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Sari Malinen, Merja Lindholm

# AGEING IMMIGRANT AND HEALTH CARE IN FINLAND



**TURUN AMMATTIKORKEAKOULU**  
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Irmeli Leino and Heikki Ellilä

Sari Malinen and Merja Lindholm

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The aim of this project is to improve the cultural knowledge between nurses and the immigrant patients by creating recommendations for nurses who will be working with elderly immigrants. These recommendations can be used also for educating nursing students. As the amount of immigrants is annually increasing, the demands for cultural competence skills are needed, and therefore should be developed among the health care personnel. (Moisala 2008, Väestöliitto.fi, stat.fi)

The Finnish health care services will meet different heterogenic groups of immigrants in the future, of which elderly people are probably the most challenging group. Elderly immigrant is an equal patient to a Finnish one. The nurse has to personally go through the cultural competence development in order to meet patients and clients, coming from different cultural backgrounds, in a meaningful way, and maintain these skills throughout the nursing career. (Sainola-Rodriguez 2013.)

The findings of this project show that nurses would benefit from open-minded approach, and having good listening and observations skills. Cultural competence skills include understanding, tolerance, and acceptance of diversity, which all help the nurse in initial meeting with the elderly immigrant. (Keituri 2005.)

The outcome of this project, the recommendations for nurses working with elderly, provide checklist for health care personnel. (Sainola-Rodriguez 2013.) The recommendations can be used also for nursing education to prepare the future nurses better working with the upcoming challenges with the increasing number of elderly immigrants.

Lack of common language or language barriers could be diminished by further developing and improving the communication tools. Keuda has already created a compact guide for practical nurses. (keuda.fi). This could a good topic for future project for nursing students.

## KEYWORDS:

Elderly, immigrant, health care, Finnish, maahanmuuttaja, vanhus, terveydenhuolto

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Irmeli Leino ja Heikki Ellilä

Sari Malinen ja Merja Lindholm

# IKÄÄNTYVÄ MAAHANMUUTTAJA JA SUOMALAINEN TERVEYDENHUOLTO

Projektin tavoitteena on parantaa kulttuurista tietoa sairaanhoitajien ja maahanmuuttaja-asiakkaiden välillä, luomalla suosituksia sairaanhoitajille, jotka kohtaavat työssään maahanmuuttajavanhuksia. Näitä suosituksia voidaan käyttää myös sairaanhoitajaopiskelijoiden koulutuksessa. Maahanmuuttajien määrän kasvaessa vuosittain, tarve kulttuuriseen kompetenssiin liittyviin taitoihin kasvaa. Terveystenhooltohenkilöstön tulisikin siksi kehittää näitä taitoja. (Moisala 2008, Väestöliitto.fi, stat.fi)

Suomalainen terveydenhuolto tulee tulevaisuudessa kohtamaan erilaisia heterogeenisiä maahanmuuttajaryhmiä, joista vanhukset ovat luultavasti haasteellisin joukko. Maahanmuuttajavanhus on tasavertainen suomalaisen potilaan kanssa. Hoitajan tulee henkilökohtaisesti kehittää taitojaan kulttuurisen kompetenssin saavuttamiseksi ja ylläpitämiseksi, jotta hän pystyy kohtaamaan merkityksellisellä tavalla muista kulttuuritaustoista tulevat potilaat ja asiakkaat. (Sainola-Rodriguez 2013.)

Tämän projektin tulokset osoittavat sairaanhoitajien hyötyvän ennakkoluulottomasta asenteesta sekä hyvistä kuuntelu- ja havainnointitaidoista. Kulttuurisen kompetenssin taitoihin kuuluvat ymmärrys, suvaitsevaisuus ja erilaisuuden hyväksyminen. Nämä kaikki ovat taitoja, jotka auttavat hoitajaa kohtaamaan maahanmuuttajavanhuksen. (Keituri 2005.)

Tämän projektin lopputulos, "Ikääntyvän maahanmuuttajan kohtaaminen suomalaisessa terveydenhuollossa – suosituksia ammattilaisille ja koulutukseen", tarjoaa muistilistan terveydenhuoltohenkilöstölle. (Sainola-Rodriguez 2013.) Näitä suosituksia voidaan hyödyntää myös sairaanhoitaja-koulutuksessa, auttaen tulevia hoitajia valmistautumaan paremmin työelämän haasteisiin maahanmuuttajavanhusten määrän kasvaessa.

Yhteisen kielen puutetta tai kielimuuria voidaan kaventaa jatkokehittämällä tai parantamalla kommunikointityökaluja. Keuda on jo toteuttanut lähihoitajille tarkoitetun työkalun kätevässä taskuun sopivassa muodossa. (keuda.fi) Tämä olisi hyvä kehitysprojekti tuleville sairaanhoitajaopiskelijoille.

ASIASANAT:

Elderly, immigrant, health care, Finnish, maahanmuuttaja, vanhus, terveydenhuolto

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# 1 INTRODUCTION

The amount of elderly immigrants will be increasing in Finland in coming years (Moisala 2008, II, stat.fi). One reason behind immigration is the joining of families which has brought for example, aging Somalies to Finland. These immigrants' needs for health care services can vary a lot depending on the country they are originally coming from. Also the Finnish health care system and facilities are different to what they are used to. So far the elderly immigrants' in the Finnish health care services has not been researched widely. (Moisala 2008, 31, Mölsä & Tiilikainen 2008, 59-60.)

The Finnish health care services will meet different heterogenic groups of immigrants in the future, of which the elderly people are probably the most challenging group. The communication between the health care professionals and elderly immigrants can be difficult because of the lack of mutual language and cultural knowledge. Often the elderly immigrants cannot read or write even their own language which makes communication, and also integration to Finnish society, even more challenging. (Koskimies & Mutikainen 2008, 39, Mölsä & Tiilikainen 2007, 453, Mölsä & Tiilikainen 2008, 66-67.) The immigrants have, however, been mainly satisfied with the Finnish health care services (Mölsä & Tiilikainen 2008, 67, Wathen 2007, 22).

Cultural competence can be seen as a series of processes that a nurse has to personally go through in order to develop in his/her work as a culturally qualified professional. Cultural competence includes abilities and skills that are needed in order to meet patients and clients coming from different cultural backgrounds in a meaningful way. (Sainola-Rodriguez 2013, 137.) However, nurses who know their own cultural background well, and have a positive and open-minded approach towards immigrants, hold an advantage for good interaction. (Suokas 2008, 27).

Active listening of a patient forms the basis for the whole care relationship. Only by questioning and listening can a nurse obtain enough information of patient's life and difficulties, and find what is unique and culturally characteristics for the immigrant. Enough time should be reserved as haste prevents the creation of care relationship. (Halla 2007, 472.)

In Finland, education and qualification regarding working with immigrants in health care sector is still sparse, though the interactions with foreigners as patients, customers and colleagues are present in daily basis (Wathen 2007, 11). According to Gebru & Willman (2003) "it is important that the nursing education program provides the foundation of knowledge and prepares its graduates to meet the demands of a fast-changing multicultural society" (Gebru & Willman 2003, 55). This is in line with Keituri (2005) who has written "When different cultures meet, different codes of conduct, habits and prejudices may easily lead to misunderstanding, conflict, frustration and hurt feelings" (Keituri 2005, 7).

## 2 IMMIGRANTS IN FINLAND

The concept “immigrant” nowadays includes all the people relocated in Finland regardless of the reason for their move, or the country of origin. Immigrant is a foreigner who moves to Finland with the aim of settling down in the country for a longer period. The immigrant can be a returnee, refugee, asylum seeker or migrant. The people moving to Finland due to marriage belong also to the group of immigrants. (Keituri 2005, 19.)

In this project, an immigrant represents a person of other nationality than Finnish and who has moved to Finland with intension to live here for longer period of time. The elderly immigrant’s need for health care services can start earlier than those of Finnish nationality. (Moisala 2008, 6.) However, the elderly in this project means people aged 65+ years which is considered as the starting age for “norm” elderly in Finland. The amount of foreigners of age groups 65+ in Finland in year 2013 are presented in Table 1.

### 2.1 Legal rights of the foreign patient

According to the Finnish law, the foreign patients have similar status and rights than local Finnish population:

*Act on the Status and Rights of Patients (785/1992)*

*“The patient has a right to good quality health care and medical care. The care of the patient has to be arranged so and he/she shall also otherwise be treated so that his/her human dignity is not violated and that his/her conviction and privacy is respected. The mother tongue, individual needs and culture of the patient have to be taken into account as far as possible in his/her care and other treatment.” (finlex.fi)*



## 2.2 Immigrants in Finland

For a long time, Finland used to be a country where people emigrated looking for work. In the 1980's, there was a change in this as people started to migrate to Finland because they were reunified with their family, or they came as refugees. In the 1990's, average 13 000 people migrated to Finland annually. All through 2000 the amount of immigrants started to increase, and in the last years an average of 30 000 people have migrated to Finland every year. (Väestöliitto 2014.). In Table 3 are presented foreign nationals in Finland in 2014.

Table 1. Amount of foreigners of age groups 65+ in Finland in 2013 (stat.fi)

<b>Väestö muuttujina Kansalaisuus, Maakunta, Sukupuoli, Vuosi ja Ikä</b>			
	<b>Sukupuolet yhteensä</b>		
	<b>2013</b>		
	<b>65 - 69</b>	<b>70 - 74</b>	<b>75 -</b>
<b>ULKOMAAN KANSALAISET YHTEENSÄ</b>			
KOKO MAA	3 170	1 981	3 987
MANNER-SUOMI	3 087	1 926	3 892
Uudenmaan maakunta	1 465	851	1 579
Varsinais-Suomen maakunta	320	186	416
Satakunnan maakunta	58	57	94
Kanta-Hämeen maakunta	63	40	104
Pirkanmaan maakunta	162	119	232
Päijät-Hämeen maakunta	143	97	206
Kymenlaakson maakunta	123	89	171
Etelä-Karjalan maakunta	103	66	126
Etelä-Savon maakunta	85	43	111
Pohjois-Savon maakunta	64	42	74
Pohjois-Karjalan maakunta	72	50	98
Keski-Suomen maakunta	105	78	139
Etelä-Pohjanmaan maakunta	34	22	58
Pohjanmaan maakunta	115	65	206
Keski-Pohjanmaan maakunta	17	11	29
Pohjois-Pohjanmaan maakunta	65	46	121
Kainuun maakunta	25	20	36
Lapin maakunta	68	44	92
AHVENANMAA	83	55	95

At the end of March 2014, there were 293,540 foreign-language speakers in Finland, which 9,138 were age group 65+ years. Most of them live in the Helsinki Metropolitan area. (stat.fi 2014.) As presented in Table 2 foreign-language speakers account for 90 per cent of the population growth in 2013 in Finland.

Table 2. Change in the population by native language in 1990 to 2013 (stat.fi)

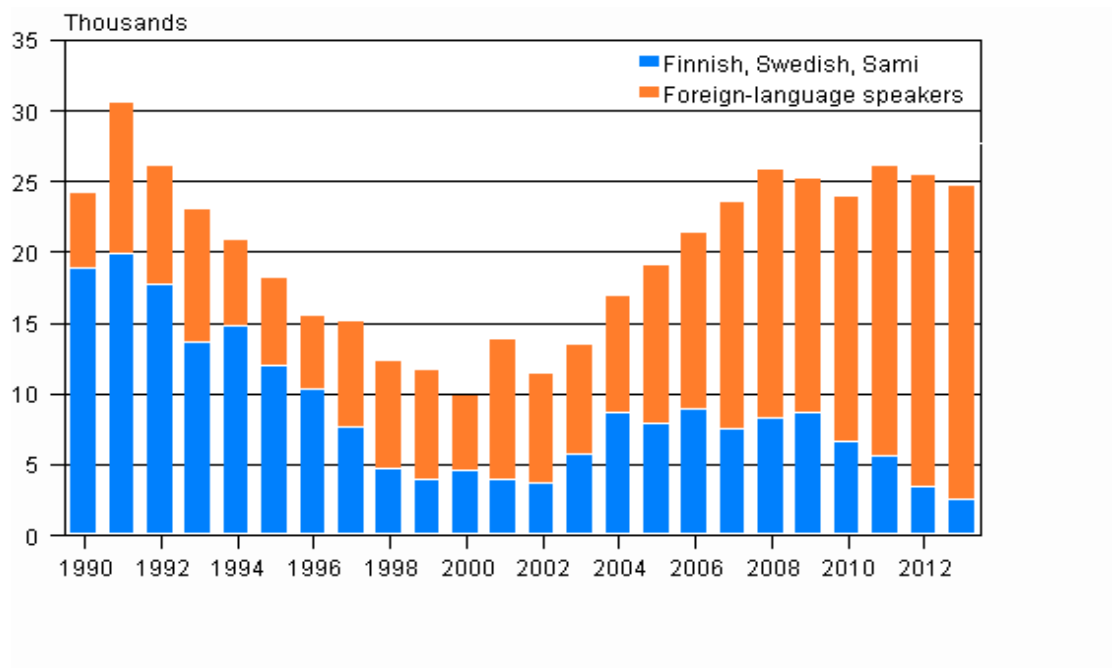


Table 3. Foreign nationals in Finland, updated 21.3.2014 (stat.fi)

Country of citizenship	2012	%	Yearly change %	2013	%	Yearly change %
Viro/Estonia	39 763	20,3	16,9	44 774	21,6	12,6
Venäjä/Russia	30 183	15,4	2,0	30 757	14,8	1,9
Ruotsi/Sweden	8 412	4,3	-0,8	8 382	4,0	-0,4
Somalia	7 468	3,8	0,6	7 465	3,6	-0,0
Kiina/China	6 622	3,4	7,5	7 121	3,4	7,5
Thaimaa/Thailand	6 031	3,1	8,8	6 484	3,1	7,5
Irak/Iraq	5 919	3,0	3,1	6 353	3,1	7,3
Turkki/Turkey	4 272	2,2	2,7	4 398	2,1	2,9
Intia/India	4 030	2,1	6,2	4 372	2,1	8,5
Britannia/Britain	3 878	2,0	5,8	4 048	2,0	4,4
Muut/Others	78 933	40,4	5,8	83 357	40,2	5,6
<b>Yhteensä/Together</b>	<b>195 511</b>	<b>100</b>	<b>6,8</b>	<b>207 511</b>	<b>100</b>	<b>6,1</b>

### 3 CULTURAL COMPETENCE

According to Keituri (2005) the cultural competence of nursing indicates professional readiness to cultural caregiving. The competence is divided into sub-categories of cultural awareness, cultural knowledge, cultural skill and cultural meeting. (Keituri 2005, 22-23.) Keituri (2005) continues that cultural awareness implies understanding, tolerance and acceptance of diversity. Health care professional should be aware of their own cultural attitudes, norms and traditions. Processing cultural knowledge indicates that the health care personnel has acquired and studied the ideology of culturally and ethnically different groups and their values, beliefs, customs, lifestyle, and problem-solving methods. By taking all these into account the health care personnel can evaluate the cultural background of the patient individually. Cultural meeting can be identified as an activity where the patient and the nurse coming from different cultures meet, and which includes multicultural interaction. (Keituri 2005, 23, Koehn 2004, 73, Suokas 2008, 10, 28.)

Cultural competence may be achieved through training and education that focuses on improving healthcare professionals' awareness of the diverse cultural and religious needs of particular patient groups (McClimens et al. 2014, 50). Health care providers are continually learning and developing while attempting to engage in the process of cultural competency when working with diverse populations. Health care providers and the educators must acknowledge this ongoing process to meet the needs of individuals, families, and communities with various cultural values while encouraging nursing students to adopt the same values. (Montenery 2013, e52.)

Culture-based nursing includes the idea that people belonging to different cultures can mainly express and decide themselves what kind of care they need and want from the nursing personnel. While working with ethnic population groups, it is important to have good listening and observation skills (Suokas 2008,

9). In nursing it is important to be able to separate those cultural differences that can cause problems but at the same time recognize also similarities which can help to approach other people. Multicultural nursing requires creativity, especially if the cultural backgrounds of nurse and patient differ considerably from each other. (Wathen 2007, 13; Ketola et al. 1995).

### 3.1 Open-minded approach supports in lack of cultural competence

According to Koehn (2004), however, it is simply impossible and also unnecessary for health care professionals to achieve “in-depth immersion in the multiplicity of cultures that comprise the patient populations of today”. Koehn (2004) continues, however, that mastering the knowledge and skills associated with cultural assessment and learning about some of the cultural dimensions of care for clients representing groups most frequently encountered, is possible (Koehn 2004, 70). Similar views are expressed also by Suokas (2008), “health care professional cannot possibly know all cultures and customs but by asking and listening with a sensitive ear, one can care for the patient without causing him/her harm or anxiety” (Suokas 2008, 11).

It is hard, almost impossible, to the health care personnel to have knowledge of all the cultures and their special characteristics (Sainola-Rodriguez 2013, 139). However, nurses who know their own cultural background well, and have a positive and open-minded approach towards immigrants, hold an advantage for good interaction. (Suokas 2008, 27).

Suokas (2008) has also said that when referring to a patient being a foreigner should not rule the meeting situation. Having a foreign client does not require any special expertise but the nurse should be able to make use of his/her own

communication skills when meeting with a patient from different background. (Suokas 2008, 10.)

When talking about cultural competence in health care, Sainola-Rodriguez (2013) indicates to skills that are needed in meeting patients and clients coming from different backgrounds. Cultural competence can be seen as a series of processes that a nurse has to personally go through in order to develop in his/her work as a culturally qualified professional. Cultural competence includes abilities and skills that are needed in order to meet patients and clients coming from different cultural backgrounds in a meaningful way. (Sainola-Rodriguez 2013, 137.)

### 3.2 Common cultural competence challenges in health care

Over their lifetimes, many elderly adults from minority groups have experienced lack of access to health care services and differential treatment by providers (Monahan et al. 2007, 12). According to Oroza's (2007) study, immigrants are also getting less empathy and information, and they are not encouraged to participate in the decision-making process regarding their own treatment (Oroza 2007, 441). The elderly immigrants' possibilities to influence in their life situation are often limited due to poor language skills (Moisala 2008, 1).

The age of the nursing personnel can influence on how the elderly immigrants receive the information that is given to them. For example people coming from Somalia, regard person's age as an important status factor which can affect to the whole meeting. (Mölsä & Tiilikainen 2008, 62).

The problems with immigrant patients are often related to conflicts between the perceived needs and expectations for the service. Immigrants often have high expectations for western medicine but at the same time they lack health knowledge about it. The immigrants coming from poor conditions and disabled in war or accidents may hope to achieve complete recovering or good health. The disappointment can be great when chronic diseases can not be cured within a month with a drug treatment. (Oroza 2007, 443.)

A point that has not been greatly emphasized in Finland is health literacy among immigrants. This can lead to situation where the elderly immigrant refuses care simply because of fear as they don't understand what is going on or what is planned to be done to them. (Mölsä and Tiilikainen 2008, 71, Mölsä and Tiilikainen 2007, 455.) According to Gebru et al. (2006), "the patient's level of literacy is crucial, as it will influence health professional's judgment of the type of communication to use, when imparting knowledge. (Gebru et al. 2006, 2061.)

Negative attitude towards the treatment can also be caused by fears to the hospital technology apparatus, regardless of the ethnic background. If the patient does not understand the language and there are no relatives to assist, it becomes even more difficult to the nurses to reassure the patient of their safety. (Gebru et al. 2006, 2063.)

The immigrant families are quite often multigenerational. The adults can be caregivers to their elderly parents, whilst they can look after the grandchildren. The elderly can be tied to the grandchildren so much they are not able to carry out their own normal self-care activities. This might be a reason why the elderly immigrant seems to be reluctant to stay in hospital care, or they have a negative attitude towards the treatment. (Monahan et al. 2007, 16-17.)

### 3.3 Table of the main findings

The main findings of some of the research material used can be found in the Table 4 on page 17.



Table 4 The main findings of some of the research material

<b>Author</b>	<b>Year</b>	<b>Method</b>	<b>Sample</b>	<b>Location</b>	<b>Main findings</b>
Gebru & Willman	2003	literature review	27 articles/documents	Malmö	multicultural nursing knowledge important to achieve culturally congruent care
Gebru, Åhsberg & Willman	2006	content analysis, Leininger's Sunrise model	121	Swedish national database of registration of causes of death	patient's level of health literacy affects to the way spoken to, unfamiliar hospital technology can cause fears & anxiety, nurse's role as active listener important; strengthens patient's feeling of respect & well-being, documentation important; records should provide sufficient information
Heikkilä & Ekman	2003	interview, tape-recorded	39	Stockholm	wish to continue living in their current homes for as long as possible, cultural awareness, culturally competent and sensitive assessment, Finnish as native language, many of them never learned Swedish, "a stranger in Sweden and a stranger in Finland", feeling of isolated when not speaking the language, aware of the risk of failing to remember the second learned language (Swedish), opportunity to speak their native language with care takers
Koehn	2004	structured literature review	over 80	University of Montana	communication and non-communication skills important to achieve good nursing results, nursing personnel does not have to know every culture
Koskimies & Mutikainen	2008	systematic literature review	14	Finnish studies completed between 2000 & 2007	interpreters should have adequate health care vocabulary skills, nursing students should get more education regarding working with immigrants, more nurses with language skills

Table 4 continues on next page

Table 4 continues

<b>Author</b>	<b>Year</b>	<b>Method</b>	<b>Sample</b>	<b>Location</b>	<b>Main findings</b>
McClimens	2014	interview & questionnaire	18	University	Cultural competence can be achieved through training and education focusing on improving awareness of different cultural and religious needs of particular groups
Montenery et al.	2013	literature review	12	USA	need for on-going learning of cultural competence
Mölsä & Tiilikainen	2008	ethnographic research	41	Metropolitan Helsinki	more sensitivity regarding immigrant's death/dying is needed, nurses should be aware of patients' traumatic experiences related to war and it's influence on overall health, lack of mutual language
Oroza	2007	researcher's own experiences as a doctor	patients at reception of the researcher	Turku Immigrant Services	respect for diversity and the awareness of own cultural background, the patient knows best his/her own culture and the health history, the family should be taken into account in the treatment, traumas, torture, ability to read and write – have to be documented in the medical history, patient's own opinion about the symptoms, interpreter, trust, time, listen, be interested in immigrant patient, openness
Wathen	2007	interview	11	Tampere	interactive situations caused mixed feelings among nurses, listening and observation skills were regarded essential for good interaction, diverse communication methods needed; visual, verbal, written, own example, call for a friend/family member to help with interpretation patients, consensus over common understanding

### 3.4 Cultural competence in nursing education

According to Sainola-Rodriguez (2013), the Finnish nursing education has not paid attention to learning cultural skills. (Sainola-Rodriguez 2013, 139.) The intercultural communication trainings should be part of ongoing professional development (Brevis 2012, 173). According to study of Koskimies and Mutikainen (2008), the nursing personnel should receive more education regarding meeting with an immigrant and on how to care for them. This should be stressed already during the nursing education. (Koskimies & Mutikainen 2008, 46.)

Brevis (2012) suggests developing methods for increasing cultural competence in the health care sector. Intercultural competence studies should be part of basic health care education (Brevis 2012, 164, Gebru & Willman 2003, 55). Brevis (2012) recommends the professionals with immigrant background could be used to plan and create the trainings and materials for them, and they can also give the lectures (Brevis 2012, 173).

The health care professionals should be guaranteed the non-formal opportunities for learning. This can be achieved by getting familiar with at least the largest ethnic minority groups' backgrounds existing locally by arranging discussion and questioning events with them. The health care management could sponsor their personnel's participation in the events the different ethnic groups are organizing. This can promote opportunities for social interactions in multicultural working places. (Brevis 2012, 173.) "Personal interest in other cultures and willingness to analyze and to define the characteristics of one's own culture, decrease prejudice amongst the workforce and improve the quality of work which is being carried out" (Keituri 2005, 7).

## 4 MEETING AND COMMUNICATION

The starting point for nurse-patient meeting differs from that in everyday life. The reason for the appointment can be for example an illness, or coming to a procedure or a surgery. The underlying reasons may upset the basic safety of the patient which increases fear and anxiousness of the patient when meeting the nurse. Also the hospital environment has influence as it may be strange and frightening to the patient. (Heikkinen & Laine 1997, 154.)

Wathen (2007) reminds that the Finnish health care system is unfamiliar to immigrant. Still the patient needing health care services is expected to be active and have own initiative. This can lead to situation where the immigrant patient may feel overwhelmed with all the issues and possibilities there are. (Oroza 2007, 443, Wathen 2007, 9.)

The society and its infrastructure, laws, programs and agreements, all have an effect on the care. Both the nurse and the immigrant should actively evaluate the need for care, and plan the nursing interventions and possible alternatives so that a mutual consensus over them is reached. (Sainola-Rodriguez 2013, 139.)

### 4.1 Initial meeting from patient point of view

When meeting the nurse, patient expects him/her to halt for that moment. Patient can be sensitive to nurse's facial expressions and gestures. Peaceful atmosphere, friendliness, eye contact and touching all tell the patient the nurse is there for him/her. This initial moment is the most sensitive and effects on patient's expectations regarding the appointment. When patient feels secure, his/her wavered basic safety comes back. This could be what is meant with the

genuine mindfulness in nursing. (Heikkinen & Laine 1997, 154, Koskimies & Mutikainen 2008, 39.) Gebru et al. (2006) emphasize the nurse's role as active listener when encountering with immigrant patient as this can strengthen the patient's feeling of respect and well-being (Gebru et al. 2006, 59).

Various factors can limit communication between the health care professionals and elderly immigrants, for example lack of mutual language and cultural knowledge. Common everyday problems can include uncertainties whether the immigrant patient or the nurse have understood everything each other has said. (Wathen 2007, 33.) Therefore, more attention should be paid to find means for mutual understanding among nurses and elderly immigrant patients (Mölsä & Tiilikainen 2008, 67).

In Wathen study (2007), the nurses stressed the need for more time for patient education as guiding the immigrant patient often required repetition to receive mutual understanding (Wathen 2007, 33, 63). Likewise Suokas (2008) emphasized importance of reserving more time when meeting with an immigrant patient (Suokas 2008, 32).

Oroza (2007) found that patient's background should be assessed carefully; his/her family, education, profession, refugee status, traumatic events, and the ability to read and write. The health care professionals should reserve enough time for the patient in order to hear their views about the illness, their hopes regarding the treatment, and generally show interest in the patient. It would be beneficial if the need for an interpreter would be known beforehand. (Oroza 2007, 446.)

## 4.2 Initial meeting from nurse's point of view

Based on Suokas study (2008), a well thought pre-plan can help the nurses to prepare for the meeting with an immigrant. Background factors such as patient's language skills, need for interpreter and booking of the interpreter, and thinking in advance who to contact in case of possible problems, were points mentioned in the study. (Suokas 2008, 35.) According to Heikinmatti in Yle news (2014), when an immigrant patient comes for health service, most of the time goes for finding out which language interpreter is needed. Despite mutual understanding problems, very rarely any conflicts occur. (Heikinmatti, 2014.)

Koehn (2004) emphasizes the importance of nursing personnel's interaction skills. "Communication skills and dialog are the key factors in achieving good nursing results, for example knowing and using culturally appropriate non-verbal communication methods such as interview pace and gestures". (Koehn 2004, 79.)

When meeting with an immigrant, the nurses should emphasize the definitions and meanings the immigrant has given to different issues rather than defining them externally themselves. This type empathic understanding can be achieved when the nurse sees the life of an immigrant from his/her point of view. However, in some cases immigrants did not regard their culture to be as influential to their care as the nursing personnel assumed it did. (Sainola-Rodriguez 2013, 139, 142.)

The nurses' language skills have been mentioned in several studies as important element when meeting with elderly immigrants. According to Suokas (2008) nurses should continue their language studies after graduation and

throughout their professional working life. (Suokas 2008, 11-12.) Koskimies and Mutikainen (2008) stressed the need for nurses with language skills. (Koskimies & Mutikainen 2008, 46.) When the nurse does not have necessary language skills, the possibility to use a colleague or a family member who can speak patient's own language should be looked into.

Using teach back –method could be useful in making sure the patient has understood the care instructions. Some cultures may “lose their face” if they have to admit they do not understand everything. Patient and nurse may have mutual difficulties to understand. Therefore it is important for the nurse to learn to filter the message, and be prepared when the patient is asking the same questions over and over again. It is good to remember that nodding does not necessarily mean the patient has understood what was instructed (Mun Salo ry 2012, 31).

According to Suokas (2008) most of the nurses regarded working with immigrant families as richness and rewarding which has helped them to expand their own viewpoints and increased their tolerance for diversity. Nurses mentioned factors such as having a sense of humor, being brisk and genuine, and showing and sharing own feelings as characteristics that most often appear when meeting with an immigrant. Acting as patients' advocate when needed, continuously educating and developing oneself were additional factors nurses mentioned in the studies. (Suokas 2008, 11.)

Suokas (2008) continues by stating the health care professionals should be prepared to accept uncertainties which are part of the social occasions in situations where own working routines turn out to be inadequate or inactive. The employee should have flexibility that can be defined as ability to solve conflicts and problems between different cultural meetings. (Suokas 2008, 10.) According to Suokas (2008), it is important to ask for assistance from coworkers when the

nurse realizes that he/she cannot manage the care situation him-/herself. A good collaboration between colleagues is highly valued. (Suokas 2008, 26.)

Sainola-Rodriguez (2013) has made meeting checklist for nursing personnel which is presented in Table 5.

Table 5 Meeting checklist for nursing personnel (Sainola-Rodriguez 2013, 141)

Analytical	do you understand the reasons behind migration
	do you understand the factors that influence on immigrant's health (before and after migration)
	do you understand cultural beliefs and practices regarding immigrant's health ("witch doctors")
Emotional	do you accept views and practices related to nursing of the immigrant
	do you value immigrant's ability to manage (determination)
	do you trust he/she can take care of him-/herself
	do you believe you have ability to help the immigrant
Creative	do you value practices that are part of the immigrant's own culture
	do you encourage immigrant to express his/her own views and do you take them into account
	do you suggest to combine the nursing practices of both cultures
	do you suggest different nursing options that would suit the situation
Communication	have you communicated successfully with common language
	have you communicated successfully using interpreter
	has the immigrant expressed wishes regarding interpreter
	do you encourage immigrant to express his/her own opinions
	are there any non-verbal issues that you don't understand
	do you recognize your own non-verbal messages
	do you feel that you have understood well what the immigrant has said during the discussion
Functional	do you show interest towards immigrant and his/her care
	is it easy to trust the immigrant
	have your actions caused misunderstanding
	has the immigrant express his/her own opinions regarding his/her care
	do you also take into account the affect immigrant's family/community have on his/her care



### 4.3 Environment and atmosphere

The care atmosphere is created by interaction between people and environment. Getting ill generates feelings of helplessness and anxiety to the patient, causing often also feelings of bitterness and guilt. The patient might feel that his/her life integrity and independence are threatened regardless of the nationality. The illness often can make the patient to regress, causing his/her behavior becoming selfish, demanding and limited. Hospitalization is often frightening because it includes new experiences and concerns that need to be learned and adapted in a role of a patient, and to the unfamiliar environment. (Byfält et al. 1987, 199.) Strange and different nursing culture makes people act easily defensive way and it may raise uncertainty, insecurity and even fear (Brevis 2012, 170).

The care atmosphere should be planned carefully to minimize negative effects. Some methods for this include knowing how to share the power between patient and nurse, and communicating openly and interactively with patient. Improving patient's opportunities for actively taking part in his/her own care can also minimize negative effects as does the family's influence on the patient's care. Possibility to change nursing processes and environment allows the development of better care atmosphere. (Byfält et al. 1987, 200.)

### 4.4 Assessment of older adults

Migrating to another country can be upsetting to anyone. Mölsä & Tiilikainen (2008) state, that when a person moves to another country, the changes, either environmental, cultural, linguistic or issues regarding family, affect the elderly immigrant significantly more than they do with a younger person (Mölsä & Tiilikainen 2008, 61.)

In ethnic minority groups, secondary aging changes (disease related) and chronic illnesses may appear already in the late middle years, resulting in earlier functional decline and disability. Thereby nurses may need to use geriatric assessment guidelines with some middle-aged adults too. (Monahan et al. 2007, 12.) The chronologic age is not revealing the actual health condition of a person. War and burdensome life can affect to the perception of the aging. (Moisala 2008, 6.) Many of the elderly immigrants have voiced that the traumatic events of the war are often reasons behind their illness (Mölsä & Tiilikainen 2008, 65). Every patient needs time to take care also of their feelings and fears in the health care situation but immigrants with nil or limited vocabulary should be given even more time for this. The social stressors related to immigration and the possible post-traumatic stress disorders may exacerbate their symptoms. (Halla 2007, 470).

The interaction of physical, mental, social, and spiritual factors often affect an elderly's functional health status. For example, if one has decreased physical function, one can become depressed; and vice versa if one is depressed, physical function declines. (Monahan et al. 2007, 12.) This might be the background factor causing that the elderly immigrant cannot demand the same services to their needs than the Finnish majority group (Moisala 2008, 2).

Sometimes when assessing an elderly immigrant, psychic symptoms can be thought as peculiar behavior or a way of thinking belonging to patient's culture. These cultural differences can lead to both over- and underestimated diagnostics. For many officials it is hard to understand the psychic symptoms caused by traumatic events, and the immigrant patients are experienced as troublesome or difficult. (Halla 2007, 471-472, Mun Salo ry 2012, 23, Mölsä and Tiilikainen 2007, 452, 455.)

Elderly patient's assessment should include information of their level of coping at home without any help from society. According to Heikkilä and Ekman (2003), most of the elderly people prefer living at their own homes for as long as possible regardless of their nationality or cultural background (Heikkilä & Ekman 2003, 143.) Family is often responsible for taking care of their elders (Mölsä & Tiilikainen 2008, 63, 70), and nurses' experiences indicate that immigrants take care of their elders well. (Mun Salo ry 2012, 35, Wathen 2007, 35.)

#### 4.5 Importance of documentation

A proper documentation of the background factors could assist in the assessment and care of an immigrant patient. According to Gebru et al. (2006), "when the nurse or physician has not met the patient before, the respective patient record is regarded as an instrument to provide sufficient information to enable effectively care/diagnostic decisions. Delicate information, given in confidence, is handled with respect but only a proportion of these data are committed to the patient's record as it is seen irrelevant to the interpretation of the clinical picture." (Gebru et al. 2006, 2058.)

Gebru et al. (2006) continues by emphasizing the importance of finding out what information has been documented in the records and especially in documentations on elderly and terminally ill patients. Such investigations may help to improve the care of patients and as well as improve the education of health care professional. (Gebru et al. 2006, 2058.) Tynkkynen (2012) agrees with this and adds "gathering cultural knowledge from the client requires skillfulness, sensitivity, and neutral attitude despite of what is heard" (Tynkkynen 2012, 23).

According to Monahan et al. (2007), concept of functional ability in older adults has become a valuable health indicator. The information of elderly patient's basic activities of daily living (ADL) such as dressing, toileting, mobility, bathing, and eating could be included in the patient's records. In addition, instrumental activities of daily living (IADL), for example shopping, managing finances, cooking, housekeeping, transportation, managing medications, and the ability to use a telephone and cope with other aspects of one's environment (Monahan et al. 2007, 14) are important patient information.

## 5 HOLISTIC APPROACH

According to Gebru and Willman (2003) multicultural nursing knowledge, based on research and continuing dialogue, to gain mutual understanding are inherent in achieving culturally congruent care. (Gebru and Willman 2003, 56.) The nursing personnel is expected to be genuinely and holistically interested in the immigrant's situation. Also immigrant is expected to be active regarding his/her own care. (Sainola-Rodriguez 2013, 143-144.)

The leading idea of nursing science is the combination of holistic and humanistic approach to human beings. Nursing is performed by several occupation groups including nurses, practical nurses, physiotherapists, occupational therapists, x-ray technicians, and laboratory specialists. All of these groups use the nursing science as a common knowledge base but at the same time they are looking at the reality from their own aspects. (Byfält et al. 1987, 202-203.)

The medical staff working in the elderly care emphasizes holistic approach of care when meeting with the patient. This can be done by learning about the patient's life situation and getting familiar with his/her life story, family relationships, closest relatives and significant others. It may also benefit to know about their professional background, skills and hobbies. (Suvikas et al. 2013, 334.)

The nursing personnel should have basic knowledge, for example of religious customs and beliefs and their impact for example on the use of medication. During certain religious periods such as Ramadan, the patient might refuse to take his/her medication on schedule (Mölsä and Tiilikainen 2007, 455; Hallenberg 2006) or accept any nursing treatment due to fasting even though they still come and seek for medical attention during such periods. (Wathen 2007, 37.)

In order for the patient to be part of the decision-making regarding his/her care, he/she should be aware of different options during the treatment process. This requires open communication. The attitude of the health care providers should encourage the patient to ask questions. Accepting and friendly attitude and reserving enough time for the discussion improves opportunities for the patient to participate in his/her care. (Byfält et al. 1987, 200, Suokas 2008, 9.) The patient is the best specialist of his/her own culture and health status. The immigrant's family should also be taken into account in the planning of the treatment. (Oroza. 2007, 441, Mölsä and Tiilikainen 2007, 454.) The family members' and the significant others' attendance to the treatment process, and visits to the patient help to maintain the social relationships of the patient during the illness (Byfält et al. 1987, 200).

The people who need the elderly care today are more and more demanding which increases the need also for home healthcare services. However, needs for the health care services can differ from the heterogeneity of the immigrants. Comparing the need for services can vary between for example Ingrian or Swedish-Finnish returnee's needs to that of an elderly immigrant coming from Afghanistan. (Halla 2007, 469, Heikkilä & Ekman 2003, 143, Moisala 2008, II.)

### 5.1 Past experiences influence to current care situation

According to Mölsä and Tiilikainen (2008), people belonging to ethnic cultures, especially the elderly often use traditional and religious methods in their self-care. This increases the possibility that they are left out of the Finnish health care system. The past experiences of the patient, in this case the elderly immigrant, influence a great deal in how they experience their care. (Mölsä & Tiilikainen 2008, 60.)

The findings of illnesses and possible treatments should be explained to the patient in a comprehensive way using for example pictures and written text in both languages for help, and if necessary, negotiate the care plan with the patient's family (Mölsä & Tiilikainen 2008, 64). In studies of Wathen (2007) and Koskimies and Mutikainen (2008) nurses wished for more visual and written material, which they could give to the immigrant patients to take with them (Wathen 2007, 40, Koskimies and Mutikainen 2008, 58). Material in English would help for example in instructing the patient in preparation for a procedure or an examination. (Wathen 2007, 40, 47.)

Lack of visual material was experienced problematic when meeting with an immigrant who had little or limited Finnish language skills (Mun Salo ry 2012, 32). According to Suokas (2008), nurses with various language skills could make their own guides and instructions using for example Internet as a source (Suokas 2008, 30).

In "Mun Salo" report (2012), versatile guiding methods such as a nurse acting as an example, use of expressions and gestures, or using visual material, were emphasized as good means to guide immigrants according to immigrants themselves. In addition, written instructions that could be given to the immigrant, telephoning to someone who can help to interpret, and repeating the instructions were mentioned as well. (Mun Salo ry 2012, 31.)

## 5.2 Common sources of error when assessing a new patient

Misleading prejudices and own feelings can guide the nurse positively or negatively when assessing the patient. When making observations of the patient, the nurse may be tempted to perform in a routine way. This can lead to situation

where the observation results are based on assumed condition instead of an actual state of the patient. Misinterpretation of findings can also be affected by group pressure. It may be difficult for a nurse to present a different view if all other colleagues have made conflicting observations of the patient, as this can result in the nurse being labeled as a difficult co-worker. (Byfält et al. 1987, 51.)

The lack of precision in the verbal communication affects how the patient interprets the message. It is important for the nurse to use language everyone can understand in the same way. Using more precise language is essential as well for the proper care as for the development of the nursing science. (Byfält et al. 1987, 52.) The use of medical jargon should be avoided generally with patients.

### 5.3 Cultural sensitivity

Customs and beliefs around dying can vary a lot between different cultures. According to Mölsä and Tiilikainen (2008), in Finland, more cultural sensitivity is needed in the arrangements around dying. In some cultures, for example, autopsy and cremation are hard to understand and accept, and rituals regarding death are private and are dealt among the family. (Mölsä & Tiilikainen 2008, 69.)

Behind the mechanisms of both physical and mental health and illness there are explanatory factors such as culture-specific beliefs and assumptions that are part of the social structure and which manifest in different ways: is it believed that a certain diet is connected to some disease, or is there a community dispute or even a curse that is causing the disease. (Brevis 2012, 165.) Somalies believe illness can be a result of a curse, which can have an effect over generations (Mölsä & Tiilikainen 2008, 63).



In order to develop one's cultural sensitivity, the nurse could think about his/her own values and beliefs. Cultural identity influences one's health beliefs and behavior and they in turn strengthen the cultural identity. Cultural knowledge can be obtained, for example, through contacts with different ethnic groups, by acquiring information on their health beliefs and customs. (Wathen 2007, 13, Suokas 2008, 10.)

Koskimies and Mutikainen (2008) have stressed the importance of nurses' way of expressing the health issues. Some immigrant patients felt the information they received was not sufficient enough and not explained in a way they would have understood it. (Koskimies & Mutikainen 2008, 33, 35.)

#### 5.4 Mutual trust

Mutual trust is important when meeting with people from different cultures. As stated by Sainio-Rodriguez (2013) the congruent understanding on care could be found in nursing relationships where mutual trust exists. Additional benefit can be acquired where named nurse expressed genuine interest and caring towards the patient. Finding the congruent understanding was not seen to be linked to additional cultural education. (Sainio-Rodriguez 2013, 142.)

Sainola-Rodriguez (2013) points out the genuine interest towards the immigrant patient as an important part of the meeting. The nurse should ask the patient how his/her own cultural nursing experiences influence on the planned treatments. This should be done without under-/overestimating the effect of culture. Encouraging the patient to ask questions and express his/her own point of views, and trusting the patient will manage are good to take into account. (Sainola-Rodriguez 2013, 144.)

## 6 INTEGRATION

Nurses' improved cultural knowledge and/or competence can also assist immigrants in integrating better into Finnish society. As stated by Alitolppa-Niitamo and Säävälä (2013), everybody working with immigrants can influence on the acceptance of the immigrants into Finnish culture. According to Alitolppa-Niitamo and Säävälä (2013) a nurse benefits on developing communication skills and increasing general knowledge of how the immigration and intergration processes influence the immigrant on a holistic manner. (Alitolppa-Niitamo & Säävälä 2013, 6.)

Integration includes learning the local language, though Heikkilä & Ekman (2003) found out that the Finns in Sweden found themselves foreigner in Finland and foreigner in Sweden, and were worried about forgetting the Swedish language when getting older, if they ever even learned it. They still wanted to live close to their relatives and significant others, in the familiar neighborhood, not moving back to Finland. They appreciate if the nurses would be able to speak also Finnish. (Heikkilä & Ekman 2003, 137.)

The result of Mun Salo –report (2012) emphasizes the need for general information material which could be acquired from authorities such as police, local registry office or social services. The material coming via post is easily thrown away if it is in Finnish. The information should be written in easy and simple language to avoid misinterpretation. The immigrants would like to participate in dissemination and they could organize events, like peer support groups. (Mun Salo ry 2012, 14-15.) The health related information in several languages, if possible, could be available also in the library where the immigrants are visiting regularly.

## 7 CULTURAL DIFFERENCIES

In multicultural session both Finnish and immigrants parties are going through the same misinterpretation pitfalls, wondering how “well” or “bad” the situation went. Different styles of communication cause confusion even in the very basic issues, for example what is polite and constructive. It is a mutual challenge: assumptions based on the own culture’s values and the ways of communication cause misinterpretations of the motives of the other party. (Brevis 2012, 163.)

The way Finns are presenting things directly can be seen as rude. Finns may experience the indirect and complex communication style from some other language background as subtlety or trying to avoid or hide some issues, depending on the situation. (Brevis 2012, 163.) Koskimies and Mutikainen (2008) mentioned the non-verbal communication as an important way of supporting the communication with immigrant patient. Even though the gestures might be difficult to understand at first and might cause uncertainty among nurses, with time the nurses would learn them to be a normal custom of certain nationality. (Koskimies and Mutikainen 2008, 56.)

The cultural differences in how to treat a sick person may appear for example in a way that the relatives of the immigrant patient, coming from community-based cultural backgrounds, want to be more involved in the care of the sick person than what the Finnish people want to. They can take part in organizing activities such as feeding and being physically present in the hospital as much as possible, also outside the official visit hours. (Brevis 2012, 166.)

Speaking of the illness is one example of how different cultures raise difficult, confusing, frightening and sad issues, or factors that are generating shame. Languages differ also on how direct or in-direct such problems are discussed.

Non-verbal communication is also important; how facial expressions, gestures and other body language are supporting the verbal message, as well as the usage of time and space. The direct eye contact that is intended to be a signal of confidence by the other party may be mistakenly interpreted as an accusing gesture. On the contrary, avoiding the eye contact that is meant to be respectful may be misunderstood as avoiding or trying to hide something. (Brevis 2012, 168.)

The holistic approach goes deeper and wider than just knowing cultural differences as it acknowledges and recognizes the cultural background of the immigrant being only one factor affecting the nursing situation. Also other issues like experience of being a refugee can be as relevant. The patient or colleague with immigrant background is similar individual as a Finn; both are molded by complex influences of his/her background. (Brevis 2012, 170.)

## 8 ETHICS IN NURSING ELDERLY IMMIGRANTS

According to Brevis (2012), in order for us to be able to act as cultural advisors we must first ask ourselves: “Why do we act in a certain way, what values and what kind of ethics guides our actions?” Better understanding of the own background will give the caregivers tools to open the Finnish care procedures, including non-Finnish customers and colleagues, and make them aware of their own cultural background associations. (Brevis 2012, 171.)

Health care professionals should explain why they act in a certain way in the Finnish nursing culture, and ask how the care has been provided in the patient’s home country. Nurses should let the patient understand that they also might experience uncertainty if they end up as a patient in the medical care abroad. This implements care culture that is equal and on ethically sustainable basis. (Brevis 2012, 173.) According to Suokas (2008), professional health care personnel should be open-minded and treat each patient with equal manner. The patient should not be categorized according to certain characteristics. (Suokas 2008, 28.)

Development of the intercultural communication skills include primarily the ability to communicate respectfully, have different ways to think, act and communicate, as well as having the ability to open the Finnish nursing culture to the patient. The nurse’s attitude to do their work is an important element in care situation. When facing diversity, the common reaction is to experience uncertainty and become defensive as these are often found as stressful situations. (Brevis 2012, 171.)

When getting ill, the influence of one’s own cultural background may rise unexpectedly, up to an overreaction, even though the immigrant has otherwise adjusted well to the Finnish ways of behaving and speaking. With an empathic attitude the health care professional makes the immigrant patient aware of the

fact that they understand the patient's situation and act in his/her best interests.  
(Brevis 2012, 172.)

## 9 THE TASK AND AIM OF THE PROJECT

The task of this project is to find out the current situation of the elderly immigrant's status among Finnish health care services. The aim of this project is to improve the cultural knowledge between the nurses and the elderly immigrant patients by creating recommendations for nurses who will be working with them. (elderly immigrants). This will also help to integrate the immigrants better to the Finnish society.

### 9.1 Empirical implication and timetable

This project is done under the Turku University of Applied Sciences' *Mosaiikki* project. The *Mosaiikki* was a co-funded by the Ministry of Internal Affairs and the City of Salo, and where the project partners were the City of Salo and Turku University of Applied Sciences. The *Mosaiikki* project brought together different stakeholders and immigrants, and so created possibilities for cultural collaboration. The project aimed to promote better immigration and possibilities for employment, and strengthening social integrity and cohesion.

The link to the website of the *Mosaiikki* project is no longer available but some more information (in Finnish only) can be found from the link below.

[http://www.socca.fi/files/2956/Salo\\_mosaiikki.pdf](http://www.socca.fi/files/2956/Salo_mosaiikki.pdf)

The planning of our thesis started in December 2013, when the topic was decided. The literature review was mainly completed by the end of May 2014 with few additions still included in September. In October, we started to analyze the results of the literature review and started to write of the thesis. The writing was

completed at the end of November. We worked on the recommendations simultaneously with the thesis. Both the thesis and recommendations were ready for presentation in December 2014.

## 9.2 The collection of the material

The material for the thesis was found using the search engines of: Cinahl (EBSCOhost), MEDIC, Melinda, Elsevier, and Science Direct. The material was also found from Turku University of Applied Sciences' library in Salo, and from the Internet. Keywords used included words: elderly, immigrant, health care, Finnish, maahanmuuttaja, vanhus and terveydenhuolto.



## 10 RECOMMENDATIONS

The chosen topics for recommendations were the most often mentioned in the literature review used. The methods to communicate with elderly immigrants, especially when meeting them for the first time, can be limited. Nursing personnel can feel reserved and anxious of the situation if they have nil or only few experiences working with immigrants in general. Reserving enough time, using written and visual material, as well as using interpreter, can help the nurses to interact with elderly immigrants. However, the nurses should learn to use their own cultural competence skills such as active listening and observing the non-verbal communication as this is an important way of supporting the communication with immigrant patient.

The final output of this project will be the recommendations that can be used by nurses who are already working with the elderly immigrants. The recommendations can be also used for nursing education to prepare the future nurses better working with the upcoming challenges with the increasing number of elderly immigrants.



Figure 1. Guide for practical nurses created by Keuda

The recommendations are only in Finnish and they can be found attached into this thesis. They can also be downloaded from Hoitonetti:

<http://hoitonetti.turkuamk.fi/Hoitonetti/ohjausmateriaaleja.html>

## 11 DISCUSSION

### *Limitation*

The limitation of this project is that there are not many researches on elderly immigrant in health care sector done in Finland. Research on health care for working age immigrants, their maternity care and mental health can be found, but little of the care for their elderly. The research material used in this project was originally in English and in Finnish. The used information from the Finnish articles was translated into English by the authors of this project. Because the original research material of elderly immigrants is so sparse in Finland, the authors of this project have been forced to use general material of immigrants.

### *Findings*

The amount of elderly immigrants in Finnish health care system will increase in the coming years (Suokas 2008, väestöliitto.fi, stat.fi). This increases challenges for the health care personnel who have to find ways to communicate with persons with whom they do not have a common language. Cultural competence skills are needed to better cope in such situations. Cultural competence includes abilities and skills that are needed in order to meet patients and clients coming from different cultural backgrounds. (Sainio-Rodriquez 2013.) These skills include understanding, tolerance and acceptance of diversity (Keituri 2005). Having a positive and open-minded approach towards immigrants, good observation and listening skills help the nurse in initial meeting with the elderly immigrant. Knowing about diverse cultures and their ways, for example knowing how body language is understood in different cultures, can prevent mutual misinterpretations. (Brevis 2012, Koehn 2004.)

Moving to another country, the changes, environmental, cultural, and linguistic or issues regarding family can affect the elderly immigrant significantly more than they do with a younger person (Mölsä & Tiilikainen 2008, 61).

Common everyday problems faced in health care can include language problems and due to them, uncertainties whether the counterparts have understood everything each other has said. More attention should be paid to find means for mutual understanding among nurses and immigrant patients. In Wathen (2007) study, the nurses stressed the need for more time for patient education as guiding the immigrant patient often required repetition to receive mutual understanding (Wathen 2007, 33). The nurses' should continue the language studies after graduation and throughout their professional working life to increase the possibilities for better communication.

A well thought pre-plan and reserving enough time can help the nurses to organize the appointment with an immigrant. Background information should be documented carefully; information of family, education, profession, traumatic events, and the ability to read and write. Also the information of patient's language skills, need for the interpreter, and booking one, are part of a good preparation. The need for any helping devices (e.g. hearing aid, spectacles, crutches, walking aids, prosthesis) should be added to the personal data. The contact person information should be also included, in case of possible problems, especially on elderly and terminally ill patients. (Gebru et al. 2006, 2058, Oroza 2007, 446, Suokas 2008, 26.)

Nursing personnel's interaction skills are important factors when aiming for good nursing results. Non-verbal communication methods such as interview pace, gestures, and empathic attitude during the appointment makes the immigrant patient aware of the fact that the nurse understands the patient's situation and acts in his/her best interests. This can greatly influence on the outcome of the meeting and the treatment. (Koehn 2004, 79, Brevis 2012, 172.) The nurse should ask for assistance from coworkers when realizing that he/she cannot manage the care situation alone, as a good collaboration between colleagues is highly valued (Suokas 2008, 26).

Knowledge of health terminology and Finnish health care system are unfamiliar to most of the immigrant patients. This can lead to situation where especially the elderly immigrant refuses care simply because of fear as they don't understand what is going on or what is planned to be done to them. (Mölsä and Tiilikainen 2008, 71; Mölsä and Tiilikainen 2007, 455, Wathen 2007, 9.) Nevertheless, the patient needing health care services is expected to be active and have own initiative. This can result to circumstances where immigrant patient may feel overwhelmed with all the issues and possibilities there are available. (Wathen 2007, 9, Oroza 2007, 443.)

Communicating openly and interactively with the immigrant patient minimizes the negative effects of the care situation. The attitude of the health care providers should encourage the patient to ask questions and take part in the decision-making regarding his/her care. The patient is expert of his/her own health status. The health care professionals should reserve enough time for the patient in order to hear their views about the illness, their hopes regarding the treatment. The nurse should ask the immigrant patient how the cultural nursing experiences influence on the planned treatment. This should be done without under-/overestimating the effect of culture. The family has a great influence on the immigrant patient's care, therefore they should be included in the treatment process, depending of the patient's situation. (Byfält et al. 1987, 200, Oroza 2007, 441, 446, Suokas 2008, 9.) People belonging to ethnic cultures, especially the elderly, often use traditional and religious methods in their self-care. This increases the possibility that they drop out of the Finnish health care system. (Mölsä & Tiilikainen 2008, 60.)

The findings of illnesses and possible treatments should be explained to the patient in a comprehensive way using for example pictures and written text in both nurse's and patient's languages for help (Mölsä & Tiilikainen 2008, 64). Material at least in English would help for example in instructing the patient in

preparation for a procedure or an examination (Wathen 2007, 40). The lack of precision in the verbal communication effects on how the patient interprets the message. It is important for the nurse to use language everyone can understand in the same way. (Byfält et al. 1987, 52.)

Intercultural competence studies should be included in the basic health care education (Brevis 2012, 164, Gebru & Willman 2003, 55). The intercultural communication trainings should continue as ongoing professional development, where the nursing personnel receive more education on immigrant patients and on their care. (Brevis 2012, 173, Koskimies & Mutikainen 2008, 46.) Cultural knowledge can also be obtained through contacts with different ethnic groups, by acquiring information on their health beliefs and customs. (Wathen 2007, 13, Suokas 2008, 10.) Professionals with immigrant background could be involved in planning and creating trainings, lectures and materials for health care personnel (Brevis 2012, 173).

Nurses' improved cultural knowledge and/or competence can also assist immigrants to integrate better into Finnish society. Everybody working with immigrants can influence on how the immigrants are accepted into Finnish culture. The nurses' developed communication skills and increased general knowledge of immigration and integration processes influence the immigrant on a holistic manner. (Alitolppa-Niitamo & Säävälä 2013, 6.)

### *Recommendations based on the findings*

For the *Recommendations for nurses working with elderly immigrants*, we have included main titles of *Reserving enough time*, *Documentation*, *Ethics*, *Checklist*, *Issues to consider*, and *Cultural competence education*. In *Reserving enough time*, we have included subtopics of *Attitudes and Non-verbal communication*, *Time*, *Language*, and *Environment*. The studies show that special attention

should be paid to the attitudes a nurse has within him-/herself and towards the care situation when caring for a patient with foreign background. It is equally important that the nurse understands how the tone of voice or other ways of non-verbal communication such as gestures and level of friendliness can influence on the way an immigrant, and especially elderly immigrant, responds to the treatment. The studies have also shown, that often the common language can include only few words or no words at all, therefore it is even more important that nursing personnel have reserved enough time and patience to listen and observe when meeting the elderly immigrant patient as the care situation can be new and frightening, causing stress for both parties involved.

Many of the immigrant nationalities are very family centered. Especially important the family can be to the elderly immigrant. The studies have shown that both the nursing personnel and the immigrant patient benefit if the nursing personnel document carefully not only the symptoms and treatments of an illness but also the elderly immigrant patient's background, education, family ties and their influence, and possible need for helping devices. Also the documentation of the reason for the immigration, and how the immigrant's culture influence to care situation, were emphasized in the study findings. Documenting these issues carefully help the nursing personnel in assessing the patient and easing the future appointments and care. Further development of the documentation programmes is needed as in the current programmes it can be hard to find an appropriate place in the patient's records to write the information. Also nursing personnel should be educated about the importance of this.

In Ethics, we included issues of equal treatment with open mind. The patient should not be categorized within a certain stereotype but should be treated individually and empathetically with respect. The source material showed that it is common to categorize an immigrant patient to certain previously learned or heard stereotype. The attitudes and previous experiences of colleagues can also

influence on how the nurse treats the immigrant patient. The nurse might not always realize that the group pressure, whether consciously or unconsciously, can influence on how he/she treats the patients.

The Checklist and Issues to consider include the main points that a nurse could take into consideration before meeting with an elderly immigrant. Both of the lists are also good to go through as a reminder if not meeting immigrants every day, and also as continuous learning to keep up to date the cultural competence skills.

### *Future challenges*

The humanity aspects in the elderly immigrant care should emphasize the common interest to integrate the immigrants into Finnish society. The holistic approach in the nursing interventions as learned through, for example cultural competence, promotes the overall wellbeing, health and good life of the elderly immigrant. Learning the skills and abilities, that support the nurses in their everyday work when meeting the elderly immigrants, should be encouraged. The studies show that employees should encourage the personnel to learn, for example, different languages, and also to upkeep those skills. When the nursing personnel feel confident about themselves to meet an elderly immigrant patient, affects it to the whole nursing situation. This promotes furthermore the mutual trust.

More research and discussions are required to get visibility to elderly immigrants' needs to manage in health care settings. This change is not going to happen overnight but requests commitment and continuity from all stakeholders in the health and social care field; hospital districts management, local supervisors, and nursing education administration.



## 12 CONCLUSION

As a conclusion one can say that there are ways how a nurse, and health care personnel in general, can communicate with an elderly immigrant who does not know Finnish language very well. The most common ways, mentioned in the literature used in this project, included written and visual material. Text written in simple language makes it easy for the elderly patient to understand procedures better. When the text is including pictures, instructing and educating the patient can be easier. Another often mentioned way was the use of an interpreter. The interpreter should be a professional in a way that he/she would have knowledge of medical vocabulary.

Nurse should also make sure that the elderly patient has understood everything. To do this, the nurse could for example, demonstrate him-/herself how something is done, or ask the patient to complete the same, step-by-step to show he/she understood how to proceed with the task.

When meeting with an elderly immigrant, especially for the first time, enough time should be reserved for the appointment. This would provide an opportunity to document all the necessary information, which would in turn help also in future nursing interventions. Environment should be kept peaceful to get the elderly immigrant to feel as comfortable as possible in this stressful situation.

Educating both regular health care personnel and nursing students to meet an immigrant, and especially elderly immigrant, cultural competence should be taught already during the basic nursing education.

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# Ikääntyvän maahanmuuttajan kohtaaminen suomalaisessa terveydenhuollossa

Suosituksia ammattilaisille ja koulutukseen

## Varaa riittävästi aikaa

*Asenteet, kehon kieli, kommunikointitavat ja -keinot, katsekontakti, huomioiminen*

Ikääntyvä maahanmuuttaja on samanlainen asiakas kuin suomalainenkin vanhus. Suhtaudu positiivisella asenteella sekä häneen että hoitotilanteeseen. Kuuntele rauhassa mitä asiakkaalla on sanottavaa. Puhuttele ja kohtele häntä kunnioittavasti ja yksilönä. Ota huomioon kulttuuriset erot kommunikointitavoissa ja kehonkielessä. Välttelevä katsekontakti ei tarkoita asioiden salaamista, vaan voi olla osoitus kunnioituksesta ammattiasi kohtaan. Huomioi myös mahdollisesti asiakkaan mukana tulevat sukulaiset ja perheenjäsenet.

*Ajankäyttö*

Kielieroista johtuen asiakkaan neuvonta ja asioiden läpikäyminen voi viedä enemmän aikaa kuin samaa kieltä puhuvien kesken. Puhu rauhallisesti ja selvästi käyttäen selkokieltä. Käytä apuvälineitä kuten kuvia, kirjallista materiaalia, esim. englanninkielistä, tai näyttämällä esimerkkiä. Toista ohjeidenanto. Varmista kysymällä että asiakas ymmärsi ohjeet (teach-back).

*Kieli*

Jos yhteistä kieltä ei löydy, varmista luotettavan ja asiantuntevan tulkin saatavuus. Selvitä onko työkavereiden joukossa kielitaitoisia, ja pyydä heitä avuksesi. Perheenjäsenet ja sukulaiset voivat myös toimia tulkkeina, jos muita vaihtoehtoja ei löydy. Lasten tai lastenlasten pyytämistä toimimaan (iso-) vanhempiansa tulkkeina tulisi välttää eettisistä syistä.

### *Rauhallinen ympäristö*

Yritä pitää hoitotilanne rauhallisena. Monelle maahanmuuttajalle suomalainen terveydenhuoltoympäristö ja -kieli ovat vieraita ja voivat aiheuttaa pelkoa ja hämmennystä. Selitä rauhallisesti mitä toimenpiteitä aiot tehdä ja myös niiden eri vaiheet. Kannusta asiakasta kysymään jos joku asia on epäselvä tai huolestuttaa.



## Kirjaaminen

Yleisesti kirjattavien potilastietojen lisäksi huomioi ikääntyvän maahanmuuttajan erityistarpeet ja kirjaa ne mahdollisimman tarkasti. Nämä tiedot helpottavat potilaan hoitotoimenpiteitä jatkossa.

### *Aikaisempi hoitokertomus*

Selvitä aiemmat sijoituspaikat Suomessa ja mahdollisesti sieltä löytyvät potilastiedot. Potilaan entisestä kotimaasta mahdollisesti saatavat tiedot selventävät aikaisempia hoitotoimenpiteitä.

### *Luku- ja kirjoitustaito*

Kirjaa suomen kielen ymmärrys ja tulkin tarve. Selvitä myös osaako ikääntyvä maahanmuuttaja lukea ja kirjoittaa edes omalla kielellään.

### *Apuvälineet*

Selvitä tarvitseeko asiakas kuulolaitetta tai silmälasia, ja ovatko ne vielä sopivia käyttäjälleen. Kirjaa käyttääkö asiakas hammas- tai muita proteeseja, tarvitaanko kävelyn apuvälineitä, esim. kävelykeppiä, kyynärsauvoja, tai rollaattoria.

### *Orientoituminen ympäristöön*

Selvitä asiakkaan muistin ja tajunnan mahdolliset häiriöt, ja pelkotilat. Tee tarvittaessa muistitestit, selvitä kotona pärjäämisen taso, päivittäisistä perustoiminnoista huolehtiminen ja suoriutuminen. Selvitä myös pystyykö iäkäs asiakas hoitamaan raha-asiansa, käymään kaupassa, hoitamaan kotinsa, ottamaan lääkkeensä, ja käyttämään puhelinta. Huomioi, että maahanmuuttajan rankat elämäkokemukset voivat aiheuttaa myös nuoremmille ”vanhuusvaivoja”, kuten muistiongelmia tai elimistön rappeumia.

### *Kulttuurin vaikutus*

Huomioi kulttuurin vaikutus hoitotoimenpiteisiin (esim. hoitajan sukupuoli hoitotilanteessa), myös hoitajan ikä voi vaikuttaa asiakkaan asennoitumiseen hoitotilanteessa (mahdollinen hoitokielteisyys). Monissa kulttuureissa iäkkäät ihmiset ovat tottuneet käyttämään omien kansanperinteiden mukaisia luonnonhoitomenetelmiä (poppamies, shamaani, yrtit), ja uskovat myös mahdollisiin kirouksien aiheuttamiin sairauksiin. Tämä on hyvä huomioida ja selventää onko mahdollista käyttää länsimaisen lääketieteen rinnalla heidän omia hoitokeinojaan. Kunnioita heidän tapojaan ja näkemyksiään, mutta älä yli- tai aliarvioi kulttuurin merkitystä vaan tarkista se asiakkaalta.

### *Syy maahanmuuttoon*

On hyvä myös kirjata, miksi maahanmuuttaja on tullut Suomeen. Taustalla voi olla kidutusta, elämistä heikoissa olosuhteissa, sotaa ja siitä johtuvaa pakolaisuutta, sekä traumoja, jotka kaikki vaikuttavat hoitotilanteeseen.

### *Perhesuhteet*

Perhe on tärkeä sillä maahanmuuttajien tausta on usein yhteisökeskeinen. Huoltosuhteet perheen sisällä kannattaa selvittää, esim. toimiiko isoäiti lapsenvahtina, joka voi vaikeuttaa hänen pääsyään ja sitoutumistaan hoitotoimenpiteisiin (hoitokielteisyys).



## Etiikka

### *Tasavertainen kohtelu*

Kohtele kaikkia potilaita avoimin mielin ja tasavertaisesti. Potilasta ei tule luokitella kaavamaisesti tietyn stereotypian mukaan. Selvitä potilaalle suomalaisen hoitokäytännön erityispiirteitä, koska ne voivat poiketa ikääntyvän maahanmuuttajan tuntemista käytännöistä.

Vieraskielisen potilaan kohtaaminen voi olla stressaava tilanne molemmille osapuolille. Hoitohenkilökunnan asenne työhönsä on tärkeä osa hoitotilannetta. Erilaisuuden kohtaaminen aiheuttaa usein epävarmuutta, ja puolustavaa käytöstä. Sairastuminen voi aiheuttaa kulttuurisen tausta yllättävän esilletulon, jopa ylireagointiin asti, myös niiden maahanmuuttajien kohdalla, jotka ovat jo sopeutuneet suomalaisten tapaan käyttäytyä ja puhua. Suhtautumalla hoitotilanteessa maahanmuuttajapotilaaseen empaattisesti, autat häntä tiedostamaan, että ymmärrät hänen tilanteensa ja toimit hänen etujensa mukaisesti.





## Kohtaamisen muistilista hoitohenkilökunnalle

Analyyttinen	ymmärrätkö maahanmuuton syyt
	ymmärrätkö tekijöitä, jotka vaikuttavat maahanmuuttajan terveyteen (ennen ja jälkeen maahanmuuton)
	ymmärrätkö maahanmuuttajan kulttuurin uskomuksia ja käytäntöjä hänen terveyteensä liittyen
Emotionaalinen	hyväksytkö maahanmuuttajan hoitamiseen liittyviä näkemyksiä ja käytäntöjä
	arvostatko maahanmuuttajan kykyä selviytyä (sinnikkyys), luotatko hänen itsehoitokykynsä
	uskotko pystyväsi käyttämään maahanmuuttajan kulttuuriin kuuluvia käytäntöjä
Luova	kannustatko maahanmuuttajaa esittämään omia näkemyksiään ja otatko ne huomioon
	ehdotatko länsimaisten ja maahanmuuttajan kulttuuriin kuuluvien hoitokäytäntöjen yhdistämistä
	ehdotatko tilanteeseen sopivia erilaisia vaihtoehtoja
Viestinnällinen	oletko keskustellut onnistuneesti yhteisellä kielellä
	oletko keskustellut onnistuneesti tulkin välityksellä
	onko maahanmuuttaja esittänyt tulkkia koskevia toiveita
	rohkaisetko maahanmuuttajaa esittämään mielipiteitään
	onko maahanmuuttajan non-verbaalisessa viestinnässä asioita, joita et ymmärrä
	tunnistatko omat non-verbaaliset viestisi
	koetko ymmärtäneesi hyvin maahanmuuttajaa keskustelussa
Toiminnallinen	osoitatko kiinnostusta maahanmuuttajaa ja hänen hoitoaan kohtaan
	onko maahanmuuttajaan helppo luottaa
	onko toimintasi aiheuttanut väärinkäsityksiä
	ilmaiseeko maahanmuuttaja hoitoaan koskevia mielipiteitä
	huomioitko maahanmuuttajan perheen / yhteisön vaikutuksen hoitoon

(Sainola-Rodriguez 2013, 141)

## Huomioitavaa

- \* Hoitajan ei tarvitse tietää kaikista kulttuureista kaikkea. Avoin asenne auttaa pitkälle.
- \* Vältä potilaan oman kulttuurin yli-/aliarviointia – suomalaiset hoitokäytännöt pitää selittää, eikä kompromisseja potilaan kanssa välttämättä tarvita.
- \* Tee yhteistyötä potilaan, ja tarvittaessa perheen, kanssa.
- \* Käytä vertaistukea, jos sellainen on mahdollista.
- \* Ikääntyvän maahanmuuttajan kulttuurin vaikutus hoitotoimenpiteisiin kannattaa huomioida.
- \* Potilas on usein oman sairautensa paras asiantuntija, joten kysy hänen mielipidettään tarvittavasta hoidosta.
- \* Ole kuitenkin realististi potilaan odotuksille ja käsitykselle omasta hoidostaan – kaikki eivät välttämättä ymmärrä omaa sairauttaan, tai heillä voi olla liiallisia odotuksia länsimaista hoitoa kohtaan.
- \* Muista olla aidosti kiinnostunut potilaasta.
- \* Luota, että maahanmuuttajapotilas osaa selviytyä.
- \* Luo uusia yhteisesti sovittuja hoitokäytäntöjä potilaan kanssa, jos tarpeen.
- \* Huomioi tiettyjä kulttuuriin kuuluvia seikkoja kuten uskonto, ruoka, vaatetus, yksityisyys ja perhekeskeisyys.
- \* Kuuntele aktiivisesti, mitä potilaalla on sanottavaa. Vieraista kulttuureista voi oppia aina jotain uutta, myös hoitotyön kannalta.
- \* Älä unohda huumoria, ystävällisellä hymyllä pääsee ”yli karikoiden”.

## Hoitohenkilökunnan koulutus (kulttuurienvälisen kompetenssin kehittämiseksi)

### *Työnantaja*

Kulttuurienvälisen viestinnän koulutus pitäisi olla osana jatkuvaa työssä kehittymistä.

Koulutuksiin osallistumisen pitäisi olla mahdollista työaikana ja -paikalla.

Työnantaja voi kannustaa osallistumista epämuodollisiin oppimistilaisuuksiin: kysely- ja keskustelutilaisuudet ainakin suurimpien paikallisten etnisten vähemmistöryhmien kanssa, sekä sponsoroida osallistumista eri etnisten ryhmien järjestämiin tapahtumiin.

Työnantaja voi myös järjestää yhteisiä sosiaalisia tilaisuuksia monikulttuurisissa työyhteisöissä (retket, tapahtumat).

Maahanmuuttajakollegoiden ottamista mukaan koulutuksen järjestämiseen (esim. oppimateriaalit, luennot) tulisi hyödyntää, riippuen heidän kokemuksestaan.

### *Hoitohenkilöstö*

Suomen kansainvälistyessä kielitaidon ylläpitämiseen ja/tai sen kehittämiseen kannattaisi panostaa entistä enemmän.

Työhön liittyvän ammattisanaston luomista eri kielillä tulisi kehittää käyttäen apuna maahanmuuttajataustaisia hoitoalan ammattilaisia.

Hyödynnä vertaistuen mahdollisuus - maahanmuuttajataustaiset kollegat.

Maahanmuuttajataustaisen hoitohenkilökunnan perehdytys ja koulutus yhtenäistettävä ja toteutusta on valvottava järjestelmällisesti.

### *Hoitohenkilökunnan peruskoulutus*

Hoitohenkilökunnan peruskoulutuksen osana tulisi olla opetusta maahanmuuttajien kohtaamiseen (kulttuurienvälinen kompetenssi).

Kielitaitovaatimuksien tulisi vastata paikallisia tarpeita (esim. Itä-Suomessa venäjä, Länsi-Suomessa ruotsi). Englanninkieli on yleisesti ymmärrettyä, joten sen perustaitovaatimuksia pitäisi lisätä Suomen lisääntyneen maahanmuuton vuoksi.

## Linkkejä lisätietojen hakuun hoitohenkilökunnalle

### Infopankki

<http://www.infopankki.fi/>

### Kela

Englanninkieliset sivut: <http://www.kela.fi/web/en>

Rajat ylittävän terveydenhuollon yhteyspiste:

<http://www.kela.fi/yhteyspiste>

**Papunet**, selkeää ja saavutettavaa viestintää

<http://papunet.net/>

### Salon kaupunki

Englanninkieliset sivut: <http://www.salo.fi/en/>

Kansainvälinen ja monikulttuurinen Salo:

<http://www.salo.fi/linkit/salotietoa/kansainvalisyys/>

A guide for immigrants: <http://www.salo.fi/attachements/2014-06-02T12-56-20187.pdf>

### Selkosivut

<http://papunet.net/selko/>

### Tulkkipalveluja:

Helsingin Tulkkipalvelut Oy

<http://www.helsingintulkkipalvelut.fi/?gclid=COX2u8jmsMICFW3ItAodv20AQA>

Käännös- ja tulkkiauspalvelut kaikilta toimialoilta kaikilla kielillä

<http://www.semantix.fi/Palvelut/Tulkkiaus/Asioimistulkkiaus/>

Suomen kääntäjien ja tulkkien liitto

<http://www.sktl.fi/>

Suomen tulkkipalvelut

<http://www.tulkkipalvelut.fi/>

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