

**FINNISH AS A LANGUAGE OF COMMUNICATION IN THE  
CLINICAL ENVIRONMENT: PERCEPTION OF INTERNATIONAL  
NURSING STUDENTS**

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<p><b>Abstract:</b></p> <p>Finland has an increasing number of multi-cultural and multi-lingual students as more universities of applied sciences are introducing nursing programs. Nevertheless, communication problem which include reading, writing and speaking Finnish language still remains the major issues in the clinical settings.</p> <p>This study examined the experiences of international nursing students during their clinical practices, the possible ways to assist their academic progression and improve their Finnish language skills as well as providing answers to these questions; 1) What are the experiences of international nursing students with limited Finnish language skills in clinical practice? 2) What effects do lack of Finnish language proficiency have on international nursing students' learning? 3) What support can be given to international nursing students who have limited language proficiency?</p> <p>Qualitative method was adopted for this study. Open ended questionnaires and semi-structured interviews were used in data collection.</p> <p>Second, third and fourth year Bachelor of health science international nursing students from Arcada UAS participated in this study. Only fifteen out of sixty-four students who received the questionnaire distributed by hand and electronically participated in the study. Three of the fifteen students preferred one-to-one interaction. The same questions on the questionnaire were used for the interviews.</p> <p>Imogene king's 1981, communication theory was the theoretical framework for this study.</p> <p>Thematic systematic approach was adopted for data analysis. Four themes emerged from the results; (a) communication, (b) social isolation and rejection, (c) limited opportunity for learning and (d) inadequate university and hospital support. The results generally depicted the challenges faced by international nursing students during their supervised clinical practices in the Finnish clinical settings.</p> <p>Finally, it is hoped that adequate collaborative support by the teachers at the university and the clinical instructors in the hospitals would help in improving the quality in learning and the language skills of these students.</p>	
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# Table of Contents

*Abstract*

*Table of contents*

*Acknowledgement*

<b>1 INTRODUCTION</b> .....	6
<b>2 LITERATURE REVIEW</b> .....	8
<b>3 THEORETICAL FRAMEWORK</b> .....	12
<b>3.1 Interpersonal Relationship</b> .....	12
<b>3.2 Communication Theory</b> .....	13
<b>3.3 Characteristics of communication</b> .....	16
<b>3.4 Communication and Nursing</b> .....	18
<b>4 AIM AND RESEARCH QUESTIONS</b> .....	19
<b>5 METHODS</b> .....	20
<b>5.1 DATA COLLECTION</b> .....	20
<b>5.2 JUSTIFICATION OF CHOICE OF STUDENTS AND RESEARCH METHOD</b> .....	21
<b>5.3 DATA ANALYSIS</b> .....	21
<b>5.4 ETHICAL CONSIDERATION</b> .....	22
<b>6. RESULTS</b> .....	23
<b>6.1 Communication</b> .....	23
<b>6.1.1 Reading</b> .....	23
<b>6.1.2 Writing</b> .....	24
<b>6.1.3 Speaking</b> .....	25
<b>6.2 Communication Relationship with nurses</b> .....	27
<b>6.3 Relationship with other staff members</b> .....	30
<b>6.4 Relationship with Patients and Relatives</b> .....	31
<b>6.5 Home Students</b> .....	32
<b>6.6 Social Isolation and Rejection</b> .....	33
<b>6.7 Limited opportunities for learning</b> .....	36
<b>6.8 Inadequate university and hospital support</b> .....	37
<b>8 LIMITATIONS</b> .....	43
<b>REFERENCES</b> .....	45
<b>APPENDIX 1</b> .....	49
<b>RESEARCH SURVEY</b> .....	49
<b>APPENDIX 2</b> .....	52

<b>APPENDIX 3</b> .....	53
<b>APPENDIX 4</b> .....	55
Figure 1: General system of communication.....	14
Figure 2: A model of communication .....	14
Figure 3: A circular model of communication .....	15
Figure 4: A spiral model of communication.....	15

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Lots of Love

Vickie

## 1 INTRODUCTION

The introduction of international nursing program amongst others to the Universities of Applied Sciences in Finland leads to multi-lingual and multi-cultural student populations.

Currently, ten out of twenty-five Finnish Universities of Applied Sciences offer degree program in nursing and it is obligatory for students applying for nursing program and any other programs in English to provide a proof of English language proficiency as the medium of instruction for these programs at the universities is English language (Studyinfo.fi, 2014).

The duration of study for the nursing program in the Finnish Universities is 3.5 years which consist of 210 ECT (Finnish National Board of Education 2014 and ministry of education, 2015). The courses taken in the program are in three parts; theory, lab sections (simulation) and practical trainings which are all mandatory for the award of a Bachelor's degree in Health Care. The practical training part of the program has to be successfully completed in the clinical settings and the medium of instruction is mostly Finnish language.

The use of Finnish as a language of communication during clinical rotations presents a serious challenge to the international nursing students who have inadequate proficiency in Finnish language. The majority of these students are unable to comprehend, write, speak and relate to the clinical staff and patients effectively in this language.

Each clinical rotation takes an average of six weeks to complete. The clinical practice is done in the university hospitals or other teaching hospitals and the students are always under the supervision of the clinical staff, who is the mentor/preceptor, and a teacher from the nursing department of the university. Every one of the supervisors has different roles and obligations to the students' training, there are no theoretical instructions during this period (Mattila et al., 2010).

This study is centered on the experiences of international nursing students in Finnish University of Applied Sciences during their clinical trainings. The idea of this study was

formulated out of the experiences of the writer who was among the first intake of students for International Nursing Program to Arcada university of applied sciences and had difficulty communicating effectively in Finnish language during the first and second clinical practices in the Finnish health care centers in southern Finland.

The problem with International nursing students to fully understand taught information, write and communicate verbally in basic Finnish language has been an on-going concern for the nursing department and the management of Arcada University of Applied Sciences.

This work was commissioned by Arcada University of Applied Sciences.

## 2 LITERATURE REVIEW

The Finnish students' population have experienced diversity in culture and language since the inception of the international nursing program and other programs taught in English at the Universities of Applied Sciences.

International nursing students have to learn to live successfully in their new culture and language, the adaptation process as a result of change of cultural environment is quite stressful and individuals respond differently to adaptation.

Studies on international nursing students' experiences in the clinical environments have been carried out in English speaking countries such as United States, United Kingdom, Australia and Canada, but not much about international nursing students in Finland. There seem to be no research done by the Universities of Applied Sciences about the international nursing students and their situations in the clinical practice environment, even as they have offered this program for more than ten years Mattila et al., (2010).

The learning situation of international nursing students in Finland is difficult in the sense that the actual language of instruction in the class room is different from the language of instruction in the clinical environment; English is used during lectures in the classroom while Finnish is the language for clinical practice. Pitkäljärvi et al., (2012), stated that international nursing students unlike their domestic peers invested much physical and mental effort when Finnish language is used during clinical rotations which apparently slow down their learning process.

Students in the clinical environment are expected to communicate effectively with the patients, nurse and other health care professionals (Bernard et al., 2006 and Glew, 2013). This is because communication is an important tool in the clinical placements where students develop knowledge about nursing and they need support during these periods. Communication can be described as process of exchanging information thoughts or messages by signaling or behavior especially writing and reading. Effective communication is more than just exchanging information, the emotion behind the information is also considered. It may be quite challenging for students to develop competencies in communication skills especially in the environment where their primary language is not communicated (Rogan and San Miguel, 2013).



Most international nursing students experience difficulty interacting in the clinical environment and having suitable expressions to communicate with patients, more so, lack of effective language skills may lead to anxiety for international nursing students hence a negative impact on their learning, and an impediment to quality of care (Glew, 2013).

Mattila et al., (2010), in their findings highlighted that international nursing students in Finland expressed negative experiences, where their learning was precluded because they communicate poorly in Finnish language. They could not participate fully in nursing activities in the clinical setting as they were given low level tasks such as providing hygiene and they used observation as their learning method. Students experienced racism and discrimination, (Andrews et al., 2005 and Dickerson et al., 2000), and were sometimes asked to wait for non-Finnish patients and at other times Finnish patients refused to shake hands with the international nursing students who have different skin color, causing the feelings of frustration, panic and embarrassment to these students.

In examining the challenges students face during their clinical rotations Sanner et al., (2002), Mattila et al., (2010) and San Miguel et al., (2006), explained that communication was the major problem confronting international nursing student who have inadequate skills in the domestic language of their host countries. Speaking very quickly, using strong accent, complex word or terminology and hospital slangs by the preceptors were the common communication problems highlighted. Moreover, students found it difficult to understand information and receive instruction about patients during handover reports and to explain to patients the care they are about to deliver to them. Students who could not ask questions during clinical rotation because of deficiency in language skills were tagged 'not ready to engage in the learning experience', (San Miguel and Rogan, 2012).

Sanner and Wilson, (2008), Jeong et al., (2011) noted that students feel shy to speak during class discussions and in the clinical environment because of their strong accent or mispronunciation of words, also there is no integration between the home students and the international students, as the former often exclude the later during a group pro-

ject in the class or in clinical placement, because they do not want to have low grades as a result of ineffective communication skills.

Discrimination is detrimental to students' learning process and fitting into a group of students or nurses naturally in the clinical setting is particularly important for socialization and improves students' self-esteem, confidence and learning outcomes (Jeong et al., 2011, Edgecomb et al., 2013). Sanner and Wilson (2008), further explained that international nursing students suffer rejection, discrimination and alienation due to their heavy accents and sometimes mispronunciation of words made communication with others in clinical setting difficult, however, they felt more comfortable when they were accepted by the medical team and other staff, when they work as a team with home students and when they were given opportunity to work freely, these they claimed gave them confidence and the feelings of satisfaction (Rogan et al., 2006).

Students complained that they had inadequate opportunity to learn, they felt their mentors did not take sufficient time to teach or assist them, some clinical instructors have difficulty passing knowledge to others and lacked interpersonal relations skills which the students described as not beneficial to them, they also identified these behaviors as 'impolite, having negative attitude and not approachable' (Hickey, 2010).

Sanner and Wilson (2008), San Miguel and Rogan, (2012), observed that during clinical placements preceptors assess students' language ability as a core nursing competency, in other words, their learning capability was presumed to be related to their language proficiency. Students were determined to successfully complete their studies and so were not deterred in any way despite the difficulties they faced (Sanner et al., 2002).

One way of coping with the challenges they face in clinical environment is to make friends with the home students and develop good relationships with them. Another way is to chat with the elderly patients who they found comforting, and are always ready to correct and teach them the language to help improve their skills. They also try as much as they can to move away from where they have to talk much to avoid embarrassment from the home students (Jeong et al., 2011).

Mentors are expected to have excellent interpersonal skills because they play important roles in students' clinical experiences, so assigning specialized mentor who are comfortable with teaching to the international nursing student could help with communication during clinical placement experiences and maximize learning opportunity for students (Hickey, 2010, Jeong et al., 2011).

Crawford and Candline, (2013), Rogan and San Miguel, (2013), suggested that communication in the clinical environment could be developed in the relevant languages using podcasts, vodcast, DVDs and role-playing for instance, during simulation. They explained that these are effective learning tools to be used by universities to support students improve their language skills.

### **3 THEORETICAL FRAMEWORK**

The theoretical framework for this study “Interpersonal System” a Communication Theory from the book titled “A theory for Nursing systems, concepts, process” was developed by Imogene M. King in 1981. The book was written to guide nurses and students doing research to understand nursing as a major system in the health care system and to help them to develop ideas and applying knowledge in nursing, and to understand interpersonal communication.

#### **3.1 Interpersonal Relationship**

According to king (1981), human beings and objects are in constant interaction in the environment, in other words, interaction can be between individuals or between humans and objects in the environment. When two individuals interact they are dyads, three individuals are triads, four individuals are small group and more than four individuals are considered large group. The concept of human interaction which involves the behavior of individuals can be described as human acts or human actions and in every type of interaction individual judgments and perceptions are involved.

King (1981), also described action as a sequence of behaviors of persons that are interacting which include; Mental action- recognition of presenting conditions; Physical action- imitation of operation or activities related to the condition or situation and then mental action to exert some control over the events and physical actions to move to achieve goals. The process of interactions between two or more individuals is a sequence of verbal and non-verbal behaviors and that every individual in the situation brings knowledge, needs, goals, expectations perceptions and past experiences that influence the interactions. King (1981), noted that in the process of human interactions perception, judgment, action, and reaction are behaviors that cannot be directly observed, and that during interaction individuals identify goals and can help each other attain an immediate or long term goal. Goal attainment in this case she described as ‘Transaction’, in addition to ‘perception’ and ‘communication’ make up the three major concepts involved in human interaction.

### **3.2 Communication Theory**

Language facilitates cooperation among persons. It is a part of human daily life and can be passed from one generation to another. Words have different meaning for different people and can be interpreted depending on the experience of the listener, speaker and reader (King, 1981).

Language and communication are intertwined in the sense that language is a communication of feelings and thoughts through written symbols, voice sounds, or gestures, and communication involves exchange of thought and opinion among persons and can be described as the process of exchange of information or message through speech, writing, signals or symbols or behavior. Effective communication is more than exchanging information. It is about emotions behind the information exchanged and takes place in an environment of mutual respect. Communication could be verbal or non-verbal and it is a medium for social interaction and learning. Persons who cannot speak with ease, clarity and assurance, who cannot listen with comprehension and assimilation may have difficulty socializing (King, 1981).

King (1981), highlighted the complexity of communication as a field of study, and mentioned four theories within the theory of communication which are: (a) Mathematical theory of communication, (b) Verbal theory of communication, (c) Non-verbal theory of communication, (d) Interpersonal and intrapersonal theory of communication.

When information is passed in the environment, some of the information is received while some is not received, the intended receiver may ignore the message or noise in the channel may stop the message from getting to its destination.

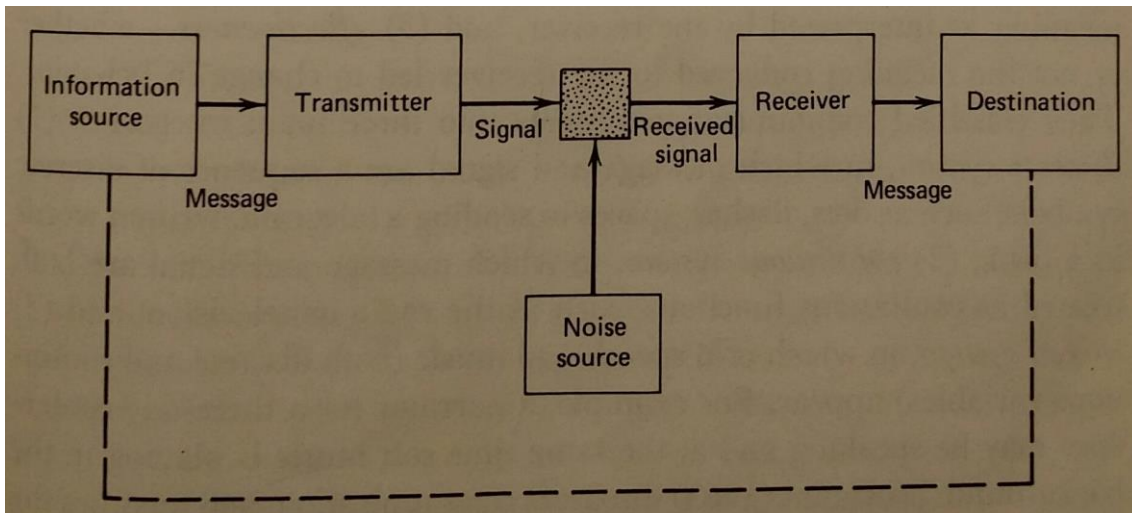


Figure 1. General system of communication by King, I.M. (1981). From a theory for nursing.

Information is transmitted → its receiver interprets the meaning → effectiveness.

Three (3) levels of communication are:

- a. Information is transmitted (technical)
- b. Receiver interprets the meaning of the information (semantics)
- c. Change in the behavior of the receiver, effectiveness of meaning conveyed.

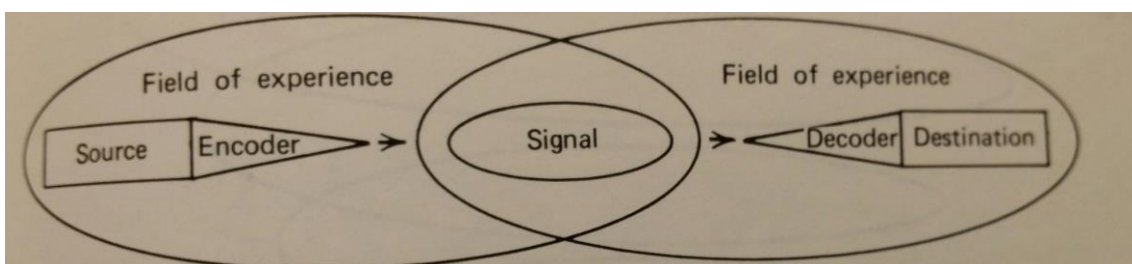
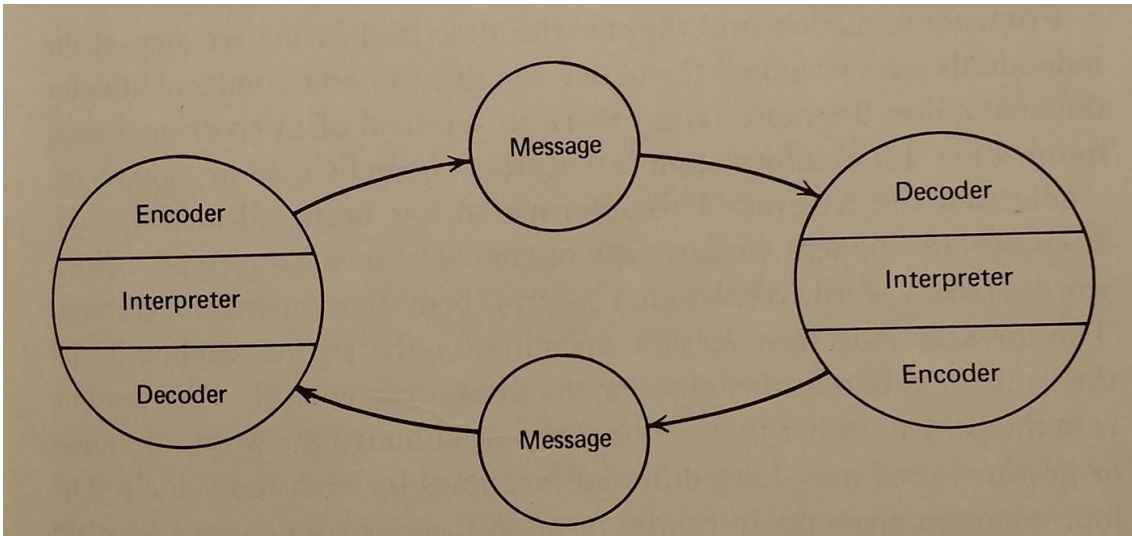


Figure 2. A model of communication, from a theory for nursing, by King, I. M. (1981).

From the diagram above feedback system includes common experience, the more the common experience in the background the easier the communication.

Feedback from the receiver gives the sender an idea of the receiver's interpretation of the message.

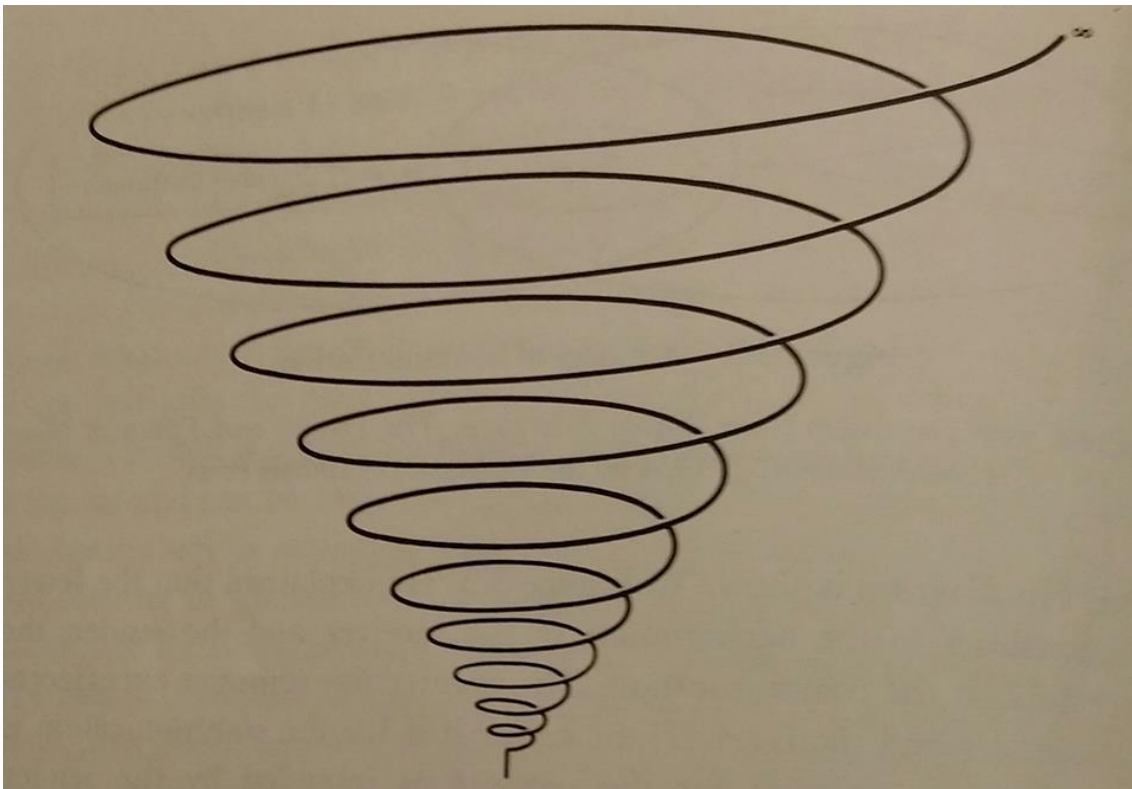


*Figure 3. A circular model of communication, from a theory for nursing, by King, I. M. (1981).*

*The sender is the receiver and the receiver is the sender*

*Message → Encode → Decode*

*Information/message → reject/receive & process → interpret*



*Figure 4. A spiral model of communication, from a theory for nursing, by King, I. M. (1981).*

*The figure above is used to illustrate the idea that past experiences affect human communication. The model is open, changing and expanding without limits.*

Information is sent from one-person to another, sender to receiver through a medium such as the telephone, fax, social media, written words, vocal sound (cry), body movements or gesture. A message could have a specific meaning to the sender and the same or different meaning to the receiver.

According to King, (1981), in human interaction with the environment two types of communications are involved:

***Intrapersonal communication*** which is a type of communication within an individual which disrupts their social functions, for example, high body temperature and blood pressure, pain and headaches, stiff joints, hearing voices and thought disturbance. These are also classified as non-verbal communication.

***Interpersonal communication*** is a face-to-face type of communication between individuals. It could be verbal or non-verbal. It is a complex type of communication especially when more persons are involved.

### **3.3 Characteristics of communication**

King (1981) went on to say that communication is not a model of action and reaction but must be understood on transactional level. It is a process, verbal, nonverbal, situational, perceptual, transactional, circular, complex, irreversible, and unrepeatable and involves the whole person. Language form symbols used in verbal communication. Some medical abbreviations and terminology may not make sense to anyone who is outside the medical profession. For example; OD, BID, PRN, NPO, HS, 1x1, 1x2 and so on.

***Verbal communication:*** Spoken and written languages are examples of verbal communication. Spoken words cannot be traced, the said words go with the wind where as written words are permanent. Speech is a form of communication developed in human



beings and is a measure of human development. Speaking and listening are essential in human communication.

Barrier in communication may be as result of one's inability to listen because of noise or stimuli in the environment, or when one is afraid to speak, age, cultural differences and one's perception. The speaker is always the person in charge, the sender, the message, the receiver, feedback, encoder, decoder, purpose of the message and meaning are necessary in verbal communication (King, 1981).

***Non-verbal communication:*** over ninety percent information used to determine people's attitudes or feelings is from non-verbal behavior, while seven percent is from verbal prompt. Real feelings are from non-verbal communication. Touch is a type of communication and the skin is this type of communication. When physical closeness of individuals is involved in communication, it is known as tactile and this may be interpreted as an act of love, violence, arousal of emotions, or as a need of comfort, feeling or presence of pain. Individuals interpret the meaning of the feelings got from touch differently depending on their life experiences and culture (King, 1981).

The bonding of an infant to the mother develops through tactile communication. Tactile communication can be used to evaluate the quality of an object regarding its roughness, hardness, softness and smoothness.

Touch is a type of communication in the business of the beautician, physician, dentist, and the nurse. Touch is physical and it involves skin-to-skin contact of individuals. It suggests intimacy and shows person's wish to start a communication or end it with another person. Some culture allows individuals to move close to each other while others do not. Facial expression in most society is used in expression of anger, joy, and concern. Physical appearance of people may indicate the type of business they do, for instance security guards, nurses, police and others. Although physical appearance cannot explain non-verbal behavior it can give some information about individuals (King, 1981).

### **3.4 Communication and Nursing**

Absence of communication in the hospital situation is a huge problem. Communication between nurses and patients is vital to effective nursing care. In nursing situations effective and ineffective communication can be noticed through the responses and behavioral changes in individuals. Knowledge of communication skills help professionals to understand when patients display behaviors that can be regarded as hostility or anger.

Nurses use communication to gather the exact information about patients' behaviors, this can be by measuring the physiological or psychological parameters of a patient, for example vital signs, urinalysis, listening to the bowel and lungs sound and palpating. Attending to patients' personal hygiene and helping the patients in and out of the bed involve touch. Communication skills are essential in the care of the elderly and children who cannot use language. It is also important in interaction with colleagues and other health care workers in sharing and interpreting information- nurse to nurse, nurse to physician, nurse to patient or nurse to patients' family member for safe and effective patient's care. The pattern of communication determines if the patient will trust the nurse and it is always important to have clear and accurate information all the time to provide effective care (King, 1981).

#### **4 AIM AND RESEARCH QUESTIONS**

This study highlights the experiences of international nursing students during clinical practice and provides useful information that could be used to support these students, and the purpose of the study was to explore the experiences of international nursing students who have limited proficiency in Finnish language in the clinical environment, to identify the effects of Finnish language deficiency on their clinical learning and to suggest possible ways to develop long term plan to support international student during clinical learning. To carry out this study, it is imperative to answer the research questions below so as to gain adequate insight to the problems students' are confronted with during their clinical rotations.

##### ***Research questions:***

What are the experiences of international nursing students with limited Finnish language skills in clinical practice?

What effects do lack of Finnish language proficiency have on international nursing students' learning?

What support can be given to international nursing students who have limited language proficiency?

## **5 METHODS**

Narrative approach was used in this thesis. The narrative form of writing is a specific type of qualitative research which involves spoken or written text giving an account of events or actions. The procedure for executing this research consist of studying one, two or more individuals, gathering data through the collection of these individuals' stories and reporting their experiences and interpreting the meaning of those experiences. (Soin and Tobias, 2006, Reissman and Thousand oaks 2009).

The writer chose narrative qualitative method of research because of the nature of the study. This method was appropriate for this study in order to answer the research questions. It also allowed a significant investigation and an in-depth understanding of the experiences of the international nursing students in clinical practices.

### **5.1 DATA COLLECTION**

Data was collected using open ended questionnaire and semi-structured interview. Participants were second, third and fourth year international nursing students from Arcada University of Applied Science. Six copies of the questionnaire were distributed by hand to student nurses from other universities of applied sciences for pilot testing to ensure that students understood the questions in the same way. Five students completed and returned the questionnaire but they were not included in the actual studies.

The writer distributed questionnaires to 64 international nursing students from Arcada University of Applied Sciences, 45 electronically and 19 by hand. Out of the 64 questionnaires distributed, only 15 students (24%) decided to participate, 4 of these 15 students completed the questionnaire electronically, 8 students completed the questionnaire by hand while 3 students volunteered to have one-to-one interaction/interview. The same questions on the questionnaire were used for the interviews.

Participants were 9 females and 6 males. Their ages ranged from 20 to 45 and the number of clinical practice they have completed ranged from 1 to 7. Eight students among the participants had poor Finnish language skills, 3 satisfactory and 4 students good. Their length of time in Finland ranged from 3 to over 10 years.

The interviews with participants lasted for 30 minutes each and were all recorded. It took an average of 8 weeks to get the entire completed questionnaire from the participants. In all, 12 questionnaires were completed and 3 interviews were conducted.

## **5.2 JUSTIFICATION OF CHOICE OF STUDENTS AND RESEARCH METHOD**

Students who participated in this study were second, third and fourth year international nursing students from Arcada University of Applied Sciences who have been out on training for at least once. These students had practical experiences and a better understanding of the clinical practice environment.

Questionnaire with open-ended questions and one-to-one interviews were used in collecting data. Some students preferred one-to-one interaction to completing the questionnaires. Apart from the nature of the study the writer also feels that responses from the questions on the questionnaire could give some information about the experiences of these students while they were doing their practical trainings but not in detail and according to Aveyard, (2010), qualitative data could be collected through open-ended questions on a questionnaire, however such data are not likely to be as comprehensive as that collected through one-to-one interaction. In other words, the writer feels having both open-ended questions and interviews would give an insight to students' experiences and a fair representation of the students' cohort.

## **5.3 DATA ANALYSIS**

The recorded interviews given by the participants were listened to several times, the idea was to understand the contents of the interviews and subsequently transcribe the interviews. The questionnaires and the transcribed interviews were read thoroughly several times so as to code and search for pattern in the data.

Thematic analysis method was used. According to Mills et al., (2013), thematic analysis is a systematic approach to the analysis of qualitative data which entails identifying

themes or patterns, coding and classifying data according to themes and conceptualizing the resulting themes by searching for relationships and commonalities or general patterns.

Data was carefully examined to establish common themes and to make sure the meanings were well interpreted. Thematic coding was used to extract from the text, the expressions related to the research questions and the expressions from the data were grouped into quotes and the quotes were used to formulate the categories.

Categories and themes relevant to the research questions were generated through this process. Data from the questionnaires and the interviews were merged during analysis since the same questions were asked and the responses were similar.

#### **5.4 ETHICAL CONSIDERATION**

This study was conducted following the ethical guidelines of Arcada University of Applied Sciences and World Medical Association-Helsinki Declaration, 1964. During the study students were informed verbally and in writing about the purpose of the research they were asked to take part in, (arcada.fi). They were informed that participation in the study was absolutely voluntary. Participants were assured that their confidentiality would be maintained it was necessary to be attentive to this to protect the participants. They were also assured that withdrawal at any stage of the study would have no detrimental effects to their studies. (Fritz, 2008).

The informed consent form was signed by each participating student to make sure that the participants understood what the consent form was about and why their consent was needed (WMA 1964).

The distribution and collection of the questionnaires and the recording of the interviews were handled by the writer alone. The interviews were conducted in private and quiet locations as agreed by the participants and the interviewer so as to maintain privacy.

Steps were taken to ensure that the completed questionnaires and recorded interviews were kept in a safe place where only the writer had access.

## 6. RESULTS

The results are presented as participants' responses from both the interviews and questionnaires. International nursing students' experiences are represented in two categories: positive and negative experiences. Four themes emerged from the data, the themes were developed using exact statements from the participants. The themes were:

- a. Communication
- b. Social Isolation and Rejection
- c. Limited opportunity for learning
- d. Inadequate university and hospital support

### 6.1 Communication

#### 6.1.1 Reading

Most of the participants reported that they had problems reading and understanding detailed daily shift reports and patients' medical history written in Finnish language. The comments here were perceived to be negative.

*"It was quite challenging to read and understand properly information, reading doctor's report and medical charts, it was quite challenging and very confusing".*

Communication is an exchange of information and messages through speech, writing and symbol, this also means that information is exchanged through reading and for students to get the much needed information about their patients they devised systems for reading and understanding patients' reports which includes using Google translate and sometimes they relied on their supervisors to explained the reports to them.

*"Definitely that was not easy, ordinarily I cannot read and understand them [the reports] ... so for the ones I did not understand I Google translate them".*

*"I find it difficult to read the texts because they are all in Finnish but when I don't understand I seek help from anybody that is willing to help or I seek help from my supervisor if I don't find anyone".*

However, very few students who reported that they did not have much problem reading Finnish language, had difficulties reading and understanding medical terminology in Finnish language. The comments were perceived to be positive even though they did not grasp everything.

*“It was not difficult for me reading and also understanding...I understand everything except those medical words but then the language I understand...The medical words are in Latin and sometimes even they are written or spelled in Finnish...It is impossible to read the full medical background because it’s full of terms and scientific words”.*

To some the training period was an opportunity to improve on their language skills, one of the participants wrote:

*“I can honestly say that I did not have problem with Finnish language in fact I learned a lot and improved my language skills...There are always challenges though nothing is ever smooth”.*

### **6.1.2 Writing**

Some of the participant considered writing Finnish language problematic, some were able to write simple sentences while others did not attempt to write anything as seen in the following statements, again these comments were perceived to be negative.

*“All the programs for writing are in Finnish hence writing becomes a problem to English speaking students...but I try to write something nevertheless. I look at what others have written and try to emulate their writing style”.*

*“I wrote very little almost nothing while I was doing my practical the first time...however if I had excellent skills in Finnish I would have written something on the computer data base”.*

The students perceived Finnish grammar to be complex and therefore difficult to write.



*“Written Finnish is quite difficult, I write but you can find some mistakes from my writing, it is Finnish and it is a very grammatical difficult language...I write comprehensive report.*

Interestingly, some students were assisted by their supervisors to write their reports during their clinical trainings.

*“I managed to write with the assistance of my supervisor who is equally an immigrant and I have also found him needing help from the Finns in order to fill up some register or documentation”.*

*“My writing skill in Finnish is poor. During my training, I had the opportunity to have mentors who encouraged me to write and corrected my mistakes when I write reports on my patients”.*

### **6.1.3 Speaking**

Verbal communication is a means of interaction and learning, the process of acquiring knowledge and relating with others becomes difficult in the absence of verbal communication. Generally, comments related to speaking Finnish language were perceived to be stressful, students reported that they were not able to carry out their duties independently in the wards and that the use of slangs and high level Finnish by the native speakers got them more confused. The students wrote;

*“I could say speaking Finnish during my first clinical training was very challenging...It was difficult communicating and understanding the patients and some of the nurses...It prevented me in providing one-one nursing care without having the presence of the mentor as a translator...Also, I was not able to express myself when I didn't understand some nursing concept. This proved challenging but it also contributed to wanting to learn the language the more”.*

*“This is the most challenging part of it depending on who is speaking to you, his/her level of Finnish language and how mindful or considerate He/she is as regards the fact*

*that one is not a native speaker and at best a learner. Some people might as well speak high level Finnish or slangs and one will be lost. I had a lot of challenges with this”.*

*“[Finnish language] ...has been very difficult and challenging throughout my practical trainings although I have improved my language skills but it is still so challenging for me”.*

Some of the participants reported that they were shy speaking Finnish and that being in the clinical environment encouraged them to say some things in Finnish language, they also revealed that they felt intimidated by those they perceived to have better or excellent language skills

*“Before I started working I could speak but I was always shy about it. The work made me come out of my shell. I am still struggling but it’s getting better and I am hoping to improve some more...I felt ashamed when I could not speak properly or could not even express myself. So in most instances I avoided people who will push me to speak the language”.*

*“I think I feel shy to speak in front someone whom I know she/he knows more than me...I avoided people who will push me to speak the language...It was the first step towards speaking...I said my first words in Finnish during my first clinical practice”.*

*“My tongue is a bit heavy but I can speak especially in front of a client than my co-workers and my employer”.*

Some participants reported that they were able to say few words in Finnish language but did not comprehend all what was going on in the units as seen in the following statements;

*“My spoken Finnish language is the weakest part of my Finnish skills. I know how to say the basic words that would enable anyone survive. So in other words my spoken Finnish could be called ‘survival Finnish”.*

*“I speak averagely, but students don’t understand what is going on in the hospital environment...I try to speak a little, well... the basic ones and I try as much as I can to say those basic things that the patient needs to hear. Hmm...so but maybe detailed discussion I lack in those areas”.*

*“I was able to express what I was going to do with patients in the short simple sentences, give verbal report in the end of the shift, no communication with other nurses in short...”*

Nevertheless, one among the participants stated that speaking Finnish language was in no way a problem.

*“My speaking is okay as a foreigner. I am not Finnish, I am a foreigner but it is okay, and there were no problems with my speaking so far”.*

## **6.2 Communication Relationship with nurses**

Effective communication between nurses and students is important for effective learning and nursing care. The comments associated with communication relationship with nurses were perceived to be positive and at the same time negative experiences as seen in the following statements.

### ***Positive experiences:***

Some participants under no conditions had problems with their supervisors and learning process was quite easy; one student stated that:

*My training at xxx hospital...I think it is one of the best places I have ever been because they appreciated the fact that I am studying in English and they saw it that I have the right to learn in English and then my supervisor tried to talk to me in English and I tried to talk to the patient in Finnish and whenever I needed their help they were always there to help me, so it was a very wonderful training...The environment they created for me, gave me the opportunity to learn and I was able to learn very fast, you understand?*

And another student stated that;

*“I understand what the nurses say and they also understand what I want to say while working with them”.*

Some participants noted that their mentors were easily approached and ready to teach them despite their language deficiency;

*“Luckily I have a nice mentor and she speaks English and she was very interested to teach me things...she made me feel welcomed and she always tried to create positive intension on other nurses to”.*

*“The nurses were happy to help and encourage me to use Finnish as much as I can although my Finnish is not good and fluent enough...Nurses were willing to support or help me when I have difficulties with patients”.*

Another student felt the younger nurses were more accessible;

*“Some of them mostly the younger ones were understanding when I made mistakes in using the Finnish, but I could not communicate well with the older nurses as they only communicated in Finnish”*

Students who had foreign nurses as mentors did not encounter unpleasant experiences.

*“I had a supervisor who was African so it helped me to feel relax and a bit comfortable...most employees speak English they are foreigners”.*

Some other students felt that informing the nurses about their language deficiency at the beginning of the training helped, others felt that a better understanding of Finnish language would have made a noticeable difference in the working relationships with their mentors.

*“The first thing I usually do whenever I’m in a new place is to let them know that my Finnish is bad. So with that knowledge, it is easier for me to express myself by just trying to speak. Once they know that you at least are trying to speak, they are very cooperative”.*

*“Some nurses were very kind and considerate and sometimes they speak in English for the sake of clarity. Nonetheless, a good language skill could have made a very remarkable positive difference”.*

*“Of course, not so smooth. Communication skill is a key to any relationship especially if one is from a different culture”.*

### ***Negative experiences***

The participants expressed concerns about having mentors who could not speak English at all. They also noted that some of the nurses could speak English but were not comfortable speaking English.

*“The first training I had no English speaker at all and considering that I was just one-year-old in Finland I was not even understanding...my supervisor specifically was patient with me, ...so I was able to manage at that level”.*

*“Most of them [the nurses] cannot speak English and there are many who speak English but many of them do not just like to speak English they do not feel comfortable speaking English...they feel comfortable speaking their own mother tongue”.*

Students reported that some of the nurses were friendly while some were not easy going, approachable and perceived that the students have lower value as seen in the following statements.

*“During some practices, the nurses were very cooperative and understanding...some are very hostile to foreign students...but few places I had a terrible experience”.*

*“[communication with the nurses was] difficult they think you know nothing and underestimate my skills...it’s much difficult than with clients”.*

### **6.3 Relationship with other staff members**

Several of the students reported having good communication relationship with other hospital staff members. They said most staff members of the hospitals were encouraging and some students reported being more comfortable with them than the nurses.

*“I have got quite many people and the people are very nice, they are pretty much welcoming and I was quite relaxed...It is much better than with nurses or employer”*

*“I observed...the head nurse is just a friendly person so it goes down to everybody there, I felt at home there. So I had a wonderful relationship with them. Testimonies I have heard from other students speak well of the hospital. It is almost like that in all departments of the hospital. So they are friendly”.*

Students reported that they were not confident enough to communicate with the other staff in Finnish and some of the staff stayed away from the students because they could not speak English.

*“Initially due to poor language skill, it was difficult to interact with other staff in fact everyone.*

*“They tried to avoid conversation with me as much as possible...Staff who had poor English skills were hard to communicate with”.*

Some of the students did not care much about the language of communication with other staff members and to some students, communication with other staff members meant trouble.

*“I really do not bother about my skills with other staff, I know I can say what I want because it is usually not a discussion...Usually with other staff I ask short questions that demand short answers”.*

*“The communication with other staff members was ok except that I did not speak much or engage in most of their discussion and I wasn’t on top of most of what they were discussing for instance normal lunch gossips since that was not part of my practice...I don’t relate I mostly keep to myself. I do my job and go home”.*

#### **6.4 Relationship with Patients and Relatives**

Interestingly comments related to communication with patients and relatives were perceived to be positive. Most of the students reported that communication with the patients and relatives was smooth, while some other students reported that they did not have the opportunity to interact with patients’ relatives.

*“In surgical [nursing clinical rotation] I met quite a number of the patients’ relatives and most of them spoke English, though there wasn’t much conversation with the relatives and the few communications I had with the patients’ relative was in English”.*

*“I communicated with the patients well. There are some cases where I have to communicate with patients’ relatives and it went well”.*

Participants noted that the patients were friendly and appreciated the effort they put into speaking Finnish language however, they did not have the opportunity to interact with patients’ relatives.

*“I did not encounter any patient being hostile to me. They are usually impressed that you are trying to speak. There wasn’t much of the relatives but the few I met I had cordial relationship with them”.*

*“There have been some occasions when I have dealt with patients alone during my last practices and they were satisfied at least seeing me trying to speak their language. I had*

*never gotten to interact with –relatives during my practice...I feel that would be too difficult for me”.*

Some students reported that it was a lot easier to communication with the patients as most of them are elderly and do not talk much.

*“Patients are mostly elderly and aware that my Finnish is limited. Patients understand the situation and tried to speak slowly, few patients have bad temper and demand. Some patients were kind and tried with all the English they speak but relatives I haven’t had any communication with”.*

*“Most patients have dementia so relating with them is very easy as they can’t really have a proper structured conversation...of course most of the patients were old and sick so they were not speaking much...Relatives? Didn’t have a chance to interact”.*

On the one hand, some participants reported that the patients did not have confidence in the students and would always talk to their supervisors and on the other hand some students preferred talking to the patients.

*“They don’t trust me they prefer to talk to a Finnish Nurse rather than a foreigner”.*

*“Most of the time, I have been with my supervising nurse so she used to deal with patients and relatives”.*

*“It is much easier with patients and relatives than with co-nurse, because most time nurses only communicate concisely with patients”.*

## **6.5 Home Students**

A good number of the participants reported that the home nursing students were cooperative and helpful they also said that the younger nurses and student nurses were able to speak English language easily and well than the older nurses. Speaking the same language enhances cooperation among people, home students and the younger nurses were of assistance because they speak English.



*“Most of the student nurses are young and they spoke English fluently and it was easy to communicate with them...I was quite comfortable and they were encouraging”.*

*“I worked with a Finnish nursing student and we always talk about things and support each other and anytime I have a question she has been helpful...Finnish students are willing to help and explain but at the same time they encourage me to use Finnish as much as I can”.*

*“They were cooperative and they helped in translating things they were like my second mentor”.*

Some participants stated that the communication they had with Finnish nursing student was casual some other participants reported that they were unfriendly especially at the clinical environment.

*“There was a Finnish nursing student at the place but she was not friendly so no communication occurred between us”.*

*“[...] good at school but behave differently at work practice places...they act as if they do not know you”.*

*“I think there was a kind of communication between us but not kind of a very deep communication when...no professional discussion...you know every student has his or her supervisor so no room for discussion”.*

## **6.6 Social Isolation and Rejection**

Social isolation and rejection was a common experience among all participants. In the questionnaires there was no question specifically about social isolation and rejection, but all participants reported situations representing social isolation and rejection. A situation whereby students wittingly or unwittingly separated themselves from the nurses,

home nursing students or other staff members in the clinical environment is regarded as Social Isolation. The comments associated with this theme were perceived to be negative.

Nurses who do not want or could not speak English kept away from international nursing students; participants also reported that they used muteness as a coping technique whenever they were pressured to speak Finnish.

*“I have got so many people that avoided speaking English and that is one of the challenges I have gone through...of course that affects overall practice when for example one does speak English...it is very hard to communicate with them and you need a translator all the time...It was a big challenge for me being the only foreigner among the patient and staff”.*

*“I do not communicate with them well. My communication with the nurses is professional and that is it”.*

*“It prevents me from having a working relationship with the nurses because they wanted me to speak to them in Finnish. I sometimes kept quiet because I didn't want to say the wrong words”.*

Several of the students reported that they were being sent away indiscriminately from the hospitals during their clinical rotations, as seen in the following comments:

*“[...] during my medical training, I was compelled to stop in the middle due to my poor language skill and also the nurse she was not cooperative at all. I was giving my 100% to improve my language proficiency and at the same time improve my practical knowledge but after few days I had to stop my training”.*

*“The one that almost discouraged me from continuing from this course was my training with the xxxx hospital I will always mention that because I think it is one very bad place... for anybody that wants to grow...in the beginning they actually accepted me knowing my deficiency in the language...yes but unfortunately mid-way into the training the same person that made those assurances rose up to say that they could no longer continue, you can then imagine how contradictory it is. You are telling me that I am doing very well with the practice but you would not continue with me because of the lan-*

*guage...I am studying in English and you are aware that I am studying in English...in fact I don't want to remember that name because it is a nightmare...I think it is more of attitude thing...I would say that it is more like institutional racism that exist in their head when you meet those ones you are in for it".*

In some cases, nurses, some patients and patients' relatives prejudiced against international nursing students as seen in the following statements:

*"There are some kind of situations that people are asking you of your background in a tone that is not very welcoming, mostly the elderly are the ones asking questions like that because of their state of mind maybe and I do not take it personal".*

*"...I have encountered a time where a certain relative didn't like that I was a foreigner taking care of her child, but I try not to focus on it".*

*"There were some clients who were very angry and asking if you don't speak Finnish then what are you doing here, but overall it motivates me to learn and practice Finnish".*

Participants reported that they were humiliated and verbally abused by the nurses for lack of verbal Finnish language proficiency. The students wrote:

*"So many, uncountable humiliation and disgrace as if you don't have sense. They look at you as a fool".*

*"As a matter of fact there was a woman with a Russian background who is fond of attacking non-Finnish fluent speakers [students who do not speak Finnish fluently] at the work practice place such that some interns etc. had shed tears and perhaps left for home very depressed in the past.*

*She was also verbally aggressive to me, and I almost lose my temper and react back to her but I managed to control my emotions because of my school and the overall boss of*

*the practice place who is a very nice man. I complained to my supervisor about her attitude and my supervisor said I should try to avoid her or just live with it while it last, that she is known for such attitude among interns”.*

## **6.7 Limited opportunities for learning**

The students were deeply concerned about their learning process during their clinical rotations; several of the mentors assigned to supervise the international nursing students were not fluent in English and as such could not impart knowledge to these students who lacked verbal and written Finnish language proficiency.

*“Once I was supposed to be instructed by a native Finn on [the] use of insulin pump but it was a problem as she does not speak English. The nurse has a bit of knowledge that I would have loved to tap but the language barrier was a hurdle”.*

*“There are so many things I did not know I would have loved to know. There are complicated situations so many things I did not understand...Some nurses cannot speak a word in English but I was able to learn the basic things”.*

*“[...] when I was at xxxx hospital, in fact every day, every minute looked like hell to me, that is just the simple truth, so one cannot learn much in such situation...At xxx hospital...My supervisor for instance wanted to teach me other things but because of the deficiency in the language maybe I could not learn one or two things I could have learnt. It is going to be difficult to explain things in English considering the technicality of those things, some of those words she does not know in English so it was an impediment to my learning”.*

Participants revealed that within themselves and in the presence of their mentors they felt they were lacking in normal intelligence as a result of the language barrier.

*“Even though I consider myself academically excellent, I could not do much at the practice place simply because, everything needed to be in Finnish language, when they have to repeat same thing more than once. I therefore felt like somebody without academic know-how. I believe the workers considered me so too”.*

Students expressed their frustration and disappointments in the whole training program, they only learn by observing, also they reported that a lot of effort was put in the program and that using English and Finnish as languages of study especially the latter limited their learning opportunities, however, they were determined to move forward with the clinical practices just to earn the credits required for the program.

*“The point is you are not getting everything you need to get because at school we are taught in English and in trainings we have to use Finnish. For me my practices have not been about learning, it has been about fulfilling the criteria of the program. Most of my learning has been what I saw being done and not what was told to me. Honestly speaking my mindset is just to get this program over with”.*

*“The use of languages in a formal and technical way is different from small talks. Many new high level medical vocabs...could impede the learning process and of course it is no-brainer that people learn better in their native tongues or languages they are fluent in”.*

Students also noted that there was lots of missing information in the process of translating Finnish to English.

*“In term of learning process, there [is] loss in communication and medical terminology.*

*Sometimes if my mentor wants [to] explain some nursing process and could not do so in Finnish, some of the information that is important is lost during translation.*

*Also, I try not to go to a patient's also so that I don't need to speak in Finnish without my mentor being there. This made it difficult to put what I was taught into practice”.*

## **6.8 Inadequate university and hospital support**

Participants felt that the university is not doing enough to assist international nursing students. They also felt that hospitals should support this group of students knowing full well that they study in English and not Finnish. They reported that they would like situ-

ations where the university and the hospitals would jointly support the students to have smooth clinical trainings.

*“I can say that the school should do more, can inform the practical place first that they have those kind of students who have limited language, and then the place who knows in advance that this person needs a lot of help of course will endure the limited language, a kind of communication like that between the school and the practical place, not like you put all the students to look for a place like the Finnish students. It is international students; I would say that communication should be between the school and the practical place not the students. I think...they [the university] should look for or ask for the nurses who speak good English so they can supervise this kind of students not like they put any nurse there, then I think that can help also”.*

Several of the participants felt that organizing more Finnish language courses is a good idea but students should use English language during their clinical rotations since the program is an English program, they also felt that engaging the services of experienced training supervisor in the school and nurses who are fluent in English to mentor the students at the hospitals are ways to support international nursing students.

*“The school especially the university should have a good relationship with the hospitals as not having good relationship with the hospital affects the students negatively. They should get experienced training supervisors that can handle students’ trainings, who can strongly negotiate with especially the tough hospitals, ensure that their students have readily available tutors at the practical training place, and nurses who are willing to tutor effectively in English...Schools should organize Finnish language training courses for the students prior to going on their practical trainings...Most importantly they should make sure that students get training in the language of their study...The Finnish language as a mode of expression has been given too much priority over the nursing program in English language...We are being taught in English and yet we have to do our practice in Finnish. What is the sense in that? I think we the international students need to be given a special integration program that would make the learning process easier for us, otherwise we don’t have future in this country”.*

Participants reported that if encouraged and supported students would unconsciously learn and use Finnish language.

*“I have noticed that most of the Finnish people speak English. However, none of them wants to speak to you in English. I think they should be more understanding rather than always complaining that he/she cannot speak Finnish. They could be closer to students on practice, and help them out sometimes with English language...The nurses and the ward need to support foreigner [students] to adapt...Language barrier can be overcome with a right attitude from nurses and from the organization”.*

Some of the participants agreed that the university’s support for the students is not as strong as the support other universities around give to their students, they felt that the university should plan for or arranged in advance placements at the hospitals. The students also revealed that the Finnish hospitals are unnecessarily hard on the international nursing students.

*“I will say that the university needs to borrow[take] a leaf from other schools what they have been doing right or the kind of partnerships they have with other practice places such as hospitals that make practice easier for their students. Other institutions often send their students to practice places based on pre-arrangement basis, unlike the way it is in the university that students have to go seek places by themselves; in most cases they [the students] are not well treated. I have seen students who have only lived in Finland for less than two years with no Finnish language skills doing successful practices in xxxxx hospital and other big hospitals without any problems. The receiving practice places took them for who they are as learners and they train them with the combination of Finnish and English. I think the Finnish medical facilities are usually hard on immigrant nursing students, and the students are not respected, they are ejected from practice places at will...And I will like to state clearly and unequivocal that poor Finnish language skills should not be taken as a crime in Finland”.*

The participants stressed that they would like a situation where international student nurses would be respected, accepted and fully supported by the hospitals to go through their trainings with little or no problems.

## 7 DISCUSSION

The findings from this study, Finnish as a language of communication in the clinical environment, are consistent with findings of other researchers. The results revealed that several of the students had communication problem. They had great difficulties in reading, writing, and speaking Finnish language. According to (king, 1981), communication and language cannot be separated, language is a communication of feelings and thoughts which could be shared through vocal sounds or gestures. During communication information and messages are exchanged through speech, writing signals or behavior. Language enhances cooperation among persons. In other words, communication with a common language between nurses and patients is extremely important for effective nursing care, for this group of students who have communication challenges; nursing care delivery will be poor due to ineffective exchange of information.

Interpersonal communication is very important in the nursing profession. The participants in this study were particularly concerned about their speaking skills in Finnish language because it slows down the interaction with other and their learning process. They also found the speed at which the native Finns speak, the use of slangs and understanding the medical terminology in Finnish language daunting.

Over all, it was difficult for the students to engage in a holistic nursing training program because of their language deficiencies.

The very few participants who had fairly Finnish language skills had better learning and interaction with the nurses specifically while those with poor Finnish language skills experienced not too good interaction with the nurses and were not able to complete their trainings. Although some nurses were friendly and rendered assistance as much as they could to the international students, several of the nurses were unapproachable, some nurses avoided the students because they do not speak English and some of the nurses who could speak English refused to teach the students in English knowing full well that these students study in English.

The findings also revealed that majority of the students who managed to complete their trainings did not grasp most of the things they were 'taught' because Finnish language was used, this supports the work of (pitkäjärvi, et al., 2012), which says that interna-



tional nursing students invest much physical and mental effort when Finnish language is used during clinical rotations thereby slowing down their learning process.

The interaction with the home students, the patients, and other staff members of the hospitals was not as challenging as that with the nurses. Some international student even learned from the home students though international students reported that a small number of the home students were friendlier in school environment than the hospital. This result slightly contrasts the findings of Jeong et al., (2011), Mattila et al., (2010), Sanner et al., (2002) and Pitkäljärvi et al., (2012), which highlighted that international students are mostly discriminated against by home students.

Patients did not trust international students because they were not able to speak Finnish language and (king, 1981), in her communication theory stated that the pattern of communication determines if the patient will trust the nurse.

Rejection and social isolation is one of the themes that emerged from the data, participants were oblivious of what was going on in the units and the hospitals, so in other words they were excluded from the unit or the hospital care team because of language barrier, they resorted to verbal silencing as a defense mechanism when faced with communication problems, and which consequently led to these students feeling isolated, marginalized and lonely. The situation described here supports king's, (1981), communication theory which explained that communication is a medium of social interaction and learning, so persons who cannot speak with ease or clarity or understand and assimilate may have problem socializing.

Students were discriminated against because they are of different race and could not communicate effectively in Finnish language. This is in line with findings of Mattila et al., (2010), and Sanner et al., (2002), which say that international nursing students were not accepted and they felt they were victims of racism.

The many obstacles international nursing students were confronted with during their clinical practices did not deter them from continuing with the nursing program, for instance, they were sent away from the hospitals, stopped from completing their trainings. and were prejudiced.

Clinical instructors of the international nursing students focused more on students' Finnish language deficiencies even as they were aware that the students study in English and the students on the other hand concentrated more on the language challenges they were confronted with instead of their learning, in addition, information of vital importance was left out when clinical teachers translate Finnish to English. All these put together culminated in negative learning outcomes.

The school's curriculum for the international nursing program indicates that the language of instruction for both theory and practical courses is English and the program is known as Nursing Program in English, based on this, students never envisaged any problem during their studies. However, the learning expectations of the international nursing students and the teaching methods of the preceptors in the hospitals did not correspond hence the challenges the former faced, and the university failed to provide the students with enough Finnish language courses in preparation for their clinical rotations.

Interestingly the participants felt that the university's collaboration with hospitals, acceptance and respect for international nursing students are necessary for effective training program.

## 8 LIMITATIONS

The sample from this qualitative study with participants totaling 15 may not represent the entire nursing students studying in English at Arcada University of applied sciences, but the sample size complies with qualitative methods of analysis where the main idea is to give a detailed description and insight into the study and generate discussion around the subject matter. Baker and Edwards, (2012).

The characteristic of this study is unique to Finland, and the discussion is centered on international nursing students using two languages for study simultaneously; English for theory and Finnish for practical courses.

More than eighty percent of the journals used for this study addressed issues concerning international nursing students studying in English and using English as a language of instruction for both theory and practical courses in countries like Australia, Canada, United Kingdom and United States of America. Even though the results and the themes that emerged from this study were consistent with that of other researches, response to the research questions for this study could have been better if there were more articles that described the Finnish situations. Again the very few articles available on the database could only be accessed by purchase, consequently, the difficulties in gathering enough literatures related to this unique situation.

The choice of communication framework from a 1981 text is because of the many references to this particular text by some of the recent works on nursing communication theories available at the university's library during this research, secondly the style in which the book is written, the detailed explanation of the theory, and the connection this study has to this theory confirmed that king's 1981 communication theory is relevant to today's nursing.

The themes of the study occurred repeatedly in the text showing the reliability of study and the experiences of the students were well represented in this research and are related to experiences of students in research of others which depicts the validation of the study as mentioned by Joppe, M. (2000), and Winter, G. 2000).

## 9 CONCLUSION AND RECOMMENDATIONS

Over the years the Finnish universities of applied sciences had attracted students internationally to study nursing in particular in English language to meet the health care needs in the country. This study highlighted some of the difficulties that the students experienced during their clinical practices in the hospital settings. According to the themes of this study the major challenges students encountered include inability to communicate effectively with their clinical instructors, patients and others, the feelings of isolation and non-acceptance by the nursing department of the hospitals, impediment to their learning and insufficient support from the university and the hospitals. In spite of obstacles the international students faced they were determined to complete the nursing program.

The importance of communication in the hospital environment cannot be overemphasized, absence of communication in the hospital situations is a problem and it is very important for easy interaction. International nursing students are aware of their Finnish language deficiencies and the difficulties associated with that. The negative response from the clinical instructors to the students' poor language skills made it even more difficult for these students. The principle responsibility of the teachers at the university and the clinical instructors is to support students academically and socially. For them to achieve success in doing this, they will have to understand and identify the language level of each student, and ensure that the language courses at the university are continuous. It is important that instructors who have excellent interpersonal skills, fluent in both English and Finnish languages are assigned to students during clinical practices for quality trainings. Supervised trainings should be conducted in a conducive environment, teachers and clinical instructors should develop long term strategies to support these students to improve their Finnish language skills. Finnish nursing programs should review the existing clinical instruction methods and put in place methods that would enhance students learning. This study provides insight on how international nurses studying in Finland could be assisted to have quality clinical trainings and improve their Finnish language skills.

## REFERENCES

Andrews, G.J., Brodie, D.A., Andrews, J.P., Wong, J., Thomas, B.G., (2005). Placement matters: students' clinical experiences and their preferences for first employers. *International Nursing Review* 52, 142–153.

Aveyard, H, 2010. *Doing a literature review in health and social care: A practical guide*, 2nd edition; Open University Press.

Baker, S. E., and Edwards, R. 2012. How many Qualitative interviews is enough? National Centre for Research Methods. Available from <http://eprintsncrm.ac.uk/2273/4>. [November 23, 2015].

Bernard, A., Whitaker, M., Ray, M., Rockich, A., Barton-Baxter, M., Barnes, S. L., Boulanger, B., Tsuei, B., and Kearney, P., 2006. Impact of language barrier on acute care medical professionals is dependent upon role. *Journal of Professional Nursing*, Vol 22, No 6, 355-358. Elsevier Inc.

Crawford, T., Candline, S., 2013. Investigating the language needs of culturally and linguistically diverse nursing students to assist their completion of the bachelor of nursing program to become safe and effective practitioners. *Nurse Education Today* 33, 796–801. [www.elsevier.com/nedt](http://www.elsevier.com/nedt).

Dickerson, S., Neary, M., Hyche-Johnson, M., (2000). Native American graduate nursing students' learning experiences. *Journal of Nursing Scholarship* 32 (2), 189–196.

Edgecombe, K., Jennings, M., Bowden, M., 2013. International nursing students and what impacts their clinical learning: Literature review. *Nurse Education Today* 33, 138–142. Available from [www.elsevier.com/nedt](http://www.elsevier.com/nedt) [December 11, 2014] SciVerse, ScienceDirect.

Finnish National Board of Education. 2014. Available from <http://www.oph.fi/etusivu>. [December 23, 2014].

Fritz, K., 2008. Ethical issues in qualitative research. Available from <http://www.ocw.jhsph.edu>. [October, 2015].

Glew, P. J., 2013. Embedding international benchmarks of proficiency in English in undergraduate nursing programs: Challenges and strategies in equipping culturally and linguistically diverse students with English as an additional language for nursing in Australia *Collegian* vol. 20, 101—108. Available from [www.elsevier.com/locate/coll](http://www.elsevier.com/locate/coll). SciVerse Science Direct [December 11, 2014]

Good Scientific practice in studies at Arcada. <http://www.arcada.fi/en/education>

Hickey, M. T., 2010. Baccalaureate nursing graduates' perceptions of their clinical instructional experiences and preparation for practice. *J Prof Nurs* 26, 35–41. Available from [www.elsevier.com/nepr](http://www.elsevier.com/nepr). [December 10 2014].

Jeong, S. Y., Hickey, N., Levett-Jones, T., Pitt, V., Hoffman, K., Norton, C. A., Ohr, S. O., 2011. Understanding and enhancing the learning experiences of culturally and linguistically diverse nursing students in an Australian bachelor of nursing program. *Nurse Education Today* 31, 238–244. Available from [www.elsevier.com/locate/nes](http://www.elsevier.com/locate/nes) SciVerse, Science Direct. [December 11, 2014]

Joppe, M. (2000). *The Research Process*. Available from <http://www.uoguelph.ca/hftm/researchprocess> [November 23, 2015].

King, I. M., 1981. *A theory for nursing systems, concepts, process*. Wiley and sons, Inc., USA.

Mattila, L., Pitkälä, M., Eriksson, E., 2010. International student nurses' experiences of clinical practice in the Finnish health care system. *Nurse Education in Practice* 10, 153–157. Available from [www.elsevier.com/nepr](http://www.elsevier.com/nepr) [December 11, 2014]

*Nurse Education in Practice* 6, 268–274. Retrieved December 11, 2014, from [www.elsevierhealth.com/journals/nepr](http://www.elsevierhealth.com/journals/nepr).

Mills, A.J., Durepos, G., Wiebe, E., 2013. Encyclopedia of Case Study Research: Thematic Analysis, Sage Research Methods, 926-928. Available from <http://www.sagepub.com> [may 3 2015].

Ministry of Education, (2014). Available from [http://www.minedu.fi/OPM/Koulutusjearjestelmae/tutkinnot\\_ja\\_opinnot/?lang=en](http://www.minedu.fi/OPM/Koulutusjearjestelmae/tutkinnot_ja_opinnot/?lang=en) (December 23, 2014).

Pitkälä, M., Eriksson, E., Pitkälä, K., 2012. The Diversity Issue Revisited: International Students in Clinical Environment. International Scholarly Research Network, ISRN Nursing. Vol. 2012, Article I 294138, 6 pages.

Reissman, C. K. and Thousand Oaks, (2009). Narrative Methods for the Human Sciences. Sage publication CA. Adult Education Quarterly, American Association for Adult and Continuing Education. Vol 59 (2), 176-182. Available at <http://aeq.sagepub.com> [December 2015]

Rogan, F., San Miguel, C., 2013. Improving clinical communication of students with English as a second language (ESL) using online technology: A small scale evaluation study. Nurse Education in Practice 13, 400-406. Available from [www.elsevier.com/locate/coll](http://www.elsevier.com/locate/coll). SciVerse Science Direct. [December 11, 2014]

Rogan, F., Miguel, C., Brown, D., Kilstoff, K., 2006. 'You find yourself': perceptions of nursing students from non-English speaking backgrounds of the effect of an intensive language support program on their oral clinical communication skills. Contemporary Nurse 23, 72-86.

San Miguel, C., Rogan, F., Kilstoff, K., Brown, D., 2006. Clinically speaking: A communication skills program for students from non-English speaking backgrounds Nurse Education in Practice 6, 268-274. Available from [www.elsevierhealth.com/journals/nepr](http://www.elsevierhealth.com/journals/nepr) [December 11, 2014]

San Miguel, S., Rogan, F., 2012. Clinical expectations: What facilitators expect from ESL students on clinical placement. *Nurse Education in Practice* 12, 115-119. [www.elsevier.com/never](http://www.elsevier.com/never).

Sanner, S., Wilson, A., 2008. The experiences of students with English as a second language in a baccalaureate nursing program. *Nurse Education Today* 28, 807–813.

Sanner, S., Wilson, A.H., Samson, L.F., 2002. The Experiences of International Nursing Students in a Baccalaureate Nursing Program. *Journal of Professional Nursing*, Vol 18, No 4, pp 206-213. Copyright 2002, Elsevier Science (USA).

Soin, K., Tobias S., 2006. Making the Case for Narrative Methods in Cross-Cultural. *Organizational Research Methods*. Vol 9, No 1, pp55-77, Sage Publications. Available at <http://orm.sagepub.com> [December 2015].

Studyinfo.fi. 2014. Available from <https://opintopolku.fi/wp2/en/higher-education/applicants-checklist/>. [December 23, 2014].

Winter, G. (2000). A comparative discussion of the notion of validity in qualitative and quantitative research. *The qualitative Report on-line serial*. Available from <http://www.nova.edu/ssss/QR/QR4-3/winter.html>. [November 2015].

WMA declaration of Helsinki – 1964. Ethical Principles for Medical research involving Human Subjects. Available from <http://www.wma.net/en/30publications/10policies/b3>. [November 23, 2015].



## **APPENDIX 1**

### **RESEARCH SURVEY**

#### QUESTIONNAIRE

Please indicate your **Age Range**

(Circle one)

18 – 24

25 – 34

35 – 44

45 – 54

Over 54

Please indicate your **Gender**

Male

Female

Length of **residency** in Finland, **please** indicate.

1-3years

4-6years

7-9years

Over 10years

Please indicate your **Finnish Language Skill Level**

Basic

Poor

Satisfactory

Good

Excellent

Mother tongue

Please indicate your **Year of Study**

Year 1

Year 2

Year 3

Year 4

Please indicate the **Number of Completed Clinical Practice.**

- 1
- 2
- 3
- 4
- 5
- 6
- 7

How would you describe your experience during your clinical practice(s) as it relates to communication? For example;

Reading?

-----  
-----

Writing?

-----  
-----

Speaking?

-----  
-----

How would you describe your communication relationship with;

The nurses?

-----  
-----

Other staff members?

-----  
-----

Patients and Relatives?

-----  
-----

Home students/Finnish nursing students?

-----  
-----

Did you experience any difficulty in your learning process as a result of language barrier? Please explain.

-----  
-----

Do you have an idea on how international nursing students who have limited language skills can be supported during clinical practice(s)?

-----  
-----

THANK YOU!

## **APPENDIX 2**

### **THE SEARCH FOR SCHOLARLY MATERIAL**

Electronic search was done on normal Google using the phrase 'International nursing students' experiences in the clinical environment in Finland'. The search returned 460,000 articles with only four related to the topic. All the 4 articles were pre-selected and 2 of the 4 selected at the end.

A second search was done on Google scholar using the same phrase 'International nursing students 'experiences in the clinical environment in Finland' it got 23,000 hits, with 12 articles related to the topic, 7 of the 12 articles were very relevant to the topic but could only be downloaded with payment.

I did another search on Science Direct (SD) data-base through Arcada library data-base, first, the phrase 'International nursing student and language proficiency' was used, 33 hits turned up with only 2 relevant journals. I did a second search on SD using a different phrase, 'International nursing students and language' 720 hits turned up, 40 articles were related to the topic, (the 2 articles from the first normal google search turned up in the SD search) 22 articles were pre-selected and 12 were finally used for the study.

## APPENDIX 3

### LETTER OF INTRODUCTION

#### QUESTIONNAIRE /INTERVIEW

**THESIS TITLE:** Finnish as a language of Communication in the Clinical Environment: Perception of International Nursing Students.

**THESIS SUPERVISOR:** Gun-Britt Lejonqvist, [gun-britt.lejonqvist@arcada.fi](mailto:gun-britt.lejonqvist@arcada.fi),  
0407 200 708.

**RESEARCHER:** Victoria Ndu, [nduijaov@arcada.fi](mailto:nduijaov@arcada.fi), 0465 464 096.

**AIM OF THE STUDY:** This research investigates the experience(s) of international nursing students and their language proficiency during clinical practice.

**PURPOSE OF THE STUDY:** The purpose of the research is to get feedback from international nursing students on their experience(s) regarding communication in Finnish language in the clinical environment.

The result of this study will help to develop ways to support international nursing students during their practical trainings.

#### **PROCEDURE:**

The first part is a questionnaire. The questionnaire takes about 15-30 minutes to answer and the rules regarding confidentiality, right to withdraw and consent applies as stated below in this letter

In addition, I hope that some of you would give their time to participate in an interview I am interested in what you have to say!

You will be asked questions regarding your experience(s) during your clinical practice(s).

The interview will take not more than 30 minutes to complete.

The interview will be recorded for accuracy and later transcribed.

Please feel free to ask questions regarding the aim and purpose of this research or your role.

**CONFIDENTIALITY:** All participants' confidentiality will be protected. Only the researcher will have access to information. After the study is completed all data obtained from this study will be destroyed beyond recovery.

**RIGHT TO WITHDRAW:** Your participation is voluntary and you can answer only those questions that you are comfortable with.

You have the right to withdraw for any reason at any time without explanation or penalty of any sort.

**CONSENT:** Your consent below indicates that you have read and understood the description provided.

I have had an opportunity to ask questions and my/our questions have been answered.

I consent to participate in the research.

I agree to take part in an interview \_\_\_\_\_

-----  
Name of participant

-----  
Signature      Date

-----  
Researcher's Signature

-----  
Date

**THANK YOU!**

## APPENDIX 4

### Medical abbreviations and their meanings

Abbreviation	English	Latin
OD	once daily or right eye	omni in die or oculus dexter
BID	twice daily	bis in dies
PRN	as needed	pro re nata
NPO	nothing by mouth	nil per os
HS	hour of sleep	-
1x1	once daily	- (used in Finland)
1x2	twice daily	- (used in Finland)