Perioperative Nurses' Experiences of Structural Racism in Finnish Hospital Context

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Degree Programme in Global Health and Crisis Management
Thesis
11, 2023

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Degree Programme in Global Health and Crisis Management
Master of Health Care

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Abstract

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Year	2023	Number of pages	90

The aim of this thesis was to study nurses' experiences, as members of inter-disciplinary healthcare teams, of manifestation of structural racism and inequity in hospitals. The objective of this study was to analyze whether structural racism is manifested in the nurses' work in Finland. The secondary objective of this study was to gain knowledge of the state of structural racism in the inter-disciplinary healthcare teams' work in the Finnish context. This thesis was made in the ETHCOM-project. The results of this study will be used in co-creation of experiential learning tools that can be implemented in the ETHCOM- project.

Structural racism is a form of racism embedded in our society's structures, norms, laws and institutions. Structural racism can be seen as a mutually reinforcing systems of e.g. healthcare, housing, education, employment, where racial discrimination is manifested. Structural racism in healthcare has many dimensions when it comes to patient care, white normativity and even race corrected clinical algorithms. Also, racialized healthcare staff may face racist structures. Racism has negative effects on the wellbeing and health of individuals who endure racist structures and may lead to inequality in health and health outcomes for the populations who endure these structures. Therefore, racism affects the whole society. There are many national, international, and European efforts to dismantle racism and forces of law that protect the society from inequality. Some populations are seen more vulnerable to racism and racial discrimination.

The data were collected with open-ended questions electronically in July 2023 among perioperative nurses in HUS, Joint Authority of the Helsinki and Uusimaa Hospital District. There were only few informants who eventually participated, and the gained data were scarce. Inductive thematic analysis was used on the data gathered and mixed method was used in the analysis process. In addition, up to date news articles were included to obtain the results of this methodologically qualitative study.

Based on this study, perioperative nurses reported experiencing that everyone is treated equally but were concerned about the quality of patient guidance for linguistic minorities. Willingness to treat patients in an equal manner can be compromised due to certain factors, for instance by the language barrier and lack of resources. Perioperative nurses reported experiencing unequal treatment from their employer between doctors and nurses. Nurses feel empathy for the patients. Perioperative nurses had negative feelings, such as sadness, feeling sorry and feelings of incapability when in situations where inequality or structural racism is detected.

More research on structural racism from the healthcare and specialized healthcare perspective is needed in Finland.

Keywords: Structural Racism, Healthcare, Racial discrimination, nurses' experiences, qualitative questionnaire study

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1 Introduction

There are many forms of racism, and racism affects many levels. Racism reinforces mistrust and tears apart the social fabric, therefore, racism hurts the whole society, and the harm is not left solely to the individual level of the people who endure racism (UN 2022a). Racism is a threat to European core values, and the fight against racism and racial discrimination calls for joint actions of different level stakeholders (European Commission 2020, 25). Structural racism is a form of racism embedded in our society's structures, norms, laws, and institutions (An Equal Finland 2021, 21). Structural racism can be seen as a mutually reinforcing system, i.e. healthcare, housing, education, employment, where racial discrimination is manifested, and these system structures enhance discriminatory beliefs (Bailey et al. 2017, 1453).

Active and conscious actions to dismantle all forms of racism are called antiracism (An Equal Finland 2021, 68). Antiracism education is needed, should be funded, and must promote diversity, tolerance, acceptance, and respect towards all cultures (DDPA 2002, 88-89). The elimination of health disparities, which might be affected, for example, by racism and discrimination, should be aimed at with the help of the best standard of healthcare available to everyone (DDPA 2002, 85). In a global world, different ethnicities and cultures merge, creating rich heterogeneous populations and possibilities. Yet, the shadow of structural racism can, at its worst, place us on different lines, create unequal power structures, and lead to unequal positions in health, education, work, and all sectors of life. Finland has become more and more global, with healthcare staff and patients from different backgrounds.

The lack of healthcare workers has been one of the big issues during COVID-19 pandemic. Also, many of the young nurses have been thinking of changing their profession (TEHY 2021). There have been public discussions at the national level about bringing foreign staff to ease the shortage of healthcare workers. This itself is also moral question, because the shortage of nurses is global issue, what makes our shortage greater than the others and is this a form of exploitation or racism? It is widely known that healthcare work can be rewarding yet also challenging and even stressing due to multiple reasons. When there is shortage of healthcare workers, all workers count. Therefore, all possible means to reduce the stressors are urgently needed. Strengthening the ethical competences of nurses might be one of the key factors for dismantling structural racism from healthcare to achieve more equity for patients and workers. This thesis contributes to the ongoing antiracist efforts for a more equitable and ethically just future in Finnish healthcare.

This thesis was done withing the ERASMUS+ funded project ETHCOM (2023), that aims to strengthen the ethical competences of nurses and midwives by action learning projects with experiential training methods. One of the ETHCOM aims is to enhance the "proactive ethical conflict solving competences of healthcare professionals working in inter-disciplinary healthcare teams with diverse approaches, views and beliefs within challenging cultural situations." To reach this goal of the ETHCOM project, an analysis must be done to reveal what real-life situations are faced by the inter-disciplinary teams. The stressors in situations where structural racism manifests need to be analyzed in the framework of this project, so that the aims and objectives of ETHCOM project, but also this thesis, are fulfilled.

European Commission recommends ensuring dialogue between health professionals and the best practices are discussed, for example about patient centered approach coverage to meet the specific needs of minorities with racial or ethnic background (European Comission 2020, 12). The ETHCOM project gives this thesis the best possible framework, due to the possibilities that cooperation with different European Universities can offer for the dissemination of knowledge and ideas that will rise from the theme of structural racism.

The aim of this thesis was to study nurses' experiences, as an Inter-disciplinary healthcare teams members, of manifestation of structural racism and inequity in Hospitals. Objective of this study was to analyze whether structural racism is manifested in the nurses' work in Finland. Secondary objective of this study was to gain knowledge of the impact and state of structural racism in the inter-disciplinary healthcare teams work in Finnish context. The results of this study will be used in co-creation of experiential learning tools that can be implemented in the ETHCOM- project.

2 Healthcare and structural racism

The background literature focuses on the different forms of racism to provide a clear understanding of the phenomena of racism, structural racism, and the history of racism in healthcare. Structural racism is explored from various perspectives, including how it manifests in healthcare from the viewpoints of both patients and healthcare workers. Racism is also examined through ethical lenses, with a focus on relevant laws and regulations. The literature delves into international and national-level efforts in the fight against racism. Additionally, the status of migrant and other groups in Finland, as well as the situation of vulnerable populations, is referenced.

2.1 Different forms of racism

The ideology behind racism is that populations are seen as superior or inferior based on race, ethnicity, skin color, culture, religion, or language. Inequality is maintained and increased by racism. Racism can be embedded in the interactions between individuals and different groups, manifested with prejudices or fear. (An Equal Finland 2021, 68.) Antisemitism, Afrophobia, and Islamophobia, along with structural racism, can be seen as different forms of racism (Non-discrimination Ombudsman 2022a).

The roots of racism and its history must be acknowledged to address the prejudices and stereotypes that may be centuries old. For example, colonialism, the Holocaust, and slavery are part of Europe's history, and these still have consequences for societies until this time. (European Commission 2020, 14.) Many of the historical racial inequalities in structures observed in Western society persist, whether intentional or not, by groups or individuals (Elias & Paradies 2021, 45).

Racism is one form of power structures and discrimination, but it remains relatively invisible. Global neoliberalism has had its effect on the hidden status of racism in our systems, and because of the lack of comprehensive discussions on racism and its embodiment, such as the exploitation of cheap labor, it is difficult to identify and dismantle racism. (Ahlberg et al. 2019, 7.)

Microaggressions are acts or comments that may sound harmless, but their effect may be cumulative and insulting and othering to the persons that endure microaggressions. Microaggressions' might be intentional or unintentional. (Non-discrimination Ombudsman 2022a.) For example, asking a racialized person where they are from? And this question usually includes the assumption that this person must be a foreigner, due to their looks and may result in the feeling of othering, as if Finnish national cannot be anything than white skinned person with blue eyes. This type of "neutral" question might be completed with "compliment" of the racialized persons good skills in Finnish. Or the conversations might be

started “politely” with English due to assumption, that the racialized person must speak some other language than Finnish. These situations cause conflicts, when the person who lack of comprehension of the outcomes and how microaggressions feel, might be led to think that why this racialized person outbursts “out of nothing”, when the person only gave compliment and neutral question, but in the reality both of the “good intention” phrases were insults to the person who have been answering to these same questions throughout their lives combined with openly racist remarks and insults they have endured combined with faced discrimination through all institutions and structures they have used in their life.

Racialization is a process where a person is labelled with different stereotypes, assumptions or prejudices based on the person's skin-color or presumed race. Racialization is based on the misjudgment that persons with certain features are seen fundamentally different from the general population, and it leads to discrimination. (An Equal Finland 2021, 68.)

White normativity refers to the state where Western norms are used to define social hierarchies and different power structures; it does not refer to skin color (Non-discrimination Ombudsman 2022a). The 'color-blind' ideologies that state people should be treated as if there is no race might be ideal in the 'post-racial society,' where race shouldn't matter, but in Western society, race does matter still (Mayes 2020, 289). Ignorance of racism and its effects on unequal power structures and discrimination is enabled by the color-blind ideology of powerful white groups (Ahlberg et al. 2019, 7). Race-blindness, in terms of trying not to see race and its existence in Western society, has led to a failure to acknowledge racism and its impacts on health, negatively affecting visible minorities and the nursing profession (Zanchetta et al. 2021, 475).

Hate speech can have various effects on individuals who endure this type of violence. It harms a person's sense of security, lowering their willingness to appear in public and trust unfamiliar people. Additionally, it has an impact on both physical and psychological health. The effects of hate speech closely parallel those of discrimination. (Discrimination in Finland 2017-2019, 2021, 53.)

2.2 Structural racism

Structural racism is form of open or hidden racism that is manifested in the society's structures, norms, laws, institutions, organizations, and others. Structural racism shows itself when evaluating the possibilities and services offered, and whether they are equally usable and available to all, even seemingly neutral services may be infested with racism and discrimination. Structural racism differs from structural discrimination by its causing motive. Racism is based on the ideology, that people are unequal because some are seen superior and some inferior to others based on their individual features such as skin-color, ethnicity, nationality, or culture. (An Equal Finland 2021, 69.)

Organizations don't need to have openly racist policies to be permeated by structural racism; it merely requires them to adhere to old norms and practices, maintaining the status quo. Structural racism can prosper if racial majority keeps on ignoring injustices and that they are privileged (Elias & Paradies 2021, 47- 48). Bailey et al. (2017, 1453) defined the structural racism as all the possible ways that racial discrimination is manifested in mutually reinforcing systems of for example healthcare, education, employment, housing, benefits, media, and criminal justice. Discriminatory beliefs, distribution of resources and values are then reinforced by these racial structures and that if structural racism in dismantled, population health can be improved, and health equity can be reached. Elias and Paradies (2021, 54) reasoned, that racist structures still exist, because its benefits to racial majorities. When trying to address structural racism, the historical formation of institutions should be understood rather than explore the attitudes of individuals within these institutions (Mayes 2020, 287).

Structural racism is sometimes defined as racism without racists because racist disrespect is not mandatory condition for structural racism (Elias & Paradies 2021, 55). It could be seen, that because the structural racism is not easy to detect, it can be hidden behind people with good intentions, that is one of the fundamental reasons why discourse of structural racism is needed. Interventions are needed to dismantle structural racism, research of health impacts of structural racism is needed to help identify where these interventions can be targeted to reach health equity (Hardeman et al. 2022, 184).

Structural racism must be acknowledged and addressed. Racism is embedded in societies and its impact can be seen in the way power is distributed and how our society works. Structural racism can be as harmful as the individual racism. Racism is often unconscious and mixed with the failure on reflecting the needs of the persons who endure racism. (European Comission 2020, 13.) According to Williams, Lawrence, and Davis (2019, 107), structural racism may have the most significant impact on health among various forms of racism.

Structural racism is not a new phenomenon, and it has been already discussed over one hundred years ago, for example by Du Bois throughout his influential works trying to highlight the structural disadvantages of society that African Americans face (Elias & Paradies 2021, 48). The negative outcomes and feelings, for example anger, resentment and powerlessness, caused by structural racism, of racial minorities is often unnoticed by racial majority if they are not aware of their own privilege in the society (Elias & Paradies 2021, 48). Structural racism is usually researched from the patients' experiences. Structural racism in healthcare and elimination of it should be done by not focusing to the cultural competences, but rather to see the unequal power structures and everyday racism in healthcare. (Mahabir et al. 2021, 7-8.)

2.2.1 Structural racism in healthcare

Structural racism in healthcare can be seen in different health policies, it's also embedded in medical education, clinical settings and fundings (Mayes 2020, 287) and different clinical algorithms (Vyas, Eisenstein & Jones, 2020). Healthcare's structural racism is difficult to detect. Patients may not understand how others are treated due to lack of comparison, healthcare workers might be blinded by their own implicit bias and justify their explicit prejudices and policymakers may think that access to treatment is equitable, even when it is not. (Elias & Paradies 2021, 48.) Pre-judgements and stereotypes are still presented in healthcare systems and society, the nurses and nurse educators remain unprotected to these, even that the work is done in area, where respect, tolerance and dignity are enhanced, and the work is done within diverse multidisciplinary teams (Zanchetta et al. 2021, 471).

Racialized healthcare users may experience different forms of racism when receiving healthcare services. Racialized patients have been enduring unequal access to services, for example when symptoms are ignored or lack of proper assessment of the patient, and treated as inferior, consisting of racial discrimination, misconduct from professionals, communication that have been negligent and dehumanization of the patients. (Mahabir et al. 2021, 7-8.) Zanchetta et al. (2021, 472) criticized that racism in healthcare is not studied enough and there should be more attention given to the "implicit blindness". This type of unintentional ignorance to see racism is often unleashed in western "white" societies.

Vyas et al. (2020) have collected partial list of different clinical algorithms, that use race-based corrections, in their review these harmful corrections are widely used in different algorithms of different medical fields, such as cardiology, nephrology, obstetrics, urology. In medicine, diagnostic tools are often used by physicians to guide decision-making by individualizing the risk assessment of certain procedures with clinical algorithms. In these algorithms, race and ethnicity can lead to "correction" of the results, and these corrections are less favorable to racial and ethnical minorities by guiding the resources and attention to white patients. Clinical implementation of race in these algorithms is justified with human genetics, but since the understanding of the genetics has increased, and there is growing amount of evidence, that race cannot be used as a reliable proxy of genetic differences, there is still lack of guidelines of how race should be used in medicine and the usage of race corrected algorithms is persistent in medicine. (Vyas et al. 2020, 874.)

White normativity is also seen in medicine and healthcare. Most of the educational materials are based on treating the white skin body, therefore knowledge of how different conditions look in colored skin might be lacking. There have been projects and aims to dismantle "whiteness" from medicine, and there are more comprehensive educational materials available, for example "Mind the Gab" that is a handbook for clinical signs for black and

brown skin, that was made in a project aiming to highlight the lacking diversity in medical education and literature. (Mukwende, Tamonv & Turner 2020.)

Zanchetta et al. (2021, 472) found that in Canada, healthcare workers had difficulties in assessing the different conditions of Black patients when assessing electrical burns, pressure ulcer stages and AGPAR assessment for new-born babies. There were also inadequate pain management interventions due to different reasons. Also biased beliefs of physical strengths of Black young peoples led to inadequate screenings of hypertension.

In Finland, Physicians and nurses use medical information databases such as Duodecim “Käypähoito” and “Terveyskirjasto” to ease the work with relevant and scientific knowledge. Duodecim offers archive of pictures and photos that help to visualize the different conditions. (Lääkärikirja Duodecim-kuvat 2022.) Author of this thesis searched for the picture results from Duodecims’ archive in early 2022, results were mainly from white skin patients, and it was hard to come by to the photos or pictures of darker skin patients. Naturally this leads to the risk that when treating BIPOC (Black, Indigenous, (and) People of Color) -patients, there might be lack of knowledge and understanding, what different conditions may look like.

2.2.2 Working-life related structural racism in healthcare

All the various factors influencing the work environment and potentially contributing to unhealthy settings should be examined. This has implications for patient safety, staff recruitment, and staff retention (Iheduru-Anderson, Agomoh & Inungu 2021, 409, 413). McCluney, Schmitz, Hicken and Sonnega (2017, 106) concluded that psychosocial workplace environments may be unequal because of structural racism, and because people spend relevantly big amount of their time in work life, these effects of work-related inequalities should be studied more because this impact might play critical role in health inequities, yet there is difficulty on restricting the impact from previous working life experiences out from the results.

Structural racism has effect on the job opportunities of racialized persons at least in two ways, first through unequal policies and secondly due to the practices that institutions implement (McCluney, Schmitz, Hicken & Sonnega 2017, 107). To maintain the quality of care, diverse nursing force retention and job satisfaction, the impact of nurses' race and its impact in the working environment should be understood. For example, in USA, African born nurses' experiences of working environments are different in comparison of their American born colleagues. (Iheduru-Anderson, Agomoh & Inungu 2021, 409.)

Black personnel can experience the psychosocial working experiences as further stressful and their health can be inferior by the measures of self-related health, mean arterial pressure and episodic memory function. Their findings don’t come from healthcare workers but are

relevant for understanding the variable of work-related stress of black workers. (McCluney, Schmitz, Hicken & Sonnega 2017, 107.)

Zanchetta et al. (2021, 472) found several different situations that nurses faced racial discrimination in France. Black nurses were changed to non-racialized nurses, ignoring the legal rights of the black staff, by the managers in the situations where the patients had racist discomfort of being treated by black nurse. There were also situations where racist comments and attitudes from clients were ignored or justified. Kuusio et al. (2014) made a study in Finland, about foreign born physicians' access and experiences of working in Finland. They concluded that Non-EU/ETA physicians find the licensing process of their profession to be able to work in Finland as the main reason and difficulty for not working in Finland. For keeping the foreign physicians' as active practioners of medicine, there should also be support for improving the psychosocial work environment.

There are some challenges that racialized persons, as professionals in healthcare, face in their work. Studies have been made for example about the emotional and physical effects of racism and what are the consequences of experiences of racism in nursing. (Iheduru-Anderson, Shingles & Akanegbu 2021, 1.) In healthcare, poor communication or language barriers can be a challenge (Iheduru-Anderson, Agomoh & Inungu 2021, 413; Heponiemi et al. 2018, 2). Problems in language may also lead to discrimination (Heponiemi et al. 2018, 2).

Harassment and wearing down, often rises from the experiences, also ignorance of personhood or individuality is seen (Iheduru-Anderson, Agomoh & Inungu 2021, 413). Lack of recognition is seen a problem (Baptiste 2015; Iheduru-Anderson, Agomoh & Inungu 2021, 413) and also obstacles in achieving in ones' career (Baptiste 2015; Iheduru-Anderson, Shingles & Akanegbu 2021, 14). Nurses who work overseas and endure discrimination can feel otherness, marginalization overall negative impact on physical and psychosocial wellbeing and these can have effect on the productivity in work, quality of patient care and even organizational costs (Baptiste 2015).

TEHY (2023) conducted a survey about the number of foreign-background employees in the social and healthcare sector, solutions to the shortage of nurses, workforce adequacy, the readiness of workplaces to receive foreign-background employees, fair treatment of employees, and multiculturalism in the workplace. Based on this survey, there was unequal treatment felt by the foreign-born nurses, for example, the underestimation of competence (24%), uneven distribution of vacations and shifts (21%), racism and prejudice (20%), discrimination based on position (8%), unfair distribution of job tasks and responsibilities (14%), discrimination based on language skills (11%), social relationships (11%).

2.2.3 Foreign born healthcare staff in Finland

Globalization and easy movement of people and goods have been more or less a norm. Lack of nurses and other healthcare personnel have brought the idea of bringing foreign workforce to Finland in public discussion within past years. In 2019, 3.4 % of working Nurses in Finland are foreign born, of which 28 % come inside EU, and 70 precent outside from EU (Sairaanhoitaja liitto 2022 from Tilastokeskuksen ostotilastot 2019).

The National Advisory Board on Social Welfare and Health Care Ethics, ETENE, (Monikulttuurisuus Suomen terveydenhuollossa 2015, 14) have stated that personnel that have gotten their profession abroad, should be supported by the colleagues, due to the possible challenges in the knowledge of Finnish norms, provisions of healthcare and local values. Welfare and job satisfaction is enhanced by tackling possible conflicts, to ensure successful patient care. It is also reminded, that workforce with different background enriches the working communities, and may ease the understanding and care of people from different cultural backgrounds. ETENE also emphasize the importance of recognizing and knowing the positive and possibly challenging effects that differences and diversity may bring to work teams.

In the findings of FinMonik from overall context, almost fifth of the workers with foreign background, had faced attitudes correlating with discrimination or unequal treatment from colleagues or employer. Of the participants, 16% felt unequal treatment or discrimination when asked about possibilities to proceed in ones' career. Of men, 13% and of women 16% had felt also discrimination and unequal treatment when asked about salary, division of work choirs and work shifts. Every tenth participant felt discrimination or unequal treatment in situations of hiring, getting information, and in getting of the working-benefits. Seven percentage reported unequal access to work-related training offered by employee. Approximately half of the persons with foreign background felt that the lack of skill in Finnish language had negative effect and made it more difficult to participate in working life. (Martelin et al. 2020, 49, 54.)

2.2.4 Dismantling of structural racism in healthcare workplaces

Society with its political, social, and economical and historical context shape how the Healthcare workers can provide equitable care. Therefore, observing the equity solely from clinical practise is insufficient, and there should be also observing the organizations its procedures and policies. Organisations structures should support equity with policies, funding, resources and for example KPI's (key performance indicators) should enhance equity. (Truong, Bourke, Jones, Cook & Lawton 2021, 349.) Therefore, equity cannot be achieved only by individual level changes in healthcare work, but it needs to be embedded in the organisations and society as full.

There is need for optimal interventions to overcome the negative impact that different levels of racism have to health and dismantle the racial inequities in health (Williams, Lawrence & Davis 2019). Dialogue is needed in addressing the racism in healthcare (Zanchetta et al. 2021, 475; Iheduru-Anderson, Shingles & Akanegbu 2021; Ahlberg et al. 2019, 7). Nursing practice enhance the promotion of social justice and inclusion, therefore nursing students, nurses and nursing teachers should be given access to literature that discovers the experiences of racism from wide range of perspectives (Zanchetta et al. 2021, 475). Education of health professionals about the effects and possible outcomes of structural racism can be seen as one tool for dismantling structural racism (Bailey et al. 2017, 1453).

Healthcare managers have tremendous role in changing organizational culture, practise, and policies to be more supportive to reach the aim of more equitable care (Truong et al. 2021, 349). Different policies for hiring and giving promotions, should aim to diversity also in the management level of organizations. Better working climate in organizations can be received with implementation of more strict policies against explicit and implicit racism that is coming from patients or different workers in organizations (Dent, Vichare & Casimir 2021, 410). Adding the worker-related decision making and control could improve the psychosocial workplace environments (McCluney, Schmitz, Hicken & Sonnega 2017, 113).

Nurses should be able to do their work so that their individual and cultural uniqueness is honoured while the patients and colleagues is also respected (Iheduru-Anderson, Shingles & Akanegbu 2021, 14). To achieve integration to Finnish workplaces, foreign born healthcare workers should be supported with good team-climate, cross-cultural empathy, patience, possibility to use the skills the foreign-born staff have with offering flexibility and possible support if needed and support in language skills (Heponiemi et al. 2018, 7). When health systems are under pressure, it is likely that its deficiencies become more visible, therefore these times should be taken as an opportunity to reflect how the healthcare delivery could become more equitable (Truong et al. 2021).

2.3 Discrimination based on race or ethnicity in Finland

According to Williams, Lawrence and Davis (2019, 111) discrimination is the most studied form of racism in health literature and has characteristically two forms, self-reported discrimination that includes different experiences that can have negative effect health and discrimination that is intentional or unintentional and lead to unequal treatment of individuals or bigger institutions that can lead to unequal opportunities or access.

Discrimination is wide concept, that also includes discrimination based on the race or ethnicity. Therefore, discrimination and its different forms should be understood when talking of structural racism, even that the motive behind discrimination is not always based on the racist motives or bias. Finnish Ministry of Justice published data report about

“Discrimination in Finland 2017-2019 (2021) that highlight the development of discrimination in Finland during this specific period and from the point of view of the Non-discrimination act. Discrimination affects different areas of life.

Experiences of discrimination pose a great threat to wellbeing and health of foreign background population in Finland, 37 per cent of women and 40 per cent of the men, had experiences of discrimination (FinMonik 2020, 9). Situations and structures that meet the criteria of discrimination are not solely based on the individual experiences but more often are based on other type of information. Judgements by law enforcement and reports about discrimination are important observations on discrimination. (Discrimination in Finland 2017-2019, 2021, 18.)

Experiences of discrimination are individual estimates and feelings of being mistreated unequally or unjust. Subjective experiences of discrimination might be powerful and harmful to the individual, even when the felt discrimination does not fulfil the definition of discrimination stated in the law. Discrimination manifests in different areas of life and can occur due to many different reasons. Experiences of discrimination have impact in health and welfare. (Rask, Castaneda & Seppänen 2020, 95.)

Discrimination based on multiple reasons means that person face discrimination in different situations based on the different cause of discrimination in each situation. Cumulative discrimination happens in cases, where same person is discriminated based on many reasons in same situation. For example, being black and woman. In crossing discrimination many forms of discrimination, that would not lead to discrimination individually, lead to discrimination when combined, for example young Muslim men. (Sisäministeriön julkaisu 2014, 30.)

Structures of service systems may have discrimination that is either unintentional or intentional. The identifying of discrimination might be hard because it might be indirect and only be seen in the results of the processes. Organizational policies and legislation should be known well to evaluate the equality of the process; therefore, the equality development is advised to be done inside the organizations. (Sisäministeriön julkaisu 2014, 12.)

Direct discrimination means that persons are treated unequally in the same situation, unequal treatment leads to situations, where for example the person doesn't have the same possibilities than others. When there are regulations or practices, that put all on the same line, this might lead to direct discrimination due to the fact, that not everyone has the same capabilities, for example person who speaks Finnish, and person who does not know Finnish well, are given same service in Finnish, the service would not be equal, and therefore it would be discriminating. (Sisäministeriön julkaisu 2014, 12.) In healthcare team, for example

situation, where the nurse who does not speak Finnish well, is given the same time to write to patient database, this would put the nurses in unequal position.

Important tool for dismantling discrimination is equality planning. Organizational evaluation should be done and needed corrections and activities should be proceeded. Practical materials, relevant information and training materials are provided on the website yhdenvertaisuus.fi that is under the Finnish Ministry of Justice. (Discrimination in Finland 2017-2019, 2021, 56.)

2.4 Racism and its' negative association with health and wellbeing

The racial inequities in health have been rising the interest towards to research racism and its negative effect on the health (Williams, Lawrence & Davis 2019). But health effects of structural racism have not been in the spotlight of research in the past, and more focus have been in the effects of the interpersonal levels of racism (Bailey et al. 2017, 1454). Racial segregation of Black Americans in USA is one example of structural racism that can have effects of health inequities, for example via access and quality of healthcare, and these manifest example as increased risk chronic diseases, adverse birth outcomes and homicide and other types of crime (Bailey et al. 2017, 1453). Race and ethnicity can be seen as a risk marker for different types of conditions that effect health. Such as access to health care, socioeconomic status, and exposure to virus due to occupation (frontline workers) during COVID pandemic. (CDC 2021a.)

The link between social factors and health outcomes has become more evident. Socioeconomic factors are not solely the factors that may have negative effect on health, and especially the health of people who face racism. (Williams, Lawrence & Davis 2019, 105.) Racism can be seen as a cause of racial health inequalities due to impact of the structural racism (Ahlberg et al. 2019, 7; Bailey et al. 2017, 1453; Williams, Lawrence & Davis 2019, 107; McCluney, Schmitz, Hicken & Sonnega 2017, 106), yet there is still ongoing debate about the quantity of the impact of racism in health inequities (Bailey et al. 2017, 1453). Williams, Lawrence and Davis (2019, 105) concluded that the fundamental cause of racial and ethnic inequities in health is racism. But some state, that whether racism is the fundamental cause, improvement of the evidence is still needed (Adkins-Jackson, Chantarat, Bailey & Ponce 2021).

2.5 Vulnerable populations who face racism and racial discrimination

According to UN (2022a) certain populations are vulnerable, for example populations with African Descent, Indigenous peoples, Roma, persons belonging to minorities (national, ethnic, religious, and linguistic), Migrants, Refugees, Asylum seekers, internally displaced people, People living in extreme poverty, Women and LGBTQI+ people. The DDPA (2002, 48-58) lists

victims of racism as Africans and people of African descent, Indigenous peoples, Migrants and Refugees, but also leaves openness to the definition and includes the possible “Other victims”. It is worrying, that people who are in vulnerable position, are often the ones who are also defined as a victim of racism.

People of African descent mean the persons who are descendants of victims of transatlantic slavery or recent migration. Racism and discrimination based on race, have caused exclusion and have been detained possibilities in many aspects of life. People with African descent are usually not listed in official statistics and therefore are “invisible”. (UN 2022b.) Discrimination is especially common for the persons with African origin, and discrimination based on skin colour and ethnic background are common in Finland (Discrimination in Finland 2017-2019, 2021). Every fifth male participant in FinMonik study from the Africa (other) group had experienced threatening with violence or threatening behaviour, mostly coming from a stranger. It is alarming, that withing this group, the experiences of discrimination and experiences of harassment are more common and regularly recurring. (Rask, Castaneda & Seppänen 2020, 91, 95.)

Indigenous Peoples constitute little bit over 6 % of global population, this means over 476 million persons that live in 90 different countries. Indigenous people may face many different challenges, for example no adequate access to social services, lack of political presentation that pose Indigenous people to decisions that affect them, without consulting whether the decisions and development are in line with their values. Globally Indigenous people also face displacement due to the exploitation of natural resources. (UN 2022c.) In Finland, there Sámi people are Indigenous peoples, and their treatment shows signs of structural discrimination (Discrimination in Finland 2017-2019, 2021; Juutilainen 2017).

Roma people is used to describe different sub-groups such as Sinti, Kalé, and Gitano and Travellers. Before Roma populations used to be nomadic, but today's majority is sedentary and live in several countries in European continent. Nazi regime murdered hundreds of thousands Roma people during second World War and have suffered from widespread discrimination for hundreds of years, yet there is common denial of the existence of racism and discrimination against Roma. (UN 2022d.) Negative attitudes against Roma populations are more common in Finland than in other parts of Europe (Discrimination in Finland 2017-2019, 2021).

Minorities face racism, discrimination and exclusion that lead to violations in many rights in political, economic, civil, social, and cultural level. Minorities face these based on for example national or ethnic origin, race, colour, sex, language, religion. (UN 2022e.) Discrimination of minorities is remarkable problem in Finland, but positively, the attitudes of

Finns towards minorities are more tolerant than in the past (Discrimination in Finland 2017-2019, 2021).

Migration is increasing phenomenon globally and there is estimation that there are more than 280 million migrants, people living outside of country origin, regardless the persons legal status, voluntary or involuntary cause of movement, length of stay or economic, cultural, or social rights. Migrants face discrimination concerning health, education, housing, work, or social security. Many of the migrants are well integrated to the countries of destination, yet the ones with irregular situations are certainly vulnerable to exploitation, marginalization, and discrimination, due to the irregular position, they may not have the strength to complain and call for their fundamental right and freedom. When policies, laws and programmes are unsuccessful in addressing the vulnerabilities of migrants, it might lead to situation where the migrants cannot access the basic services and the International human rights standards are not met. (UN 2022f.)

Refugees, Asylum-seekers, Internally Displaced people are persons who have been forcibly displaced due to various of reasons such conflicts, persecution, violations of human rights. There were 82.4 million persons that met the criteria at the end of 2020 globally. Also, there are millions of stateless people who are denied nationality or access to basic rights, for example right to healthcare, education and right to employment. Refugees may face many forms of racism based on the individual features and racism that affects foreigners in general. (UN 2022g.)

2.5.1 Migrant populations and indigenous people in Finland

Populations with foreign background in Finland are diverse from many factors, such as reasons behind moving to Finland, origin, age, and other individual background factors. There are differences behind the reasons of living in Finland between different origins and sex. Main reasons for moving to Finland are family-work and study related reasons. Refugee status was also presented in the population that origin from Middle East, North Africa, and other parts of Africa-group, Ingrian and former Soviet Union-group. (Seppänen & Kuusio 2020, 33.)

It must be stated that the population structure of Finland, cannot be used to understand or measure the amount of people who face racism and are victims of racist structures, because the part of the population who are racialized is wider than the used statistical variables. For example, in the Official Statistics of Finland (2022a) persons with at least one Finnish parent, are considered to be of Finnish background. Also, persons who have lived in Finland for long enough, and meet certain criteria, can apply for Finnish nationality in the process called naturalisation (Finnish Immigration service 2022). Between the period of 1990 to 2020 there were 152 699 recipients of Finnish citizenship (Official statistics of Finland 2022d).

The persons with foreign background that are born abroad, are called first generation immigrants, and second-generation immigrants are persons born in Finland and whose both parents or only one known parent, are with foreign background. The determination of the origin is based by the persons parents birth country. (Official Statistics of Finland 2022a.) In the year 2020, There were 444 031 persons with foreign background, of which 367 417 were born abroad and 76 614 were born in Finland (Official Statistics of Finland 2022b).

Official Statistics of Finland (2022c) have listed 30 countries that have the biggest population of persons with foreign background living in Finland, and in the list division by the first and second generation. In table one, top 10 countries with most population with foreign background living in Finland are listed.

Table 1: Top ten countries with most population with foreign background living in Finland, based on the data From Official Statistics of Finland (2022c)

County of origin	Former Soviet Union	Estonia	Iraq	Somalia	Former Yugoslavia	China	Vietnam	Afghanistan	Turkey	Thailand
Born abroad	68 537	43 725	20 392	13 337	9 402	11 459	9 559	9 182	8 404	9 765
Born in Finland	12 566	6 865	5 047	9 197	4 388	1 864	2 973	1 943	2 423	445

2.5.2 Welfare of populations with foreign background in Finland

Finnish Institute for Health and Welfare (THL) did an extensive survey of welfare and health of populations with foreign background that live in Finland and have born abroad, FinMonik 2018-2019. Data was collected in many areas, such as perceived health and experiences of discrimination, usage, need and trust in different services, such as social and healthcare services. (FinMonik 2020, 9.)

According to FinMonik (2020, 8- 9) study, health risk factors and ill health was more prevalent in the groups' that forced migration is more frequent. Middle East and North Africa group estimated their quality of life poorer than average, every fifth in these groups felt feelings of loneliness. Prevalence of mental health issues, depression, insomnia and nightmares and diabetes were frequently reported within these groups. Persons with foreign background, compared to the whole population, were less likely to estimate their health good or fairly good. Trust towards Finnish service system is in rather good level, yet the participants felt that the social and healthcare services they had been offered, have been insufficient.

It is relevant to examine the factors that have negative effect on the quality of life, so that the gab in welfare between the persons with foreign background and whole population is reduced (Castaneda & Koskinen 2020, 81). For improving the quality of life, health and welfare actions should be taken. There is need for active health and welfare promotion in municipal level. Reduction of smoking, elimination of loneliness and promoting of physical activity increment. It was also concluded that services should be available and easy to access on time to fulfil the need on time. Adequate information should be provided about the service system and about maintaining health. Service paths should be developed, and professionals should be trained well. Health issues should be part of the integration process. (FinMonik 2020, 10.)

2.6 Ethics in nursing and ethical stress

In nursing, there are different components of ethical competence, these components are normally described by different terms such as “ethical sensitivity”, which means the ability to recognize the situations with ethical frictions. “Ethical knowledge”, which means the mixture of theoretical and for example practical knowledge. “Ethical reflection” can be used to describe the process of considering the various possibilities of solving the ethical dilemma. “Ethical decision making” is used to describe the decision-making process aiming to choosing the most reasonable alternative from the different choices. “Ethical action” is the actual doing in specific context and situation differing from “ethical behaviour” that can be seen more wider conduct of ethical behaviour. (Lechasseur, Caux, Dollé & Legault 2018, 698-700.)

In order to understand how the professional ethics of nurses and the actions resulted based on the ethical considerations, there is need to frame racism as an ethical issue to identify, prevent, manage, and remedy all its harmful consequences and avoid the prejudicial harm caused by treatment situations. (Johnstone, Kanitsaki 2010, 493-494.) Addressing the racism in healthcare structures is a moral responsibility of all the nurses. Open discussion and self-reflection are needed to detect the racism in nursing profession. (Iheduru-Anderson, Shingles & Akanegbu 2021, 14.)

“Do no harm” can be seen universal principle of health professionals' ethics and racism especially threatens the core principle and therefore is an enormous moral wrong (Johnstone, Kanitsaki 2010, 491). There is no defence for the forms of racism in ethics because it is unjust, puts down equality and human dignity by human differences that are unfairly socially constructed (Elias & Paradies 2021, 55).

There are many causes of moral stress in nursing, lack of administrative support, not enough workforce, different clinical situations, and incompetent caregivers could be seen as external factors that may cause moral stress and there are internal factors for example factors that come from the individual level of care giver, such as perceived powerlessness, lack of

knowledge (Hamric 2012, 41). Ethical competences can be seen as positive (for example reflection and learning from the lived experiences, change in protocols) and negative (for example avoiding ethically hard situations, no discussions) resources that professionals use to cope with moral stress (Koskenvuori et al. 2019, 8, in Schaefer & Vieira, 2015).

The root elements of moral integrity, core values and duties, of nurses are threatened by destructive experiences of moral stress. In long run, compromises in moral integrity can lead to numbness to see the moral dimensions of the work. Based on many studies, moral distress is seen to cause different symptoms, such as anxiety, anger, guilt, sense of powerlessness, frustration, and sometimes also physical symptoms. (Hamric 2012, 47.) Ethical stress can even result in healthcare workers quitting their jobs (O'Donnell et al. 2008; Hamric 2012, 47).

Racism is a social, cultural, legal, and political issue, yet there is still needed to address racism as an ethical issue (Johnstone & Kanitsaki 2010, 494). For long time, racism has been neglected topic in ethical discourse (Elias & Paradies 2021; Mayes 2020, 287; Johnstone & Kanitsaki 2010; Shaha 1998). Racism in healthcare, can cause moral harms that could be prevented. Neglect of ethical discussions of racism might be result of not believing or being blind that racism is a problem in healthcare, or that philosophers have insufficiently examined racism as an ethical issue and morally wrong. (Johnstone & Kanitsaki 2010, 492.) Three fundamental ethical core issues in racism are unfairness, disrespect, and harm (Elias & Paradies 2021, 56).

Society, where structural racism thrives, refuse to acknowledge the position of its racial minorities and their disadvantages, and therefore society doesn’t take enough responsibility of these populations, which forms an ethical defect (Elias & Paradies 2021, 56). Ethical discourse and ethicists can play their role in dismantling racism from healthcare, they can help to form the organizations to be more responsive to all or make sure the voices, of employees who endure racism in work, are heard (Danis, Wilson & White 2016, 8).

2.7 Laws and regulations aiming for equity

There are many laws at the national and international levels aimed at enabling equal treatment and combating discrimination. Healthcare workers are mandated to follow laws and regulations and should not violate them. Patients are protected by law, and various segments ensure the legally binding right for patients to receive proper treatment, regardless of their background. Non-discrimination act, healthcare act, act of the status and rights of the patients and criminal code act of Finland resonate with theme of this thesis, forming the legal grounds for the importance and obligatory state of antiracist work, that also this thesis aims.

2.7.1 Non-discrimination act

In Finnish law, Non-discrimination Act 1325/2014 (chapter 2, 5 §) states that not only the organizations should evaluate the state of equality in their actions but should also promote the state of equality. Therefore, matter of racial equity is not only important ethically, but also binded by the law.

Non-discrimination Act 1325/2014 (1 chapter 1 §) aims to prevent discrimination and promote equality and protect by law the ones that have faced discrimination. The authorities have responsibility to promote equality and should assess and evaluate their activities and the state of the realization of equality and should take the needed procedures to enhance equality. Authorities that employ more than 30 persons must have plan of measures for the promotion of equality (2 chapter 5 §).

The employer has a duty to promote equality by assessing the current state of equality and taking the necessary steps to develop the working conditions, selection process of personnel and decision-making regarding the personnel. Employer should discuss with the personnel or their representatives about the measures and their effectiveness of the plan of equality in workplace. Occupational safety delegate and person/representative who participated in the making of the plan, have right to access the information about the actions that have been taken by the employer in promotion of the equality. This ordain could be seen as a rule of law to dismantle structural racism from the workplaces (chapter 2, 7 §).

If person is treated less than other person would be treated in the same situation based on their personal characteristics, it is direct discrimination (chapter 3, 10 §). Discrimination is prohibited whether it is based-on fact or assumption and whether its direct or indirect (chapter 3, 8 §). Also, harassment, order to constitute discrimination and denial of reasonable accommodations is prohibited. Non-discrimination Act 1325/2014 states that discrimination is prohibited by following terms:

> age, origin, nationality, language, religion, belief, opinion, political activity, trade union activity, family relationships, state of health, disability, sexual orientation or other personal characteristics.

Positive measures that aim to prevent or remove disadvantages to achieve “de facto equality”, such as proportionately different treatment, is not discrimination (chapter 3, 9 §). In other words, acts to promote equity in workplace does not constitute discrimination, for example if nurse, who is not a native Finnish speaker, is given more time to each patient. End of the day, that nurse have not taken as many patients as native Finnish colleague, but due to the different level of comprehension of used language, both workers are now in the same level, even that the numeric outcome of cared patients differs.

2.7.2 Criminal code of Finland

The Criminal Code of Finland (39/1889) states what activities are under criminal code and guide the sentences to the crimes listed. Crime against humanity (Chapter 11, 3 §) states that person, as a part of wide systematic assault takes part in racial discriminations based on for example race, nationality, ethnic origin, culture, religion.

The Criminal Code of Finland (511/2011, 10 §) state that person should be fined or imprisoned for at most two years on basis of Ethnic agitation, if one spreads or make available to public, opinions or expressions that threatens, defame or insults certain group, for example based on race, skin colour, ethnic or national origin, religion on belief. When aggravated ethnic agitation should include hardening factors for example incitement of murder or terrorist intent. Sentences in these cases would reach at least four months up to at most four years of imprisonment.

The Criminal Code of Finland states about discrimination (885/2009, 11 §) that when person is in professional position and without justified reason, is refused service, refused entry or put other in unequal position due to the persons race, skin colour, language, sex, family ties, ethnic or national origin or other comparable circumstances, is punishable crime with fine or imprisonment for at most six months.

2.7.3 Act on the status and rights of patients and health care act

Act on the status and rights of patients 785/1992 (chapter 2, 3 §) ordain that all permanent residents of Finland, without discrimination, are entitled to health and medical care based on the required state on health based on the availability of resources at the time of the needed treatment. (1335/2010) Human dignity is not to be violated and privacy and conviction is respected when the treatment is given. As far as possible, culture, individual needs and mother tongue must be considered in the treatment.

Act on the status and rights of patients 785/1992 (chapter 2, 5§) mandates, that vide range of information should be given to patients, for example concerning their treatment, and that the information should be given in a way, that it is understood by the patient. If the professional doesn’t speak the language used by the patient, interpretation should be used if possible.

The Finnish Health Care Act 1326/2010 (chapter 1, 2§) that states the objectives of the act, for example promoting and maintaining welfare and health, ability to work, functional capacity and social security. Second objective is to reduce health inequalities between population groups. Third objective is to ensure access to the services and improve the quality and patient safety. Fourth objective ordain promotion of client-oriented healthcare services

and fifth objective recall for example improvement of the operating conditions of primary healthcare and making the cooperation better, between healthcare providers and for example local authorities.

Therefore, for example based on the findings of FinMonik study, that foreigners have worse health outcomes in certain areas, reveal that there is law binding need by the healthcare acts first chapters §:2 objectives, and urgency to equalize health with relevant means. Third objective links to the aims of this thesis also, because it aims to improve the quality and by these means, make the services more accessible to certain populations, such as foreigners. There are also solid grounds in the antiracist work, what it comes to the fourth objective. All patients, no matter what background, should be faced as an individual, and treating should be carried out client-oriented way.

2.8 Different levels of efforts to dismantle racism and racial discrimination

There are multiple efforts in national and international level that aim to dismantle racism in the past and present.

2.8.1 Global and international level efforts to dismantle racism and racial discrimination

There are many international efforts to dismantle racism and discrimination through different working groups and declarations. UN has declared 21st of March to be the “International Day for the Elimination of Racial Discrimination” and 31st of December of 2024 will mark the ending of the Decade for people of African Descent (UN 2022h).

The National Health Service (UK) NHS, Race and Health Observatory is set to identify and dismantle ethnic inequalities with research and policy recommendations (NHS 2022). Observatory have given statements and guideline recommendations for example relating to the possibility of inaccuracy of Pulse Oximeter readings when the device is used to measure the readings of dark pigmented skin (NHS 2021).

NHS, Race and Health Observatory have also released a report aiming to change the systems with practical guidelines and recommendations to overcome ethnic health inequalities, disparities, and limitations. For example, managers should be accountable in their role of addressing different areas, such as inequalities in access, experiences, and outcomes. Representative and diverse leadership should be aimed. And there should be improvement in treatment and workplace experiences of minority staff for example in accordance Workforce Race Equality Standard (WRES). Report calls out on quality and coverage of ethnicity data. (Ethnic health inequalities and the NHS 2021.)

WRES was released in 2015, and it aims to ensure equal opportunity for black and minority ethnic (BME) medical workforce. Eleven indicators in total evaluate different variations, such

as payment, career opportunities, diversity of the institutions, and six of the questions ask of the medical staff's perceptions on how they are treated by colleagues, employer, and patients. (Workforce Race Equality Standard... 2020.) In Finland, there is no such tool as WRES, but this sort of tool would be needed.

Year 2021 marked 20th anniversary of conference, that was held in Durban, South Africa “World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance” that released the Durban Declaration and Programme of Action. DDPA is not legally binding but offers the frame for moral values and the basics for multilevel advocacy efforts to dismantle racism, xenophobia, racial discrimination, and other related intolerances. (DDPA 2002.)

DDPA (2002, 85-86) offers aims for healthcare sector on antiracist work. Racism should be monitored and eliminated for example with the force of law. Good quality healthcare should be provided to all. Workforce should be divers and representation of whole society should be present. All levels of healthcare should aim to improve the health of marginalized groups, especially victims of racism. There should be studies about the differential impact of the treatments given and strategies and those effect on communities.

Office of the United Nations High Commissioner for Human Rights, OHCHR, Annual Report “Racism, racial discrimination, xenophobia and related forms of intolerance, follow-up to and implementation of the Durban Declaration and Programme of Action 2021” brought a four-step agenda to dismantle systematic racism and stop of the human rights violations, especially affecting Africans and people of African descent. (A/HRC/47/53 2021, annex.)

Rights of minorities should be respected and reflected based on the Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities (A/RES/47/135 1992). Emphasis is on the non-discrimination and protection of individuals identity, for example in the article one, it is stated that states should protect the cultural, religious, linguistic national or ethnic identities existence. Promotion of this kind of identity should be encouraged, therefore for example persons should have ability to speak their own language and for example practise their own religion. Laws and regulations should be altered to reach these means.

2.8.2 Sustainable Development Goals

United Nations (UN) Agenda 2030 Sustainable Development Goals have also seen the need to strengthen equity. Tenth SDGS to “Reduced Inequalities” sets the goal and desire towards equity and end of discrimination among countries, but also within. Target 10.2 states that political, economic, and social inclusion should be promoted. Target 10.3 states that opportunities and outcomes should be equal, and inequalities should be reduced.

Discrimination within policies, practices and laws should be dismantled and new suitable actions and policies should be promoted. Indicator for the target 10.3 is measured by the number of reports of personally felt discrimination on the grounds of form of discrimination that is prohibited according to the International human rights law. (SDGS 2022.)

2.8.3 National level measures in Finland to dismantle racism and racial discrimination

Prime minister Marin's Government have taken its role in dismantling racism from Finnish society and have launched action plan An Equal Finland (2021) that have many ways to combat racism from different Ministries and stakeholders of many sectors in our society. Finnish institute for Health and Wellbeing have also department designated for migration and cultural diversity, and their aim is to promote health, wellbeing, and inclusion in culturally diverse Finland. They promote their aims by research, projects, and studies. (THL 2022.)

The Non-Discrimination Ombudsman (2022b) in Finland is independent authority that promote equity and aims to prevent discrimination. Ombudsman aims to improve the status and rights of foreign nationals in Finland. Persons can reach to ombudsman if they have faced discrimination in Finland. Before, Non-discrimination ombudsman did not interfere with working life discrimination cases, and working life discrimination cases were handled by employer, occupational safety, or the Regional State Administrative Agencies. Racist offences were handled by police. (Non-discrimination Ombudsman 2022a.)

Starting from June 2023 the non-discrimination ombudsman will be also observing the working life discrimination due to the update of the Non-discrimination Act. The updates to the act will also comprehend and clarify in terms of what the employer must consider in the workplace's equality situation. The evaluation management must also be done regarding hiring, and the workplace equality plan must include the decisions of the equality evaluation. (Non-discrimination Ombudsman 2022c.)

Ministry of Justice coordinates and monitors the national discrimination monitoring system that has been active since 2008. Its' main objectives include produce information about state of discrimination in Finland and gather data and statistics produced by others. System also gives suggestions to promotion of non-discriminative policies and encourage cooperation with organizations and people who work or do research about discrimination. (Discrimination in Finland 2017-2019, 2021, 8.) Ministry of Justice also coordinates Information campaigns against discrimination (Discrimination in Finland 2017-2019, 2021, 56).

2.8.4 European Union efforts to dismantle racism and racial discrimination

European Union have taken many steps to dismantle racism. European commission has set plan to antiracist work in EU, the plan includes recommendations about how to alter

legislation, education, employment, housing, to meet the criteria of antiracism. It also calls member states to prepare their own plans to dismantle racism (European Comission 2020, 13). EU has set “The Race Equality Directive” that offers the minimum requirements to be met by national level laws and this directive prohibit discrimination in different areas for example employment, education, and health care, based on race or ethnic origin (Council Directive 2000/43/EC 2000).

2.8.5 European Commission against racism and Intolerance

European Commission against racism and Intolerance (ECRI 2022a, 2-4) became operational in 1994. It’s a unique monitoring body of human rights from the point of view anti-racism and fighting the discrimination. Its activities include doing monitoring of member states and work in relation with equality and civil society bodies. When Racism and intolerance related problems are detected, ECRI analyses and give suggestions in the form of recommendations.

ECRI (2022b) provide General Policy Recommendations (GPRs) that offer detailed guidelines for policymakers so that strategies and policies would be more inclusive and comprehensive to meet certain criteria of each recommendation. There are 16 different recommendations in total made from various topics. (ECRI 2018.) Yet even in this long and comprehensive list of recommendations made by ECRI there is gab what it comes to direct recommendations towards healthcare and how to combat racism in the field of healthcare. Naturally the vaguer recommendations can be adapted and altered to meet the specific criteria of healthcare.

The latest ECRI report on Finland (2019) is done three years ago and it was the fifth monitoring cycle done in Finland. The report includes summary and background evaluation from different perspectives and topics, for example Finnish legislation, state of hate speech and measures done, racist and homo/transphobic violence and integration policies. The current state and recommendations for future development is listed in the report. Overall, in Finland, many developments are done, yet there is still work remaining and ECRI listed 20 different recommendations to Finland to combat. Second European Union Minorities and Discrimination Survey; Being Black in the EU (2018) had some harsh statistics of situation in Finland, and Finland is often said to be the most racist country in Northern Europe.

3 Aims and Objectives

The aim of this thesis was to study nurses' experiences, as an members of Inter-disciplinary healthcare teams, of manifestation of structural racism and inequity in hospitals. The objective of this study was to analyze whether structural racism is manifested in the nurses’ work in Finland. The secondary objective of this study was to gain knowledge of the state of structural racism in the inter-disciplinary healthcare teams’ work in the Finnish context. This

thesis was made in ETHCOM-project (ETHCOM 2023). The results of this study will be used in co-creation of experiential learning tools that can be implemented in the ETHCOM- project.

4 Methods

Aims and objectives were reached with qualitative method. Used method was qualitative, online questionnaire with thematic open-ended questions. Themes for the questions were 1) Ethical challenges at work and structural racism. 2) Emotions and feelings 3) dismantling inequity and structural racism. The data was analysed with thematic inductive analysis. The questions for online-questionnaire are listed in appendix 4.

The author of this study participated in the ERASMUS+ funding application process to ETHCOM with three personnel from Laurea UAS. The reviewing of the application and the recommendations for the application were made respectfully to the ERASMUS+ (2021) goals for 2021-2027, one of the values was inclusion. Author of this study participated in three meetings in spring 2021 and made recommendations and shared thoughts with the Laureas' team.

ETHCOM received the funding, and this study's topic was seen to fit the aims and objectives of the project. One of the aims of the ETHCOM is to understand "proactive ethical conflict solving competences of healthcare professionals working in inter-disciplinary healthcare teams with diverse approaches, views and beliefs within challenging cultural situations." (ETHCOM 2021). Therefore, in February 2022 author of this study, joined the ETHCOM- team again, to participate in the project by making this study in the project.

ETHCOM is coordinated and managed from Belgium (UC Leuven-Limburg UCLL) and it's an international collaboration project network consisting of four different Universities or UAS, Laurea is one of the members of this collaboration. UCLL also coordinates the Peer-reviewed ETHCOM research article. Other members and their responsibilities are VIVES that coordinates the "ETHCOM Toolkit", ESEnfC that coordinates the "ETHCOM Manifest for Ethical Competence Learning" and Laurea UAS that Coordinates "ETHCOM Learning Network, Library". (ETHCOM 2021.)

In the first phase of the project, the needs of ethical competence coming from different stakeholders in different clinical learning environments was planned to be described. It is stated that students could participate in this phase by making a need analysis by literature reviews (ETHCOM 2021). But since this thesis had only one writer, this method couldn't be used. Therefore, the chosen methods to meet the aims and objectives of this thesis, is justifiably different, yet it still suited the ETHCOM-projects objectives and plan.

Second phase of ETHCOM, participants/ Action Learning Teams (ALT) should get to know different clinical environments and describe the experiences from the field that are ethically stimulating or demanding. These experiences will be transferred to ethical scenarios that form the base to the simulation learning sessions that advocate the ethical competences. Second phase is to be guided by the Kolb's Experiential Learning Cycle that consists of "concrete experience, reflective observation, abstract conceptualization, active experimentation"

Third phase of ETHCOM the ethical scenarios will be transformed to experiential learning methods, such as simulations that suit the clinical settings of learning environments in the first and second phase of the study. The simulations are then tested by the participants/ALT's and also by the other participants/ALT's. (ETHCOM 2021.) ETHCOM project offers a multicultural and transnational opportunity for learning and dissemination of the results of this thesis, and framework where the objective can be implemented throughout the library conducted in the ETHCOM project.

4.1 PICo-model and information acquisition

PICo-models was used to define the study question and help in making the defining the purposes of the study. For Qualitative methods, when there is not necessarily comparison in use, the PICo-model is suitable. It stands for "P" for population, "I" phenomenon of Interest and "Co" for Context. (Stern, Jordan & McArthur 2014, 53-54.) Model for this thesis is seen in the Figure 2. It is combination of PICo with added "O" for outcome. For This thesis, "P" stands for population (nurses working in multi-disciplinary healthcare teams). "I" stands for phenomenon of interest (experiences of structural racism) "O" outcome that is gained with this thesis.

Table 2: PICo+O model for study

P	Nurses' working in multi-disciplinary healthcare teams in perioperative field.
I	Experiences of structural racism.
Co	Healthcare work in hospital setting
O	Enhanced understanding how and if structural racism is manifested in the patient related work and gained knowledge of perioperative nurses experiences of structural racism in the inter-disciplinary healthcare work in Finnish hospital context. Suggestion for evidence based simulation scenario for enhancing the equality and equity in nurses work

Interdisciplinary healthcare teams in this thesis information acquisition context constitutes of persons who have education and profession to work in healthcare field, e.g, nursing, perioperative nursing, healthcare team's supervisor and medical staff or related. In the aims of ETHCOM (2021) the experiences and needs of different stakeholders are also called for, for example students, nurses and nursing managers. Structural racism and its synonyms systemic racism and institutional racism (Structural racism, MeSH 2022) were used in information acquisition.

Information acquisition and citing of others research should be done in appropriate manner (TENK 2012). Last and final information acquisition was conducted in February 2022 with the help on information specialist from Laurea UAS, for constructing the theoretical base for this study. Medical subject headings (MeSH) terms were used to help to determine the used similar headings to find the possible synonyms for structural racism (Structural racism MeSH 2022). Boolean operator was used to help to achieve relevant results. In Boolean operators, words such as “AND” is used to include all results that include these words, “OR” to determine that either or some of the following terms should be included in the results and “NOT” to exclude unwanted results (Searching with Boolean Operators 2018). Following search terms were selected, but due to the difficulties finding the results, and based on the help of Information specialist, the search terms were simplified, and the different combinations were used to find the results. Main areas of search were structural racism, healthcare, and ethical stress/nursing ethics.

(“structural racism” OR “institutiona* racism” OR “systemic racism”) AND (“Inter-disciplinary healthcare teams” OR “workplace” healthcare OR hospital OR “healthcare worker” OR “health personnel” OR “scrub nurse” OR “perioperative nurse” OR “operating room nurse” OR surgeon OR “nursing staff” OR “Medical staff” OR “hospital personnel”) AND (“Ethical stress” OR “moral stress” OR “ethical distress” OR “moral distress”)

Finna, Cinahl, EBSCO and google scholar databases were used, and the hits were saved to Zotero referencing tool. Only peer reviewed articles were selected, with full text available. Finnish and English language articles were included. Time related exclusion was not used, due to the rareness of the hits, but all articles chosen, that were older than ten years, are reasoned in the research table that will be as an appendix 6 of this thesis.

Relevant literature of moral stress caused by structural racism is hard to come by, and in Finnish context, hits were not found. Structural racism in healthcare and its effect of healthcare workers is researched also relatively little, and due to the gab of research in this field there is an urgent need to research the effects of structural racism in healthcare. Naturally healthcare workers faced structural racism is not solely related to the theme of structural racism in healthcare, but more to the themes of work-related structural racism.

And due to the negative effects of racism to health, this theme is also opened in this thesis. New research of structural racism evolves rapidly, and after information acquisition, some freshly released articles were included, yet there lies the risk, that possible relevant articles are missed.

4.2 Timetable for thesis process

The thesis process started in the spring of 2021 by joining in ETHCOM projects funding application process. Milestones and timetable for this thesis process is highlighted in table 3.

Table 3: Timetable for thesis process

Spring 2021	ETHCOM meetings and the application process of ERASMUS+ funding Thesis topic analysis
December 2021-January 2022	Writing of the theoretical base for the study
February 2022	Return to ETHCOM-project, new PICo-model and information acquisition
March 2022	Thesis plan presentation
November 2022	Contacting the working-life partner, initial agreements for their role in the study
March-June 2023	Application of the study permission from HUS Piloting of the questionnaire Gather of the data with “e-Form”.
July 2023	Analysis of the data and writing of the results
August-December 2023	Thesis presentation Gathering the additional data from news articles Media release and publication of thesis in Theseus

4.3 Construction of the questionnaire and piloting of the e-form

Method for this study is qualitative inquiry in which the data was collected via online questionnaire with thematic open-ended questions. The questions were formed around three main themes 1) Ethical challenges at work and structural racism. 2) Emotions and feelings and 3) dismantling inequity and structural racism. The data was analysed with thematic inductive and partly deductive analysis.

Using the qualitative methods in research of structural racism can give rich information of the lived experiences and deepen the understanding of structural racism. Qualitative methods give the people who endure racist structures opportunity to describe how this effect their lives. Communities affected, should be heard when creating the measure to understand structural racism, for example do the measures capture the lived experiences well enough. (Hardeman et al. 2022, 184.) Theoretically driven approaches are needed to capture racism (Adkins-Jackson, Chantarat, Bailey & Ponce 2021). To capture and measure structural racism and its essence, the used method or tool, should reflect the theory.

The questions for the actual questionnaire were formed based on the theoretical framework, and by piloting the questionnaire, the final questions were formed. The online questionnaire was in Finnish. The questions for “E- lomake” are in appendix 4.

Pilot testing is important phase of research process that can help to determine possible flaws in research design or used instrument. Pilot testing can help to validate and make the use of the instrument more reliable. For pilot testing, it is advisable to use sample that presents the target population of the study (Bhattacherjee 2012, 23). The online questionnaire and the appendixes (participant information sheet, participant consent form, e-form questions and invitation to participate in study) was piloted with two nurses who work in acute care in March 2023.

Based on the piloting, the appendixes were seen informative and clear. Both persons who participated, felt that they did not know what is structural racism, and were expecting more information of the term in the participant information sheet, but this lack of information was indeed planned, in order to reach the inductive data gathering in the questionnaire, but compromising the gathering of the inductive data, and knowing the participants might be influenced by the definition, the short definition of structural racism was included in the “E-lomake” due to this feedback in piloting phase. Structural racism in healthcare is not studied yet in Finland and fair to say, the topic is rare, and to gain responses that actually answer to question, the definition was seen necessary.

The estimation for how long it takes to answer, was made longer. Both gave feedback that answering cannot be completed without focusing and reflecting the questions. Positive feedback was given also, that the questionnaire can be reached with smartphone. Both participants asked if it possible to have scale type options for answering to make the participation faster, but were explained that qualitative data and study, narrowing the answers would not answer to the aims of this study.

4.4 Collection of the data and participant recruitment

Participant recruitment was done with the help of Informant from HUS, University District Hospital of Uusimaa. Participants were able to access the online form with link or QR-code attached in the invitation to participate in the study. The participants were recruited for the study by of the following criteria: 1) Is registered in Valvira and have the right to work as registered nurse in Finland. 2) Is currently working as a registered nurse in Finland in acute or perioperative environment. 3) No limitation is done by country of origin or mothers' language, and nurses from various backgrounds are courage to participate to gain comprehensive picture of the experiences within this theme.

The possibility to participate was offered to the whole team of perioperative nurses in one ward in HUS area. Aim was to gain at least six answers, so that possibly saturation of the data could be reached. The questionnaire was planned to be open for two weeks period in July 2023, but due to the lack of participants, it was made accessible for four-week period in July. Five participants accessed the form, one of these did not give the permission to participate, so only four participants gave permission to participate in the study and filled the questionnaire.

The received raw material was in Finnish language, the quantity of the original material is one page long; 193 words with Trebuchet MS font. Some of the answer boxes were left empty. The raw material was then translated into English, quantity of the translated material was one page, with Trebuchet MS font and 320 words.

4.5 Additional data from news articles

Due to the scarce data gained via questionnaire, mixed method was chosen to complete this study. Four different open access news articles were chosen. All the following articles were in Finnish language. From the selected articles, only quotations were taken, total of four pages were collected, Trebuchet MS font and in total 1360 words (FI), after collection, the quotations were translated into English, and translated material was in total 1416 words and four pages in total.

1) ”Hoitajat kertovat työpaikkojen rasismista: ”Herjaa heitetään ja n-sanaakin kuuluu”/ "Nurses report racism in workplaces: 'Insults are thrown, and even the N-word is heard' (Turunen 2023a).

2) ”Miten rasismi kitketään työelämästä, Rainer Hiltunen?.”/ "How to eradicate racism from the workplace, Rainer Hiltunen?" (Turunen 2023b).

3) ”Suomalaisessa terveydenhuollossa on rasistisia rakenteita – Stereotypioiden takana on ihminen.” /"There are racist structures in Finnish healthcare - Behind stereotypes is a human being." (Tuomisto 2021).

4) ”Tehy selvitti: Sote-alalla ei ole valmistauduttu riittävän hyvin ulkomaalaistaustaisten hoitajien vastaanottamiseen”/"Tehy investigated: The social and healthcare sector is not adequately prepared for receiving healthcare professionals with foreign backgrounds." (TEHY 2023).

4.6 Data analysis of the collected data

Thematic analysis can be chosen to make qualitative research. It can be used when aim is to describe, analyse, identify, organize, and report different themes that are risen data. Thematic data analysis starts with familiarising with data, followed by generating the initial codes, searching for themes, and reviewing them, then themes should be defined and named and then finally reported. (Nowell, Norris, White & Moules 2017.) Dey (1993,31) has stated, that analysis of qualitative data is three stage process that consists of describing, classification and combining (Hirsjärvi & Hurme 2001, 145).

The data was analysed with thematic inductive analysis. Thematic questionnaire gave freedom to gain inductive knowledge, there is existing knowledge of Structural racism, but in this exact context of Finnish healthcare from nurses' point of view, results were not found. Therefore, inductive knowledge was seen good way of gaining good insight to the topic. Because the aim was to gain inductive knowledge, the study questions could not be formed too exclusive, for example when asking the emotions related, the data was planned to show the possible outcomes and that it could even alter the questions, for example if focusing only to the question, is there moral stress related to the experiences of structural racism? There could have been a risk to blindness to other rising themes from the data.

The answers from “E-form” were downloaded and red through numerous of times by the author. Initial thoughts were written down after the first glimpse through the materials. The initial codes were withdrawn from the answers as they rose. The initial codes rose withing the inductive approach to the material. After initial codes were withdrawn, similarities were searched from the other answers, this led to the original categories, which would later form more complex themes from the data. Similar thematic analysis process was proceeded with the additional textual data gathered from the news articles. Finally both data from the articles and the findings from the questionnaire, were merged together under bigger and more complex themes.

4.7 Trustworthiness of this study

Validity is truth, if there is not the original raw data available, validity cannot be announced (Silverman 2005, 224). Appropriate and enough personal knowledge about the context where the data is gathered should be obtained by the researcher, because the qualitative analysis is heavily dependent on that (Bhattacherjee 2012, 133). Author of this study attended an online symposium at Harvard university about racism in healthcare and have focused on wider background of the topic of this thesis to justify expertise of the themes used in this thesis.

Meticulousness, integrity, and accuracy should be endorsed in every phase of research (TENK 2012). Degree of consistency should be presented, for example detailed description of the procedure of the done study, in the detailed that other researcher could come to same results based on the data end explanations of the research process (Silverman 2005, 224). Lincoln and Guba’s (1985) themes of trustworthiness criteria for quality of qualitative study as in credibility, Transferability, Dependability and Confirmability are still used.

Credibility can be seen as telling the truth, that experiences are recognized. Transferability means the importance of giving vide description so that the reader can judge the transferability of the results, dependability means for example consistency of research process, and confirmability means the researchers established bias. (Nowell et al. 2017.) The authors own bias was the assumption, that native Finnish nurses do not know what structural racism is, nor they detect it well. The author also assumed that racialized nurses know what structural racism is and can also detect it well. This bias was tried to minimize by clearing mind to listen to the participants words.

Trustworthiness of the results and this study was evaluated with credibility, transferability, dependability, and confirmability. From the credibility perspective, the experiences of the participants were recognized. Transferability was secured by giving the reader vide description of the data for the reader to judge whether the results can be transferred. The research process was followed consistently to meet the criteria of qualitative method, to reach dependability. And bias of the author was written in the planning phase to ensure confirmability.

The authors initial presumptions were written in thesis plan before the gathering of the material began. One of the biggest pre-assumptions was, that structural racism is not well-known concept in nurses work in the hospital setting. The outcomes of this thesis partly were in the line with this pre-assumption, but it was delightful to notice, that partly themes were recognized about structural racism.

4.8 Ethical and legal considerations

Researchers operating in Finland must comply with the ethical principles of research with human participants. Where necessary, they must also request a statement from a human sciences ethics committee before commencing research. When doing research, there are general ethical principles that researcher should follow. Researcher should respect the participants autonomy and dignity. Biodiversity, material, and immaterial cultural heritages should be respected. Research should be done in the manner, that it does not cause serious risks or put the participants, communities, or subjects of the study in harmful position or pose the risk of damage. (TENK 2019, 6, 8.)

This thesis id done in ERASMUS+ funded project. All EU-funded projects should follow the European Code of Conduct for Research Integrity, that EU-Commission have stated to be the base for research integrity in EU area. Four principles that should guide the research are Honesty, Reliability, Respect and Accountability (The European Code... 2017, 4).

Responsible conduct of research can be seen as a core to the study process. According to Arene (2019, 8), RCR should be implemented in thesis process and violations against this conduct, for example not following the honest and ethical means of the research process, should be evaluated, and handled according to RCR guidelines. The misconduct happens usually withing three categories, that are plagiarism, falsification, and fabrication (The European Code... 2017, 8; TENK 2012).

To prove that plagiarism is not done, publications should be driven with the plagiarism identification system (ARENE 2019, 8). Fraud is prohibited and using texts without proper referencing is naturally prohibited in Laurea UAS, and plagiarism identification system URKUND is used to detect any plagiarism (Laurea 2020, 4-5), this report will be also checked with URKUND. To openness and to prove no falsification or fabrication is done it the thesis process, the raw data will be shown to the supervisor of the thesis, and the samples of data will be shown in the results according to the openness of the process as a quality of qualitative research.

Researcher should request ethical review if certain criteria are met, for example the risk for causing a harm mentally, that would be stronger than mental strain and emotional experiences of everyday life, such as traumatic experiences (TENK 2019, 21). Racism is sensitive issue and understandably may rise negative emotions or trigger emotions related to possible trauma caused by event where the participant has endured racism.

The need for ethical rewiev from the Human Sciences Ethics Committee of the Helsinki Region Universities of Applied Sciences was thoroughly discussed with the supervisor and the informant from HUS, and the outcome of the discussions was that the need for the ethical

review was not necessarily fulfilled, for example the fact that participation is based on the consent and the topic and themes will be known by the willing participants. Therefore, the ethical review was not applied. Yet due to the sensitivity of the thesis topic, risk analysis was still conducted as part of this thesis.

Individual participating in research should give their informed consent in participation, therefore information about the study should be offered so that the participants can choose freely if they take part or not (WHO 2011, 14). Participant Consent form-template (appendix 2 (EN) and Participant information sheet-template including the privacy notice (appendix 1 (EN) and will be used from the web pages of the Human Sciences Ethics Committee of the Helsinki Region Universities of Applied Sciences (Metropolia UAS 2020). Both forms were translated into Finnish and the Finnish form were used in the process, but only English versions are attached as an appendix to this final report.

4.9 Risk benefit analysis

By attending to this research, participants helped to bring out the voices of nurses working in interdisciplinary teams and helped bringing out the knowledge of state of structural racism in this Finnish context. Some of the questions might trigger traumatic memories and cause psychological discomfort, especially for those possible participants, who have endured racism in their Lives. And if strong traumatic emotions arise or there can be seen ongoing racial discrimination, participants were advised to contact occupational health care or to report discriminatory incidents to supervisor or Regional State Administrative Agencies. Yet participating in this study could be seen also empowering because the possibility to be heard and due to the attention given.

The Participant information sheet-template including the privacy notice (appendix 1), participation consent forms (appendix 2) and the recruitment-info (appendix 3) already revealed the participants the theme “structural racism” and the possibly traumatic contents did not come as a surprise. Therefore, it is likely, that the ones who would find the theme already too triggering for their wellbeing, were not likely to participate in the first place. There was no physical risk involved in participation. There was no risk for financial loss to the attendants. Social level disturbance may be result from opening the difficult conversation about racism in workplace, yet this type of conversation is seen in news and social media platforms with more negative tunes already. But due to the totally anonymous process chosen for this study, author cannot reflect the actual outcomes that this study might have on the focus group.

Participants were given possibility to contact the researcher and ask further questions if needed. Also, the themes of the questions didn’t focus on the negative aspects only and the aim was also to find possible results and means to combat and dismantle racism, therefore

positive change was emphasised in this study. Evidence based practices guide nursing profession; therefore, knowledge is needed. Structural racism cannot be dismantled without addressing it first. This study will help to fill the gap in knowledge of structural racism in Finnish healthcare context, and this knowledge is mandatory to achieve equity in workplaces. The importance of having these conversations is bigger than the pain, that neglect and silence can result.

4.10 Data management plan

Data management plan is essential part of good scientific practise, and it aims to reduce possible risks, for example loss of data, it explains how the data will be managed through the project, especially when dealing with personal data, data security issues should be considered. It should include information of storage of the data during the process, plan how to back up the data, where the data (partly) will be published, and if the data cannot be reused, it should be justified. It should include the plan of what will happen to the data after the process, for example destroying of data. (Academy of Finland 2022.)

In this study, no registry of personal data was formed, the used online form was accessed via QR-code or with link anonymously. Participants gave consent to the “E-lomake” to record the answers that were anonymous. The form was active in July 2023. The participants gave consent after reading the participant information sheet and participant consent form.

Material was analysed and presented in anonym form. The final research results were reported in aggregate form, and it is impossible to identify individual participants. All the data will be deleted after the thesis is evaluated and published in Theseus and thesis will be publicly available from there. No data that could relate the participants to the results is made public and this was also told to the participants in the participant informant sheet.

4.11 Research permissions

Research permission for the data collection was applied from HUS in March 2023, according to the HUS own portal for the study permissions. Due to the unfortunate delay in the process, the permission was granted in June 2023. The study permission is in appendix 5.

Since ETHCOM ERASMUS+ funded project, there was permission written of participation between the author and the representative from Laurea UAS, and permission that the results of this study can be used in ETHCOM project.

4.12 Declaration of conflict of interests and budget

Source of possible finance and conflict of interest should be announced (TENK 2012). ETHCOM project is ERASMUS+ funded project, but author of this thesis does not receive any funding for

this study. Participants of this study does not receive any financial support or receive any price for attending. There is no conflict of interests related to this study.

4.13 Reporting, publishing, and disseminating of the thesis results

This thesis will be published in Theseus online portal for thesis's written in UAS in Finland (Theseus 2022). Also, the media release will be written and published through Laurea’s web pages and relevant journals. Also, the results and recommendations will be implemented in the ETHCOM-project and released in their web pages. Information dissemination is important because of the huge gab in the Finnish context research of structural racism in healthcare context. Also, the results may be used in HUS for the purposes of equality planning.

5 Results

In this part of the thesis, the results are reported. First the findings are described to reader withing each study question/theme in the table 4. Findings with quotations based on each theme or study question are described so that the reader can familiarize themselves with data gained from the questionnaire. Thematic analysis was conducted from both data gained from the questionnaire and the later added data from the four articles. Analysis of the data is described in the themes part. A narrative was formed to represent off the informants’ voices and the analysis of the findings and the themes within. A narrative, based on the informants answers, was formed to meet the needs of ETHCOM project. The results of thematic analysis are then reflected in the discussion part of this thesis and compared with the theoretical framework and findings of the previous studies.

5.1 Data from the questionnaire

It must be emphasised, that the received data was scarce even when the chosen method was qualitative. Not all questions received complete responses, and some participants reported not experiencing the issues raised by the questions. Nonetheless, the various dimensions of ethical challenges, inequality, and structural racism that healthcare professionals may encounter in their workplaces can be detected. The main findings based on the informants’ answers are described in the table 4.

Table 4: Findings of the questionnaire

Theme	Findings from the questionnaire	Quotes
The ethical challenges in perioperative nurses' work	All the informants answered this question. Few informants reflected that the lack of resources cause ethical challenges. The informants reflected that lingual barriers cause ethical challenges and there was also reflection that there are no ethical challenges.	"lack of resources make it impossible to carry out the nursing work as well as I would like."
The manifestation of inequality in patient work or in multiprofessional teamwork.	The informants reflected that there is unequal treatment from the employer towards doctors and nurses. There was reflection from informants that there is no inequality in the work. The informants upbrought the lingual barriers could cause inequity when giving instructions to patients.	"will the things be taken care properly, if the spoken language or communication happens in other language than Finnish, Swedish or English?" "--The nurses would face consequences for the same behavior as that of doctors"
Experiences of unequal treatment of patients caused by the structures and norms of workplace.	The informants did not feel there was unequal treatment caused by structures nor norms. Some of the informants did not answer to this question at all.	"I feel that all groups of people are ultimately treated the same here"
Effects structural racism has towards work or patients.	The informants brought up that when giving instructions to patients with different linguistic background, it might not be as effective if interpreter is used. The informants did not feel there is structural racism, yet informant brought up that they might not even recognize it. All the informants did not answer.	"When giving instructions quality might be compromised or be less adequate if have to use the interpreter"
Thoughts and feelings in situations if observed structural racism.	Some of the informants felt sorry or sad, if cannot help and other because they reflected all the negative things the patients might have experienced throughout their lives. Partly the informants left this also unanswered.	"feeling sad, feeling incapable if you can't help"
Forms of support wished to receive when facing structural racism in work.	The informants wished more discussions of the topic. Some of the informants did not answer and some could not answer because they did not see any form on structural racism.	"to just talk about it"
The factors that help to dismantle inequality and structural racism in work.	The informants thought informing and discussion would be the way to dismantle racism. Partly the informants could not answer, or the informants left the question unanswered.	"Discussions and informing"

5.2 Themes

The aim of this thesis was to study nurses' experiences, as an members of Inter-disciplinary healthcare teams, of manifestation of structural racism and inequity in hospitals. The themes were revealed from the data. The data in themes consists of the data from the questionnaire and the news articles. The formed themes were 1) healthcare and structural racism, 2) experiences of racism and discrimination, 3) multiculturalism and integration to work, 4) Support and Dismantling Inequality, 5) Other ethical challenges. Themes and sub-themes are listed in the table 5.

Table 5: Themes and sub-themes

Themes	Sub-themes
Healthcare and Structural Racism	White normativity and Lack of Representation Influence of Assumptions and Racism on Health and patient care Language barriers or communication barriers Racial bias in recruitment; Discrimination in Recruitment and Unequal job opportunities
Experiences of Racism and Discrimination	Microaggressions Differences in Responses and experienced racism Disparities between doctors and nurses Racism based on skin color Emotions when racism in detected
Support and Dismantling Inequality	Employers’ responsibilities, Multiculturalism, and Integration to work Awareness and Acknowledgment
Other ethical challenges	Inadequate resources and shortage of healthcare professionals

5.2.1 Theme: Healthcare and structural racism

White normativity and lack of representation can be detected from the data. White normativity can be seen as one aspect of structural racism in healthcare. Within the data gathered with the questionnaire, there were no expressions about the white normativity, but within the analysis from the chosen articles there were mentions of the lack of diversity in medical education materials, such as dermatology textbooks. There were signs of challenges faced by minority representatives in healthcare. Minority healthcare professionals face the burden of proving their competence beyond their professional skills. Language proficiency, often used to alleviate patient suspicions, highlights a form of microaggression. Also they might encounter challenges in gaining patients' trust and proving their competence. Also when BIPOC workers speak up about inequality or racism, the might be labelled as problematic, yet at the same time if representatives of majority speak up, they are praised for the same.

Assumptions and Racism have impact on health and patient care. Assumptions and stereotyping can be detected from the data. Individuals from marginalized backgrounds often encounter prejudiced attitudes and stereotypes within healthcare settings. The stereotyping and assumptions can be experienced both by the POC (people of color) patients and the workforce. For example, assumption that when immigrants complain about the pain, there is implicit suggestion that they exaggerate their symptoms. Perioperative nurses felt like people from all backgrounds are treated the same. Yet partly concern is that unequal treatment to be related only with “foreigners”.

Language can be a barrier to good care. Perioperative nurses evaluated that care might be less adequate when using an interpreter or giving instructions to patients with different lingual background. The informants reported experiences related to their willingness and want to treat patients in equal manner could be compromised due to certain factors, for instance by the language barrier and lack of resources. Perioperative nurses reported feeling that quality of care might be compromised if treating patients from different lingual background.

Racial bias in recruitment; Discrimination in Recruitment and Unequal job opportunities can be detected form the data, but not from the data gained from the questionnaire. In recruitment, hierarchical ranking system that favors individuals of Finnish or European origin in job applications. These occurrences of discrimination affect the opportunities healthcare professionals from diverse backgrounds. There were also signs of the underestimation of competence, unequal treatment with unequal distribution of vacation and work shifts, discrimination based on position, unfair distribution of job tasks and responsibilities, discrimination based on language skills.

5.2.2 Theme: Experiences of racism and discrimination

This theme centers on the reported experiences of racism and discrimination by healthcare workers. There were signs of microaggressions in the data. Comments about the language proficiency of minority healthcare providers and questioning their professional competence based on skin color are examples microaggressions or racism.

Differences in Responses and experienced racism. The data reveals that foreign-born respondents often report worse experiences of equal treatment in the workplace compared to their non-foreign-born counterparts. The data also reveals that individuals may deny being racist, which complicates efforts to address the problem. This denial often focuses on the fear of being labeled as a racist, rather than addressing the actual discriminatory actions and attitudes present in healthcare.

The disparities between doctors and nurses were revealed from the data. Perioperative nurses reported feeling inequity between and doctors and nurses, there were felt unequal treatment between doctors and nurses and how nurses might receive warnings, if acting with similar negative behaviors.

Racism based on skin color was revealed from the data. The differentiating treatment, lack of knowledge when treating darker skin patients, and also straight racist remarks about skin color was revealed from the data. Remarks about skin were made by patients to POC healthcare workers and there were also incidents of “talking behind the back” negatively about the skin color.

Emotions when racism in detected. The informants reported experiences related to their feelings of empathy for the patients. Negative feelings, such as sadness, feeling sorry and feelings of incapability when in situations with inequality or racism detected.

5.2.3 Theme: Support and dismantling inequality

What it comes to dismantling inequality, there is a major role that can be taken from the employer. The data revealed the need for focusing on the integration to work for the multicultural staff. Employers have a significant role in ensuring non-discrimination in workplaces. For example, in recruitment and addressing attitudinal expressions of patients and staff. From the data it was revealed that foreign-born nursing staff feel that their workplaces do not put in enough effort to welcome them and ensure their integration into the workplace.

Data revealed that employees perceive a lack of measures related to multiculturalism and the recruitment of foreign-born workers in their workplaces. It was discussed that preparedness to receive foreign-born nurses can be achieved through measures like ensuring language

proficiency, offering multiculturalism training, providing extended orientation periods in the workplace. The role of head nurses in addressing discrimination was revealed from the data, highlighting that their values and attitudes play a crucial role in creating an inclusive and discrimination-free healthcare environment.

The data revealed the risk for some racial incidents to remain unreported. Healthcare professionals may choose to remain silent about their experiences. The fear of being labeled as a troublemaker or facing backlash for speaking out can lead to not addressing the issue.

Enhancing factors that can lead to good care can be analyzed from the data. Informants for example worried whether the nursing can be done in equal manner to all. Worrying on the other hand reflects the nurse's willingness to take care well, and willingness to treat people with equal manner. Summary of the Actions towards equity in workplaces are listed in the table 6.

Table 6: Different actions that employer and hospital units can take towards equity

Leadership and recruitment	Recognition, addressing and elimination
Foster inclusive leadership	Recognize and acknowledge racism, biases and stereotypes that are fostered in the units and patient care
Promote diversity and representation	Address racist incidents towards patients and staff
Inclusive recruitment strategies	Raise awareness by education
Ensure language proficiency	Proper use of interpreting services
Provide extended orientation	Multiculturalism training
Focus on the integration	Eliminate microaggressions

5.2.4 Theme: Other ethical challenges

This study reveals several ethical dilemmas related to racism, discrimination, and diversity in healthcare and the workplace. These dilemmas revolve around issues of fairness, inclusivity, and equal treatment. But also, other themes were revealed from the data.

Ethical dilemmas were revealed about the healthcare system limitations, such as Inadequate resources. Nurses felt like they cannot do their work as well as they would like, for example due to the resource limitations and excessive workload that hinder the quality of care provided. The global shortage of healthcare professionals was also revealed and discussed in the data.

5.3 Narrative

A narrative was formed to meet the needs of ETHCOM project. Narrative could be used in ETHCOM project as an inspiration toward simulation and used in ETHCOM library.

A narrative represents all the participants voices as a form of single perioperative nurses' voice. All the answers from the questionnaire were combined to be one story.

> “If I think about it, we treat all people the same. Yet sometimes I find myself worrying if can give my best when treating patients with different lingual background, all I want, is to treat all with same respect and manner. I wish we had sufficient resources to give our best, sometimes it feels like we are expected to perform more than we can. There are even times when it is hard to see what types of ethical challenges we have in nursing. Sometimes I feel like the doctors are treated different than us nurses, I feel like they can do whatever they want and get away with it.
>
> Structural racism, this is new for me, I think we don’t have this type of issues, yet I see myself wondering if it just me, that I don’t recognize this, and even there are only so few patients that are foreigners. is it just foreigners that can suffer from this?
>
> How should my employer then help me, this I don’t really know.. Perhaps I should reflect more, what kind of help I would like to receive, funny how this question makes me find no answers.. maybe some discussions or even education of these types of issues could be on its place?”

6 Discussion

Aim of this study was to study nurses' experiences, as an members of Inter-disciplinary healthcare teams, of manifestation of structural racism and inequity in hospitals. The objective of this study was to analyze whether structural racism is manifested in the nurses' work in Finland.

The ETHCOM project provided an appropriate framework for this study. To comprehend how nurses' professional ethics influence their actions in light of ethical considerations, it is crucial to conceptualize structural racism as an ethical issue.

Perioperative nurses reported feeling that people from all backgrounds are treated the same. Nurses might see the unequal treatment to be related only with “foreigners”. In the other hand, perioperative nurses evaluate that care might be less adequate when using an interpreter or giving instructions to patients with different lingual background. Therefore, can be concluded that unequal treatment is not detected sufficiently in the work. There might be lack of knowing about all the types of people who might face structural racism or unequal treatment, for example only “foreigners” were thought to be the possible persons who might face these types of issues, and openly racist remarks were discussed about color of the skin.

The underrepresentation of darker-skinned patents in educational materials and databases, can lead to a lack of understanding and recognition of skin diseases in patients with darker skin tones, which further reflects the systemic biases in medical training. This can lead to false diagnosis when treating patients with darker skin colours, which negatively impacts their healthcare experiences. There is an ethical dilemma concerning healthcare professionals and patients being treated differently based on their skin color. This raises questions about the principle of equal treatment and non-discrimination in healthcare. Zanchetta et al. (2021, 472) findings were similar, that healthcare workers had difficulties in assessing the different conditions of Black patients.

Healthcare institutions have the moral obligation to address and eliminate structural racism. It is crucial that head nurses responses to the instances of discrimination, because how it’s done, can shape the culture within healthcare settings. Therefore, the management should focus on the equity and actively address any forms of discrimination. Inclusive leadership and the promotion of diversity are essential steps in dismantling structural racism.

Racial Bias in Recruitment is ethical dilemma and not to forget, against the law, Non-discrimination Act 1325/2014. Equal opportunities for all candidates during the recruitment process should be naturally given. When foreign born staff is treated differently compared to non-foreign-born healthcare workers, it’s an ethical dilemma that consists principles of equality, diversity, and fair treatment within the workplace.

Structural racism can have visible consequences for patient care. When patients attribute dissatisfaction with their healthcare to the healthcare provider's race or language proficiency, it can result in reduced trust and compromised medical outcomes. Therefore, racism in healthcare can negatively affect both providers and patients.

Experiences of being dismissed in healthcare reveal a pervasive lack of recognition of POC patients as individuals, as they are reduced to racial stereotypes. Mahabir et al. (2021) had findings that colored patients' symptoms were ignored, the data of this study also revealed similar finding, about colored patients being ignored when presenting pain symptoms.

Some of the aspects that can be related to structural racism in healthcare, based on the literature review, did not rise withing the data of this study, for example Race corrected clinical algorithms that Vyas et al. (2020) listed in their study. One obvious reason might be, that nurses don't use these diagnostic tools, and the data was gathered mainly from nurses' experiences. Therefore, there is also requirement to study structural racism from medical perspective.

Racialization is a process where a person is labelled with different stereotypes by the person's skin-color or presumed race. Racialization is based on the misjudgment that persons with certain features are seen fundamentally different from the general population, and it leads to discrimination. (An Equal Finland 2021, 68). Basically, the findings of this study, there can be seen a form of racialization based labelling patient as "foreigner" or microaggressions might also be attached to these labeling.

Open racism can be detected from talking negatively about patient's skin color. As a conclusion also about the differentiation between the lived experiences of the participant nurses, can be made, that there might be implicit bias present. Implicit bias can be also made more visible by open discussion and reflection in workplaces. Even though the nurses might have felt equal treatment of the patients in the other hand based on the previous studies about the structural racism in healthcare in theoretical framework, it can be assessed, that due to the lack of being aware of such possible inequities, perhaps the inequality of the care is not seen as well as it should be seen. Therefore, what is seen as an unequal treatment, might not be so. Elias and Paradies (2021, 48) concluded also that the access to treatment is seen equitable, even when it is not.

The presence of microaggressions, everyday instances of racial bias, where seemingly harmless comments have negative effects, raises an ethical dilemma. Healthcare professionals may face difficulties addressing such subtle forms of discrimination and whether to confront these issues directly. These behaviors reinforce a sense of otherness, marginalization, and exclusion among healthcare. These subtle, often unintentional acts of discrimination, such as being praised for language skills or assumptions based on appearance, also reinforce stereotypes.

Because structural racism and racism, can be unconscious, there is an assumption, that the openly racist motives and conscious understanding of being racist, is not as general as the hidden, more unconscious racial biases and unconscious motives of supporting the structures

that are manifested by racism. For this reason, in this thesis, also the structural discrimination with racial motives was accepted to be included under structural racism, even that they might have different driving motives.

Perioperative nurses need more information and discussions in workplace about structural racism and equity as a first step to dismantle inequality and structural racism. There is overall the need for education about structural racism and inequality in healthcare. This finding is similar with Bailey et al (2017, 1453) that stated that education of health professionals about the effects and possible outcomes of structural racism can be seen as one tool for dismantling structural racism.

Linguistic challenges when treating patients who doesn’t talk Finnish, English or Swedish can be seen as a factor that can make the nursing unequally accessible. Quality of care might be compromised if treating patients from different lingual background. More knowledge on how to use the translation services more optimally and to use those services. Employers should also seek the possibilities to translate the patient information to different languages or find better ways to use and integrate the different technologies to fill this gap. In multicultural and global Finland, advancing equity should be implemented in all levels of organization. Nurses have tremendous role in patients experience of their contacts in hospital, therefore nurses should have vision and understanding of ethical issues that racism and structural racism may cast over our society and people’s lives.

The findings of this study, about the language barrier is similar to the findings in previous studies, that have concluded that in healthcare poor communication or language barriers can be a challenge (Iheduru-Anderson, Agomoh & Inungu 2021, 413; Heponiemi et al. 2018, 2). It is also seen that problems in language may also lead to discrimination (Heponiemi et al. 2018, 2), therefore language challenges should be focused and tried to dismantle.

Perioperative nurses felt unequal treatment from the employer towards nurses and doctors. Felt unequal treatment should be studied more and employer should be aware that employees might feel this kind of differentiating treatment. Equal treatment and norms from the employer, between different practioners such as nurses and doctors, should be focused and aimed. Shortage of nursing stuff has been one of the challenges globally in past years. Perioperative nurses also felt that lack of resources cause ethical dilemma at work, and work cannot be done as well as wanted.

Nurses worry whether the nursing can be done in equal manner to all. Worrying on the other hand reflects the nurse’s willingness to take care well, and willingness to treat people with equal manner. Nurses feel empathy for patients that they think have faced structural racism or unequal treatment. Perioperative nurses experienced negative emotions, such as sadness and feeling of sorry, even incapability was felt. Ethical stress can occur in situations where

nurses feel these emotions of incapability. Similar findings have been made in previous studies as well that moral distress is seen to cause different symptoms, such as anxiety, anger, guilt, sense of powerlessness, frustration, and sometimes also physical symptoms (Hamric 2012, 47).

In workplaces, there is need for recognition, addressing and elimination of all forms of racism, biases, microaggressions and stereotypes that are either fostered in patient care or towards staff. All awareness about structural racism, multiculturalism, racial biases and all forms of racism should be added by education of the staff and employers. Need for proper use of interpreting services can be seen in the data, therefore the healthcare workers should be also educated to use these services so that there would be certainty in the use of these services.

From the employers perspective there are many steps organizations could take. Diversity and representation of PIBOC-workforce should be enhanced. Employer should ensure language proficiency and give focus and time to orientation and integration of the non-native workforce. Inclusive leadership should be aimed at and inclusive recruitment strategies should be fostered.

6.1 Limitations

Only four persons participated in the study and gave their answers with the e-form. The saturation point of the results was not reached, and more answers was needed, even with the help of the informant from HUS, more answers was not obtained. The questionnaire was open two extra weeks instead of the before planned two weeks period, but this was not enough. There was also delay in getting the permission from working life, that made the timetable to data gathering short.

Originally the plan was to interview the participants, this method would most likely suite the topic, to gain more wider answers. Yet the study with e-form had many positive dimensions. Negative surprise was also the unanswered questions, many of the answer boxes were left empty, the reasons can be only speculated. Perhaps also narrowing down the questions more would have helped or perhaps should have been clearer that participants should answer all the questions. The questionnaire was open during July, which is summer activity and holiday season, so taking part in time taking research was not optimal for the focus group. It is understandable, that especially in perioperative field there is lack of resources, participants were not given time to take part during work shifts.

The initial plan to also include deductive analysis was withdrawn due to the scarce dataset. Also the fact, that the author of this study in preferably novice making a thematic qualitative study, has its own effect on the study and its limitations. But the adding of the additional

data from news articles was seen the only way to possibly conduct this research, even that it meant of changing the original plan of the study.

Choosing the articles from online could naturally have its limitation as for example the cookies authors personal laptop uses when navigating search engines such as google (used to find news) can have impact on the search findings. This kind of limitation is not present when doing the article search for theoretical background for this study, when using the academic search engines with their structural formats. But this limitation is only what it comes to choosing the news articles. Choosing the articles that talk about experiences of racism can lead to single sided perspective. But choosing to add news articles compared to trying to do the analysis only with scarce dataset was seen better way to conduct this study.

6.2 Future study recommendations

This study revealed more questions than answers. There is a lack of comprehensive research about racism experienced by healthcare personnel in Finland and structural racism. There is clear indication for more in-depth studies to address the issue effectively. This knowledge gap hinders a thorough comprehension of the issue and its effects on healthcare delivery in Finland.

There are many tools for measuring racism and example racial discrimination (Williams, Lawrence & Davis 2019), but those tools are suitable for quantitative study, they didn’t fit to the nature of this thesis, where the aim was not to measure the levels and quantify the phenomenon, but rather to understand how nurses perceive structural racism, what emotional impact detected structural racism has to the interdisciplinary team's work and what factors arise within the themes. Qualitative analysis aims to make sense rather than explaining or predicting of the phenomena (Bhattacherjee 2012, 133). Research have been lately focusing on the measurement of structural racism rather than observing only the individual recognition of racism (Adkins-Jackson, Chantarat, Bailey & Ponce 2021).

If the research is conducted without scientific method, it can be harmful for participants and could not bring the benefit from the study (WHO 2011, 13). Methodology of choice when doing the research should be mastered to avoid poorly conducted research and poor reliability of the results (TENK 2012). Methodological innovations are called for to capture the multifaceted impact of structural racism if the health disparities are aimed to be solved. Public health literature is lacking the connection of structural racism measuring and conceptualization. Novel quantitative and qualitative methods should apprehend the multilevel systemic variables of structural racism because the oppression in one institution can be seen as an unequal opportunity in other, for example unequal opportunities in education can shadow the success in working life etc. (Hardeman, Homan, Chantarat, Davis, Brown 2022, 179, 183.)

Therefore, when researching the impact of structural racism in society level, all the different systems and theirs combined and reinforcing effect on the individual should be captured, and not solely focus on one institution and its structures. Structural racism can be seen as a vicious cycle. When aiming for organizational, individual or community level change, the planning and implementation should be altered to meet the specific criteria of each (Nutbeam, Harris & Wise 2014). For example, when thinking of the structural racism, it affects many levels, therefore for the antiracism promotion and dismantling structures of racism effectively, all levels should be confronted.

In future studies, whenever suitable for the aims and objectives to the study, collection of sensitive information based on race/ethnicity should be encouraged. In Finland, Official statistics gather data by country of origin, mother language, country of origin but collection and publishing of data by ethnicity is not done but it’s allowed (Official statistics of Finland 2013). But this does not suite the full dimensions when researching racism and its impact on individuals and working sites.

The different dimensions of individuals that may face racism could not be met properly, for example person, who has Finnish nationality, and whose mother language is Finnish, and have different ethnical background and may have i.e. differing facial features from the majority of Finns, may still be facing racist structures and different levels of racism, out of respect of the individual experiences of all individuals, it is relevant to ask the ethnicity of the participants and give the participant the freedom to choose whether or not they want to answer the question concerning their personal protected data, such as ethnicity. But if the ethnicities and race in the data collection site are rare, and nurses form homogenic group, there might be a risk, that individual might be recognized from the answers by the immediate colleagues or other participants.

ECRI report on Finland (2019, 44) recommendation § 68 about collection of disaggregated data, states that when monitoring the situations to relevant populations, “ethnic origin, language, religion, gender and citizenship” should be collected in accordance with informed consent, strict confidentiality, and also voluntary self- identification of the subject. Human Rights Council have stated that structural racism is sustained with culture of denial and the lack of systemic approaches to issue. Different systems have not succeeded in acknowledging the existence and the impact of structural racism. For these reasons, there is urgent importance in collecting data based on race and ethnicity for example in situations, where it is relevant to understand the dynamics of structural racism and its effect on, for example different practices. Collection of such data should be done respecting the laws and data protection (A/HRC/47/CRP.1 2021, 16).

The right data for informed policy decision making is needed. In order to research subjective experiences of structural racism and discrimination, all EU member states withing their national legislation context, should take a step towards collecting ethnicity and race-based data (European Comission 2020, 16). In DDPA (2002, 79) states were called for the necessity of collection of statistical data that measures the necessity means to understand individuals and groups that face racism and other related intolerances. Also, necessary means for handling such data were listed, for example explicit consent, self-identification, data protection, guarantee for privacy and absolute forbid of misusing such data.

Difficulty has been also the lack of common methodology on collection, in Europe, some member states collect this type of data, and some avoid (European Comission 2020, 15). Reasons, why Collection of race and ethnicity-based data is not done, are for example that sometimes it is considered to be on the way of united national identity and its effect on possibly resulting more discrimination and tensions or that legislation ensures that without this data, all are equal before the law without the division of race or ethnic origin (A/HRC/47/CRP.1 2021, 16-17). One could think, that when asking the race and making the dividing, it can actually differentiate, yet as long as there is racial discrimination, equity is not reached, and the difference should be on focus of the study.

This was a qualitative study, and the results cannot be generalized. There is still gap in research of racism and especially structural racism in Finland and in the hospital or healthcare context. More research is needed of the topic, and since there is a gap in the studies, qualitative methods can be recommended. Author recommends possibly to use interview or aim for larger amount of participants if questionnaire is used. Possibly snowball sampling ought to use to reach for persons who might already have more perspective on the issue. Felt inequity when treating patients with help of interpreters should be assessed more. The phenomenon should be researched from many viewpoints, employee (nurses, doctors), patients and employer. Longer period of data gathering is recommended.

Despite its limitations, I hope this study can be a spark for inspiration for fellow nurses and all expertise working in healthcare, to explore this topic and join the efforts to dismantle all forms of racism from healthcare. The common thread is in the breaking of the silence around the experiences of racism and discrimination to facilitate the change in the healthcare system.

List of abbreviations

OSF	Official Statistics of Finland
POC	People of color
BIPOC	Black, Indigenous, (and) People of Color
THL	Finnish Institute for Health and Welfare
CERD	International Convention on the Elimination of All Forms of Racial Discrimination
ECRI	European Commission against Racism and Intolerance
UN	United Nations
WHO	World Health Organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
HRC	Human Rights Council (UN)
CDC	Centers for Disease Control and Prevention (USA)
DDPA	The Durban Declaration and Programme of Action
RCR	Responsible Conduct of Research
ETENE	The National Advisory Board on Social Welfare and Health Care Ethics
TENK	The Finnish Advisory Board on Research Integrity
NHS	the National Health Service (UK)
UAS	University of Applied Sciences
HUS	Joint Authority of the Helsinki and Uusimaa Hospital District

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Appendix 1: **PARTICIPANT INFORMATION SHEET**

PARTICIPANT INFORMATION SHEET

Study title: Perioperative Nurses experiences of Structural Racism in Finnish hospital context

Invitation to participate in a research study

I'd like to invite You to take part in research study, where the aim is to study nurses' experiences, as an Inter-disciplinary healthcare teams members, of manifestation of structural racism and inequity in Hospitals. This thesis is done withing the ERASMUS+ funded project, ETHCOM, that aims to strengthen the ethical competences of nurses and midwifes by action learning projects with experiential training methods.

You can take part in this study due to fulfilment of the following criteria:
- You are registered in Valvira and have the right to work as a registered nurse in Finland
- You are currently working as a registered nurse in acute or perioperative field in Finland.
- No limitation is done by country of origin or mothers' language, and nurses from various backgrounds are encouraged to participate to gain a comprehensive picture of the experiences of the topic.

This information sheet describes the study and Your role in it. *Before you decide, it is important that You understand why the research is being done and what it would involve for You. Please take time to read this information and discuss it with others if You wish.* If there is anything that is not clear, or if You would like more information, please contact the author of this study.

Voluntary nature of participation

The participation in this study is voluntary. After you have answered the questions in online form that is completely anonymous, you cannot withdraw your answers after you have submitted them.

Purpose of the study

The aim is to study nurses' experiences, as an Inter-disciplinary healthcare teams members, of manifestation of structural racism and inequity in Hospitals. Objective of this study is to gain knowledge of the impact and state of structural racism in the inter-disciplinary healthcare teams work in Finnish context. The results of this study will be used in co-creation of a base-line evidence-based recommendation to simulation case, that can be implemented in the ETHCOM-project.

Who is organizing and funding the research?

This research is done as a masters' thesis of Laura Siregar, who is the responsible author/researcher. Thesis supervisor is PhD [redacted]. There is no funding received to make this research.

What will the participation involve?

Aims of this thesis will be reached by online questionnaire with open-ended questions. Thematic inductive analysis as qualitative method will be used in analysis of the results, to achieve the aim to understand nurses' experiences and perceptions of structural racism and its' effects in Finnish healthcare context. Your answers will help tremendously in achieving this goal.

- First You will receive invitation to participate via the named contact person.
- You will be given QR-code or link to online questionnaire, after this you will give consent to the "e-lomake" to record your totally anonymous information and give your consent to participate in the study. IP address might be seen by the Laureas's responsible personnel, but it will not be shared with anyone nor any of the information will transferred or stored online outside of EU or ETA area.
- The form will be active for two weeks' time in july 2023.
- The participation is completely anonymous, please don't use names or other identity information in your answers.
- Before filling you answers, you will read through the participant information sheet and fill participant consent form and thus give your agreement to participate. You can download the forms for your personal use if you wish. You do not have to give the forms to researcher and online permission is enough.
- You can answer with your smartphone or computer.
- Method of the study is Qualitative, thematic questionnaire with open ended questions.
- Filling the questionnaire will take you approximately 30-60 minutes depending on scale/length of your answers to the open-ended questions.

Possible benefits of taking part

There are no direct benefits in participating in this study. Indirect benefit is that participants will help to bring out the voices of nurses working in interdisciplinary teams, and help bringing out the knowledge of state of structural racism in this Finnish hospital context.

Possible disadvantages and risks of taking part

Structural racism can cause harm in society, especially to those who endure these structures in everyday life. When answering to questions about experiences of racial discrimination may cause and provoke memories that might be mentally distressing. There is no physical risk involved in participation. There is no risk for financial loss to the attendants. Social level disturbance may be resulted from opening the difficult conversation about racism in workplace, yet this type of conversation is seen in news and social media platforms already. If strong traumatic emotions arise within the reflection of the themes, you can contact occupational health care. You can also report discriminatory incidents to your supervisor or Regional State Administrative Agencies.

Financial information

Participation in this study will involve no cost to You. You will receive no payment for Your participation.

Informing about the research results

The thesis will be published in Theseus at least by the end of the year 2023 and can be accessed from there. Also, the results will be used in the ETHCOM project and might be released in the ethcom projects web page. It is possible, that the results might be also published via article. Remember, participation in this study is completely anonymous. You will not be identified from any report or publication placed in the public domain.

Termination of the study

The researcher(s) conducting the study can also terminate the study in case of for example severe illness. If so, contact person from HUS will give open statement of the termination, due to the anonymity of the participants, the participants will not be informed in person.

Further information

Further information related to the study can be requested from the author of the study.

Contact details of the researchers

Student (author)
Name: Laura Siregar, RN, Student in Masters in Global Health and Crisis Management Degree
Tel. number:
Email:

Supervisor
Name: Principal lecturer, PhD, LicEd, RN (spec.)
Name of the Faculty: Laurea University of Applied Sciences
Tel. number:
Email:

Appendix 2: **PARTICIPANT CONSENT FORM**

PARTICIPANT CONSENT FORM

Title of the study: Perioperative Nurses experiences of Structural Racism in Finnish hospital setting

Location of the study: Laurea University of Applied Sciences. Master's thesis of Laura Siregar, email: [redacted]. Supervisor contacts: PhD [redacted]

I have been invited to participate in the above research study. The purpose is to study nurses' experiences, as an Inter-disciplinary healthcare teams members, of manifestation of structural racism in Hospitals. Secondary purpose of this study is to gain knowledge of the impact and state of structural racism in the inter-disciplinary healthcare teams work in Finnish context.

I have read and understood the written participant information sheet. The information sheet has provided me sufficient information about above study, the purpose and execution of the study, about my rights as well as about the benefits and risks involved in it. I have had the opportunity to ask questions about the study and have had these answered satisfactorily.

I voluntarily consent to participate in this study. I have not been pressurized or persuaded into participation.

I have had enough time to consider my participation in the study.

I understand that my participation is entirely voluntary and that after I have answered the questions, I cannot withdraw my answers due to the anonymity of the answers.

By continuing with the e-form I confirm that I voluntarily consent to participate in this study. If I wish, I can download this consent form to my own use.

Date

____

Signature of Participant

Appendix 3: **KUTSU TUTKIMUKSEEN OSALLISTUMISEEN /INVITATION TO PARTICIPATE (FI)**

Hei,

Haluan kutsua sinut mukaan kyselytutkimukseen, joka selvittää sairaanhoitajien kokemuksia moniammatillisen erikoissairaanhoidon tiimien jäseninä rakenteellisen rasismin sekä eriarvoisuuden ilmentymisestä sairaanhoidossa. Tutkimuksen tavoitteena on lisätä ymmärrystä rakenteellisen rasismin tilasta moniammatillisten tiimien työssä suomalaisessa sairaanhoidon kontekstissa.

Sovellutte tutkimukseen, seuraavien kriteerien täyttyessä:

- Olet rekisteröitynyt Valviraan ja sinulla on oikeus työskennellä sairaanhoitajana Suomessa

- Työskentelet tällä hetkellä sairaanhoitajana sairaalassa perioperatiivisessa hoitotyössä.

- Mitään rajoituksia ei tehdä alkuperämaan tai äidinkielen mukaan, vaan eritaustaisia sairaanhoitajia kannustetaan osallistumaan kokonaisvaltaisen kuvan saamiseksi aiheen kokemuksista.

Tämä tutkimus tehdään Laura Siregarin YAMK lopputyönä. Ohjaajana on yliopettaja, FT,

Tämän tutkimuksen tekemiseen ei ole haettu rahoitusta. Tämä opinnäytetyö tehdään ERASMUS+ -rahoitteisessa ETHCOM-hankkeessa, jonka tavoitteena on vahvistaa sairaanhoitajien ja kätilöiden eettistä osaamista toimintaoppimisprojekteilla kokemuksellisilla koulutusmenetelmillä.

Ole hyvä ja seuraa oheista linkkiä tai käytä QR-koodia päästäksesi E-Lomakkeelle, josta löydät ensin tutkittavan informointi lomakkeen sekä lomakkeen suostumuksesta osallistua tutkimukseen. Lomakkeet voit tulostaa omaan käyttöösi, mutta suostumuksesi annat sähköisesti E-lomakkeella seuraamalla sivun ohjeita.

Kysely on aktiivisena vastaamista varten 29.5-15.6.2023 välisenä aikana. Lopullinen työ julkaistaan Theseus tietokannassa viimeistään vuoden 2023 loppuun mennessä.

Linkki ja QR-koodi lomakkeelle:

https://elomake.laurea.fi/lomakkeet/21255/lomake.html

Kiitos osallistumisestasi,

Lopputyön kirjoittaja: Laura Siregar, Terveydenhoitaja YAMK-opiskelija (Masters in Global Health and Crisis Management). Puh. Email:

Ohjaaja: yliopettaja, FT. puh: Email:

Appendix 4: **E-LOMAKE / QUESTIONNAIRE (FI)**

Lomakkeen yläreuna

Perioperatiivisten sairaanhoitajien kokemuksia rakenteellisesta rasismista työssään.

Tervetuloa mukaan kyselytutkimukseen, joka selvittää sairaanhoitajien eettisiä kokemuksia työssään. Tutkimuksen tavoitteena on lisätä ymmärrystä rakenteellisen rasismin sekä eriarvoisuuden tilasta moniammatillisten tiimien työssä suomalaisessa sairaanhoidon kontekstissa.

Tämä tutkimus tehdään Laura Siregarin YAMK lopputyönä. Ohjaajana on yliopettaja, FT, [redacted] Tämä tutkimus on osa ETHCOM EU ERASMUS+ KA220-HED – Cooperation partnership in higher education -hanketta, joka toteutetaan eurooppalaisten korkeakoulujen kesken. Mukana hankkeessa ovat projektinjohtajana UC Limburg (Belgia), kumppaneina Kathiolieke Hogeschool Vives Zuid (Belgia), Uniwersytet Medyczny w Lublinie (Puola), Escola Superior De Enfermagem De Coimbra (Portugali) sekä Laurea-ammattikorkeakoulu (Suomi).

Tutkimuksella on HUS:in tutkimuslupa.

Toivomme Sinun vastaavan seitsemään avoimeen tutkimuskysymykseen tällä e-lomakkeella. Ennen vastaamista, ole hyvä ja tutustu kahteen seuraavaan liitteeseen Tutkittavan informointi ja Tutkittavan suostumus

Päästäksesi tiedonkeruulomakkeella eteen päin, ole hyvä ja hyväksy nimetön osallistumisesi valintanäppäimellä. Lomakkeet voit tallentaa omaan käyttöösi. Osallistumiskutsun olet saanut täysin nimettömänä yhdyshenkilön välityksellä. Osallistumiskutsu sisälsi QR-linkin, joka mahdollistaa täysin nimettömän tiedonkeruun. Osallistujista ei kerätä mitään henkilötietoja, joten henkilörekisteriä ei näin ollen synny. Tiedonkeruuseen käytetyn tietokoneen IP-osoite ei tule tutkijoiden tietoon.

Käytännön vinkkinä lomakkeen täyttämiseen, palaa liitteistä peruuttamalla nuolella, älä käytä X komentoa.

Lisätietoja tutkimuksesta antaa:

Tutkija: Laura Siregar, Terveydenhoitaja YAMK-opiskelija (Masters in Global Health and Crisis Management Degree). Puh [redacted] Email [redacted]

Tietoinen suostumus

Tietoinen suostumus osallistua tutkimukseen

Osallistun En osallistu

Valitsemalla vaihtoehdon "osallistun" vahvistan vapaaehtoisen osallistumiseni tutkimukseen

Ohjeet vastaajalle: Ole hyvä, ja lue kysymykset ja vastaa niihin järjestyksessä. Varo paljastamasta minkäänlaisia henkilötietoja tai tietoja, joista voi tunnistaa asianosaisia henkilöitä tai organisaatioita.

Tiedonkeruun teemat

Teema 1: Eettiset haasteet ja rakenteellinen rasismi työssä.

Ole hyvä, ja vastaa ensin kysymyksiin koskien eettisiä haasteita ja rakenteellista rasismia työssäsi.

1) **Ole hyvä ja kuvaa ensin yleisesti työssäsi kohtaamiasi eettisiä haasteita.**

2) **Kuvaa kokemuksiasi eriarvoisuuden ilmentymisestä potilastyössä tai moniammatillisessa tiimityössä.**

Tutustu seuraavaksi rakenteellisen rasismin määritelmään

”Kirjallisuuden perusteella rakenteellinen rasismi voidaan määritellä yhteiskuntamme rakenteisiin, normeihin, lakeihin ja instituutioihin upotetun rasismin muodoksi. Se voidaan nähdä toisiaan vahvistavina tekijöinä eli terveydenhuollon, asumisen, koulutuksen, työllisyyden järjestelminä, joissa rotusyrjintää ilmenee ja nämä järjestelmärakenteet lisäävät syrjiviä uskomuksia. Rasismia on monia muotoja. Terveydenhuollon rakenteellisella rasismilla on monia ulottuvuuksia, se voi ilmetä potilaiden epätasa-arvoisena hoitona, koulutuksen valkonormatiivisuutena

potilashoidon suhteen, kliinisessä työssä eri rotukorjattuina algoritmeina sekä työntekijöiden itsensä kokemana."

Vastaa vielä seuraaviin kysymyksiin tutustuttuasi rakenteellisen rasismin käsitteeseen

3) **Ole hyvä ja kuvaa kokemuksiasi työpaikkasi rakenteiden ja normien aiheuttamasta potilaiden eriarvoisesta kohtelusta.**

4) **Kuvaa, minkälaisia vaikutuksia koet rakenteellisella rasismilla olevan sinun, tai tiimisi työhön tai potilaisiin?**

Teema 2: Tunteet ja tuntemukset.

5) **Ole hyvä ja kuvaa ajatuksiasi ja tunteitasi tilanteissa, joissa olet havainnut rakenteellista rasismia ilmenneen.**

Teema 3: Epäoikeudenmukaisuuden ja rakenteellisen rasismin purkaminen.

6) **Millaista tukea toivoisit saavasi kohdatessasi rakenteellista rasismia työpakallasi**

7) **Ole hyvä ja kuvaa tekijöitä, jotka auttavat purkamaan eriarvoisuutta ja rakenteellista rasismia työpaikallasi**

Paljon kiitoksia ajastasi ja vastauksistasi!

Vastauksesi ovat arvokkaita ja auttavat avartamaan käsitystä rakenteellisesta rasismista sairaanhoitajien työssä. Aiheena rakenteellinen rasismi voi herättää vaikeita tunteita ja jos vastatessa sinulla nousi traumaattisia tunteita tai ajatuksia, Ole yhteydessä työterveyshuoltoon. Syrjintätapauksista voit myös ilmoittaa esimiehelle tai suoraan aluehallintoviranomaiselle.

Kiitos osallistumisestasi!

Osallistumalla olet mukana eurooppalaisten sairaanhoitajien eettisen osaamisen kehittämisessä!

Lisätiedot

Pyydämme teitä tarvittaessa esittämään tutkimukseen liittyviä kysymyksiä tutkijalle

Tutkijoiden yhteystiedot

Tutkija

Nimi: Laura Siregar, Terveydenhoitaja AMK, YAMK opiskelija, (Masters' degree in Crisis Management and Global Health)

Puh.

Sähköposti:

Opinnäytetyön ohjaaja

FT

Korkeakoulu / yksikkö: Laurea Ammattikorkeakoulu, Tikkurila

Puh.

Sähköposti:

Appendix 5: **TUTKIMUSLUPA / RESEARCH PERMISSION (FI)**

Helsingin ja Uudenmaan sairaanhoitopiiri
Päätös tutkimusluvasta

Opinnäytetyön tekijä / tekijät	Siregar Laura Maritta
Yliopisto / amk	Laurea, Tikkurila
Opinnäytetyön nimi	Perioperative nurses experiences of structural racism in finnish hospital contex
HUS tutkimuksen vastuuhenkilö	
Opinnäytetyön ohjaaja / ohjaajat	

Tutkimuksen suorituspaikka

Akuutti, Leikkaus- ja tehohoitokeskus: Leikkaus- ja tehohoitokeskus /

Akuutti, Leikkaus- ja tehohoitokeskus: Leikkaus- ja tehohoitokeskus / Puolto, , 22.05.2023

Aineisto

Potilaat/Omaiset	Ei
Henkilökunta	Kyllä, Lukumäärä: 6
Asiakirjat/Rekisterit	Ei
Muu, mikä	Ei
Tutkimusmenetelmä	Kysely

Tutkimuslupa myönnetään edellyttäen, että tutkimusluvan saaja toimittaa tutkimuksen valmistuttua raportin tutkimusluvan myöntäjälle (R-lomake)

Muut ehdot	-

Tutkimusluvan alkamispäivä	29.05.2023
Tutkimusluvan päättymispäivä	31.08.2023
Tutkimusluvan hyväksyjä	
Hyväksyjän kotitulosyksikkö	Leikkaus- ja tehohoitokeskus
Hyväksyjän toimi	Ylilääkäri

Tutkimusluvan myöntämiseen liittyvät asiakirjat on tallennettu Tieteellisen tutkimuksen rekisteriohjelmaan (Tietu).

Appendix 6: **RESEARCH TABLE**

Reference	Country	Purpose and aim of the study	Design, Data and methods	Results	Other remarks
Allan H. & Larsen J., & Bryan K., & Smith, P. 2004. The Social Reproduction of Institutional Racism: Internationally Recruited Nurses' Experiences of the British Health Services. Diversity in Health and Social Care. 1. 117-126.	England	Study the experiences of Internationally recruited Nurses (IRN's) who work in UK, to gain understanding of the structural racism and how it is reflected through the nurses' experiences of racism and discrimination. The study was done as part of larger study that aimed to study the IRN's experiences of working in UK health services.	11 focus group interviews were held in three different sites, (n= 67 nurses participated). Interviews were audio-taped. NVivo (version 1.3) were used in analysis.	IRN's have felt racism and discrimination as a central to their experiences as a IRN's working in UK. Institutional racism was concluded to be more complex than it was understood before; it is reproducing through negative stereotypes and hierarchies in professional level, and ethnicity and stereotypes for individuals and relation between racist attitudes and behaviours. Therefore, in this study it was concluded, that institutional racism is bred through personal, interpersonal, and structured social relationships in working life context.	This study is rather old yet was included due to the rareness of the hits that resonated with the theme structural racism as it is.

Bailey, Z., Krieger, N., Agénor, M., Graves J., Linos, N., Bassett M. T. 2017. Structural racism and health inequities in the USA: evidence and interventions. Lancet 2017; 389: 1453–63.	USA	Purpose of this article was to discuss from contemporary and historical perspective about the research and interventions that implicate with structural racism and health inequalities it causes.	This article was a conceptual report. Overarching search strategy was not used, but databases for the search and terms were: Web of Science, PubMed, and Google Scholar using the search terms "racism AND health" or "racial discrimination AND health" or "structural racism AND health". Review articles published in English between Jan/2000 to and Feb/2016.	In USA, structural racism has a big role in shaping the distribution of social determinants of health and shaping the population health profile, including the health inequities. Health inequities will persist if structural racism is not dismantled.	
Heponiemi et al. BMC Health Services Research (2018) 18:418 https://doi.org/10.1186/s12913-018-3256-x	Finland	Study examined the foreign-born physicians' experiences of discrimination (from different paths such as coming from management,	Cross sectional questionnaire study.	Biggest source of discrimination came from patients and their relatives.	The study did not study the effects of structural racism, yet it is important in

		patients, or colleagues) and integration and patient relates stress. Study examined how different factors (age, gender, sector of employment, country of birth, years of getting practise licence in Finland, problems with language, cross cultural training, and empathy, team climate and skill discretion) were associated with these topics	Data consisted of 371 foreign born physicians in Finland (age 26-65, 65% women). Associations were analysed with covariance and logistic regression	High cross-cultural empathy and good team climate were linked with lower likelihood of discrimination (from the different sources) and lower likelihoods of patent-or integration related stress. Lower levels of Integration related stress and management-level discrimination were associated with skills discretion. Language problems caused higher integration related stress. Good integration can be helped with good team climate and teaching the skills of cross-cultural empathy and patience, language skills training, skill discretion and flexibility.	the field of understanding the levels of stress and discrimination faced by foreign born physicians in Finland.
Iheduru-Anderson K., Agomoh C., Inungu J. 2021. African born black nurses' perception of	USA	Aim of the study was to examine and understand how African born black nurses felt their race affected their work environments and the	Qualitative descriptive study with unstructured interviews of 17	Black Nurses experiences were uniquely different from the American born nurses Experiences. Different themes	American context is likely to be different from Finnish context, yet the

their U.S. work environment: Race matters, Nursing Outlook. Volume 69, Issue 3, 2021, Pages 409-424, https://doi.org/10.1016/j.outlook.2020.11.009.		associations of these on the healthy work environment.	black African born nurses. Thematic analysis was conducted from the data.	that emerged from within the analysis were: poor communication, disregard for personhood, lack of recognition, democratic disqualification, missing authentic leadership, attrition, and finding control. Authentic nurse leaders are required for healthy work environments.	issue of race and its effect might have similar resonations among racialized nurses in Finland.
Iheduru-Anderson, K., Shingles, R. R. & Akanegbu, C. 2021. Discourse of race and racism in nursing: An integrative review of literature. *Public health nursing (Boston, Mass.)*, *38*(1), p. 115.	USA	Race can be seen as a source and barrier of inequalities that affect minorities in nursing practise and profession. This study aimed to search and see if institutionalized racism or racism are named in titles and abstracts of peer reviewed articles of nursing education, profession, and the depth of the racialized concepts in nursing literature.	Integrative review study. 23 studies published in nursing journals (from 2008 to 2020) were reviewed with Whittemore and Knafl's integrative review approach.	Issue of racism should be openly acknowledged in nursing profession by offering safe spaces for dialogue in practise and academic setting. Four themes were extracted from the literature; consequences of racism and emotional and physical effects of racism to nurses and student of colour, context of racism discussion, scholars' recommendations.	

Kuusio, H., Lämsä, R., Aalto, AM. et al. 2014 Inflows of foreign-born physicians and their access to employment and work experiences in health care in Finland: qualitative and quantitative study. Hum Resour Health 12, 41 (2014). https://doi.org/10.1186/1478-4491-12-41	Finland	Examine numbers of foreign-born doctors migrating to Finland and what is their employment sector and how they have felt the access to employment and how the psychosocial working environment is felt in different work sectors (primary care, private sector, and hospitals).	Data of the study was from three different inputs; Registry based information on the numbers and qualitative theme interviews (n=12 doctors) and survey for all (n= 1,292, with 42% response rate) Qualitative content analysis was used, analysis of covariance and logistic regression analysis.	In 2009, 8% of practioners were foreign born and 1750 physicians held Finnish license to practise medicine. Non-EU or eta physicians felt that the process of getting license was difficult and waw main obstacle of accessing work in Finland. From the qualitative interviews, the physicians described the work in primary care to be challenging and multifaceted but even stressful. Making the licensing process easier may ease the access of foreign GPs to Finnish working markets and improvement of the psychosocial working environments were concluded to play main part if wanting the GPs to stay in the work.	This study did not study structural racism as it is, yet the experiences how the working life support or how it can be accessed by foreign born physicians is relevant phenomenon, due to the understanding of the structures that foreign born healthcare staff face in Finnish healthcare employment sector.
Mahabir, D. F., O'Campo, P., Lofters, A., Shankardass, K., Salmon, C. & Muntaner, C.	Canada	Purpose was to understand how the Toronto's healthcare policies and practises effect the racial/ethnic	This study used a concept mapping	35 statements were done by the different ways that patients may feel mistreated of disrespected	It is relevant to understand how patients may feel

2021. Experiences of everyday racism in Toronto's health care system: A concept mapping study. International journal for equity in health, 20(1), p. 74. doi:10.1186/s12939-021-01410-9		users of these services in individual level.	semi-qualitative study design. Participants were recruited with purposeful sampling strategy. In concept mapping activities, sample sizes (participants) were different. N=41 racialized healthcare users, N= 23 non racialized healthcare users and n=11 healthcare providers were in rating activity. Data analysis was done using a concept system software.	when receiving healthcare services. Five clusters were formed "*'Racial/ethnic and class discrimination', 'Dehumanizing the patient', 'Negligent communication', 'Professional misconduct', and 'Unequal access to health and health services.* Racial and ethnicity-based discrimination was seen to contribute to the challenges faced when receiving care. Antiracist policies are needed to overcome and dismantle structural racism, by addressing the unequal power relations and everyday racism in healthcare systems.	the structural racism and its effect in healthcare, because it this study, the interview might result in the experiences of given treatment and experiences related to these situations.
McCluney, C. L., Schmitz, L. L., Hicken, M. T. & Sonnega, A. 2018. Structural racism in the workplace: Does perception	USA	Purpose was to study the experiences of inequalities in psychosocial working environments (PWE) and	Data was from the waves of the Health and Retirement Study (HRS) (2008 to 2012)	Stressful PWE's and poor self-rated health also: episodic memory function, and mean arterial pressure), were more	This study was done in USA context, and it did not survey healthcare workers,

matter for health inequalities? *Social science & medicine (1982), 199*, pp. 106-114. doi:10.1016/j.socscimed.2017.05.039		especially the sources of the racial health disparities	a probability-based sample of adults by the age of 50 or older and Department of Labour's Occupational Information Network (O*NET). Data was formed by objective and standardized (O*NET), survey based and subjective and different measures of PWE, and the black-white health inequalities. Mediation analysis was done.	commonly experienced by the black workers. With mediation analyses were concluded, that the objective O*NET ratings, excluding the subjective perceptions, can partially explain the relationship between race and health.	but overall picture of workers. Yet the results of structural racism in workplace resonated with the topic of this thesis, but the limitations and differences must be understood.
O'Donnell P., Farrar A., BrintzenhofeSzoc K., Conrad A.P., Danis M., Grady C., Taylor C., Ulrich C.M. 2008. Predictors of Ethical Stress, Moral Action and Job Satisfaction in Health Care Social Workers. Soc Work	USA	Purpose of this study was to explore social workers experiences about dealing with ethical issues in health care settings.	Data was from a larger study that was a cross-sectional design with a self-administered mailed or web-based survey of a random sample	Value conflicts can increase ethical stress. There is relation in organizational factors and individual and ethical stress, and ability to make actions based on moral. There is relation in job	

Health Care. 2008; 46(3): 29-51. doi: 10.1300/J010v46n03_02			of 1,000 nurses and 2,000 social workers in USA 2004. Different questionnaires and instruments were used to study the phenomenon.	satisfaction and the intent of resigning from work.	
Truong M., Bourke C., Jones J., Cook O., Lawton P. 2021. Equity in clinical practice requires organisational and system-level change – The role of nurse leaders. Collegian. Volume 28, Issue 3, 2021. Pages 346-350. https://doi.org/10.1016/j.colegn.2020.09.004.	Australia	Different health crisis and inequity of health among different culturally and linguistically diverse communities call for nurses and nurse leaders to act for improving the health inequity.	Method of this paper was to present and open discussion of the importance of equitable and safe clinical practise and highlight the organisational barriers.	Historical-political, social, and economic factors shape health care organizations and this shape how healthcare workers can provide treatment. Therefore, organizational policies should be reflected from many ways to reach equitable care.	
Williams D.R., & Lawrence J.A., & Davis B.A. 2019. Racism and Health: Evidence and Needed	USA	Purpose of this article was to gather key findings on evidence and needed	Article gives review of key findings and	Racism impacts on health in complex ways, that research can illustrate. There is still need for	

Research. Annual Review of Public Health. Vol. 40:105-125 (Volume publication date April 2019). First published as a Review in Advance on January 2, 2019. https://doi.org/10.1146/annurev-publhealth-040218-043750		research on different forms of racism. Structural, cultural, and individual forms of racism are explained. All dimensions are reviewed by key findings and needed research is suggested. Also needed evidence and interventions for dismantling forms of racism is discussed. Crosscutting dimensions of levels of racism are also discussed.	trends in this area of research.	qualitative and quantitative research to increase knowledge in this area, especially in the form of interventions that can help to eliminate the negative effects of racism to health.	
Zanchetta, M. S., Cognet, M., Rahman, R., Byam, A., Carlier, P., Foubert, C., . . . Espindola, R. F. 2021. Blindness, deafness, silence and invisibility that shields racism in nursing education-practice in multicultural hubs of immigration. Journal of professional nursing, 37(2), pp. 467-476. doi:10.1016/j.profnurs.2020.06.012	Canada & France	Purpose of this study was to show the reflective outcomes of process on racism in nursing education and profession in Toronto and Paris.	Data was retrieved from multilevel sectoral discussion that was done by nursing professionals and sociology individuals. Method was reflection on research that was done among eight participants that have endured racism in their careers.	Lack of critical discussion of racism may lead to feelings of being silenced. Awareness of racial neglect in nursing profession and clinical settings, can help the change to nurses to offer more culturally sensitive care for patients from various backgrounds. To address racism in global scale, collective reflection is needed to	

			Systemic descriptions were done by facts, feelings, issues, and analysis of lessons learned to recommendations for nursing.	find all the factors that institute racism in nursing.	