

Experiences of foreign nurses on cultural aspects in elderly care in Finland

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Bachelor's thesis
2015

Degree Programme in Nursing
Social Services , Health and Sports





Author(s) Mahat, Bina	Type of publication Bachelor's thesis	Date 17.11.2015
		Language of publication: English
	Number of pages 38	Permission for web publication: x
Title of publication Experiences of foreign nurses on cultural aspects in elderly care in Finland		
Degree programme Degree programme in Nursing, School of Health and Social Sciences		
Tutor(s) Hirjaba, Marina; Garbrah William		
Assigned by Jyväskylä University of Applied Sciences (JAMK)		
Abstract <p>International nurse recruitment is a global phenomenon. The number of immigrants working in the healthcare sector has increased in Finland in this decade. The purpose of this study was to study the experiences of Nepalese nurses on cultural aspects when providing health care to elderly people in Finland. The Hofstede's cultural dimension was used to identify the cultural differences between Nepal and Finland.</p> <p>This research work used qualitative research method and relied on small sample of data to yield important findings and insights on the studied subject. Semi structured, one-to-one in-depth interviews were used to gather personal views and experiences of Nepalese nurses. The participants' experiences were recorded and later analyzed by the means of content analysis.</p> <p>The results highlighted the cultural differences that exist between Nepal and Finland. Nepal and Finland have very contrasting scores on the Hofstede's scale. Cultural norms play an important role in determining interpersonal relationships at the workplace. Nepalese nurses have positive attitude towards elderly people become acquainted with the Finnish culture during their study period. The language skills and lack of communication were identified as barriers that come during the care of the patient in multi-cultural settings.</p>		
Keywords/tags : Elderly care, Hofstede's Cultural Dimensions, Cultural Differences, Nepalese Nurses, Multi-Cultural Nursing		
Miscellaneous		

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1. Introduction

Nurse migration is a global phenomenon and it has major implications in the nursing profession worldwide. Health care industry currently faces nursing shortage problem. To address this problem international nurse recruitment process has been adopted worldwide. The number of immigrants is constantly increasing in Finland since the 1990s (Välipakka, 2013.) The number of immigrants working in the healthcare sector has also increased in Finland in this decade. According to Ailasmaa (2010), there were approximately 2700 practical nurses and 1500 nurses employed with other descent than Finnish. They represent 0.8 percent of all nurses working in Finland (Ailasmaa, 2010.)

Finland deploys nurses from different countries to meet the nursing demand in the country. There is labor shortage in the healthcare sector. In the year 2012, 100 Filipino nurses were brought to Finland to work as a nurse (Yle, 2012.) The nursing degree programs conducted in English language has gained the interest of foreign students in studying nursing in Finland with greater possibilities of getting a job. This has led to increase in the number of foreign health care providers in the country and cultural diversity in the healthcare sector is created (Thesis, 2009.) The international nurse recruitment has become a key solution to nursing shortage problem. With it comes the cultural diversity in the healthcare sector that affects both the patients as well as nurses (Galanti, 2001.)

The aim of this research work was to study the impact of cultural differences on providing health care services to elderly people based on the experiences of Nepalese nurses in Finland. The Hofstede's cultural dimension was used to identify the cultural differences between Nepal and Finland. Elderly people in this research work refer to people who are aged 65 and above. Foreign nurses represent nurses from Nepal who are currently working as nurses or practical nurses in an elderly nursing home or hospitals.

2. Elderly care & foreign nurses in Finland

2.1 Elderly people in Finland

In the upcoming decades, ageing is going to be of major significance in the European Union (EU). The age pyramid of the EU will be transformed due to consistent low birth rates and higher life expectancy. The most significant transition will be towards a much older population. This has already become apparent in several EU member states. Greater portions of the post-war baby boom generation are nearing towards retirement. As a result, the working population will decline while the share of old people will increase. According to Eurostat, 18.2% the share of the elderly population in 2013 in EU-28 is projected to change to 28.7% by 2080. The total age dependency ratio is also projected to increase from 51.1% in 2013 to 77.9% by 2080 (Eurostat, 2014.) The rapid growth in the elderly population in EU demands increased number of health care services and more health professionals (Rechel et. al, 2006).

The population structure by Statistics Finland states that nearly every fifth Finn is aged 65 or over. At the end of 2013, there were 1,056,547 persons aged 65 or over in Finland. The ageing trend shows the rapid increase in older people (Figure 1.) over the period of 1900 to 2013. Finland is one of the European country in which the growth of aging population is very high. It has been estimated that by the year 2050, 27 % of the population will be over the age of 65. The elderly population is increasing due to high lifespan rate and low birth rate.

Finnish elderly people who are aged over 60 years view ageing mainly in a positive manner. They prefer to call as senior citizens or aged people. Elderly people in Finland are living active life and they are interested in family, relatives, home, entertainment, art and travelling. They do physical exercise and some of them also go to open colleges to study. They get attractive social benefits and health services from the government. Despite of these health care and social services, loneliness, feeling of isolation has become pressing social issues among elderly people in Finland (ETM Project, 2003.)

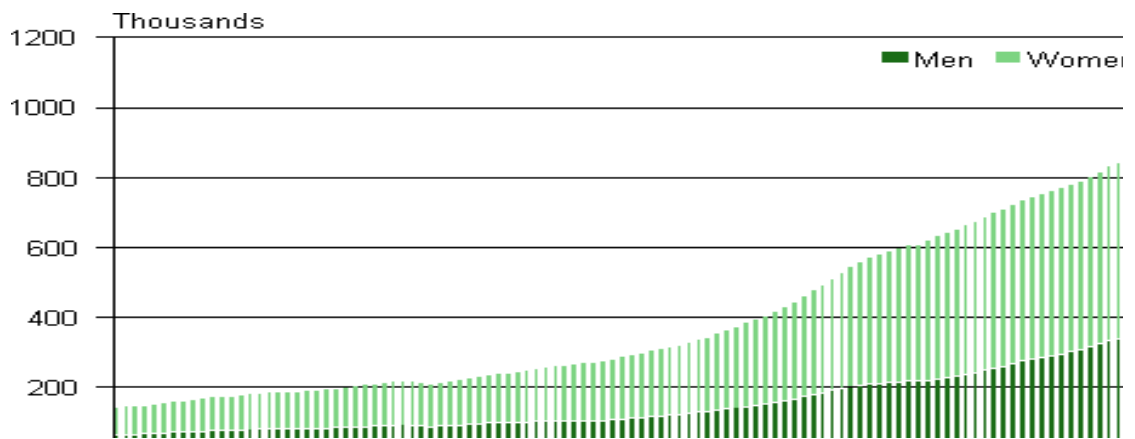


Figure 1: Ageing trend 1900 -2013 (Statistics Finland, 2013)

2.2 Services for older people

Finland formulates general goals and policies for elderly people in both national and local levels. The national policy on ageing is set for the municipalities and they are responsible for providing good health care and social services for the elderly people. Elderly people get services based on the individual needs, priorities and resources. Provided services can differ from one place to another. The main objective is to provide good quality of care, promote elderly health condition, well being and also to reinforce their capabilities to live and cope independently as long as possible (Finnish National Team, 2003.)

The first national framework for high quality services for older people was issued in the year 2001. This framework has helped to concretize national policy guidelines into practice and forces municipalities to make plan and policies for the well-being and proper health and social services for elderly people in Finland. Municipalities conduct different kinds of services to make the life of elderly people easier. They support and enable elderly people to live in their own homes as long as possible. Every elderly people with a municipality of residence in Finland is entitled to receive the services that particular municipality is offering (Finnish National Team, 2003; Ministry of Social affairs & health, 2008.)

The social welfare services for older people include social and health services including the income security. The Ministry of Social Affairs and Health is responsible for drawing up legislation, implementation of reforms and determining the course of service development. Through the National Supervisory

Authority for Welfare and Health and the Regional State Administrative Agencies, the ministry also monitors service standards. The aim of the ageing policy set by the Ministry of Social and health affairs is to promote elderly people's functional capacity, independent living and active participation in society (MSAH, 2015.)

The services and benefits offered to elderly people in Finland are income security, housing, livelihood, home care and health services. Under the income security services, the financial benefits an elderly receives are employee pension, national pension and housing and care allowance. The work related pension is also provided to immigrants based on the number of years one has lived and worked in Finland. The municipalities organize housing and support services. Housing support is provided to any elderly people requiring the housing support even if the health condition is poor. In case of an elderly person not being able to live at home or in service accommodation, institutional care is being offered. Getting about makes it possible for elderly people to borrow different types of devices such as crutches or a walker. The home care provided by the municipalities entails day-to-day assistance and nursing at home. It helps elderly people with their daily living such as washing, dressing and eating. The support services like meal, cleaning, shopping, security and transport services are also available to elderly people. Elderly people are entitled to use the public health care services of their residing municipalities (Infopankki, 2015; MSAH, 2015.)

2.3 Foreign nurses in Finland

Finnish health care sector has a high demand for nurses. The Union for Health and Social Care professional has suggested the recruitment of foreign nurses as a solution to the shortage of nurses. As a result, the number of foreign nurses in Finland is increasing. The nursing education being conducted in English at different universities of applied sciences has also contributed in the increase of foreign nurses. Every year there are over 100 foreign nursing students being admitted to the nursing degree program to different universities of applied sciences throughout Finland (Markkanen & Tammisto, 2005; Wismar et al., 2011.)

According to Ailasmaa (2010), the proportion of foreign workers in the health care sector is increasing rapidly in the 2000s. In the year 2007, the number of foreign

people working in the health care sector has doubled in comparison to year 2000. There were approximately 1500 nurses and 2700 practical nurses in the year 2007 with an equivalent degree and other background than Finnish.

To practice as a nurse in Finland, a license is required. The National Supervisory Authority for Welfare and Health (Valvira) is authorized organization that grants right to practice as an authorized professional in the health care sector in Finland (Finnish Nurses Association, 2015.)

The nursing education in Finland is based on the directives issued by the European Union (2005/36/EU). University of applied sciences are charge with the task of verifying the graduating nurse has the required professional competence to practice as a nurse in Finland. The nursing degree program that is conducted in English has more foreign students who after graduation have the possibility to work as a nurse in Finland. The nursing degree program consists of 210 credits including basic and professional studies, practical training, elective studies and a bachelor thesis work (Kilpeläinen, 2010.)

3. Hofstede's cultural dimensions

Every nation has a distinctive, describable and influential culture. The culture is believed to shape everything. It plays an important role in interpersonal relationships in the workplaces. Growing up in a culture, one will automatically inherit norms of behavior, reactions, preferences and feelings as well as perceptions on different situations and objects. The global age has brought everyone much closer that is more and more people from different cultural background in current times are working and living together. The globalization is exciting and at the same time it can also be frustrating as well as fraught with uncertainty. The uncertainties can raise questions such as: how to start a conversation?; what to say and what not to say?; how to relate to someone from another culture?; and what cultural taboos one need to be aware of. This makes it essential to understand cultural differences (Mind tools, 2014.)

In the year 1970, Dr. Geert Hofstede derived a framework known as Hofstede's cultural dimension to explain observed differences between cultures. The original theory derived four cultural dimensions that are individualism vs. collectivism i.e. "the extent to which individuals are integrated into groups", uncertainty avoidance i.e. "intolerance for uncertainty and ambiguity", power distance i.e. "the extent to which power is distributed unequally" and masculinity vs. femininity i.e. "assertiveness and competitiveness versus modesty and caring" (Hofstede & Peterson, 2000.) Hofstede added fifth dimension long-term orientation to his model based on the study conducted by Michael Harris Bond and colleagues in the year 1991. Later in the year 2010, a new dimension indulgences versus restraint was added. Currently the Hofstede's cultural framework include six dimensions along which cultural values can be analyzed (Hofstede, 2010.)

Based on the Hofstede model (Hofstede & Peterson, 2000 & Hofstede, 2010), culture for any country is distinguished by six dimensions: individualism vs. collectivism, uncertainty avoidance, power distance, masculinity vs. femininity, long term orientation and indulgence vs. restraint. The model provides scales from 0 to 100 for each dimension. Each country is scored using a scale of 0 to 100 for each dimension. The score of a country determines the cultural practices for that

country. The high score for a dimension reveals that this particular dimension is more exhibited in the society (Mind tools, 2014.)

Countries are different from each other however, we perceive deep inside that all people are same. Cultural differences are also significant in present times and the diversity in countries tends to increase. We are not aware of every other culture that results in the misinterpretations and misunderstandings. To minimize the cultural differences and to have mutual respect for each other from different cultures, the Hofstede model plays an important role to understand the cultural differences by looking into the score of a country. The Hofstede's model makes an approximate view of another culture. It explains how to behave and what to expect from people belonging to another culture (Diana & Wong, 2014.)

3.1 Power distance index (PD)

Power distance refers to the degree of inequality and is one of the six dimensions of culture described by Hofstede. This dimension explains the uneven distribution of power among people in a society and it defines how uneven power distribution or inequality is handled in a society. The societies with large power distance index accept hierarchical order. Every individual has a position without the need for further justification. Whereas, in the societies with less power distance index, power is equally distributed among people and there is a demand for justification of power (Hofstede, 2010.) Table 1 lists characteristics for high and low power distance index.

MAS index	Characteristics
High MAS	<ul style="list-style-type: none"> <input type="checkbox"/> Dominant values: achievement, competition and success <input type="checkbox"/> Well defined distinction between the work done by men and women <input type="checkbox"/> Distinct male and female roles
Low MAS	<ul style="list-style-type: none"> <input type="checkbox"/> Dominant values: caring for others and quality of life <input type="checkbox"/> No differences in work. A woman can also do what man can do. <input type="checkbox"/> Male and female are equal

Table 1 : Power Distance Index (Hofstede, 2010)

The low scores on this dimension refers decentralized power, equal rights and to being independent and open meetings where anyone in the company can participate whereas high scores mean power based hierarchies and closed door meetings where powerful leaders only participate.

3.2 Individualism versus collectivism (IDV)

Individualism refers to the preference of a loosely knit society where individuals take care of themselves and their immediate families. It is defined as a degree to which individuals are integrated in groups. Personal achievements and individual rights are on focus in individualistic societies. They stand for themselves and their immediate families. The collectivist societies consist of large extended families and they stand for each other in exchange for unquestioning loyalty. People in this kind of society often act as a member of lifelong and cohesive group. This dimension defines the term “I” or “We” in the society based on the degree of interdependence one maintains with other individuals in the society. A high IDV score for a country means loose connections, lack of interpersonal connection and little sharing of loyalty and responsibility whereas low IDV score means strong group cohesion, large amount of loyalty and respect for other members in the society. Table 2 lists characteristics for high and low IDV (Hofstede, 2010.)

Individualism vs Collectivism index	Characteristics
High IDV	<ul style="list-style-type: none"> <input type="checkbox"/> High preference for loosely-knit society <input type="checkbox"/> Loyalty and responsibilities for themselves and their immediate families <input type="checkbox"/> People self-image defined in terms of “I” <input type="checkbox"/> Expectation of rewards for hard work <input type="checkbox"/> Individualistic societies
Low IDV	<ul style="list-style-type: none"> <input type="checkbox"/> High preference for strongly-knit society <input type="checkbox"/> High sharing or loyalty and responsibilities <input type="checkbox"/> People self-image defined in terms of “We” <input type="checkbox"/> Work for intrinsic rewards <input type="checkbox"/> Strong group cohesion

Table 2: : Individualism vs. Collectivism (Hofstede, 2010)

3.3 Masculinity versus femininity

This dimension refers to the roles of male and female in society, their values and traditions. It explains the distribution of roles between the genders. The cultural values for masculine society are power, ambition, materialism, competitiveness and assertiveness. In feminine society, relationships and quality of life are considered more important cultural values. Male generally dominates the masculine society. In countries with high MAS scores, men are expected to be more tough and assertive and the society is driven by competition, achievement and success. The dominant values in countries with a low score on the dimension put more focus on caring for other and quality of life. Regardless of the gender, the fundamental issue in feminine society is to motivate people to become the best or like what they do. People value more on equality, solidarity and quality in their working lives. The focus is kept on the well-being and working in order to live in the feminine society. Table 3 lists characteristics for high and low MAS score (Hofstede, 2010.)

Masculinity vs. femininity (MAS) index	Characteristics
High MAS	<ul style="list-style-type: none"> <input type="checkbox"/> Dominant values: achievement, competition and success <input type="checkbox"/> Well defined distinction between the work done by men and women <input type="checkbox"/> Distinct male and female roles
Low MAS	<ul style="list-style-type: none"> <input type="checkbox"/> Dominant values: caring for others and quality of life <input type="checkbox"/> No differences in work. A woman can also do what man can do. <input type="checkbox"/> Male and female are equal

Table 3: Masculinity vs. femininity Index (Hofstede, 2010)

3.4 Uncertainty avoidance index

Uncertainty avoidance refers to the degree of anxiety in unfamiliar situations. It expresses the degree of being uncomfortable, uncertainty and ambiguity in uncertain or unknown situations. This dimension is all about the tolerance of a society for uncertainty and ambiguity. It is also about the attempt of members in a society to cope with anxiety by decreasing the uncertainty as much as possible. People tend to become more emotional in countries with high UAI. They focus on

formulating rules, regulations and laws to minimize the occurrence of unknown and unfamiliar circumstances. They are more formal. In contrast, people in countries with low UAI feel comfortable in unknown and unfamiliar circumstances and they are more tolerant of changes. During unstructured situations, they try not to panic and to have as few rules as possible. They are more informal and are read to take risks and accept changes. Table 4 lists characteristics for high and low UAI score (Hofstede, 2010.)

Uncertainty avoidance index	Characteristics
High UAI	<ul style="list-style-type: none"> <input type="checkbox"/> Formal and lots of rules and regulations <input type="checkbox"/> Structure and proper planning essential <input type="checkbox"/> High level of emotion and expression <input type="checkbox"/> Focus on avoiding risk and changes
Low UAI	<ul style="list-style-type: none"> <input type="checkbox"/> Informal with few rules and regulations <input type="checkbox"/> Few rules and focus on long term strategies <input type="checkbox"/> Low level of emotion and expression <input type="checkbox"/> Ready to accept risk and changes

Table 4: Uncertainty avoidance index (Hofstede, 2010)

3.5 Long term orientation versus short-term normative orientation

It is the Hofstede's fifth dimension and describes the time horizon of the society. Long-term orientation in a society refers to the long lasting values and tradition of the society with strong work ethic. Table 5 lists characteristics for high and low LTO score.

LTO index	Characteristics
High LTO	<ul style="list-style-type: none"> <input type="checkbox"/> Strong work ethic <input type="checkbox"/> Family is the basis of society <input type="checkbox"/> More authorities on men and elderly <input type="checkbox"/> Persistence, saving and capacity highly practiced for adaption
Low LTO	<ul style="list-style-type: none"> <input type="checkbox"/> Focus on creativity <input type="checkbox"/> Individualism and high creativity <input type="checkbox"/> Equality <input type="checkbox"/> Self actualization

Table 5: LTO Index (Hofstede, 2010)

The family is the basis of the society. They are more concerned about the future and they promote pragmatic values. Elders and men have more authorities than young people and women. Persistence, saving and capacity for adaptation are highly valued in long-term oriented society. They have strong ethic and the tradition of the society last for longer time. Loss of face and delivering on social obligations are highly valued. In short-term societies, the focus is on past and the present. They like to develop their own rules and are open to change to any cultural norm or practices. Western and Asian countries differ vastly from each other in this dimension. Creative expressions and novel ideas are highly acceptable in short-term oriented societies. They do not value much on tradition and are willing to execute the innovative plan. They promote equality and the focus in on individualism. (Hofstede, 2010.)

3.6 Indulgence versus restraint

The sixth dimension refers to the extent to which people in a society try to control their desires and impulses. Indulgent societies practice their normal and natural human desire by focusing on enjoying the life and having fun whereas the restrained societies believe in having strong norms, rules and regulations to control human desire. People in indulgence type of community have lots of freedom and personal control. Weak control is indulgence and strong control is restraint. Table 6 lists characteristics for high and low IVR score (Hofstede, 2010.)

Indulgence vs. restraint	Characteristics
High IVR	<ul style="list-style-type: none"> <input type="checkbox"/> Weak control <input type="checkbox"/> Impulses and desires with regard to enjoying life and having fun <input type="checkbox"/> Lots of freedom on personal control
Low IVR	<ul style="list-style-type: none"> <input type="checkbox"/> Strong control <input type="checkbox"/> More bounded with social norms and values <input type="checkbox"/> Restriction on personal control

Table 6: Indulgence vs. restraint index

3.7 Country comparison between Nepal and Finland based on the 6-D model

The Hofstede Centre provides a cultural tool that compares the culture between two countries. The country comparison cultural tool was used to identify the differences between Nepalese and Finnish culture on the six dimensions to proceed further with the study. Figure 1 shows different scores for different dimensions for both Nepal and Finland.

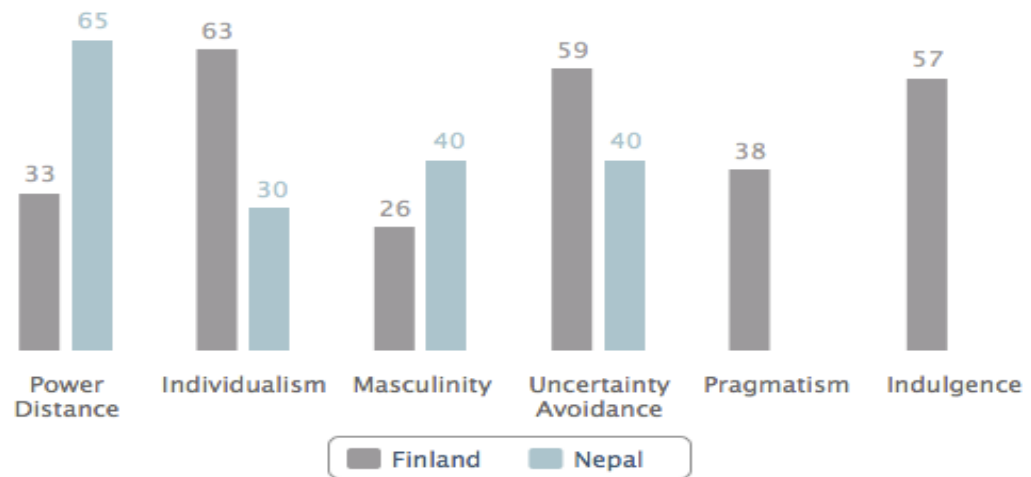


Figure 2: Finland in comparison with Nepal with the country comparison tool (The Hofstede Center, 2014)

Finland scores low on the power distance dimension in comparison to Nepal. Finland scores 33 whereas Nepal scores 65. The score on individualism dimension is very higher for Finland in comparison to Nepal. Finland scores 63 whereas Nepal scores only 30. The score for masculinity dimension is 26 for Finland and 40 for Nepal. Finland also scores high on uncertainty avoidance in comparison to Nepal. The scores are 59 and 40 for Finland and Nepal. Finland scores 38 on pragmatism and 57 for indulgence whereas the tool does not provide any information for Nepal (The Hofstede Center, 2014.) The scores clearly explain the cultural differences between Nepal and Finland. In most of the dimensions, they are opposite to each other. Finland based on the score is a country with low power distance with decentralized power, equal rights and high level of independence with more focus on individualism. It is feminine society and Finnish people have high preference for avoiding uncertainty. In contrast, Nepal is a relatively hierarchical society where hierarchical orders are strongly accepted and the focus is on collectivism. Even though Nepal scores relatively lower on the masculinity scale and the tool

describes Nepal, as a feminine society there is a bit difference between Nepal and Finland in terms of equality when it comes to gender. Nepal also scores lower on the uncertainty avoidance in comparison to Finland therefore both these cultures exhibit many differences between them.

4. Impacts on elderly care due to cultural differences

The cultural diversity in recent times has also affected the health care industry. Kreps et.al, described the difficulty of providing health care to different nationalities. The race and ethnicity of an individual is directly connected with public health. Different cultures perceive health and sickness in their own ways. Different nation and ethnic group have their own belief and norm towards health. Health professionals should understand the patients' culture and evolve within the multi-cultural society (Kreps et. al, 1994.)

Health care workers should have positive attitude towards elderly people. Attitude means thinking point of view towards an individual, issue or an object. It can be positive or negative. If a person has positive attitude towards some cosmetic product then he will prefer to buy and use it even though it is expensive. In a same way if someone has negative attitude he goes opposite to it even though the product is good. Attitude is generally measured by bipolar rating scale of an object that is ranged in negative, positive or neutrality towards any given object. (Ajzen & Fishbein, 1980.)

Ageing is a natural process and elderly people needs high amount of health care. Nurses' attitudes towards older people have adverse effects on care given to older people. Nurses should provide physical, psychological and emotional care. However, they take as a burden in comparison to young patient. Nurses give more importance to young patients than to the older patients. Care quality commission of UK found that nurses' attitude is the key point to get low care to the older people and it is found one in five UK's hospital (Liu et. al, 2013.)

Older people also face different types of stereotypes in the country like UK and others. They take elder population as a burden while in countries like Japan and China elderly people are more respected and cared. According to some surveys conducted in Sweden on the student nurses aged under 25, it was found that they have less feeling and understanding towards the care of the elderly people. In comparison to the adult staff nurses working in the hospital, nursing student are

less aware towards the care given to the elderly people. Proper teaching and good mentors during the periods of practical placement can bring some positive attitudes towards elderly people among young nursing students (Lovell, 2006.) Negative stereotype like old people are passive, lonely, depressed, sick and weak all comes from the society where we live. Nurses are the part of society but nursing profession is not part of ageism. New nurses should have positive attitude towards old people (Cozort, 2008.)

Cultural competence in health care refers to the ability of understanding and knowing the belief, culture and behavior of the patient on health aspect and treat them accordingly. The quality care should be provided to patient without disturbing patient's belief (Epstein, 2010.) The 2000 United States Census states that population is more diverse and this trend will continue. This diverse population have different socio cultural, belief, language and communicating style that proves that health care system need to respond and reflect different cultural competences (Betancourt et. al, 2002.)

The main barriers that may rise during care of the patient and the health care provider are language and communication challenges between different cultural, racial or ethnic backgrounds. The satisfaction level is more when the patient, doctor or the health care provider all belong to the same ethnic background. Understating and respecting patients' culture is essential in providing good health care to diverse population (Betancourt et. al, 2002.)

5. Aims and purpose and research questions

The main aim of this research work is to study the impact of cultural differences on providing health care services to elderly people based on the experiences of Nepalese nurses who live in Finland. The purpose of the study is to provide information that can be used to improve healthcare services for the elderly people. To meet the aims and purposes of the research work, the following research question is set and explored:

What are the experiences of Nepalese nurses in Finland when providing health care services to elderly people?

6. Methodology

6.1 Research Method

The main method chosen for this research was the qualitative research methods. Qualitative research method aims to discover the reasons for human behaviors, motivations and attitudes. It is widely implemented across many disciplines such as business, social science and healthcare. It uses unstructured data collection methods such as interviews, observations, surveys and documents to study the subject matter and interpret our understanding to the world (QSR, 2015.) Qualitative research method best fits the nature of this research work as it gives the possibility to identify and analyze the cultural differences and its impact on elderly health care. Qualitative research method in this research work aimed to understand the experiences of Nepalese nurses.

The current research methods do not heavily rely on large samples of data as in quantitative research but are still capable of yielding important findings and insights (QSR, 2015). As of 2010, foreign nurses represent only 0.8 percent of all nurses working in Finland (Ailasmaa, 2010). This forces a small data sample applicable for the current research work and thus justifies another valid reason for selecting qualitative research method. This research work is based on the principle of Hofstede's cultural dimensions and the wide study of cultural dimension theories, conclusions from the previous research works and definition of concepts. The data for this research work was collected from a small group of people who represented the whole population under study (Martyn, 2008.)

6.2 Data collection methods and participants

Data in this research work is collected by the means of individual in-depth interviews. This method is used to gather personal views and experiences of Nepalese nurses providing healthcare services in Finland. Semi structured interview was designed and several key questions were selected to restrict the discussion within the cultural paradigm but also the interviewee had an opportunity to express a new idea or response in more detail. Semi-structured interviews are most frequently used in health care settings as the participants are

provided with some guidance to help them with the subject they are talking about (Gill et. al, 2008.)

According to Gill et. al, the purpose of the research interview is to explore the views, experiences and motivations of individuals on a specific matter. Interviews as data collection method in qualitative research method provides a deeper understanding of social phenomena and is most appropriate when little is known about the study phenomenon (Gill et. al, 2008.) The current research work requires detailed insights of this very little explored subject, therefore individual interviews, as a data collection method is very suitable for this research work.

Semi structure interview (Appendix 1) also known as focused interview is used in this research work. The interview included a series of open-ended questions based on the topic areas. The questions were formulated to study the six cultural dimensions of the Hofstede's cultural framework. This provided an opportunity for both interviewer and interviewee to discuss topic in more detail with a degree of freedom to understand the cultural differences issues and its impact on providing health care services to elderly people (Polgar & Thomas, 2013.)

According to Braun & Clarke, the sampling of research participants requires certain criteria for inclusion and exclusion for sampling (Braun & Clarke, 2013). This study included nurses who have come to Finland and have not spent more than 10 years in Finland. It included nurses who are currently employed as a nurse or practical nurse in the Finnish health care industry and have worked at least 6 months. Altogether 15 nurses who have worked in different parts of Finland were interviewed. The interview was conducted in friendly atmosphere via Skype in Nepali language and with the consent of interviewee whenever granted permission, the interview was recorded and later transcribed. The researcher wrote down the answers when the participant did not allow recording the meeting.

6.3 Analysis of data

The recorded data was later transcribed which produced 25 pages of text. The font family and size used to transcribe was Cambria 12. Single line spacing was used.

The random talks and off topic content were discarded. The random talks include incidents that happened at work places however, these were not relevant to the research theme. The data was then analyzed by the means of content analysis. Content analysis is a research technique that converts data collected into a valid context. It analyzes data within a specific context based on the views and experiences of some individuals concerning the subject (Krippendorff, 2012.) The collected data was analyzed in order to spot the similarities and differences. The main objective of the data analysis is to condense a proper and valid understanding of the subject matter studied in the research work.

7. Results

The nurses who participated in this research work were young and in the age group of 20-30. The background information of the nurse is available in Appendix 2. Most of the Nepalese nurses have worked in an elderly care. Many of their first work place was an elderly nursing home. Most of them continued to work in the elderly nursing homes. Out of the 15 nurses who were interviewed, only four of them work in hospitals while 11 nurses work in different elderly nursing homes. Most of the nurses reported no difficulties while providing health care services to elderly people. Elderly people very much loved and praised their efforts and admired their Finnish language skills. Few nurses reported hard times during their tenure at elderly care for being a foreigner.

The major difficulty Nepalese nurses have faced is language barrier. Nurses with good Finnish language skills quickly adapted to the working environment while the ones with very little or basic language skills experienced adaptation as slightly difficult. The language skills also had an influence on the type of contract they have. Nurses with good or adequate language skills had longer-term contract while the ones with very little Finnish skills had short-term contracts.

The cultural differences did not affect their work considerably. They were satisfied with their job and the working environment. All 15 nurses before starting to work have lived in Finland for a minimum of two to three years. They have been familiar with the Finnish culture and norms while attending their nursing studies. Many of them reported that practical trainings and summer jobs in elderly care helped them understand the Finnish working culture. The cultural differences however seemed to have effect on the personal desires and the feeling of inequality to some extent. However, most of them reported that this feeling changed over time. Hence, the period of tenure and language skills are two decisive factors that had a huge impact on providing elderly health care services. The language skills of the Nepalese nurses had direct impact on the personal feelings and hesitations at work places. Nurses with adequate Finnish skills had fewer problems and more satisfaction at work places in comparison to nurses with basic language skills.

Finland scores low in the power **distance dimension** in comparison to Nepal. Finland scores 33 whereas Nepal scores 65. Most of the Nepalese nurses felt in the

beginning of their tenure, that the power was distributed unequally. However this feeling changed over time. The power distribution feeling was based on being the foreigner and their language skills rather than the gender. Nurses with adequate Finnish skills did not have worries about the power distribution however, the ones with very basic Finnish skills felt like less powerful in comparison to others in the same position. The two factors that affected the power dimension are language skills and the tenure period. Five Nepalese nurses reported uneven distribution of power, while six of them felt it is equally distributed and four nurses were not concerned at all about the power distribution.

The score of **individualism dimension** is very higher in Finland in comparison to Nepal. Finland scores 63 whereas Nepal scores only 30. This was reflected in the opinions of Nepalese nurses. Nepalese nurses being grown up in a collective society expressed more considerations about others feelings and were very reluctant to change working schedule or even go to work on a last hour call. Seven nurses exhibited collectivism culture, while three nurses exhibited individualism culture. Five nurses were not concerned at all about the individualistic or collectivism factor.

All nurses felt the distribution of role was very fair and was not based on the gender. The distribution of roles was based on the expertise, work experience and the capabilities of an individual. All 15 nurses felt, equal **distribution of power**.

The **uncertainty avoidance** score for Finland is higher in comparison to Nepal. Finland scores 59 while Nepal scores 40. Nepalese nurses have lower degrees of anxiety in unfamiliar situations. Many of them felt uncomfortable to take decisions on their own during uncertain or unknown situations. The degree of uncertainty avoidance index however tends to increase over time. The longer work experience one had, the more comfortable one was with making decisions. Six nurses felt that they hesitated to make decisions in unfamiliar situations while three nurses felt they were able to make decisions during unfamiliar situations. The remaining six nurses reported they have never encountered any kind of unfamiliar situations during their tenure.

Nepalese nurses were found to practice work ethics very strongly. They followed all instructions properly and exhibited a working society that refers to the **long lasting values and tradition of the society** with strong work ethics. Most of them just followed work ethics and did their work however, they hesitated in being creative at their work places. They experienced as reason for not being creative as the working environment and the nature of the work they do which demand very little creativity. Ten Nepalese nurses did their work as per work ethics and never felt or tried for being creative. Two of them reported to be creative at their work places while the remaining three were not concerned about creativity at all.

Nepalese nurses mentioned few occasions where they asked to modify their working schedules. They never complained about the uneven working hours. They followed their original schedule. They felt very uncomfortable to request or to make changes or exchange holidays for any personal reasons. They were very open and easy when other staff member asked to switch days off with them however, on few occasions they asked their co-workers to exchange shifts. This behavior reflects the **indulgence versus restraint** score, where Nepal scores only 40 in comparison to Finland's score of 59.

8. Discussion

8.1 Discussion of main results

The labor shortage in the health care industry in Finland has enforced the deployment of nurses from different countries to meet the nursing demand in the country. This has led to increase in the number of foreign health care providers in the country that has resulted cultural diversity in the healthcare sector. The cultural diversity in health care sector has affected both the patients as well as nurses (Galanti, 2001.) This research work discovered a similar finding. Nepalese nurses are found to be working in different parts of Finland. Nepal and Finland scored differently on six cultural dimensions. This justifies the cultural differences between Nepal and Finland that has resulted in cultural diversities in the elderly nursing homes. Nepalese nurses were found to be effected by their cultural values where in many occasions they hesitated to express their personal desires. It was also found that some patients did not appreciate the caring provided to them. The cultural diversity have effects on both patients and health care providers.

Cultural norms play an important role in determining interpersonal relationships at the workplace. The same applies in the healthcare sector as well. Interpersonal relationships are considered very important to build the trust and faith between the patient and the nurse. Growing up in a culture, we automatically inherit norms and behavior from the particular culture. Therefore, we do not have to think too much about our reactions, preferences and feelings when we are working or living in our own culture but things do not remain same when we step into a foreign culture. Using the Hofstede's dimensions one can evaluate the approach and practices in another culture and build up our own concepts how to behave and react in another culture (Mind tools, 2014.) The country comparison showed contrasting differences between Nepalese and Finnish culture. Despite the different scores, Nepalese nurses were found to adapt well within the Finnish culture. They were found to inherit norms and behaviors from the Finnish culture during their study period in Finland.

The Hofstede's cultural dimensions can evaluate the approach and practices in another culture. The six cultural dimensions were the basis of this research work

to observe differences between Finnish and Nepalese culture. The Hofstede's model provides score from 0 to 100 for each of these dimension and the score for a country determines the cultural practices for that country (Diana & Wong, 2014.) Nepal and Finland have very contrasting scores on the Hofstede's scale and thus the cultural difference was easily identified which was reflected on the interviewees' responses. Nepalese nurses were found to express more considerations about co-workers feelings. They exhibited collectivism culture while their counterpart exhibited individualistic culture. Nepalese nurses were unable to make decisions in unfamiliar situations that suggests they have lower degrees of anxiety in unfamiliar situations.

The process of socialization into the roles and norms is based on the acquisition of value orientations that happen during their education and training (Clark, 1997). Nepalese nurses become acquainted with the Finnish culture during their study period that has helped a lot to get adapted with the Finnish working environment at elderly nursing homes.

According to a study, the ethnical background of a nurse do not have major impact on patient's satisfaction. The patient attach more importance to nurse's language skills and to their adaption and awareness of the local culture (Tavallali et. al.,2014.). This research work also revealed the similar finding that the cultural competence in the care of an elderly patient involve specific knowledge and attitude adjustments to facilitate cross-cultural communication. The researcher identified language skills and the time spent in Finland as major factors that have influence on the quality of the care provided to the elderly people.

Young nurses face challenging task of caring elderly people. Nursing students have a negative attitude toward the elderly people. The attitude is affected by personal values, culture, experience, beliefs or observations (Lovell, 2006.) This contradicted with the finding of this research work. The participants were young and in the age group 20-30. They exhibited positive attitude towards elderly people.

Communication plays a vital role in nursing care. Proper language skills are required to assess the specific needs of elderly people. Communication in this research work refers to the exchange of information between nurses, co-workers and elderly patient. The goals of communication are to build a good personal relationship, assess the nature of the perceived problem, negotiate and make decisions. Providing physical care, explaining situations and showing empathy are other goals of communication. The better the communication is, better will be the quality of health care (Caris-Verhallen et. al, 1997.) Just as in this study, the language skills of the participants had influence over the communication. The elderly people easily accepted nurses with intermediate language skills and they encountered fewer problems in comparison to others with basic language skills. Nurses with basic language skills took more time to understand and assess the need of elderly people.

Finland has high demand for highly skilled workers in the health care industry. Health care sector appears as a major bottleneck among the top 20 bottleneck vacancies in Finland (Ramboll, 2015.) This research work also revealed the same fact as many of the nurses reported to get a job easily at elderly nursing homes. The understanding of the Finnish culture among Nepalese nurses have positive impact on elderly health care.

Betancourt et.al, (2002) discovered in a research work that language and communication skills are very important factors of multicultural nursing. Lack of appropriate language skills have negative impacts while providing health care services. This research work also identified language and lack of communication as major barriers that comes during the care of the patient in multi-cultural settings.

8.2 Credibility, integrity and objectivity

Credibility helps to determine if the research has truly measured the intended goals of the research or the extent of how truthful the research results are. This is generally conducted by asking a series of questions and often looking for the answers in other research works (Golafshani, 2003.) The credibility of the research work depends on the method of data collection and the amount of data.

To ensure the credibility, the author used semi-structured one-one interviews that were conducted over Skype. The author first conducted an initial research work on participants, their work places and built trustful relationships so that each participant would feel comfortable in explaining their views on the subject matter deeply and truly.

The barrier to credible qualitative findings is that the analyst shape the findings according to his or her biases and predispositions. This can be avoided by analyzing data inductively and logically. Inductively, analysts can look for proper ways of organizing data that might lead to different findings. Logically, analysts can think of several possibilities and if they are supported by the collected data (Patton, 1999.) The data collected in this research work was organized properly that is similar kinds of findings for a question were grouped together while the differences were grouped separately and were compared several times before forming up a conclusion.

The biases of the researcher are threats to any research (Hesse-Biber et. al., 2011). To avoid the biases and ensure the integrity of the collected data, the author repeatedly checked the interview material and recordings wherever applicable before analyzing the data. To maintain the integrity of this research work, data collected from semi-structured interviews were analyzed and compared based on the Hofstede's cultural dimension. The integrity was maintained by practicing the similar process for all interviews.

The process of choosing participants has a major impact on the objectivity of the research work. Participant with varying degree of experiences shed more lights on the research question from different aspects. The different gender, age group, and location of the participant contribute to a richer variation of the studied phenomenon (Graneheim & Lundman, 2004.) This study included participants of different age group, gender and locations. In addition, the participants have different years of experiences that ranged from half a year to couple of years. Thus, the varying nature of participant helped to collect richer data.

8.3 Ethical considerations

There is always a clear need to pay attention to ethical issues during a research work. Ethical norm in this research work were represented by truth, knowledge and to avoidance of error. Research often consists a great deal of cooperation and coordination among different people and institutions. Therefore, ethical considerations are important in a collaborative work to promote the values such as accountability, mutual respect, fairness and trust (Resnik, 2011.)

The ethical norms in research such as the guidelines for copyright, authorship, patenting policies, data sharing policies, data collection, usage policies and confidentiality were practiced through out the research work based on the JAMK guidelines.

The interviewees were informed prior to the interview and were made aware about the usage of interviews. They were asked if they allowed recording the Skype conversation and based on their verbal consent some of the interviews were recorded and were also informed to the interviewee that the conversation will be destroyed after the completion of the research work. Each participant was made aware of the confidentiality of the interview, their role within the research and the publication of results. As explained by Hesse-Biber et. al. (2010), it was clearly explained to participants about the usage of data that are collected from interviews. Participants fully agreed with the process of interviews, except some of them who did not agree with the recording of interviews. They were also encouraged to ask questions at any time during the interviews. The data collection process, reporting of the data, literature review, and interpretation of the collected data, results and procedures were conducted and reported honestly. All the agreements and promises that were made with the participants were kept. To ensure the objectivity of the research work, the author strived to avoid bias data analysis and data interpretation process. The researcher also tried to avoid errors and preconceptions. Data was read several times to ensure good understanding of it. The author has honored copyrights, patents and other forms of intellectual property. The author has given credits and proper acknowledgement for all contributions to this research work.

8.4 Conclusions and recommendations

This thesis aimed to collect and describe the experiences of Nepalese nurses in Finland when providing health care services to elderly people. Qualitative research method was used to conduct the study. Data was collected by the means of semi structured one-to-one individual in-depth interviews.

The study findings demonstrate that Nepal and Finland have contrasting scores on the Hofstede's scale. Cultural norms play an important role in determining interpersonal relationships at the workplace. Language and little or lack of communication among co-workers in the initial phase of their work were major obstacles. The communication and interpersonal relationship improved over time. Nepalese nurses were found to have positive attitude towards elderly people. The level of language skills, awareness of the Finnish culture and the duration of stay in Finland were identified as factors that have major impact on the quality of health care services provided to elderly people.

The result of this research work reveals different concerns that are affecting elderly care. The research work has built a base for further studies. Those interested in the topic could further explore the resolutions for the concerns identified. Further research can be carried out by health care institutions on how to improve the quality of care given by health professionals with different ethnic background than Finnish.

References

Ailasmaa, R. (2010). Sosiaali- ja terveystalveluiden ulkomaalainen henkilöstö ja suomalaiset ulkomailla. Terveiden ja hyvinvoinnin laitos. Tilastoraportti.

Accessed: November 25, 2014. Retrieved from

http://www.stakes.fi/tilastot/tilastotiedotteet/2010/Tr18_10.pdf

Ajzen, I., & Fishbein, M. (1980). Understanding attitudes and predicting social behaviour.

Ashkanasy, C.P.M. Wilderom & M.F. Peterson (Eds), Handbook of organizational culture and climate. London: Sage, 2000, pp. 401-5

Betancourt, J. R., Green, A. R., & Carrillo, J. E. (2002). Cultural competence in health care: emerging frameworks and practical approaches (Vol. 576). Commonwealth Fund, Quality of Care for Underserved Populations.

Caris - Verhallen, W. M., Kerkstra, A., & Bensing, J. M. (1997). The role of communications in nursing care for elderly people: a review of the literature. Journal of advanced nursing, 25(5), 915-933.

Cozort, R. W. (2008). Student nurses' attitudes regarding older adults: Strategies for fostering improvement through academia. Teaching and Learning in Nursing, 3(1), 21-25.

Clark, P. G. (1997). Values in health care professional socialization: Implications for geriatric education in interdisciplinary teamwork. The Gerontologist, 37(4), 441-451.

Diana & Wong. 2014. International Cultural Differences. Accessed: 10 Dec 2014. Retrieved from

<http://www.referenceforbusiness.com/management/Gr-Int/International-Cultural-Differences.html>

Epstein, R. M., Fiscella, K., Lesser, C. S., & Stange, K. C. (2010). Why the nation needs a policy push on patient-centered health care. *Health Affairs*, 29(8), 1489-1495.

ETM Project (2003). Care Work with Older People. Retrieved July 5, 2015, from http://www.ttk.ee/public/Finland_Elders.pdf

European Commission. 2008. Europe in Figures: Eurostat Yearbook 2014. Eurostat Publications. Accessed: 5 Dec 2014. Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Europe_in_figures_-_Eurostat_yearbook

Filipino nurses prepare to work in Finland. (2012, October 16). Accessed: December 6, 2014. Retrieved from http://yle.fi/uutiset/filipino_nurses_prepare_to_work_in_finland/6336793

Finnish National Team. 2003. Care Work with Older People. Helsinki:City College of Social and Health Care. Accessed: 12 Dec 2014. Retrieved from http://www.ttk.ee/public/Finland_Elders.pdf

Finnish Nurses Association (2015). Working as a nurse in Finland. Retrieved August 2 2015 from http://www.nurses.fi/nursing_and_nurse_education_in_f/working-as-a-nurse-in-finland/

Flinkman, M., Laine, M., Leino-Kilpi, H., Hasselhorn, H. M., & Salanterä, S. (2008). Explaining young registered Finnish nurses' intention to leave the profession: a questionnaire survey. *International Journal of Nursing Studies*,45(5), 727-739.

Galanti, G. A. (2001). The challenge of serving and working with diverse populations in American hospitals. *Diversity Factor*, 9(3), 21-26.

- Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: interviews and focus groups. *British dental journal*, 204(6), 291-295.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The qualitative report*, 8(4), 597-606.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse education today*, 24(2), 105-112.
- Hesse-Biber, S. N., & Leavy, P. (2010). *The practice of qualitative research*. Sage.
- Hofstede, G. (2010). *Geert hofstede. National cultural dimensions*.
- Infopankki (2015). *Living in Finland, Elderly Services*. Retrieved August 4 2015, from <http://www.infopankki.fi/en/living-in-finland/family/elderly>
- Kilpeläinen, T. (2010). *Foreign nurses' guide to Finnish working life*. Read, 4, 2012.
- Kreps, G. L., & Kunimoto, E. N. (1994). *Effective communication in multicultural health care settings (Vol. 3)*. Sage Publications.
- Krippendorff, K. (2012). *Content analysis: An introduction to its methodology*. Sage.
- Liu, Y. E., Norman, I. J., & While, A. E. (2013). Nurses' attitudes towards older people: A systematic review. *International journal of nursing studies*, 50(9), 1271-1282.
- Lovell, M. (2006). Caring for the elderly: changing perceptions and attitudes. *Journal of vascular nursing*, 24(1), 22-26.

Markkanen Kirsi, & Tammisto Soile. (2005). Immigrants at the workplace in the health care sector – Tehy survey on multiculturalism. Retrieved July 28 2015, from <http://www.tehy.fi/@Bin/45364/MaahanmuuttoselvitysB5.pdf>

Martyn Shuttleworth (Sep 14, 2008). Qualitative Research Design. Retrieved Jun 27, 2015 from Explorable.com: <https://explorable.com/qualitative-research-design>

Mind Tools, 2014 Hofstede's Cultural Dimensions ,Accessed: December 20, 2014. Retrieved from http://www.mindtools.com/pages/article/newLDR_66.htm

Ministry of Social Affairs and Health. 2008. National framework for high-quality services for older people. Handbooks of the Ministry of Social Affairs and Health. Helsinki.

MSAH (2015). Social and Health Services. Ministry of Social Affairs and Health. Retrieved August 4 2015, from <http://stm.fi/en/older-people-services>

OECD (2013). A Good Life in Old Age?Monitoring and Improving Quality in Long-Term Care. Retrieved Jun 28, 2015 from <http://www.oecd.org/els/health-systems/Finland-OECD-EC-Good-Time-in-Old-Age.pdf>

Oulton, J. A. (2006). The global nursing shortage: an overview of issues and actions. *Policy, Politics, & Nursing Practice*, 7(3 suppl), 34S-39S.'

Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health services research*, 34(5 Pt 2), 1189.

Polgar, S., & Thomas, S. A. (2013). *Introduction to research in the health sciences*. Elsevier Health Sciences.

Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of counseling psychology*, 52(2), 137.

QSR International (2015) . What is Qualitative Research? Retrieved Jun 27, 2015 from <http://www.qsrinternational.com/what-is-qualitative-research.aspx>

Ramboll. 2015. Bottleneck Vacancies in Finland. Accessed: 13 Nov 2015. Retrieved from <http://ec.europa.eu/social/BlobServlet?docId=12652&langId=en>

Rechel, B., Dubois, C. A., & McKee, M. (Eds.). (2006). The health care workforce in Europe: learning from experience.

Resnik, D. B. (2011). What is ethics in research & why is it important. National Institute of Environmental Health Sciences.

Tavallali, A. G., Kabir, Z. N., & Jirwe, M. (2014). Ethnic Swedish Parents' experiences of minority ethnic nurses' cultural competence in Swedish paediatric care. *Scandinavian journal of caring sciences*, 28(2), 255-263.

Välipakka, Hannele. (2013). INTERNATIONAL NURSES' EXPERIENCES AND PERCEPTIONS OF THEIR WORK ORIENTATION IN FINNISH HEALTH CARE. Accessed 5 Dec 2014. Retrieved from <https://jyx.jyu.fi/dspace/bitstream/handle/123456789/40989/URN:NBN:fi:ju-201302261269.pdf?sequ>

Wismar, M., Maier, C. B., Glinos, I. A., Dussault, G., & Figueras, J. (2011). Health professional mobility and health systems. Evidence from, 17.

Appendices

Appendix 1: Semi Structure Interview questions.

1. Power Distance Index: Do you feel any degree of inequality or uneven distribution of power at your work place? Please explain.
2. Individualism versus collectivism: What are your opinions for a loosely knit Finnish Society? Please tell your experiences concerning teamwork and shared responsibilities.
3. Masculinity versus femininity: Please explain the distribution of roles between the genders at your work place.
4. Uncertainty avoidance index: Have you faced any unfamiliar situations at your work? How have you handled it?
5. Long term orientation versus short-term normative orientation: How strongly you practice work ethic? Do you consider being creative at your work or just doing the task as per your role.
6. Indulgence versus restraint: How do you control your desires and impulses at your work places?
7. Have you been involved in elderly care? Please explain your experiences you have had concerning elderly care.
8. Has there been any problem when providing nursing care to elderly people because you belong to a different culture? If any please explain.
9. What are the difficulties you face being a foreign nurse in Finland? Do you think things would be different (if any) if you were not a foreigner?
10. Has the cultural differences affected your work? How have you built the cultural gap?
11. How did you manage to get the job? Was it easier or difficult to get a job? What is the level of your Finnish language skills?

Appendix 2: Participants' Profile

Participants No.	Work experiences at elderly nursing homes	Language Skills	Duration of stay in Finland (Years)
1	8 months (summer job)	Basic	2
2	12 months	Intermediate	4.5
3	9 months	Basic	2.5
4	14 months	Intermediate	3.5
5	15 months	Intermediate	4
6	10 months	Basic	3.8
7	6 months	Basic	2.6
8	10 months	Intermediate	2.8
9	7 months	Intermediate	3.6
10	8 months	Basic	3
11	7 months	Intermediate	2.8
12	10 months	Basic	3
13	16 Months	Intermediate	5.3
14	7 Months	Intermediate	3.3
15	10 Months	Basic	3