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# GUIDES FOR STRESS COPING DURING CLINICAL TRAINING FOR INTERNATIONAL DEGREE NURSING STUDENTS

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## ABSTRACT

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The purpose of this thesis is to facilitate the clinical learning environment for International degree nursing students to reduce stress or overcome stress by positive stress coping skills to gain good learning outcomes in clinical training.

The aim of this thesis is to provide useful information about clinical training in Finland for International degree nursing students; to help them to be familiar with possible stressors which may cause negative effects during the clinical training as well as to introduce positive stress coping skills by lecture presentation; to help them to be familiar with commonly used clinical language in Finnish by producing Finnish language handout.

This thesis is a development project as a development method that implemented with a classroom presentation for International degree nursing students who have not yet experienced clinical training in Finland. The data from the classroom presentation was collected by using feedback form filled out by 18 International nursing students and one Finnish native nursing student.

The feedback revealed that clinical training can be facilitated when students have gained enough information about the clinical training; possible stressors in clinical training; stress coping skills; verbal and non-verbal communication skills and commonly used Finnish language in clinical training.

Keywords: International degree nursing student, clinical training, stress, stressors, positive stress coping skills, nursing education, Finnish language.

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## 1 INTRODUCTION

According to Richard S Lazarus (1984, according to Manktelow 2005) “*stress is a condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize.*” Hans Selye (1956 according to Manktelow 2005), a founding father of stress research, viewed: “*stress is not necessarily something bad – it all depends on how you take it. Stress of exhilarating, creative successful work is beneficial, while that of failure, humiliation or infection is detrimental.*”

Many researches have documented that nursing students experienced certain level of stress during clinical training in their nursing education. Nursing students face not only academic study stress but also stress during their clinical training period (Pulido- Martos, Augusto-Landa & Lopez-Zafra 2012). Nursing students in Japan reported feeling stressed during the clinical training with many existing symptoms (Yamashita, Saito & Takao 2012), which appears as emotional instability, irritated temper, anxiousness or depression and physical symptoms. Stress is a psychological symptom that influences the clinical performance and the health condition of the nursing students (Sawatzky 1998).

International nursing student’s refers to students undertaking nursing degree programs in higher education institutions in a country other than their own and in a foreign language. Availability of education conducted in English and free tuition fee attract the International students to Finland, mostly from Africa and Asia (Pitkäljärvi 2011). As students come from multicultural, and multi-linguistic and different educational backgrounds, their expectations and needs definitely differ from one to another (Pitkäljärvi 2012). Communication difficulties due to the language barriers, cultural differences, and unfamiliarity with new social and health care environment and system are commonly introduced as key issues affecting immigrants in nursing (Brown 2009).

Language-related difficulties were found to be the biggest challenge in clinical training in Finland for the International degree nursing students. Giving and receiving instructions and understanding handover reports were examples of stress situations that have been reported by International nursing students. (Pitkäljärvi

2012) In addition, patient safety is another important consideration for International degree nursing students, the Finnish language plays a vital role in the communication with native clients in clinical settings. Obviously, International degree nursing students with weak Finnish level face more stress (Pitkäljärvi 2012) and challenge during the clinical training compared to native Finnish speaker nursing students.

The purpose of this thesis is to facilitate the clinical learning environment for International degree nursing students to reduce stress or overcome stress by positive stress coping skills to gain good learning outcomes in clinical training.

## 2 NURSING EDUCATION IN FINLAND

### 2.1 European Union's standards for nurses and midwives education

Finland became a member of European Union (EU) in 1995 (European Union, 2014). Among the states in European Union, the Munich Declaration urged all relevant authorities to secure basic education in nursing and midwifery as well as to open the door for the further education and to establish the necessary laws and orders (WHO Europe 2009).

According to European Union's nurse and midwife standards revised in 2009 by Thomas Keighley, all nursing education for general care in EU member countries should contain at least 3 years of study or 4600 hours of theoretical and clinical training. The theoretical study should be at least one third of whole study duration; meanwhile the clinical training should minimally cover one half of the study duration. EU member states shall ensure that all the institutions providing nursing education are responsible for the entire study programme following to EU level standards of nursing education. (WHO Europe 2009)

For the clinical training, EU standards for nurses and midwives declare that clinical training is the part of nursing training in which trainee nurses contact with healthy or sick individuals and /or communities directly as a member of a team.

Additionally trainee nurses learn to plan, implement and evaluate the required nursing care based on the theoretical knowledge and skill. During the duration of clinical training, trainee nurses should learn how to lead a team and organize all nursing care, for example how to do health education for individuals, health institutions and communities. The clinical training should be carried out in hospitals, communities, and other health care services under the mentoring of nursing teachers, qualified nurses and other qualified professionals in clinical settings. (WHO Europe 2009)

## 2.2 Nursing education and clinical training in Finland

The Finnish higher education system is a combination of two sectors: polytechnics and universities. Polytechnics are diverse institutions where practical education is preference. In Finland, nursing education is conducted by polytechnics under social service, health care and sport. (Finnish National Board of Education 2013)

In Finland, nurses, public health nurse, midwives as well as paramedics are educated at universities of applied sciences (also polytechnics, ammattikorkeakoulu in Finnish language) via the same schooling. Registered nurses need to achieve 210 credits, public health nurse and paramedics 240 credits, and midwives 270 credits to complete the study, which lasts from 3.5 to 4.5 years. Registered nurse's qualification is included in the degree education. (Finnish Nurses Association 2013)

Clinical training is significant for nursing students. A documented overview of the nursing profession demonstrates that professional skills and role responsibility have developed with time in nursing practice (American Board of Nursing Specialties 2010). In Lahti University of Applied Sciences (LAMK) the overall purpose of the seven clinical training periods of 90 credits (LAMK study guide 2012-2013 2012) is to provide basic to advantage competencies (Kilpeläinen 2010).

Nursing is a practice-based profession. Therefore clinical education is an essential part of the undergraduate nursing curriculum. The quality of nursing education depends largely on the quality of the clinical experience. Students require effective clinical placements to apply the theory to the practice. (Elliot 2002) These experiences are central to the student's preparation for entering the workforce as a competent and independent practitioner (Eaton & Twentyman 2006).

Clinical training is the core of nursing education and is vital for the preparation of professional nurse. Learning in clinical practice provides up to half of the educational experience for students undertaking pre-registration nurse education program. Practical clinical training, which represents one third of the nursing studies, is implemented in several phases in various health care environments. This

allows nursing students to acquire a deeper understanding and a wider view of the different possibilities that a career in nursing can offer. (Sawatzky 1998, 108-115)

Clinical training is the backbone of nursing education where theoretical and practical knowledge are combined together by the students for professional practice (Sawatzky 2007) as well as to obtain and apply the knowledge practically, in order to manage and develop workplace. Schools of nursing are developing various innovations in both pedagogical and practical settings so that the nursing students can safely implement and carry out responsibilities and make overall decisions on the care for the customer under the guidance of a mentor. One third of the nursing education consists of the clinical training (LAMK study guide 2012-2013 2012), therefore, the clinical training is a crucial part of nursing education.

### 2.3 Finnish language in the Degree Programme in nursing

Finland has two official languages, Finnish and Swedish. Finnish is spoken by 90 percent of the population and Swedish by six percent (Ministry for Foreign Affairs of Finland 2014). The foreign nurses from non- European Union/ European Economic Area are required to show an official Finnish or Swedish language certificate to Valvira before they can be qualified as a register nurse, the certificate must present at least satisfactory skills of Finnish or Swedish language (Valvira 2013). Based on this information, International nursing students have to speak Finnish mostly during the clinical training in clinical settings; obviously the nurse's professional duty is to provide nursing care which is required to communicate with patients and doctors. Furthermore, the documenting of the care plan also needs skills in Finnish. Therefore, taking trainees safety and patients' safety into account, an International nursing student must have the obligation to speak and understand Finnish in certain level.

According to the Study Guide 2012-2013 of Degree Program in Nursing of Lahti University of Applied Science, there are 15 European Credit Transfer and Accumulation System (ECTS) of elective studies for students, but Finnish language studies are strongly recommended for International nursing students demanded by the clinical training needs in Finnish clinical settings. The Finnish language studies last three semesters and have five ECTS for each semester. Basics of Finnish

course are taught for survival Finnish vocabulary for the International students' daily life management in order to be able to introduce themselves in Finnish, to understand common and simple Finnish texts and to recognize certain characteristics of the Finnish culture. The aims of "Professional Finnish I" for International nursing students are meant to tell about his or her work experience in Finnish, to understand and connect related topics with his or her own life, to use basic nursing vocabulary in medical care, to describe simple routine tasks in Finnish, to write short notes and messages in Finnish. The learning outcomes of "Professional Finnish II" are to explain and discuss the nursing topics by using adequate professional vocabulary in Finnish with a patient or another member of healthcare service, to describe and document patient's condition and situation in care plan officially under guidance.

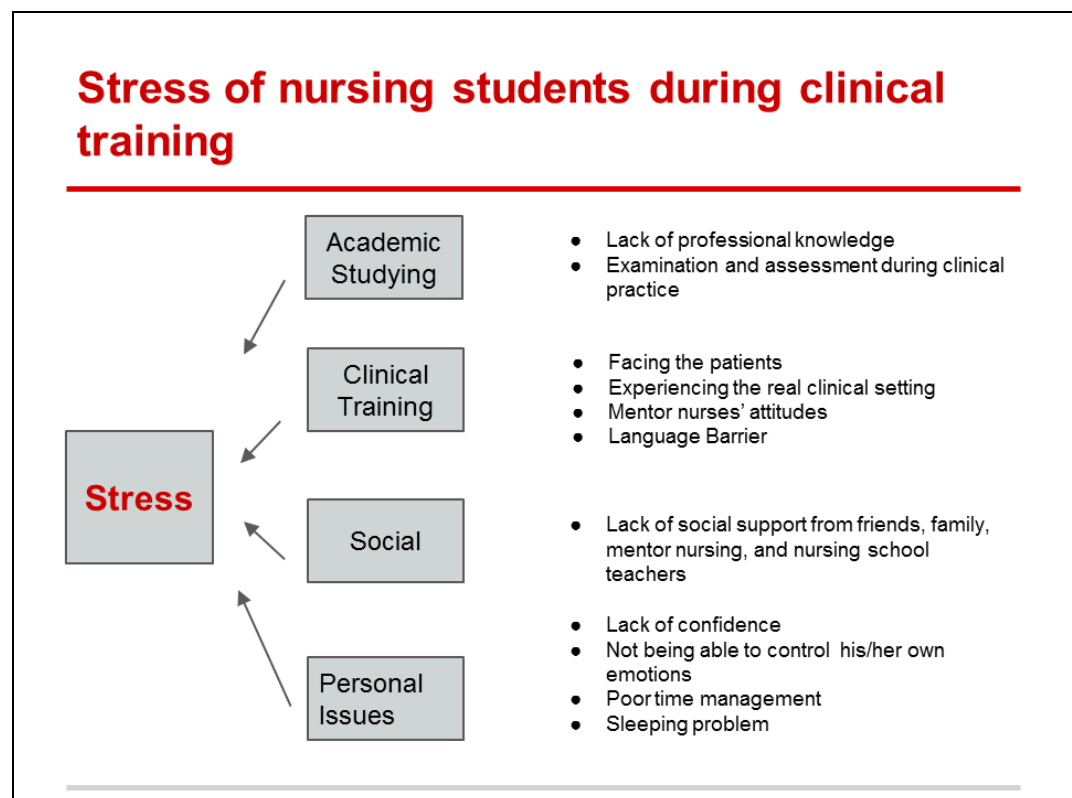
In Finnish Universities of Applied Sciences, the Finnish language studies are offered in general for international degree students. Likewise, International nursing degree program in Jyväskylä University of Applied Sciences (JAMK) covers 19 ECTS of the Finnish language studies (Study Guide JAMK 2014). Similarly, International nursing degree program in Laurea University of Applied Sciences (Laurea AMK) covers 15 ECTS of Finnish language studies (Study Guides Laurea AMK 2013). They are elective studies but International nursing students are recommended to participate in the Finnish courses for the communication needs in the clinical training.

Learning Finnish language is supported and encouraged in many other ways during the studies in Lahti University of Applied Sciences, such as "Puhutaan suomeksi" (Let us speak Finnish) as well as in Finnish club for spare time, which is organized by native students, church personnel and even professional teachers which all are free of cost. To get socialized with natives, various programs are held inside and outside of the school, which provides the opportunity for the International students to practice Finnish and to get familiar with Finnish culture. So, universities of applied sciences provide fundamentals of Finnish to all International degree nursing students but for the advanced skills and development of Finnish language, they need extra efforts.

### 3 STRESS PHENOMENON IN CLINICAL TRAINING

#### 3.1 Possible stressors in clinical training

Clinical training is considered an indispensable and vital part of nursing education. It prepares student nurses to be able of doing and implementing the nursing care procedure in practice under nurse mentor´s guidance. Train to become a nurse and the practices of training are activities that contain a significant amount of stress for nursing students that leads to psychological distress and attrition (Sawatzky 1998). A study conducted by University of Cordoba (Jimenze, Navia & Diaz 2010), identified three types of stressors (clinical, academic and external) and two categories of symptoms (physiological and psychological) linked to clinical practice. Results identified that clinical stressors are more intensely than academic and external stressors, and showed psychological symptoms more frequently than physiological ones. A higher number of stressors with negative health consequences are present, especially among nursing students due to the unpleasant experiences from their training period (Pulido-Martos, Augusto-Landa & Lopez-Zafra 2012).



### Figure 1. Stress of nursing students during clinical training

According to the study of stressful events for nursing students during the clinical practice, the sources of the stress for nursing students are categorized in four main categories: the academic studying, clinical training, social and personal living (Figure 1) ((Pulido- Martos, Augusto-Landa & Lopez-Zafra 2012). Academic studying, for instance, the first year students, who are in clinical practice, feel more stressed than second or third year students. This is because of the lack of professional knowledge, which can cause a situation that the students don't know what to do. Academic studying stress also comes in examinations and assessments during the clinical practice. For the clinical training, facing the patients, experiencing the real nursing and clinical environment and sometimes the mentor nurse's attitude can also cause extra stress for nursing student in clinical practice. The social factors are: Social support from friends, family, mentor nursing, and nursing school teachers; lack of confidence; not being able to control his/her own emotions; time management; fear about making mistakes; sleep problems; economical problems and doing a part-time job are such personal factors, that can also influence the clinical practice (Shari & Masoumi 2005).

#### 3.1.1 Language and Communication

Verbal communication is central to human interaction. Without verbal communication, one cannot be connected to people around him-/herself, understand people's needs and concerns or make sense of what is happening around. One of the most basic goals for nursing staff is that their patients and clients and those who care for them experience effective communication. (Casey & Willas 2011)

Communication and interpersonal skills are essential components in delivering good-quality nursing care. Verbal communication skills are identified as one of the essential skills that students must acquire in order to make progress through their education and training to become qualified nurses (Nursing and Midwifery Council 2010). In 2005, the American Association of Critical-Care Nurses (AACN) declared that "*Nurses must be as proficient in communication as they are in clinical*

*skills*".

The nursing and midwifery council(NMC) in UK in its standards for pre-registration nursing education (NMC 2010) declares that, with the domain for communication and interpersonal skills, nurses must have the capability of communicating effectively and safely. In order to address communication in diversity, a nurse could use a wide range of communication skills and technologies such as verbal, non-verbal as well as written. In addition, after nursing studies, nurses are able to engage in, build up and maintain therapeutic relationship with individuals and communities. A nurse accepts and takes the differences, capabilities and needs into consideration. Besides, nurses shall be qualified to promote the wellbeing and healthy behavior, and be able to identify the ways of communication with individuals and communities. Nurses also shall to make accurate, clear and complete written or electronic records, as well as to respect and protect confidential information during and after their education. (Webb & Holland 2012)

Nowadays, nursing is more inclined towards holistic care in which nurses are responsible for the patients' physical, psychological, social and emotional safety. Furthermore, registered nurses require decision-making competence in order to assume responsibility for nurse's diagnosis of identifying the nursing need, planning, implementing and evaluating the patient care as patient-centric. Likewise, counselling and mentoring competence is the ability to counsel patients and relatives with different backgrounds and also to support and promote their health and wellbeing. Therefore, communication skills are essential for delivering quality care. It is an essential competence for personal and professional development of an individual nurse.

For nurses in clinical settings, documentation, handover, sharing information, managing complaints, and reporting incidents and concerns are the more formal aspects of communication (Casey & Willas 2011). Nurses' communication is cited as a contributing factor in 70 % of the health care mistakes, leading to many initiatives across all healthcare settings to improve the way of communication (Riley 2012). Rothschild et.al (2005) found that 13.7% of the errors in critical care

were related to problems of communicating clinical information. Meanwhile, The Joint Commission (2006) determined that a breakdown in communication was one of the leading root factors in sentinel events between 1995, 2004 and 2005. More recently, impaired verbal or written communication was identified as the cause of approximately 24% errors in administration of parenteral drugs in ICUs (Valentin et.al 2009). In conclusion, in clinical settings, communication is closely related to patients' safety.

Language as a tool of communication plays an important role in communication between individuals in daily living, as well as in professional working. An effective interaction is that the meanings are shared and understood, which can be very hard without the understanding of the language. The meanings have to be checked and awareness should be taken into consideration of creating blocks in communication due to the differences between people, for example languages as well as other factors (Bach & Grant 2009).

### 3.1.2 Finnish language in clinical training

Finnish Language is a real barrier for foreign nurses. It can affect on every aspect in our daily life from general communication to socialization with local people. The language barriers make working life and personal life complicated, it slows down the adaptation into the new working environment. In general, it can mislead communication (Välipakka 2013). The lack of communication may cause difficulties to develop one's career success, to affect best health care outcomes and therefore, commanding the language as a great tool is essential for personal and as well as for professional development.

Some studies shows that it is very difficult for foreign nurses to completely express themselves in Finnish language, sometimes foreign nurses are judged by colleagues and even compared to the local staff, which makes the situation worse for the foreign nurses, eventually increases the stress level (Välipakka 2013).

Communication is more challenging over the telephone for the foreign nurses when they need to discuss with doctors, patients and patients' relatives. The studies showed that communication on the phone in Finnish is stressful (Välipakka 2013),

because International nurses are not able to focus on the non-verbal communication, which puts the verbal communication into shades.

A survey (Pitkälä, Eriksson & Pitkälä 2012) in Finland showed that international nursing students experienced poorer communication skills compared to local Finnish nursing students during the clinical training. The language is the major problem for the students who are not fluent in Finnish language. Language barrier works in many clinical situations, such as in giving and receiving instructions, understanding information from the reports and handover. International students' and Finnish students' opinions differed regarding to their experiences of communication in the clinical settings. According to the survey (Pitkälä, Eriksson & Pitkälä 2012), international students did not feel that the staff made efforts on trying to communicate with the students without Finnish or Swedish proficiency, and felt that they were not approved by the staff due to weak language skills.

Additionally, the language shifts from English into the two official languages of Finland used up a lot of energy for the international students. Negative clinical experiences were experienced by international students who do not speak fluently the two official languages of Finland. Besides, for international students, the communication because of language was experienced to be more challenging. Among International students, the biggest obstacle in reaching the learning goals in clinical trainings was the language barrier. Not only international students themselves, but also the mentor teachers and other workers found there were diverse language related challenges for international students in clinical settings, for instance not understanding the instructions of how to deal with patients properly, not being able to join in the clinical reasoning with other staffs. It is suggest that everyone should pay attention to safe communication when a language barrier exists in the clinical settings (Pitkälä, Eriksson & Pitkälä 2012).

Limited Finnish language skills lead the foreign nurses to feel unconfident and anxious due to the inability to express them accurately, especially answering the phone; explaining the patient's condition to the relatives (Ageeva & Jaanisalo 2013). The foreign nurses had experienced sadness, frustration and embarrassment (Ageeva & Jaanisalo 2013), because of the insufficient language skills which leads

to stressful situation. Help from the colleagues in correcting the language mistakes, made them feel benefited and stress released.

Furthermore, foreign nurses identified that it took a long time for them to feel comfortable and confident in the work due to the better Finnish language skills (Välipakka 2013). However, once the higher Finnish language skills the immigrants' nurses reached, they felt more accepted and trusted by co-workers and patients. In addition, the immigrant nurses or International nurse students had a mentor for the first few weeks of their work, and then this could ease them from stress in the beginning of the working career, allowing them to adopt and adjust to the new working environment. Support from the ward in charges and colleagues are always beneficial to foreign nurses. (Ageeva & Jaanisalo 2013) Friendly attitude and patience with the International nurses and students reduce their stress significantly.

### 3.2 Stress affects health condition

The results of stress are psychological and physical response of the body that occurs whenever human must adapt to changing conditions, whether those conditions be real or perceived, positive or negative. Stress can affect in a wide range of psychological and physiological mechanisms that results either long lasting or short effects on different cognitive, emotional or physiological functions (Khoozani & Hadzic 2010). According to the article of Khoozani and Hadzic (2010), it showed that effects of stress are not only limited to stress-related disorders, but also can affect psychological mechanisms including memory, attention, emotions and information processing and learning. One result of stress is perceptual narrowing and tunneling (Wickens & Hollands 2000), which means that individual with a stressful situation, leads to narrow her/his personal attention and pay less attention to various things.

Many previous studies have been done about the relationship between clinical training and stress due to its relevance and importance in nursing education. In a focus group study by Sharif and Masoumi (2005) showed that clinical experience is

one of the most anxiety producing components in the nursing program which has been identified by nursing students. Although it is natural for student nurses to encounter stress in their clinical practice experiences, excess or prolonged stress can have detrimental effects on student nurses' physical, psychological, and social health and well-being.

The clinical settings are the significant learning environments in the nursing education. The clinical learning environment has been and will continue to be a large part of nursing education. However, the learning that occurs in this environment presents challenges that may cause students to experience stress. High level of stress may affect students' clinical performances, presenting a clear threat to success in a clinical rotation (Moscaritolo 2009). In the systemic review studies by Martos, Landa and Zafra(2011), levels of stress are higher, and there are a greater number of sources of stress among the health professionals, especially nurses, with negative consequences for their. However, the focus should be at a stage prior to nurses' incorporation into their workplaces before their training period.

The authors find this study has significant importance to International nursing students as well as the immigrant nurses, because communication difficulties due to the language barriers, cultural differences, and unfamiliarity with new social health care environments and system are commonly introduced as key issues affecting immigrants (Ageeva & Jaanisalo 2013). The same situation is with foreign nurses, who did study in their home countries and are working in host countries. The National Institute of Occupational Safety and Health (NIOSH 1999) defines job stress as the harmful physical and emotional response, when the requirements of the job do not match the capabilities, or needs of the worker. A common problem for immigrant nurses in Finland is the language and the fact that they do not yet know the new cultural values. In addition, they might not have the right nursing job perception in Finland, or practical approaches and techniques (Välipakka 2013).

### 3.3 Positive stress coping skills

#### 3.3.1 Coping skills for general stress in clinical training

Stress is the subjective feeling produced by events that are uncontrollable or threatening (Singh & Sharma 2011). During the clinical practice period, more stress is experienced by nursing students. High stress level and lack of effective coping skills can lead to barriers to achieve the studying goals in the clinical practice for a nursing student, and the student may lose the motivation during the clinical practice period (Öner Altıok & Ustun 2013).

Coping is a process of handling demands created by excessive stress (Murray 2005). According to the study of Hong Kong baccalaureate nursing students' stress and their coping strategies in clinical practice in 2009, they identified four types of coping strategies which are: transference, staying optimistic, problem solving and avoidance. For the nursing students, the most commonly and frequently used coping skill is transference (Chan & Fong 2009). Transference is an unconscious process where person transfers their feelings from one person to another; it is common process among nursing students. It was found that 77.3% students sometimes used transference as a coping strategy to reduce stress (Singh & Sharma 2011). Optimism and problem-solving are also often used by students. Moreover, half of the nursing students use the avoidance as the stress management (Singh & Sharma 2011). Senior students who experienced high level of stress from school and health settings were more likely to use avoidance as a coping strategy (Chan & Fong 2009).

Study by Costa, Guido, Silva, Lopes and Mussi (2014) shows that stress is higher among nursing students who are physically less active and do not participate in leisure activities. Participating in the physical and leisure activities improve their self-esteem and increase welfare, moreover, it reduces the risk of mental health changes and this also helps to increase the social interaction which is very important in nursing (Costa et.al 2014). In Japan, students prefer more to consult with friends and mother, and use some activities to cope with the stress, for

example sleeping, talking to someone, going for a hobby, eating, singing karaoke and doing exercises (Yamashita, Saito & Takao 2012).

Some studies indicated that the immigrant nurses accompanied by supervisors for the first few weeks of their work and with international students accompanied by mentors during their training is beneficial for both immigrant nurses and International students. It allows them to ease their stress in their new working place, to let them feel comfortable as a part of the working team. At the same time, the mentor should be friendly and helpful with students. Patience from the mentor is something that makes students to feel comfortable to ask the same questions many times without irritating their mentor. (Ageeva & Jaanisalo 2013)

Coping has been considered as a significant factor in maintaining individuals' mental health stability when nursing students are suffering from stress. The process of stress coping is a complex set of responses that occur when a nurse student adjusts the stressors during the clinical training. It is important to recognize the stress level and react when it is out of control in order to prevent mental health changes. No one can estimate the stress, however it can be always controlled how much it affects (Singh & Sharma 2011). There are several ways of stress management among nursing students in their clinical training, i.e. getting support from the family, seeking information from the nurse mentor and teachers, getting social support, participating entertainment, practicing sports, building a nice relationship with the nursing staff. Developing a positive attitude can help nursing students to cope more effectively with stress.

### 3.3.2 Coping skills for communication and language

For foreign students, language is a very big factor that causes stress in the clinical practice, for example in Finland, where Finnish language is commonly used as one of two official languages in clinical placements. International students have more stress than native Finnish students because of the understanding and applying the Finnish language (Mattila & Eriksson 2009). Based on this reason, language learning will play a great role in releasing the stress during clinical practice.

There are two ways to deal with Finnish language stress. Firstly, controlling stress level caused by Finnish language. Secondly, working hard to improve Finnish language proficiency (Horwitz & Cope 2011), being active and sharing your own feelings with others. It is important to know that every single immigrant in Finland is suffering from language stress, it is natural to have these feelings. Research identified that individuals can get more support and help if they are willing to share their problems with others (Horwitz & Cope 2011). It is an acceptable and understandable matter that foreigners speak with their own accent and partially imperfectly. Otherwise, it can easily lead to frustration if foreigner tries to imitate a native Finnish speaker (Horwitz & Cope 2011). Unattainable goal increases the stress. Therefore, setting language goals adequately according to individual needs and abilities is a one possible method to minimize language stress.

Be positive and confident. Negative attitude affects the language performance, it hinders from learning the language. Positive attitude plays a significant role in the language learning process (Horwitz & Cope 2011). Language improvement needs the practice which requires the confidence. Be confident to speak loudly no matter how your accent is. In addition, appreciating one's language achievements also helps to motivate the learning process (Horwitz & Cope 2011). Appreciation of language achievements makes individuals more likely to realize their own mistakes and inabilities. Furthermore, seek for help from friends who are native speakers. Do not hesitate to ask friends to correct your mistakes. It helps to recognize limitations of language in order to improve further.

Continue to learn and practice is a basic rule for learning the second language (Horwitz & Cope 2011). Take Finnish language as a personal responsibility. Be an active speaker and listener that increase both speaking and listening abilities.

Dr. Albert Mehrabian (2009) conducted several studies on nonverbal communication. There he pointed out that 7% of any messages are conveyed through verbal, remaining 93% through nonverbal, communication. Nonverbal communication has been classified into a variety of channels, such as body movement, including gestures, stance, gait, posture and facial expressions. Nonverbal communication, together with verbal one can accomplish plenty tasks. These may include showing emotion, attitude and relationships to others, revealing

people's moods and personality, releasing emotional and nervous tensions. Nonverbal communication can substitute what the verbal communication says in words. Head nods, eye contact, intonation, body posture and facial expressions shifts all work in very organized way for the speaker to hand the turn to each other, refers to the response between speaker and listener (Baldwin et.al 2014, 162-164). According to the function of the nonverbal communication, it is strongly suggested that foreign nursing students should pay attention to the nonverbal communication skills as well as verbal communication.

#### 4 PURPOSES AND AIMS

The purpose of this thesis is to facilitate the clinical learning environment for International degree nursing students to reduce stress or overcome stress by positive stress coping skills to gain good learning outcomes in clinical training.

The aims of this thesis are:

- to provide useful information about clinical training in Finland for International degree nursing students through lecture presentations;
- to help International degree nursing students to be familiar with the possible stressors which may cause negative effects during the clinical training as well as to introduce positive stress coping skills by producing a lecture package;
- to help International degree nursing students to be familiar with commonly used clinical language in Finnish by producing a Finnish language handout.

## 5 PROJECT WORK AS A DEVELOPMENT METHOD

### 5.1 Project development work

This thesis is a project work towards a working-life related development, which combines theoretical knowledge with practice and the working environment. This project refers to the International degree nursing students who have not yet experienced the clinical training, with the limited Finnish language skills which eventually can cause stress. The performing product of a project development work can be a book, a CD, an exhibition, material, lecture, education, a guide, a development plan, activities and any other outputs/ products. The purpose of this kind of a project development work is to provide practical guidance and instruction which is commonly used as a professional standard in a certain working field (Vilkka 2003, 9-10) Project development work is seeking information related to the working life's environment, to develop, modernize and create designed products for providing better service or solving the current problems. Based on the functional part of existing theoretical knowledge through research, data and evidences, project development work is always implementing the designed product in the target group for evaluation, which then evaluates the feedback that is collected by questionnaires or interviews and any other data collection methods for the further potential development. (Vilkka 2010)

Authors chose the project cycle management (Blackman 2003) due to the term given to the process of identification, planning, implementation and evaluation (Figure 2). Development projects are not effective if they are badly planned and do not consider some important aspects and needs. Planning a project is important for successful implementation and outcomes. With the guiding of this project cycle management (Blackman 2003), the authors can identify the benefit group and assess the target group's needs for development. Based on the needs of the assessment, it is easy to plan and design the project in detail. The project cycle is a useful tool of illustrating the stages of the project as all four phases are an ongoing process.

## 5.2 The project cycle management

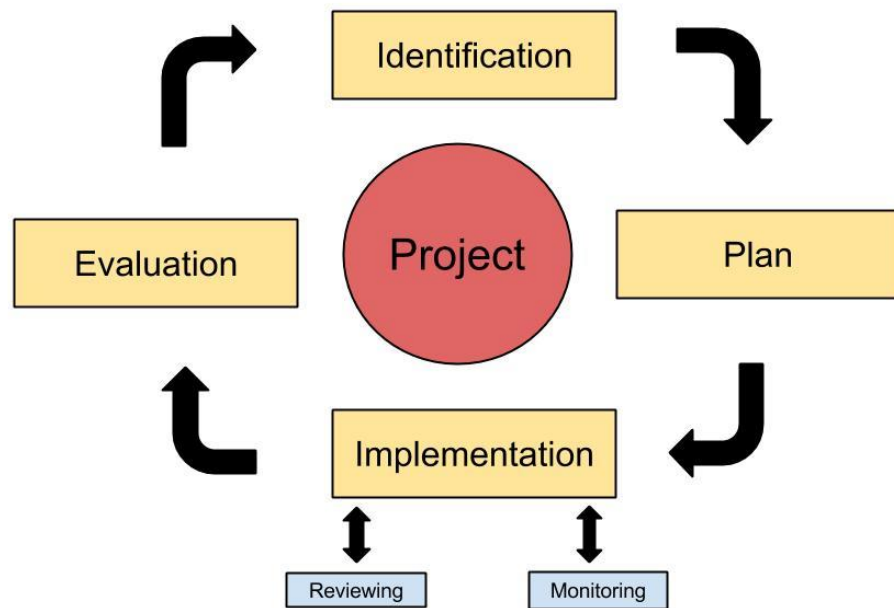


Figure 2. The project cycle (Modified from Blackman 2003)

### 5.2.1 Identification

The identification phase is the most important stage of a project for proper assessment of needs of target group. It is a process of assessment of current situation to identify the problems and needs for the improvement and development (Uusitalo 2013).

According to the authors' personal experiences of stress caused by communication due to limited Finnish language skills in clinical training, it would be useful and helpful to introduce the clinical training and possible stressors to the new International nursing students, to facilitate the clinical learning environment for International nursing students to reduce stress or overcome stress.

This project facilitates the learning in clinical training through the lecture and Finnish language handout that could provide better learning outcomes, which will then help them to be qualified as registered nurses in the future. This project also

assists to apply positive stress coping skills in stressful situations during the clinical training. This project could be an on-going process i.e. those students nurses who gained stress coping skills could convey the same skills to others.

### 5.2.2 Plan

After identifying the needs, project is planned in more details. In this planning phase, it is important to understand the overall objectives of a project, as well as to spend time in considering and reflecting which is essential and benefits the issue and elements for the development functional purpose (Heikkilä, Jokinen & Nurmela 2008, 25). This thesis was carried out by a project development work, based on the needs of working life i.e. by gaining a good clinical practice with less stress as well as communication competences during the study period, in order to be a qualified nurse in future. The decision has been made to design a particular lecture package for the International degree nursing students.

The lecture would contain general information of clinical training in nursing education and the situation in clinical settings in Finland in order to let the International degree nursing student to have adequate information about clinical system in Finland as well as how many credits and clinical trainings during nursing studies. Secondly, the lecture could include the factors of stress from preview studies and articles as well as the authors' own experiences in clinical training; the lecture could also introduce the positive stress coping skills based on the possible stressors. Furthermore, it could offer the commonly used Finnish language handout in clinical training for International degree nursing students. The content of lectures was required from the aims of thesis.

According to Fry, Ketteridge and Marshall (2008, 51-53), pre-tests, open discussions and video showcases related to the topic would be performed in the lecture.

The produced material of commonly used Finnish language in clinical training for international degree nursing students would not be possible to cover everything needed in clinical training, but however commonly used Finnish words and sentences in spoken and written would be contained. It would contain the names of

materials and equipments in of the wards Finnish, for instance the names of different devices used daily in the ward, general daily communication with patients in Finnish; basic documentation in Finnish such as eating, personal hygiene; vocabulary of medical care (not including the exalt medicines' names which belongs to pharmacology in nursing study); the numbers in spoken Finnish language, likewise links to on-line Finnish language independent study. The handout was planned to be handy.

The authors planned the lecture presentation in November, 2013. The authors started to search and read articles, studies and researches from the beginning of October, 2013 related to stress, stressors, and positive coping skills in clinical training for nursing students as well as the International degree nursing students. At the same time, the authors were collecting the commonly used Finnish language vocabulary in their own clinical trainings in Lahti. At the beginning of November, 2013, authors were making the PowerPoint presentation according to the information of this thesis. While making a PowerPoint presentation, Theobald (2011) suggests adding pictures and graphics. The authors also produced the commonly used Finnish language handout. Finally was made the feedback form for the evaluation. The lecture was planned to be given in multi-media equipped classroom in Lahti University of Applied Sciences, faculty of social and health care before the International degree nursing students who start their first clinical training in Finland in January 2014.

To develop feedback form (Appendix 3), the authors were using Wiggins (2012) as a reference. It identified that feedback is the information of how people are doing in their efforts to reach a goal. For the presenters, feedback provides information what audience thinks about the presenters and the presentation, how well audiences understand contents of the presentation. In terms of the information, presenters can get the feedback form of presentation from the audience to evaluate whether they have reached the aims. To achieve this, the authors made a feedback form to gather information after the lecture presentation. Relating the questions to the aims of this thesis (Brace 2008 ) is the first task to determine what should be asked as the main question; therefore it must be based on the information needs of the thesis and contains tailored questions which must be asked to clarify the aims (Appendix 3/question1 ). Limiting focus to the main issue (UTDC 2004) should be simple,

straightforward and logical to minimize the double meaning of the question (Appendix 3/ question 2). Evaluation of the output (LGDU 2009), authors must know how effective was the project to the target group, to clear out the findings (Appendix 3/ question 3,4). Open question to focus on what can be changed for the improvement in future (UTDC 2004), open question are usually used when insufficient knowledge regarding to the existed subject and the author is uncertain whether predefined categories have covered all possibilities, it can be used to obtain more information or suggestions(LGDU 2009). To provide the opportunity for the students to give their individual suggestions/solutions regarding to the certain important issues (Appendix3/ question 5, 6).

The evaluation of the feedback form was planned to start on January, 2014 after the Christmas and New Year holiday and was completed before February, 2014. The authors spent doing the project together during weekends, autumn holidays and as well as Christmas and New Year holidays. Authors sought advice from professional Finnish teacher from Koulutuskeskus Salpaus for correcting the produced Finnish language handout. For the arrangement of the classroom and time of lecture, authors were asking help from a mentor teacher. Authors also sent their work to the thesis' mentor for suggestions to improve the project.

### 5.2.3 Implementation

Authors started the search for the information needed from spring 2013, meanwhile also collected the commonly used Finnish language phrases in clinical training during their own clinical trainings in Lahti City Hospital and Päijät-Häme Central Hospital in Lahti Finland.

In autumn 2013, authors made the PowerPoint of the lecture (Appendix 1) about stress and coping skills for International nursing students in clinical training according to Theobald's principles of making presentations (2011), suggestions from Improve Your Lecturing of NHS London (2014) as well as following the theory of making a lecture by Fry, Ketteridge and Marshall (2008, 51-53).

During the lecture the main content was in clinical training, Finnish language and challenges of communication and foreign nurses' experiences in Finland as well as

positive stress coping skills, along with a video showcase of former International nursing students in Jyväskylä University of Applied Sciences. The implementation of the lecture is illustrated in table 1.

Table 1. Implementation processes of the lecture

<b>Time</b>	<b>Contents/Objectives</b>	<b>Method</b>	<b>Learning outcomes</b>
4-5 mins	Self introduction Objectives of the lecture	Oral introduction	To let students know about presenters and their objectives.
5 mins	Pre test- to know students expectations about the clinical training whether they expect stress or not.	Free discussion	To introduce our topic. To increase students interest on our topic.
10 mins	Interview with Foreign Nurses with JAMK	Video	To recognize the real situation in Finland as foreign nursing students
10 mins. for introducing stressors  10-15 mins. for positive coping methods	Main body of lecture 1.possible stressors in clinical training; main focus in communication (Finnish language) 2. Positive coping methods in clinical training.	1. PowerPoint 2. Material commonly used Finnish language in clinical setting based on self-experience.	To let students realize and provide the awareness of possible stress in clinical training. To receive the useful Finnish phrases which may benefit in general communication

			and documentation.
2 mins	Summary	PowerPoint	To summarize the key concepts of this lecture.
5 mins	Students questions	Free discussion	To solve students inquires.
10-15 mins	Feedback	Question form	Evaluation of the lecture

In addition, authors printed out (black and white) handouts of commonly used Finnish language vocabulary in clinical training for International degree nursing students. The handout was based on the authors own experiences during their own training periods. Before the day of presentation, authors practiced several times in order to get familiar with the presentation, make proper time management due to the suggestion of Theobald's (2011) principals of making presentation, timing and the length needs to be considered when performing the presentation.

On 29.11.2013, authors made the presentation to a target group – International nursing students of Lahti University of Applied Sciences in social and health care faculty before participants start their first clinical training in Finland. All together 19 students, out of which 18 were International students and remaining one was native Finnish, participated in the presentation. During the presentation, the handout of commonly used Finnish language (Appendix 2) related to clinical training for International nursing students was given to the participants.

During the presentation, the authors had a pre-task for the participants, actively discussed with participants, and shared plenty of interesting cases about Finnish culture and Finnish language which happened during the authors' own clinical

trainings with proper pace of speed, clear voice and suitable volume following the Theobald's principles of making presentations (2011).

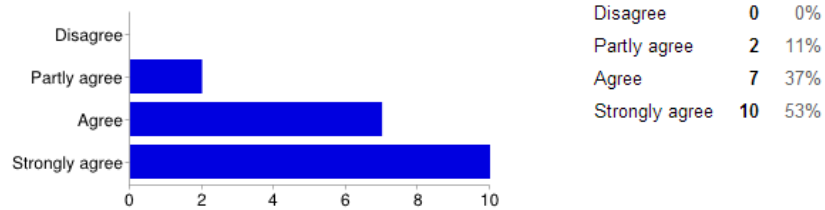
In the end of the presentation, authors provided 10-15 minutes for the participants to fill up the feedback form. Authors received 19 feedback responses from participants.

#### 5.2.4 Evaluation

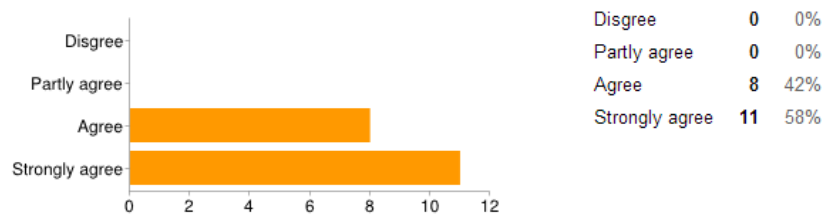
The evaluation of the 19 feedback forms showed positive response to the presentation which is described below.

## Summary

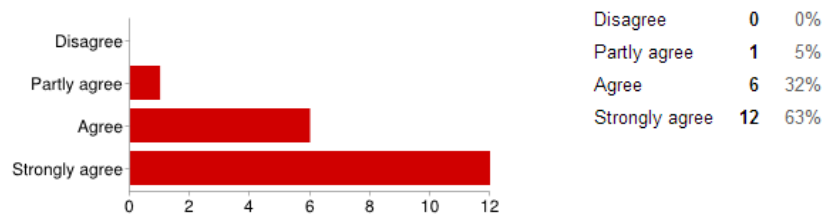
### 1. Lecture has given me enough information concerning the clinical training in Finland.



### 2. I have got enough information about stressors during clinical training from this lecture.



### 3. I have learned positive coping skills for stressors during clinical training from this lecture.



### 4. How useful did you find the handout (commonly used Finnish phrases).

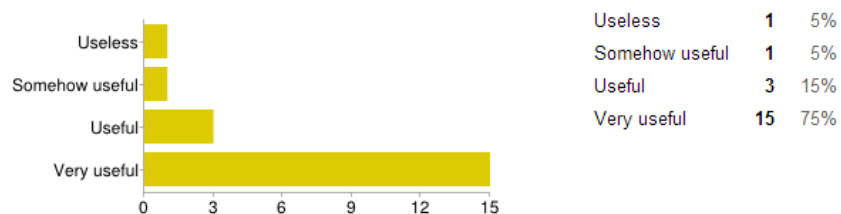


Figure 3. Nursing student's opinions on clinical training, stress and coping skills as well as handout.

As showed in figure 3, over half the responders (50 %) strongly agreed that the lecture had given them enough information concerning the clinical training in Finland while 2 responders partly agreed, 7 agreed and no one disagreed. All the responders strongly agreed (11 responders, 58%) or agreed (8 responders, 42%) that they got enough information about stressors during clinical training from the

lecture. To the question whether they had learned positive coping skills for stressors during clinical training from the lecture, 12 responders (63%) strongly agreed, 6 responders (32 %) agreed while 1 responder partly agreed. About the handout provided to the participants during the lecture, 15 responders (75%) strongly agreed that its useful, 3 responders (15%) agreed its useful, while a Finnish language native speaking responders chose the handout as both “useless” and “somehow useful”.

The open ended question in the feedback form was “How have you been benefited from this lecture?”, many participants said that they had learned about communication skills and stress coping strategies for the clinical training.

*“I have gained some skills and how to cope with clinical training stress / how to undertake my clinical training.”*

*“Issues like communication has been discussed which was very beneficial, body language, gestures etc.”*

*“Knowing a bit more about stress coping skills is always a good thing.”*

*“-How to deal with stress. -Communication (both verbal and nonverbal).”*

Some of the participants thought the lecture helped them to get prepared for the coming clinical training.

*“Great, because this lecture will help me curtail some of my anxiety and fear. The lecture has boost my hope that I can do more in my clinical training.”*

*“.....got a sneak peak of what to expect during my first clinical training”*

*“.....I was motivated and encouraged from this lecture and I have learnt how to attain my goals and how to make my strategy.....”*

*“I didn't even think about it might be stressful during the clinical training, so now I'm prepared and if it is going to be stressful, then I know already how to cope with it.”*

*“It gave me an idea how the clinical might look like. It makes me think about what to prepare for ahead of my clinical practice.”*

Most of the participants pointed out the lecture encouraged and motivated them learning Finnish language.

*“It builds up my confidence to study Finnish, even I don't understand what the tutor says in the clinical training, I will continue to study Finnish.”*

*“It has changed my perception of learning the Finnish language. It has encouraged me to keep learning slowly especially the video and the presenters themselves.”*

*“-The handout will help me learn the common Finnish words used at clinical practice.*

*“I understand that I am not alone in this situation and its okay to ask and I should try to speak Finnish language”*

*“Gave me more motivation to keep learning & practicing Finnish.”*

“What can be done to improve this lecture or the handout?” was the last open ended question in the feedback form, to this question all participants wrote suggestions or personal feelings towards the lecture and the Finnish language handout.

To the Finnish language handout, many participants suggested that more words could be added into the handout.

*“More vocabulary to the handout.”*

*“More Finnish words to use in clinical practice.”*

Some participants suggested that more pictures could be added and color print the Finnish language handout.

*“Use pictures.”*

*“Use colored print out to make it interesting to read.”*

One pointed out that there a few spelling mistakes in the Finnish language handout.

*“Spotted a few "mistakes" in spelling - maybe have someone read it before printing - but no worries, its nothing matter.”*

For the PowerPoint of the lecture, several students demanded more information related to clinical settings in video clippings.

*“Showcase more practice information in terms of more videos to emphasize the reality of the situation.”*

*“Include some more video directly linked to hospital experiences.”*

Additionally, some participants said that there should be more information and concentrate the topic.

*“You need more elaboration concerning the topics.”*

*“Wider information on positive coping skills for stressors.”*

And the way authors did the presentation, participants gave some advices to make the presentation better, for instance giving more time for the students to think during the pre-task time, speaking more slowly and telling more personal experiences during the presentation.

*“It should have more to allow students to reflect their expectations, personal feels and feelings briefly.”*

*“Perhaps you should speak little bit slower. I like the examples, maybe you should tell more.”*

*“.....you should tell more personal things and experiences, because it makes us understand better.”*

*“More life experiences will improve the lecture.”*

Some participants expected to have more of this kind of lectures during the study. For example:

*“I think it should be quite more time and schedule on the timetable like one in two weeks if possible because it's so motivating and gives information..... “*

*“It was good, may there should be more lectures of sort of dealing with different topics.”*

In addition, there were very much positive feedback and support from the participants.

*“I benefited a lot of from this lecture, the information that was given to us.”*

*“The handout is good and the delivery of the lecture is also good.”*

*“I'm very thank feel ! The topic is very important for us !”*

## 6. DISCUSSION

### 6.1. Summary and evaluation of the project process and the produced materials

The purpose of this thesis was to facilitate the clinical learning environment for the International nursing students in order to reduce or minimize their stress in clinical training to obtain better learning outcome. The aims of this thesis were to provide useful information about clinical training; to help International degree nursing students to be familiar with the possible stressors in clinical training as well as to introduce the positive stress coping methods; moreover to help the International degree nursing students to be familiar with the clinical Finnish language by providing commonly used Finnish language handouts. The aims of this thesis were achieved well.

From the evaluation of the feedback forms, the participants identified that the topic of general information about clinical training was unfamiliar to them. In the experiences of the participants of study, after the classroom presentation, the majority of the participants acknowledged enough information of clinical training in Finland. All of the participants admitted completely positive reaction to the information provided through lecture. Similar findings by Health foundation (2012) illustrated that a lack of general knowledge among clinicians is a significant barrier to achieve good practice in clinical settings; therefore, the general information should be provided before the nursing students are entering the clinical training. This is consistent with a clinical training guideline in Kigali Health Institute (2011). It demonstrated that it is necessary and important to have pre-clinical instructions about the training in order to assist the nursing students to accept a range of processes and approaches involved in the clinical training. The main idea of pre-clinical instruction about the training is to introduce the healthcare system in Finland, as well as to tell the total credits and numbers of clinical training in the International degree nursing studies.

The participants experienced that stress coping skills for general stress in clinical training were the strong sides of the presentation. This is also reflected by Selmo (2008), where it is mentioned that hobbies and activities brought enjoyment, physical well-being and social interaction. Likewise, social support was seen as an

essential factor to maintain emotional well-being and encouraged and supported socialization. Good social networks play a vital role in stress management in daily life.

Participants acknowledged the fact that Finnish language is the barrier in communication. However, they accepted that non-verbal communication is as important as verbal communication. In the same way, participants gained language and communication skills for foreign nursing students in Finland concerning clinical training. According to the research by Malau-Aduli (2011), the language barriers in communication were the one of key challenges for International medical students in Australia, they felt stressed because of communication deficiency, in addition, the research pointed out the weak level of host language can act as a barrier to clinical learning. This has also confirmed that both verbal and non-verbal communication skills are contributing on the effectiveness of communication. Host language proficiency is considered to be an important media in adapting to a cross-cultural environment (Malau-Aduli 2011). Based on the studies above, the stress of the second language hinders the learning outcomes. In order to achieve learning outcomes, stress management is crucial.

Commonly used Finnish language handouts were practical and useful from the participants' perception. Apparently there were no articles or studies directly to reflect on this issue. This was based on the authors' clinical training experiences, for instance; Finnish vocabularies in clinical setting; spoken form of language in Finnish, as well as documentation for basic care was collected.

Moreover, participants appreciated that the lecture helped them to boost the hope to communicate in Finnish in order to improve their clinical training and some of the participants were motivated and encouraged to set their goals practically. They were also motivated to recognize and deal with stress effectively.

Furthermore, some participants stated that the lecture had developed the knowledge of expectation for the clinical training. The motivation of learning Finnish mentioned by participants was surprising to the authors, most of the participants confessed that this lecture had stimulated their motivation of learning and practice Finnish language with the help of the handout in coming clinical training.

Participants suggested some recommendations for the lecture and handouts. They felt that more vocabulary could be added into the commonly used Finnish handout. In addition, pictures and colorful presentation could be more interesting and motivate learning. Moreover, participants suggested that some more time should be given for the participants to reflect their own thoughts. They also suggested that few more video clips could be added to the presentation.

## 6.2 Discussion of ethics consideration

Ethics refers to set of principles of morals and values. The whole process of this study was represented exactly and accurately in order to gain reliability and transparency under the ethical limitations. When humans are considered as a subject of study, it is important to ensure them about the confidentiality of the identification. According to Grove, Burns and Gray (2012), ethical issues are the central part of the research study. Ethical principles related with research studies include veracity, justice, non-maleficence, beneficence and confidentiality (Moule & Goodman 2006).

Prior to the lecture, the participants were told about the study and its purpose. Participants voluntarily attended the lecture. After the lecture, evaluation forms were given to the participants and they were also made to understand their freedom to withdraw from the study. To make the participants feel more comfortable and open, teachers were not present in the classroom during the lecture. Principles of confidentiality were followed in the study process. In the evaluation forms, personal identification such as name, age, sex, address, nationality was not mentioned. The purpose of the evaluation form was to evaluate the understanding of participants of the lecture and it is solemnly use just for the study purpose. Evaluation forms are kept safe by authors and will be destroyed after the final approval of the thesis.

### 6.3 Proposal for further actions

There are not many studies of International nursing students experiencing stress during clinical training conducted in Finland. Nevertheless, there is a considerable demanded need for the updated information in order to be able to develop transcultural and multi-cultural nursing or nursing education. Obviously, Finland is becoming an immigrant country. With the benefit of free tuition fee, foreign nursing students are interested in the degree program in nursing in Finland. There is an increasing group of International nursing students. Clinical training is a vital and essential period of degree program in nursing. The aim of this study has been completed by introducing the general information of clinical training, positive stressors and positive stress coping skills and commonly used Finnish phrases in clinical practice. Worldwide researches identified that nursing students are suffering from the stress in the clinical training. Further actions are needed to find out what the health settings and education institutes can provide for International nursing students to minimize stress during the clinical training. The study by Moscaritolo (2009) states that high level of stress may affect students' clinical performances, presenting a clear threat to success in a clinical rotation. Also it states that, less stress favors the effective learning. This information combined with immigrant nursing students' own experiences of stress management can help to outline the International nursing students' needs or immigrant nurses' needs in order to improve the degree program in nursing in Finland. In addition, the information helps to maintain the foreign nurses' and/or nursing students' health in Finland.

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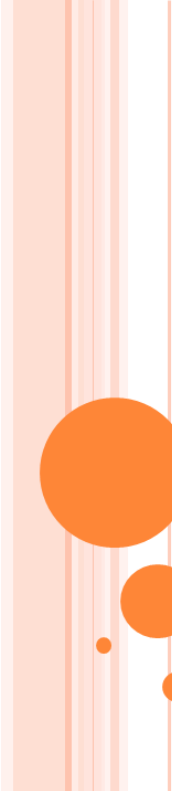
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## APPENDIXES

### Appendix 1. PowerPoint of the lecture presentation



# **STRESSORS AND COPING SKILLS FOR NURSING STUDENTS DURING CLINICAL PRACTICE**


FOR 08NUR13 NURSING STUDENTS IN LAMK

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Anita Karki, Mudan Cheng, Wenbing Wang  
29.11.2013

## **LEARNING OBJECTIVES**

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- Make nursing students familiar with clinical training in Finland.
  - Introduce the stressors during the clinical practice.
  - Provide the information about the positive stress coping skills.
  - Provide commonly used Finnish language handout.
- 

## PRETEST

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1. What are your expectations for clinical training in Finland ?
2. How could be the situation for a international nursing students in clinical settings with POOR Finnish language ?

## INTERVIEW OF INTERNATIONAL NURSING STUDENTS

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Interview of former nursing students of Jyväskylä University of Applied Sciences who are now working in Finland.

<https://www.youtube.com/watch?v=Hp3OXW-2RSE>

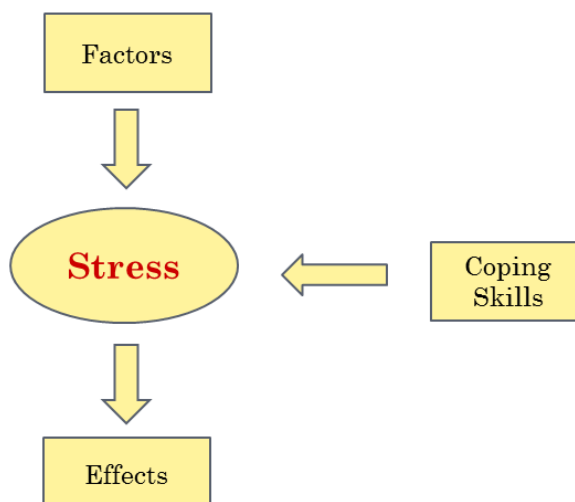
## CLINICAL TRAINING

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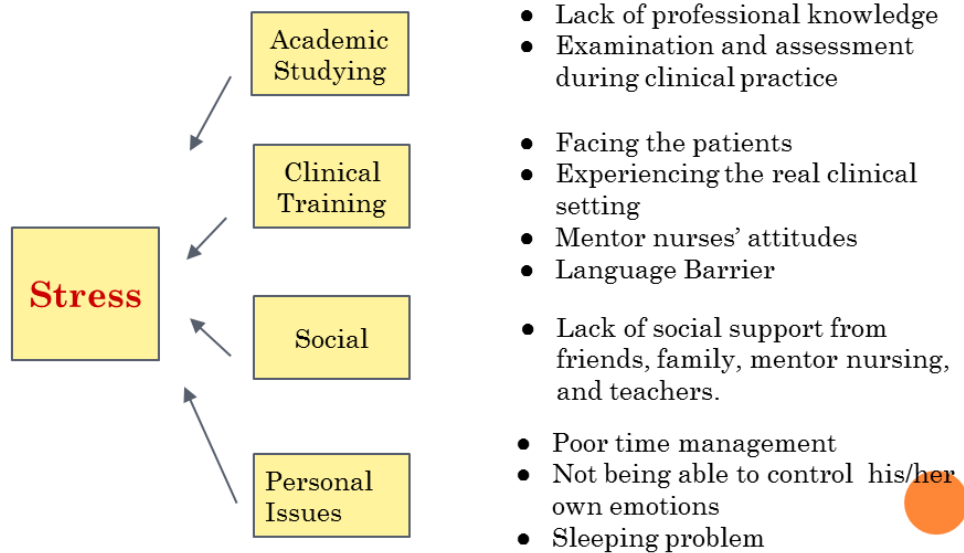
- The registered nurses require **210 ECTS** (Finish Nurses Association). Out of 210 ECTS, clinical training covers **90 ECTS**( 15 ECTS for thesis) .
- The overall purpose of the **seven** clinical training (Study Guide,2012-2013) is to provide a basis for general proficiency, functioning in clinical working environment to develop expertise(Kilpeläinen,2010).

## MIND MAP

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## STRESS OF NURSING STUDENTS DURING CLINICAL TRAINING



## COMMUNICATION AND INTERNATIONAL STUDENTS' EXPERIENCES IN CLINICAL TRAINING IN FINLAND

**Communication** → one of the essential skills that students must acquire in order to make progress through their education and training to become qualified nurses. (NMC, 2010)

- 70 % of the health care mistakes (Riley, 2012)
- 24% errors in administration of parenteral drugs in ICUs (Valentin et al. 2009)

Communication in clinical settings was found more challenging among the international students than among the Finns. Language barrier has been found to form the biggest obstacle in achieving positive outcome for international students in clinical settings. Language barrier works in diverse clinical situations, such as in giving and receiving instructions, and understanding informations during the reports. (Pitkälä & Pitkälä, 2012)

## STRESS EFFECT ON HEALTH

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- Many researches have documented that nursing students experienced certain level of stress during clinical practice in their education. Nursing students face not only academic study stress and also stress during their clinical training period.
- Stress is a psychological symptom that influences the clinical performance and health quality of nursing students.
- Nursing students feel stressed during clinical training with many existing symptoms, such as a emotional instability, irritated temper, anxiety; physical symptoms may show in a headache, rapid heartbeat, dizziness; behavioral change, such as problem in sleeping and sociality, also the symptoms in the cognitive difficult with concentration.

## COPING SKILLS FOR GENERAL STRESS

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- Talking: friends, mentor nurses, mentor teachers, family member
- Regular meeting with mentors
  - Build good relationship, know more about each(mentor nurse).
  - Peer mentoring, reflecting about studying, training, emotion etc.
- Hobbies
- Rest
- Exercises

## COPING SKILLS FOR GENERAL STRESS

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- Students' own attitudes and responsibilities.
- Psychologist  
LAMK's psychologist - Simo Ahonen  
psykologi@lamk.fi  
Tel. 044 - 708 0476  
Address: Svinhufvudinkatu 2 A, 2nd Floor.

## COPING SKILLS FOR LANGUAGE AND COMMUNICATION

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- Learn and practice Finnish !
- Nonverbal communication is more important than verbal communication in clinical setting, for example eyecontact, touching.
- Show the warmth, respect, genuineness, empathy in the therapeutic relationship for nurses and patients.
- Find a common language to communicate in difficult situation.

## COPING SKILLS FOR LANGUAGE AND COMMUNICATION

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- Meet and discuss with own mentor nurse about the mentoring language in order to choose the suitable communication language
- Attitudes towards language barrier
  - Be active.
  - Keep practicing speaking, listening and documenting.
  - Don't set the learning goals too high in the beginning, comparing with Finnish students.
- Language material

## USEFUL LINKS OF FINNISH LANGUAGE LEARNING

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- <http://moninet.rovala.fi/In-English/for-immigrants>
- [http://www.edu.fi/verkko\\_oppimateriaalit/oppimisaihioita\\_sairaala\\_alan\\_kielenopetukseen](http://www.edu.fi/verkko_oppimateriaalit/oppimisaihioita_sairaala_alan_kielenopetukseen)
- <http://peda.net/veraja/kuopio/kansalaisopisto/tilauskurssit/maahanmuuttajat/suomentehokurssi>
- <http://www.ge-hoitajat.org/tiedotteet/artikkelit/sanasto.pdf>
- <http://www.infopankki.fi/fi/elama-suomessa/suomen-ja-ruotsin-kieli>
- <http://www.infopankki.fi/fi/elama-suomessa/suomen-ja-ruotsin-kieli/suomen-kielta-internetissa>

## SUMMARY

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- Stress is a condition of feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize.
- Effective communication is identified as one of the essential skills that nursing students must acquire.
- Language barrier has been found to form the biggest obstacle in achieving positive outcome for international students in clinical settings in Finland.

## SUMMARY

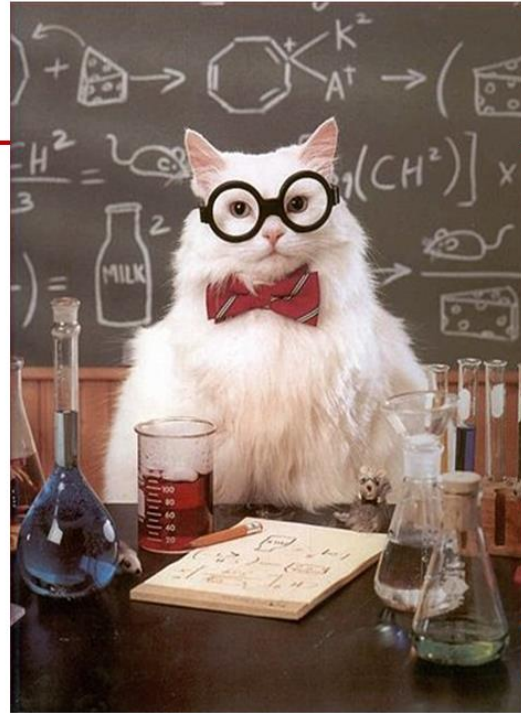
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- In order to cope with the stress, students can share their experiences with their friends, families, mentors and teachers, spend certain time in their hobbies, activities to distract from stress.
- For language, honestly, no other short way than practicing and learning. During initial days of training, kindly recommend you carry the self-made Finnish material. We are hopefully that this material could help you in training.

## QUESTIONS ?

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- Any questions?



## TIME TO FILL IN THE FEEDBACK !

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KIITOS PALJON !

Onnea kaikille !

Iloista työharjoittelua !



***Suomen Kieli Työharjoittelujaksolla  
Kansainvälisille  
Sairaanhoidajaopiskelijoille***

***Anita Karki  
Mudan Cheng  
Wenbing Wang***



**LAHDEN AMMATTIKORKEAKOULU**  
Lahti University of Applied Sciences

## ***§ 1. Osaston tavaroita/Ward materials***

### **Vuodevaatteet/Bedding**

Lakana – Bedsheet  
Liukulakana – Sliding bedsheet  
Peitto - Quilt  
Poikkimuovi – Plastic sheet  
Pussilakana – Quilt cover  
Tyyny - Pillow  
Tyynyliina – Pillow case  
Vuodesuoja – Bed protector

### **Potilasvaatteet/Patient clothes**

Aamutakki – Dressing gown  
Alushousut – Brief pants  
Housut - Trousers  
Jarrusukat – Braking socks  
Lonkkavyö – Hip belt  
Lonkkahousut – Hip protector  
Pyyhe - Towel  
Sukat - Socks  
Takki - Jacket  
Tossut - Slippers  
Yöpuku - Nightclothes

### **Huoneentavarat/Room stuff**

Jarru – Braking handle  
Laatikosto - Drawer  
Potilaspuhelin – Patient's phone  
Soittokello – Ring bell  
Sängyn kaukosäädin (sähkösätkyyn) – Remote control of bed (electric bed)  
Sängyn pääty - Headboard  
Sänky, Vuode - Bed  
Väliverho - Curtain  
Yöpöytä – Bedside table

### **käsihygieniia/Hand hygiene**

Kertakäyttökäsineet – Disposable gloves  
Käsidesi, Käsiendesinfektio, Käsihuude, Käsiendesinfiointaine – Hand disinfectant  
Steriilit käsineet - Sterile gloves  
Suojakäsineet – Protective gloves

**Pesu/Washing**

Hiusharja - Hairbrush  
Hiustenhoitoaine - Hair conditioner  
Kynsileikkuri - Nail clipper  
Pesulappu - Washcloth  
Pesuvoide - Washing cream  
Saippua - Soap  
Sakset - Scissors  
Shampoo - Shampoo  
Vaippa - Diaper

**Apuvälineet/Aids**

Eva (EVA-teline) - Eva walking cradle  
Nosturi - Hoist  
Pyörätuoli - Wheelchair  
Rollaattori - Rollator  
Sauva, Keppi - Walking stick  
Suihkutuoli - Shower chair

**Hoitotavarat/Nursing stuff**

Alusastia - Bedpan  
Desinfektio - Disinfection  
Happipiste - Oxygen  
Harsotaitos/taitos - Gauze  
Imu - Suction  
Kaarimalja/kaarimaljat- Kidney pan  
Laastari - Plaster  
Nimilätkä - Name board  
Oksennuspussit - Vomit bags  
Sorsa, virtsapullo- Urine bottle  
Tippateline - Drop holder  
Ulostenäytepurkit - Stool sample jars  
Virtsanäytepurkit - Urine sample jars

## *§ 2. Peruskommunikaatio/General communication*

### 2.1 Itsensä esitteleminen:

Minä olen (mä oon) xxx, sairaanhoitajaopiskelija LAMK:sta, nyt olen tällä osastolla työharjoittelussa, tämä on minun ensimmäinen harjoittelu. Minä puhun vähän suomea. (I am xxx, nursing student from Lahti University of Applied Sciences, now doing my clinical training here, this is my first training, I speak a little Finnish.)

### 2.2 Kommunikointi potilaiden kanssa:

1. Hyvää huomenta / päivää / iltaa / terve !  
*Good morning / good afternoon / evening / hello !*
2. Mitä kuuluu ? Mikä vointi on?  
*How are you ? How is everything going ?*
3. Miten yö meni ? Nukuitteko hyvin ?  
*How was the night, did you sleep well ?*
4. Tarvitsetteko apua ? / Tarviiko apua ?  
*Do you need help ?*
5. Nyt on aamupesun aika. / Nyt alkaa aamupesut. (Vuodepotilaille)  
*Now it's time for morning wash.*  
**Note : pesu → wash, pusu → kiss**
6. Haluatteko mennä minun kanssa pesulle ?  
*Do you want to go for a wash with me ?*
7. Vaippa on ihan märkä, käyttekö vessassa ?  
*Diaper is very wet, do you go to toilet ?*
8. Käykää istumaan pöntölle.  
*Please sit down to the toilet chair.*
9. Onko vesi sopivaa ? Onko liian kuumaa tai kylmää ?  
*Is the water suitable ? Is it too warm or cold ?*

10. Pitäkää silmät kiinni.  
*Please close the eyes.*
11. Nyt kuivataan. Ottakaa pyyhe.  
*Now it's time to get dry, please take the towel.*
12. Puetaan vaatteet päälle. Haluatteko takin päälle ?  
*Put on clothes, do you want to put on jacket ?*
13. Menkää syömään aamupalaa.  
*Please go and eat breakfast.*
14. Otatteko leipää ? Juotteko kahvia ? Laitatteko sokeria ja maitoa kahviin ?  
*Do you eat bread ? Do you drink coffee ? Do you add sugar and milk into coffee ?*
15. Syöttekö puuroa ? Tykkäättekö puurosta ?  
*Do you eat porridge ? Do you like porridge ?*
16. Oletko syönyt ? / Oletko valmis ?/ Maistuiko ?  
*Have you eaten ?*
17. Haluatteko lisää ?  
*Do you want more ?*
18. Voitko sinä syöttää potilaan ? Sopiiko ? (ohjaaja)  
*Could you feed the patient, is it ok ?*
19. Haluatteko mennä päiväsalin istumaan ? Haluatteko palata sänkyyn lepäämään ?  
*Do you want to sit in day hall ? Do you want to go back to bed to rest ?*
20. Tässä on sinun lääkkeet, ottakaa suuhun. Ota vettä ja niele / nieleskele. Menikö?  
*Here are your medicines, put them into mouth, drink water and swallow. Did it go inside ?*
21. Avaa suu.  
*Open mouth.*
22. Kääntykää selälle/ oikealle/ vasemmalle/ ikkunan puolelle/ oven puolelle.  
*Please turn on your back / right / left / window's side / door's side.*

23. Pitäkää tästä kiinni ja nouskaa ylös.  
*Please hold it and stand up.*
24. Sinä haluat kipulääkkeet, mistä on kipeä ?  
*You want painkiller, where does it ache ?*
25. Toimiiko vatsa ? Tuliko kakka/pissa ?  
*Did your stomach work ? Did you pass stool / urine ?*
26. Hoitaja on tässä, mikä hätänä ?  
*Nurse is here, what is problem ?*

### ***§ 3. Dokumentointi/Documentation***

#### **Ruokailu/Diet**

Potilas söi itsenäisesti.  
*(Patient ate lunch by himself/herself. )*

Potilas söi hoitajan avustamana.  
*(Patient needed nurse's help with eating.)*

Potilas söi hyvällä ruokahalulla./ Ruoka maistui hyvin.  
*(Patient had a good appetite/ The food tasted good.)*

Potilas ruokaili päiväsalissa.  
*(Patient ate the lunch in the dining room.)*

Potilas söi ruokaa/ruoan sängyn reunalla.  
*(Patient ate the lunch sitting in the edge of the bed.)*

Potilas söi ruokaa sängyssä istuen.  
*(Patient ate the lunch in the bed with sitting position.)*

Syötettynä, syönyt vuoteessaan, ruoka ei ole maistunut.  
*(Fedded the patient while lying on the bed, the food didn't taste good.)*

Potilas söi vain vähän, potilas kertoi voivansa huonosti.  
*(Patient ate a small portion of food and told that he/she is not feeling well. )*

Potilas ei syönyt.  
*(Patient didn't eat at all.)*

### **Aamupesut/Morning wash**

Potilas oli väsynyt ja apea aamupesuilla.  
(*Patient felt tired and need help with morning wash.*)

Potilas oli virkeä ja hyväntuulinen aamupesuilla.  
(*Patient was bright and cheerful during morning wash.*)

Aamutoimet hoitajan avustamana.  
(*The patient needs nurse's help with morning wash*)

Aamupesut vuoteessa hoitajan avustamana.  
(*Morning wash in bed with nurse's help*)

Aamupesut vuoteessa hoitajan ohjaamana.  
(*Morning wash in bed with nurse's guidance.*)

Aamupesut vuoteessa itsenäisesti.  
(*Morning wash done by himself/herself in bed.*)

Vatsa/ulostus on toiminut.  
(*Stomach has worked.*)

Vatsa on toiminut vähän.  
(*Stomach has worked a little.*)

Potilaalla on ripuli.  
(*Patient has diarrhea.*)

### **Ihohoito/Skin care**

Sacrumin alueen iho punoitti. Voideltu/ Rasvattu perusvoiteella.  
(*Sacrum area's skin was red. Basic cream applied.*)

Kantapäät punoitti, voideltu perusvoiteella.  
(*Heels were red, basic cream applied.*)

**Note: "---lla" is the brand name of the basic cream plus "lla".**

Selkä/ selän ihon punoitti. Asentohoitoa tarvitaan säännöllisesti.  
(*Patient's back was sore, need turn patient regularly.*)

### **Potilaan vointi (Potilas tunne)/Patients' feeling**

Potilas hieman hoitokielteinen.  
(*Patient refuses care.*)

Potilas hoitomyönteinen.  
(*Patient has very positive attitude for care.*)

Potilas kieltäytyi lääkityksestä.  
(*Patient refused medical care.*)

#### **WC/Go to toilet**

Potilas on käynyt wc:ssä rollaattorin turvin hoitajan kanssa.  
(*Patient went to the toilet with help of rollator and escorted by nurse.*)

Potilas on kävellyt päiväsalin rollaattorin avulla, kävelyt sujui hyvin.  
(*Patient walked to the lounge/ day hall with the help of rollator, the patient walked well/stably.*)

#### **Suihku/Shower**

Potilas kävi suihkussa kahden hoitajan kanssa lavitsalla, potilas pesi itsensä itsenäisesti ainoastaan osittain, hoitaja pesi selän ja jalat, iho on siisti.  
(*Patient had a shower in the shower bed with 2 nurses' help, the patient washed the part what he/she can manage, nurses washed the back and feet for the patient.*)

#### **Lääke suun kautta /Oral medicine**

Litalgin 1mg p.o. annettu klo 12,30 alavatsakipuun.  
(*Litalgin 1 mg is given orally on 12.30 for lower abdominal pain.*)

**Note: When record the medicine that you gave to the patient, please record the name of medicine, dose, routes, time and the reason !**

## ***§ 4. Osa Lääkehoitosanoja/Basic medication vocabulary***

Apteekki - Pharmacy  
Lääkkeen jakaminen - Distribution of the drug  
Lääkekaappi - Medicine cupboard  
Lääketarjotin - Medicine tray  
Resepti - Prescription

Ampulli - Ampoule  
Jauhe - Powder  
kapseli - Capsule  
kipulaastari - Pain patches  
Liuos - Solution  
Suihke - Spray  
Tabletti - Tablet  
Tippa - Drop  
Voide/voidetta - Cream/ointment

Kanyyli - Cannula  
Letku - Tube  
Neste - Fluid  
Neula - Needle  
Ruisku- Syringe

IV. suonon sisäinen  
IM. lihaksensisäinen  
ID. ihonsisäinen  
SC. ihonalainen

#### **Types of medicines**

Antibiootti - Antibiotic  
Antihistamiini - Antihistamine  
Antikoagulantti - Anticoagulant  
Diureetti - Diuretic  
Kipulääkettä - Pain killer  
Laksatiivi - Laxative  
Masennuslääke - Antidepressant  
Nukutus - Anaesthesia  
Pahoinvointilääke - Antiemetic  
Peräpuikko - Suppository  
Rauhoittava - Sedative/ tranquilizer  
Sub monikielinen - Sub lingual

### **Devices**

Happi - Oxygen  
Happisaturaatio - Oxygen saturation  
Imukone - Suction machine  
Infuusiopumppu - Infusion pump  
Lämpömittari - Thermometer  
Pulssioksimetri - Pulse oximeter  
Verenpainemittari - Sphygmomanometer  
Verensokerimittari - Blood glucose meter

### **Wound care**

Antiseptinen liuos - Antiseptic solution  
Dreeni - Drain  
Haava - Wound  
Kaarimalja - Kidney basin  
Pinsetit - Tweezers  
Pumpuli - Cotton wool  
Sakset - Scissors  
Side - Bandage  
Sideharso - Gauze  
Steriili haavahoito - Sterile wound care  
Teippi - Adhesive tape  
Terä - Blade/knife

## ***§ 5. Numeroita puhekieleksi***

1. Yksi - Ykkönen
2. Kaksi - Kakkonen
3. Kolme - Kolmonen
4. Neljä - Nelonen
5. Viisi - Vitonen
6. Kuusi - Kutonen
7. Seitsemän - Seiska
8. Kahdeksan - Kasi
9. Yhdeksän - Ysi

10. Kymmenen - Kymppi

esim. room 10 bed 1 → kymppi ykkönen  
room 8 bed 2 → kasi kakkonen

**Note: You will hear it during reports, but it is recommended to call patients by their names !**

## *§ 6. Linkkejä suomen kielen oppimiselle / Links for Finnish language learning*

<http://moninet.rovala.fi/In-English/for-immigrants>

[http://www.edu.fi/verkko\\_oppimateriaalit/oppimisaihioita\\_sairaala\\_alan\\_kielenopetukseen](http://www.edu.fi/verkko_oppimateriaalit/oppimisaihioita_sairaala_alan_kielenopetukseen)

<http://peda.net/veraja/kuopio/kansalaisopisto/tilauskurssit/maahanmuuttajat/suomentehokurssi>

<http://www.ge-hoitajat.org/tiedotteet/artikkelit/sanasto.pdf>

<http://www.infopankki.fi/fi/elama-suomessa/suomen-ja-ruotsin-kieli>

<http://www.infopankki.fi/fi/elama-suomessa/suomen-ja-ruotsin-kieli/suomen-kielta-internetissa>

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**26.11.2013**



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## Appendix 3. Feedback form



**LAHDEN AMMATTIKORKEAKOULU**  
*Lahti University of Applied Sciences*

Anita Karki  
Mudan Cheng  
Wenbing Wang

### Feedback

1) I have got familiar with clinical training in Finland from this lecture.

disagree  partly agree  agree  strongly agree

2) I have got useful information about stressors during clinical training from this lecture.

disagree  partly agree  agree  strongly agree

3) I have learned positive coping skills for stressors during clinical training from this lecture.

disagree  partly agree  agree  strongly agree

4) How useful did you find the handout (commonly used Finnish phrases) ?

useless  somehow useful  useful  very useful

5) How have you been benefited from this lecture ?

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6) What can be done to improve this lecture or the handout ?

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Thank you very much !