the curriculum meets the minimum professional competency requirements for registered nurses (180/210 study points) as

specified in *Future of Nurse Education*, a project by the Helsinki Metropolia University of Applied Sciences and the Finnish Nurses Association (2015), and the relevant subjects and areas of expertise (Eriksson, Korhonen, Merasto, & Moisio, 2015, pp. 11–14). The structure of the Finnish education policy is described in Figure 1.

According to a survey conducted in 2013, nursing in Lapland is, due to long distances, characterized by patient care needs assessments and requires strong consultation and decision-making skills. Strengthening students’ skills in digital modes of operation and the development and implementation thereof are also important (Mikkola, Saranki-Rantakokko, & Paldanius, 2013, pp. 34–38). Students’ primary care skills and adoption of a nurse’s “role” are further reinforced by the opportunity to participate in distance education courses organized by the health care district.

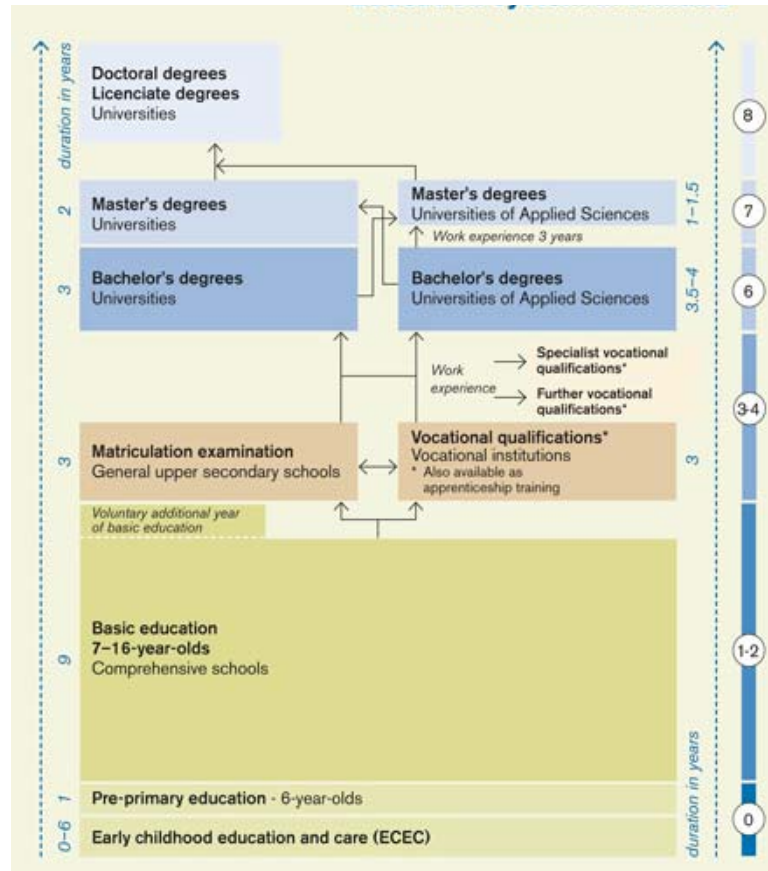


Figure 1. Educational policy in Finland (Source: http://www.oph.fi/english/education_system_education_policy)

As the initiative takes place in areas where part of the population speaks Sámi, the curriculum also includes courses in Sámi language and culture. Some students will also complete part of their clinical education in Sámi-dominant areas. In addition to the Sámi culture in this region, the growing tourism business, the presence of refugees, and international industry and commerce as well as cross-border health services, all add to multiculturalism in the area. For this reason, the courses emphasize multicultural care and support participation in, for example, international exchange programs.

2.2 Identification and Recognition of Prior Competencies, and Co-operative Education Work

In recent years, improving the economy, efficiency, and flexibility of education has become a focal point for educational policy in both Finland and in Europe generally. Identification and recognition of informal and non-formal learning has become one of the key elements in the development of education as present EU policies increasingly call on member states to investigate methods and techniques for mapping and acknowledging skills acquired in various learning environments.

Identification and recognition refers here to the process in which individuals seek recognition, analyze their own experiences, and produce the necessary materials and evidence for the assessment of their knowledge and skills (Ministry of Education and Culture, 2004, p. 27). Identification and recognition of prior learning, in turn, refers to the formal or official recognition of acquired skills—i.e., the process of awarding a certificate, equivalence, credit points, or other similar acknowledgment or status (Davies, 2006; European Centre for the Development of Vocational Training, 2004).

Co-operative education refers to a process in which the skills necessary for a degree are obtained by working. Co-operative education supports adult students' professional development and degree completion, and combines learning at work and in school. Students need to have the capability to interpret the objectives of the curriculum in relation to their own goals and learning at work, and to understand the connection between the essential aspects of their work and their field of study. Co-operative education requires ongoing discussion between the teachers, nursing staff, and students with regard to the learning objectives of the school and the students themselves, and a commitment to the process (Mäki & Niinistö-Sivuranta, 2014). Co-operative education challenges

teachers, students, managers, and experts to recognize competence and consider their own roles in supporting learning.

Developing practices for the identification and recognition of prior competencies and for co-operative education work is crucial in off-campus nurse education. Credits are awarded based on acquired knowledge demonstrated, for example, with certificates of additional or further education. The process takes into account both formal and informal learning. The recognition of prior practical competencies are realized with study plans that are drawn up for each individual student.

2.3 Mentoring at Work and the Division of Responsibility

According to our European Social Fund project application (2015), the mentoring system is intended to ensure a high standard in both student guidance and the learning environment. Each student is assigned a mentor, and the mentor-mentee relationship lasts for the entire duration of education. Mentors are appointed by the organizations participating in the project and must have comprehensive skills, experience, and knowledge that has been acquired through in nursing care work and further education. The mentor supports the student's professional growth and development and transfers tacit knowledge specific to, for example, primary health care practices and professional networks (Project application, 2015).

Mentoring in nursing has been the topic of a number of literature reviews and studies both in Finland and elsewhere. The concepts "mentoring" and "mentor" are used differently, depending on the context. The topic has been approached from the viewpoint of managers, hands-on staff, and nursing students. With managers, the professional mentoring provided seems to be characterized by interaction and informality. Mentoring has been found to contribute to commitment, career development, increased knowledge, understanding of one's role, reflection, and networking (Kemppainen, 2012).

Those involved in practical work see mentoring as a conscious and needs-oriented activity (Karjalainen, 2010). Karjalainen (2010) has examined situations in which a professional mentors another professional. The mentor-mentee relationships in this context are characterized by activity, volition, and building on earlier experiences. Their importance is stressed in the guidance process and the project outcomes. Employees are of the view that hands-on mentoring should relate to the content of the work or to the environment as well as generate new knowledge. Karjalainen (2010) describes mentoring as an activity based on interaction,

equality, and mutual learning. Mentoring is about sharing experiences, which is why successful mentors are willing to support and encourage their colleagues in the direction of critical thinking and insight. Knowledge is transferred peer-to-peer rather than from an experienced worker to a novice. This means that age, length of service, or extensive work experience are not the key features for a mentor. Instead, the desire to share experiences and support the other person are important features for a mentor. During the mentoring, it is important that wisdom is created in the relationship (Karjalainen, 2010, pp. 140–146).

A systematic literature review suggests that within the scope of nursing, student mentoring, learning conditions, and the assertion of student's professional growth emerge as key themes. Learning conditions entail selecting environments that enhance and facilitate creativity, support, and individual learning processes. The assertion of professional growth includes the strengthening of professional identity and characteristics in addition to helping students to improve their overall competence. In practice, mentoring combines the characteristics of the work environment, the community, patient care, and the guidance provided (Jokelainen, Turunen, Tossavainen, Jamookeeah, & Coco, 2011). Nursing education must make more intentional use of these transformational experiences, focusing on the formation of professional identity rather than on socialization. Experiential learning environments across the nursing curriculum are also needed to support this formation (Benner, Sutphen, Leonard, & Day, 2010).

Mentoring requires structural solutions and management. For the best result, mentoring should be seen as part of competence development and professional identity formation (Karjalainen, 2010, pp. 140–146). Mentoring students in the workplace requires a plan. The university should agree with the corresponding organization's responsible person with arrangements such as how many hours a mentor can use for training as well as other possible liability issues that are related to the implementation (Andrews et al., 2006). In addition, mentoring requires systematic coaching, an aspect where further clarifications and specifications are still needed (Jokelainen et al., 2011).

On the basis of the literature review, mentoring seems to take various forms depending on the context and the interactions involved. It is, however, a structured and conscious activity. Between managers, mentoring is more about collegial support than about reviewing individual tasks and their implementation. When both the mentor and the mentee are hands-on practitioners, goal-orientation and peer support

emerge as significant factors. The focus herein is more on practices and tasks. In the case of nursing students, mentoring takes place between seasoned professionals and beginners in conditions favourable to learning and professional growth.

In the study, mentoring referred to a process that leads to a reciprocal, confidential mentor-mentee relationship. The mentor is a registered nurse. The mentee is a nursing student. They are co-workers. The basic premise is that both the inexperienced mentee and the experienced mentor can learn from the relationship. The mentoring is based on knowledge such as tacit knowledge of professional growth, knowledge-sharing, dialogue and interaction, enhancing the expertise of the organization, and re-evaluating the operation.

3. Implementation of the Study

3.1 Study Tasks and the Purpose of the Study

The purpose of this study was to generate information for the development of a regional education model. It sought answers to the following questions:

- How do the mentor educators and the regional coordinator see the situation *at the initial state* of the development process?
- What goals have they set for mentoring?
- What challenges have they recognized?

3.2 Methods

Design

This study is a descriptive qualitative study within the constructivist paradigm, which means that the voices and interpretations of the study participants are crucial in understanding the phenomenon of interest. The findings are the result of the interaction between the researchers and the study participants (cf. Polit & Beck, 2016, pp. 11–12).

Data Collection

The data was collected by means of semi-structured interviews. An interview guide with the following themes was used: description of the goals and present state of the mentor education; good experiences; recognized challenges; future expectations; and plans. The interviews with two mentor educators and one regional coordinator (2015–2017) were conducted in January 2016. The educators were interviewed together, and the regional coordinator separately. Participation in the interviews was

based on informed consent. The duration of the interviews totalled 2.5 hours.

Mentor educators have decades of experience in nursing, both as practising nurses and as educators. They have previously organized courses on the practical education of student nurses. The regional coordinator in the study has had a long career in nursing and is also a qualified teacher.

Data Analysis

The data was analyzed with inductive content analysis. The aim was to create a coherent, well-defined set of data that would describe the phenomenon as comprehensively and truthfully as possible (cf. Tuomi & Sarajärvi, 2009, pp. 107–108). According to Sandelowski (2000), this method is the least interpretive of the qualitative analysis approaches, with the researchers staying as close as possible to the words of the participants. The results must be presented in a manner most relevant and faithful to the audience for whom it is written.

The analysis began by compiling and extracting interview data relevant for the study. After that, the material was grouped in accordance with content differences and similarities. The groups were labelled in a way that best described their content, and placed under four themes. During the analysis, researchers repeatedly returned to the original material in order to ensure the consistency and reliability of the analysis. The interviewees checked the analysis by reading the initial manuscript and commenting on the themes identified.

4. Results

The results are described in accordance with the following themes that emerged from the analysis: creation of mutual understanding; mentor orientation and trust building; mentor commitment and the quality of learning environments; facing challenges and the development of a mentoring model.

4.1 Creation of Mutual Understanding

The first mentor training meeting was held in August 2015. The mentors seemed nervous and uncertain about their roles and expectations, and were afraid that the entire teaching responsibility would fall to them. During the meeting, participants examined the project plan and established a common understanding of the situation. Terms such as “mentor,” “mentor model

development,” and “actor” used in the plan were perceived as unfamiliar and confusing. Educators stressed the sense of togetherness, and mentors realized they were not expected to be teachers. Continued support offered by mentor training and the community, as well as the small number of participating students, were seen as factors supporting learning.

Those people were so relieved to know how many supporters they have in this and how many students we are talking about, that no one will be alone in this and you can really phone a friend if there is a problem, and that the role will become clearer.

People did not really know where they had come ... so we started to sort it out together ... we started with the project plan ... it was really good for us and the mentors.

Common discussions, examination of the project plan, and understanding one’s role were crucial starting points, which seemed to be liberating and encouraging for both mentors and mentor educators.

4.2 Mentor Orientation and Trust-Building

Mentor educators and the regional coordinator had planned the mentor training in accordance with the recommendations of the Ministry of Social Affairs and Health. They emphasized flexible progress depending on the situation and needs of the participants. Key training areas included interaction (e.g., meeting, listening, and understanding people) and trust-building. In addition, various learning styles were observed.

All kinds of flexibility are necessary, one should be able to make corrections as needed, flexibly.

Training events included student-centred teaching methods and examples provided by the educators and the mentors. Some of the mentors’ examples were very sensitive and profound, and made the mentors reflect not only on the future mentor–mentee relationship, but also their encounters with patients/clients. Educators wished to promote the sense of trust and courage within the group by being open and honest.

During the first semester, training sessions were held about once a month either face-to-face or remotely (Skype, iLinc). Face-to-face meetings were seen as important due to non-verbal communication and the resulting discussions. Meetings took place in locations that were geographically

convenient for the participants. Occasional technical problems with remote connections caused frustration.

4.3 Mentor Commitment and the Quality of Learning Environments

Educators stressed mentors' genuine desire and interest in mentoring and personal development. They admired the skills and commitment of the mentors. Interviewees were enthusiastic about their work and said they were learning from the mentors. When asked about the key responsibilities of the regional coordinator, the coordinator listed communication between various parties, learning environment verification, links between training and the students' own work, and the many organizational tasks. Here, too, the competence and commitment of the mentors had contributed to success.

They (the mentors) somehow go all out in there ... how they give so much of themselves ... even though there is a sense of uncertainty there, in the background... when you visit Lapland you start feeling good yourself, like Yes!

We learn so much from them, as we too would be in specialized training. With young people you never get to this level, mentors have been working for so long and now bravely throw themselves into new things ... provide examples.

Interviewees reported having been surprised by the municipalities of Lapland and their health centres, as they offer a highly versatile and demanding learning environment for students. In municipalities where specialized medical care units are far away, nurses are expected to possess a vast array of skills and knowledge:

I don't ... lie to the students when marketing municipalities in Lapland as a place of education and working ... so many demanding treatments, not done in urban medical centres where the patients are sent to a nearby hospital ... broader knowledge, yes, that is what they learn and what is required ... childbirths in ambulances and such, and many different procedures. You can see their professionalism ... what a nurse's job description in health centre X is versus here (urban area), when there are fewer doctors and people ... how creative they are and how they cope in various situations ... tacit professionalism, which exists and which should be utilized ... that professionalism is incredible ... and that calmness, X (mentor) is absolutely incredible.

I would've never thought that you can learn so many things at a health centre these days. For me, this was a positive surprise.

Municipalities and health centres that are located far away from special medical care units offer a good, versatile learning environment for the students. However, this requires strong commitment and good interaction between all participants.

4.4 Facing Challenges and the Development of a Mentoring Model

Mentor educators were initially uncertain about their job description. They discussed the matter with other project actors in order to obtain answers on practices of the different municipalities regarding, for example, the time mentors can allocate to the project. Although the project manager gave them “free rein” to organize their work, earlier involvement, starting from the project planning stage itself, would have made the initial phase much easier. Mentors had requested that their training would start before that of the students’. Mentor–mentee meetings were launched in spring 2016—i.e., mentor training was initiated prior to actual mentoring. The importance of reviewing the project plan and starting mentor training in good time were points also stressed by the regional coordinator.

It's very important that the project plan is reviewed carefully with all parties, including the municipality representatives. It would be best if parties were in close co-operation already at the planning phase. In the future, it would be good to start mentor training earlier. It could have been in the spring already.

At the onset of training it became apparent that some of the mentors had been assigned to the task which was not the best possible starting point for the training. Educators underscored that mentors should be able to invest enough time in mentoring, and that substitutes should be hired to perform their normal duties, if necessary. At present, practices varied from one municipality to the next, and some mentors also mentored during their free time, something that the educators found quite worrisome. The regional coordinator was initially concerned about the grouping of the students:

Are they now completely alone, without the support of the group, since they're scattered round Lapland? No need to worry about that, either, they solved the matter themselves by creating a WhatsApp group and talking there. Workshops helped, too...

The mentoring model is being developed on the basis of regular feedback and documented experiences. Mentor educators say they pondered the relations and differences between concepts such as “work guidance,” “student guidance/counselling,” and “mentoring.” The regional coordinator emphasized the meaning of “mentoring” and said that all those involved in the project should be able to understand and distinguish it from related concepts from the start.

Mentoring is related to student guidance and work guidance. They have a lot in common but are still different things. This should be made clear to everyone so that there will be no misunderstandings ...

Mentor educators reflected on the role of Lapland in the mentoring model; including, for example, Lapland as a place of work, as well as the work-life balance amongst northern nature and society:

Student guidance is part of recruitment, and so is mentoring; you get a feeling that this is a top place ...

The regional coordinator has one-on-one meetings both with mentors and students. Mentor educators felt that co-operation with the regional coordinator could be clarified further in the future in order to avoid possible overlaps.

5. Conclusions

As the training progressed, educators and future mentors gradually formed a bond based on reciprocity and trust—a bond that forms a foundation for future training and generates a more extensive education model. The accumulation of positive experiences and feedback is a strong indication of the commitment to this education model, and of a network founded to support the students and their learning. With their expertise and personal attributes, educators have managed to transfer models for tackling unexpected situations and challenges.

Off-campus learning environments seem to offer good prospects for comprehensive knowledge building. They allow students to learn comprehensive nursing care and a wide range of treatment processes. Investments by municipalities in high-quality mentoring ensure that the standard of nursing education is also maintained off campus.

When adopting a new educational model, the participation of the various partners and people in defining their own roles and statuses seems to be a pivotal factor in building trust and mutual understanding. In organizations, this requires new structures that promote discussion. Further monitoring and evaluation are also needed.

According to the initial findings, the mentoring system seems to be evolving into a model where various parties and their interests intersect: The Lapland University of Applied Sciences accepts students for off-campus education and sees to the quality of education, identification, and recognition of prior competencies, as well as compliance with the education regulations. Trained mentors support the students working in the primary health care sector, and form a network with one another. Mentor educators coach the mentors. The regional coordinator is an active participant in the mentoring system.

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