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THE DIFFERENCES IN CULTURE OF NURSING MANAGEMENT IN FINLAND AND CHINA

- A literature-based review

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CONTENT

1 INTRODUCTION

International nurse recruitment is a global phenomenon. Globalization contributes to the increase in international nurse migration(Evans 2011). It is one of the serious nursing career problem that the shortage of nursing staff in Finland(Flinkman 2015). The nursing shortage is a global and social problem in which the demand for nurses caring for patients is greater than the supply, thereby threatening patients safety, quality care, and nurse retention(Amadi 2015). The purpose of this study was to research different culture in management between Finland and China. To promote the immigrants working in the health care and promote the well being of a culturally diverse nursing management. Also to help nurses in Finland and western countries to understand Chinese nursing management and support possibilities in working in China. To know between the multiple religions and cultures of ethnic groups in pluralist China is to help the reader better understand the interaction between religious and cultural traditions of the Chinese people(He 2012). This research work used qualitative research method and relied on research design 4 questions and find out the differences and similarities management problems in two countries according to the differences background cultures. We examine culture ethic background, health system, management skills and responsibilities, and problems in each country, to compare the two countries in nursing management. Discussion and comparison the differences and similarities between two countries. Increase the effectiveness of nursing job and satisfied the nurses' needs.

2   PURPOSE AND RESEARCH QUESTIONS

The purpose of this thesis is to examine research different cultures in management between Finland and China. To find out the differences and similarities between two countries. The aim is to promote the immigrants working in the health care and promote the well being of a culturally diverse nursing management in Finland and in China. Also to help nurses in Finland and western countries to understand Chinese nursing management and support possibilities in working in China.

Research Questions:

1.What management knowledge and skills are needed in nursing according to the literature ?

2.What is management in Finland in nursing?

3.What is management in China in nursing?

4.What are the differences and similarities between Finland and China in nursing management?

3   LITERATURE RESEARCH METHODS

Search strategies

We used database research from EBSCOhost, CINAHL, PubMed, Dawsonera, and manual search included. We used advanced search from international articles and put key words to research including nursing, responsibilities, management, culture, religions, Finland, China, nursing role, communication, nursing law, regulations, workload, conflict, health care system, ethic dilemmas, differences, similarities, hospital violence, knowledge, skills, environment, organizational behavior, migration, education, transformational. And found 303,207 articles, however narrow research full-text will be 25,270 articles. And narrow research years choose fresh years such as 2010-2018, it will be 13,505 articles. And choose English Language results of 13,454. Narrow the content: subject select, type content select and the Datebase selected. The result is 164 articles. Which are including subject public health 82 articles, health care 31 articles, medicine 14 articles, and patients 13 articles, medical personal 12 articles, nursing 12 articles. And go on to narrow the content. Health care 31 articles which are including type content articles 28 and books 3 and review 1. We use that way to narrow and classify articles. Inclusion and exclusion criteria this study includes documentation, clinical studies and statistical data, providing Chinese and Finnish culture, religion, education information, nursing management knowledge or health care system facts for 2008-2018. Inclusion criteria collect professional, accurate and timely materials, complete and free texts written in English. We compared and selected these materials to choose the most real cases and materials. Exclusion criteria materials that the length of writing is lower than 2008, cannot be read in full or written in other languages for any reason, writing not relative China and

Finland. We also repeated the search with different databases.

Data analysis

The data used in this paper are from the health care database and books.These materials are considered effective and reliable.There was no use of prejudice or personal opinion in the literature review. A reasonable amount of search is used to provide sufficient information and support teaching.The reliable articles come from different databases, namely Cinahl, PubMed and school library books. Each database follows the same process.These articles were thoroughly read to determine their relevance in terms of content and the results obtained.In the process of searching materials related to this undergraduate thesis, multiple searches were conducted. By changing and using different search words, all search words were related to the topic of the thesis.

The search terms used in literature retrieval should be clearly described and provide information related to the research problem; In addition, search terms should be focused on a wide enough range to capture all relevant data, but narrow enough to capture as little of the irrelevant literature as possible, potentially leading to unnecessary time and effort spent on evaluating irrelevant articles(Smith, 2011). See figure 1. In the process we removed exclusion factors. There are some books and articles that we have collected from authoritative publishers in China. We also collected information on authority website and the nurses law. Finally we manual research choose 68 references.

Figure 1. The Process of Research Design
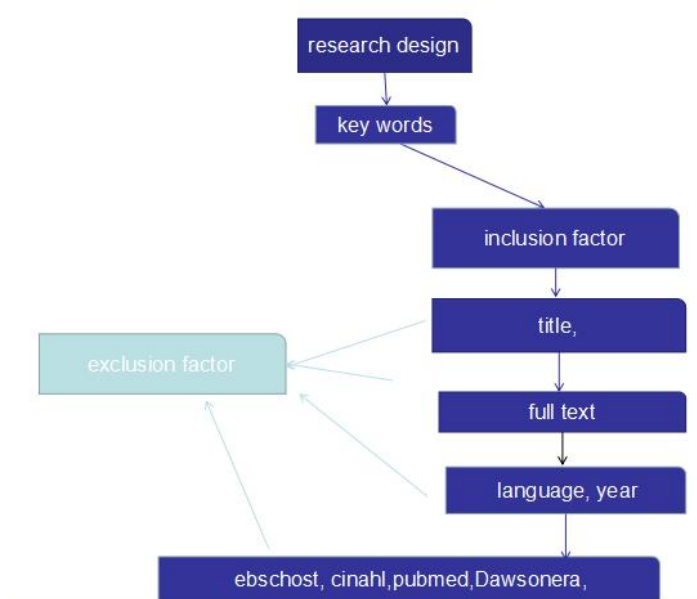
4 NURSING MANAGEMENT

Nursing managers play a vital role in the hospital management. Nursing management involves the performance of the leadership function of governance and decision-making within the organization employing nurses. The nurse manager is responsible for cultivating employees.(Asiri,S.A.;Rohrer,W.W.;Al-Surimi,K.;Da'ar,O.O.,&Ahmed,A.2016.) Nurses are often sent to courses in the hospital education department. Management and leadership are different, but they are play the same important role in the team work. Management skills are needed in the nursing management. Such as Technical skills, Conceptual skills, Human skills. (Aitamaa, E. 2016.)

Nursing managers includes promoting care, ensuring patient safety, improving the quality of work and life of nurses, and serving these purposes. Managers must provide the nurse with best working environment and maintain a high level of quality care and patient safety. Nurse managers need to deal with employees and communicate with employees to improve the quality of life and patient care of nurses. Correspondingly, these problems not only affect the emotional and physical health of employees, but also their work efficiency, productivity, and performance. Failure to provide the nurse with the need ultimately leads to a disadvantage in the work environment, organizational culture and operation, which ultimately leads to lower quality patient care, which is detrimental to patient safety. (Asiri et al. 2016.)

Overworked nurses in the clinic, distrust of hospital management, resentment and high levels of pressure on organization can lead to low morale and reduced job satisfaction. These results can cause employees to leave the organization or even leave the industry. Therefore, as a nursing manager, it is necessary to continuously and effectively improve the nursing ability of employees in order to ensure the working environment, maintain medical care and medical care quality and patient safety. (Asiri et al. 2016.)

4.1 Managerial Roles

Management refers to the management organization, the set of activity strategies, and the coordination of employees through the available application resources to achieve their goals (Fayol, H. 2000). Management process includes all common processes in management, such as planning, organization, people, guidance, and control. Registered nurses seek extra education to earn a master's degree in nursing or a nursing practice PhD to prepare for leadership roles in the nursing field. Management positions increasingly require candidates to have advanced degrees in nursing. (Aitamaa, E. 2016.)

The nurse manager is responsible for cultivating employees. Nurses are often sent to courses in the hospital education department. Topics may include policies and procedures, the role of health team members, and care authorizations. Need to determine the content and objects of the delegation. (Patricia,K.2012.)

The nurse manager will determine the appropriate combination of people in the care unit. Nurse managers may have a variety of skills, knowledge and education levels. The patient's acumen and needs usually determine the combination of people. From this personal combination, it will begin to determine who can best perform the assigned duties and make the most of their personal skills. (Patricia,K.2012.)

Nurse managers identified a variety of different ethical problems in their work. This information is useful in the development of ethics in nursing management. Further research about the frequency and intensity of nurse managers' ethical problems is needed as well as possible differences in different levels of management. (Aitamaa, E. 2016.)

4.2 The management process

The process of management is relevant to all people who seek to influence others' behavior. Planning involves identifying problems, setting and specifying long-term goals and short term goals, developing objectives, and then mapping how to achieve them. Part of the

organizational management process involves the use of all system resources- people, funds and equipment- to achieve the goals. Motivation is an important factor in determining employee performance levels and goals. Managers must always set a higher goal than the employee's previous goal, depending on the assessment of the target's ability to stretch beyond the person trying to reach the goal. This process is a one-way and beneficial growth process. Controlling is the last component in the management process and involves establishing a continuous assessment mechanism. Control is feedback on the results and is followed up regularly to compare the results to the plan. Motivation is the largest area of a managerial responsibility and belongs to the protection of human skills. Regardless of management, its importance in management activities is consistent. When there are more motivated and unmotivated people in general, there are more followers who have the motivation to achieve the goals, and success requires less time. In addition, quality will increase, costs will decrease, and people will gain a positive experience, which will motivate them to complete again. In short, as power increases, time and cost decrease, while quality and satisfaction increase. Motivation is the individual's needs, desires, motivations or impulses that motivate behavior; motivation may be conscious or unconscious. Motivation is the means of classifying motivation or the power or strength needed. Because people usually have a variety of motivations, in order to achieve competition, so through the behavior first meet the highest power motivation. Once the demand is met, its motivation will be reduced, and then it will need to receive priority attention. The goal is "hope" rewards, incentives and external desires. Goals are not individuals; they are what people want to achieve. Attitudes are within the individual; they reflect the inner feelings. When attitudes are conveyed, they are called behaviors. Therefore, unless individuals share these attitudes in behavior, they remain silent on others. In addition to behavior, attitudes cannot communicate. Behavior is the thing that one person does and the feelings of others. Behavior is observable, measurable behavior. This is both non-verbal and verbal. Using incentive theory, leaders must first assess the highest motivation of the employee and then assign a goal that has a reward that directly meets the needs of the worker. Leaders use internal and external factors in their goals. The way to get the goal to meet the demand is through the journey of achieving the organizational goal - the action plan. Matching what people need to do with what the target manager needs to accomplish is a management

challenge. This is the primary responsibility of the manager's position. However, feel comfortable at this point because completing your responsibilities is a conscious and identifiable strategy that you can learn. Managers can only try to motivate someone externally. If the manager believes in the accuracy of the identified personnel needs and the specific goals they set, they must be determined to do so. (Hersey,P.,Blanchard,K.,&Johnson, D.2008.)

4.3 The different between management and leadership

The difference between managers and leaders is that managers achieve organizational goals. Leaders also achieve goals through individuals and teams. But these goals are different from the goals of the organization, or they are only part of the goal.Leaders are a broader concept than managers. Everyone can be a leader. They have fans through recognized authority and expertise. The manager works for the organization. They serve the organization through professional knowledge and achieve organizational goals. The manager's power comes from the appointment or election of the organization. The key difference between managers and leaders is that managers are accountable to the organization, while leaders are only responsible for the overall goal. The connection between them is that without a good manager, the leader will not succeed. Without a good leader, the manager will not succeed. (Marriner-Tomey,2009 ; Northouse, 2012.)

Sources of power

Position power comes from within the organization. Because of his or her position in the organization, the manager can influence the team to achieve the goal. Authority is awarded to the leader; in fact, this is a legitimate right that may or may not be given by the superior in the organization. Power can only be conveyed through behavior. Personal power comes from followers. It flows up to the manager and is the extent to which followers respect and commit to their leaders. The manager gains personal power by respecting, fair, possessing and using the necessary knowledge and experience to lead others to achieve their goals. Personal power is informal power, and status power is formal power. Informal power is seen as a daily phenomenon because it can be obtained from followers or taken away. An

informal leader in a group is an example of a person who has acquired or has acquired personal power. It is best to have both positional power and personal power - both frightening and being loved. (Rigolosi, E. 2013.)

There are 7 powers: Coercive Power, Connection Power, Reward Power, Legitimate Power, Referent Power, Information Power, Expert Power. Coercive Power— This power source may be based on fear. Failure to comply will result in punishment or punishment, which will result in compliance. Connection Power— Managers with connectivity are considered to be associated with influential and important people inside and outside the organization. By following the manager, followers believe that important people related to the leader will be favored. Reward Power— This is based on the beliefs of followers, who can give them rewards. Compliance with the manager's strategy can lead to benefits such as increased pay, recognition and and more. (Rigolosi, E. 2013.)

SOURCES OF POWER	TYPES OF POWER
Coercive	Position
Connection	Position and/or Personal
Reward	Position
Legitimate	Position
Referent	Personal
Information	Position and/or Personal
Expert	Personal

TABLE 1: Sources and Types of Power (Rigolosi 2013)

According to the above picture we can know:

Legitimate Power— Depending on the manager's position, title or role, followers believe that the manager has the right to influence them; follow them. The higher a person's position, the greater the legal power he has. (Rigolosi 2013.)

Referent Power— The source is based on the manager's personality trait; it is part of the individual's strength. Managers who are admired, liked and recognized can cause followers to follow. (Rigolosi 2013.)

Information Power— Information rights are based on owning or acquiring information. This can affect people because they believe that compliance leads to the sharing of information - believers usually need to "on things." (Rigolosi 2013.)

Expert Power — Competence, knowledge, expertise and skills include expert powers. Followers are affected because their managers are considered to have the ability to facilitate the task of completing the work. (Rigolosi 2013.)

Force and reward are the two ends of the same continuum; managers can reward those who comply, and can punish those who do not comply. This power can be granted through the nature of the position, the legal power. The powers and expert powers referred to are contained within a person and can therefore be marked as personal power. Connecting the power source can refer to the location or to the power source connected to the manager, regardless of the location. Therefore, the connection power can be position power and personal power. Information power can also be personal power and status power, because managers can obtain information based on the nature of the individual or personal reasons. (Newstrom 2011.)

4.4 Management skills

Managers must have three general skill categories: technical skills, human skills, and conceptual skills. (Rigolosi 2013.) Technical skills: Use knowledge, methods, techniques and equipment to perform specific tasks; acquire technical skills from experience, education and training. (Rigolosi 2013.) Human skills: Work with people through work abilities and judgment, including understanding motivation and applying effective leadership. (Rigolosi 2013.)Conceptual skills: Ability to understand the complexity of the entire organization and the location of its own organization operations. This knowledge should be based on the goals of the entire organization, not just the goals and needs of its own direct group. (Rigolosi 2013.)

For example, suppose the head nurse's goal is to improve the quality of care. Technical skills are the ability of leaders to implement comprehensive, personalized care that employees expect from nurses and nursing practice standards. Human skills involve the ability to

achieve goals through teaching, role modeling, and more. Conceptual skills include understanding how the goals being achieved meet the overall organizational goals of customer service in the organization - how it affects the entire health care organization. (Rigolosi 2013.)

4.4.1 Communication in management

Communication is the most important skill in management and leadership; Communication occurs in every step of the management process; everything that a manager does involves relating to others. It is defined as a process of passing information (messages) between or among people. Therefore, it involves a sender, a message, and a receiver who may give feedback to the sender on the message that was received. Because the purpose of managing is to motivate systems of people to accomplish goals, communication is necessary (a) to provide the system with the skills to work and (b) to facilitate the system's will to work as a team in goal accomplishment. (Rigolosi 2013.)

There are two types of communication exist: verbal and nonverbal. In each type, communication can be one-way or two-way. Verbal communication involves the written or spoken word. Nonverbal communication involves body language. One-way communication means that a message is sent from a sender to a receiver, and it involves no feedback. Two-way communication also involves a sent message, but it also includes responses and feedback. Managers communicate by telling, selling, participating, delegating, listening, and giving and receiving feedback. (Rigolosi 2013.)

Effective listening to the top ten guides: First, please don't talk when others are talking, please pay attention. Second, let the speakers feel relaxed and encourage them to express their opinions and create a comfortable and harmonious environment. Third, convey to the speaker what you want to hear. Establish eye contact and give interesting non-verbal responses. Please don't look at the mail or watch the phone when the speaker is talking. Listen to understanding rather than objection. Fourth, avoid distractions, please close the

door. Fifth, sympathize with one speaker. Try to see each others point of view. Connect with people by sharing similar experiences. Sixth, wait patiently. Allow enough time. Don't interrupt. Waiting for a pause. Do not open the door or walk away. Seventh, lose your temper. Pause before you speak or reply. Angry people draw the wrong meaning from the text. Eighth, easy to argue and criticize. These methods put the interviewer on the defensive and he or she may get up or get angry. Don't argue. Even if you win, you lose. Ninth, raise related issues. Ask questions to encourage speakers and show that you are listening. It helps to further develop ideas and reveal relevant emotions. Tenth, don't talk! This guide is both the first and the last because all other guides rely on it. When you speak, you can't be an effective listener. (Rigolosi 2013.)

4.4.2   Conflicts resolution

When a person loses balance between feelings, thoughts, desires, and behaviors, conflicts occur. Conflicts can occur in individuals or groups. Conflicts in the organization come from the interaction between managers and employees and the interaction between employees. (Rigolosi 2013.)

The manager has the right to resolve the conflict. The solution is divided into constructive solutions and destructive solutions. It is normal to have a conflict. Through constructive conflict resolution, the result is the growth of individuals or groups, raising awareness and understanding of themselves and others, and the results are positive. Destructive solutions can lead to conflicts and negative emotions of the self and/or others. May lead to positive or negative results. (Rigolosi 2013.)

Five basic strategies for conflict resolution. First. Solve problems (face to face) - face conflicts directly until a satisfactory solution is reached. This strategy is very time consuming because the goal is to ensure that both parties and groups of the conflict are winners. Second, Compromise - Compromise is the middle road. It retains what everyone cares about the most, but everyone gives up something to get a successful solution. Third, Smooth (accommodation) - Smoothing means that the other person is more important than himself.

In other words, one party succumbs to the other. Forth,. Mandatory (dominant) - Mandatory refers to the use of power strategies to achieve personal goals. Fifth, Avoid - When a person uses this method in a conflict, it either quits the problem or passively ignores the problem or the problem is suppressed. (Rigolosi 2013.)

4.4.3 Manage a wide range of employees

With the development of globalization, the labor market is also increasingly global. Nurse managers need to know how to manage a diverse range of caregivers.The following are six steps for nurse managers to actively manage a diverse range of caregivers:

Determine which cultural groups are represented in the employee. Understand the values and goals of the organization. Decide what is the best future organization. Analyze the status quo within the organization. Plan how to achieve the expected future state and decide how to manage the transition. Evaluation results. Nurse managers may consider the following methods to reduce tensions and improve communication between employees:

Plan informal meetings for nurses to discuss their cultural values. For example, Asian nurses may share their cultural values of respect for authority with American-born nurses. Provide cultural seminars and ask knowledgeable individuals to provide information about the values, behaviors and communication patterns of the different cultural groups represented by the employees. Provide English as a second language course for foreign nurses who do not speak fluent English or have difficulty speaking words. Develop a plan to direct foreign nurses to hospitals or institutions. Targeted programs should be designed to help new immigrants adapt to the new work environment. It is helpful to assign each new nurse to a mentor who will assist in the orientation process. If possible, the mentor should be a member of the nurse culture community. To get the most out of it, the nurse manager needs to meet with each new nurse every week to find out how the person fits into the new hospital culture. Interact with intercultural communication experts; hire experts to identify potential areas of conflict and resolve conflicts peacefully before a legal battle breaks out. (Kelly 2012.)

5 NURSING MANAGEMENT IN FINLAND

Nursing managers play a vital role in clinical nursing management. Nursing managers includes promoting care, ensuring patient safety, improving the quality of work and life of nurses, and serving these purposes. Managers must provide the nurse with best working environment and maintain a high level of quality care and patient safety. In Finland nursing practice, it's based from cultural background, nurses right of Finland, health care system to research and introduce Finland nursing career model and management facing the problems.

5.1 Culture and religion in Finland

Finland locates in northern Europe, in between Sweden, Norway, and Russia. In Finland, there are about 5,5 million citizens, and over 90% of population is native Finnish people.(Official Statistics of Finland,2018.)

Finland has a long and cold winter, almost 5 months that the ground is covered by snow. On the contrary, the summer in Finland is extremely bright. The differences between seasons make also the unique culture of Finland.

Finnish culture can be considered an individualistic culture. Individualistic culture focuses more on individuals than groups. In any case, everyone is considered equal and has a very big personal space. In Finland, one of the characteristics of individualistic culture is gender neutrality, women are considered equal to men and women enjoy higher social status(This is Finland 2010). Finns are usually modest and dismissive of their achievements. They also regard humility and modesty as virtues.

Finns attach great importance to words, as reflected in their tendency to speak less and avoid "unnecessary" conversations. As the Chinese saying goes,"Your speech should be better than silence, if it is not, be silent." But not for the younger generations.(This is Finland 2010.) When Finns begin to speak, they speak in a mild tone, and interruptions are considered rude. At the beginning of contact with Finns, you will think they are cold and

don't talk, but slowly you will find that they have a warm heart, very helpful. Another characteristic is that Finns are excellent time managers and punctual, if you have the appointment with a Finn, you should be punctual.

The majority of individuals in Finland identify as members of a Christian church; the vast majority of these Christians are attendants of the Evangelical Lutheran Church of Finland. Its followers make up 70.9% of the population.(Pariona 2017.)

Rank	Belief System	Share of Finnish Population
1	Evangelical Lutheran Protestant Christian Church of Finland	70.9%
2	Atheism or Agnosticism	22.0%
3	Lutheran Christian Laestadianism	2.1%
4	Finnish Orthodox Christian Church	1.1%
5	Islam	1.0%
6	Roman Catholic Christian	<1%
7	Judaism	<1%
8	Hinduism	<1%
9	Baha'i Faith	<1%
10	Buddhism	<1%

TABLE 2   Religion In Finland Today.(Pariona 2017.)

Most Finns are Christians. The largest religious community in Finland is the Evangelical Lutheran Church of Finland (Suomen evankelis-luterilainen kirkko), to which about 70.9% of the population belongs. (Pariona 2017.)

Finland has freedom of religion since 1923. All those living in Finland are entitled to choose their own religion and practise it. If you don't want to, you do not need to choose any

religion. Furthermore, no one is forced to take part in practising a religion.(Cultures and religions in Finland 2018.)

Parents can decide their child's religion. If parents disagree on the matter, the mother can decide the religion of a child under 1 year of age by herself. Children have the right to choose education in their own religion school. (Cultures and religions in Finland 2018.)

5.2 Health care system in Finland

The Finnish public health care system consists of primary, secondary and tertiary health care. Each level of public health care represents the speciality of the treatment; i.e. primary health care includes preventive treatment or seeing your general practitioner, whereas tertiary health care refers to more advanced medical treatment.(Finnish Nursing Association 2014.) I'll go into more detail next.

Primary Health care in Finland

Finland is divided into some 450 municipalities. Each municipality is responsible for arranging health care for its inhabitants. Primary health care is provided by health centers established by a single municipality or jointly by neighbouring municipalities.(Hahtela 2015.) Municipalities have right to buy services from other municipalities or from the private sector. Health centre services include medical consultations and provision of dental care, preventive care and environmental health care. Health centers responsible for maternity and child health clinics, and arrange school and occupational health services.(Kotila,J.,Alexin,A.,Fagerstöm,L.,Flinkman,M.,Heikkinen,K.,Jokiniemi,K.,Korhonen,A., Meretoja,R.& Suutarla,A.2014.)

Specialist Care

Finland is divided into 20 hospital districts, each providing specialist consultation and care for its population. Local municipal authorities are responsible for funding specialist treatment for inhabitants of their areas. Each hospital district has a central hospital with

departments for main specialties. Finland has five university hospitals. These provide the most advanced medical care, mainly including highly specialized surgery and treatment for rare diseases. The university hospitals are also mainly responsible for the clinical training of medical students, and for medical research.(Kotila,et al 2014.)

Costs of Public Health care

Health services are available to all people in Finland, regardless of their financial situation. Public health services are mainly financed from tax revenues; partly municipal, partly state tax. Finland spends less than 7% of its gross national product on health care, one of the lowest among EU member states. The public sector finances 76% of total health care expenditure, users of services 20% and others 4%. Other contributors include employers, private insurance and benefit societies.(Finnish Nursing Association 2014.)

Private Health care

Private medical treatments are provided by municipalities and the state. Particularly in cities, many doctors, dentists, and physiotherapists provide private care. There are also a few small private hospitals, Only about 8% of Finnish doctors earn their living solely as private practitioners. However, about one third of doctors own a private practice in addition to working in a hospital or health centre.(Kotila,et al 2014.)

Everyone in Finland is covered by obligatory sickness insurance, funded through taxes by the state, municipalities, employers and the insured population. The sickness insurance scheme reimburses fees paid by patients to private doctors, costs of medicines prescribed, and transportation costs arising from treatment of illness. By far the greatest expenditure in relation to health insurance is compensation for sick leave and parental leave.(Finnish Nursing Association 2014.)

If you live in Finland for more than four months you will be required to contribute to the national health insurance system. This automatically give you free medical care in public health centers and hospitals, as well as payments for the cost of medicines, travel costs relating to medical treatment and dental care.(Finnish Nursing Association 2014.)In terms of

private health care, the Social Insurance Institution of Finland known as Kela helps people living in Finland by paying a portion of fees for private medical care. Residents can obtain a Kela card from their local municipality and then will be entitled to claim reimbursement on some medical costs.(Finnish Nursing Association 2014.)

5.3 The Rights of health care professionals and clinical career model in Finland

Health Care Professional Act point out "A health care professional is: Firstly, a person who, on the basis of this Act, has been given the right to practise a profession (licensed professional) or the authorization to practise a profession (authorized professional); Secondly a person who, on the basis of this Act, is entitled to use the occupational title of a health care professional as laid down by Government decree (professional with a protected occupational title). (1200/2007)"(Health Care Professionals Act 1994.) This is basic definition of health care professionals, and we also need to know the right of health care professional.

5.3.1 Right to practise as a health care professional

Health Care Professionals Act told us that the right included, "Right to practise certain other health care professions and the right to use an occupational title based on education completed in Finland(1200/2007)".(Health Care Professionals Act 1994.) Nurses' Rights helps to protect both the rights of nurses and the rights for patients to receive high quality of nursing care.

Health Care Professional Act mentioned that, "The National Authority for Medical legal Affairs will grant, upon application, the right to practise the profession of psychologist, speech therapist, pharmacist, nurse, midwife, public health nurse, physiotherapist, laboratory technologist, radiographer, dental/oral hygienist, occupational therapist, optician or dental technician as a licensed professional to any person who has completed the training for the profession in question in Finland".(Health Care Professionals Act 1994. Nurses have the rights to practice in environments that allow them to act in accordance with professional standards and legally authorized scopes of practice. Scope and standards of practice sets

forth the professional standards that apply to the practice of all professional nurses. These documents define the legal scope of nursing practice and guide and protect nurses in the performance of their duties.

5.3.2 The clinical nursing career model

The Finnish health system provides health and medical services to citizens, including health promotion, diagnosis, treatment and rehabilitation. The Finnish care environment requires nurses to maintain and improve the health of patients smoothly and professionally.(Hinno 2012.) Nursing work involves multidisciplinary team work, but nurses can work independently depending on the patient's situation. The work of a nurse usually involves drug care, surgical care, rehabilitation care, home care, and so on.

Registered nurses

Registered nurses are licensed health care professionals. An individual who completes a degree in midwifery is licensed as a registered nurse and midwife. Similarly, an individual who completes a degree in public health nursing is licensed as a registered nurse and public health nurse. Paramedics are licensed as registered nurses.

Bachelor's degrees include nursing (210 credits), midwifery (270 credits), public health care (240 credits), and emergency care (240 credits). Less than half of the registered nurses working in the social welfare and medical services sector have degrees from the University of Applied Sciences, and slightly more than half of the registered nurses have a university degree. (Kotila,et al 2014.)

The registered nurse is responsible for caring for the patient. They carry out and develop care while promoting and maintaining health, preventing disease and recovery. Nurses support the resources of people and communities at different stages of life. They help people face illness, injury and death. Registered nurses bring nursing expertise to social

decision making.(Kotila,et al 2014.)

Customers are instructed to promote their health. Motivation and guidance are gaining more and more attention in nursing. Health technology and electronic operating systems will change jobs and facilitate interaction with customers. In the future, the combination of social welfare and health care will enable nurses to work in an increasingly wide range of social welfare and health care areas.(Kotila,et al 2014.)

Specialist nurse

In addition to having strong expertise in their field of expertise, specialist nurses are able to apply and direct the use of evidence-based information more independently than registered nurses. This work emphasizes that specialist nurses have strong professional knowledge. In the future, specialist nurses will use more information to promote health, thereby guiding patients/clients to minimize the health risks caused by behavior.(Kotila,et al 2014.)

Advanced practice nursing

Advanced practice nurses (nurse practitioners or clinical nurse specialists) must have sufficient clinical work experience gained after a bachelor's level degree as well as a master's level degree. Roles that can influence patient/client work both directly and indirectly will be a key resource for health care organization in the future. They will be used to provide client oriented, evidence-based services to the population. Advanced practice nurses work in positions that extend beyond their unit, and their work contribution increases the quality of nursing across the organization.(Kotila,et al 2014.)

Nurse practitioner

NP can independently and systematically examine and evaluate patient care needs, treat common, acute health problems and diseases based on this assessment, and be

responsible for the treatment and treatment follow-up of chronic health problems. NP must have the knowledge, skills, and preparation for advanced, systematic, and clinical assessment, symptom-based treatment, and decision making. This work highlights a comprehensive, patient-oriented and independent approach, clinical expertise and multidisciplinary collaboration with physicians. NP also has the ability to develop skills and promote evidence-based care.(Kotila,et al 2014.)

Clinical nurse specialist

CNS' work includes advanced clinical care, training, development, research, consulting, and management. The key is to ensure high quality evidence-based care and to conduct teaching and research in a multidisciplinary network. In the future, the application of information management, smart technology and robotics will promote knowledge-based management, which will place new demands on capabilities.(Kotila,et al 2014.)

5.4 Communication in nursing management

Finnish nurse managers usually have nurse education, professional nurse education and/or academic education. Nurse managers need to update their education to develop their professional skills. In addition, they need to master nursing communication skills and conflict management so that they can improve quality, patient safety, and staff morale, and decrease work stress for the staff.(You 2013.)

Communication is the process of sending and receiving information either verbally or non-verbally. Simply, communication is the act of transferring information from one place to another, or from one person to another. There are different ways of communication, the most common ways are oral communication, non-verbal communication, written communication and visualization.(Skills You Need 2018.)

The communication process itself includes very important parts, messengers, receivers, and channels. There is often the possibility of sending or receiving incorrect messages. In the nursing, the communication process is more complex, and nurses need to maintain consent to communicate with patients, patient families, nurse colleagues, supervisors, doctors, and many other participants.(Skills You Need 2018.)

Handling conflicts in an efficient and effective manner results in improved quality, patient safety, and staff morale, and limits work stress for the caregiver. The nurse manager must approach this challenge thoughtfully because it involves working relationships that are critical for the unit to function effectively—the nurse and other members of the interdisciplinary health care team who must collaborate while navigating responsibilities and roles that often overlap. To handle situations of conflict, the nurse manager must have the skills to help effectively resolve them. Effective resolution and management of a conflict requires clear communication and a level of understanding of the perceived areas of disagreement.(Johansen 2012.)

Nursing leaders need to assess how nurses deal with conflict in the health care environment in an effort to develop and implement conflict management training and processes that can assist them in dealing with difficult situations.(Johansen 2012.)

5.5 The facing problems in nursing system of Finland

Nursing career in Finland faces two serious problems. One of which is concern about the shortage of nursing staff. Another problem is nurse job dissatisfaction and intentions to leave their current positions (Flinkman 2015).

5.5.1 Shortage of nursing staff

Finland has been facing a shortage of nurses for long. The shortage is becoming more severe with the aging of the baby boomer generation (born after the World War II). There is also a huge population ageing 65-69 in Finland, in need of care services. In Finland, when older people are in need of care, many move to residential care homes, which is run by municipalities, or by private services purchased by municipalities (Ministry of Social Affairs and Health 2015).

Finland is an emerging nurse migration destination country. The number of foreign nurses started to increase from the 2000s. According to Finnish National Institute for Health and Welfare (2012), health and social services personnel of foreign background has increased from 1.6 percent in 2000 drastically to 4.2 percent in 2012, which is more than 16, 000 persons, and among them, over 10,000 are nurses. This number is foreseen still to rise due to shortage in Finnish health care work force because of the retirement of baby boomers (Välipakka 2013).

5.5.2 The reasons of nurse job dissatisfaction

Health care is facing many challenges related to its attractiveness as a place of employment and the maintenance of a sufficient workforce supply. Previous studies report increasing rates of nurse job dissatisfaction and intentions to leave their current positions both in Finland and also globally, because Nursing leadership practices as perceived by Finnish nursing staff: high ethics, less feedback and rewards. Improving workplace culture is thus vital in meeting the challenges related to recruitment and retention.(Eneh 2012. ;Flinkman 2015.)

The findings suggest that both unit and demographic characteristics affect workplace culture. It means a positive workplace culture is one of the key factors in retaining and recruiting

nurses, and provides an essential evidence that may be considered by other health care organizations.(Eneh 2012.)

5.5.3 Ethical dilemmas and issues

Francis Bacon once remarked that "knowledge itself is power". The doctor's or nurse's knowledge of health matters gives them both power to help people in distress, but also gives them power over them. So dilemmas of truth-telling and confidentiality arise because of apparent or actual conflicts between the patient's rights and the care's duty to care. The classic situation of whether and when to tell the dying patients that their condition is terminal illustrates the tension between two opposing moral concerns: first, respect for the patients' autonomy and rights to know. Second, the feeling of the carer that she should protect the patients from news which may shock and distress them, perhaps causing them to give up in despair. The situation may be complicated in practice by the intervention of relatives demanding to know or forbidding communication with the dying, by the hope or anxiety that fatal diagnosis might be wrong. They may simply wish to protect themselves from the emotional burden of the dying patient's grief. (Tompson,I.E;Melia,K.M.&Boyd,K.M. 1994.)

6 NURSING MANAGEMENT IN CHINA

Management is defined as a process of coordinating actions and allocating resources to achieve organizational goals. It is a process of planning, organizing and staffing, leading, and controlling actions to achieve goals(Kelly 2012). In Chinese nursing job, it is based from cultural background, nursing law of China, health system to research and introduce Chinese nursing manager's responsibility and daily job, especially the nursing job limited and management facing the problems.

6.1 The Regulations of nurses in China

Chose several Articles to come from the Nurses Regulation, which was adopted at the executive meeting of the State Council on January 23, 2008, is hereby promulgated and shall come into force as of May 12, 2008. The document is order of the State Council of the People's Republic of China, No. 517. The purpose of these regulations is to safeguard the legitimate rights and interests of nurses, regulate nurses' qualifications and nursing behaviors, promote the development of nursing management in China, and ensure medical safety and people's health.

Article 1 This Regulation is formulated with a view to protecting the legitimate rights and interests of nurses, regulating the nursing acts, promoting the development of nursing cause and guaranteeing the medical safety and physical health of people. Article 2 The term "nurses" as mentioned in this Regulation refers to the health technicians who have obtained a nurse practice certificate upon practice registration, are engaged in nursing activities and perform the duties of protecting lives, mitigating pains and enhancing health under this Regulation. Article 3 The personal dignity and safety of nurses shall not be infringed upon. A nurse is protected by law during performing his (her) duties in pursuance of law. The whole society shall respect nurses. Article 7 A practicing nurse shall go through the practice registration and obtain a practicing nurse certificate. An applicant shall satisfy the following conditions when applying for registration as a practicing nurse: (1) Having complete civil capacity; (2) Having obtained a corresponding academic diploma after completing, in a secondary vocational school or higher education institute, 3-year general full-time study of courses in specialty of nursing or delivery, including 8-month or longer clinical nursing internship in a teaching or comprehensive hospital, as required by the education administrative department of the State Council and the health administrative department of the State Council; (3) Having passed the practicing nurse qualification exam organized by the health administrative department of the State Council; and (4) Satisfying the health criterion

as prescribed by the health administrative department of the State Council. An applicant shall file an application for registration as a practicing nurse within 3 years after he (she) passed the practicing nurse qualification exam. If he (she) fails to file an application within the time limit, he (she) shall, besides the conditions as described in Items (1), (2) and (4) of the preceding paragraph, accept 3-month clinical nursing training in a medical & heath institution, which satisfies the conditions as prescribed by the health administrative department of the State Council, and pass the evaluation. The measures for the practicing nurse qualification exam shall be formulated by the health administrative department of the State Council jointly with the personnel department of the State Council.(regulations of nurses 2008.)

At present, most Chinese registration nurses are general nurses, specialist nurses and other classification systems are being further explored and improved. However, Chinese nurses are classified according to their academic degree and ability with professional titles, from high to low. There are five grades in the professional title assessment of nurses in hospital: Senior title: chief nurse; Deputy senior title: deputy director nurse; Intermediate title: head nurse; Junior title: nursing teacher; Junior title: nurse. Qualifications of the five grades are based on academic qualifications, clinical experience, training examinations and certificates. It will be mentioned in the 6.3 The health care system of China.

Another job is nursing assistant which is not belong to the nursing system but household. Nursing assistant graduated from junior high school who is service personnel who take care of and care for the life of the aged. The class is divided into four grades, Junior level (national vocational qualification level 5),Intermediate (national vocational qualification level 4), Senior (national occupational qualification level 3),Technician (national vocational qualification level 2), Occupational environment: indoor, normal temperature(Wan 2010). Household service refers to the service that the owner of a family assigns some trivial, complicated or technical work to professionals to complete on their behalf. The main

contents of domestic service include general housework, nursing for infants and children, nursing for the aged, caring for and accompanying the aged, caring for patients, nursing for maternity and newborn, family education, family financial management, family safety officer, company and housekeeper [Wan 2010].

registered nurse	nursing assistant
full-time study Higher Vocational Colleges, or above	junior high school
8 months of nursing clinical practice in hospital	NO
Health system/ national country	service industry/ own company
Nurse qualification certificate	national occupational qualification

TABLE 3. Difference Between RN and NA

In China, education has 3 grades: primary education, medium education, and higher education. Elementary education is nine year compulsory education. Average education point average high school and professional technical secondary school, nurse assistant qualification belongs to medium education. And the average nurse is higher education. They graduated from high school or vocational secondary school and went on to undergraduate or junior college. Nursing education in China has developed rapidly. In China, according to ownership-based categories of high education in China, the higher education can be divided into two categories State owned or government-owned, including Regular high education, independent institutions, higher vocational colleges, adult collages, and non goverment or private universities(Zhu et al 2011). The number of recruiment into advanced diploma and baccalaureate programs showed an increasing trend in the last seven years while the recruitment to secondary diploma programs decreased by 49,000 in 2012 compared to 2009. The number of graduates in 2012 was more than 2.5 times the number of graduates in 2006, also indicating the rapid expansion of nursing education in recent years(You 2015).

6.2 Cultural background of nursing job in China

China is large population as a big family with 56 ethnic groups and complex geographical environment. The problem of population aging is getting worse. The table showed China: WHO statistical profile Life expectancy at birth for both sexes increased by 4 year(s) over the period of 2000-2012.
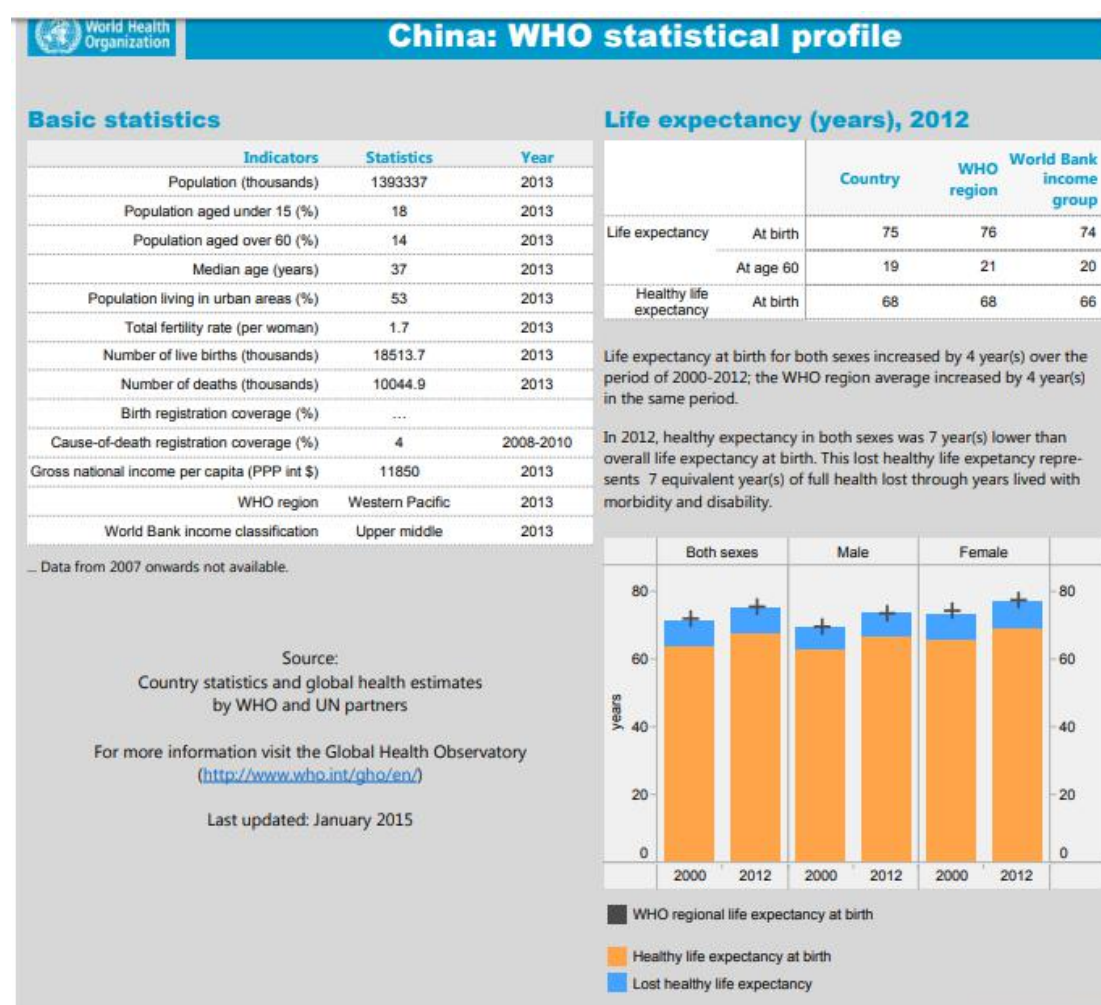

TABLE 4. China: WHO Statistical Profile （Country statistics and global health estimates by WHO and UN partners.）

As a big family of 56 ethnic groups, Chinese people have their own customs and religious beliefs, and their special needs for privacy protection should be taken into account when serving patients from ethnic minorities. The nurses found various moral problems in their work. These information have certain reference value to the development of nursing management ethics. It is necessary to further study the frequency and intensity of ethical problems in nurses' management and the possible differences among different management levels(Aitamaa 2016).
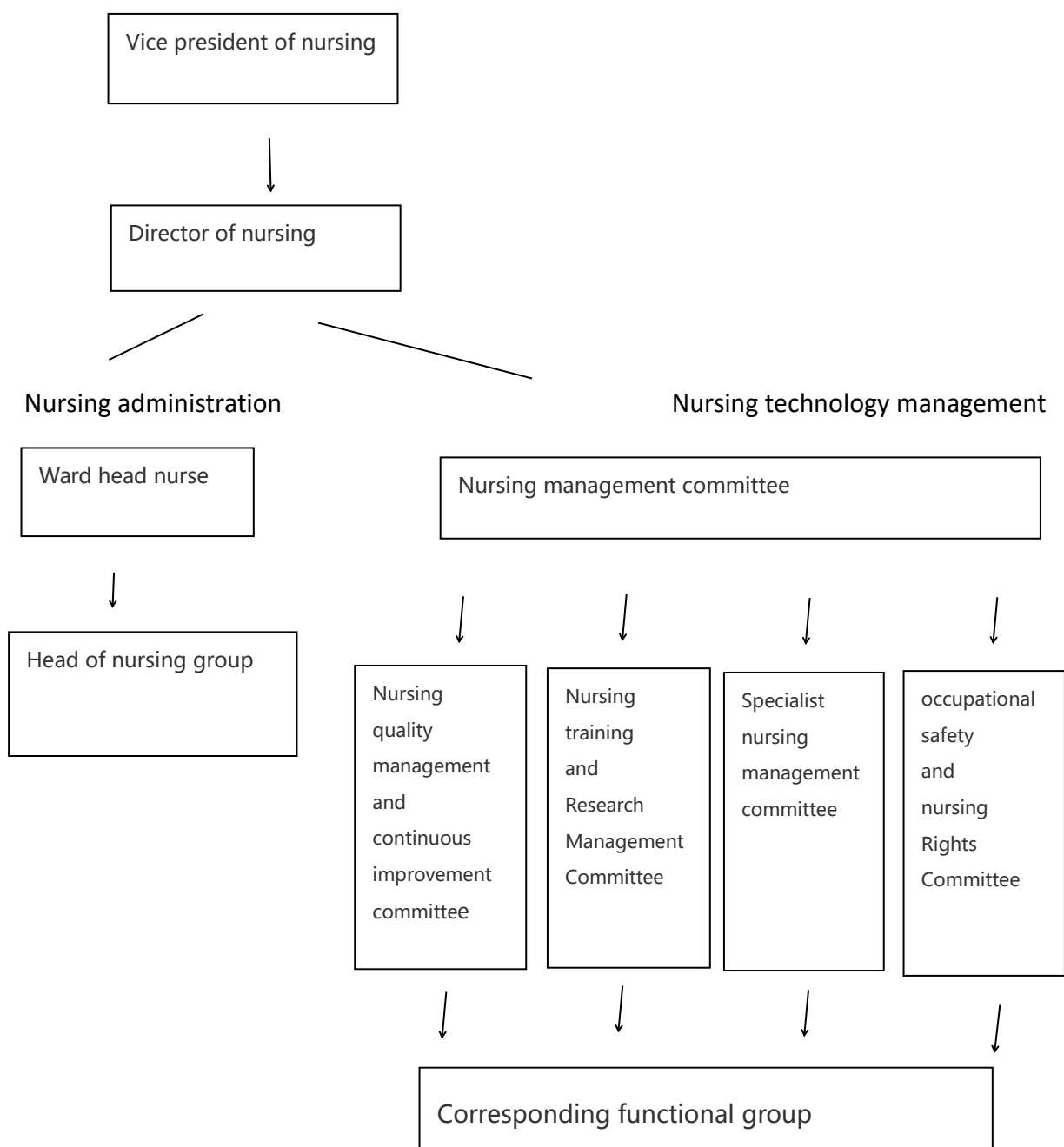
Chinese religions can be divided into two categories: foreign religions and indigenous religions. Foreign religions, such as Buddhism, Islam, Catholicism, protestantism and orthodox. Indigenous religions such as Taoism, folk cults and patriarchal Confucianism. Therefore, Chinese culture has developed into a system combining the three religions with Confucianism with Taoism and Buddhism as the core. For more than 2,000 years, Buddhism has been successfully integrated into Chinese traditional culture, becoming one of the three pillars. Buddhism and various aspects of Chinese culture, such as literature, philosophy, morality, art, architecture and religion, have far-reaching influences. Buddhism has successfully integrated into Chinese traditional culture and become one of the three pillars. These traditional Chinese values, bearing the concept of heaven and heaven, follow the ancestors, advocate morality and virtue, play an important role in the civilization of Chinese civilian society, the maintenance of social network and the arrangement of social order. As China's population continues to age and the number of elderly people is proportional to the number of adult children, a big question looms: who will take care of China's elderly? China's family culture, filial piety, measuring the impact of the relationship between parents and adult children on rapid development and reform, has transformed the country's economy. Anthropologists around the world have analyzed and described the famous Chinese family culture business model. As a culturally beneficial family model, this model produces a lot of energy and reaction. The traditional concept of Chinese family is influenced by property, inheritance and economic problems.When measuring the performance of contemporary

Chinese urban families, we find that these traditional standards are hardly deviated. Filial piety itself is a kind of cultural construction, which is flexibly applied and defined by the family in order to serve the collective and individual interests and improve material conditions(He 2012;Guang 2013;Wang 2010).

6.3 The health care system of China

It is inevitable for everyone to be born, old, ill and die. Therefore, medical and health care is inseparable from the vital interests of every resident. China is a populous country. It's hard and expensive to see a doctor. The government is also actively addressing these issues.More and more residents have formed the habit of visit the community hospital first if they feel uncomfortable. Nowadays, in big cities such as Beijing, residents can generally reach the community hospital within 15 minutes' walk(Xing 2012). In terms of health and social services, data showed that there were 995 thousand medical and health institutions in China at the end of 2017, including 30 thousand hospitals, 12 thousand public hospitals and 18 thousand private hospitals(xinhua 2017; Ye 2018). The national bureau of statistics released the 2017 statistical bulletin of national economic and social development today. There are 7,495,000 social service beds, including 7,142,000 for elderly care and 96,000 for children(Ye 2018). At the end of the year, there were 25,000 community service centers and 139,000 community service stations(Ye 2018). Faced with such huge data, the workload of nurses in hospital is no small matter. The picture showed the hospital nursing management organization.

Figure 2. Organizational Structure of Hospital Nursing Management [Huang, et al 2011.]

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┌─────────────────────────────┐
│ Vice president of nursing    │
└─────────────────────────────┘
              │
              ↓
┌─────────────────────────────┐
│ Director of nursing          │
└─────────────────────────────┘
         ╱              ╲
```

Nursing administration   Nursing technology management

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┌──────────────────────┐        ┌───────────────────────────────────────┐
│ Ward head nurse       │        │ Nursing management committee          │
└──────────────────────┘        └───────────────────────────────────────┘
          │                          ↓         ↓          ↓          ↓
          ↓
┌──────────────────────┐   ┌───────────┐ ┌───────────┐ ┌───────────┐ ┌───────────┐
│ Head of nursing group │   │ Nursing   │ │ Nursing   │ │ Specialist│ │occupational│
│                       │   │ quality   │ │ training  │ │ nursing   │ │ safety    │
│                       │   │ management│ │ and       │ │ management│ │ and       │
│                       │   │ and       │ │ Research  │ │ committee │ │ nursing   │
│                       │   │ continuous│ │ Management│ │           │ │ Rights    │
│                       │   │improvement│ │ Committee │ │           │ │ Committee │
│                       │   │ committee │ │           │ │           │ │           │
└──────────────────────┘   └───────────┘ └───────────┘ └───────────┘ └───────────┘
                                 ↓            ↓            ↓            ↓
                           ┌───────────────────────────────────────────────┐
                           │ Corresponding functional group                │
                           └───────────────────────────────────────────────┘
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The qualification of management in hospital

Director of nursing qualification standards are hold the nursing practice certificate of the People's Republic of China, and during the period of practicing registration. Who has the bachelor degree or above in nursing or management and has the title of deputy director nurse or above; Engaged in clinical nursing for more than 10 years; Engaged in nursing

management for more than 8 years; Received nursing management training and obtained the certificate of qualification; have the ideological, professional and physical qualities required by this position.[Huang,X,Z,; Liu, Q & Yang, C. 2011.]

Head nurse qualification standards are hold the nursing practice certificate of the People's Republic of China, and during the period of practicing registration. Who has the bachelor degree or above and has the title of supervisor or above; Engaged in clinical nursing for more than 8 years; Engaged in nursing management for more than 5 years; Received nursing management training and obtained the certificate of qualification; have the ideological, professional and physical qualities required by this position.[Huang et al 2011.]

6.3.1 The main responsibilities of nursing manager in China

Hospital nursing management organization

The nursing department.

The hospital implements the nursing department director responsibility system, under the leadership of the nursing department director and deputy director, carries on the second level management to the ward head nurse. The head nurse directly leads the ward nurses and establishes a vertical nursing leadership system. Department function: the nursing department is the hospital function department. Cooperate with the medical department and general affairs department to complete the management of the hospital's medical, nursing, teaching, scientific research and other institutions.[Huang et al 2011.]

Nursing management committee

Under the leadership of the nursing department, nursing management committees were established: nursing quality management and continuous improvement committee, nurse training and scientific research management committee, specialist nursing management committee, occupational safety and nurse rights protection committee, each committee has

its own responsibilities.[Huang et al 2011.]

This is an example in responsibility of head nurse from ChengDe hospital. Head nurse management handbook is written by the nursing department of ChengDe medical college in 2015. which is divided three part to show how the head nurse should do responsibility and main job in ward.

Responsibilities of head nurse in ward
Responsible for the administrative management, nursing, teaching, scientific research and other work of the ward 1. Developed ward nursing work plan according to the work plan of nursing department and department, and organized the implementation; 2. Implement hospital ward management requirements and ensure a good medical care working environment; 3. Responsible for the division of work and shift work of nurses, and reasonable arrangement of nursing staff; 4. Formulated and implemented various nursing rules and regulations, nursing routines, specialized nursing operating procedures and nursing quality standards, held regular nursing quality evaluation and quality improvement; 5. Organize the rescue work of critically ill patients, and check the first-aid drugs and articles regularly; 6. Responsible for planning, receiving and reporting defects of medical articles, and designated personnel for management, regular inspection and maintenance; 7. Go deep into the ward, understand the patient's condition, solicit opinions, and hold regular special case seminars; 8. Responsible for attendance management of nursing staff in the ward, and report to related departments regularly; 9. Supervise and inspect the work quality of cleaning staff and catering staff, and do a good job in cleaning and disinfection and isolation of wards. 10. Responsible for the quality training of nursing staff. Education nurses strengthen their sense of responsibility, improve their service attitude, abide by labor discipline and keep close cooperation with medical staff.
Responsibilities 2 1. Organize the department's nursing rounds, nursing consultation, and nursing professional learning (basic and specialized nursing knowledge), and organize the assessment on time; 2. Organized the clinical teaching of nursing students and nurses in the department;

3. Organized and trained various nursing risk assessment and emergency plan study and exercise; 4. Participate in department director or attending physician's ward rounds and participate in case discussion to understand the requirements for nursing work. 5. Master the frontier of nursing development and understand the development direction of nursing specialty.
Responsibilities 3 1. Actively organize the development of new business and new technology, and improve the level of nursing business; 2. Organized the development of nursing quality management circle, and made nursing quality analysis and improvement by using quality analysis tools; 3. Analyze, summarize and improve the root cause of nursing adverse events.

TABLE 5. Responsibilities of Head Nurse in Ward [Liang 2015.]

6.3.2 The management skills in nursing job of China

Nursing managers play an important role in hospital management. This includes promoting care, ensuring patient safety, improving the quality of work and life of nurses and serving these purposes. Management skills include technical, interpersonal and conceptual skills. Decision making, problem solving, organizational skills, respect for others and consideration for employees. The relationship between the sub-dimensions of political skill and transformational leadership, arguing that in a Chinese sample, social astuteness, networking ability, and interpersonal influence will have a stronger impact than apparent sincerity

(Brouer 2016). Additionally, transformational leadership is argued to mediate the relationship between leader political skill and subordinate job performance.(Brouer 2016.) In order to complete the goal in nursing job directly from superior management. They should handle the relationship with employees and communicate with employees to improve the quality of patient's life. Teamwork is important in nursing job. The cannikin law theory is really the epitome of teamwork efficiency. Which is also called Liebig's law of the minimum; Buckets effect or the Wooden Barrel Theory. Just as the capacity of a barrel with staves of unequal length is limited by the shortest stave. The "barrel" can symbolize not only a company, a department, a team, but also an employee.

The nurses were divided into n0-n4 levels, and the nursing staff of each department were reasonably arranged according to different levels. The training of "short board" (n0-n1 nurse) was standardized to improve its height, and the "short board" was pulled out when necessary, and the advantage of long board was given full play.[Qian2013.]

Everyone has his own weaknesses, and every team has its own weaknesses. In clinical work, most managers naturally project more eyes and attention to the superior, while ignoring the role of the "short board". Therefore, as a team leader, it is necessary to overcome this habit, this instinct, and emphasize the consolidation of teamwork spirit. Only by constantly discovering and training the "short coming" can nursing work efficiency be improved continuously[Wu, A,L.; Tian, L,X. & Xu, C,L. 2017.]. Motivation is a large factor in determining the performance level of employees and the quality of goal accomplishment. To meet the needs of nursing workers, including bonuses, working environment, benefits, education, etc. Reward and punishment is also evident in China management.   The regulation of nurses and the responsibility of nurses mentioned: "A commended or awarded nurse is entitled to enjoy treatments to model workers or advanced workers at the provincial or ministerial level; A nurse who is engaged in the nursing work for a long term shall be granted an honorary certificate."(regulations of nurses, 2008.)

6.4 The facing problems in nursing management of China

Nursing career in China faces many serious problems. One is concern about the shortage of caregivers. China has thousands of medical and health institutions. But this is not enough when compared with the large population size, as high-quality medical resources are concentrated in large general hospitals and the distribution of medical resources is uneven. Health care is about family life and access to basic medical services.It is also a basic human right.

In today's Chinese society, such problems as high medical cost, unfair medical insurance treatment, poverty caused by diseases and contradictions between doctors and patients are constantly bothering the public's nerves. Change status of the medical resources in allocation, the liberation of the doctor, encourage social do medical, increase the medical service supply, on the basis of practical and reduce the burden of public health, relieve medical care, to see a doctor expensive and other problems.(Liu 2015.)

In China where the demand for medical services is still greater than the supply, Community health service institutions, hospitals and preventive health care institutions constitute China's medical system. community hospitals win the hearts of community residents with cheaper drug costs and more considerate medical services by virtue of their full participation from medical treatment to health care. There is growing recognition of the importance of nurse managers in hospitals. Most managers still learn from failures, and nursing managers have a heavy workload of teaching patients, family members, and even nursing assistants.

The failure to provide nurses with needs will eventually lead to disadvantages in working environment, organizational culture and operation, and eventually lead to the decline in the quality of patient care, which is not conducive to patient safety. Overworked nurses in clinics, distrust of hospital management, and high levels of organizational stress and resentment can lead to low morale and lower job satisfaction. Thirty-eight percent of nurses in China had high burnout and 45% were dissatisfied with their jobs. Substantial percentages of nurses described their work environment and the quality of care on their unit as poor or fair (61% and 29%, respectively) and graded their hospital low on patient safety (36%). These outcomes tend to be somewhat poorer in China than in Europe, though fewer nurses in China gave their hospitals poor safety grades.(You 2013; Li, J., & Lambert, V. A. 2008.)

6.4.1 Communication in nursing manager

Nursing staff facing the huge population must be suffered working environment stress. Heavy workload lead nursing job tired and lack of motivation, short time for continuing education. Even in hospital there are strict responsibility and task for daily job and practicing contribute nurses high quality practice skills, but lack of time to communicate with patients and working staff. There is an urgent need to improve the management of nurses' workload and to communicate better with front-line nursing staff on issues such as payment and employee benefits, number of on-duty staff and continuing care education. There is growing recognition of the importance of nurse managers in hospitals. Most managers still learn through their failures and few studies have described the perceptions of nurse managers in China. The nursing manager has the heavy work load teaching patients, family members, even nursing assistant.

6.4.2   Lacking of good care knowledge

A disabled person is an elderly person who is unable to perform any activity independently due to physical weakness, disability, illness or dementia. As a result of the unique clinical and social family characteristics of the group, the impaired elderly have special needs.(You 2013.)

However, the majority of impaired seniors receiving home care are unable to meet their health maintenance and rehabilitation requirements. In our previous study done in Changsha, only 5.1% of the home caregivers have mastered good care knowledge and skills(Huang Xin 2017). Because we don't have enough practice nurses in nursing system. The home care work are including family member's responsibility and home care staff. China begins from main hospital care to transform community hospitals and home care, and community nurses and nursing assistants need a lot of professional skills.

6.4.3 Ethical dilemmas and issues in China

In health care systems, ethical dilemmas and issues often affect and challenge ethical behavior and the capacity of health professionals. The current ethical standards, nursing standards show that loyalty is an important part of the code of ethical conduct, which is guided by the ethical principles of charity. Identified five elements of loyalty, fairness, honesty, advocacy, and dedication(Alves 2012). In Chinese culture: Respect the old and teacher, and love the young is the moral level from ancient time. Some times the management and employee are relationship gap. Nurses respect the headmaster and fulfil their responsibility to work but afraid of showing their unsatisfied feeling of work. So the relationship need more trust and equal with each other and need communication skill also.

Nursing management involves the performance of the leadership function of governance and decision-making within the organization employing nurses. It includes all common processes in management, such as planning, organization, people, guidance, and control. Registered nurses seek extra education to earn a master's degree in nursing or a nursing practice PhD to prepare for leadership roles in the nursing field. Management positions increasingly require candidates to have advanced degrees in nursing. Nurse managers find a variety of ethical issues in their work. This information is beneficial to the ethical development of nursing management. Further study is needed on the frequency and intensity of ethical issues of nurses' managers, as well as possible differences in management at different levels.

To investigate the nursing staff for patient privacy protection. Chinese nursing scores are high, but scores for gender privacy and management systems are low, especially for non-patient consent, and no one is allowed to see nursing operations in the ward. The nurse would knock on the door of the ward and ask permission before entering. The results show that the hospitalization cycle of hospitals in mainland China needs to be improved step by step. Demand, hospitals in mainland China are often set up as wards for multiple patients. Make

sure the room is ventilated and the door is open during the day. The nurse does not need to knock before entering the ward. To avoid interfering with other patients in the ward, the nursing staff. Staff did not knock again before entering the ward, so the program scored low.(Chen 2017.)

6.4.4 Safety issue in healthy department in China

Hospital Manager need provide safe and effective environment and satisfied both patients and employees. Undoubtedly, the health staff–patient relationship has worsened in China. According to a survey by the Chinese Hospital Association between December, 2012, and July, 2013,2 violence against medical staff has increased from 20.6 assaults per hospital in 2008, to 27.3 in 2012, based on data from 316 hospitals in more than 30 provinces(Jia, X.; Zhou, H., & Zhao, Y.2014.; Yue 2014). "Doctors should learn to better communicate with patients since some young doctors express their opinions too bluntly and end up hurting their patients' feelings," Wei Lihui, director of Peking University People's Hospital's obstetrics and gynecology department, said(China faces challenges in improving doctor-patient relationship.2010). One of the best ways to restore trust is to fight for time with patients(Sweeney 2018). Therefore, a good medical atmosphere requires mutual trust between the patient and the medical team. In China, with a busy work environment and a lot of workload, it is difficult for managers to maintain good relationships with patients and conflict solution.

7   THE DIFFERENCES AND SIMILARITIES BETWEEN FINLAND AND CHINA

The differences between in Finland and China: we compared four aspects from population and health system, cultural and religions, nurses career model, human right to analyze the difference between two countries.

The population rate is the first and obvious different. The number of Chinese population much higher than Finnish population. The Chinese hospitals are huge numbers but not satisfied the need of patients and begin develop community health care. But everyone in Finland is covered by obligatory sickness insurance, funded through taxes by the state, municipalities, employers and the insured population. Chinese has insurances also but are not covered everyone.

And then the nurses career model are different, such as China is not have practicing nurse. Their jobs are main taken by the patients' family members and the hired nursing assistant from household company. That is the reason why much more education workload from nurses and manager. But in Finland practicing nurses can independently and systematically examine and evaluate patient care needs, treat common, acute health problems and diseases based on this assessment, and be responsible for the treatment and treatment follow-up of chronic health problems. They must have the knowledge, skills, and preparation for advanced, systematic, and clinical assessment, symptom-based treatment, and decision making.

Human right is big problem. Because in China it is difficult to realize the safe environment. In Finland the atmosphere is better than China. The relationship is better also not only between with patients but also with doctors. In China, nurses often saw themselves more as clerks and technicians fixing up IV lines rather than patient-oriented 'hands on' nurses(Woodhead 2014). Because the heavy workload, both patients and nurses weren't get satisfied right. As for nurses, heavy work and much examination of practice and text leading less sleeping and rest time, that reduced effective of work. Busy work will lead nurse less time to explain and educate to patient. The patient and nurses relationship will lose trust and responsibility. That's is the one reason can lead nurses didn't get the safe environment and become the victim of violence.

The similarities between Finland and China: the main similarities are the ethical dilemmas,

demanded for nurses, the aged tendency of population, the dissatisfaction of nurses between two countries. Although China and Finland have different cultural backgrounds and religious beliefs, they face the same problems with regard to ethic dilemmas. The issues at the end of life elucidate the importance of religion and culture, as well as the role the family and social structure. In most countries examined here, even the western ones, there is still fervent opposition to change on these issues among sizeable segments of the population and the health care professions. In many countries, there remains the feeling that death is a highly personal matter, not something to be publicly discussed, much less made a matter of public policy.(Blank, R. H. 2011.) In Finland dilemmas of truth-telling and confidentiality arise because of apparent or actual conflicts between the patient's rights and the care's duty to care. The classic situation of whether and when to tell the dying patients that their condition is terminal illustrates the tension between two opposing moral concerns: first, respect for the patients' autonomy and rights to know. Second, the feeling of the carer that she should protect the patients from news which may shock and distress them, perhaps causing them to give up in despair. The conventional notion of the Chinese family is shaped by issues relating to property, inheritance and the economy. Upon measuring the performance of contemporary urban Chinese families, we see little deviation from these conventional standards. Filial piety is itself a cultural construction, and families use the concept and define it flexibly in order to serve collective and individual interests and improve their material conditions(Wang, D. 2010). Nurse managers identified a variety of different ethical problems in their work. This information is useful in the development of ethics in nursing management. Further research about the frequency and intensity of nurse managers' ethical problems is needed as well as possible differences in different levels of management(Aitamaa, E. 2016).

The same problems are demanding for nurses and the aged tendency of population. According to the Finnish Constitution, citizens have equal rights to adequate social welfare and health services. However, citizens are still in an unequal position in accessing care, depending on their socioeconomic background, living conditions and place of residence. A

sufficient number of new APNs are needed to reduce health and welfare inequalities between populations, ensure timely access to care, and implement population-oriented social welfare and health services. In China where the demand for medical services is still greater than the supply, community health service institutions, hospitals and preventive health care institutions constitute China's medical system. According to the proportion of Chinese population, more excellent nurses are bound to be needed, but many nurses leave their jobs for various reasons, for example job dissatisfaction.

Previous studies report increasing rates of nurse job dissatisfaction and intentions to leave their current positions both in Finland and also globally, because Nursing leadership practices as perceived by Finnish nursing staff: high ethics, less feedback and rewards. Improving workplace culture is thus vital in meeting the challenges related to recruitment and retention(Eneh 2012). Thirty-eight percent of nurses in China had high burnout and 45% were dissatisfied with their jobs. Substantial percentages of nurses described their work environment and the quality of care on their unit as poor or fair (61% and 29%, respectively) and graded their hospital low on patient safety (36%). These outcomes tend to be somewhat poorer in China than in Europe, though fewer nurses in China gave their hospitals poor safety grades(You 2013).

8 VALIDITY AND RELIABILITY AND ETHIC

Honesty is essential, not only to enable straightforward, above-board communication, but to engender a level of trust and credibility in the outcomes of the research(Walliman 2018). Validity is one of the main concerns with research. "Any research can be affected by different kinds of factors which, while extraneous to the concerns of the research, can invalidate the findings" (Seliger 1989). To ensure that the referenced portion is understood objectively, the content of each piece is internalized and criticized before the quote or explanation. Although two articles below 2008 are owing to their very relevant material. The

articles were read through and were picked to be used in the literature review owing to their relevance in the topic. And the theory is still valid. If the quoted portion is not from the researcher of the corresponding article, the original citation source is tracked and analyzed to ensure that the citation remains reliable. This article is not included in the reference if the original source cannot be traced or has no good meaning in the previous reference process. Plagiarism is avoided by addressing the source of discovery knowledge obtained.

On the ethical aspect, it must be noted that objectivity is given special attention because of our own observation and experience. In the process of carrying out literature review plagiarism was avoided and this was achieved by understanding the text and wording it differently without changing the meaning and that is vital in ethical consideration. The thesis about the cultural differences between Finland and China is based entirely on the author's own experiences and is not entirely objective. However, the article makes clear that it is based on personal observations to avoid possible misunderstandings. The literary basis is to lead experts based on reliable research data and thematic interviews. However, our own experiences did not affect it, so they presented in an introductory fashion, but objectively the objectivity of our own experiences and opinions was preserved.

China's data limitations are due to the country's large population and complex geographical environment. Some experiences and references or examples only represent some local characteristics of China and cannot be generalized. The domestic book we refer to for reference are written by an expert organized by a hospital in China, The public press Is one of the earliest central medical professional press. The basis of the administrative regulations of days medical institutions and the regulations of nurses.There are subtle differences in the characteristics of hospitals in different parts of China. but generally role are the same. Now the hospitals are growing development, the knowledge are updating. The Limit is the version is in Chinese, it does not have authority in translation.

9   CONCLUSION

There are four aspects conclusion from population and health system, cultural and religions, nurses career model, human right to analyze the difference between two countries. And the similarities between Finland and China: the main similarities are the ethical dilemmas, demanded for nurses, the aged tendency of population, the dissatisfaction of nurses between two countries. The aim is to promote the immigrants working in the health care and promote the well being of a culturally diverse nursing management.

As discussed here, however, in all countries the ethical issues are beginning to be discussed and are finding their way to the public policy agenda and, as such, will increasingly become contentious and unremitting political issues for the 21st century.(Blank, R. H. 2011) Nursing management and leadership must take into account that work culture is essential to improve nursing care quality in nursing homes, and this study can be used to increase attention to the work culture of nursing staff. Changes are necessary to increase medical personnel 's job satisfaction, empowerment, autonomy and influence in nursing homes. (André, B., Sjøvold, E., Rannestad, T., & Ringdal, G. I. 2014). In Chinese culture: Respect the old and teacher, and love the young is the moral level from ancient time. People consider family as important part of life. Care of the elderly is the children's moral responsibility. but sometimes they will hire nurse assistant if they don't have enough time. Most nursing assistants who are not professional nursing knowledge and skills. So the professional nursing job is heavy workload. The nursing manager has also the heavy work load teaching patients, family members, even nursing assistant. Empowering care workers in nursing homes is as much a matter of relationships as of organization. With the empowerment and influence of their own working conditions.

In turn, these problems affect not only employees' emotional and physical health, but also their productivity, productivity and performance. If the manager fails to provide the needs

for nurses, it will eventually lead to disadvantages in working environment, organizational culture and operation, and eventually lead to the decline in the quality of patient care, which is not conducive to patient safety. Overworked nurses' distrust of hospital management, high levels of stress and resentment toward the organization can lead to low morale and lower job satisfaction. Nursing workload and nurse dissatisfaction, patient dissatisfaction, lack of leadership support and budget challenges. So recommendations for reducing nursing shortfalls include leadership communication skills to use for coordination and support, proactive planning, increasing budgets and encouraging faculty to train new nurses, flexible schedules, and the use of technology and available resources to enhance compliance and communication.(Amadi, E. 2015.) To promote international communication among nurses, managers should consider the issue of cultural background and religious values to promote work efficiency.

10   DISCUSSION

Here is an example of a survey of Chinese-trained nurses working in Australia which shows the difference between China and the West. We think this example can well reflect the differences in thinking and culture between China and the West.

In Australia, Chinese nurses find themselves more independent and responsible than they are in a more rigorous, hierarchical hospital system. They are nervous about having to take care of patients rather than being ordered by senior nurses or doctors. There is an interviewed 28 Chinese nurses working in Australia. The interview was made by Zhou Yunxian who is from Zhejiang University of traditional Chinese Medicine in Hangzhou. "Generally speaking, Australian nurses are more independent, they are not entirely dependent on doctors, they can have their own ideas and make decisions about patient care." Said one nurse.(Woodhead 2014).

"I don't know what they (local colleagues) are doing, talking to doctors. In my opinion, it's a waste of time," said one person who thinks nurses should focus on "nurse work" rather than dealing with doctors(Woodhead 2014). In China's health care system, nursing roles are more significantly divided. However it would be found open communication and equality between nurses and doctors in the western system during nurses working in Australia.

Chinese nurses are shocked to find that they need to do "dirty" manual work, such as bathing patients or helping them feed in Australian hospitals. "If I told my family that a nurse in Australia needed to bathe the patient, I felt embarrassed to tell people. "I think my family will find it hard to accept," one said(Woodhead 2014). Because In China, nurses see themselves more as secretaries and technicians repairing IV lines than as patient-oriented hands on nurses. According to the statement of nursing, the role of nurses and their scope of practice, revealed that in China, the main "dirty" manual work in hospitals is taken by low qualified 'care assistants'. The care workers help personal with feeding, toileting and bedding is the responsibility of the patient's family, not the nursing staff. Nurses from China also found it hard to adjust to the notion of a family leaving the care of a relative to 'the system' rather than taking personal responsibility, especially with the elderly and the way they are left in nursing homes(Woodhead 2014).

The third problem is communication. Chinese nurses are surprised to find that in Western hospitals, nurses are considered strangers and want them to be patient friendly and intimate. One nurse said, "here, every nurse calls everyone 'sweetheart', 'love', and that kind of thing. It's hard for us because we don't feel that way. "(Woodhead 2014). This is completely different from China. In China, nurses should receive clear instructions from their superiors, but they do not feel obliged to communicate with patients or their families.

The big difference between China and Finland in daily care practice is that even registered nurses in Finland need to take care of patients' daily lives. In Finland, the provision of

non-medical services, such as bathing, feeding food and water, clothing, etc., is a core part of participants' work as nurses. But in China, the provision of non-medical services is not part of their work at all, and the patient's relatives are the ones who take care of the patient's daily needs. When the patient's relatives are unable to accompany the patient every day, they employ a "nurse assistant"(care worker) to take care of the patient's daily needs. In China, a "nurse assistant"(care worker) usually has no professional education and only two to three months of training.

Finnish nurses can make medical decisions in some cases, and they can form a group of nurses to discuss situations when needed. They will only contact the doctor if the situation exceeds a certain limit. Otherwise, the nurse can handle the situation on her own and report back to the doctor later.(Wang 2018.) However, in China, nurses always have to take orders from doctors and do not have the right to make decisions. In China, nurses act more as a link between patients and doctors, sending medicines from doctors to patients, taking blood, injecting and transfusions as doctors prescribe, and reporting patients to doctors.

In summary, the main difference in daily nursing practice between China and Finland lies in three aspects: First, In Finland a nurse is expected to provide also non-medical care to patients while in China it is the responsibility of "nurse assistants"(care workers), who are generally considered less professional than nurses. Second, Nurses in China tend to have better techniques in operations such as drawing blood and giving injections than nurses in Finland. Third, Nurses in Finland enjoys more autonomy in practicing. In China nurses only follow the order of doctors. From the perspective of the doctors it can be understood that in Finland, doctors respect more of the specialty and knowledge of the nurses, allowing them more freedom.(Wang 2018.)

Finnish nursing management attaches more importance to individual needs, respects human rights, manager and nurses are the same level, encourages subjective initiative and nurses'

independence.The nurses themselves are missionaries, as well as managers, giving play to subjective initiative, not a single aspect of the implementation of compliance.

China has relatively strict nursing management and obvious reward and punishment system, and lacks the subjective initiative to encourage nurses. In order to achieve the goal and plan, the overall situation is taken into account and individual differences are partially ignored. The nursing management in Chinese hospitals is very strict. For example, in the nursing quality committee, there are detailed regulations on drug management, nursing safety management, training management, scientific research, assessment development, nursing document management and rescue management."There are stable standards of quality of care and implementation rules to ensure that all nurses are able to carry out the procedures by themselves."[Huang 2011] Why, under such a strict and rigorous system, many nurses are dissatisfied and have a lot of nursing problems. These are just plans and rules from the point of view of managers and objectives without considering the variability and feasibility of implementation. It can only be said that there are still problems in the implementation of these regulations, which need to be constantly adjusted and improved. The needs of nurses should be met first to improve the quality of nursing job. The responsibility of management is not only to guide, make a plan, evaluate and improve job qualification, but also to trust employees. Trust is also important way to maintain relationship between managers and nurses. If the manager gives employees more satisfaction and freedom under certain conditions, employees will be united and make concerted efforts, which will lead to higher work efficiency.

References

Aitamaa, E. 2016. Ethical problems in nursing management: The views of nurse managers. Nursing Ethics, 23(6), pp. 646-658.

Alves, J. 2012. Impact of student nurse ethical principles on patient-care and clinical practice.

Amadi, E. 2015. Health care leaders' perceptions about the nursing shortage: A qualitative collective case study. Available at https://search-proquest -com.ezproxy.turkuamk.fi/docview/1747438477?accountid=14446

André, B.; Sjøvold, E.; Rannestad, T.& Ringdal, G. I. 2014. The impact of work culture on quality of care in nursing homes - a review study. Scandinavian Journal of Caring Sciences, 28 (3), 449－457.

Alho,O. 2010. A guide to Finnish customs and manners. This is Finland. Consulted 18.10.2018 https://finland.fi/life-society/a-guide-to-finnish-customs-and-manners/

Asiri, S. A.;Rohrer, W. W.;Al-Surimi, K.;Da＇ar, O. O., & Ahmed, A. 2016. The association of leadership styles and empowerment with nurses' organizational commitment in an acute health care setting: a cross-sectional study. BMC Nursing, 15, 1－10. Also available athttps://doi-org.ezproxy.turkuamk.fi/10.1186/s12912 -016-0161-7)

Blank, R. H. 2011. End-of-life decision making across cultures. (Symposium). Journal of Law, Medicine & Ethics, 39(2), p. 201.

Brouer, R. L. 2016. Political skill dimensions and transformational leadership in China.Journal

of Managerial Psychology, 31(6), pp. 1040-1056.

Cambridge dictionary. 2018. Consulted 17.10.2018 https://dictionary.cambridge.org/

Country statistics and global health estimates by WHO and UN partners. Available also at http://www.who.int/countries/chn/en/

China faces challenges in improving doctor-patient relationship. 2010. Hong Kong : Interfax- China Pharmaceuticals & Health Technologies Newswire. Available at https://search-proquest-com.ezproxy.turkuamk.fi/docview/444067201?accountid=14446

Cultures and religions in Finland.2018. Information about Finland. Consulted 18.10.2018 https://www.infopankki.fi/en/information-about-finland/basic -information-about-finland/cultures-and-religions-in-finland

Duvall, J. J., & Andrews, D. R. 2010. Using a structured review of the literature to identify key factors associated with the current nursing shortage. Journal of Professional Nursing, 26, 309–317. doi: 10.1016/j.profnurs.2010.02.002

Eneh, V. O. 2012. Nursing leadership practices as perceived by Finnish nursing staff: High ethics, less feedback and rewards. Journal of Nursing Management, 20(2), pp. 159-169.

Evans, M. M., & Tulaney, T. 2011. Professional Issues. Nurse Migration: What Is its Impact? MEDSURG Nursing, 20(6), 333–336. Available at http://search.ebscohost .com.ezproxy.turkuamk.fi/login.aspx?direct=true&db=afh&AN=67701389&site=ehost-live

Fayol, H. 2000. Managing in the 21st century. *Manager,* (18), 8-10. Available at https://search-proquest-com.ezproxy.turkuamk.fi/docview/224622057?accountid=14446

Finnish Nurses Association. 2015. Consulted 18.10.2018 http://www.nurses.fi/nursing _and_nurse_education_in_f/nurse-educatio n-in-finland/.

Flinkman, M. 2015. Early career experiences and perceptions – a qualitative exploration of the turnover of young registered nurses and intention to leave the nursing profession in Finland. Journal of Nursing Management, 23(8), pp. 1050-1057.

Guang, X. 2013. Buddhist Impact on Chinese Culture. Asian Philosophy, 23(4), pp. 305-322

Hahtela, N. 2015. Nurses' perceptions of workplace culture in primary health care in Finland. International nursing review, 62(4), p. 470.

Health Care Professionals Act. 1994. Ministry of Social Affairs and Health, Finland.Consulted https://www.finlex.fi/en/laki/kaannokset/1994/en19940559 _20110312.pdf.

Hersey, P., Blanchard, K., & Johnson, D. 2008. Management of organizational behavior: Leading human resources 9th ed. Upper Saddle River, NJ: Pearson Prentice Hall.

Hinno, S., Partanen, P., & Vehviläinen-Julkunen, K. 2012. The professional nursing practice environment and nurse-reported job outcomes in two European countries: a survey of nurses in Finland and the Netherlands. Scandinavian Journal of Caring Sciences, 26(1), 133–143. Also available at https://doi-org.ezproxy.turkuamk.fi/10 .1111/j.1471-6712.2011.00920.x

He, Q. 2012. Religious Traditions in Local Communities of China. Pastoral Psychology, 61(5), pp. 823-839.

[Huang,X,Z,; Liu, Q & Yang, C. 2011. Handbook of hospital nursing management. Beijing: People's army medical publishing press]黄行芝,刘庆,杨春. 2011.医院护理管理手册，北京：人民军医出版社

Huang, Xin.;Yan, Pingping. & Lei, Jun. 2017. Study on the current status and demands on nursing knowledge and skills among disabled elder caregivers in one district of Changsha City. J: Nurs J Chin PLA, 34(10):29-33.

Jia, X.; Zhou, H., & Zhao, Y.2014.Investigation on hospital violence 2003–2012 in China. Chinese Hospitals 2014; 18: 1–3 (in Chinese)

Johansen, Mary L.2012.Keeping the peace: Conflict management strategies for nurse managers.Nursing Management..Consulted 26.10.2018https://journals.lww.com /nursingmanagement/Pages/ArticleViewer.aspx?year=2012&issue=02000&article=00013&type=Fulltext

Kelly, P. 2012. Nursing leadership & management 3rd ed. Clifton Park, NY: Cengage Learning. P.14.

Kotila,J.,Alexin,A.,Fagerstöm,L.,Flinkman,M.,Heikkinen,K.,Jokiniemi,K.,Korhonen,A.,Meretoja, R.&Suutarla,A.2014. New roles for nurses-quality to future social welfare and health care services. Finnish Nurses Association. Consulted16.10.2018 https://nurses-fi-bin.directo.fi /@Bin/9b69a9db23c170ba5c32a7fd558f12a1/1540834301/application/pdf/256215/APN_RA PORTTI_ENG_VALMIS_pieni.pdf.

Liu,bo. 2015. interview: FT Chinese website. Available also at http://www.ftchinese .com/story/001065410?archive#adchannelID=5000

Li, J., & Lambert, V. A. 2008. Job satisfaction among intensive care nurses from the People's Republic of China. International Nursing Review, 55, 34–39.

[Liang, H. 2015.Head nurse management handbook. ChengDe: Department of nursing department of chengde medical university hospital] 梁宏,2015. 护士长管理手册. 承德: 承德医学院附属医院护理部编制

Ministry of Social Affairs and Health 2015. Older people services. Retrieved from http://stm.fi/en/older-people-services

Marriner-Tomey, A. 2009. Guide to nursing management and leadership 8th ed. St. Louis, MO: Mosby.

Newstrom, J. W. 2011. Organizational behavior: Human behavior at work. 13th ed. New York, NY: McGraw-Hill/Irwin.

Northouse, P. G. 2012. Introduction to leadership: Concepts and practice. 2nd ed. Thousand Oaks, CA: Sage.

Official Statistics of Finland (OSF): Preliminary population statistics [e-publication]. ISSN=2243-3627. August 2018. Helsinki: Statistics Finland. Consulted 17.10.2018 http://www.stat.fi/til/vamuu/2018/08/vamuu_2018_08_2018-09-25_tie_001 _en.html

Päätalo, K. 2016. Well-being at work: Graduating nursing students' perspective in Finland.*Contemporary Nurse, 52*(5), pp. 576-589

Patricia, Kelly. 2012. Nursing leadership & management 3rd ed. Clifton Park, NY: Cengage Learning. P.14.

Pariona,A. 2017.Religion in Finland today, worldatlas.Consulted 18.10.2018
https://www.worldatlas.com/articles/religion-in-finland-today.html

Qian, X,L.2013. Application of the theory of wooden barrel in nursing management -- hierarchical training and use of nurses. SiChuan: sichuan medicine, no. 9, 2013, pp. 1472-1473

Regulations of nurses 31. 1. 2008/157

Rigolosi, E. L. M. E. J.& Elaine, L. M. R. E. J. 2013. Management and leadership in nursing and health care: an experiential approach, 3rd ed. Available at https://ebookcentral.proquest.com

Skills You Need.2018.What is communication. Consulted 19.10.2018 http://www.skillsyouneed.com/general/what-is-communication.html

Smith, V.; Devane, D.; Begley, C. M. & Clarke, M. 2011. Methodology in conducting a systematic review of systematic reviews of healthcare interventions. BMC medical research methodology, 11(1), 15. doi:10.1186/1471-2288-11-15

Seliger, H,W & Shohamy, E. 1989. Second language research methods. Oxford University Press, Oxford

Sweeney, J, F. 2018. The eroding trust between patients and physicians. Medical Economics, 95(7), 38-41. Available at https://search-proquest-com.ezproxy.turkuamk

.fi/docview/2020768036?accountid=14446

The Finnish Nurses Association. 2015. Consulted 18.10.2018 http://www.nurses.fi /nursing_and_nurse_education_in_f/nurse-educatio n-in-finland/.

Tervo-Heikkinen T, Partanen P, Vehvila¨inen-Julkunen K, Laaksonen K. Working conditions of Finnish registered nurses: a national survey. Va˚rd I Norden 2008; 28: 8–12 + 17.

Tompson,I.E;Melia,K.M.&Boyd,K.M.1994.What are the key moral issues in health care? Nursing Ethics.3 edition.Singapore:Longman Singapore Pulishers(Pte)Ltd,79-80

Utriainen, K., & Kyngäs, H. 2009. Hospital nurses' job satisfaction: A literature review. *Journal of Nursing Management*, *17*, 1002–1010.

Välipakka H. 2013. International Nurses' Experiences and Perceptions of Their Work Orientation in Finnish Health Care. Master's Thesis, University of Jyväskylä

Vuorenkoski L, Mladovsky P, Mossialos E.2008. Finland: Health System Review. Health Systems in Transition 10 (4): 1–168

[Wan, M,P. 2010. Zero start employment through train. Senior care worker. Chemical industry press] 万梦萍, 2010. 零起点就业直通车. 老人护理员. 化学工业出版社出版

Wang, H.2018.Am I professional as a nurse in Finland? : Chinese migrant nurses' interpretation of themselves as professionals. Available at http://tampub.uta.fi /handle/10024/102713

Wang, D. 2010. Intergenerational transmission of family property and family management in

urban china. The China Quarterly, 204, 960-979.

Wilson, B., Squires, M., Widger, K., Cranley, L., & Tourangeau, A. 2008. Job satisfaction among a multigenerational nursing workforce. Journal of Nursing Management, 16, 716–723.

Woodhead,M. 2014. What expat nurses tell us about China health care system. China Medical News.Consulted 18.10.2018 http://www.chinesemedicalnews .com/2014/09/what-expat-nurses-tell-us-about-chinas.html

Walliman, N. 2018. Research Methods: The Basics. London: Routledge.

[Wu, A,L.; Tian, L,X. & Xu, C,L. 2017. The application of bucket theory in surgical nursing management. Journal of modern Chinese and western medicine. 2017,Vol.45, no.7]吴爱玲；田丽霞 &徐春柳. 2017. 木桶理论在外科护理管理中的应用. 现代中西医结合杂志. 2017,Vol.45,No.7

Xinhua. 2017. the national bureau of statistics (NBS). statistical bulletin of national economic and social development. Available also at https://www.Chinanews.com.

[Xing,W.2012. Community hospitals: care for the health of residents. Today China: Chinese version, 61(05), pp. 18-20]邢雯. 2012. 社区医院：守护居民健康. 今日中国：中文版, 61(05), pp. 18-20.

[Ye,P. 2018.By the end of the year 2017, there were 12,000 public hospitals and 18,000 private hospitals in China. Available at http://www.chinanews.com/gn /2018/02-28/8456169.shtml] 叶攀.2018. 2017 年年末全国公立医院 1.2 万个 民营医院 1.8 万个.中国新闻网. Available at http://www.chinanews.com/gn /2018/02-28/8456169.shtml

You, L. 2013. Hospital nursing, care quality, and patient satisfaction: Cross-sectional surveys of nurses and patients in hospitals in China and Europe. International Journal of Nursing Studies, 50(2), pp. 154-161.

Yue,J,L. 2014. Violence against doctors in China. The Lancet, 384(9945), p. 745.

You, L. 2015. The development and issues of nursing education in China: A national data analysis. Nurse Education Today, 35(2), pp. 310-314.

Zhu, H,Z. ; Lou, S,Y. 2011. Development and Reform of Higher Education in China. Woodhead Publishing Limited. pp. 41–42.