How Ethnic Minority Nursing Students Experience Healthcare Services in Finland

A qualitative descriptive study

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ABSTRACT

Introduction
Migration to the Nordic country Finland has increased dramatically in the last 20 years. Statistics Finland projects for the next few decades the number of immigrants will remain above 27,000 people a year. Finland is predicted to have a labour shortage within the next 15 years, especially in the field of healthcare. The UN and WHO have recommended that nations keep their migrant policies in line with human rights. This includes access to health care. Finland follows these recommendations. The purpose of this project is to investigate and describe how ethnic minority nursing students in the capital area experience health care in Finland: using healthcare services themselves or accompanying a friend or family member, and providing healthcare as a student nurse in a clinical placement or working on a ward. This study is part of the Local & Global Development in Social & Health Care (LOG-Sote) project.

Methods
This is a qualitative descriptive study. Six nursing students from a capital area Finnish University of Applied Sciences were interviewed. Topics were derived from the Papadopoulos, Tilki, Taylor model of cultural competence and formed into a tool to guide the interviews. The data from the interviews were categorized into themes using inductive content analysis.

Results
The findings showed that as a patient the participants had positive and negative experiences. Their general feeling about the Finnish healthcare system was positive. However, they all had negative experiences. Negative experiences occurred with healthcare professionals who were culturally incompetent. This affected the quality of care they received. Positive experiences resulted from interactions with culturally competent healthcare professionals. Most of their difficulties they faced were because of their use of English and lack of proficiency in Finnish. They experienced discrimination, stereotyping and ethnocentrism. Their experiences as students were a bit similar to their experiences as patients. These included incidents that happened to them and events they witnessed happening to other ethnic minority patients. The students as a whole gave a description of two nurse archetypes; the closed nurse and the open nurse. The participants were often challenged with nurses who were closed but they gravitated towards nurses who were open. The open nurses were friendly, encouraging, and happy to work with people from different cultures.

Conclusions
The results show ethnic minority nursing students are facing adversity because many Finnish healthcare workers are culturally incompetent. Finnish healthcare curriculums should be reviewed to see if there is enough multicultural education. More multicultural training is needed for healthcare professionals in the capital area of Finland. Models of cultural competence should be reviewed and incorporated into the Finnish nursing practice.

Keywords

Ethnic minorities, Immigrants, Finnish healthcare, Migration, Migrant health

Koulutusohjelma	Suuntautumisvaihtoehto
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Georgiane Marie Fonseca

Työn nimi

Kuinka etnisiin vähemmistöihin kuuluvat sairaanhoitajaopiskelijat ovat kokeneet terveydenhuollon palvelut Suomessa: Laadullinen kuvaileva tutkimus.

Työn laji	Aika	Sivumäärä
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TIIVISTELMÄ

Tausta
Muuttoliike Suomeen on kasvanut dramaattisesti viimeisten 20 vuoden aikana. Suomeen muuttaa arviolta yli 27000 ihmistä vuodessa tulevien vuosikymmenten aika. . Suomeen on arvioiden mukaan tulossa suuri työvoimapula seuraavien 15 vuoden aikana, erityisesti terveydenhuollon alalla. YK ja WHO ovat suositelleet, että valtiot noudattavat ihmisoikeuksia maahanmuuttopolitiikassaan, myös terveyden huollon saatavuudessa. Suomi noudattaa näitä suosituksia. Tämän projektin tavoite on tutkia ja kuvailla kuinka vähemmistökansallisuuksiin kuuluvat sairaanhoitajaopiskelijat, jotka opiskelevat pääkaupunkiseudun ammattikorkeakoulussa, ovat kokeneet terveydenhuollon Suomessa: käyttäen palveluita itse tai ollen ystävän tai perheenjäsenen mukana, ja tuottaen terveydenhuoltoa sairaanhoidon opiskelijana harjoittelujaksolla tai työskennellessään osastolla. Opinnäytetyö on osa Lokaalia ja Globaalia kehityshanketta sosiaali- ja terveysalalla (LOG-Sote).

Metodit
Tämä on laadullinen kuvaileva tutkimus. Kuutta opiskelijaa haastateltiin. Aiheet saatiin Papadopoulos, Tilki, Taylor mallista kulttuuriseen kompetenssiin. Nämä aiheet muodostivat mallin, joka ohjasi haastatteluja. Tieto, joka haastatteluista saatiin, lajiteltiin aihekokonaisuuksiin käyttäen induktiivista sisällönanalyysiä.

Tulokset
Tutkimus näytti, että haastateltavilla sekä positiivisia että negatiivisia kokemuksia. Yleinen tunne suomalaisesta terveydenhuollosta oli positiivinen. Heillä kaikilla oli kuitenkin myös negatiivisia kokemuksia. Negatiiviset kokemukset tapahtuivat kulttuurisesti epäpätevien hoitoalan ammattilaisten kanssa. Se vaikutti heidän saamansa hoidon laatuun. Positiiviset kokemukset tulivat vuorovaikutuksesta kulttuurisesti pätevien hoitajien kanssa. Englannin kielen käyttö ja huono suomenkielen taito aiheutti suurimman osan vaikeuksista joita he kohtasivat. He olivat kokeneet syrjintää, ennakkoluuloja ja etnosentrisyyttä. Tutkittavien kokemukset opiskelijana olivat samankaltaisia kuin heidän ollessaan potilaina. Näihin kokemuksiin sisältyi tapahtumia, jotka tapahtuivat heille, tai joita he näkivät tapahtuneen muille vähemmistökansallisuuksiin kuuluville potilaille. Opiskelijat kuvasivat kaksi hoitajan arkkityyppiä: sulkeutuneen ja avoimen. Osallistujat kokivat haastavana sulkeutuneet hoitajat, ja viihtyivät niiden hoitajien seurassa, jotka olivat kulttuurisesti päteviä. Tällaiset hoitajat olivat ystävällisiä, rohkaisevia ja iloisia työskennellessään eri kulttuureista olevien ihmisten kanssa.

Johtopäätökset
Tutkimuksen tulokset osoittavat, että vähemmistökansallisuuksiin kuuluvat sairaanhoitajaopiskelijat kohtaavat vaikeuksia, koska monet suomalaiset terveydenhuollossa työskentelevät ovat kulttuurisesti epäpäteviä.. Suomalaisen terveydenhuollon opetussuunnitelma tulisi käydä läpi, jotta nähtäisiin sisältääkö se riittävästi opetusta monikulttuurisuudesta. Monikulttuurista opetusta on myös tarpeen lisätä pääkaupunkiseudulla. Kulttuurisen kompetenssin mallit tulisi käydä läpi, ja sisällyttää suomalaiseen hoitotyöhön.

Avainsanat

Vähemmistökansallisuudet, maahanmuuttajat, suomalainen terveydenhuolto, muuttajien terveys

CONTENTS

1 INTRODUCTION

The Helsinki metropolitan region of Finland has been receiving an ever increasing amount of ethnic minorities. The immigration of foreign born people is projected to rise. This is a relatively new phenomenon in Finland compared to other European countries. In an increasingly growing multi-cultural city, a concern that arises out of a situation like this is the access to healthcare services that this population has. The state should make provisions to accommodate these new ethnic minorities. Additionally, healthcare workers should be ready to provide for them appropriately, in a culturally competent way.

Statistic Finland (2009) shows that in 2008 the amount of immigrants reached over 29,000. Additionally, their population projection database shows that Finland is expected to receive around 28,000 immigrants coming each year to the country in the next few decades (Statistics Finland 2009). According to Honkatukia (2006:4) because of the aging population, the labor force is getting smaller and this, on one hand causes labor shortages in the healthcare field and on the other hand creates a demand for those services. The number of people speaking a foreign language has increased in the whole Helsinki region, but even more in the Helsinki Metropolitan Area (Statistics Finland 2009).

The purpose of this paper is to investigate what kind of experiences ethnic minority students studying nursing in a Finnish university of applied science have had with healthcare services in Finland. This small descriptive study is a part of a larger research project that focuses on the health issues of ethnic minorities. The Local and Global Development in Health Care (LOG-Sote) project is a part of a larger European Union project called HOME (Health and social care for migrants and ethnic minorities in Europe.) HOME is concerned with the migration of peoples within Europe and how different countries are meeting the needs of the immigrants. LOG-Sote investigates the healthcare experiences of ethnic minorities living in the capital area of Finland.

2 BACKGROUND

2.1 Global Migration

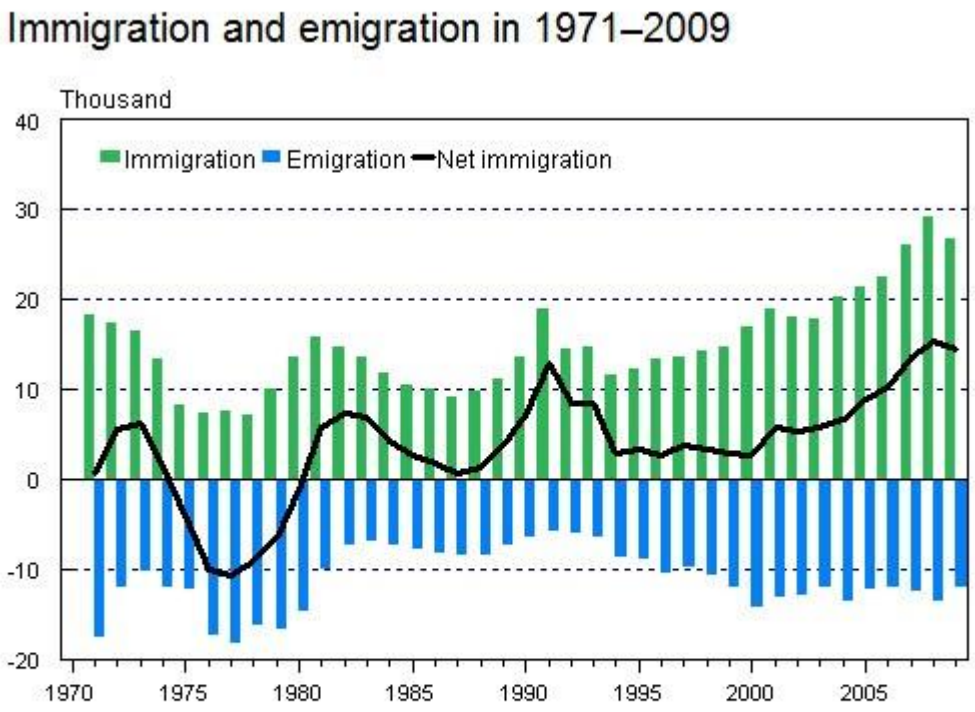
The archeological record and genetic models shows that the migration of modern humans has been a constant phenomenon since prehistoric times. They suggest to us that around 56,000 years ago modern humans migrated out of Africa and expanded to different parts of the world. (Liu, Prugnolle, Manica, & Balloux 2006.) Whenever it was geographically possible, people crossed barriers to move into new territories. In those prehistoric times, modern humans displaced other hominid species. In historic times, hordes and conquerors overtook indigenous people. Now, the migrants are individuals, families and small groups. Nowadays, the barriers are mostly political (UNDP 2009:2). The migration of people has always been continuous.

The United Nations acknowledges that migration is a global phenomenon. In UN Department of Economic and Social Affairs website, one can find the evidence of its actions and statements about migrants and their plight. In 2009, the United Nations held its Third Global Forum on Migration and Development. There the Secretary-General stated that we are in "an age of mobility" and that the amount of international migrants is the highest it has ever been. (United Nations 2009:2.) The United Nations Secretary-General in his message on International Migrants Day said, "In 2009, an estimated 200 million people, or 3 per cent of the world's population, lived outside the country of their birth" (UN Secretary-General 2009).

2.2 Migration in Finland

Migration is continuous. Only in the last few decades has the immigration to the Nordic country Finland been at such increasingly high rates. Until the 1970s, Finland's migration pattern was characterized by exodus. Although, records show that there have always been foreign-born residents in Finland. There are long-settled ethnic minorities established there whose ancestors came before the country achieved nationhood, like: the Jews, the Romany, the Sami, the Swedish-Finns, and the Tartars. In the 70s, handfuls of Chileans and Vietnamese refugees arrived. In the 1990s, after the break-up of the Soviet Union, the number of new ethnic minorities began to steadily increase. (Forsander & Trux 2002:7, Koivukangas 2002:3-5, Tanner 2004.)

In 2008, the Academy of Finland held a seminar where they discussed this topic of the increasing necessity European Union states have for foreign workers. They compared Austria and Finland, specifically how Finland has had a much shorter time to deal with immigration. It probed the ability of the policy makers to deal with migration. (Academy of Finland 2010.) Similarly, in the 2008 Annual Report of the Ombudsman for Minorities, this influx of foreign workers and their potential needs was addressed (Ombudsman for Minorities 2009:14-17). In a 2006 governmental paper, which predicts Finland's future needs in the labor market, it said that after 2010, the supply of labor for Finland will slow considerably (Honkatukia 2006.) Geographer Harald Bauder (2006:4) writes; "The economies of the industrialized world today depend on migration. Without migrant and immigrant labor, the economies of North America and Europe would suffer or even collapse."

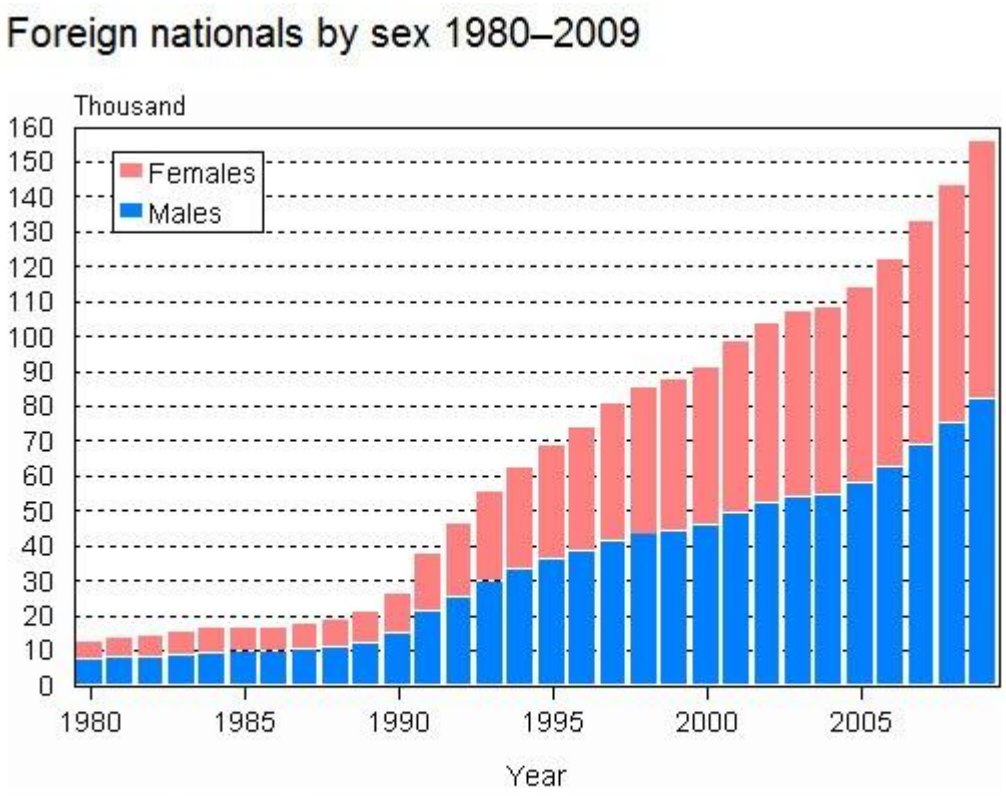


Source: Population and Cause of Death Statistics. Statistics Finland

Figure 1: Immigration and emigration in 1971 - 2009

According to the data gathered by Statistics Finland, in the last few decades, the influx of ethnic minorities into Finland has been in numbers previously unseen. 2008 was a peak year for immigration; 29,100 people immigrated to Finland from foreign countries. (Statistics Finland 2009.) (See Figure 1). Although, less people immigrated into the country in 2009, population projections by Statistics Finland for the next few decades

suggests the number of immigrants will continue at the same rate of people each year. "...migration gain from abroad [will] remain at their observed levels..." (Statistics Finland 2009.) This is a trend that is projected to continue for various reasons, including; the shortage in the labour force that Finland is expected to experience in the next 15 years (Honkatukia 2006, Koivukangas 2003, Raunio 2002). "...net immigration is forecast to sustain population growth..." (Statistics Finland 2009). There are over 150,000 ethnic minorities living in Finland (see figure 2).



Source: Population Structure 2009, Statistics Finland

Figure 2: Foreign nationals by sex 1980 - 2009

Many of the ethnic minorities have a mother tongue other than one of the official languages of the country (see Figure 3).

This is particularly significant in the metropolitan region (Helsinki, Espoo, and Vantaa) which has the highest concentration of ethnic minorities residing in Finland (Statistics Finland 2009). (See Figure 4).

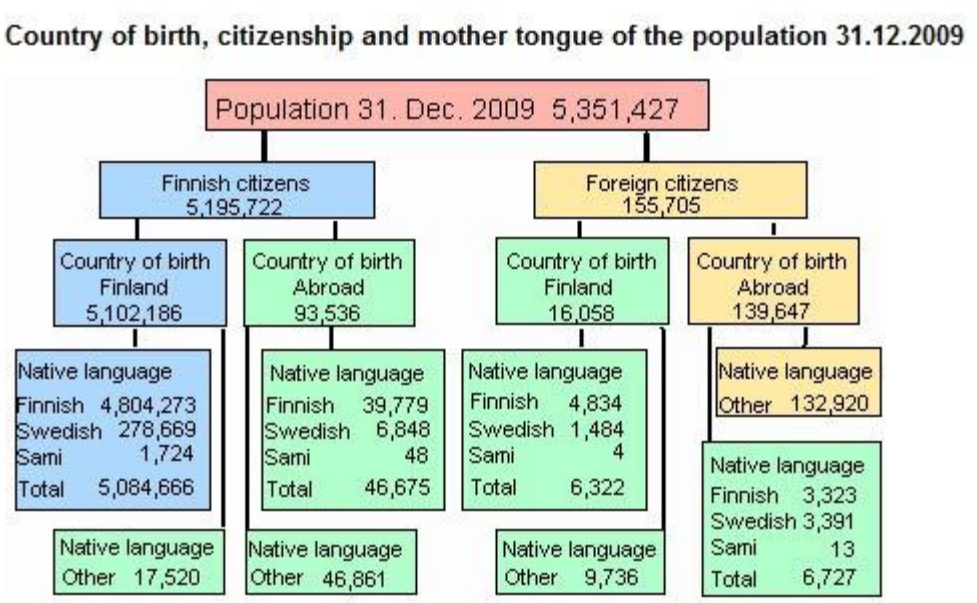


Figure 3: Country of birth, citezenship and mother tongue of the population 31.12.2009

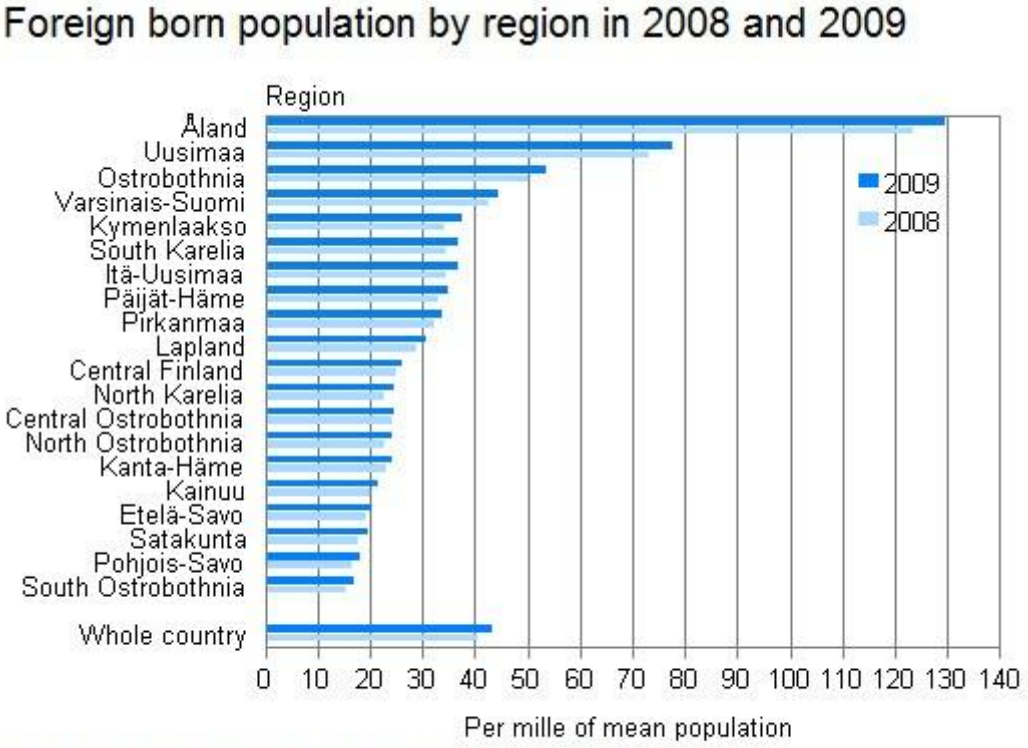


Figure 4: Foreign born population by region in 2008 and 2009

2.3 International Concern for Migrants

One of the issues the United Nations handles is the plight of migrants. In 1948 they adopted the Universal Declaration of Human Rights (United Nations 2010). In 2000, the

UN issued the Millennium Declaration which resolved that member nations should protect the migrant's human rights. Then, in the 2006 General Assembly, there was a recommendation that governments should take another look at their "migration policies". (Secretary General 2006:5-7.) The 2009 General Assembly reiterated that by recommending that countries' migrant policies and laws should comply with "international human rights law" (Secretary General 2009).

2.4 Finland's Migrant Record

Finland's government and ministries have made efforts to meet the challenges that may arise as Finland becomes a multicultural society, especially with regard to health care which is the specific concern of this paper (Ministry of Social Affairs and Health 2001). In 1996, the Act on the Status and Rights of Patients was passed. It states: "The mother tongue, individual needs and culture of the patient have to be taken into account as far as possible in his/her care and other treatment" (Ministry of Social Affairs 1992, Wahlbeck, Manderbacka, Vuorenkoski, Kuusio, Luoma, and Widström 2008). Including the Finnish constitution, several other pieces of legislation have been passed which further establish equality and anti-discrimination, and the right to their own culture for all of Finland's residents (Ministry of Social Affairs 2010, Wahlbeck et al 2008:3). Additionally, Finland has an Ombudsman for Minorities who advocates for the country's ethnic minorities (Ombudsman for Minorities 2010). Finland has been actively participating in complying with the UN resolutions and, also, with the goals of the World Health Organization (Wahlbeck 2008:19). The country participates in human rights issues gives reports on its migrant policies to the UN (Ministry of Foreign Affairs of Finland 2010). The country keeps its policies in line with the World Health Organization's goals Health for All by 2000 and Health for All in the 21st Century. Finland has created its own similar programme, Health 2015. It specifies;

> ...cultural and ethnic diversification pose challenges for health policy. All population groups must be given the chance to promote their health and contribute to the workings of society. Exclusion for reasons of age or cultural differences must be avoided, not least because it has obvious effects on health. There is a clear risk of greater social and regional marginalization.
>
> Social welfare and health care services must be developed so as to ensure that everyone, regardless of socioeconomic status or origin, is able to get understandable information about both their rights and their responsibilities in health care, and general information about health and its promotion, together with the chance to influence decision-making concerning their own health.

2.5 Previous Research on Ethnic Minorities in Finland

Despite the legislation and ideal goals, ethnic minority people in Finland have been facing negative and frustrating situations in their interactions with Finnish healthcare workers (Dayib 2005:23). In the introduction to the second book of qualitative studies of migrants' contact with health care services, Kris Clarke (2005:10) states; "...culturally normative policies and practices in the social and health care field are increasingly viewed as promoting invisibility and unequal practices that discriminate against culturally diverse residents of Finland." Despite the mandate of the Act on Patient's Rights, non-Finnish speaking clients continue to have difficulties receiving healthcare in their own language (Wahlbeck et al 2008:40). The Ombudsman for Minorities (2009) addressed the challenges of the growing multiculturalism in her report which stated: "The occupational safety and health supervision authorities should be guaranteed adequate resources and expertise for responding to the specific issues of labor immigration." Finnish healthcare is still challenged in its dealings with minorities (Wahlbeck et al 2008:39).

There have been various research projects into the ethnic minority populations of Finland to find out what their experiences have been. Most of it has been written in Finnish, a few have been in English. Using databases to search for the background information or previous research studies was unsuccessful. Therefore, these papers are most easily found by doing a manual search. Most of the research studies that were done were conducted by non-ethnic minorities (Clark 2005:10, Häkkinen, 2009:16). Some were done by ethnic minorities, most notably the research compiled in Clark's two volumes of research studies (Clark, ed. 2002 and 2005). Several of the studies focused on the ethnic minorities' experiences from the viewpoints of customer and/or employee (Häkkinen 2009:16). Some of the research studies were completed as part of the LOG-Sote project.

3 THE STUDY

3.1 Purpose of the Final Project

The purpose of this project is to investigate and describe how ethnic minority nursing students studying in the capital area experience health care in Finland: using healthcare

services themselves or accompanying a friend or family member, and as a student nurse in a clinical placement or working on a ward.

3.2 Research Question

What have been the experiences of ethnic minority nursing students when using/providing health care services in Finland?

- First, what are their experiences as consumer of healthcare themselves, or as a companion to somebody using healthcare services?
- Second, what are their experiences as a student nurse in a clinical placement or as an employee?

4 THEORECTICAL FRAMEWORK

4.1 Cultural Awareness

The Act on the Status and Rights of Patients states that "The mother tongue, the individual needs, and culture of the patient have to be taken into account…" (Ministry of Social Affairs and Health 1992). This law indicates that patients be treated with cultural competency. Papadopoulos, Tilki, and Taylor (PTT) define cultural competence as; "The capacity to provide effective health care taking into consideration people's cultural beliefs, behaviors, and needs" (Papadopoulos 2006). It has traditionally been the purpose of anthropology to study culture. This has enabled us to heighten our awareness of the differences and similarities that people from different cultures have. (Haviland, Prins, Walrath & McBride 2008:3.)

Anthropology has been used in other areas, as applied anthropology, to help develop policies or programs that incorporate cultural awareness (Kadia & Willigen 2005:10). The notion of joining cultural anthropology and nursing came about in the 1950s when Madeleine Leininger created transcultural nursing by incorporating anthropology and nursing practice (Leininger 2002:189). "The first and major factor that had a great influence on the establishment of transcultural nursing was the current and projected marked increase in the migration of people within and between countries worldwide" (Leininger 1995:13).

"Transcultural nursing is a formal area of study and practice in nursing focused upon comparative holistic cultural care, health, and illness patterns of individuals and groups with respect to differences and similarities in cultural values, beliefs, and practices with the goal to provide culturally congruent, sensitive, and competent nursing care to people of diverse cultures" (Leininger 1995:4).

4.2 The Papadopoulos, Tilki and Taylor Model

Since then, various models have been developed in the field of transcultural nursing to guide nurses to achieve cultural competence. This research will be framed by The Papadopoulos, Tilki and Taylor model for developing cultural competence (see figure 5). This model is designed to help nurses to develop their own cultural competence. The nurse evaluates herself, her beliefs, and values to attain cultural competence. (Papadopoulos 2006.) This research is not concerned with how nurses develop their cultural competence but how the participants feel they have been treated. This model has four stages the nurse goes through in order to achieve cultural competence.

Stage one is cultural awareness. Papadopoulos says that one has to understand one's own culture and to be aware of their own beliefs and values in order to avoid being

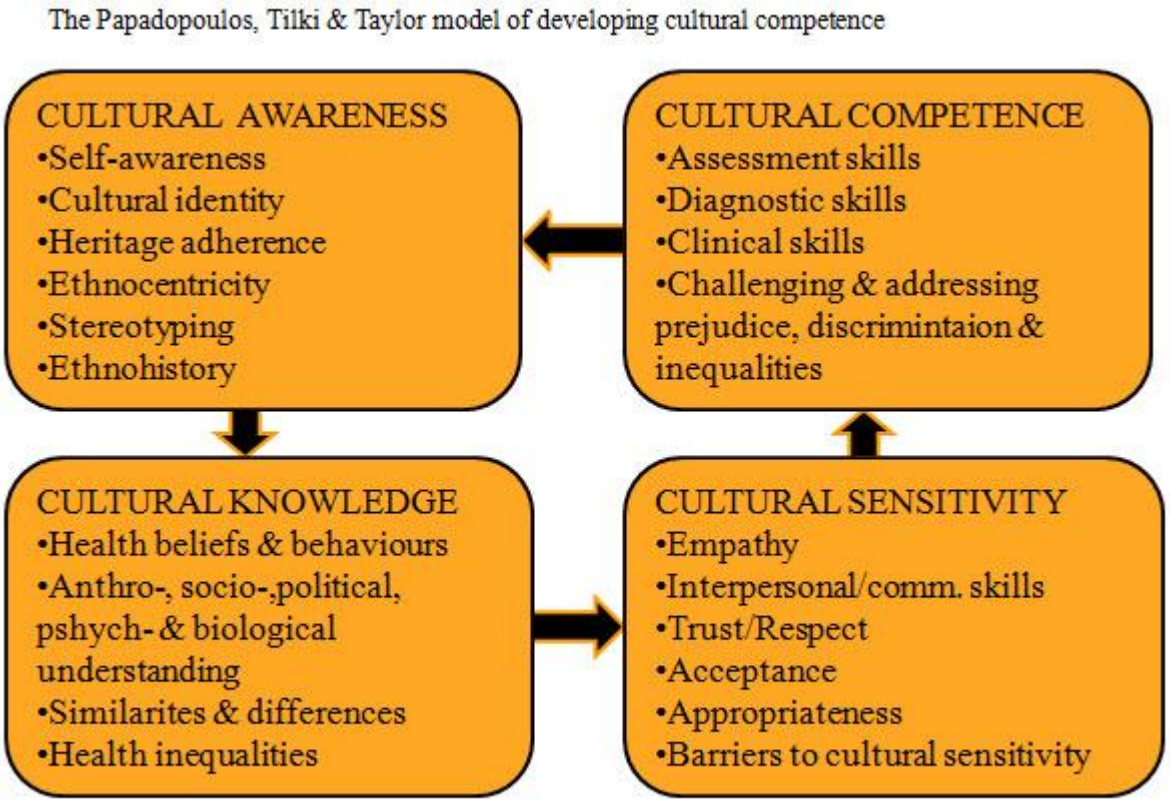


Figure 5: The Papadopoulos, Tilki & Taylor model of devlopping cultural competence (Papadopoulos 2006).

judgmental or ethnocentric. One must comprehend one's own identity before one tries to understand those of ethnic minorities. Additionally, the nurse should try to learn about the people they treat. When a nurse is culturally unaware it can cause problems for the clients (Papadopoulos 2006 2:13).

Stage two is cultural knowledge. Health inequalities are the issue here. Ethnic minorities have trouble accessing health care. Knowledge about this issue is usually generated by authorities observing, not the minorities themselves. Papadopoulos says the best way for nurses to become knowledgeable about ethnic minorities is to have "meaningful contact with them". (Papadopoulos 2006 2:16)

Cultural sensitivity is the third stage. It is about the relationship that is developed with the client. It is how the patient is seen and whether they are treated as "partners in their own care" (Papadopoulos 2006 2:16).

The final stage is cultural competence. Papadopoulos (2006) says that the nurse should be able to challenge negative behaviors, such as: prejudice, discrimination or inequalities. At this stage the nurse should have synthesized all the previous stages.

5 METHODOLOGY

5.1 Deriving Themes from the Model and Developing a Tool

The Papadopoulos, Tilki and Taylor Model for Developing Cultural Competence was used to formulate a tool (see Appendix 1). In this model, each box represents a stage and has clarifying concepts within. Again, they are from the nurse's point of view. This limits how much this model can be used to describe the experience of the client because they cannot guess what beliefs the nurse may have; only what they themselves have experienced in their interactions with a nurse, or other healthcare worker. The themes for the interview were derived from this model. The derived themes were then made into a schedule of questions, a tool to guide the interviews. Each interview followed the fundamental structure of the schedule. Additionally, a set of background questions were asked to put into context the experience of the participants. Also, some spontaneous questions were asked when a situation called for it. Finally, the participants were given an opportunity to speak freely if they wished to.

The themes for the interview were formulated by taking the elements within each stage and determining to what extent an individual could perceive them. The themes were arraigned in a linear fashion following the model's stages. An explanation of the model and its concepts were given to the participants before the questions were asked. If they were unclear about a concept or the meaning of the question, the concept was explained or the question rephrased. Although, this model is developed for the nurse, this study was concerned with the experiences with any healthcare worker the participants would disclose. Therefore, the term healthcare worker, professional, employee or staff was used. The participant was then free to specify if their experiences were with a doctor, or with a nurse. For simplicity, in this section, I will use the term nurse.

In stage one, the participants tell if they felt they have been stereotyped or have felt that a nurse was being ethnocentric. Some example themes are: How do you feel you were being viewed by the Finnish healthcare staff? Do you feel you've ever been stereotyped? Have you ever experienced ethnocentrism by healthcare workers? Are you given treatment in the language you prefer?

In stage two, themes enabled the participants to describe their ability to access healthcare in Finland. They told if they have had encounters with nurses who have had cultural knowledge. For example, a nurse might recognize what country the individual is from and may have traveled there or have met people from there. Questions are: Do you feel that most or all of your concerns were addressed by the health care worker? How did you find out about Finnish health care services? Do you feel that health care services have been equally accessible to you in Finland? Have there been any barriers to access?

In stage three, themes helped the participants to describe if the healthcare staff had good communication skills. They were able to say whether they trusted their nurse. They told if there was respect and if they felt accepted. Finally, the participants were able to identify if there were any barriers to the cultural sensitivity. Themes are: How have you been treated by the health care staff, in general? Did you feel that you were seen as a partner in your own care? Did the health care staff have good communication skills? Did you feel accepted?

In stage four themes were: Did you feel that the health care professionals were culturally competent? Did you observe anything in their assessment or diagnostic skills that would indicate cultural competence? Did you witness any nurse or doctor challenging or addressing prejudice, discrimination, or inequalities? The participants are nursing students who have an insight into their nurse's clinical skills. They can relate if they have witnessed a nurse or doctor dealing with this important aspect of cultural competence.

The Papadopoulos, Tilki and Taylor Model for Developing Cultural Competence may be a useful tool for nurses when they are trying to develop their cultural competence. It has been used here to design themes to help the participants describe what has happened to them. The themes formulated from the concepts in the four stages of this model will be used to discover the participants' healthcare experiences in Finland.

5.2 Data Collection

Many nursing researchers such as Burns and Grove (2005), Polit and Beck (2004), and Sandelowski (2000) suggest using qualitative description as a methodology. One of the best modes of gathering intimate data to describe a phenomenon (i.e. experiences of the participants) for qualitative description is with interviews. Interviews allow the participants to describe what has happened to them. Additionally, individual interviews were more convenient and confidential for the participants, because they were able to speak freely about their experiences. According to Sandelowski (2000), a descriptive study is the best way to directly describe the experiences of the participants that were interviewed. Description was chosen as the method because this was a very small study with a very specific group. Illuminating their experiences was the purpose and description was the most practical way to do this. So, this is a small-scale descriptive study that used content analysis to organize and to convey the experiences that ethnic minority students have had with Finnish healthcare services.

All of the interviews were held in a quiet isolated location (a room at the school, a participant's home) where no interruptions occurred, except once. During one interview the recording stopped and after a correction to the device, it picked up where it left off. No others were present for the interviews. The interviewer and the participant sat directly across from each other. A good rapport was established with each participant

and they each seemed at ease with the process. The interviews were semi-structured and open-ended questions were asked. The themes from the tool were formulated to enable the participant to use their own words to tell their own stories (Polit & Beck 2004, LoBiondo-Wood & Haber 2006. Additionally, as Patton (2002) explains; because the tool used for each participant is the same, the interview time will be maximized. Furthermore, because the interview is organized, and because the responses are not difficult to find and compare; data analysis will be expedited. All of the participants were able to speak freely and were very candid and were thoughtful in their answers. The interviews lasted an average of 45 minutes. The interviews were digitally recorded. The digital recordings were transferred from the recorder to a digital file on a computer. Transcripts were typed from the recordings by the researcher. Any identifying characteristics and names were removed. After the first interview, no field notes were taken during the interview because it was distracting for both the interviewer and the participant. Instead, observations and notes were written after the interview and again while interviewer typed the transcript.

The participants were first asked background questions to give them a chance to tell who they were and where they were from. Next, the PTT model was explained in brief before asking the questions. As the model is in four stages, each stage was detailed and some concepts were defined for the participants before asking the particular questions. The participants were allowed to speak freely on the themes. At the end of the questions they were given time to add anything that they wanted to express.

5.3 The Participants

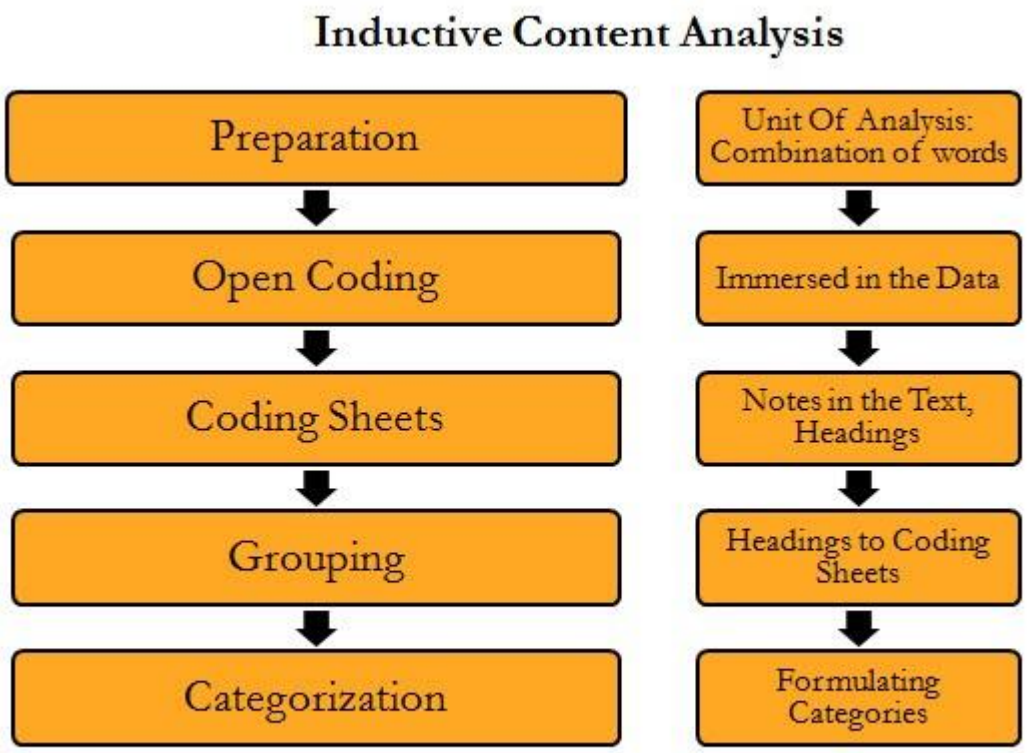
The participants were a convenience sample of six nursing students (four males, two females) who were studying at a University of Applied Sciences in the capital area of Finland. They all spoke English and came from countries with English as an official language. Four of them were raised in multilingual families. Four were from African countries, one from a European Union (EU) country and one from Oceana. Half of the participants were white and half were people of color. All six were ethnic minorities in Finland. Half have Finnish partners. Three had permanent residence visas, two had student visas, and one was an EU citizen. They had been living in Finland for a varying number of years. The shortest stay had been one year and seven months and the longest was 10 years. At the time of the interviews, they each spoke varying levels of Finnish;

from basic level to fluent. However, most spoke at basic level. None of them spoke Finnish before they came to Finland. Three are covered under the National Health Insurance (NHI) scheme which is part of the Finnish social security and have Kela cards. Two have private insurances and are not covered under the NHI scheme, nor do they have Kela cards. One is presumably covered by the NHI because of EU citizenship, but has neither a Kela card nor private insurance. All have received treatment in Finnish health centers and hospitals. All have had experience either as a student on a clinical placement or as an employed nurse in a Finnish hospital. Only six interviews were conducted because this was meant to be a small-scale study. Additionally, more interviews were not considered necessary because after the first few interviews, data saturation had occurred.

6. DATA ANALYSIS

In nursing research, qualitative description and content analysis are very compatible (Elo & Kyngäs 2008:107, Sandelowski 2000:338.) LoBiondo-Wood and Haber (2006:325) suggest using content analysis to analyze and to convey participant responses more precisely when asking open-ended questions. The process of cataloguing and unifying the narrative data was done as described by Elo and Kyngäs (2008:111).

In the preparation phase, the unit of analysis was selected and the researcher became immersed in the data in order to become completely familiar with it. The researcher listened to and read through the interviews several times. The transcripts of all six interviews were made into a composite. Each of the six interviews was assigned a color and the text was identified with that certain color Notes about the setting and important impressions were typed in the introduction to each interview. During the initial read through, it was decided that the unit of analysis would be a combination of words and that because this was an original study, inductive content analysis would be used. Inductive content analysis is the process that goes from coding to categories to abstraction in an effort to make a broad characterization of topic, (Elo & Kyngäs 2008:109). (See figure 6). However, in this study the data was sorted into categories but did not go into abstraction.



Elo and Kyngäs (2007)
Figure 6: Inductive Content Analysis based on Elo and Kyngäs (2007)

Analysis was facilitated by using the composite. Each section of the interviews was already organized based upon the schedule of questions. In the next phase of the analysis, the data was organized. Each section was read and broad themes were identified. First, open coding was done. The units of analysis were coded and the codes applied to subsequent interviews. The codes were reviewed alongside the units of analysis to be sure that the participants' meant the same thing, or that the code was applicable. Researcher remarks and initial descriptive codes were made in the margins of the mega-transcript. After the first few transcripts were coded, a key was made and subsequent transcripts were coded similarly. Next, the codes were gathered and placed into coding sheets. The data was again examined to refine the coding, and to identify and consolidate any themes or patterns. At times, in order to facilitate the analysis, the transcripts were read while listening to the recording. During this time remarks and coding were reviewed. Next the data was organized into categories. These categories are made into a narrative using qualitative description. The narrative achieves the purpose of this research and describes the experiences the ethnic minority students studying in the capital area have had with healthcare in Finland. Their experiences were summed up into categories that reflect their experience and answer the research questions.

7 FINDINGS

In order to answer the research questions, the participants were asked to discuss their experiences in two roles. First, they discussed experiences as a receiver of healthcare. That included times when they were a patient, or accompanying a family member or friend for treatment. Next, they discussed their experiences as a giver of healthcare. This included reflections upon their time as a student nurse in a clinical placement or as an employee in a healthcare setting. The results will be presented in a way that describes each set of experiences separately, even though some similar things occurred in each role.

The analysis and interpretation of the participant's account of their experiences with the Finnish healthcare system have been both positive and negative. It is clear from the data that participants have had very similar experiences. However, the degree to which they feel they have had either positive or negative experiences depends upon various factors. Using inductive content analysis, several themes arose out of the data. They will be described here in a way that answers the two sub questions of the main research question.

First, the data pertaining to the participants' experiences as a consumer or companion to somebody seeking health care will be described. Next, the experiences they have had as a nursing student in a clinical placement or as an employee in a hospital will be described. It must be noted that during the interviews, often, the participants did not realize they were giving contradictory statements. For the most part, most of the participants were optimistic in their evaluation of their experiences. They might at one point during the interview say how they were treated well, but then later when asked about something specific they relate a shockingly negative experience. In this way, they were resilient and did not let the negative experiences weigh them down. They tended to focus on the more positive aspects of their experiences with the Finnish healthcare system.

7.1. Experiences as a Consumer of Healthcare

7.1.1 Initial Experiences with Finnish healthcare

All of the participants came from countries were there was a healthcare system that included publicly funded hospitals and private hospitals. Two participants' home healthcare systems were very similar to the Finnish healthcare system. The others were from countries where people who can afford it tend to go to private hospitals and avoid the poorer government hospitals. Most of them rated Finland's healthcare system superior to their home countries' system. The two others said their country's healthcare system was the same as the Finnish system. One said Finland's funding was "more balanced" throughout the country and the other thought treatment was quicker in Finland. They all regard the Finnish healthcare system in a positive light. *"...the Finnish one is obviously a bit better."*

Most said they have equal access to healthcare services. The students reported having less access because of the higher cost and the complication of not having a social security card. One other notable issue was that, at least, in the beginning of their stay in Finland they had to use a guide to find out about health care services. Either they used their spouse, partner, mother-in-law, a Finnish friend, or another friend or family member who was a long-time resident of Finland. They all had somebody who helped them find their healthcare station, dentist, or hospital. So, their ability to access services was dependent upon another individual. Additionally, their ability to access information about health services was limited by their understanding of Finnish. Those who had tried to look for information online said that the English websites were not as complete as the Finnish ones and that if they tried the Finnish website, it proved to be too difficult. *"...Finnish, I don't really understand it that well..."* All of the participants benefited from having somebody to help them enter the Finnish healthcare system. After living in Finland sometime, there is still only a vague awareness of the healthcare services available to them. Only one of them claimed to actively be up to date on healthcare in case somebody asks advice from him. Most of them rely on the fact that they have been relatively healthy.

7.1.2 Difficulties because of the language

One of the major causes of negative experiences was the language barrier. This was a two-way problem. *"...the biggest problem is language."* Difficulties arose for the participants because they were English speakers and trying to get treatment in English. Additional difficulties came from their perception of how they were treated by Finnish healthcare workers. There were two main issues with the language: trying to get treatment in English, and getting treatment in Finnish. The difficulties experienced with language were complicated.

Five of the participants preferred to receive treatment in English. One preferred to try to speak Finnish. Another said they spoke Finnish to get quicker service and better treatment. *"You may not get the best treatment you need because of the language barrier".* One participant said that healthcare workers knew he spoke English, four said that healthcare workers assumed they spoke Finnish, and one said she was asked but only because the healthcare worker wanted to know if she spoke Finnish. Four of them usually receive treatment in English. *"...the doctors always speak Finnish to me, but I manage."* Language was seen as a barrier by all of them. All of them reported misunderstandings; either they did not understand what had happened because the healthcare staff spoke in Finnish or, whatever was said in English was not clear enough.
There were two major themes that came from language difficulties. The first one was that the participants experienced difficulties getting treatment in English. First of all, many of the participants said that they were avoided because nurses did not want to speak English with them. The participants reported incidents when they were avoided when they spoke English to a nurse. Some felt that they were avoided because nurses thought foreign patients could not speak Finnish. Others said that perhaps Finnish nurses were worried about their ability to speak English. *" a lot of them were insecure about speaking English."* These were negative experiences for the participants. However, some of the participants did find that some nurses do not have difficulties speaking in English. Those instances when the nurse or doctor spoke English with them were positive experiences for the participants.

A sub-theme that came from receiving treatment in English was that it was perceived that it took longer for them to receive care because they needed service in English. This resulted in a feeling of a loss of time for the participants. When they presented

themselves at a hospital or ward, they reported having to wait for long time before somebody who would speak English with them could be found. When they called to book an appointment, if the person who answered did not speak English; the participant would have to wait to be transferred to someone who spoke English. When they booked the appointment, one participant felt like they were given a date based upon the availability of an English speaking doctor. None of the participants were offered a professional translator. This loss of time because of the lack of available English speaking healthcare staff was viewed as a negative experience.

The other theme emerged was that sometimes the participants had to receive treatment in Finnish. For one participant, this was not a negative experience because they were happy to be able to try to speak Finnish. Another one reluctantly spoke Finnish because of the perception that when one speaks Finnish, one will get service quickly and therefore the treatment will be better. Although, some of the other would try to speak Finnish, their ability to do so was greatly handicapped. So, that if they received treatment in Finnish, they went away not fully understanding what had happened. In some cases, the patient left and felt that nothing serious was wrong and just forgot about the incident. Or, they came home with the intention of translating the information. For most of the participants, receiving treatment in Finnish was a negative experience.

7.1.3 Quality of Care

Overall, the participants felt their treatment by healthcare workers was good. They reported that most of their concerns were addressed. Most of them even felt that their healthcare worker listened to them and to some degree trust could be developed. Some said after the language barrier was passed, they felt the nurses listened to them. Most of them, except one, said their concerns were addressed by healthcare workers. The participants reported both that some healthcare workers had good interpersonal skills, and that some did not. Only two of the participants said that they felt acceptance. When participants answered questioned about barriers to sensitivity, the answers reflected the examples of negative experiences they had given. While, in general, the participants rated the quality of care as positive: at other times during the interviews they shared some experiences that were contrary to this general feeling. In many instances, all of the participants reported experiences of: prejudice, stereotyping, ethnocentrism, and discrimination. All of the participants expressed the notion that sometimes they felt

treatment was impersonal and they felt like they were "*on a conveyor belt*." On one hand, participants said their experiences were good, but on the other hand they shared these incidents which when reflected upon, negatively influenced how they perceived the quality of care they had received.

7.1.4 Negative Experiences

All of the participants experienced discrimination because of: race, nationality, circumstance, language or a combination of these. In most instances, they were unable to say why exactly the healthcare workers did this. The three black participants were stereotyped because of their race. Two of them mentioned that healthcare workers assumed them to be Muslim because they were black and from Africa. Two of them mentioned that healthcare workers assumed all Africans have a disease, or that their illnesses were related to a recent trip home. The white participants reported stereotypes that were more benign. For them, Finns had positive stereotypes about their country gleaned from television shows they had seen. Each of the participants had been discriminated against. These instances overlap with the issues reported in the language section. They felt they had been avoided because they were *"foreigners"* or ignored because they spoke English. *"They* [nurses] *try to avoid foreign patients."* One white participant reported being completely ignored while trying to ask something in English. That person also told of an incident when they were scolded for doing something while Finnish speaking patients doing the same thing were left alone. Several reported: not getting one-on-one interaction, receiving treatment in Finnish, and being treated and pushed out the door. *"...one on one interaction and all that. I didn't see much of it." "They just want to do their job and move on..."* While all had obstacles, it was perceived by most of the white participants that African people in Finland have more difficulties than non-African immigrants. This was corroborated by the evidence that arose from the discussions with the African participants; although, they themselves did not conclude this. These types of occurrences were obviously reported as negative experiences.

7.1.5 Positive Experiences

The English speaking participants had a certain ideal of positive care. Positive experiences consisted of times when they received treatment with a positive outcome.

For others, being treated by somebody who smiled, was courteous and seemed happy; was a positive experience. Receiving treatment in English was reported by most to be a good experience. In several cases, being welcomed, having healthcare workers who were friendly, talkative, and who listen led to a good experience. Finally, getting doctors who try to fix their medical issue was seen as positive experiences.

7.2 Experiences as a Student

7.2.1 Incidents the Students Experienced

The participants' experiences as a student in a clinical placement or working as a nurse on the ward are similar to their experiences as a patient. The experiences as student come from incidents they experiences themselves and as events that they witness happening to ethnic minority patients. As nursing students, their experiences were a little more positive than their experiences as patients. As clients, they are more accepting of the situations they are in. As nursing students or employees they are hopeful about getting along with their colleagues.

As students in clinical placements, they each had experiences with at least one nurse who refused to speak English with them. *"The language...puts them off."* The attitudes of the nurse ranged from avoiding the student to outright hostility. Some nurses had no problem announcing that they did not know why students were studying in English, or avoiding the student, or refusing to speak English with the student. The participants said some nurses were aloof and took a long time to become comfortable with the student. The students did not know if they were treated this way because they were an ethnic minority or because they were a student. All of the participants felt that many Finnish healthcare workers can speak English but they are afraid to, or they just refuse to, even if the British flag on their name tag indicates they can speak English. *"...people just want people to speak Finnish."* Because of language difficulties, the student has been misunderstood. Like their experiences as patients, the participants reported being stereotyped, being discriminated against, and being exposed to ethnocentrism. On the ward, many of them were stereotyped and discriminated against because their status as students. They experienced stereotyping and discrimination because they were English speakers. It was pointed out that nurses' experiences with previous students could affect the attitude of the nurse causing her to prejudge the next student, especially if it was a

foreign student. One said that nurses were not interested in them because they did not speak Finnish. It was felt by some participants that Finnish speaking students on the ward at the same time were favoured. All but one participant experienced ethnocentrism. "*Finns think that the Finnish way is the best way."* Finally, a few participants reported that patients did not want to be treated by foreign nurses.

7.2.2 Events the Students Witnessed

When dealing with foreign patient or co-workers, these same problems were observed. All of the participants reported seeing discrimination, racism, stereotyping, and ethnocentrism directed at some patients or some of their colleagues. Some of the students told about incidents on the ward when Finnish nurses did not want to work with or were engaged in squabbles with foreign colleagues. Stereotyping occurred and Finnish nurses were witnessed saying that a certain foreign patient was there for drugs, or assuming all Africans have HIV. Another issue that emerged was that Finnish nurses were unsure of how to treat foreign patients and were wondering how they should proceed with the patient; but they never asked the patients. In this way, foreign patients were neglected. Several participants related instances when patients who did not speak Finnish had difficulties and were not understood. For example, a foreign patient totally misunderstood her diagnosis, while no professional translator was procured; a doctor from another ward was used. Often, students witnessed that foreign patients did not get official interpreters and their children or other staff were used to translate. Students observed that foreign patients were treated badly despite their ability to speak Finnish. Nurses were upset by a patients behaviour and talked badly about her, because they did not take her cultural views into consideration. All the patients were treated the same despite cultural differences. Things about a patient's culture which were not understood became a laughing matter. The patient was joked about and efforts to accommodate the patient seemed insincere.

7.2.3 Positive Experiences as a Student

As a student nurse or as an employee, positive experiences include: being welcome on the ward, being seen as a colleague, and working with somebody who is interested in your culture. Many of the participants mentioned that the nurses on the ward with whom they had the most positive experiences with were those who had been abroad. *"... those*

that I think have travelled outside or those who have had very close contact with foreigners…they are more open…" There were seen as more talkative, friendlier, and more interested in them as a person. They were more open, helpful, and easier to get along with. They were seen as culturally competent and fun to work with. One participant said that it felt good when nurses were happy to work with somebody from a different culture. Many reported that when their tutor spoke English, it was a positive experience. Others had experienced camaraderie with Finnish nurses. For example, a patient did not want a foreign nurse but colleagues stood up for her and told the patient she was a good nurse. Other nurses stood up for a student when the ward manager did not want people to speak English to the student. *"…the nurses are…sometimes really happy…to work with somebody from a different culture…most of them have been really nice."*

7.3 Suggestions for Healthcare Professionals

Some participants said there is not enough multicultural education for healthcare professionals in Finland. One participant said that Finns should make more of an effort to learn about different cultures and religions so they would not make false assumptions. A few participants mentioned that healthcare workers have the assumption that everybody has the same viewpoint and that they had ignorance about different ways of life. One participant, acknowledged that healthcare staff is learning something new from each foreign patient they treat. Another one, mentioned how his healthcare staff has lots of experiences with foreigners because it is in a culturally diverse neighborhood. Other acknowledgements were that some admissions form allow the patient to indicate their religion or dietary needs.

7.4 Future Healthcare Professionals of Finland

All of the participants said they plan to stay in Finland indefinitely. This research shows that most of them still struggling to learn the Finnish language in effort to integrate and be able to work in the Finnish healthcare system. Four of them had been employed as nurses in Finnish hospitals. They have completed some clinical placements on wards in Finnish hospitals. One said he might change professions because Finnish nursing was limited in its responsibilities. One said he would split his time between Finland and his home country. Two said they might eventually move to an English speaking country to

practise nursing; one because their spouse might have difficulties getting a job in Finland and the other if he would have problems working in Finland.

8 DISCUSSION

8.1 The Significance of the Findings

If the experiences of the participants are examined with the framework of the Papadopoulos, Tilki and Taylor model for developing cultural competence, the findings show that participants' interactions with cultural competent healthcare workers were positive; and the negative experience were because of interactions with culturally incompetent healthcare workers. Within the four stages of the model, the participants have experienced varying levels of each.

In stage one of the PTT model, cultural awareness the findings showed that more often than not, the ethnic minorities in this study were having experiences with health care professionals whose level of cultural awareness was low. The participants often faced ethnocentricity and stereotyping. The cultural identity of some healthcare professionals was so strong that they disregarded the culture of others and did not have a proper understanding of background of their clients. Those healthcare professionals did not realize what they were said or to the participants or how they treated them belied their own ignorance. Or it showed how their views were mirroring their societal norms. On the other hand, the findings did show that many of the nurses that the participants sought out had a high level of culturally awareness and actively tried to improve their awareness.

In stage two, cultural knowledge, Papadopoulos (2006:15) discusses health inequalities and access to health services. The findings showed that the participants were experiencing limits in their access to healthcare and to knowledge about healthcare. First of all, their initial access to healthcare services was dependent upon another person introducing them to the system. Then there was a language barrier which limited their access to information about healthcare services. There may have been health inequalities when participants reported that by speaking Finnish one would get better treatment. That implied that when the spoke English, their treatment was not as good. Finally, the findings showed that most of the participants still did not have strong idea of what services were available to them.

In stage three of the PTT model cultural sensitivity is examined. The experiences of participants showed that there was not much cultural sensitivity in the Finnish healthcare system. Many of the findings are probably what one would expect. Overall, they see things in a positive light. Although, they may have some negative experiences, they do not let those outweigh the positive ones. It became evident, that they were having negative experiences but they seemed to accept it as a part of life. So, if they were asked a general question, they gave positive feedback. However, when asked specific questions, they would share experiences that were negative and made them feel badly. So, it seems that healthcare professionals are not making much of an effort to see the ethnic minority clients as partners in their own care. The healthcare workers level of intercultural communication is quite low. Most of them do not have any insight into their patients' culture. There were many miscommunications and interpreters were never used.

In stage four, cultural competence, Papadopoulos (2006:18) says this is where the "synthesis and application" of the previous stages occur. In this stage, the findings indicated that for the most part the participants had many experiences with culturally incompetent healthcare professionals. It was the most difficult section of questions to comprehend. When asked directly if they felt that nurses were culturally competent, they all gave examples of cultural incompetence. Their answers to other questions corroborated that. However, a different line of questioning revealed that they were, also, having positive experiences with culturally competent nurses. They were able to describe culturally incompetent nurses and culturally competent ones.

8.1.1 Two Types of Nurses

From the participants experiences two different nurse archetypes emerged; the closed nurse and the open nurse. Negative experiences with Finnish healthcare workers included issues about the Finnish speaking culture that clashed with the English speaking culture. The closed nurse type was the one who gave the participants their negative experiences. The open nurse acted in a way that was opposite to the closed nurse and thus, experiences with the open type were positive.

The closed nurse was cold, closed, reserved, too quiet, and not patient. This was the type of nurse that avoided or ignored the foreign patient, or neglected them forcing them

to ask for things that Finnish patients were getting automatically Some observed that this type of nurse did not take the opportunity to get to know more about the *"foreign"* patient that they had right there in front of them. This type of nurse, also, did not want to talk to the participants. This type of nurse let other negative incidents with foreign people influence how she treated others. The closed nurse was most often older and a more traditional Finn. This type did not want to work with foreign nurses, did not speak English, and had never traveled. Participants said this type was just brought up that way. They had prejudices and did not understand why people did not speak Finnish.

The open nurse was the polar opposite of the closed nurse. This nurse had travelled, lived, or worked abroad. They spoke English. They had previous contact with foreigners. They were friendlier, more talkative, could do small-talk, and were more accepting, happy, and humorous. This type was usually younger. They had cultural awareness. They listened better. They were more interested in knowing about a person's background or culture. The open nurse was welcoming and happy to work with people from different cultures. They were more accepting of differences, and more encouraging to students. The open nurse got along well with everybody.

8.2 Trustworthiness

In order to bracket the researcher's perspective it must be stated that this research was conducted by an English speaking ethnic minority nursing student studying in Helsinki. Clarke (2002:26) established the importance of immigrants doing research within their own communities as insiders. Burns & Grove (2005:541) states (about the interviewer as an insider), "Because of the unique position of insiders, they are familiar with the social world and thus can interpret and attach meaning that may elude an outsider."

8.3 Ethical Considerations

Permission to interview the students was requested and granted by the director of the nursing department of the school where the participants studied (see appendices 2 & 4). Each participant was kept anonymous to protect their identity. They were assigned a number to maintain their anonymity. Identifying characteristics or names used by the interviewees were removed from the written transcripts. After the data is analyzed and a certain amount of time has passed; the recordings and the transcripts will be destroyed.

8.4 Implications for Nursing

The results show ethnic minority nursing students are facing adversity because many Finnish healthcare workers are culturally incompetent. There are ethnic minorities who are studying, living and working in Finland. People continue to move to Finland and this society is not quite accepting of its immigrants. This was reflected in how nurses treat their foreign patients. The labour shortages are still looming. Finnish hospitals are recruiting minorities from other countries. This study implies that improvements in the treatment of ethnic minority patients and in the training of healthcare professionals should to be made.

It appears that multicultural education offered for Finnish nursing students and cultural competency training in the workplace are inadequate and should be strengthened. So, the curriculums of Finnish healthcare degree programs should be reviewed to see if improvements in multicultural education need to be made. This study used the Papadopoulos, Tilki and Taylor model for developing cultural competence as its framework. Perhaps, as Papadopoulos suggests, Finnish nurses might benefit from using a cultural competency model or tool to incorporate into their nursing practice to achieve cultural competence.

The findings generated descriptions of two nurse archetypes found amongst Finnish healthcare professionals: the open nurse and the closed nurse. Additional research would be beneficial to further elucidate these two types and to find out which factors make a nurse open and which ones make a nurse closed. Additionally, more qualitative research should be done in Finland to see if results would be similar to those found in this study.

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Appendix 1: Schedule of Questions for Interviews

Background
1. What country were you born in? What is your home country?
2. What is your first language?
3. What is your residence status in Finland? How long have you lived in Finland?
4. How do you fund your health care needs? Are you covered under Kela?
5. Which region of Finland do you live in? In what city are your health care needs met?
6. Do you use the health care services in Finland? Have you sought treatment at a hospital in Finland?
7. Did you use healthcare services in your home country? How do they compare with Finland?
8. What differences have you noticed between your experiences during the beginning of your stay in Finland and now, regarding healthcare?
Questions derived from the Papadopoulos, Tilki and Taylor model for developing cultural competence.
Stage 1 Cultural Awareness
1. How do you feel you are being viewed by the Finnish healthcare staff?
2. Do you feel that you have ever been stereotyped? Examples?
3. Have you experienced ethnocentrism by hc workers or by policies? Examples?
4. What language do you prefer to receive treatment in? Why?
5. Are given treatment in the language you prefer? Why/Why not?
6. Do you feel the hc workers have made assumptions about whether or not you speak or understand Finnish? English? Swedish? How so?
8. Have you experienced any misunderstandings? Have you felt misunderstood? Ex?
Stage 2 Cultural Knowledge
1. Did you feel that most or all of your concerns were addressed by the hc worker?
2. How did you find out about Finnish healthcare services?
3. What do you rely upon to become familiar with Finnish healthcare services?
4. Did you know what services were available to you?
5. Do you feel healthcare services have been equally accessible to you in Finland?
6. Have there been any barriers to access? What? (language, prejudice, discrimination)
7. Have any healthcare staff expressed any knowledge or interest about your culture?
Stage 3 Cultural Sensitivity
1. How have you been treated by the health care staff, in general?
2. Have you had positive and/or negative experiences? Example.
3. In your interaction with healthcare staff, did you feel you were seen as a partner in your own care? In what way?
4. Did the healthcare staff listen to you? Why/why not?
5. Did the healthcare staff have good interpersonal skills? How so?
6. Did you develop trust and/or respect for your healthcare worker?
7. Did you feel acceptance? Examples?
8. If not, what were the barriers to cultural sensitivity?
Stage 4 Cultural Competence
1. Overall, did you feel that your nurse was culturally competent? Why?
2. Did you observe anything in their nursing skills that would indicate cultural competence?
3. Did you witness your nurse challenging and addressing prejudice, discrimination and inequalities? Examples?

Appendix 2: Request to Interview Students

REQUEST FOR PERMISSION TO INTERVIEW [redacted] UNIVERSITY STUDENTS

Dear Director [redacted]:

I am currently a student in the Degree Programme of Nursing at Metropolia University of Applied Science (group SN06S1) and am working on my final project which is scheduled to be concluded in fall 2010. My supervisors on this research project are Lea-Riitta Mattila and Eila-Sisko Korhonen. I am writing to request permission to interview students who are enrolled in the Degree Programme in Nursing at [redacted] University of Applied Sciences.

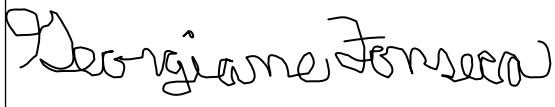
My research project is part of the Local and Global Development in Health Care (LOG-Sote) research project which is in partnership with Metropolia University of Applied Sciences. My research project is titled: "How Ethnic Minority Nursing Students Experience Health Care Services in Finland". It is a small descriptive study. The purpose of this paper is to investigate what kinds of experiences that ethnic minority students studying nursing in a Finnish university of applied science have had with health care services in Finland; as a client. This research hopes to answer the question; what have been the experiences of ethnic minority nursing students when using healthcare services in Finland?

My target group is a random convenience sample of 5 - 7 English speaking ethnic minority nursing students from a university of applied sciences who live in the capital area of Finland. They will be interviewed and digitally recorded. Transcripts will be made of the interviews. All digital recordings, transcripts, and field notes will only be seen by me. They will be destroyed upon the conclusion of my research. The identities and any identifying characteristics of the informants will be confidential. The interviews will be about 30-60 minutes in duration.

I am requesting your permission to interview students who are currently enrolled at [redacted] University of Applied Sciences in the degree programme of nursing.

Helsinki, 21 April 2010

Nursing Student Georgiane Fonseca



Appendix 3: Invitation to an Interview

Helsinki, 22 April 2010

Dear Nursing Student,

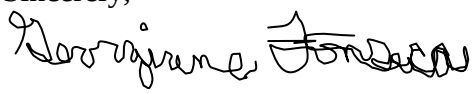
You are kindly invited to participate in a study concerning the experiences of ethnic minorities using healthcare services in Finland. The purpose of this study is to describe the subjective experiences of ethnic minority nursing students who live in Finland and use its healthcare services. This final project will be published as part of the Local and Global Development in Health Care (LOG) project which is part of a larger European Union project called HOME (Health and social care for migrants and ethnic minorities in Europe.) HOME is concerned with the migration of peoples within Europe and how different countries are meeting the needs of the immigrants. LOG-Sote investigates the healthcare experiences of ethnic minorities living in the capital area of Finland.

The interviews will be conducted and digitally recorded by one of your peers. The time and place for the interview will be determined by you and the interviewer. The interview will be transcribed by one of your peers, thus, protecting your identity. Your participation in this project will be completely confidential and no identifying characteristics will be used. Interviews will be numbered to retain the anonymity of the participants. After the project is completed all recordings and transcripts will be destroyed.

The director of your educational institution has given permission to conduct interviews. The project is being undertaken with the supervision of Lea-Riitta Mattila and Eila-Sisko Korhonen.

The participation in this research project is voluntary.

Sincerely,



Georgiane Fonseca
Nursing Student
Metropolia University of Applied Sciences
044 016 0470
gm.fonseca@gmail.com

Appendix 4: Permission to Interview Nursing Students

Permission to Nursing Student Georgiane Fonseca

Director of Faculty of Heath Care and Nursing has decided to give a permission to a Nursing Student Georgiane Fonseca to interview students who are currently enrolled at [redacted] University of Applied Sciences in the degree programme of nursing.

Interviews are supposed to bring up information to Fonseca's research project "How Ethnic Minority Nursing Students Experience Health Care Services in Finland", which is part of the Local and Global Development in Health Care (LOG-Sote).

Decision will be sent to Georgiane Fonseca, manager Marianne Pitkäjärvi and principal lecturer Lea-Riitta Mattila.

In Helsinki 30.4.2010

[redacted]

Director/ Faculty of Health Care and Nursing