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Supporting the Work Community During the Integration of Immigrant Nurses in Finland

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Health Business Management

Master's Thesis May 2025

Abstract

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Title: Supporting the Work Community During the Integration of Immigrant Nurses in Finland

Number of Pages: 33 pages + 2 appendices
Date: 15.5.2025

Degree: Master of Health Care
Degree Programme: Master's Degree in Health Business Management
Instructor: Salla Kivelä Principal lecturer (Ph.D)

The topic of this thesis was chosen because it is a current and a true challenge in the Finnish healthcare industry. The purpose of this thesis was to explore the existing models of support methods for nurses when introducing an immigrant nurse to the work community. The aim was to provide an overview of the current tools and methods used and to explore development suggestions in this area to evoke discussion on the topic. The perspective for the thesis is from the work community, as to their needs and observations.

The data was collected by semi-structured interviews. 5 nurses who have studied in Finland and have at least 2 years of work experience in addition to having been in situations when an immigrant nurse was entering the work community. The interviews that were recorded were then transcribed into written documents. The data was then analyzed using the method of inductive content analysis.

The results showed that only marginal tools such as notebooks or discussion opportunities are currently provided. Integration processes are not measured or standardized at the moment, and protocols vary.

Development suggestions were made to refine the orientation period into a separate process for nurses with immigrant backgrounds. This should also take into consideration the linguistic challenges many nurses with an immigrant background face when entering the work community in Finland.

Keywords: immigrant nurse, work community, integration

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Tiivistelmä

Tekijä:	Yvette Särkijärvi
Otsikko:	Supporting the Work Community During the Integration of Immigrant Nurses in Finland
Sivumäärä:	33 sivua + 2 liitettä
Aika:	15.5.2025
Tutkinto:	Terveystenhoitaja YAMK
Tutkinto-ohjelma:	Master's Degree Programme in Health Business Management
Ohjaaja:	Salla Kivelä Yliopettaja (TtT)

Tämän opinnäytetyön aihe valittiin, sen ajankohtaisuuden vuoksi suomalaisessa terveydenhuollossa. Opinnäytetyön tarkoituksena oli tutkia olemassa olevia tukimalleja ja -menetelmiä, joita käytetään, kun maahanmuuttajataustainen sairaanhoitaja integroidaan työyhteisöön suomalaiseen terveydenhuoltoon. Tarkastelun kohteena olivat erityisesti ne tukivälineet, joita henkilökunnalla on tällä hetkellä käytettävissä. Tavoitteena oli antaa yleiskuva käytössä olevista menetelmistä ja välineistä sekä kartoittaa kehitysehdotuksia, joiden kautta herätettäisiin keskustelua aiheesta. Opinnäytetyössä näkökulmana oli työyhteisön sairaanhoitajahenkilöstön kokemat tarpeet ja havainnot.

Aineisto kerättiin puolistrukturoiduilla haastatteluilla. Haastatteluihin osallistui viisi Suomessa koulutautunutta sairaanhoitajaa, joilla oli vähintään kahden vuoden suomalainen työkokemus ja jotka olivat olleet mukana tilanteissa, joissa maahanmuuttajataustainen sairaanhoitaja tuli osaksi työyhteisöä. Nauhoitetut haastattelut litteroitiin ja aineisto analysoitiin induktiivisella sisältöanalyysillä.

Tuloksista ilmeni, että tällä hetkellä käytössä on vain rajallisia tukivälineitä, kuten muistivihkoja tai keskustelumahdollisuuksia. Integraatioprosesseja ei mitata eikä standardoida, ja käytännöt vaihtelevat yksiköittäin. Kehitysehdotuksina esitettiin, että perehdytysvaihe eriytettäisiin omaksi prosessikseen maahanmuuttajataustaisille sairaanhoitajille. Tässä tulisi huomioida myös kielelliset haasteet, joita monet maahanmuuttajataustaiset sairaanhoitajat kohtaavat siirtyessään suomalaiseen työkuulttuuriin.

Avainsanat: maahanmuuttajataustaiset sairaanhoitajat, integroituminen, työyhteisö

Tämän opinnäytetyön alkuperä on tarkastettu Turnitin Originality Check -ohjelmalla.

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1 Introduction

In order to ensure future workers and taxpayers Finland has a need to drastically impact the nursing shortage in the country. The retirement of the so-called baby boomer generation will have a direct impact on both factors (Heilmann 2010: 518-523.) the development of the population structure of Finland has been evident for years hence the peak in birthrates after the second world war (Annual Review 2012. Helsinki: Statistics Finland) however the nursing shortage has been less anticipated. In 2021 Keva, the largest pension provider for public sectors revealed data estimating that 30 000 nurses and practical nurses will be retiring within the next ten years. (TEM toimialaraportti 2021:84) The healthcare sector is in addition, facing a decrease of interest from younger generations as a potential sector of expertise. (Finnish National Agency for Education statistics years 2021-2023)

The covid pandemic hit not only the world but also the nursing industry by storm. In a survey done by TEHY in 2020 (Kysely tehyläisille 2020, TEM toimialaraportti 2021:2) it was discovered that a number of nurses were growing impatient, tired and fed-up with the healthcare industry and actively considering other employment opportunities. As covid ran rampant across the globe, frontline healthcare workers were pushed to work under a significant amount of pressure, leading to more displacement. (Mughal et.al 2021).

Finland needs 200,000 new health and social care workers by 2030, according to the Ministry of Labor. Of this amount 10 percent are to be recruited from abroad. The Ministry obtains no data on how many foreign nurses have recently come to Finland or may be on their way. Employers are under no obligation to report recruitments from abroad, according to Niskanen (YLE News A 2022.) Furthermore, according to a study by Economic Research Institute (ETLA) immigration needs tripling in order for Finland to maintain its labor force. ETLA calculates that the annual net migration of 44,000 people is needed so to stabilize the size of Finland's labor force. If immigration continues at previous levels, the working-age population will shrink by almost a fifth by 2070, the report states.

The integration and orientation processes play a major role in the development of motivation and retention of the work force. (Kamau et al 2022). Organizational socialization is defined as “the learning process in the course of which abilities, values,

and attitudes are acquired that are necessary to execute successfully a role in an organization”(e.g. Ashford & Taylor, 1990; Fisher, 1986; Van Maanen, 1976; Van Maanen & Schein, 1979). Based on this theory it has been proved that employee satisfaction can be obtained via healthy working relationships between employees, a clear outline of expected results in the working field and the possibility for personal and academic development. (Taormina 2009, Kamau et.al 2022) The recognition and support of the immigrant nurses previous background and knowledge have been shown to improve and support the wellbeing, work satisfaction and motivation to cultivate a career within workforce that provides adequate support. (Primeau et al 2021).

The stress levels of new workers may be elevated as they may be exposed to unpredictable and uncontrolled situations. Primarily the goal for new workers is to “develop a sense of competence and control, predictability and meaningfulness, and social belonging”. The orientation period for a new worker refers to the learning of the written and unwritten rules of the work community (Frögeli 2023)

During the integration process of immigrant nurses, management plays a crucial role. The ability to perform diversity management should be developed as it has a direct impact on the successfulness of the integration process. Where the equality of professional expertise was seen as balanced the need to suppress personal cultural identities was apparent. Studies also proved that the qualifications of immigrant nurses were not fully embraced. The focus when developing diversity management should have more emphasis on how the organization is able to adapt, not so much on the adaptability of individual nurses. (Calenda 2019) The purpose of this thesis is to describe the experiences of healthcare workers in the process of welcoming an immigrant nurse into the team and the support they receive and see as pertinent during the process. The aim is to shed light on the subject, encourage conversation and development that arise from the respondents.

2 Theoretical background

The structure of this thesis is built on the concepts of immigrant nurse, work community in a healthcare setting and the integration into a work community as an immigrant. In this chapter these will be defined.

2.1 Immigrant nurse

Immigrant nurse in this thesis refers to a nurse of foreign (other than Finland) origin and has re-located to Finland and working as a staff nurse. Immigration is the term used for “the action of coming to live permanently in a foreign country” (Oxford languages). According to The Finnish Confederation of Professionals (STTK) a study conducted by TEHY to nursing professionals in 2023 revealed that 4% of the responders reported to be of immigrant background, of the study’s 18 618 responses. (STTK 2023). In addition, the study revealed a difference in the view of how prepared work teams were for the integration of immigrant nurses. The study showed that management felt the preparations were sufficient whereas staff workers felt that the preparation for onboarding immigrant background nurses was insufficient.

Immigrant nurses often face significant challenges during the transition period, particularly when their prior qualifications, authority, and expertise go unrecognized or when they are assigned to junior roles or positions that do not align with their previous experience or skills. These circumstances can lead to unmet expectations, resulting in skill degradation, frustration, a sense of disempowerment, and downward professional mobility, ultimately contributing to a perceived loss of status. (Pressley et.al 2022) Many of these difficulties are often related to linguistics in the healthcare field and language barriers. (Lum et al. 2014).

It is widely recognized that immigrant nurses’ adaptation to nursing practice in a host country is a key variable affecting workforce integration. The priority for immigrant nurses is to survive and gain employment. As a consequence, they are often more accepting of discrimination, less likely to be assertive, or critical of their peers, or to take on leadership roles. Nursing practice in developing countries is frequently perceived as less advanced compared to that in developed nations. This perception may contribute to the absence of clear policies and resources for recognizing and accrediting the specialized knowledge and skills of immigrant nurses. Implementing clear guidelines and providing the necessary resources for integration not only empowers immigrant nurses to actively contribute to reducing healthcare disparities in multicultural societies but also serves as an effective strategy for the successful integration of this needed resource of nursing staff. (Dongxia 2012)

2.2 Work community in a healthcare setting

A work community in a healthcare facility may consist of a multidisciplinary group of professionals and may include physicians, physiotherapists and other in addition to nursing staff. Work community in this thesis will be used to describe the staff nurses working in direct patient contact without management responsibilities, in close proximity to each other on the same ward or care facility setting.

In a study conducted in 2014 by Hägg-Martinell et al. it was discovered that there are three main themes that arose when considering a healthcare unit at a positive learning platform: (1) Management functionality and initiation, (2) The hierarchies and structures of the work community and finally (3) Supervisor feedback and approach.

A healthcare facility can be considered a “community of practice, in which the community is combined by “mutual engagement” and a “shared repertoire”. Community members are expected to uphold its goals, adhere to its methods, and values, and actively contribute to its growth. (Hägg-Martinell, et al. 2014).

The work community plays a pivotal role in both nursing care and occupational health, significantly influencing professionals' well-being, engagement, and overall work ability. In nursing care a supportive work community enhances nurses' occupational well-being and work ability. A study by Vauhkonen et al. (2021) found that factors such as social support, influence over work shifts, and effective information flow within the work community indirectly affect nurses' work ability by first impacting their occupational well-being. Notably, information and work organization directly influenced occupational well-being, which in turn had a significant effect on work ability. This underscores the importance of a well-organized and communicative work environment in promoting nurses' health and performance .

Similarly, Watanabe et al. (2020) highlighted that a strong sense of workplace community and professional autonomy are significantly associated with higher work engagement among critical care nurses. Their study suggests that supporting good communication and interpersonal relationships, along with encouraging autonomy, can lead to improved engagement and job satisfaction in high-stress nursing environments.

In occupational healthcare, nurses (occupational healthcare nurses or OHNs) in Finland have experienced a shift from an individual-focused approach to one that emphasizes the work community. Naumanen-Tuomela (2001) described this transition, noting that OHNs' roles now encompass working with individuals, work communities, and various collaborative partners. This broader focus requires OHNs to possess multidisciplinary knowledge and skills, enabling them to address health issues at both individual and organizational levels .

Furthermore, Vauhkonen et al. (2023) found that during the COVID-19 pandemic, social and health care educators' perceptions of their work community's occupational well-being were closely linked to their personal well-being and the community's efforts to promote occupational health. This emphasizes the need for proactive measures at the community level to support educators' well-being during challenging times .

In summary, a supportive and well-organized work community is crucial in both nursing care and occupational health settings. It not only enhances individual well-being and work ability but also contributes to the overall effectiveness and resilience of healthcare organizations.

2.3 The integration into a work community as an immigrant

In this thesis this refers to the concept of assisting a new nurse of immigrant background to integrate into the healthcare facility work community as a member of the nursing team. The purpose of the orientation period for a new worker is mainly to provide information on the company policies, protocols and guidelines of the facility. The orientation period is also to help new worker to get familiarized with the structure of the organization and to help develop their ability to recognize areas in need of development within their own work (Induction, Training Program for Newly recruited Nurses 2018). "Being involves presence, oneness, imaginativeness, growth, self-knowledge, and the freedom to be oneself." (Helne & Hirvilammi 2022).

Previous research provides some insight about how nurse administrators could be assisted in the development of measures to reduce stress in new nurses. This can also be done in a way to help the integration process of a new worker into the staff. These measures could go something as follows: establishing a well-structured orientation program, provision of staff mentorship, stress management and educational programs with the possibility of simulated experiences (Lambrague 2017.)

According to the Labour Force Survey, the employment rate of foreigners was 60,6% in the first quarter of 2024. In many instances when immigrants are entering a work community there is a conflict of educational qualifications, in many cases an international education is not recognized as necessarily providing sufficient abilities for entering work in Finland as the professional criteria's for nursing vary. (Lahtinen 2014). Some problems have arisen due to the fact that Finland provides some degree programs in English even though Finnish language is needed in the field work. This is true for example nursing degrees. In many of these examples the feedback from work life is negative stating insufficient linguistic skills. It is important to note that linguistic challenges do not necessarily correlate with professional challenges. (Pentimäki 2014)

Some employer-based difficulties can be seen in the attitudes towards immigrants as ethnics groups, fearing that a previous difficult experience with an employee might replicate itself with a different employee from the same geographical area. Furthermore, immigrants may face hesitance from the employers' side as the possibly needed extra attention to the integration, organizational socialization and onboarding process may be seen as extra work. (Kangasniemi 2022). Inadequate policies and limited institutional support for the recruitment, classification, and employment of immigrant nurses at both national and healthcare organizational levels can act as systemic barriers to their successful integration into the host country's nursing work community. These structural constraints often hinder their professional adaptation and limit their ability to fully engage in practice. However, intercultural learning through collaboration in diverse teams and positive intergroup interactions have been shown to significantly enhance mutual understanding and facilitate the integration process for immigrant nurses (Xiao, Willis, Jeffers 2012).

3 Purpose and Aim

The purpose of this thesis is to describe the experiences of nurses in Finland in the process of welcoming an immigrant nurse into the team and the support they receive and see as pertinent during the process.

The aim of this thesis is to provide knowledge on what is seen as valuable information for healthcare work communities, offer development ideas to support in the integration process of a nursing professional and provide an insight into the current challenges in this process.

This research problem will be targeted through the following research questions:

1. What tools are provided for work communities to support the integration of immigrant nurses?
2. What could be further developed in the integration process from the work community's perspective?

4 Methodological approach

The research method was decided upon after evaluating the means of procuring the most insight on the subject. A qualitative approach is best when attaining non-measurable data (Eulerich 2020).

4.1 Qualitative research method

Qualitative research relies on soft data, typically expressed through impressions, words, sentences, images, symbols, and similar forms, whereas quantitative research utilizes hard data, often represented numerically. (Mulisal 2021) The research method was decided upon after evaluating the methods of obtaining the most insight on the subject to be explored. (Tomaszewski 2021) To attain the most accurate and broad view of the current status of the support work communities are given when integrating an immigrant nurse into the team, gathered data will be explored by a qualitative data analysis.

4.2 Data Collection

Data was collected by semi structured individual interviews. Individual interviews were chosen as the purpose is to explore the phenomenon of the integration process as lived experiences. (Tomaszewski 2021) Semi-structured interviews are often considered the best approach in qualitative research and other contexts due to a combination of flexibility, depth, and consistency. Because questions are open-ended and the interviewer can explore unexpected responses, and participants can elaborate on their thoughts, feelings, and experiences, leading to richer data. (Ruslin et al. 2022)

Interview questions for subjects

About working with immigrant nurses

1. In any healthcare establishment you have worked in, was there a protocol or set guidelines for introducing an immigrant nurse into the work community?
2. How were you prepared or notified when a nurse with an immigrant background was entering the work community?
3. Were you provided with any tools or resources?
4. What could be further developed in the integration process from the work community's perspective?
5. Were there follow-up meetings with management / tutors or schools assisting with the process?

4.3 Participants

The target group for this thesis was, nurses from a variety of backgrounds in the Finnish healthcare industry. The participants are required to have at least a 2 year work life experience in a healthcare facility in Finland during which they have gained experience working with immigrant background nurses. All participants are to be graduates of a nursing school in Finland. All participants must be fluent in the Finnish language. The willing participants will be gathered from the authors own network of Finnish nurses via a variety of contact methods. An interview will be conducted with a number (5) of graduated and experienced nurses about how they were informed or prepared when a nurse with an immigrant background was entering the work team. The interviews were conducted with written consent. Any identifiable information on the persons interviews or instances of employment will be excluded from the final thesis. The responses were evaluated to gain responses to the previously listed questions. The information gathered included some or all of the following; names, phone numbers, audio and visual material of the recorded interviews and signatures from the consent forms. The material gathered for the thesis will be destroyed by the end of June 2025.

4.4 Data analysis

Data analysis is the main goal for the data collection process. The research questions are to be responded to from the data derived from interviewing the participants. In qualitative research the data material may be broad and unstructured and contain discussion of substances unrelated to the actual study. Once the data was collected it needed to be organized. For this thesis the data collected was semi-structured interviews, that were iterated into verbatim transcriptions for analyzation.

When this was done the author was familiarized with the written material in order to gain concept on the collected data, gaining an idea on the quality, scope, and variables of the collected data. During this review process it was important to discern the comparability of the data and seeking out data saturation and discover meaning and responses to the original research questions.

When analyzing collected qualitative data, there can be a few aims. These may be to describe a certain phenomenon or focus on the subject and its special features and the links between them, what they have in common or on the differences. The emphasis is placed on making sense of the findings made and understanding the research results. (Esubalew 2020, Asadul 2022) As the focus of the interview questions were to respond to the research questions saturation was achieved and clear categories of information emerged.

For this thesis the data was then segmented by using the inductive content analysis (ICA) method. In this method the data will be used to identify themes or concepts. This method is chosen as it will help to bring forth the diversity of subject responses and help to identify any similarities in lived experiences. It is regarded as a suitable approach for conducting health-related research, especially in cases that involve limited scope and low complexity

Outlining the steps in the process of ICA

Step 1: Familiarization with gathered data

Step 2: Dividing the data into categories, coding.

Step 3: Developing subcategories and identifying similarities

Step 4: Refining discovered subcategories

Step 5: Interpretation of the observed phenomenon

(Vears 2022)

The categories were chosen based on the repetition of a concept forming the themes in the coding scheme tables. For example, the theme of social support was derived from several interview responses regarding the social interactions between nursing personnel / immigrant nurses and patients. The concept of social support is a broad concept, in this thesis it was narrowed into subcategories of the responses themes that arose when discussing the situations where social support could and should be provided.

5 Results

The findings that arose during the interviews were divided into main themes and categories.

5.1 Provided tools

Table 1. coding scheme

Main category	Themes	Subcategories
What tools are provided for work communities to support the integration of immigrant nurses?	Social support	Mentors Meetings Introduction period
	Cultural integration	Language workshops Culture questions Notebooks
	No provided support	Negative Biase Frustration

This segment was to respond to the research question of what tools are provided to work communities to support the integration of immigrant nurses. The personnel interviewed were nurses that had performed their work in multiple settings. The results showed that the type of tools work communities have been provided in the respondents' experiences were varied and can be divided into the categories of Social support, Cultural integration and No provided support.

5.1.1 Social support

Social support is in several manners. Immigrant nurses were provided support in a orientation period during which a mentor could be provided. Usually, the mentor is a staff nurse assigned to the mentorship. The goal of this mentor nurse is to assist the new nurse in the integration process of the guidelines and work methods of the facility in question. The usage of a mentor nurse provides the team with the ability to focus on the work at hand when knowing someone is working closely with the immigrant nurse providing adequate support and the team can feel more secure to focus on their individual tasks at hand.

Social support was also provided to the work community in a meeting setting, usually as the scheduled weekly staff meeting. In this setting the nurses and immigrant nurses could discuss matters that could affect the entire team or discuss directly with the team supervisor with the entire staff as they are all present for said meetings. The meeting format also makes the ability to establish new guidelines as a team in cooperation.

The orientation period was viewed as pivotal in the success of integration into the work community. All respondents placed emphasis on the importance of a long enough orientation period. The value was seen in not only learning the habits and directions for the specific instance but also helping with the socialization and patient communication skills. During the orientation period the immigrant nurse is counted as in a non-clinical role but as an extra, providing time to learn before having to take on direct patient responsibility. However there are no guidelines provided on how to begin an integrating orientation period for someone who is not only new to the work community but relatively new to the entire work culture.

There wasn't a real programme on how to include an immigrant colleague into the workplace or environment, there was no specific orientation for that.

5.1.2. Cultural integration

The cultural integration methods provided according to the respondents mainly consisted of providing means with the immigrant nurses to ask open questions about culturally specific factor such as sayings, foods, typical behaviors or traditions. The provided method was usually in a staff meeting setting where as many as possible participants were available. The atmosphere was open and constructive. The immigrant nurses were provided an opportunity to open to staff how different situations could feel in their perspective. This encouraged team spirit and a feeling of togetherness, both pivotal factors in a successful integration.

Notebooks were provided in some instances where the immigrant nurses were encouraged to write down all they felt was a new or unfamiliar subject. These could consist of words, behaviors, phrases etc. that would then be discussed with mentors or staff. This provided the staff with a clearer concept of the subject immigrant nurses might find unfamiliar and provided an outlet for providing concrete examples of situations.

5.1.3 No provided support

In the majority of settings however it was apparent the no tools were provided for the work community. On many occasion the staff nurses may just find that a new nurse with an immigrant background just arrived to the workplace. According to the respondents these situations were cause for a substantial amount of stress and anxiety for both the immigrant nurse and the staff members.

The exclusion of an immigrant can be quite subtle, not asking to join for coffee break or such. Then it can slowly escalate to where they do not even want to join.

As no previous knowledge was provided about the immigrant nurse it could leave staff members unsure of the capabilities of the new nurse. This situation could lead to distrust, unnecessary stress and potentially risk situations for patients.

I think that there should be tools because nowadays as we know, the work load is huge, nurses are tired and frustrated and the idea that now I have to be orientating someone that does even speak the language and become a language teacher is seen as quite negative and can cause the immigrant nurse to be excluded from the work community.

Staff members have to re-assess patients responsibilities based on the capabilities, and training of each nurse and based on the needed abilities to care for each patient. Situations like this can often lead to resentment and negative bias towards immigrant nurses.

It is a snowball effect of the immigrant nurse being too intimidated to ask questions for fear of a mistake, this leads to mistakes that are discovered later. I felt bad when our immigrant colleagues contract was not renewed, it seemed the blame was always put on her, not on the structure, management or other team members. It was very one-sided and made me feel very angry actually.

5.2 Development suggestions

The following research question was pertaining to the possible development suggestions the interviewed nurses would see as helpful or needed in the work communities to help support the integration process of immigrant nurses. The results were divided into 2 main categories, developing formats to support the witnessed linguistic challenges and development done on the introduction period itself.

Table 2. coding scheme

Main category	Themes	Subcategories
What could be further developed in the integration process from the work communities perspective ?	Linguistic challenges	Materials and instructions provided in English
	Introduction phase development	Standardized mentorship and orientation protocols designed for immigrant nurses

5.2.1 Linguistic challenges

The respondents opened under scrutiny the complexness of the language barriers they face as a work community when trying to support the integration of an immigrant nurse. As the language study mandates vary, it is difficult to know where to turn when difficulties arise. As the work community tries to rally behind and support immigrant nurses, when language issues arise sometimes third-party assistance is needed. The nurses representing the work communities if there is a large variable in the Finnish language skills of immigrant nurses. Even though there is a mandatory level that must be met before entering work life, the studied Finnish language is usually not the type of spoken language dialect “slang” or does not include many of the used terms in wards.

The language difficulties can sometimes produce difficult situations with immigrant nurses not being aware or being too timid to admit a misunderstanding so patient safety can at times be at risk. The responders felt a large responsibility having to help with both ward acclimatation and language studies simultaneously. Usually, the only common language aside from Finnish is English and all staff nurses do not feel confident enough in the English language to help translate terms through that route.

How would you say ... the lingua franca in Europe in nursing is English and if you come study here, you have the opportunity to study in English. So English is quite strong with any of these immigrant nurses who come the problems are faced when you have a patient that doesn't speak it.

Development suggestions were made to help with language barriers, one suggested method was a “living dictionary” method where the mentor nurse will be present in nurse – patient communication and support and assist the immigrant nurse when providing the patient with information so that the mentor will step in and provide the correct terms as a living dictionary when the immigrant nurse asks for assistance.

The language barrier was not always recognized as something the immigrant nurse needed help with and the learner would be left alone, I think they were the ones who would usually find work elsewhere.

All of the respondents felt that a process should be developed where the staff nurses feel confident in the support and development of immigrant nurse language skills without it taking away from the allotted patient care time, as it unfortunately now most time does.

I feel quite frustrated the re-occurring issues due to language barriers keep being addressed but there has been no provided solution for them.

Nurses suggested that a Finnish -English dictionary with instruments and pictures could also help develop the nurses language skills as most immigrants can speak English and have studied in English.

The immigrant nurses were guided to language courses, but I personally feel that is not enough when you have to integrate yourself into a working community. I think the support should come from the work environment also...the language courses should be brought to the ward. We have to make the language learning a neutral issue to be approached as any other skill a person is learning.

5.2.2 Emphasis on the orientation phase

The responses stated that it would be beneficial to have an entirely separately structured method of orientation for immigrant background nurses taking into consideration their unique circumstance and backgrounds and also combine adequate language terminology established for the ward or facility in question. Where the orientation period is provided most usually to all nurses in many facilities it was the same, regardless of the joining nurses background whether native or immigrant, whether fluent in Finnish or still learning vocabulary.

I think the key is the attitude. When it's hostile you will not learn. You only learn when you have a positive mindset, and you can be proud of yourself and have the feeling that you can ask and ask and ask.

All respondents felt that a well-developed and structured process would help with the feelings of inadequacy and incompetence they can experience under the pressure of helping a person learn the job, facility, language, computer system and medicine management systems at once, all while still performing 100% in their own job, as mentor nurses are seldom provided with easier or less work than any other staff member.

I think it would be beneficial for my organization to have an multinational integration team to help develop orientation models for immigrant nurses.

6 Discussion

Based on the interview responses the phenomenon of integrating immigrant nurses has much to be developed in Finland. Out of all the responses it was noted a number of times that in several instances no guidelines, tools or support were provided to the work community, but that the responsibility was put upon the already over worked nurses. In addition to leading to individual frustration and suffering, the consequences are more costly than preferred to confront.

Impact on lack of support or tools has been proven by multiple studies to have an impact on the personnel's willingness to stay in the facility as a nurse. (Paatela et al. 2023:2-5; Cinar 2022) The cost of importing nurses from other countries is not only a heavy burden for the nurses and their families financially, but also to the economics of Finnish social healthcare. According to a questionnaire conducted by Yle in 2023 welfare areas pay 5,000–10,000 euros to recruit one nurse from Asia. Recruiting in mass amounts would inevitably cost welfare areas millions of euros. If a fraction of that cost would be put towards building a structured plan on how to integrate immigrant nurses into our healthcare facilities, the financial gain and saving of humane suffering would be considerable. This would allow the nurses on shift concentrate on their work, the mentors to concentrate on quality mentoring and the immigrant nurses to find the peace and healthy environment to encourage professional growth and learning as was described by the interviewed nurses.

The importance of a well-structured orientation period is vital in the integration of immigrant nurses. Immigrant nurses may come from a variety of professional and social backgrounds and the orientation program should be adjusted according to their needs. (Brunton et al., 2019; Kamau et al., 2022. Paatela et al. 2023) It helps support the professional development not only of the immigrant nurse but of the entire team. The lack of established protocols, guidelines and tools leave the work team alone in the difficulties that arise, giving way to unfortunate biased attitudes, tense atmosphere and negative environment. This can end up leading to the immigrant nurses leaving the facility either on their own accord or due to a lack in performance, thus all finances and

spent orientation hours are wasted as seen in the experiences of the interviewed nurses.

The cultural integration is pivotal for a migrant to feel comfortable within a society. Cultural integration requires time, patience, repetition and commonalities that help ease the process of the adaptation of new, often foreign habits. (Paatela 2023:2-5) The tools provided for work communities in the healthcare sector are almost non-existent according to the interview responses. Studies have proven that a welcoming atmosphere and positive experiences are best to secure motivated workers. (Paatela et al. 2023:2-5; Cinar 2022)

The competence to cultural orientation is the ability of the mentors ability to support the integration process of a new nurse in the work community. (Pohjämies, Haapa, Kääriäinen, Mikkonen 2022). The knowledge of the competence of nurse mentors is still limited on the subject of cultural orientation. This phenomenon should be investigated further. This would establish a concept on whether the provided orientations are adequate to new nurses with immigrant backgrounds. Identifying the needed development in mentors competence will help establish a more sound orientation period. The needs of the integrating nurses are multifaceted due to a need to adapt to multiple new experiences at once (culture, workplace, language etc) (Brunton et al.2019; Kamau et al., 2023)

The language barriers in Finnish healthcare are an issue that requires a strategic plan and focus. The issues are relevant and acknowledged. It is in the best interest of the development of the industry (Finnish as the Language of Inclusion Report on the State of the Finnish Language in Finland in the mid-2020 2024)

As proven in the collected data for the thesis, the frustration of the nurses may lead to a biased negative imprint on immigrant nurses. This can lead to a less than optimal learning atmosphere. *“Participants also expressed that because they were consistently perceived as underqualified or not good enough to be the nurse, there was an extra pressure to be perfect “.* (Crenshaw, Lewis, Foronda 2025) Bringing into light also the mentions in the interview of immigrant nurses possible fear to admit mistakes.

7 Ethical considerations

Due to human involvement in the gathering of material for the thesis, it was subject to the Ethical requirements of thesis writing for universities of applied sciences (Rectors' Conference of Finnish Universities of Applied sciences Arena:2020) and the ethical principles of research with human participants and ethical review in the human sciences in Finland. (TENK 2019).

An ethical review must be conducted when the study involves any of the following scenarios:

- The principle of informed consent is not adhered to in participant recruitment.
- The study interferes with the physical integrity of the participants.
- The study involves individuals under the age of 15 without separate consent or notification to their guardians, which would allow the guardian to prevent the child from participating.
- The study exposes participants to exceptionally strong stimuli.
- There is a risk that the study may cause mental harm to participants or their close relatives that exceeds the boundaries of normal daily life.
- Conducting the study may pose a safety threat to the participants or their close relatives. (Tenk 2019) (Turku University 2025)

As none of the stated scenarios take place in this thesis therefore an ethical review was not required.

Data for this thesis was gathered with individual interviews. The interviews were done on an online platform Teams. These interviews were semi structured to ensure concise material with the adaptability to present real life experiences. Each participant was provided with oral and written information about the thesis, the reason for the thesis and how their responses will be dealt with. Each subject also signed a written consent form. The data was transcribed for the analysis, analyzed anonymously, and the data of the participants will be destroyed when the thesis is accepted. All data will be processed according to the European Union General Data Protection Regulation (679/2016) and current national regulation.

The research for this thesis was gathered from individuals' experiences. There was no target organization, for this reason a research permit is not needed. (Vastuullinen tiede 2023). External and internal reliability and validity of study is ensured. This thesis was not funded, nor did the author receive financial gain from this thesis. All participants were

notified of this. All involvement by participants was voluntary and free to discontinue or withdraw at any time.

The interview questions were planned based on the set research questions in order to get the most information as a response. Planning and implementation were done based on the theoretical background. Recordings were stored on the authors laptop behind a passcode and were deleted after the thesis was finalized. Participants were encouraged to share personal insights and experiences during the interview process; however, they were not encouraged to share personal or health information on either themselves or any others, or details of their workplace. All data on where the actions took place, persons and clients involved or any other material that could lead back to a specific person or persons or unit in question will not be included in the final reporting of the results but will be anonymized with greatest sensitivity. The finished thesis will be checked with Turniting to exclude any possibility of plagiarism. The author chose to use AI as little as possible, mainly for search of synonyms or reference checking.

8 Trustworthiness and Accuracy

When examining the reliability of the thesis it is important to note that there are several different explanations for this term to be found. Mainly it refers to consistency in findings, a saturation point of research question responses (Vu Thi Thanh Nha 2021)

In qualitative research, the reliability refers to a few key concepts. Credibility meaning the accuracy or truthfulness of the collected data. The thesis creator ensures credibility by using multiple data sources and references Transferability takes into account the ability to apply the findings into another context or setting. Confirmability refers to the individual real life experiences of the participants. Dependability takes into account the data stability over time. This can be enhanced by careful documentation of the data gathering and analysis process allowing readers to understand how conclusions were met. The data analysis in inductive content analysis was reliable due to systematic coding, audit trails, and validation through peer review and data saturation, ensuring consistency and credibility in theme development.

Basically, qualitative research is built upon the ability to accurately represent participants' experiences and whether the findings are credible. In qualitative research, reliability is closely linked to the broader concepts of trustworthiness and rigor, which encompass credibility, dependability, confirmability, and transferability. (Ghafouri 2016).

Research for this thesis has been made with a wide range of national and international research studies and results. Material in both Finnish and English was used. The author has more than a decade of experience in the medical field in Finland, making the terminology and concepts clearer when considering the theoretical background.

9 Conclusions

The purpose of this thesis was to explore what tools or protocols are provided for nurses in Finland when an immigrant nurse is entering the work community. In addition, the purpose was to investigate what could be further developed in this field from the perspective of the work community and nurses. The topic was chosen based on the current circumstances in nursing and the future prospects of a major shortage in the field.

The material was gathered with semi-open interviews during which the nurses were allowed to bring forth their own experiences and thoughts on the matter. The gathered material was analyzed by the inductive content analysis method in which meaningful units of information of value were gathered from the responses.

By the information gathered it was seen that although in most cases no tools or protocols are universal there are a few methods that are in use and seen as an asset. The results also concluded that in many instances not tools or guidelines are in use at all, but that immigrant nurses are introduced into the work community on the same basis as any native will full understanding the language and culture.

The negativity towards immigrant nurses is mainly frustration and feelings of inadequateness from both parties.

The subject has proved to be a fruitful source for discussion and development. It is clear that if provided the opportunity many nurses in work communities would have a passion to develop guidelines and protocols and materials for their own respective units, however the time and resources provided at this time are almost non-existent.

Further studies could be in the collaboration with units and already integrated immigrant nurses who will be able to have the unique perspective of the obstacles they had to overcome to succeed. The collaboration could provide fruitful guidelines for a

unified bank of tools, instructions, resources and translations for the healthcare system in Finland.

Currently, integration processes within healthcare settings are neither consistently measured nor standardized. As a result, many trained professionals ultimately choose to leave, creating acute shortages of critical staff. Those who depart often report feeling insufficiently oriented, socially isolated, professionally unsupported, and hindered by language barriers. The burden then falls on the remaining staff, who are expected to continually train new colleagues—often without adequate resources or support.

This thesis has aimed to explore how nurses are prepared at the outset of integration, and to examine the roles that staff and management play in supporting work communities through these transitions. It has also sought to identify which tools are currently available, and to suggest which additional tools and strategies may prove valuable in the future. By shedding light on these issues, this thesis hopes to contribute to more sustainable, inclusive, and effective integration practices in Finnish healthcare in the future.

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Appendix 1.

PARTICIPANT INFORMATION SHEET

Study title: Supporting the Work Community During the Integration of Immigrant Nurses in Finland

Invitation to participate in a research study

You are invited to take part in a research study conducted as part of a Master's thesis on the topic of supporting the integration of immigrant nurses into the work community in Finland. Before deciding whether to participate, it is important for you to understand the purpose of the research and what your involvement will entail. Please take the time to read the following information carefully.

Voluntary nature of participation

Participation in this study is voluntary. You can withdraw from the study at any time without giving any reason and without there being any negative consequences. If You withdraw from the study or withdraw Your consent, any data collected from You before the withdrawal can be included as part of the research data.

Purpose of the study

The aim of this study is to explore the experiences and challenges faced by immigrant nurses working in Finland and to identify effective strategies that can help facilitate their integration into the work community. The research seeks to understand how work communities are supported during the integration process.

Who is organising and funding the research?

This thesis is part of the authors Master's degree program by Metropolia University of Applied Sciences. It is independent and is not organized or funded by any institution, organization, or sponsor. Additionally, no one involved in this study will receive financial compensation or benefit from its conduct or results.

What will the participation involve?

If you agree to participate, you will take part in a **semi-structured interview** with the researcher. The interview will last approximately **30-60 minutes** and will be conducted at a time and place convenient for you. The interview is also possible to conduct online via Zoom. The questions will focus on your experiences as an immigrant nurse, the challenges you have faced in the work environment, and your views on the support mechanisms available for your integration into the work community.

The interview will be recorded with your permission to ensure accuracy in the data collection. You may choose to stop the interview at any time without giving a reason. You can also request that the recording be paused or stopped at any point during the session.

Possible benefits of taking part

You may find discussing your experiences insightful or beneficial as it may contribute to improved understanding and future support for immigrant nurses in Finland. While there is no monetary compensation for your participation, your contributions will be invaluable to the development of this study.

Possible disadvantages and risks of taking part

There are no direct risks associated with your participation in this study.

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

This study is part of a Master's thesis of Metropolia University of Applied Sciences student Yvette Särkijärvi. It will be available on public domain Theseus. No participant in this study will be identifiable in the final product.

Destruction of research data

All data, including audio recordings and transcripts, will be **permanently deleted** after the thesis is completed and finalized.

Contact details of the researchers

Researcher / Student

Name: Yvette Särkijärvi

Person in charge of the study / Supervisor

Name: Salla Kivelä

Name of the organisation / Metropolia University of Applied Sciences

Appedix 2.

PARTICIPANT CONSENT FORM

Title of the study: Supporting the Work Community Integration of Immigrant Nurses in Finland

Location of the study: Espoo Finland, Name of the organisation Metropolia

Researcher / Student Name: Yvette Särkijärvi. Person in charge of the study / Supervisor: Salla Kivelä.

I _____ have been invited to participate in the above research study. The aim of this study is to explore the experiences and challenges faced by immigrant nurses working in Finland and to identify effective strategies that can help facilitate their integration into the work community. The research seeks to understand how work communities are supported during the integration process.

I have read and understood the written participant information sheet. The information sheet has provided sufficient information about the 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 have had sufficient information of the collection, processing and transfer/disclosure of my personal data during the study and the Privacy Notice has been available.

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 I am free to withdraw my consent at any time, without giving any reason. I am aware that if I withdraw from the study (I can continue it later), any data collected from me before my withdrawal, can be included as part of the research data.

By signing this form I confirm that I voluntarily consent to participate in this study.

If the research data is reused or opened, by giving my signature, I consent to this.

If the legal basis of processing personal data within this study is a consent granted by the data subject, by signing I grant the consent for process my personal data. I have right to withdraw the consent regarding processing of personal data as described in the Privacy Notice.

Date

Signature of Participant

The original consent signed by the participant and a copy of the participant information sheet will be kept in the records of the researcher. Participant information sheet, privacy notice and a copy of the signed consent will be given to the participant.

