

Thesis (TUAS)

Bachelor of nursing

Nursing

2014

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FINNISH AS-A-SECOND LANGUAGE (FSL) NURSING STUDENTS' GENERAL AND LINGUISTIC SUPPORT

– Discussion points and recommendations



BACHELOR'S THESIS (UAS) | ABSTRACT

TURKU UNIVERSITY OF APPLIED SCIENCES

Bachelor of Nursing | Nursing

09.05.2014 | 43 pages

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FINNISH AS-A-SECOND LANGUAGE (FSL) NURSING STUDENTS' GENERAL AND LINGUISTIC SUPPORT

- Discussion points and recommendations

A literature review was conducted to gain an understanding of international nursing students' current situation in the clinical environment. Two main themes became apparent which was nursing shortage and linguistic barriers for international nurses. Using knowledge from the literature review and from the current authors personal experiences as an FSL nursing student in Finland, discussion points and recommendations were formed to improve the general and linguistic support for FSL nursing students.

The project was supported by funds from Salon Seudun aikuisopisto and Turun ammattikorkeakoulu/Salo who collaborated to develop the project KYKY 'Kansainvälistyvät työyhteisöt osaaviksi ja kilpailukykyisiksi' (01.06.12 – 31.12.13). The KYKY project was co-funded by Varsinais-Suomen ELY-keskus and Euroopan Sosiaalirahasto. One of KYKY's project aims is to develop provisions for international workers to be competitive and competent in Finnish working society.

Recommendations and discussion points were collated in relation to **language benchmarks, language support programs, language assessment forms for clinical practice, support services (general and linguistic), complaints and appeals systems, and learning Swedish to give international nurses a competitive advantage.**

The discussion points and recommendations were summarized and placed into two quick guide booklets; one aimed at clinical supervisors and the other at Universities of Applied Sciences. The booklets were uploaded onto KYKY's website 'Kansainvälistyvät työyhteisöt osaaviksi ja kilpailukykyisiksi'.

The future aim of the project would be that the discussion points and recommendations would be acknowledged and acted upon by professionals in the field of healthcare.

KEYWORDS:

Nurse shortage, language barriers, nursing students, clinical practice, support, discussion points and recommendations.



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LIST OF ABBREVIATIONS

FSL	Finnish as-a-second language
ESL	English as-a-second language
CALD	Culturally and linguistically diverse
ESP	English for specific purposes
ESB	English speaking background
IEN	Internationally educated nurse

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1 Introduction

A competent nurse requires advanced language and communication skills to provide quality care and ensure patient safety. English as-a-second language (ESL) and Finnish as-a-second language (FSL) nursing students, experience overcoming language barriers as one of the major challenges encountered on their journey to becoming a competent nurse. Globally, general support programs and linguistic programs have been created and implemented to support the specific needs of culturally and linguistically diverse (CALD) nursing students. However, to the best of the author's knowledge, there is no research based evidence of any support programs to support FSL nursing students in Finland.

In Finland, 'retaining an adequate amount of nurses and maintaining recruitment is set to become one of the greatest challenges in the health care and social care sector in the near future' (Ministry of Social Affairs and Health 2003; Flinkman et al. 2008). Therefore, it is crucial that FSL nurses are supported emotionally and linguistically to facilitate working in Finland as competent nurses and help relieve the inevitable nurse shortage.

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This project aims is to build awareness of FSL nurses' current situation in Finland and to initiate the process of the development of general and linguistic support. The project task is to provide discussion points and recommendations based on those findings and also from the current authors personal experiences as an FSL nursing student.

2 Literature review

2.1 Nurse shortage

In the literature, nurses working in a foreign country are defined as overseas qualified nurses, foreign nurses, foreign educated nurses, international nurses or developing world nurses (Jeon & Chenoweth 2007). Most of the literature focuses on nurses using English as-a-second language (ESL); however, this thesis project is focused on a more unique need which is the use of Finnish as-a-second language (FSL) in clinical settings. FSL is a relatively current phenomenon; therefore, there are only a few studies available that relate to culturally and linguistically diverse (CALD) nursing students' situation in Finland.

To the author's knowledge, there are no studies describing the experiences of CALD nurses who have already graduated and are working in Finland. Most of the literature reviewed for this paper relates to student nurses, however, a study by Magnusdottir's (2005) which describes the experiences of CALD nurses that have already graduated and are working in Iceland has also been reviewed. The research was deemed useful to include in the review, as the CALD nursing students that participated in the study also had to work using a second language other than English. Another benefit to reviewing the study was that Finland and Iceland face a similar situation, in that, Iceland has changed over the past 10 to 15 years from being relatively homogenous race to a more multicultural environment and those multicultural citizens are now visible in health care institutions (Magnusdottir 2005).

The number of CALD nursing students in the health care sector and nursing education is increasing; it is imperative to recognize what factors relate to positive and negative experiences, especially during clinical practice where language skills are of most importance (Mattila et al. 2010; Miguel et al. 2006). Data reveals that there is a shortage of health care workers in several countries which has reached a crisis point (Cowin & Jacobsson 2003; Joen & Chenoweth 2007). In 2006, the World Health Organisation reported a nurse shortage in the majority of its member states (McDermid et al. 2012). In order to ease that crisis a common strategy is to employ international nurses (Allen 2010).

The nurse shortage crisis is not likely to end in the foreseeable future, especially due to the population aging (OECD 2012) and also improvements in medical technology, and therapies and interventions, are resulting in the extension of human life. As people increase in age, so will the age related issues and the subsequent need for medical treatment and/or hospitalization, therefore, increasing the need for more health care staff (Medlin 2009).

The demand for nurses is also applicable to Finland, according Kirsi Sillanpää, personnel manager at Helsinki University Hospital and European industrial relations observatory online (2009), the Finnish health care sector is suffering from an acute shortage of nurses. Pertti Jokivuori at the University of Jyväskylä says “that there is one area of work that need not fear unemployment, meaning the public healthcare” (Jokivuori 2009).

FSL nurses have been employed by the Finnish Healthcare Sector in order to ease the nurse shortage. Nurses have been sought from China, Hungary, Poland, the Philippines (Jokivuori 2009) and more recently in 2012 there has been an influx of nurse labour from Spain. Due to economic difficulties in Spain, Spanish nurses have been targeted by the Employment and Economic Development Centres who currently have a pool of 2,300 Spanish nurses that have applied to work in Finland. The Spanish nurses’ attend a multicultural and language course prior to arriving in Finland where they begin their work in the field of elderly care. (Yle uutiset 2012.)

Student populations are internationalizing and diversifying across the world (Pitkäjärvi et al. 2012). There is an increasing number of CALD health care workforce due to ‘political and social unrest, economic instability, and environmental disasters in many countries across the world’. New opportunities have been afforded through international education and work exchange programs, family reunion and refuge schemes, and the opening up of territories and borders by free nations’. (Joel & Chenworth, 2007.)

The rising number of CALD students studying outside of their home country is a challenge for nurse education. Numbers are predicted to grow and economic factors are placing an increased pressure on institutions to accept these students. (Makay et al. 2011.) Despite the challenges associated with the provision of education to CALD nursing students, to ensure that they give safe and effective nursing care, ‘the European Community has a growing need for nurses to able to work with culturally diverse clients across and within national borders (Koskinen & Tossavainen 2007).

Pitkäjärvi et al. (2012) state that 'globalization within higher education leads to an increase in cultural and linguistic diversity in student populations. CALD nurses are a positive step forward to help create a multicultural workforce that meets the needs of culturally diverse patients.

In order to meet the needs of the culturally diverse patient population, institutions must build a culture of ensuring student attrition and cultural sensitivity (Wells 2003; McEnroe-Petitte 2011). Attrition of CALD nursing students results in meeting the health care needs of society (Wells 2003); it is imperative that universities recruit and retain students from non-English speaking backgrounds (Pitkäjärvi et al. 2012). Nursing faculty must be aware of the need to offer caring innovative ways to meet the needs of CALD students and promote success (Pitkäjärvi et al. 2012; McEnroe-Petitte 2011). 'The issue of student attrition should be addressed with new vigour and attrition' (Wells 2003).

We have already discussed how the nurse shortage crisis is applicable to Finland. This may seem confusing when you learn that Finland has 9.6 nurses per 1,000 inhabitants; slightly above the European average at 7.9 (OECD 2012). However, alongside the fact that the population is aging, there is another alarming factor that may have a profound impact on the nurse shortage in Finland. During a study of 12 European countries, it was discovered that almost 50% of Finnish nurses were planning to leave their profession. Flinkman et al. (2008) undertook a study to look at the proportion of young nurses that intend to leave the nursing profession and discover their intentions for wanting to do so. The study discovered that 'regardless of the current global nursing shortage, many nurses are planning to leave the profession', especially young nurses. 'Nurses aged less than 30 years, between 21-40 years and 25-35 years are the most eager to leave...' (Flinkman et al. 2008.) Therefore, many young nurses leaving the nursing profession may result in an insufficient number of nurses to replace the aging members of the workforce before retirement age. In Finland, 'retaining an adequate amount of nurses and maintaining recruitment is set to become one of the greatest challenges in the health care and social care sector in the near future. (Ministry of Social Affairs and Health 2003; Flinkman et al. 2008.)

The number of CALD students has increased in the Finnish healthcare sector and nurse education (Mattila et al. 2010). There is no shortage of applicants to the Bachelor of Nursing Degree programme. Allen (2008) states that great efforts have been made to accommodate the need for more nurses and as a result many schools are now

turning away suitable nursing applicants due to the inability to deal with the high demand (Allen 2008).

In Finland, nurse education is implemented at degree-level programmes in universities of applied sciences. There are a total of 29 universities of applied sciences in Finland of which 21 of them offer the nursing degree programme in Finnish and of those, 8 are provided in English. The nursing degree programme is for the duration of 3.5 years and consists of 210 ECTS credits. A total of 90 ECTS credits are allocated to clinical practice which provides students with real life work experience in 'de facto circumstances'. (Mattila et al. 2010.) Clinical practice is an essential part of the nursing degree programme, it ensures that students become safe practitioners and are socialized into the nursing profession (Miguel & Rogan 2012). The average length of clinical practice is 5 weeks and no theoretical instruction is arranged during this time. During clinical practice, most students work in pairs with their clinical facilitators who supervise the students' performance. (Mattila et al. 2010.)

2.2 Language and communication

Finland has two official languages, Finnish of which 91% of the population use as their mother tongue and 6% of the population are native Swedish speakers (Infopankki 2005). According to the US State Department's Foreign Service Institute, due to Finnish language not having any Germanic or Latin roots, it is the most difficult language for English speakers to learn (Yle uutiset 2013).

The Finnish Act on the status and rights of the patient (No.752/1992) states according to the Language Act (432/2003), that 'provisions on the patients' right to use Finnish or Swedish language, right to be heard and to obtain their documents containing decisions in Finnish or Swedish', of which is the responsibility of municipalities and joint municipality boards (Act on the status and rights of patients 1992). EU legislation does not require proof of language proficiency at the time of licensing/authorisation. However, the Act on Professional Practice requires that a health care professionals possess adequate language skills to perform his or her work responsibilities. Hence, Finnish employers require adequate language proficiency. Language proficiency should be discussed and agreed upon with the employer. (Foreign Nurses Guide to Finnish Working life 2010.) Korpela (2008) states in her article titled 'Finnish healthcare

goes multicultural', that 'Finnish patients must be able to receive service in their mother tongue' and the inability to do so may compromise patient safety (Korpela 2008).

Communication is a major factor in the field of healthcare (Guhde 2003; Shen et al. 2012; Malecha et al. 2012; Miguel & Rogan 2012) and has been documented for over 20 years (Malecha et al. 2012). Effective communication is essential for good patient outcomes (Miguel et al. 2006; Shen et al. 2012) and proficiency contributes to providing safe and effective culturally sensitive care (Crawford & Candlin 2013).

CALD students' communication difficulties on clinical practice was found to be a problem in the clinical environment for the student, patients, clinical facilitators and staff (Miguel et al. 2006; Miguel & Rogan 2012; Guhde 2003; San Miguel et al. 2006; Jeong et al. 2011). 'Communication challenges result in less than desirable quality of care which is reflected in physician and staff complaints and patient satisfaction survey outcomes' (Shen et al. 2012). Difficulties with communication can seriously undermine the OQN's potential to practice as a competent nurse, both in providing care, working as a team member, and in gaining opportunities for further development (Jeong & Chenoweth 2007). McLaughlin (2007) states that students' studying in a language other than their native language creates a challenge for nurse faculty in class room and clinical settings, as there is a need to respect a variety of cultures alongside ensuring safe and effective care to clients (McLaughlin 2007).

The prerequisites for successful learning in the classroom environment among CALD health care students is well known but there is still a lack of understanding regarding the factors that are associated with successful learning on clinical practice (Pitkääjärvi et al. 2012). It is important to remember that communication is a 'dynamic and non-linear process' and the international nurse will not overcome linguistic barriers overnight (Shen et al. 2012). CALD nursing students face a more unique situation in Finland as students' native language is often different to that of the language of study and of clinical practice.

Abriam-Yago et al. (1999) discuss the Cummins Model framework which can be used by nursing faculty to develop educational support to meet the needs of ESL students. The model uses two types of language proficiency which is 'basic interpersonal communication skills (BICS) and cognitive academic language proficiency (CALP)'. Research reveals that it can take ESL students approximately 2 years to become proficient in BICS and up to 5-7 years to be competent in CALP. (Abriam-Yago et al.

1999.) The Cummins model reinforces the fact that becoming linguistically proficient in a foreign language takes time and therefore unrealistic expectations or demands should not be placed on the international nurse. A study undertaken in Iceland, exploring the experiences of foreign nurses highlights the need for time when learning a language. One of the participants in the study, a CALD nurse describes that it was not expected to take so long to learn the language, perhaps only one year, as she was from a nearby country and very determined to learn the language. (Magnusdottir 2005).

The Cummings Model suggests that the best place for improving students' language capabilities is by combining linguistic learning in a contextual environment, of which the university setting does not provide. Learning linguistics during clinical practice assists the students' comprehension and retention of learning material (Abriam-Yago et al. 1999.) Crawford & Candlin's (2013) study, suggests that ongoing exposure to English language in clinical, academic and social settings improves listening comprehension and confidence with speaking English (Crawford & Candlin 2013).

There are not many studies that discuss the experiences of FSL nursing students in the health care environment, ones that are available have similar outcome to those studies based on ESL students in clinical practice. One Finnish qualitative study conducted by Mattila et al. (2010) explored CALD student's experiences in the health care environment and made comparisons with native Finnish students undertaking the same programme. Another Finnish study undertaken by Pitkääjärvi et al. (2012), analyzed 'international student nurses' experiences of clinical practice in the Finnish Health Care System' (Pitkääjärvi et al. 2012). Koskinen & Tossavainen (2002) studied British exchange students experience of clinical practice in the Finnish health care environment; the main focus of the study was student relationships with Finnish nurse teachers.

Pitkääjärvi et al. (2012), highlights amongst other barriers, that a language barrier in clinical practice results in social and professional isolation and that 'a poor command of Finnish easily led to negative experiences. FSL students on clinical practice felt that staff did not make an effort to communicate with students without Finnish or Swedish proficiency', or that they were not approved by staff due to their weak Finnish or Swedish language skills. Another finding from the study showed that the transition from using English language in their studies to Finnish in clinical practice used up a lot of the international students energy. (Pitkääjärvi et al. 2012.)

In Mattila et al's (2010) study, contradictory language expectations were experienced by FSL nursing students, some felt that 'poor Finnish was accepted' while others were not encouraged to use the limited language skills they had; some students even felt that poor Finnish caused anger in some nurses. Some students were asked to use English instead of Finnish while others were told that they were not allowed to use English. Students felt conflicted by the demand that they should be active but due to the lack of common language did not know how to be involved in activities. There were issues concerning students being 'prevented from participating in meaningful experiences, staff withholding information concerning patients, students not being given their own patients or afforded the opportunity to give oral reports. Students on clinical practice when not encouraged to participate would learn by observing staff members ('learning by observation') (Mattila et al. 2010.) Frequently international students during clinical practice in Finland felt that they did not know what was expected of them in comparison to their Finnish peers. (Pitkääjärvi et al. 2012).

CALD students' for whom English was a second language, experienced that using English raised feeling of frustration, panic, embarrassment and feelings of rejection (Jeong et al. 2011). Competence of the student nurse is negatively affected by linguistic barriers (Shen et al. 2012). 'Difficulties with language can leave CALD students preferring to observe rather than participate and feeling anxious about communication with staff and patients due to a lack of self confidence (Rogan et al. 2006). Perceived language barriers linked to English proficiency influences the CALD nursing students' ability to connect (Ryan & Dogbey 2012). Students' learning during clinical practice was restricted by language related issues. Language related problems prevented students from meaningful learning, resulted in students being ignored and arousing suspicion. (Mattila et al. 2010.)

Magnusdottir (2005) discusses the 'lived experiences of foreign nurses working in Icelandic hospitals. The study reveals that a loss of the use of language as an instrument for communication and a 'vehicle for thought', contributed majorly to the nurses sense of belonging. Under the studies theme heading, 'struggling with the language barrier', CALD nurses quoted statements such as it's "like this feeling that you are a child, you need help with everything. Not exactly like a child because you really know how to do it but you just can't do it", it's "like you are underwater. "You speak only...bubbles....come up to the surface", "you are mute and you are like deaf". "All your words are blocked inside you". "At the beginning I was also afraid that I would

hurt someone just because I said something wrong". "I sometimes cried just because I misunderstood something or said a wrong word" – this created anxiety and insecurity within the nurses because they felt it could be dangerous for their patients. (Magnusdottir 2005.) Working in Iceland was harder for all participants than expected. In the first 3-6 months, the CALD nurses described their experiences "as if running up hurdles, or standing at the roots of an insurmountable mountain". 'The feeling and professional effects of not knowing the language was an often new and shocking experience due to not understanding the language spoken around them'. The language barriers 'impaired greatly on their ability to give nursing care and their self-esteem and professionalism suffered'. All of the co-researchers in the study found it difficult to learn Icelandic and the nurses who had come to work in Iceland from nearby countries had just as much difficulty to understand Icelandic and did not feel any better initially than those CALD nurses from further distances. (Magnusdottir 2005.)

There are certain tasks within clinical practice that are particularly challenging for the CALD student nurse. Communication is one of the main issues for ESL students in clinical settings due to the professional terminology used (Miguel et al. 2006; Crawford & Candlin 2013). As Guhde (2003) states, 'nursing requires a higher level of cognitive academic language proficiency'. Nursing students must be proficient in the areas of reading, writing, speaking and listening. (Guhde 2003.)

Written communication is somewhat neglected in the literature; the main focus is put on spoken communication on clinical practice (San Miguel et al. 2006). Writing progress reports and patient notes are an essential component of patient care and often cause difficulties for CALD students. There is a need to address the linguistic demands associated with writing in the clinical setting for CALD students (Miguel & Rogan 2012). Written communication is needed in terms of transcribing doctor's orders and recording patient details (Guhde 2003).

Communication is also highly dependent on oral communication due to information and doctors orders being passed on verbally (Guhde 2003.) Students have difficulties to understand colloquial expressions and medical/nursing jargon' (Crawford & Candlin 2013). Introductions, small talk, giving instructions to patients and explaining to patients were difficult challenges for ESL students. Also the facilitators and students identified language difficulties a major problem in spoken language and in handover reports (Miguel et al. 2006). Communication skills become pronounced when working in a fast paced environment (Johnston & Mohide 2009). Crawford & Candlin's (2013) study

found that fast paced speech by natives, and understanding medical terminology, was a challenge for CALD students especially during the change-of-shift report. Students stated that communication issues were linked to nurses speaking too quickly and being too uncomfortable to ask for clarification during handover reports. Nurses on the other hand felt that if something was not understood students should ask for clarity (Miguel et al. 2006).

Crawford & Candlin (2013) in their literature review of 'the language needs of nursing students who have English as a second/other language and the effectiveness of English language support programs, discovered that CALD students faced issues with 'listening comprehension during conversations with patients and colleagues, along with being self conscious of one's own accent and grammar (Crawford & Candlin 2013). Facilitators felt that students should be able to build rapport with patients and staff, relay health information, use professional terminology, ask for consent and also have clear written communication. Written feedback given to students for improvements were that, students should 'take time to get to know their patients; increase personal confidence in conversing with clients and thinking of conversation topics, and also use attending behaviours especially eye contact to show listening'. (Miguel & Rogan 2012.)

One theme presented in Magnusdottir's (2005) and Crawford and Candlin's (2013) studies was 'fear of the telephone'. It took CALD nurses longer to feel comfortable with telephone conversation than those had in person, even several years. CALD nurses felt physiological symptoms like 'profuse sweating and a rapid heartbeat when they were asked to come to the telephone or during a telephone conversation'. (Magnusdottir 2005.)

One issue experienced by co-researchers in Magnusdottir's study (2005) was that often there was 'over estimation of language fluency' once the CALD nurses started to speak the language. The nurses could understand basic communication but vocabulary was more limited than people realized. One participant quoted "When I speak I can use my own words but when you speak, you use your words and there can be about five words I don't understand and that can be dangerous". (Magnusdottir 2005.)

Currently literature is limited on how to support ESL students; the primary sources that are available are from the UK, Australia, USA and New Zealand. (Crawford & Candlin 2013.) There is a need to teach nursing communication that is beneficial for non-English speaking students but currently there are only a few examples of teaching

communication skills that focus on appropriate use of language in the clinical environment (Miguel et al. 2006).

3 Project task and aim

The project aim is to build awareness of FSL nurses' current situation in Finland and to initiate the process of the development of general and linguistic support. The project task is to provide discussion points and recommendations based on those findings and the personal experiences of a FSL nursing student.

4 Empirical implication

This project is supported by funds from Salon Seudun aikuisopisto and Turun ammattikorkeakoulu/Salo who collaborated to develop the project KYKY 'Kansainvälistyvät työyhteisöt osaaviksi ja kilpailukykyisiksi' (01.06.12 – 31.12.13). The KYKY project was co-funded by Varsinais-Suomen ELY-keskus and Euroopan Sosiaalirahasto. One of KYKY's project aims is to develop provisions for international workers to be competitive and competent in Finnish working society.

KYKY's project aim to develop provisions that enable international workers to be competitive and competent in Finnish working society will be met in part by this project, as the project aims to assist FSL nurses transition to working life in Finland more accessible. This work is part of the KYKY project and the thesis commission agreement can be found in appendix A (Thesis commission agreement).

To discover researched based knowledge about CALD nursing students' experiences, a literature review was completed using a variety of electronic databases, which were CINAHL, EBSCO Science Direct and Google Scholar. A selection of key words were used to source appropriate articles, including: 'ethnically diverse', 'international', 'nurse', 'student', 'clinical practice', 'nurse shortage', 'culturally diverse', 'ESL', 'support', 'strategy' 'recommendations'; the words were used in various combinations. A total of 289 articles were found from Science Direct and 374 from Cinahl. Google Scholar also provided a variety articles. A total of 41 research articles were appropriate for this review. Alongside the selected research articles, other sources were used such as institution web pages and medical related websites. Sources used in thesis project date from the year 1999 to 2013.

The current author, a FSL nursing student in Finland, who has an intermediate level of Finnish, level B1 on the National Certificate of Language Proficiency test, undertook a 5 week period of clinical practice in May 2013 and was employed as a nurse from June to August 2013. Findings from the experience inspired this thesis project.

Based on the findings of the literature review and the current authors personal experiences as a FSL Bachelor of Nursing Degree student in Finland, discussion points and recommendations were created to promote general and linguistic support for FSL nursing students in Finland.

The discussion points and recommendations topics were related to **language benchmarks, language support programs, language assessment forms for clinical practice, support services (general and linguistic), complaints and appeals systems, and learning Swedish** to possibly give international nurses a competitive advantage in Finland.

In order for the discussion points and recommendations to be visible and easily accessible, two A5 size booklets were created. One of the booklets, titled 'Clinical supervisors quick guide to provide linguistic and general support for Finnish as-a-second language nursing students', is aimed to assist clinical supervisors to understand the FSL nursing students situation, provide general support and assist with language development. The other booklet titled 'How universities of applied sciences could provide linguistic and general support for Finnish as-a-second language nursing students' has the same aim as the clinical supervisors guide, however the target audience is the University of Applied Sciences and the discussion points and recommendations are more strategic in manner.

In order to compile the data to be included in the booklets, all of the discussion points and recommendations collated from the literature review and authors personal experiences as a FSL nursing student were reviewed systematically and divided into sections according to: 1. who would benefit most from the data; the university or clinical supervisor/or student? 2. Whether the information provided was linked to the general support or linguistic support of students. Once the relevant information was selected, references were recorded at the same time so that the data could be located by others in the future. After creating the two booklets, it was important to provide background information to explain why the recommendations and discussion points were relevant for FSL nursing students.

In the booklet aimed at Universities of Applied sciences, firstly, the introduction gives a brief overview of the project, describing the two main themes that became apparent after the literature review was undertaken; which was the nurse shortage and language barriers. After the introduction, it seemed necessary to state why the project was needed urgently, with the reason being that currently, to the best of the author's knowledge there are no research based language or general support programs in place for FSL nursing students in Finland, despite programs having already been created in many English speaking countries already.

The next section in the booklet highlights why it is important to maintain the international nursing workforce in Finland, as a recent study found that up to 50% of young nurses in Finland are planning to leave the profession. The booklet is aimed to be easy to read with limited text, therefore, other details as to why the nurse shortage is a relevant point, such as advancing technology and the aging population, is only described in the literature review. Finally, the booklet provides a description as to why communication is so important in the field of health and how it relates to patient safety.

The booklet aimed at clinical supervisors begins with a similar introduction to the booklet for universities of applied sciences; however, the end section differs as it describes the booklets aim of improving the FSL nursing students' language development and overcoming the communication barrier between the clinical supervisor and student.

The booklets were uploaded to and are accessible via KYKY's project webpage 'Kansainvälistyvät työyhteisöt osaaviksi ja kilpailukykyisiksi' <http://terveysprojektit.turkuamk.fi/kyky/monikulttuuri.html>, which is a website specifically related to the topic of immigrants entering the workforce in Finland.

The booklet designs have been kept in the most basic form, with limited colours and details. The headings on the front pages have been kept in size 16 font and the cover also provides the authors contact details, details of the project funders and Turku University of Applied Science. The second page of the booklets is the content page followed by the introduction text of which has been described above. The booklets follow the same format, after the introduction, the following pages contain the recommendations and discussion points and end with the references. All headings are font size 16; the main text is size 12 and references are in font size 10. Calibri light, in dark gray was selected for the text due to its visual appeal and ease when reading.

5 Discussion points and recommendations

5.1 Language benchmarks

Currently, Finnish universities and polytechnics do not offer any preparation English language courses for students wishing to study in English nursing programmes. At the point of application, the applicants must have the required language skills. For applicants applying with a qualification from outside of Finland and are not citizens of an EU/EEA country, proof of language skills must be provided. Upper secondary education or university degrees completed in the UK, Ireland, USA, Canada, Australia or New Zealand, or a bachelor's or Master's degree conducted in English in the EU/EEA is accepted as a demonstration of efficient English language skills. Education that has been completed in English in any other country is not accepted.

Therefore, some standards have been set to ensure students have the necessary English language skills to complete their Bachelor of Nursing Degree in English. However, Nursing Degree students in Finland also need to complete clinical practice in Finnish hospitals, therefore Finnish language skills are also necessary. Currently, employers make decisions as to whether the applicants meet a sufficient level of Finnish to undertake clinical practice or enter the nursing workforce.

All Universities of Applied Sciences who offer the Nursing Degree Programme in English were contacted to ask whether they set Finnish language benchmarks to enter their programme. Out of the 8 universities, only 2 have Finnish language requirements, Helsinki Metropolia University of Applied Sciences and Arcada University of Applied Sciences, of which both are located in Finland's capital city Helsinki. The admissions officer at Helsinki Metropolia stated that it was necessary to have language benchmarks as students without sufficient language skills were not being accepted in hospitals for clinical practice. Having the required level of Finnish allows students to practice in various environments and helps graduates to find a job (Helsinki Metropolia 2013).

The University of Jyväskylä's language research centre provides '...a language proficiency testing system that tests communicative language skill in exercises and tasks that adults may encounter in personal, public and study- or work-related situations'. The National Certificate of Language Proficiency has been based on

international research findings and aims to comply with the European framework developed by the council of Europe (University of Jyväskylä 2013). The National Certificate of Language Proficiency test is available at basic, intermediate or advanced level and the grades range from A1 or A2 (basic), B1 or B2 (intermediate), and C1 or C2 (advanced).

Helsinki Metropolia University of Applied Science require that students have at least level B1 in order to be eligible for application to their nursing degree programme. Arcada University of Applied Science require that applicants to their nursing degree programme have a minimum grade of level A2 on the Common European Framework for Languages, either in Swedish or Finnish. Information relating to language standards can be found at www.europass.cedefop.europa.eu; levels range from A1 or A2 (basic), B1 or B2 (intermediate), and C1 or C2 (advanced). Any doctor from outside of the EU/EAA who intends to work in Finland, would have to first acquire a level B1- B2 on the Common European Framework Language Proficiency test; however, the level required for nurses varies in practices (Latomaa 2009).

In Canada, the Canadian English Language Benchmark Assessment for Nurses (CELBAN) is the first assessment programme designed specifically for international nurses: <http://www.celban.org> (CELBAN 2013). The Centre for Canadian Language Benchmarks (CLB) published a series of language proficiencies for ESL nurses: <http://libguides.vcc.ca/content.php?pid=9498&sid=1903940>. The focus of CLB is communication proficiency for English as a second language, with proficiency defined as the ability to “interact, to express, to interpret meaning, and to create discourse in a variety of social contexts and situations” (Pawlikowska-Smith 2002; Shen et al. 2012).

Since 2010, to work as a registered nurse in Australia, it is required that nurses meet the Nursing and Midwifery Board of Australia’s (NMBA) English language skills registration standard (Nursing and Midwifery Board of Australia 2003). The NMBA is ‘focused on public safety and believes that effective communication is central to patient care and that the ‘...language skills registration standards is part of best practice regulation to protect the public. The Australian and Midwifery Board of Australia national standards are published under the heading ‘Registration standards’ on the NMBA's website. The standards aim to ensure that all practicing nurses ‘can communicate in English by listening, reading, speaking and writing – with their clients, and other health professionals about the care of their clients’. (Nursing and Midwifery Board of Australia 2003.) Taylor (2011) states, that in some cases the NMBA’s

standards are higher than the universities and is 'concerned that universities have been setting their admission standards based largely on industry practice and assumptions' (Taylor 2011).

RECOMMENDATION: Currently, in Finland, there is no assessment programs designed specifically to test language skills required for nursing. An assessment program should be developed to assess language relating specifically to nursing.

RECOMMENDATION: All Universities of Applied Sciences should set language sufficiency benchmarks prior to entry into the English Language Nursing Degree Programme in Finland.

RECOMMENDATION: Annual reviews of the language admission standards should be conducted (Taylor 2011).

5.2 Language support program

In 2006 Miguel et al. reported on the 'design, delivery and evaluation of an innovative oral communication skills program, titled 'Clinically Speaking' for students in the first year of the Bachelor of Nursing Degree Program at a university in Australia. 'The program had three major components which were, (1) identification during the first clinical placement of students who needed to improve their communication skills, (2) a program of communication classes for those students offered in place of their second clinical placement, (3) a block of clinical placement, offered during the inter-semester break to enable students to complete missed clinical experience and to be reassessed. 'Evaluations of the program suggest that communication skills and confidence improved, resulting in a more positive clinical experience for the majority of students'. (Miguel et al. 2006.)

In a follow up project to Miguel et al.'s (2006) 'Clinically Speaking' program, a small scale evaluation project was undertaken by Rogan and Miguel (2013) to 'Improve clinical communication of students with English as a second language (ESL) using online technology'. The evaluation of the 'Clinically Speaking' project revealed that there was a '...need for additional resources more responsive to students familiar with using web-based technologies' As Rogan and Miguel (2013) state, the use of online

technologies to assist ESL students with 'clinical communication and practice readiness' appears to be quite unique. They state that 'the online learning resources (podcasts and vodcasts) can be developed with a modest budget using existing university resources, which makes it a feasible option. (Rogan and Miguel 2013.) Approximately one third of the students used the web-based resources; however a substantial majority attributed not using the resources to not knowing that they existed. There were very few students that expressed not needing the resources, which suggests that there is potential for the use of materials with improved student awareness. One interesting discovery was that the materials were also appreciated by English speaking background (ESB) students. Using web-based learning technologies for ESL students' communication in preparation for and on clinical practice appears to be unique and shows positive outcomes from the small scale study. 'However, a blended learning strategy, of face-to-face teaching alongside online learning materials, may improve uptake of resources'. (Rogan & Miguel,2013.)

Medlin's (2009) study 'English for specific purposes (ESP): Nursing in the U.S. hospital', describes a project created to design a handbook and other materials to prepare individuals to work in U.S hospitals or clinical settings. The aim of creating the handbook is to fill the void of materials for ESP by providing an all-in-one resource to suit the needs of students and instructors. The handbook can be used as a 'teaching tool, a reference text, or an independent study resource' to improve communication in the clinical environment or for exam preparation. It could also assist students to overcoming communication difficulties and reduce stress in the clinical environment. (Medlin, L. 2009.)

Yu (Philip) Xu and a group of researchers from the University of Nevada and Las Vegas (UNLV) developed the first 'research based comprehensive language- and communication- training program for internationally educated nurses (IEN) called 'Speak for Success'. A grant of \$296,521 was received to fund a nine month pilot project. 'Speak for Success' consists of a '10 week linguistic course with a certified speech pathologist, followed by four monthly communication workshops' The initial linguistic course aims to assist with pronunciation and accent reduction and the workshops provide 'socio-cultural competence of communication'. (UNVL 2008.) The effectiveness of 'Speak for Success' was tested as part of a larger quasi-experimental study. 'The linguistic course appeared to be effective in improving the international

nurses' linguistic competence by reducing their phonologic errors significantly'. (Shen et al. 2012.)

Crawford & Candlin's (2013) study provides suggestions to increase English language programme content by using 'health terminology and examples of clinical communication, such as patient assessment, change-of-shift handover reports, and therapeutic communication with role play' to assist CALD students in clinical practice. Students stated that they have a continuing need to develop reading and writing English language skills. In response to the students need, CD's and DVD's along with role play will be used in an English language programme to model communication used in the clinical setting. Also the English language programme will provide examples of patient handover by nurses with different accents, in order to increase the students' exposure to various accents with the aim of 'enhancing familiarity and comprehension' of handover reports. (Crawford & Candlin 2013.)

Suliman & Tadros (2011) found that the majority of the participants in their study stated a need for special or additional conversation classes and more oral interactions to improve their spoken English. In order to support Chinese students in a Nursing Degree Programme in the US, students attended segregated language classes for the first semester or school to improve only verbal skills (Jeong et al. 2011).

RECOMMENDATION: To the best of the author's knowledge, there are no research based language support programmes for FSL nursing students in Finland. Universities of Applied Sciences should create a focus group to review language programs initiated globally for ESL nursing students. That information should be used to design, implement and evaluate a language support program suitable for FSL nursing students.

RECOMMENDATION: Language programs created for FSL nursing students should ensure that programs link theoretical language studies to clinical practice. Language programs should build language proficiency prior to and during clinical practice. Language skills should also be reinforced post-clinical practice.

RECOMMENDATION: When creating language programs, it is important to note that despite language courses showing some positive results, Miguel et al. (2006) found that when the courses were voluntary, the students who needed the most help did not always attend. Language courses for those that need it should be mandatory.

RECOMMENDATION: Only include discipline specific language and content in language support programmes. Such as health terminology, examples of clinical communication, patient assessment, change-of-shift handover reports, and therapeutic communication with role play.

RECOMMENDATION: Language programs should provide examples of patient handovers by nurses with different accents in order to increase 'enhancing familiarity and comprehension' of handover reports (Crawford & Candlin 2013).

RECOMMENDATION: Use appropriate media along with role play to model communication used in the clinical setting (Crawford & Candlin 2013).

RECOMMENDATION: Provide special or additional conversation classes and oral interactions to improve oral skills (Suliman & Tadros's 2011).

5.3 Practical suggestions to improve hospital related linguistic skills

Guhde's (2003) tutoring model and Ryan & Dogbey's (2012) strategies to help international nursing students achieve success, suggest that 'reading, writing, giving and listening to taped nursing reports and using correct medical terminology' is beneficial for improving language skills. Writing shift reports builds the students writing and comprehension skills; it can also be checked for spelling errors. Providing the student with an opportunity to practice the verbal report before giving it can increase the students' confidence and verbal skills; here, the clinical facilitator or teacher has a perfect opportunity to correct the students' pronunciation to improve verbal skills. During the verbal shift report, it is helpful for the student to take notes on a standardized form and for the clinical facilitator to check how much of the report the student could internalize; the facilitator can help the students' analytical skills by discussing what information is important. Although these days nursing progress notes are electronic, it is beneficial for the student to write nursing notes about patients. (Guhde 2003.)

The Cummins Model framework which provides educational support for ESL students, suggests that in order to promote critical thinking skills, students should be encouraged to formulate their own sentences rather than just remembering facts. The model also states that casual conversation can be a source of anxiety for the ESL student and

'providing topics using educated guesses about what clients may wish to talk about' can provide support. It can be beneficial to assist students to write a list of comments or casual questions 'to gain insight into the client's ideas'. (Abriam-Yago et al. 1999.)

RECOMMENDATION: Speak slowly, paraphrase student responses, use fewer idioms, and increase the use of synonyms to promote a larger vocabulary to build language comprehension (Crawford & Candlin 2013).

RECOMMENDATION: The clinical facilitator has the opportunity to aid the students' language development by giving the opportunity to read, write, listen to, and give oral handover shift reports. It is beneficial for the clinical facilitator to read the students written report and check it for errors. While the student practices giving oral reports, the clinical facilitator is able to listen for pronunciation errors and help correct them. The student can write their report notes for the clinical facilitator to check for understanding.

RECOMMENDATION: Provide topics about situations clients may wish to discuss and write a list of comments or casual questions that the student can use with patients.

5.4 Language assessment forms for FSL students on clinical practice

Current scales to assess the experiences of student nurses on clinical practice are not designed to assess the experiences of culturally diverse students (Pitkääjärvi et al. 2012). However, in recent study, Miguel & Rogan (2012) provided a detailed clinical assessment form to assess language skills of nursing students on clinical practice. At the time of the study, the form had only been adapted for first year students and included questions such as, whether or not the student could introduce themselves correctly or initiate small talk. The results revealed clinical facilitators expectations of students' language performance and the challenges ESL students encountered. The clinical assessment form 'indicated that facilitators have clear expectations of ESL students regarding communication, learning styles and professional demeanour'. Clinical facilitators expect students to communicate clearly by making more small talk and introductions, giving instructions and explanations, having non-verbal communication and pronunciation. There was a need identified to improved grammar, spelling and a recommendation that learning more terminology could enhance

communication skills. Other findings discovered that students should be able to build rapport with patients and staff, relay health information, use professional terminology, ask for consent and also have clear written communication. Written feedback given to students for improvements were that students should 'take time to get to know their patients, increase personal confidence in conversing with clients, think of conversation topics, and use attending behaviours, especially eye contact to show listening'. (Miguel & Rogan 2012.)

Miguel et al. (2006) designed assessment criteria that are solely focused on patient communication which aims to improve the students' interpersonal ability. Assessment points included: introducing self to patient and family, calling the patient by their preferred name, speaks clearly, asks for permission and explains actions before providing care, checks patient understanding of explanations of care to be given, uses attending behaviour to show listening (eye contact, open body language, sitting at the same level, not interrupting), can ask appropriate questions to gain patient information, checks that they have understood the patient correctly, responds appropriately to patients questions, creates rapport by asking questions when appropriate, gives feedback about care and is able to notice patients non-verbal cues. (Miguel et al. 2006.)

Many clinical facilitators responsible for assessing students on clinical practice do not have specific training to assess students' language ability, communication or interpersonal skills which are a core component of nursing competency (Miguel & Rogan 2012).

RECOMMENDATIONS: An assessment scale should be created to assess language skills of FSL nursing students on clinical practice (Miguel & Rogan 2012; Pitkääjärvi et al. 2012).

RECOMMENDATION: Based on Miguel et al.'s (2006) study it is recommended that assessment criteria be created to help improve FSL nursing students' oral communication skills with patients.

RECOMMENDATION: Identify clinical facilitators' expectations and students' language specific and communication needs based on the feedback from the assessment forms.

RECOMMENDATION: implement strategies to support students needs identified from the assessment forms.

RECOMMENDATION: Initiate training programs to enable clinical facilitators to assess and assist the development of FSL nursing students' language skills.

5.5 FSL language support services

Taylor's (2011) investigation, conducted under the Victorian Ombudsman Act, researched how universities 'deal' with international students. The investigation revealed that the four universities involved in the study, provide a range of services to support students with language difficulties, and help students maintain and develop language skills. Taylor (2011) states that those provisions should not be a substitute for proper admission standards and is concerned that universities have not dedicated sufficient resources to support the needs of international students. (Taylor 2011).

There are various types of support offered by the four universities in Taylor's (2011) investigation. All four universities have 'dedicated learning advisers who offer students free language and study skills support...' Two of the universities offer post-entry diagnostic tests. The universities 'Deakin and Swinburne, have developed free online tests that students can take after enrolment to test their skills and identify problems'. 'RMIT and the University of Ballarat advised that they are also considering such tests'. 'Swinburne and RMIT both offer elective communication subjects that students can take for credit towards their degree'. (Taylor 2011.)

Taylor (2011), fears that the services provided by the universities do not engage with those students at risk or in need. It has been reported that international students are reluctant to use to use university support services. 'University staff, including academics and administrative staff, expressed frustration that international students do not access services, even when they are facing exclusion for poor academic performance'. (Taylor 2011.)

Deakin, a university in Taylor's (2011) investigation, is in the early stages of developing a university-wide English language development strategy. RMIT, another university in the study, '...has been piloting an online language screening tool, integrated English

language support resources and English language criteria in assessment. (Taylor 2011.)

‘...There are no detailed benchmarks or standards for language support services and there is debate within the academic community about what universities should do’. It was suggested by a number of witnesses in Taylor’s (2011) study that ‘...universities should ‘embed’ language development within the mainstream curriculum’. ‘English language services are not a substitute for appropriate admission standards, however, they are a way to ensure both international and local students maintain and develop their language skills while they are studying’. (Taylor 2011.)

RECOMMENDATION: A strategy and the implementation of a support system should be created to help students develop and maintain language skills. Language support programs should not be a substitute for program entry benchmarks.

RECOMMENDATION: Dedicate sufficient resources to support the needs of FSL students; including the provision of a learning advisor to support language development.

RECOMMENDATION: Develop free post-entry diagnostic tests for students to identify language developments needs.

RECOMMENDATION: Develop engagement strategies to promote use of support services. Set review dates to assess engagement success rates and identify barriers to use of services.

RECOMMENDATION: Create a combined language development strategy for all Universities of Applied Sciences.

RECOMMENDATION: Define benchmarks and standards for language support services to ensure quality of service and clear expectations for service provision.

5.6 Complaints and appeals system

The four universities in Taylor’s (2011) study have complaints policies and procedures for students. Standard 8 of the Victorian National Code requires institutions with

international students to have 'appropriate' internal complaint handling mechanisms. '...Awareness and knowledge of complaint handling was not as strong amongst the student body at universities'. 'The four universities provide information about how to make complaints and appeal decisions on their websites, in student guides and diaries, although information was less easy to find on Swinburne's website'. The complexity of the universities' policies and systems still limit their accessibility'. 'All of the universities have multiple policies and systems for different types of complaints and appeals'.

RECOMMENDATION: Universities of Applied Sciences should have appropriate internal strategies and mechanisms to deal with international student complaints and appeals.

RECOMMENDATION: The process of making complaints and appeals should be made clear and visible.

6 FSL student nurse's perspective

6.1 Language benchmarks

The current author, a FSL third year nursing student who has a B1 intermediate level of Finnish, found that it was extremely challenging to complete clinical practice due to the field of nursing requiring advanced language skills. The level B1 in Finnish was awarded by the National Certificate of Language Proficiency; however this language assessment test does not test for hospital based language. Although clinical practice was still challenging with a level B1 in the national language test, it would still be beneficial for FSL to have at least obtained this level.

When Finnish language skills are not advanced enough in order to cope with the professional language of nursing, clinical practice is not only stressful for the student but also for the clinical facilitator who has to communicate with the FSL student for many hours a day. Having language benchmarks would ease the stress of the student, clinical facilitator and ensure better quality of care and patient safety.

As mentioned earlier, some hospitals in Helsinki have started to refuse FSL nursing students to undertake their clinical practice on the ward if they have not got sufficient Finnish skills. Salo district hospital's surgical ward has recently announced that they do not accept non-Finnish speaking students for clinical practice. Is this a sign that cities outside of the capital are also reacting against the Finnish language deficit of FSL nursing students and if so, should action be taken immediately to resolve the issue before other hospitals follow suit?

In today's climate of nurse shortage, it is imperative that Finland's nursing workforce is sustained. Requiring that students have a basic level of Finnish before starting the Bachelor of Nursing Degree Program may reveal students intention to stay and work as a nurse in Finland. In the field of care we must also remember the health of the FSL nursing students. Trying to learn a new language alongside studying to become a nurse is extremely challenging. Requiring students to have a basic level of Finnish prior to admission takes some of the burden off FSL nurses while they are studying.

RECOMMENDATION: Until a healthcare specific language assessment test is created as a benchmark for entry into the Bachelor of Nursing Program in English or the nursing workforce, all applicants to the nursing degree program in English should attain at least a level B1 in Finnish prior to submitting an application.

6.2 Incorporation of Finnish language into theoretical classes

There is an opportunity to sustain the development of Finnish skills by incorporating Finnish language into lessons. University based clinical laboratories may be the most suitable environment to implement this idea. In this environment, the teacher has the opportunity to demonstrate what is being taught while giving explanations in Finnish; the visual demonstration should assist understanding. However, it is imperative that learning Finnish in class does not deflect from learning necessary nursing skills and knowledge. It would also be important that students feel comfortable to ask for clarification when needed.

RECOMMENDATION: Finnish language could be incorporated into lessons, as long as it does not deflect from the students' learning nursing knowledge and skills. University clinical laboratory classes may be the most suitable environment to trial this suggestion.

6.3 Swedish language acquisition

During clinical practice and a summer period of nursing work, to the current author, it became evident that many Finnish Nurses did not feel comfortable speaking Swedish. When a Swedish patient arrived on the ward nurses would search for a Swedish speaking nurse to attend to that patient, when that was not possible, nurses expressed feeling very uncomfortable having to speak Swedish. The current author also has previous experience visiting schools in the Turku region teaching English and providing international workshops. Many English teachers stated that nowadays in Finland students prefer to learn English and interest in Swedish is not so prevalent.

One point for discussion is whether or not it would be advantageous for international nurses in Finland to learn Swedish? An article published by the Helsinki Times (2012)

describes how Helsinki-based language specialists Learnwell Oy undertook a project funded by Svenska Kulturfonden (Swedish Cultural Foundation) to assist non-Finnish healthcare personnel to learn Swedish by creating a website called Vårdsvenska. The site was initially created for Russian healthcare workers but now the concept has expanded to a wider international community. (Ulhander 2012.)

RECOMMENDATION: Research the viability of FSL nurses learning Swedish. It is very difficult for FSL nurses to become competitive in the working environment due to difficulties with language, could learning Swedish provide international nurse with some competitive edge?

6.4 Complaints and FSL student support

The action of making complaints should be viewed by students as a non-negative process that may result in raising more awareness of issues FSL students encounter. Research shows that international students who face discriminatory practices in the healthcare field do not 'speak up'.

It is important that students gain clarity and become educated on what classes as discrimination or violation of human rights. After completing the literature review for this project, the current author in hindsight, was able to identify discriminatory practices encountered during in the hospital environment. Education on human rights and discrimination can help international students identify and feel confident to know what behaviour is deemed unacceptable/discriminative. Students should become aware that informing against discriminatory practices encountered, especially during clinical practice can improve the current situation. It may also be useful to prepare students of possible barriers that they may encounter during clinical practice and provide tools to overcome challenges.

The school psychologist should be available to meet with international students prior to, during or after periods of clinical practice. As students do not always engage well with services, engagement strategies would be needed. Discussions with the school psychologist could reduce fears or anxiety related to clinical practice and help FSL students overcome experiences of discrimination or any violation of human rights.

RECOMMENDATION: Provide FSL nursing students with education on possible barriers that they may encounter during clinical practice and provide strategies on how to overcome any challenges.

RECOMMENDATION: Strategies should be put in place to encourage students to speak about negative experiences encountered during clinical practice.

RECOMMENDATION: University staff, hospital staff, policy makers and anyone involved in decision making or that work directly with FSL nursing students on the Bachelor of Nursing Degree Program in English, should read the following articles to become aware of the urgent need to support of the FSL student. There are currently only two Finnish research articles that discuss the needs of FSL students, who live in Finland, on clinical practice. Currently there are no Finnish research articles that detail actions that have been implemented to support the FSL nursing student in Finland.

Pitkäjärvi, M; Eriksson, E & Pitkälä, K. 2012. Culturally diverse health care students' experiences with teaching strategies in Finland: A national survey. Nurse Education Today. Vol. 33. p.590-595.

Mattila, L-R; Pitkäjärvi, M & Eriksson, E. 2010. International student nurses' experiences of clinical practice in the Finnish health care system. Nurse Education in Practice. 10. 153-157.

Magnusdottir, H. 2005. Overcoming Strangeness and Communication Barriers: A phenomenological study of becoming a foreign nurse. International Council of Nurses. International Nursing Review. 52, 263-269.

RECOMMENDATION: Education should be provided on discriminatory practices and human rights, for hospital staff, educators and international students.

7 Discussion

Currently there are no research based support strategies or initiatives to support the specific needs of the FSL nursing student. Universities of Applied Sciences have offered English degree programs for over 10 years and so far no research has been undertaken regarding CALD students' unique situation on clinical practice (Mattila et al. 2010).

It is with great urgency that I call for the implementation of support strategies for international nursing students in Finland. Progress has been made globally to support the needs of ESL nurses and now it is imperative that Finland progresses in the same direction. Findings from the literature review revealed that the nurse shortage is a global issue and Finland is no exception. The review also clearly revealed that international nursing students are having great difficulties with communication and linguistic barriers during clinical practice.

Responsibility is currently on students to cope with the linguistic demands of clinical practice. Some may say that of course the responsibility should be the students own, as they are the ones who have chosen to live and study in Finland. The fact is that students are taking responsibility and showing incredible resilience to develop and cope with language demands. However, becoming equipped in Finnish sufficient for clinical practice is an enormous and time consuming task. Finland's inevitable nurse shortage crisis means that it is in Finland's best interest to maintain the FSL nurse workforce. Another issue is that institutes are providing nursing courses in English and sending FSL students unprepared to survive with limited Finnish skills on clinical practice. Therefore, the onus of advancing language skills of FSL students is on all parties involved.

The nursing population in Finland is suffering from a lack of awareness of the unique needs of FSL nursing student. FSL student nurses are facing unfair discrimination in the healthcare environment. Discrimination is unacceptable in general but in a field where health and caring should be a priority, it goes completely against the ethos of the nursing field. CALD students and nurses should not have to be so resilient in their work environment.

We have discussed in depth the needs of the international nursing student however; we must not forget the difficulties encountered by clinical facilitators who have to attend to their own workload, alongside meeting the needs of a student that may need more support due to language deficit. It takes effort for the native nurse to speak another language for up to 8 hours per day. FSL nursing students, knowing a certain level of Finnish prior to starting the Bachelor of Nursing may help with this issue. It may also be good to provide a key worker to aid cultural awareness and mediate between clinical staff and FSL nursing students.

Magnusdottir (2005) describes how CALD nurses in Iceland showed great resilience and did not quit work despite the negative impact of becoming a CALD nurse. Some international nurses felt that they “just had to go on” or stayed because “there were positive periods in between”. Other CALD nurses felt that they could not go back home as they were already here and that it was just a matter of endurance. Nurses from poorer countries felt that it was a ‘combination of the impossibility of returning home as a failure, not giving up their quest for a brighter future and that they had an obligation towards their families who depended on their income. (Magnusdottir 2005).

Magnusdottir’s (2005) study reveals that after international nurses long struggle to become language sufficient in the field of nursing, there can be very positive experiences for the international nurse. One international nurse/co-researcher in the study described overcoming challenges similar to “... winning in the lottery, almost, when you actually manage to work somewhere where you felt it was absolutely impossible in the beginning”. ‘The time came when they started to see the rewards for their effort as the multiple challenges were being won through’. ‘Evelyn remembered clearly her turning point’, ‘I was so happy. It was a day for me. It means that I have more confidence, that I belong, that I can now understand the language. Oh, I did it! I became big’. They commonly felt this took place when they had reached a certain level of fluency in Icelandic. Grace explained: ‘The more I speak, the more . . . it’s like I believe in myself and the patients, it’s like they believe in me more because I am talking to them in Icelandic’. Far from being fluent, they could now communicate with some confidence. Yet it took participants an additional 6 months to 2 years to feel confident with the language in their daily work. Nearly all felt they had grown through the experience. They spoke about being stronger, more independent and having better self-knowledge. Some felt they were more open-minded, more expressive and softer persons. Grace said: ‘I learned a lot about myself the first month here because I was

completely alone and had no friends'. Today they are generally content with living and working here. They all started as staff nurses. One of them has taken on a management position and half of them have moved on to further studies (in English or Icelandic) alongside their work, some after living here only for 2–3 years. These achievements have exceeded their expectations. (Magnusdottir 2005).

Despite this paper discussing the need to assist FSL nursing students, it is important that FSL students are not viewed or treated as victims. CALD students have had the initiative to move to another country, learn a new language and so far have shown great resilience in their quests to becoming nurses. CALD students should be offered equal opportunities to be competitive in work and receive the same quality nursing education as their native nursing peers.

'Findings from this study have important implications for practice, policy, and research regarding quality of care, as well as for the transition, job satisfaction, and retention of international nurses' (Taylor 2011). The future aim of the project is that the discussion points and recommendations would be acknowledged and acted upon by professionals in the field of healthcare.

8 Ethics and project limitations

Strict ethical principals were followed to ensure project reliability and validity. Almost all of the articles used for this thesis project are scientific articles. Systematic methods were used to gather data for the literature and booklets. To the best of the author's knowledge all relevant articles retrieved from CINHAL, EBSCO Science Direct and Google Scholar have been analyzed studiously and no plagiarism has occurred. The current author is not harmed by the thesis topic. The research topic is critical and extremely relevant for the field of nursing due to there being no researched based support for FSL students in clinical practice.

Data retrieval was restricted due to the limited access to electronic databases. Scientific articles used for this project were mostly from countries outside of Finland due to the limited amount of research published in Finland on the thesis topic.

Due to time restrictions, there would be a need for a second phase project to translate the booklets into Finnish and undertake a review of their effectiveness.

9 Conclusion

The nurse shortage is a global crisis and Finland is no exception. FSL nursing students' major obstacle is language and communication which can prevent the provision of quality and safe patient care.

There are many strategies and recommendations that could be implemented to improve the support and language development of FSL nursing students. Finnish language benchmarks are not present in the majority of Universities of Applied Sciences for entry in the nursing degree programs in English, which contributes to clinical practice being a major obstacle for FSL nursing students. Upon entrance to the Bachelor of Nursing Program, research based language support programs are needed to improve students' Finnish language skills. Language assessment forms should be created to assess students' language capabilities during clinical practice. The information derived from the assessment forms can help to identify language needs. Setting assessment criteria for students can also relieve anxiety and fear as the student knows what is expected of them linguistically during clinical practice. Finnish language can be developed by incorporating Finnish language into university based lessons; clinical laboratories may be the most suitable place to trail this recommendation. It is difficult for FSL students to become competitive in the working environment when there is Finnish language insufficiency. One possibility could be that FSL nursing students learn Swedish to make the international nurse more competitive in the Finnish work environment. Support services and complaints and appeals systems specifically for FSL nursing students are needed.

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