



PANAGIOTA DOMESTICHOU

Job satisfaction of foreign health professionals working in disability services in Finland

MASTER'S DEGREE PROGRAM IN REHABILITATION
2020

Author Domestichou, Panagiota	Type of Publication Master's thesis	Date August 2020
	Number of pages 66	Language of publication English
Job satisfaction of foreign health professionals working in disability services in Finland.		
Master's Degree Program in Rehabilitation		
<p>This study presents the subjective perceptions of foreign health professionals concerning their job satisfaction in disability services in Finland. According to Herzberg's theory, job satisfaction relates to intrinsic, extrinsic, relational and cultural factors.</p> <p>The study was an initiative of the target organization, which provides services to people with physical disabilities. The organization provided information to the staff concerning the research and released it online using Webpropol tool. Data were collected through a questionnaire with quantitative and qualitative variables. Sixteen health professionals, 12 women and 4 men, responded in this survey. Eleven of them had a practical nurse diploma, 4 a bachelor's degree and one master's degree and above. Ten of the respondents had a permanent position in the organization, while the rest had a fixed-term contract. The participants' birthplace was United Kingdom, Italy, France, Spain, Chile, Russia, Estonia, Somalia, Afghanistan, Ruanda and Iran.</p> <p>Quantitative data analysis was applied with the help of Tixel tool. Qualitative content analysis was used to identify the cultural factors that the foreign nurses are dealing with in their workplace as well as how their culture affects their attitude. Even with low number of participants, this research revealed interesting preliminary findings.</p> <p>The results point out that job satisfaction in the target organization are in general terms positive. From the intrinsic, extrinsic and relational factors, the intrinsic ones presented better job satisfaction results, while extrinsic gathered the lowest rates. Cultural factors pointed out some important areas, such as differences in the training of a new employee, language barrier, honesty and gender differences. Moreover, relationships with the clients and the colleagues, conscience and differences in the effort foreign health professionals put into work were also named as important. The thesis included several suggestions on how the general level of job satisfaction among foreign health professionals could be improved.</p>		
Disability services, foreigner, health professional, job satisfaction		

CONTENTS

1	DISABILITY SERVICES IN FINLAND.....	4
2	THE CONCEPT OF JOB SATISFACTION	6
2.1	Theoretical framework of job satisfaction	6
2.2	Characteristics of health professionals working in disability services.....	8
2.3	Foreign health professionals in Finland	9
3	HERZBERG’S THEORY	11
4	PURPOSE AND AIM OF THE RESEARCH	15
5	IMPLEMENTATION OF RESEARCH	16
5.1	Methodological approach.....	16
5.2	Questionnaire design	17
5.3	Data collection	19
5.4	Data analysis	20
6	RESEARCH FINDINGS	23
6.1	Description of the sample.....	23
6.2	Professionals’ perceptions related to job satisfaction	25
6.2.1	Intrinsic factors.....	28
6.2.2	Extrinsic factors	29
6.2.3	Relational factors	31
6.3	Professionals’ perceptions related to cultural factors.....	32
7	DISCUSSION AND RECOMMENDATIONS	37
7.1	Intrinsic factors findings	37
7.2	Extrinsic factors findings	39
7.3	Relational factors findings	42
7.4	Cultural factors findings.....	45
7.5	Summary of recommendations	49
8	CONCLUSIONS.....	51
8.1	Final considerations	51
8.2	Ethical issues.....	53
8.3	Future research suggestions	54
	REFERENCES	
	APPENDICES	

1 DISABILITY SERVICES IN FINLAND

This research is taking place in a branch of disability services in Finland. Disability Services could be described as services provided to a person due to disability or illness (Website of Valvira 2015). The purpose of Disability Services is to promote the ability of an individual with disabilities to live on an equal basis with others and to prevent and eliminate the barriers caused by his disability. A person with a disability, could be described as someone who, due to an injury or illness, has long-term difficulties in performing normal life functions. In Finland, there is a variety of services and support measures provided to individuals with disabilities in order to meet every need. The client's rights are provided according to the Act of Public Procurement and Concession Contracts. Services are provided by companies and producers with an organizational or foundation background. (Lehti 2018, 12; Website of Terveystieteiden tutkimuskeskus ja hyvinvoinnin laitos 2018.)

Municipalities are obliged to organize services and support people with severe disabilities. The municipality should ensure that the services are provided in accordance with the law. Every client is provided with a personal plan on the services needed (Website of social services n.d.). Enhanced services are offered to those who need constant care, help and supervision. Some of the most important services are transportation, housing remodeling for severely disabled people, rehabilitation, personal assistance, housing servicing, day care and interpreting service (Website of Terveystieteiden tutkimuskeskus ja hyvinvoinnin laitos 2018).

A variety of professionals are working in disability services such as: social workers, physiotherapists, psychologists, nurses, occupational therapists, personal assistants, home cleaners, taxi drivers, speech therapists, translators, home renovation workers, architects and professionals suitable for the maintenance of assistive devices (Website of social services n.d.). The current study will be carried out among foreign health

professionals working in the described disability services where is measured the level of their job satisfaction.

2 THE CONCEPT OF JOB SATISFACTION

The concept of job satisfaction has transformed over time. This chapter presents the theoretical framework of job satisfaction as well as the concept of job satisfaction of health professionals. Lastly, information is provided about the skills and abilities that should characterize a health professional working in the target organization.

2.1 Theoretical framework of job satisfaction

Job satisfaction could be characterized as the measure to which an employee delights his job. Most of the people are expressing a degree of dissatisfaction or satisfaction concerning their working position and duties. Job satisfaction is a multidimensional phenomenon which has been the object of research from many different sciences in sociology, psychology, economics, nursing, and human resources (Tsounis & Sarafis 2016, 38). According to research in psychology, job satisfaction is an emotional situation strongly connected with the employee's working expectations, attitudes towards work, ethic, beliefs as well as personal and professional development. (Kvist et al. 2012; Metsiou et al. 2019, 62; Stephen & Ayaga 2014,11.)

The degree of job satisfaction of an individual constitutes an important factor as far as his psychological health is concerned. Moreover, the level of job satisfaction depends on the degree that the needs of the person are satisfied (Metsiou et al. 2019, 62). The more these needs are covered, the higher the degree of the employees' job satisfaction is. (Tsounis & Sarafis 2016, 39). Job satisfaction is something personal and different for everyone.

Concerning job satisfaction in health industry, health professions demand high level of certain skills and knowledge since these are focusing on the most important aspect

of a person, which is health. Although, technology and new systems have been evolved and accessibility in health services is easier, the human factor determines the provision of high-quality health services. In hospitals and organizations, the provision of health services depends mostly on the nursing staff. (Gkliati 2018, 18.)

The nursing staff deals constantly with a lot of challenges and changes in their work. In health sector job satisfaction is affecting the quality, the effectiveness, and the efficiency of the employees' work. A significant amount of studies has presented the importance of nurses' job satisfaction in patient's safety, productivity at work, delivery of quality care and dedication not only to the organization but to the profession as well. (Farman et al. 2017, 512; Hahtela et al. 2015, 470; Murells, Robinson & Griffiths 2008.) In contrast, a poor working environment is associated with burnout, risk of patient's safety, mistakes in nursing care, job dissatisfaction and intentions of nurses to change their working field (Hahtela et al. 2015, 471).

The most important factors that can affect job satisfaction or dissatisfaction of the nursing staff are the shifts, teamwork, job safety, working conditions, years of experience, age, gender, family status, level of education, work experience, relationship with patients and colleagues, and organizational leadership and structure (Panagiotoglou, Fancey, Keefe & Martin-Matthews 2017; Seitovirta, Vehviläinen-Julkunen, Mitronen, De Gieter & Kvist 2017, 7-14). Kvist and his colleagues (2012) studied the importance of nurses' job satisfaction related to gender, age, and work experience. According to this study, nurses with many years of experience on the field were found to have the highest degree of job satisfaction. It seems though that the salary and the ability for development are important for men, while acceptance and working environment are more important for women (Gkliati 2018, 26).

Concerning age, according to a research conducted in primary healthcare centers in Finland, younger nurses expressed their job dissatisfaction and intention to leave the sector (Hahtela et al. 2015, 476). In relation to the education level, research has shown that the higher the educational level is, the lower the job satisfaction level is. This happens because high educated employees are more demanding and usually criticize more the deficiencies of their workplace than poorly educated people (Gkliati 2018,

28). Moreover, another factor could be the vague picture about the nursing profession that usually prevails.

It is also worthy to be mentioned that when job satisfaction of the nursing staff is low and the levels of emotional exhaustion deriving from work are high, constant and prolonged, a psychological state known as the burnout syndrome appears (Geuens, Braspenning, Bogaert & Franck 2015, 81). According to this syndrome, employees are suffering from emotional and physical exhaustion. It has been observed that nursing staff is usually having high rates of job dissatisfaction. In these cases, employees are losing their interest towards the profession, cannot adapt to the work environment and express a negativity towards their colleagues, patients and in general towards their job resulting to a reduced performance (Tong 2018, 6). Also, the lack of job satisfaction is one of the most common reasons for change of the profession (Raferty, Busse & Zander-Jentsch 2019).

2.2 Characteristics of health professionals working in disability services

The role of health professionals is complex, since responsibilities, duties and clients are constantly changing. In order to be able to respond to his duties, a health professional must acquire certain skills and virtues. As general characteristics, communication skills of a health worker are extremely highlighted, because the health professional is the one who will teach the client how to take care of himself and how to adopt healthy habits. Being a good listener is also an important communication skill. Also, health worker must be able to manage physical and mental pressure. Physical pressure can be caused when dealing with emergency cases and on-call duties while mental pressure includes dealing with emotional situations with the clients and their relatives. Moreover, a health professional should be compassionate towards the patients since he is the person who is close to the patients and can help them in difficult times. A health professional should also be active and in good physical condition so that he can work in shifts or accomplish his tasks in difficult cases when the unit is understaffed. (Curtin 2018; Jirage 2020.)

Except of the characteristics mentioned, health staff working in disability services is also required to adapt to the residents' current situation, since every day is different. They must be interested in the field, be accurate, and willing to enrich their knowledge. Level of nursing knowledge must be satisfying to provide medical care to the clients and proper treatment for every single situation. Due to the domination of technology in health sector the health professionals must also be able to adapt to the use of new devices and gadgets, communication systems and mobile applications (Curtin 2018). Nursing acts include assistance in everyday life such as in dressing, hygiene, medical care, cleaning, dining, and cooking in the resident's place.

2.3 Foreign health professionals in Finland

The demand for healthcare personnel in Finland is constantly growing. Despite the fact that since 1990 the number of Finnish nurses has grown, health organizations find it difficult to recruit staff. Many foreigners are choosing to study and work in the healthcare as nurses due to the availability in this field. Also, over the years, there has been pointed out an international mobility of health care professionals in Finland and in other Nordic countries. These foreign health professionals are usually coming from countries of the EU, the Philippines and Russia. (Koivuniemi 2012, 9; Raftery, Busse & Zander-Jentsch 2019.)

A usual problem in finding a job as a foreign health professional in Finland is the language. Language skills are the key to health sciences and the lack of them makes it difficult to work and adapt to a work community. Cultural differences in attitudes can also produce difficulties in the acceptance and in the professional isolation of the foreign workers. (Giegrich 2006.) Moreover, the attitude of some employers in hiring a foreigner is another important problem. It is very usual in a work environment for foreign employees to be treated based on their immigrant background rather than their professional skills. Factors which promote the employment and integration of a health professional into working life are considered to be work experience, adequate language skills, completed or approved in Finland professional qualifications and social

networks acquired during internships (Giegrich 2006; Koivuniemi 2012, 33-35; Aalto et al. 2013, 41; Wesolowska et al. 2018).

The target organization encourages the employment of health workers and shows acceptance to their attitudes and their culture. It is also wished that foreign employees would be integrated in the work community. It is important to be mentioned, that each workplace has its own culture and all the health professionals, the foreigner as well, are required to show respect to the employer and behave accordingly.

3 HERZBERG'S THEORY

The Herzberg's job satisfaction model is the one used in this research. According to this model the factors that can influence job satisfaction in relation to work motivation are divided into two categories: into hygiene factors and into motivators which encourage employees to work harder (extrinsic and intrinsic factors) (Jafarjalal et al. 2017, 7).

Hygiene factors or extrinsic motivators refer to factors connected with the content of work such as working conditions, job security, salary, status, promotion possibilities, support from colleagues and workload. If these extrinsic motivators are not fulfilled, then employees will show dissatisfaction and their motivation will be decreased. (Decker, Harris-Kojetin & Bercovitz 2009; Jafarjalal et al. 2017, 8; Salem, Baddar & Al-Mugatti 2016, 49.) The absence of hygiene factors could be an obstacle to the employees' motivation resulting to reduced productivity. Some of the most important hygiene factors are depicted in Figure 1.

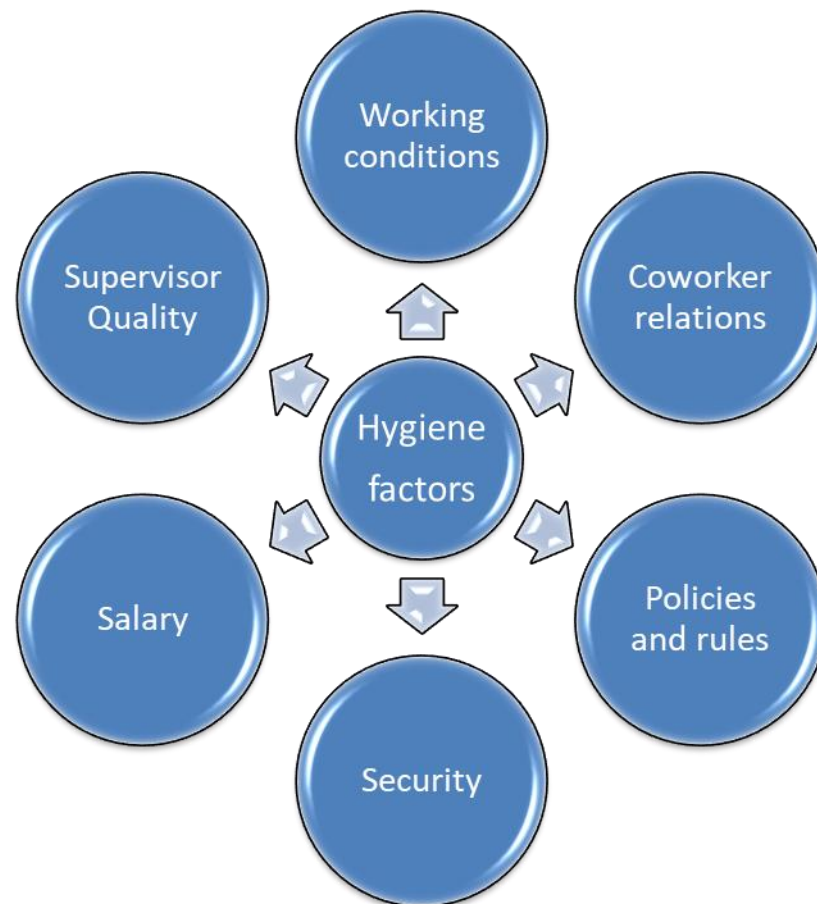


Figure 1. Extrinsic motivators according to Herzberg theory (Jafarjalal et al. 2017, 8)

Intrinsic factors referred to emotional needs. Intrinsic job satisfaction could be derived from factors such as responsibility, development of skills, autonomy, the feeling of completion, accomplishment of doing working tasks and self-directiveness (Decker, Harris-Kojetin & Bercovitz 2009; Jafarjalal et al. 2017, 8; Salem, Baddar & Al-Mugatti 2016, 49). If job hygiene factors are reduced and intrinsic factors are boosted in an organization, then job satisfaction levels could be increased. Figure 2 illustrates some of the most important intrinsic motivators.

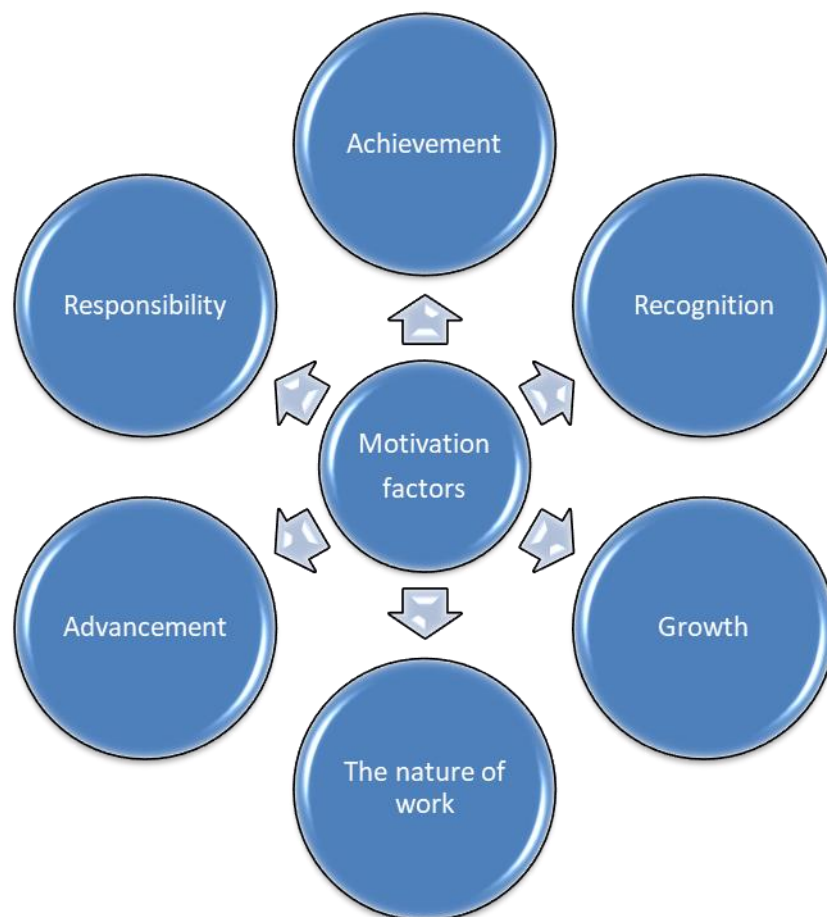


Figure 2. Intrinsic motivators according to Herzberg's theory (Jafarjalal et al. 2017, 8)

Some researchers are adding the relational factors as a third category to Herzberg theory to describe the relationships of the employees in the working environment. The relational domains of job satisfaction include the cooperation and communication with a workgroup to accomplish a common task. These domains are related with the aspect of acceptance, mutual respect and being a part of a team. (Fairbrother, Jones & Rivas 2010, 14; Havens, Gittell & Vasey 2018,133.)

In order to describe the job satisfaction of foreign professionals, it is wise to analyze further a related category. Cultural category is added to the intrinsic, extrinsic and relational factors of job satisfaction. The cultural factors stem from societal values and cultural norms (Giegrich 2006, 6). Figure 3 presents the four job satisfaction factors. The analysis of the job satisfaction factors from different angles could enrich this topic with new evidence and contribute to the recognition of the areas in need of improvement.



Figure 3. Factors contributing to job satisfaction (Modified from source: Fairbrother, Jones & Rivas 2010, 14)

The reason for choosing this theory for this research, is because it is used widely and effectively in organizations. The theory is efficient in setting goals to overcome the problematic areas of an organization and to motivate its employees. The proper application of the theory could contribute to an increased performance of the health workers within the organization. Furthermore, according to this theory the employers of the organization are those in charge of the improvement of factors causing dissatisfaction or satisfaction in the organization. Since the present research presents some solutions of those factors and the actions that the employer should take, it was concluded that Herzberg's theory was the most suitable. (Gkliati 2018, 35-37.) The combination of these four factors provides a whole new point of view regarding job satisfaction of foreign health professionals that was not available in previous studies.

4 PURPOSE AND AIM OF THE RESEARCH

The purpose of this research is to describe how foreign health professionals, working in disability services, experience intrinsic, extrinsic, relational and cultural job satisfaction factors. The aim of the study is to provide information concerning the job satisfaction among foreign health professionals working in the target organization and to point out the areas that need improvement. When health professionals are satisfied with their job, they feel confident and this reflects to their jobs and to their clients. Furthermore, in the research are suggested solutions on how the organization could improve the job satisfaction level of the foreign health workers and help them integrate in the work community. Hopefully, this research provides more information on that field and helps future studies in dealing with problems related to job satisfaction.

The research questions of the study are:

How foreign health professionals working in disability services perceive intrinsic, extrinsic and relational domains of job satisfaction?

What are the cultural factors that foreign nurses are encountering?

How does the nurses' culture affect job satisfaction?

5 IMPLEMENTATION OF RESEARCH

This chapter provides a holistic description of the research process by presenting an analysis of the methodological approach and the questionnaire design. In addition, the profile of the participants and the data collection process is described by pointing out the analysis of this study after receiving the results.

5.1 Methodological approach

Choosing which method applies best in a research, is a very crucial step. The researcher should have resolved from the beginning the kind of data he would like to collect. The researcher should always assess the suitability of each method according to the required information.

Research methods are categorized into qualitative and quantitative. Quantitative methods are used to measure variables and usually confirm or question existing theories. They are widely used in surveys and their data is numerical. Qualitative methods on the other hand, are usually descriptive, non-numerical and are used to bring to the surface emotions or perceptions about an issue. (Kabir 2016, 8-9.) For the needs of this research, mixed methods have been used, which are a combination of quantitative and qualitative methods of data collection. Mixed methodology allows a more synthetic utilization of data than quantitative and qualitative data analysis. Mixed research methods were initially used in the field of social sciences but nowadays they have expanded in many other scientific fields such as nursing, social work, and others. (Wisdom & Creswell 2013, 1.)

The use of mixed methods is regarded to be very important. Through mixed methods a researcher can validate the findings derived from the qualitative and quantitative data. This process could be done through the simultaneous assessment and comparison of both types of data. For example, a question used in a survey which could measure the satisfaction of a service could be used differently in the qualitative research to point out the personal experiences of a client. Each information completes each other

providing validity and more information on the research. Moreover, the qualitative data of a research could be used for the designing of an intervention throughout a research. In this way the researcher, observes and analyses the process of the intervention from the beginning of its implementation. Furthermore, in some cases mixed methods could be used in a multidisciplinary team where stakeholders provide their inputs. (Wisdom & Creswell 2013,2.)

The initial idea was to use only quantitative data collection methods in the current research, but since there was not provided any number regarding the target population, it was decided to use mixed methods. In case that the number of the participants was satisfying, the researcher would just concentrate on the quantitative data. The mixed methods provided safety on this matter since the qualitative data could enrich the quantitative ones.

5.2 Questionnaire design

Akini and Saunders (2015) pointed out the importance of using a well-designed questionnaire. A questionnaire can be considered as appropriate when it includes questions concerning opinions, behaviors, and attributes of the respondents. An already used questionnaire can provide validity to a survey. (Akini & Saunders 2015.) In order to collect quantitative data, a readymade questionnaire from Fairbrother, Jones & Rivas (2010, 13-14) and Baldwin and Metcalfe (2001) specially designed and used in Giegerich (2006, 32-37) survey for foreign-educated nurses was used. Furthermore, in this research two qualitative open-ended questions designed from the researcher were included.

The questionnaire consists of five categories. The first section of questions is under the title “How much do you enjoy your job?” denoting the intrinsic factors of job satisfaction. The second section’s title “doing your job” concerns the extrinsic factors, while the third section “people you work with” presents the relational factors. The fourth section is about Finnish policies and cultural factors and the last section consists of the demographic variables. The whole questionnaire is consisted of twenty-eight

statements. Until statement number twenty, participants could express their level of agreement by using ordinal Likert scales and grading only one option from number 1 to 5. Likert scales is a rating system widely used in surveys. They are mostly used to measure people's behaviors, opinions or attitudes by choosing from a range of possible responses, usually with 5 or 7 items. (Bhandari 2020.) Number one in the current research in Likert scales is denoting that the responder fully agrees with the statement of the sentence, number two is denoting that the respondent partially agrees, number three is neutral, neither agree or disagree, number four is denoting that the responder partly disagrees and number five that the responder definitely disagrees.

Questions 21 and 22 are open-ended, which means that participants answer freely based on their own experiences, beliefs, and feelings. Questions 23 to 28 include background information about the participants including gender, age, work experience in Finland, work experience elsewhere, contract type and educational background. In these questions ordinal Likert scales are used again, except of question 25 which is an open-ended question concerning the birthplace of the participants. The questionnaire can be found attached in Appendix 1. With the use of Webropol questionnaire base as a tool for the collection of data close-ended and open-ended questions were displayed online. The questionnaire had two language options: English and Finnish. The Electronic form of the questionnaire secures of the anonymity of the participants and facilitates the researcher in the collection of data process. Figure 4 presents the factors contributing to job satisfactions with the variables used in the questionnaire.



Figure 4. Factors contributing to job satisfaction (Modified from source: Fairbrother, Jones & Rivas 2010, 14)

5.3 Data collection

Data collection could be defined as the procedure in which information are deducted with the help of a variety of standard methods (Kabir 2016, 3). As a first step, an email explaining the purposes of the research to the health professionals was conducted from the researcher and was uploaded as a first page before the questionnaire (See appendix 2) in the organization's web page where only staff has access. Thereafter, a second mail was sent to the target's organization secretary, explaining again the need of this research to the supervisors. The secretary's duty was to forward this email to the supervisors of each department. In the beginning, the questionnaire was uploaded online from 8.1.2020 to 10.2.2020. Unfortunately, during that period only 6 nurses responded to the survey. After receiving the results of this low participation survey, it

was agreed with the manager of the organization that the questionnaire should be online for longer time, until 3.3.2020. During that period, the secretary was engaged to forward further reminders to the supervisors of each department. After the second period finished, the number of participants was in total 16. The close-ended questions of the questionnaire were answered by nearly all the participants. The only exceptions were two unanswered quantitative questions by two participants. Due to the low participation, it was decided to analyze the qualitative outcomes as well. In open-ended questions five of the participants chose not to answer. The rest of them answered shortly and some of them more detailed.

5.4 Data analysis

Data analysis is another important issue in a research. In the current research, qualitative content analysis was used for the analyzation of the data in open-ended questions. Content analysis is a tool used in research to define words, concepts or themes derived from qualitative data. Content analysis tools are easy to use since rules are not complicated and there are not many restricting guidelines to follow. The main concern of the researcher in content analysis is to achieve as much as possible validity and objectivity of the outcomes. The first step of this method is called decontextualization. In this step the researcher carefully examines the data and creates codes. (Bengtsson 2016.) Coding is a way to identify data which are meaningful for a research and to classify them (Linneberg & Korsgaard 2019, 17). The next step is called recontextualization where the researcher removes the unnecessary information and decides what else should be included in the study. The last stage is called categorization and includes the categorization of data. (Bengtsson 2016.) Figure 5 illustrates an overview of the process of the content analysis from planning to data analysis.

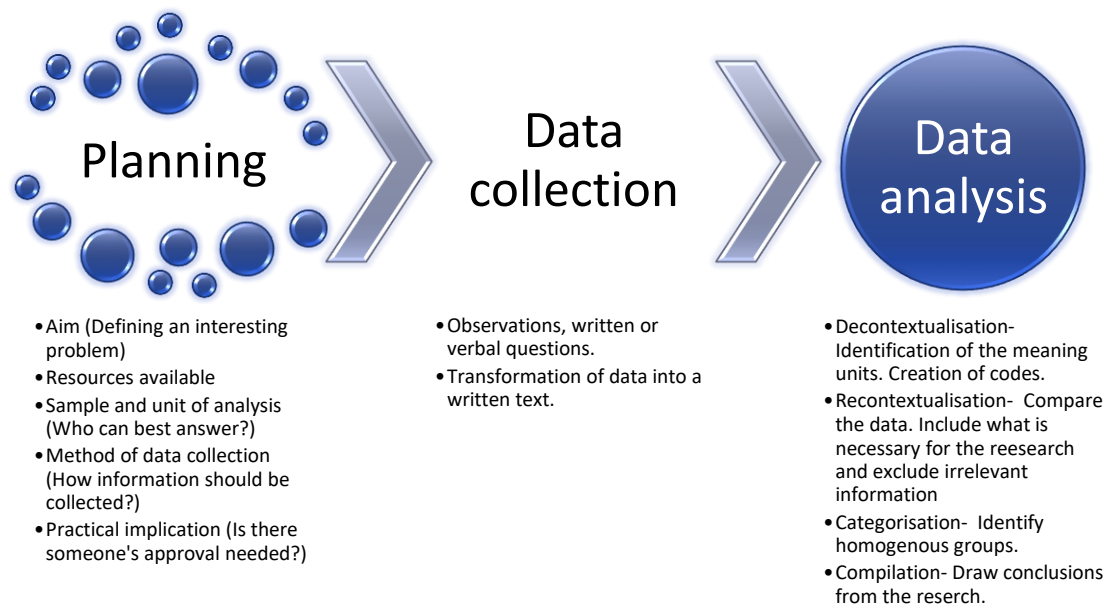


Figure 5. Overview of a qualitative content analysis process from planning to data analysis (Bengtsson 2016)

The quantitative data in the research was analyzed through descriptive analysis. Descriptive statistics in quantitative data analysis provide a description and in general an overview of a set of data derived from a research. The advantages of this method are that it simplifies enormous quantities of data. Also, it is easy for the responder to answer since the replies are ready-made. Moreover, the outcomes provided could be presented with an easy to understand way through Tables and graphs. Furthermore, it could be used to compare the answers given related to demographic variables. (Sharma 2019, 8-9.)

At the end of the survey data was sent from the organization to the researcher into Excel form. In the beginning there were two Excel forms of data: one in Finnish language and another one in English. Data was transferred in one excel document and the Finnish language texts were translated into English. A numerical score was given to each quantitative response according to which data could be analyzed quantitatively. Moreover, the statements used in the questionnaire were renamed to show the main meaning of the claims. Afterwards, data was handled with Tixel statistical analysis program. Tixel statistical program, is widely used in research and especially in

quantitative studies and works as an extension of Excel. With the help of Tixel, graphs of the data were displayed easily. Firstly, an analyzation of the demographic data took place and then followed the questionnaire analysis.

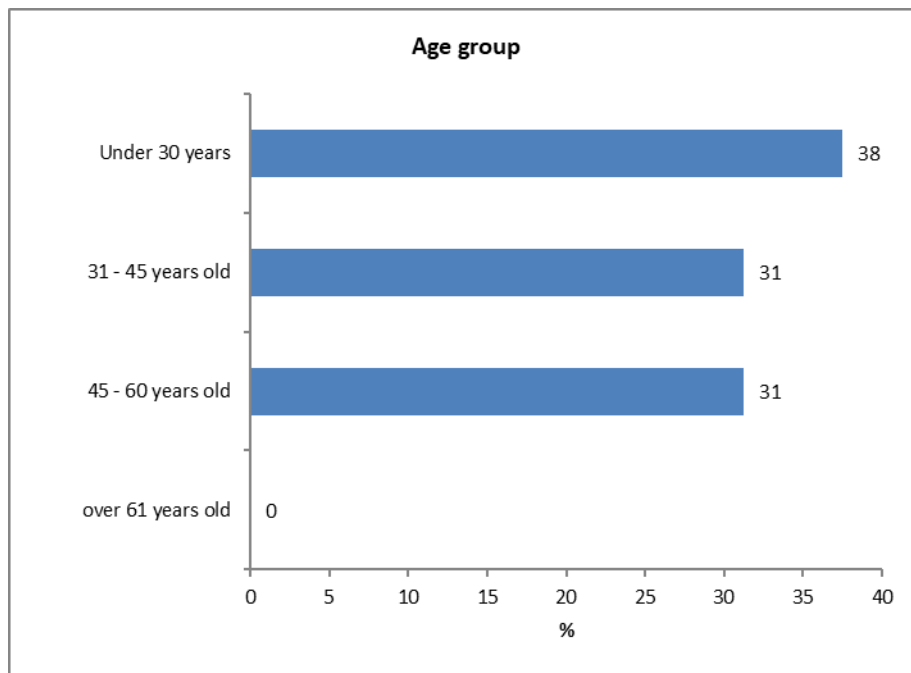
In order to analyze the qualitative data all answers were read carefully. As a first step the main units of data were identified and coded. Afterwards, data was explored further and compared with each other. Answers that were irrelevant with the questions or vague were excluded from the process. Then data denoting the same meaning were categorized into groups. After checking the codes and arrangement of data repetitively, the final structure of the data was created. An example of the process is attached in Appendix 3. According to the answers, there were created two main categories: cultural factors and differences in cultural attitudes. After that, subcategories were created that were classified under the main categories.

6 RESEARCH FINDINGS

In this chapter the results of the statements of the questionnaire beginning from the background information and answers related to intrinsic, extrinsic and relational factors are presented with bar charts and Tables. Moreover, the qualitative analysis is also presented, showing an overview of the cultural factors and the influence of the culture to the attitude of the foreign professionals. In some Tables the percentages are rounded up to the nearest number.

6.1 Description of the sample

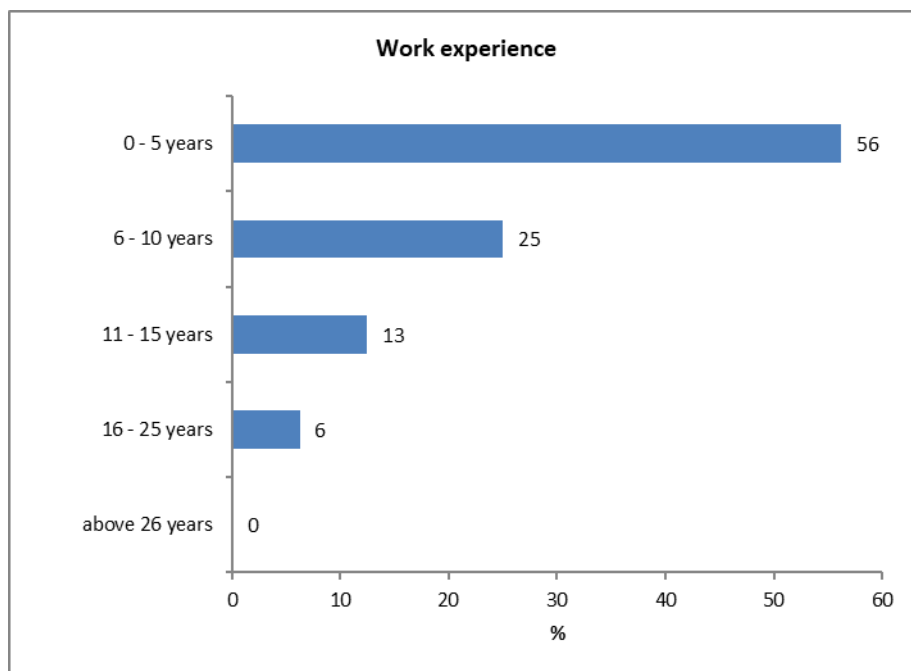
Concerning the background information of the participants, a total amount of 16 foreign health professionals responded to the online survey. The gender distribution of the respondents was uneven since 12 women and 4 men participated. The participants were coming from United Kingdom, Italy, France, Spain, Chile, Russia, Estonia, Somalia, Afghanistan, Ruanda and Iran. Two of the participants did not answer the question about their birthplace and another participant was born in Finland. Their age group varied from 6 health professionals under 30 years old and 5 in the age group between 31 and 45. In the age group of 45-60 years there were 5 participants. None of the respondents belonged to the age group 61 plus. The age distribution of the participants is presented in Table 1.



(n=16)

Table 1. Age distribution of the participants in the job satisfaction questionnaire.

In the survey, 10 of the respondents had permanent contract while 6 had fixed-term contract. No other types of contract were reported.



(n=16)

Table 2. Years of work experience of responders in Finland.

Concerning work experience of the participants in Finland, the most (56%) were reported to work from 0 to 5 years, then 4 participants were reported to work from 6 to 10 years.

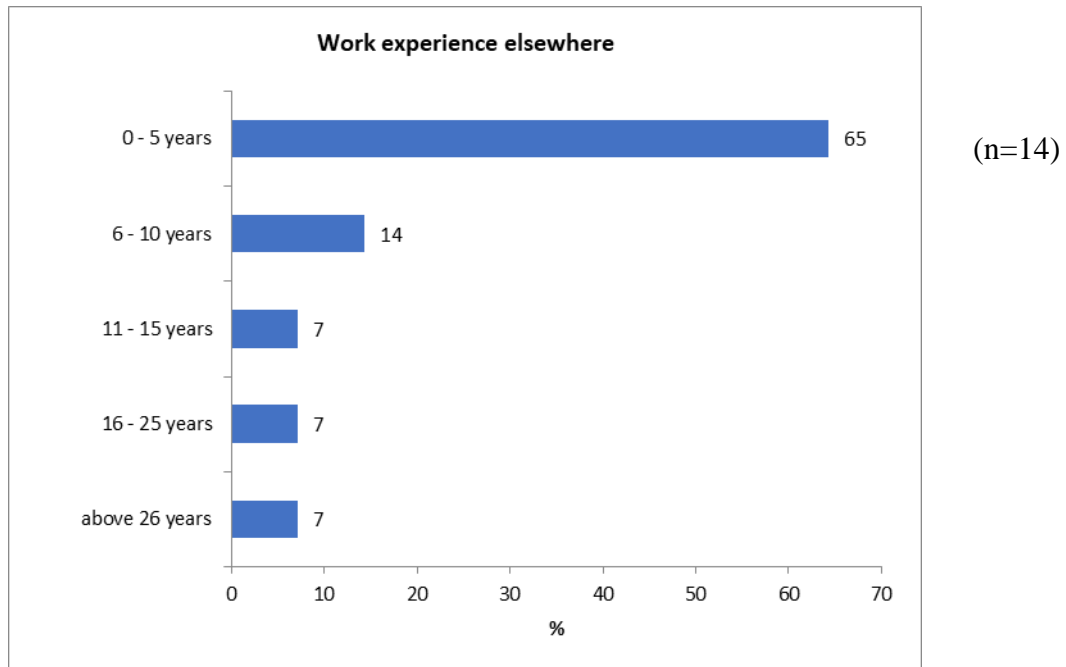


Table 3. Years of work experience of the responders elsewhere.

The majority of the respondents (64%) answered that they have worked elsewhere from 0 to 5 years. Two participants answered that they worked elsewhere from 6 to 10 years.

Concerning the participants' educational level, 11 have a practical nurse diploma, 4 a bachelor's degree and one master's degree and above.

6.2 Professionals' perceptions related to job satisfaction

The first section of the questionnaire is consisted of six opinion claims about intrinsic job satisfaction factors answering to the question "How much do you enjoy your job?" The second category includes six statements and presents the extrinsic factors which answer to the statement "Doing your job". The last category includes seven statements and presents the relational factors.

Figure 6 illustrates an overview of the responses of the participants to the questionnaire's statements. The overview of the responses indicates that the majority of the participants fully agreed or partly agreed with the statements. Except of the claim "Isolation in the workplace" where statements "fully agree" and "partly agree" had a negative meaning, in the rest of the claims the statements "fully agree" and "partly agree" were positive. The statements which had more neutral answers were those concerning communication in the workplace about the residents' issues and also the claim about workplace friendships. The claim "making an effort at work" did not receive any neutral responses nor "partly disagree", a result which indicates that the participants have a clear view on their options. The responses to some statements such as "interest in the work", "isolation in the workplace", or "respect to the professional qualification by the colleagues" provided a variety of answers with minor deviations.

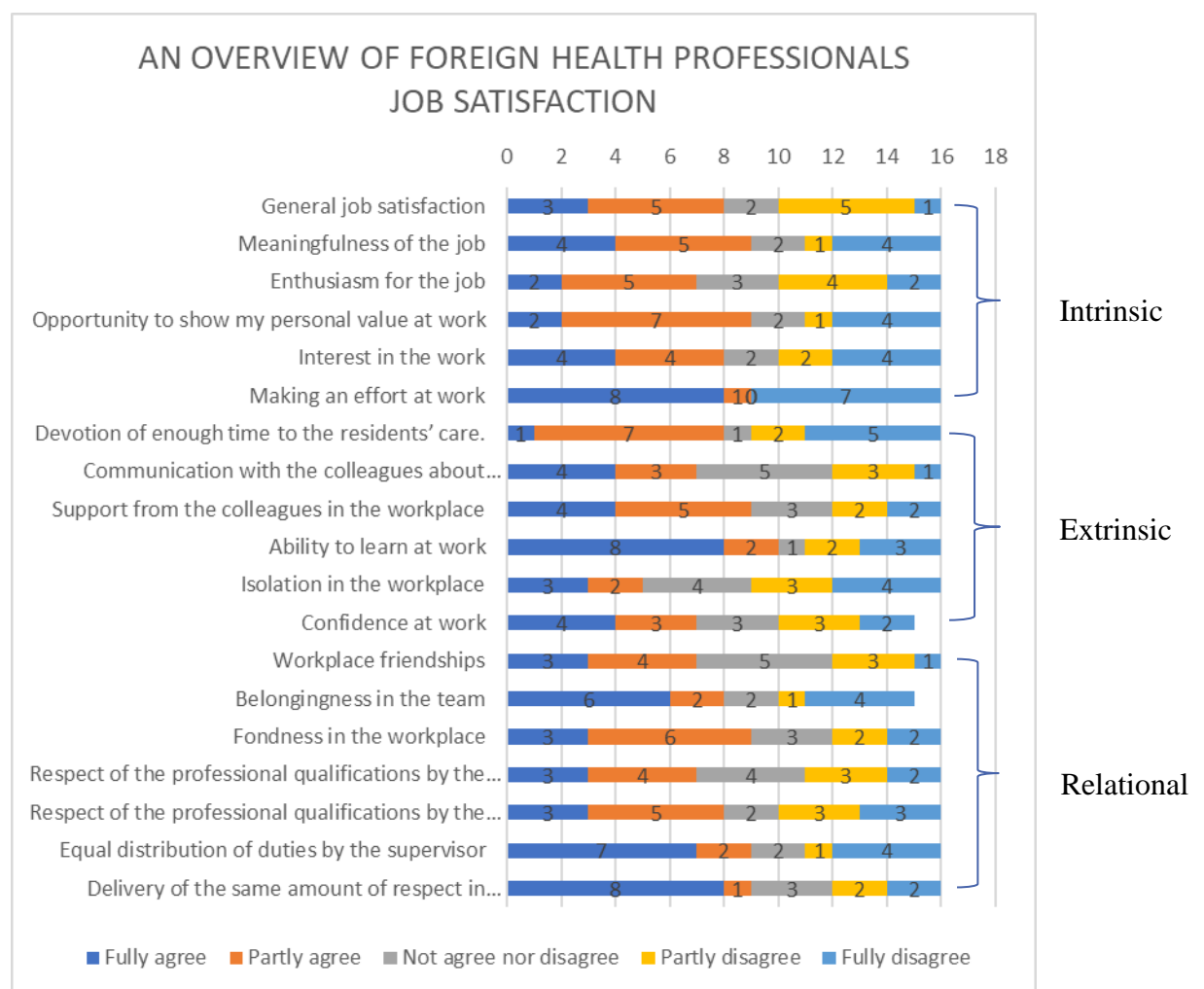


Figure 6. Intrinsic, extrinsic and relational factors in an overview.

The mode value is the most frequently appearing in a questionnaire and represents the neutral tendency of the participants' answers. Most of the mode values were reported to be under number three, which indicates that the job satisfaction of the participants was positive. The mode of the claim "Isolation in the workplace" was reported with the number 5, although there were many neutral answers as well. Figure 7 presents an illustration of the general mode in foreign health professionals job satisfaction.

An overview of mode in job satisfaction

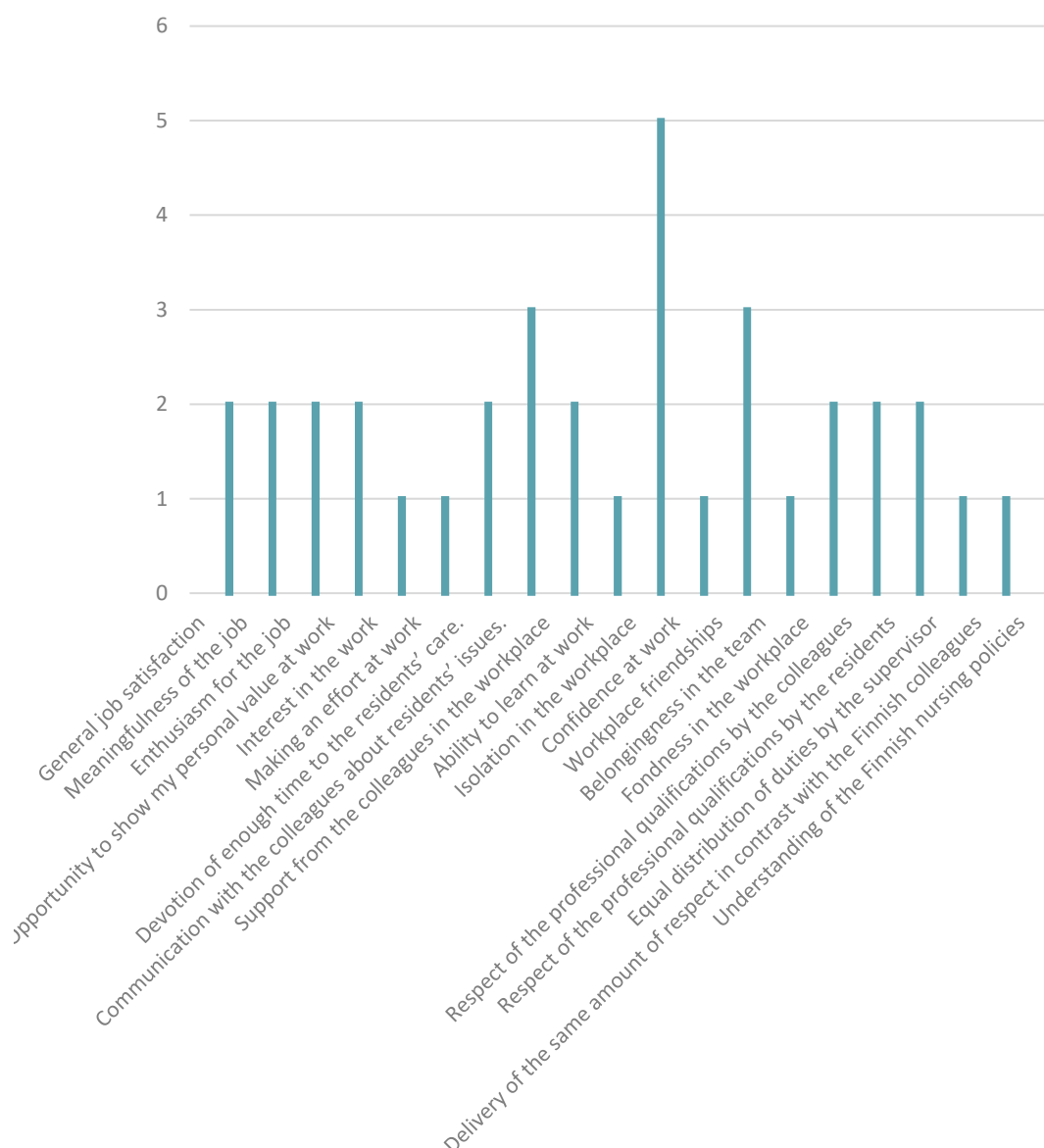


Figure 7. Mode of foreign health professionals' job satisfaction

The following section presents in percentages the results of the questionnaire in order to show a more concrete picture of the survey. For the easier understanding and demonstration of the outcomes the answers “fully agree” and “partly agree” were combined into one category, represented by the word “agree”. The same was applied to the answers “partly disagree” and “fully disagree”, which were merged to the “disagree” category. The results are presented in three different Tables according to the three job satisfaction factors (intrinsic, extrinsic and relational factors).

6.2.1 Intrinsic factors

The first part of the questionnaire consisted of 6 statements connected to intrinsic factors, which are matters related to the kind of work and the tasks the employees accomplish. The answers in the intrinsic statements were complete since all of the participants responded (n=16). According to the results, the level of intrinsic factors contributing to job satisfaction are not strictly agreed but are in general terms positive. It is very interesting to see the percentages on the statements “enthusiasm for the job” and “making an effort at work”. The fact that the percentages have a little deviation to each other, is affected by the response of even a single participant and this modifies the outcome. The neutral responses are the ones that are not much selected in the intrinsic statements. In the last statement “making an effort at work” there was not any neutral answers at all. The statements which indicate the “meaningfulness of the job” and the “opportunity to show personal value at work” are the most positively answered, having some deviation from the negatively answered claims. In Table 4 the results of the questionnaire concerning the intrinsic factors are depicted.

Table 4. Results of the intrinsic factors from the job satisfaction questionnaire in percentages.

Statement	Agree	Neutral	Disagree
General job satisfaction	50%	13%	37%
Meaningfulness of the job	56%	13%	31%
Enthusiasm for the job	44%	19%	37%
Opportunity to show personal value at work	56%	13%	31%
Interest in the job	50%	13%	37%
Making an effort at work	56%	0%	44%

6.2.2 Extrinsic factors

The second part of the questionnaire consisted of six statements which belong to the extrinsic factors. These are considered as environmental factors or in another way working conditions. The extrinsic factors presented in the Table 5 show relatively positive results. The statement which received the most positive answers was the one about the ability to learn at work, where 63% answered that they can learn through their work. Moreover, an important number (56%) reported to be supported from the colleagues. In most of the statements there is a dispersion and once again a single participant's response affects the results of the survey. The majority of the participants (44%) answered that they do not feel isolation in the workplace. The percentage of the

participants who reported to be neutral was also high (25%). Although health professionals seem to experience isolation in the workplace, they do not seem to be excluded from the discussion with the colleagues about the residents' issues. Furthermore, the most health professionals (56%) answered that they receive support from the other colleagues. The responses in the statement "confidence at work" were only fifteen (n=15) something that creates even smaller deviations from the claim.

Table 5. Results of the extrinsic factors from the job satisfaction questionnaire in percentages

Statement	Agree	Neutral	Disagree
Devotion of enough time to the residents' care	50%	6%	44%
Communication with the colleagues about the residents' issues	44%	31%	25%
Support from the colleagues in the workplace	56%	18%	26%
Ability to learn at work	63%	6%	31%
Isolation in the workplace	31%	25%	44%
Confidence at work	47%	20%	33%

6.2.3 Relational factors

The third part of the questionnaire consisted of the relational factors. An overall picture of the participants' answers to the relational statements appear in Table 6. Generally, the relational factors affect the participants positively. In most of the statements dispersion has been reported and again a single participant's response affected the results of the survey. The claims which gathered the most positive responses concerned the equal distribution of duties by the supervisor (57%) and the delivery of same respect as the Finnish colleagues (56%). The claim fondness in the workplace received the fewest negative responses (24%). It seems that the majority of the health professionals are experiencing the feeling of the belongingness in their working team (53%) and can create friendships (44%). In the claim "belongingness in the team" one participant did not answer (n=15), while the rest of the answers were complete by all the participants (n=16).

Table 6. Results of the relational factors from the job satisfaction questionnaire in percentages

Statement	Agree	Neutral	Disagree
Workplace friendships	44%	31%	25%
Belongingness in the team	53%	13%	34%
Fondness in the workplace	47%	19%	24%
Respect of professional qualifications by the colleagues	44%	25%	31%
Respect of professional	50%	12%	38%

qualifications by the residents			
Equal distribution of duties by the supervisor	57%	13%	30%
Delivery of the same amount of respect in contrast with the Finnish colleagues	56%	18%	26%

6.3 Professionals' perceptions related to cultural factors

In this section are presented the results concerning cultural factors. The first question concerns the understanding of Finnish nursing policies by health professionals and is the last close-ended question of the questionnaire. Figure 8 shows that significantly more responders agree with the statement.

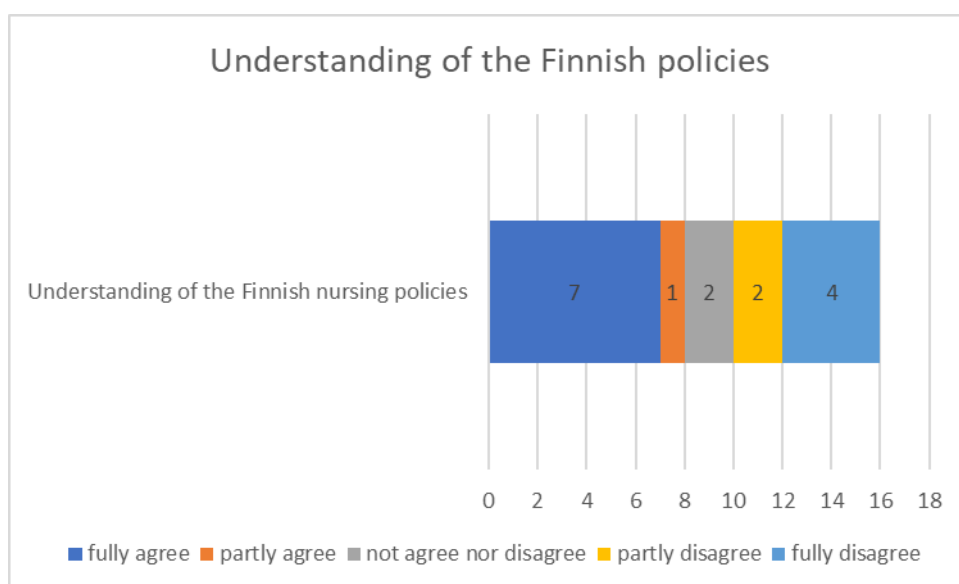


Figure 8. Results of understanding of nursing Finnish policies

Table 7 shows the results in percentages. A variety of answers is depicted, but in general the majority of the foreign health professionals (50%) agree with the claim that they understand the Finnish nursing policies.

Table 7. Results of understanding of the Finnish nursing policies in job satisfaction questionnaire in percentages.

Statement	Agree	Neutral	Disagree
Understanding of the Finnish nursing policies	50%	13%	37%

The next part of the questionnaire consisted of two open-ended questions. The findings derived from these questions are presented in this section. The first open-ended question was about the main cultural factors that the foreign health professionals face. According to the answers these are: relationship with the clients, language barriers, honesty, differences in gender and differences in the apprenticeship.

A problem mentioned was the relationship of foreign nurses with the clients. A nurse mentioned that in the beginning of her working career, she felt lack of trust on behalf of the clients, something that affected her working attitude. Another nurse faced difficulties in acceptance by the clients due to her different skin color.

“In the beginning of my working career as a nurse, clients did not fully trust me, I felt that after the clients got to know me better, I was more confident in working”

“The main cultural difficulties is the color of my skin which is very noticeable. Many of the customers can have a problem with this”

Some of the nurses mentioned the difficulty of the Finnish language. A nurse mentioned the frustration he feels from the language barrier that he faces at work.

Another nurse wrote that unknown words to her and her accent in some words might lead to misunderstandings. It was also expressed that writing in Finnish is also difficult.

“Sometimes it is frustrating for me, as I know how to help someone, or I even have ideas that might benefit some people, but I have difficulty explaining my ideas. Anyway, it is my responsibility to learn Finnish and I enjoy speaking it, communication is sometimes difficult.”

” The language can be an obstacle at some time even though I do speak everyday Finnish, there are always some words I do not understand or do not pronounce correctly that may mislead the conversation”

“Writing into Finnish is still quite challenging, but in general both colleagues and residents show understanding and are complying well with it”

Some of the health professionals pointed out another cultural issue concerning honesty in the workplace. A nurse wrote that her sincerity is not appreciated at work. Another nurse wrote a similar answer, which may indicate that pointing out others' mistakes is confined.

“My honesty is not pleasant for everyone at work”

“You are not allowed to talk straight, only about mistakes in general level.”

Furthermore, another cultural difference that was pointed out was the equal rights between the two genders.

“Equality between men and women”

The last category includes differences in the apprenticeship. According to an answer the trainers do not give detailed reports about the residents' situation to the new nurses. However, it is demanded that the new nurses cope with the everyday problems without obtaining a clear image about the residents' profile.

“During the training, new nurses are not informed by the older nurses about the clients’ situation, but it is expected them to know everything about the client and to know the answer in every single question”.

The second open-ended question was about the attitude of health professionals at their work. The categories derived from this question were behavior towards clients and colleagues and working attitude. According to the answers some of the nurses feel that their cultural attitude contributed to behaving helpfully towards their colleagues. A health professional wrote that she is willing to offer help to her colleagues. Another one wrote that she tries to protect her colleagues from making the same mistakes as her. Someone else answered that sometimes she is very kind with her colleagues.

“it is very usual to ask if another colleague needs help in his work...”

“My work was affected by my culture in helping other nurses during their training by letting them know what kind of mistakes has happened to me, in order to avoid re-happening the same mistakes to them”

“I can sometimes be overly helpful, for example, giving throat pastels to a work colleague who had a sore throat”.

Moreover, appreciation and respect are included in the same category. A health professional wrote that her cultural attitude has influenced her by respecting people in her work environment. Another health worker wrote that she always has in mind to respect other people. According to another answer the respect towards the client releases the tension.

“...by appreciating and respecting residents, colleagues and people older than me...”

“...bearing in mind to show respect to other people...”

“...when there is respect towards the client, problems are not existing, and the resident sometimes would like to learn more information about the nurses’ home country...”.

The second category concerns the effect that cultural attitude has in the behavior of the health professionals at their work. A health worker mentioned that people in her country put more effort into accomplishing their work than in Finland. Another one wrote that during the training she would give all the necessary information to a new nurse about a resident's situation. Two of the responders wrote that their cultural attitude affected their behavior positively, but without explaining further what they meant. Moreover, another health worker pointed out how important conscience in her culture is and thus in her work as well.

“People in my country are more hardworking.”

“In training I would give detailed information to a new nurse about a residents situation, if for example he has a wound, in what way I would clean it before the new nurse meets the resident for the first time.”

“My culture has affected my working attitude positively”.

“Conscience is very important in my culture.”

7 DISCUSSION AND RECOMMENDATIONS

Based on the results of this study, it is concluded that the majority of the foreign nurses indicate a positive satisfaction level towards their work. The fact that the results were not strictly positive could not be ignored. In contrary, in most of the questions there was an important number of participants who answered negatively or neutral to the statements. As a result, it was decided each statement to be analyzed and to suggest recommendations. The findings of the research are reflected upon previous research and theory.

7.1 Intrinsic factors findings

The intrinsic factors gathered the highest rate on satisfaction in contrast to the extrinsic and relational ones. The first statement of the questionnaire indicates the overall job satisfaction level of foreign health professionals. Although this claim belongs to the intrinsic satisfaction, extrinsic and relational factors are indirectly related as well. From the answers given, it is assumed that although there are many positive answers, the feelings of the nurses are mixed. For some employees, the overall job satisfaction may be affected for example from the salary, working conditions, lack of recognition or poor interpersonal relationships with the colleagues (Gkliati 2018, 12; Jafarjalal et al. 2017, 8). It would be useful to recognize, what the main problematic area that affects the satisfaction level of the nurses is and how this could be solved. The improvement of the problematic area could improve the overall job satisfaction level of the health professionals.

The second statement denotes the importance of doing a job that matters. From the answers given, it is assumed that most of the nurses regard their job as meaningful. It has been pointed out that when employees regard their job as meaningful, various cognitive, behavioral, and emotional benefits could prevail. The lack of meaning regarding an employee's job could create negative feelings towards the clients, colleagues, and work in general. (Keles & Findikli 2016, 62.) Moreover, job performance and commitment to the organization could be decreased (Tong 2018, 6).

It would be useful for employers to assess the concerns of the employees in the workplace, discuss with them and find motivations and solutions to improve the problematic areas.

The third claim points out the enthusiasm of the health professionals about their present job. Usually employees are enthusiastic about a new job, but as time goes by, they lose motivation. The enthusiasm shows an interest in the profession, engagement, and willingness to learn more on the field and get involved. (Ho, Wong & Lee, 2011, 7; Salgado et al. 2019.) Most of the health professionals answered positively in this statement, although there is an interesting rate which has different opinion. This shows that this area needs improvement. Enthusiasm could be attained through the acknowledge of the employees' work, the provision of constructive feedback or rewards (Ho, Wong & Lee, 2011, 8). Moreover, the possibility of arranging opportunities for professional growth such as seminars and courses could contribute to the employees' enthusiasm. It is also helpful when the working environment is not stressful, and the employee has the opportunity to relax during his shift. The employer could also provide pleasant surprises to the health professionals to show his appreciation to them and to increase the level of their enthusiasm. An example of this idea might be the provision of breakfast to the staff every now and then.

The fourth claim concerns the opportunity that is given to the health professionals to demonstrate their personal value. A valuable worker reflects well on a company when he builds trust, is proactive, multiskilled and dedicated to his job (Bigelow n.d.). According to the answers most of the health professionals feel that they are given the opportunity to demonstrate their personal value. The negative answers might imply that the health professionals are not given the opportunity to participate in the decision making of the team, their opinion is not asked or is not taken into consideration (Dahsan & Moussa 2019). To improve the situation a practice should be embraced where every member of the team could take initiatives and participate in the decision making. The employer should also encourage health professionals reluctant to make decision and to participate actively. In addition, diverse rewards such as financial rewards, wage rates or other bonuses could motivate employees in working more productively. The financial rewards and salary of an employee should reflect his skill level. When the financial rewards and wages are distributed fairly to the health

professionals, then employees are encouraged to retain the working position in the organization. (McHugh & Ma 2014.)

The next statement regards how interesting the work is. A job is interesting when employees could benefit professionally by learning and developing their skills (Barry 2018, 50). According to the answers given, half of the participants answered positively, but others had different opinion. A way to improve this area would be employees to work occasionally in different units of the organization. This tactic would help the employees deal with different cases and keep their skills and knowledge up to date. Moreover, employees should organize detailed analysis and discussions on the health conditions of the residents. This practice could increase the health professionals' knowledge since more details would be obtained. Furthermore, self-evaluation of the employees would help them to understand their deficiencies which need improvement. As a solution to this, the employer could organize seminars and courses where employees could enrich their knowledge. The employer could also contribute to the development of the employees' professionalism by sending them newsletters about the new advances and research in the health sector.

The last question of intrinsic factors concerns the importance of putting an effort at work. The effort that each employee is putting on his work results to the value of his work since a minimum effort is usually connected with poor performance (Tong 2018, 4). From the answers given, most of the participants feel that it is worthwhile to make an effort in their job, while an important number (44%) fully disagree. A reason for this high percentage might be the lack of motivation. The adaptation of a rewarding system in the organization could increase the work motivation of the employees. These rewards may include financial benefits but also contingent rewards such as recognition or appreciation. (Baljoon, Banjar & Banakhar 2018; McHugh & Ma 2014.)

7.2 Extrinsic factors findings

Extrinsic factors accumulated the lowest percentages, something that demonstrates that these areas need improvement. The first statement of the extrinsic factors underlines the amount of time that the health professionals are spending with the

residents. Most of the answers collected, pointed out that the health professionals have enough time to provide good care to residents. An important number of participants though answered negatively while some answered neutral to the statement. Unfortunately, the shortage of the staff and the lack of replacement workers might affect the quality of care delivered to the residents. To improve the situation more staff should be added in units in need. In case of sudden absences, the supervisor should not stress the health employees but on the contrary try to help them by informing the residents for the problematic situation and reminding them to show patience and kindness to the health professionals.

The next statement indicates the chances given to the health employees to communicate about the residents' problems with colleagues. Good communication between colleagues is very crucial for the successful result of the nursing care since the lack of it could put patients into risk. (Abdelrahman and Mohamed 2017, 67). O' Daniel and Rosenstein (2008) mentioned that risky situations could be created due to the lack or misinterpretation of crucial information to the nursing personnel. Many foreign professionals are satisfied with the opportunities given to discuss about the residents' problems with colleagues, while an important percentage is neutral. Some negative answers are also reported. A reason that this might happens could be the different size of the units. In units with many clients the workload is usually large and that makes the communication between nurses harder. Moreover, another reason may be that not all the health professionals are simultaneously in the office, resulting to a partial information of the staff. A solution to improve this situation might be the constant checking of the residents' reports during the day for possible changes and also in crucial cases the arrangement of small meetings during the day, where all the health professionals of the shift could be present.

The next claim concerns the social support in the workplace. Some of the most important effects of social support of an employee might be the increased work productivity, recognition of self-worth, decreased stress, anxiety, and depression (Amarneh & Abualrub 2009, 392). This statement gathered many positive answers. This denotes that colleagues are not showing any discrimination against the foreign health professionals. In contrast they are trying to help and cooperate with them. It could also be regarded that in most of the units, teamwork is promoted. To avoid

unpleasant situations and challenges among the professionals, open communication should be promoted. Moreover, health professionals should provide feedback to their colleagues and employer in order to detect and improve any problematic relationships.

Another statement of the questionnaire focuses on the professional growth of the health workers. From the answers given, it is concluded that most of the employees feel able to learn on the job. This shows interest to the profession. The results could denote that professionals pursue advice or guidance from more experienced colleagues in order to develop their professional knowledge (Skar 2009). Professional development could be increased through the promotion of learning opportunities such as courses and seminars. In that way the confidence and the professional growth of the health professionals in the organization could be boosted. Moreover, experienced nurses should later help new nurses to adjust in their new workplace by spreading their knowledge.

Professional isolation was another issue examined. The phenomenon of it affects the professional development of the health workers because they receive limited information, support or advice (Winters & Lee 2018, 132). Moreover, the professional isolation is an important reason for change of career since employees might feel that their personal qualifications are not respected and fully used. This attitude makes them feel unwanted and uncertain for their contribution in the nursing team. (O' Donnell, Jabareen & Watt 2010.) According to the results the majority of health professionals in the organization do not face isolation. Nevertheless, some of the participants answered negatively. A suggestion that could promote the binding of the staff in the working environment could be the inclusion of common activities such as educational programs or irrelevant with the work activities, where employees could spend time together without the pressure of work.

The last extrinsic factor examined is about the confidence at work. Confidence is an attitude enabling an employee to trust his abilities. Confidence affects many work-related factors such as: career transitions, job satisfaction and performance of an employee. (Gilmartin 2014, 308.) From the answers collected, it is assumed that most of the nurses feel confident at their work. The confidence of a health professional could be enhanced through the provision of support, constructive feedback, and appreciation

in the team. Also, health professionals' confidence could be boosted when they have a clear picture about their duties and clear guidelines on how to act in each case. This could be extremely helpful especially to new health professionals. Moreover, colleagues should show patience to unexperienced health professionals and be willing to help them.

7.3 Relational factors findings

The first question of relational domains is about friendship at the workplace. The friendship network has an important effect on an employee's job performance, promotion at workplace and in reducing job stress (Shin & Lee, 2016). Most of the health professionals are positive to the statement although there are many neutral and some negative answers. The negative answers could display that some of the employees may see their colleagues as competitors. Relationships between colleagues are hectic when those involved compete over something such as when employees with fixed-term contract want a permanent contract (Morrison & Cooper-Thomas 2015). Furthermore, the nature of each person plays an important role in creating a social network in the workplace. For example, introvert people are not easily approached. Relationships in workplace might be determined by the rush of work and the lack of time which in addition to short breaks prevents their creation. The attitude of the employees could improve the social network inside the workplace. It is generally appreciated when employees are acting with respect, kindness, fairness, and appreciation to their colleagues. (Forrest 2011; Johnstone 2012, 31.) Moreover, to promote the friendly relationships between colleagues, the employer should organize common activities, where employees could spend time with each other outside of the work environment. Also, another suggestion is to assign group tasks in the workplace, so that health professionals could cooperate with each other.

Belongingness is another variable examined in the questionnaire. Belongingness in the workplace correlates to gaining acceptance, being a part of the team and feel valued. The lack of it could create negative feelings and behaviors to employees and could

reduce their performance. (Filstad, Traavik & Goril 2019, 123.) The majority of the health professionals feel approval and psychological safety in their work community. To strengthen the sense of belonging at the workplace employers could use an encouraging language to the health professionals. Encouraging words could motivate employees and enrich their sense of belongingness in the organization (Green, Gino & Staats 2017, 8). Moreover, belongingness in the workplace could be boosted when employer shows trust and interest to the health professionals. Also, the collaboration of employees in team tasks could tighten the communication and relationships between them.

Fondness in the workplace was another claim of the questionnaire. The fondness and acceptance that an employee experiences could moderate the impact between healthy workplace interaction and working stress (Tran, Nguyen, Dang & Ton 2018). The answers in this question are generally positive. The neutral and negative answers might denote unpleasant behaviors experienced by the foreign professionals such as exploitation in the workplace or other inappropriate behaviors (Dahshan & Moussa 2019). As a solution, the employer should discourage behaviors like gossiping in the workplace or blaming other colleagues and set a good example through politeness, encouraging words contributing to a positive working atmosphere.

Another relational factor examined was the respect of the professional qualifications that the foreign health professionals receive by the colleagues. Professional qualifications in health sector in Finland are the requirements needed by the National Supervisory Authority (Valvira) to practice as a health professional (Website of Finnish Nurses Association 2020). Lack of appreciation and respect to the nurses' qualifications could lead to feelings of exclusion and bullying. A usual problem is that employers are not aware of the bullying because employees interpret this behavior as their failure. (Grissinger 2017). In the current research most of the answers given for this statement are positive. In order to improve respect towards health professionals, the employer should create a foreign friendly atmosphere in the workplace, where foreign health professionals could advise colleagues and ask clarifications without having the fear that they would be criticized or bullied. The employer should point out to all the health professional to show tolerance and acceptance to foreign professionals since the transition to a new culture is difficult.

A similar statement with the previous one was about the respect of the foreign health professionals' qualifications by the residents. Mabrouk and Rahman (2014) stated that negative interactions by the residents during their work could cause feelings of anxiety to the employees resulting to a decreased performance at work. Foreign health professionals are expressing a general satisfaction in this area. A common problem that many health professionals experience in a new workplace with new clients, is that a resident needs time to accept them. Furthermore, the communication due to language barrier, as well as different accents or dialects of the residents might be the reason for the lack of respect towards their professional qualifications. (Allan & Larsen 2003, 69.) This happens because residents often need a professional explanation following the nursing acts and the lack of competence in language command might not satisfy them. As a solution the employer should emphasize to the residents to show patience and acceptance to foreign workers. The employer could also organize courses with Finnish nursing terms to enrich the Finnish language level of the health professionals.

The unfair distribution of duties by the supervisor was also examined in this questionnaire since it is related to the discrimination in the workplace. Discriminatory behaviors affect the work performance of the employees and their psychological well-being (Baptiste 2015). In the current research most of the foreign health professionals answered that the responsibilities assigned to them are the same as their Finnish colleagues. The supervisor should give opportunities to the foreign health professionals so that they are treated equally regarding their duties. The documentation and the daily reports could be written by the foreign health professionals and checked by the supervisor or an employee for mistakes. Phone communication should also be encouraged.

The last claim of the relational section was about the delivery of the same amount of respect as the Finnish colleagues. Disrespectful behaviors towards health professionals cause to the foreign health worker stress and confusion thus endanger the patient's safety (Grissinger 2017). The answers collected in this question show that the most of foreign health professionals are respected the same as their Finnish colleagues. However, the negative answers might be based on lack of tolerance towards foreign health professionals, lack of trust to their professional skills or racist attitudes (Allan

& Larsen 2013, 62). A solution to overcome those problems would be through the training of the staff in relationship building, disagreement resolution or in reporting rude behaviors (Grissinger 2017). The employer should always encourage health professionals to talk about anything that makes them feel uncomfortable in the workplace.

7.4 Cultural factors findings

The first statement of cultural factors regards the understanding of Finnish policies. In the first open-ended question participants answered about the difficulties that foreign nurses encounter. The subcategories which derived from this question were the relationship with the clients, language barriers, honesty, differences in gender and differences in the apprenticeship.

The understanding of health professionals of the Finnish policies and procedures could affect their decision making. The decision making is linked to effective teamwork and communication with the colleagues resulting to positive outcomes in health delivery (Abdelrahman and Mohamed 2017, 70). The majority of the participants in the current study, understand the Finnish policies affecting their practice. This understanding could be enhanced when clear and easy to understand guidelines are provided to everyone in the workplace. Moreover, the employer could organize seminars concerning Finnish policies in the health sector for foreigners. In these seminars health professionals could be motivated to ask information and clarifications on health policies in Finland. In addition, the employer could send newsletters to the health professionals concerning the updated policies.

Relationships with the client was the first category derived from the open-ended questions. According to answers collected, it could be assumed that a resident needs his time to trust a nurse who is in the beginning of her carrier. The reason for this might be that new nurses lack experience (Allan & Larsen 2013, 61). This answer relates to the questionnaire's relational claim about the respect that the foreign health professionals receive by the residents. An unexperienced health professional might cause stress and lack of the residents' trust, especially in more complicated nursing

actions such as catheterization or wound care. A solution to this problem might be the implementation of the nursing actions under surveillance until the client feels safe with the health provider.

Another health professional, comments that her relationship with some of the residents is problematic due to her skin color. The participant who replied on that question is born in Finland and does not face any difficulties concerning the language. It is presumed that some health professionals perceive discrimination for their skin color due to stereotypes and racist attitudes (Giegerich 2006, 11). The employer should have the attitude to defend the foreign workers and tackle with discrimination and racism to the workplace (Likupe & Arcibong 2013, 242). The employer should also explain to the residents that the organization supports foreign workers and promotes equality in the workplace. Moreover, foreign nurses should report any form of racist behavior to the employer.

Some of the participants mentioned the problems they are facing due to the Finnish language. From the answers given, it seems that both the residents and the colleagues are showing understanding to the language barrier that the foreign professionals are facing. The foreign workers feel their lack to express some of their ideas in written words or verbally in Finnish, as well as their difficulty in participating to a conversation. Allan and Larsen (2013, 69) mentioned that foreign health professionals are feeling uncomfortable due to their language differences. To improve the situation, the employer could arrange Finnish language courses where foreign professionals could improve their verbal and writing skills. The question could be also combined with the statement about the assignment of the same duties as the Finnish colleagues. At the end of each shift the foreign professionals should practice in writing the daily reports, so that they would learn to write correctly. Then a colleague could point out their mistakes. Thus, the writing skills of the foreign employees would be developed. The employer and the colleagues should avoid overwhelming the foreign workers because the language level improves gradually.

Another cultural factor of job satisfaction was honesty. According to two answers, some of the colleagues do not appreciate integrity in the workplace. Honesty in the workplace creates a feeling of trust and confidence (Abdelrahman & Mohamed 2017,

70). Some people do not talk straight because they want to avoid conflicts or uncomfortable discussions. Unfortunately, this tactic creates gossips and hostility rather than a friendly and healthy working environment. Talking straight is important but the way that someone points out other's mistakes, or thoughts is important as well. Employees should know that there is a proper way to express different opinion without being disliked. As a recommendation to this problem, the employer could organize seminars which focus on a problem-solving culture (Grissinger 2017). The employer should also set an example and be honest and straightforward to the employees.

The different rights between the two genders reported as another cultural factor. In some countries there is gender discrimination. Merchant (2012, 26) mentioned that this discrimination involves salary, work position, tasks in a workplace, career, participation in the decision making and interpersonal relationships in the workplace. He also mentioned that these cultural differences could be regarded as psychological gender differences which generate certain stereotypes (Merchant 2012, 16-17). These stereotypes establish the gender expectations in a workplace. The adaptation of a foreign worker includes the acceptance of the foreign culture in the workplace so that everybody is treated equally. The employer could organize seminars concerning the rights of a health worker in Finland in order to enlighten the health professionals on that field.

Differences in the apprenticeship were mentioned as another cultural difference. According to the answers, trainers do not provide detailed reports about a resident's profile to the new nurses before they meet him. However, it is expected that the new nurses cope with the everyday problems of the resident. Harris and Deissinger (2003, 1) pointed out that apprenticeship could be regarded as a cultural experience since it includes a combination of knowledge, skills, cultural values, ways of interacting, ethics and expectations. A way to learn is by immersion, but the provision of a detailed profile report of the resident would be beneficial not only for the resident but for the health professional as well (Harris & Deissinger 2003, 1-2). A detailed report could reduce the stress of the health worker because he knows what to expect. In that way mistakes could be avoided, and the health professional would feel more comfortable with the client. The detailed report should contain for example the medication of the

client, allergies, diseases, nursing actions needed, abilities and disabilities of the resident.

As far as the third research question is concerned, the culture of the nurses has affected their behavior towards residents and colleagues. Many of the participants pointed out the importance of showing respect and kindness towards colleagues. The data derived from this question could also be related to the claim “Fondness in the workplace” from the questionnaire. Johnstone (2012, 31) pointed out that a way to show respect to colleagues is by treating them kindly, recognize their skills, support, and motivate them. Health professionals who are treated unfriendly by colleagues are feeling stressed, unwanted in their work environment and report a low job performance. Kindness between health professionals is beneficial since it sets a positive environment for constructive discussions and releases stress. Also, the provision of help to a colleague shows support and willingness to share the burden of the work. (Forrest 2011.)

Moreover, a health professional mentioned that during the training of new nurses, she informs them about mistakes that happened to her in order to protect them. This behavior shows that the foreign health professional cares about the new employee and the client by giving detailed report not only on the things that should be done but also on the acts that should be avoided. This behavior encourages a new employee and the trainer is ensured that he provided all the necessary information. Abdelrahman and Mohamed (2017, 70) stated that such a behavior decreases the possibilities of errors and is beneficial in a work environment.

The importance of respect towards residents was also underlined in the participants’ answers. In nursing practice respect is an important principle which encourages the relationship between caregiver and patient and increases client satisfaction. Disrespectfulness towards the client could trigger intense hostile feelings towards the health professional, fatigue, loneliness and wish to commit suicide. (Rae, Abedi & Shahriari 2017.)

Working attitude is the second category derived according to the answers of the foreign health professionals. One of the answers collected was about the effort that Finnish

professionals are putting into their work in contrast to other nationalities. Calenda (2016, 17) pointed out that some foreign health workers, for example Filipino nurses, are highly motivated to work and are extremely hard-working. It would be ideal if all employees would work in a quick pace, but this cannot be done since each employee has his own working method. Moreover, a nurse wrote that her working attitude contributed in being helpful to new nurses by explaining them in detail the resident's situation. A very critical feature in patient's safety is good communication between colleagues. An open culture where health workers analyze all the information in detail and report errors could contribute to less mistakes and the new nurse could be prepared on what to expect. (Abdelrahman and Mohamed 2017, 69-70.) Another factor which was mentioned was conscience. Health professionals' conscience is very important for the decision making and professional practice. The vulnerability of a resident, in combination with a health worker's value underscore the nursing care that will be provided. (Clearly & Lees 2019.)

7.5 Summary of recommendations

The results of this study pointed out the factors that affect the job satisfaction of foreign health professionals working for the target organization. When the needs of the employees are covered job satisfaction and performance increase. The researcher pointed out ways on how the organization could contribute to the solution of the problems. Employers or even the managers should devote a lot of effort and time to improve foreign health workers job satisfaction. Some of the most important solutions are pointed out summarized in the next Table.

Table 8. Recommendation Table of the most important solutions.

Topic	Recommendations
Motivation	- The employer should always assess the concerns of an employee, discuss with him about his expectations, wishes, goals, job satisfaction and dissatisfaction.

	- The employer should utilize the strong skills and abilities of each health professional.
Enthusiasm	- The employer should show his appreciation to the employees by providing rewards and positive feedback. - The employer should avoid creating stress or putting pressure to the employees.
Demonstration of the employee's personal value	- The employer should ask the opinion of the employees and encourage them to participate in the decision making.
Professional development of the employees	-The employer should provide professional growth seminars. -The employer should send newsletters to the employees about the latest research in health care. - Rotation of the foreign employees in other units should be encouraged.
Respect	- Foreign workers should be supported when they are treated disrespectfully or in a discriminative way.
Support the teamwork and prevent isolation	- Common activities and open communication should be encouraged. - The employer should organize seminars in which employees learn to solve peacefully their differences.
Language difficulties	-The employer should offer Finnish language terminology courses to the foreign employees. - The documentation and participation in discussions should be encouraged.
Training of new employees	- The employer should provide clear guidelines to the employees. - A detail report about the residents' profile and their supervision should be provided to all new employees.

8 CONCLUSIONS

This chapter presents the final conclusions of the research, the strong points, and its limitations. Moreover, this chapter points out the ethical issues of the research and underlines the importance for future research.

8.1 Final considerations

The research was inspired by the author's own observations and experiences in disability services, in which the author is employed. The purpose of the research was to contribute to the integration of foreign health professionals working in health services. A main objective in the research was to find out the level of the foreign health professionals' satisfaction and suggest ways for improvement.

The theoretical part of the research provided information about the concept of job satisfaction and the Herzberg's theory. This part was based on scientific articles and various sources. The research was performed on an online questionnaire, which was divided in five parts: intrinsic, extrinsic, relational and cultural factors and demographic variables.

The results of the quantitative research indicated that the job satisfaction of foreign health workers is generally positive. Intrinsic factors gathered the highest satisfaction rates while behavioral the lowest. The qualitative results presented more specific some of the problems that health professionals are experiencing. Some of the opinions collected were very conscious, for example, the training of a new health professional. However, a lot of suggestions were made for the improvement of the job satisfaction. The researcher provided solutions on each statement of the questionnaire because the number of the participants was not representative and although most of the statements were answered positively, the statements were not more that 63%. The recommendations suggested were based on the researcher's point of view who works in the health sector. The theoretical framework supports some of the findings of this research.

The authors familiarity with the Finnish disability services is the strength of this study. Moreover, the researcher is aware of the organization's operations. These characteristics made the data analysis easier and the researcher could understand the concept of the answers. The most important weakness of this study is the number of the participants responded to the questionnaire. However, the research revealed some interesting findings which could be supported by findings of further research. It should be mentioned that the initial plan was the analysis of the quantitative variables in comparison to the demographic ones. These data could have enlightened the research by providing more information on the field.

After the data collection, when the number of the participants was known, the researcher modified the research questions which were based on demographic variables and concentrated on questions related to the qualitative data. Moreover, the quantitative method and the idea of filling a close-ended online questionnaire was done according to the wish of the target organization because it was assumed that the participation of foreign workers working in the organization would be high. Furthermore, a problem was pointed out concerning the Finnish translation of the statement 11, "I feel isolated from my colleagues at work". The translation in the Finnish language was "I do not feel isolated for my colleagues at work", something which has the opposite meaning than in the English language and could provide wrong information. The researcher adjusted the results of the Finnish questionnaire to the English one in order to avoid invalid data.

The qualitative data provided some interesting thoughts but the fact that some participants answered vaguely, some with one word and some other did not reply, made the data analysis process too difficult. This difficulty lay in the fact that data was limited, and derived information was reduced as well. The open-ended questions were the researcher's initiative and would be used for future research or would work as a supplement in the current study to provide a different perspective on the current data. Another limitation which influenced the research was the fact that the researcher is novice. However, the researcher received some useful guidelines and information from persons specializing in quantitative analysis during the data analysis process and from the supervisor in the final research writing.

8.2 Ethical issues

One of the most important issues in conducting a research, is the consideration of ethics since through these, the respect for human values is expressed. In general, some of the most important principals are honesty, objectivity, integrity and confidentiality (Surmiak 2018). For the conduction of this research, the organization did not require assessment of the ethical board.

Participation to the research was voluntary. Anonymity, privacy, and confidentiality was kept throughout the research process, sampling and reporting of the results in order to protect the participants and the organization. Personal data such as names, identification numbers or any other personal information were not collected. The demographic data which were collected, were enough to shape the responders' profile, but without indicating their identity. Risk analysis was done before to estimate possible harms and assess the risks of the research.

When the participants chose to fill the questionnaire, the first pages were informing them clearly about the purpose of the research, the methods, the usage of the data and the researcher's contact information (Appendix 2). After reading this information letter, the participants could start answering the questions. Data, results and procedures were handled during the thesis process and in the final thesis report, with honesty and integrity to underline a sincere action towards the research.

During the data analysis, the excel data was stored to a USB stick with non-violated memory, so that no one else will have access except of the researcher. Copyrights, Intellectual Property Rights and management rights of the data belong to the target organization. Target organization will also store the data for future research use. The right to grant access to data belongs only to the organization and to the researcher.

8.3 Future research suggestions

The research presented the factors which affect job satisfaction of foreign health professionals working in a company representing disability services in Finland. This study provided some information on the field. However, additional research investigating a bigger sample of health professionals is required. A bigger sample would enlighten the reader with more representable facts. Thus, it would be examined if the job satisfaction of a bigger target group ranges at the same levels with the current research. Moreover, in a research with bigger sample could be measured the job satisfaction in relation to the demographic variables.

However, this design of intrinsic, extrinsic, behavioral and cultural factors could be quite useful in providing a different point of view on the perceptions on job satisfaction. The research provided some important and useful insights on the health professionals' personal views. Additional research will be needed to fully test these data. The topic could be narrowed down to one unit or compare results between disability services in different areas in Finland.

REFERENCES

- Aalto, A.M, Elovainio, M., Heponiemi, T., Hietapakka, L., Kuusio, H. & Lämsä, R. 2013. Ulkomaalaistaustaiset lääkärit ja hoitajat suomalaisessa terveydenhuollossa. Haasteet ja mahdollisuudet. Referred 4.7.2020. <http://www.julkari.fi/>
- Abdelrahman, S.M & Mohamed, F.R. 2017. Patient safety culture as perceived by internship nursing students. *International journal of advanced nursing studies* 2, 67-70. Referred 2.7.2020. <https://www.researchgate.net/>
- Allan, H.& Larsen, J. 2003. We need respect: Experience of internationally recruited nurses in the UK. Royal college of nursing and the university of surrey. Referred 16.6.2030. <https://www.researchgate.net/>
- Amarneh, B.H. & Abualrub, R.F. 2009. Co-workers support and job performance among nurses in Jordinian hospitals. *Journal of research in nursing* 15, 391-401. Referred 10.6.2020. <https://doi.org/10.1177/1744987109347134>
- Baldwin, K. & Metcalfe, S. 2001. The Illinois registered nurse workforce at the millennium: A final report. Springfield, IL: State of Illinois. Referred 15.4.2019. <https://www.ihrp.uic.edu>
- Baptiste, M. 2015. Workplace Discrimination: An Additional Stressor for Internationally Educated Nurses. *The Online Journal of Issues in Nursing* 20. Referred 19.6.2020 <https://doi.org/10.3912/OJIN.Vol20No03PPT01>
- Baljoon, R.A., Banjar, H.E. & Banakhar, M.A. 2018. Nurses' work motivation and the factors affecting it: A scoping review. *International journal of nursing & Clinical practices* 5. Referred 8.6.2020. <https://doi.org/10.15344/2394-4978/2018/277>
- Barry, G. 2018. Improving nursing knowledge, satisfaction, and retention in long term care. Walden University scholar works. Referred 8.6.2020. <https://pdfs.semanticscholar.org/>

Bengtsson, M. 2016. How to plan and perform a qualitative study using content analysis. *Nursing plus open* 2, 8-14. Referred 19.4.2020. <https://doi.org/10.1016/j.npls.2016.01.001>

Bhandari, P. Designing and analyzing Likert scales. Scribbr. Referred 7.7.2020. <https://www.scribbr.com>

Bigelow, L. n.d. What are the seven attitudes of highly valuable employees? *Houston chronicle*. Referred 7.6.2020. <https://smallbusiness.chron.com/>

Calenda, D. 2016. Sustainable recruitment of foreign- educated nurses: ethical and work-related issues. The case of Finland. Italy: RCCAS. Referred 1.7.2020. <https://core.ac.uk/>

Curtin, L. 2018. Compassion: A nurse's primary virtue. *American nurse*. Referred 31.5.2020. <https://www.myamericannurse.com/>

Decker, F.H., Harris-Kojetin, L.D. & Bercovitz, A. 2009. Intrinsic job satisfaction, overall satisfaction, and intention to leave the job among nursing assistants in nursing homes. *The Gerontologist* 5, 596-610. Referred 13.6.2019. <https://doi.org/10.1093/geront/gnp051>

Fairbrother, G., Jones, A. & Rivas, K. 2010. Development and validation of the Nursing Workplace Satisfaction Questionnaire. *Contemporary Nurse* 1, 10-18. Referred 12.2.2019. <https://doi:10.5172/conu.2009.34.1.010>

Farman, A., Kousar, R., Hussain M., Waqas, A. & Gillani, S.A. 2017. Impact of job satisfaction on quality of care among nurses on the public hospital of Lahore, Pakistan. *Saudi Journal of Medical and Pharmaceutical Sciences* 3, 511-519. Referred 17.3.2019. <https://www.researchgate.net>

Filstad, C., Traavik, L.E.M. & Goril, M. 2019. Belonging at work: the experiences, representations and meanings of belonging. *Journal of workplace learning* 4, 116-142. Referred 15.6.2020. <https://doi.org/10.1108/JWL-06-2018-0081>

Forrest, C. 2011. Nursing with kindness and compassion. *Independent nurse: For primary care and community nurses*. Referred 1.7.2020. <https://www.independentnurse.co.uk/>

Geuens, N., Braspenning, M., Bogart, P.V. & Franck, E. 2015. Individual vulnerability to burnout in nurses: The role of Type D personality within different nursing speciality areas. *Burnout research* 2, 80-86. Referred 9.6.2020. <https://doi.org/10.1016/j.burn.2015.05.003>

Giegerich, M. 2006. A survey of foreign-educated nurses: workforce experience. Thesis. Illinois Wesleyan university school of nursing. Referred 27.1.2019. https://digitalcommons.iwu.edu/nursing_honproj/10

Gilmartin, M.J. 2014. Variations in clinical nurse leaders` confidence with performing the core role functions. *Journal of professional nursing* 30 307-316. Referred 12.6.2020. <http://dx.doi.org/http://dx.doi.org/10.1016/j.profnurs.2013.11.002>

Gkliati, A. 2018. Job satisfaction and work engagement in the health care sector: empirical evidence of social support contribution from medical care in Greece. National documentation center. Thesis. Harokopio university. Referred 15.5.2020. <http://thesis.ekt.gr/>

Green, P., Gino, F. & Staats, B.R. 2017. Seeking to belong: How the words of internal and external beneficiaries influence performance. Harvard business school. Referred 15.6.2020. <https://www.hbs.edu/>

Grissinger, M. 2017. Disrespectful behavior in health care: Its impact, why it arises and persists and how to address it. *Pharmacy and therapeutics* 42, 74-77. Referred 17.6.2020. <https://www.ncbi.nlm.nih.gov/>

Hahtela, H., Paavilainen, E., McCormack, B., Helminen, M., Slater, P., & Suominen, T. 2015. Nurses perceptions of workplace culture in primary health care in Finland. *International Nursing Review* 62, 470-478. Referred 20.1.2019. <https://doi:10.1111/inr.12207>

Havens, D.S., Gittel, J.H & Vasey, J. 2018. Impact of relational coordination on nurse job satisfaction, work engagement and burnout. *The Journal of Nursing Administration* 3, 132-140. Referred 13.6.2019. <https://doi:10.1097/NNA.0000000000000587>.

Ho, V., Wong, S. & Lee C.H. 2011. A tale of passion: Linking job passion and cognitive engagement to employee work performance. Referred 7.6.2020. <https://scholarship.richmond.edu/>

Harris, R. & Deissinger, T. 2003. Learning cultures for apprenticeships: A comparison of Germany and Australia. *Australian academic press* 2, 23-33. Referred 25.6.2020. <https://www.researchgate.net/>

Jafarjalal, E., Ghafari, M., Firouzeh, M.M. & Farahaninia, M. 2017. Intrinsic and extrinsic determinants of job satisfaction in the nursing staff: A cross-sectional study. *Arvand Journal of Health & Medical Sciences* 1, 7-14. Referred 13.5.2019. <https://doi:10.22631/ajhms.2017.82659.1008>

Jirage, R. 2020. Qualities of a good nurse. Referred 25.05.2020. <https://careers.visualstories.com>

Johnstone, M.J. 2012. Workplace ethics and respect for colleagues. *Australian nursing journal* 2, 31. Referred 1.7.2020. <https://www.researchgate.net/>

Kabir, S.M.S. 2016. Methods of data collection. Basic guidelines for research: An introductory approach for all disciplines. Book zone publication. Referred 15.3.2020. <https://www.researchgate.net/>

Keles, H.N. & Findikli, M. A. 2016. The effect of the meaningfulness of work on job satisfaction, job stress and intention to leave. *Global journal of business, economics and management* 2, 61-69. Referred 18.3.2020. <https://doi.org/10.18844/gjbem.v6i2.1370>

Koivuniemi, S. 2012. Maahanmuuttajataustainen koulutettu hoitohenkilöstö sosiaali- ja terveydenhuollon työyhteisöissä. Helsinki: Tehy ry. Referred 30.1.2019. <https://www.tehy.fi/>

Kvist, T., Mäntynen, R., Partanen, P., Turunen, H., Miettinen, M., & Vehviläinen-Julkunen, K. 2012. The job satisfaction of Finnish nursing staff: The development of a job satisfaction scale and survey results. *Nursing Research and Practice*. Refereed 28.3.2019. <http://dx.doi.org/10.1155/2012/210509>.

Lehti, S. 2018. Asiakkaat huomioiva vammaispalvelujen hankinta. Näkökulmia hankintalainsäädännön soveltamiseen. *Terveyden ja hyvinvoinnin laitos*. Referred 2.2.2019. <https://www.julkari.fi/>

Likupe, G. & Archibong. 2013. Black African nurses' experiences of equality, racism, and discrimination in the national health service. *Journal of Psychological Issues in Organizational Culture* 3, 227-246. Referred 24.6.2020. <https://doi.org/10.1002/jpoc.21071>

Linneberg, M.S. & Korsgaard S. 2019. Coding qualitative data: a synthesis guiding the novice. *Qualitative research journal* 3, 259-270. Referred 3.7.2020. <https://www.researchgate.net>

McHugh, M.D. & Ma, C. 2014. Wage, work environment and staffing: Effects on nurse outcomes. *Policy, politics and nursing practice* 15, 72-80. Referred 13.6.2020. <https://doi.org/10.1177%2F1527154414546868>

Merchant, K. 2012. How Men and Women Differ: Gender Differences in Communication Styles, Influence Tactics, and Leadership Styles. CMC Senior Theses. Referred 24.6.2020. <https://scholarship.claremont.edu/>

Metsiou, M., Toska, A., Maliarou, M., Saridi, & Sarafis, P. 2019. Job satisfaction and attitudes concerning conflicts among health professionals. *Health care* 1, 62-74. Referred 20.4.2020. <https://www.researchgate.net/>

Morrison, R. & Cooper-Thomas, H. 2015. *Friendship among Co-workers*. New York: Oxford University Press. Referred: 14.6.2020. <https://doi.org/1093/acprof:oso/9780190222024.003.0008>

O' Daniel, M. & Rosenstein, A.H. 2008. Professional communication and team collaboration. *Patient safety and quality: An evidence- based handbook for nurses*. Referred 9.6.2020. <https://www.ncbi.nlm.nih.gov/>

O' Donnell, C.A., Jabareen, H. & Watt, G.CM. 2010. Practice nurse's workload, career intentions and the impact of professional isolation: A cross-sectional survey. *BMC Nursing* 9. Referred 11.6.2020. <https://doi.org/10.1186/1472-6955-9-2>

Panagiotoglou, D., Fancey, P., Keefe, J., & Martin-Matthews, A. 2017. Job Satisfaction: Insights from home support care workers in three Canadian jurisdictions. *Canadian Journal of Aging* 1, 1-14. Referred 7.1.2019. <https://doi.org/10.1017/S0714980816000726>

Rae, Z., Abedi, H. & Shahriari, M. 2017. Nurses' commitment to respecting patient dignity. *Journal of education and health promotion* 6, 16. Referred 1.7.2020. <https://dx.doi.org/10.4103%2F2277-9531.204743>

Salem, O.A., Baddar, F.M. & AL-Mugatti, H.M. 2016. Relationship between Nurses Job satisfaction and Organizational Commitment. *Journal of Nursing and Health Science* 1, 49-55. Referred 28.3.2019. <https://doi.10.36648/1791-809X.14.1.692>

Seitovirta, J., Vehviläinen-Julkunen, K., Mitronen, L., De Gieter, S. & Kvist, T. 2017. Attention to nurses rewarding- an interview study of registered nurses working in primary and private healthcare in Finland. *Journal of Clinical Nursing* 7, 1-28. Referred 7.2.2019. <http://dx.doi.org/10.1111/jocn.13459>

Sharma, S. 2019. Descriptive statistics and factorial design. Dissertation. Paris: Horizon University. Referred 1.4.2020. <https://www.researchgate.net/>

Shin, S.Y. & Lee, S.G. 2016. Effects of hospital workers “friendship networks on job stress”. *Plos one* 2. Referred 13.6.2020. <https://doi.org/10.1371/journal.pone.0149428>

Skar, R. 2009. How nurses experience their work as a learning environment. *Vocations and learning* 3, 1-18. Referred 11.6.2020. <https://doi.org/10.1007/s12186-009-9026-5>

Surmiak, A. 2018. Confidentiality in qualitative research involving vulnerable participants: Researchers perspectives. *Forum: Qualitative social research* 19. Referred 18.4.2020 <http://dx.doi.org/10.17169/fqs-19.3.3099>

Tong, L. 2018. Relationship between meaningful work and job performance in nurses. *International journal of nursing practice* 24, 1-4. Referred 2.7.2020. <https://doi.org/10.1111/ijn.12620>

Tran, K.T., Nguyen, P.V., Dang, T.T.U. & Ton, T.N.B. 2018. The impacts of the high-quality workplace relationships on job performance: A perspective on staff nurses in Vietnam. *Behavioral sciences* 12. Referred 16.6.2020. <https://dx.doi.org/10.3390%2Fbs120109>

Tsounis, A. & Sarafis, P. 2016. The term of the job satisfaction: theoretical approaches and consequences in the job performance. *Interscientific health care* 2, 36-47. Referred 13.6.2019. <https://www.researchgate.net/>

Website of Finnish Nurses Association. 2020. Working as a nurse in Finland. Planning to move to Finland for work? Referred 16.6.2020. <https://www.nurses.fi/>

Website of social services. n.d. Services and support for people with disabilities. Ministry of social affairs and health. Referred 20.3.2019. <https://stm.fi>

Website of Terveyden ja hyvinvoinnin laitos. 2018. Vammaispalvelujen järjestäminen ja hankinta. Terveyden ja hyvinvoinnin laitos. Referred 5.2.2019. <https://thl.fi>

Website of Valvira. 2015. Sosiaalihuolto. Vammaispalvelut. Referred 23.3.2019. <https://www.valvira.fi>

Wesolowska, K., Hietapakka, L., Elovainio, M., Aalto, AM., Kaihlanen, AM., & Heponiemi, T. 2018. The association between cross-cultural competence and well-being among registered native and foreign-born nurses in Finland. Plos One 12. Referred 20.2.2019. <https://doi.org/10.1371/journal.pone.0208761>

Winters, C.A. & Lee, H.J. 2018. Rural nursing: Concepts, theory and practice. United states of America: Springer publishing company. Referred 8.7.2020. <http://lghhttp.48653.nexcesscdn.net>

Wisdom, J. & Creswell, J.W. 2013. Mixed methods: Integrating quantitative and qualitative data collection and analysis while studying patient-centered medical home models. Agency for healthcare research and quality U.S. Referred 7.7.2020. <http://www.ahrq.gov/>

Nursing workplace Satisfaction

	<p><u>Below are a series of statements concerning your thoughts/findings about your job. Please choose the number that most appeals:</u></p> <p>1= fully agree, 2 = partly agree, 3= neither agree or disagree, 4= partly disagree, 5= definitely disagree</p>
A	How much do you enjoy your job?
	<p>1. My job gives me a lot of satisfaction 1 2 3 4 5</p> <p>2. My job is very meaningful for me 1 2 3 4 5</p> <p>3. I am enthusiastic about my present work 1 2 3 4 5</p> <p>4. My work gives me an opportunity to show what I am worth 1 2 3 4 5</p> <p>5. In the last year, my work has grown more interesting 1 2 3 4 5</p> <p>6. It is worthwhile to make an effort in my job 1 2 3 4 5</p>
B	Doing your job
	<p>7. I have enough time to deliver good care to residents. 1 2 3 4 5</p> <p>8. I have enough opportunity to discuss patients' problems with colleagues 1 2 3 4 5</p> <p>9. I have enough support from colleagues 1 2 3 4 5</p> <p>10. I feel able to learn on the job 1 2 3 4 5</p> <p>11. I feel isolated from my colleagues at work 1 2 3 4 5</p> <p>12. I feel confident at my work 1 2 3 4 5</p>
C	People you work with
	<p>13. It is possible for me to make friends among my colleagues 1 2 3 4 5</p> <p>14. I feel that I belong to a team 1 2 3 4 5</p> <p>15. I feel that my colleagues like me 1 2 3 4 5</p> <p>16. My professional qualifications are respected by those I work with 1 2 3 4 5</p> <p>17. My professional qualifications are respected by the residents. 1 2 3 4 5</p>

	<p>18. My supervisor gives me the same amount of responsibility as my other colleagues 1 2 3 4 5</p> <p>19. I have received the same amount of respect as my Finnish colleagues. 1 2 3 4 5</p>
D	Finnish policies and cultural difficulties
	<p>20. I have an adequate understanding of the Finnish nursing policies and procedures that affect my practice. 1 2 3 4 5</p> <p>Please answer the following questions:</p> <p>21. Describe the main cultural difficulties you faced at work</p> <p>22. How your culture has affected your work attitude?</p>
	<p><u>Below are a series of statements. Please choose the answer that appeals the most:</u></p>
E	Background information
	<p>23. Gender: Female () Male ()</p> <p>24. Age: Under 30 years () 31-45 year-old () 45-60 year-old () over 61 years ()</p> <p>25. Please indicate your home country</p> <p>26. Work experience in Finland: 0-5 years () 6-10 years () 11-15 years () 16-25 years () above 26 years ()</p> <p>27. Work experience elsewhere: 0-5 years () 6-10 years () 11-15 years () 16-25 years () above 26 years ()</p> <p>28. Educational background: Senior high school and below () Diploma (practical nurse degree) () Bachelor degree () Postgraduate and above ()</p>

APPENDIX 2

Dear health professional,

I am kindly requesting you to participate in the research I am conducting. I am a Rehabilitation student from Satakunta University of Applied Sciences. I am working on my master thesis: "Job satisfaction of foreign health professionals working in disability services". The objective of my research is to describe the experiences of foreign nurses working in disability services in Finland. I hope that my study will contribute to the integration of foreigners in the health care sector and will provide all the necessary information about issues and policies that needs to be improved.

The research is conducted as a quantitative study, the questionnaire contains close and a few open-ended questions. It will take about 20 minutes to answer all the questions. The target group will be foreign nurses working in disability services in Finland. The information obtained from the questionnaires will be handled anonymously and in confidence. Data of the study will be used for future research. The participation to this research is voluntary.

Thank you in advance for your help.

If you need further information, please contact me.

Domestichou Panagiota

Master's degree Program in Rehabilitation

Satakunta University of Applied Sciences

Tel: xxx-xxxxxxx E-mail: xxxxxxxx@xxxxxxx

APPENDIX 3

Example of the categorization of statements associated with cultural factors

Main categories	Subcategories	Examples of statements
1.Relationship with the clients	1.1 Lack of trust by the clients 1.2 Difficulties in acceptance by the clients due to different skin color	- In the beginning of my working career as a nurse, clients did not fully trust me. - The main cultural difficulties are the color of my skin which is very noticeable. Many of the customers can have a problem with this.
2.Language barrier	2.1 Difficulty in explaining in Finnish language 2.2. Difficulty in understanding 2.3 Difficulty in writing	- I know how to help someone or I even have ideas that might benefit some people, but I have difficulty explaining my ideas. - There are always some words I do not understand or do not pronounce correctly that may mislead the conversation - Writing into Finnish is still quite challenging
3.Honesty	3.3 Non appreciated sincerity 3.4 Non open discussions	- My honesty is not pleasant for everyone at work - You are not allowed to talk straight, only about mistakes in general level
4.Gender differences	4.1 Different rights between the two genders	- Equality between men and women
5.Differences in apprenticeship	5.1 Demand by the new nurses to cope with every problem without having proper training by the older nurses	-During the training, new nurses are informed by the older nurses about the clients' situation, but it is expected them to know everything about the client and to know the answer in every single question

