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Cultural competence experiences which Chinese nurses have in Finland

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Cultural competence experiences which Chinese nurses have in
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Abstract

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The shortage of nurses has become a global issue. Finland as a developed country is also facing the increase of aging population and the lack of healthcare workers. Therefore, more and more foreigners are attracted to work in Finland as nurses, which include Chinese nurses as well. However, different and new cultural environment can be challenging to foreign nurses. Thus, the skill of cultural competence gain more and more attention in cross-cultural nursing care. Cultural competence is regarded as an essential ability for nurses to work effectively and provide quality nursing care in a multi-cultural environment.

This thesis focuses on the experiences of Chinese nurses regarding cultural competence in Finnish nursing environment. A qualitative research approach was used. The data was collected by semi-structured interview with seven Chinese nurses. A questionnaire was also used as a complementary tool with the interview to collect data, which was analysed in a qualitative manner. As a method, coding and categorization were used in the data analysis. Five main categories were found: Experience of cultural difference, education of cultural competence, experience of communication skills, experience of Finnish nursing environment, and qualities of Chinese nurses. Fourteen different key experiences emerged from the data.

Because this thesis is a small-scale study and the results are limited by small number of participants, the results are not to be generalised. Still though, meaningful results appeared, which can be used as a basis for further study. As a conclusion, Chinese nurses experienced both positive and negative cultural experiences in the Finnish nursing environment, as expected.

Keywords: Chinese nurses, Cultural competence, Experiences, Finnish nursing environment

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1 Introduction and purpose of the thesis

For decades the shortage of nurses has been a continuing serious concern of health services around the world. The World Health Organization (WHO, 2014) estimates that there were a gap of 7.2 million professional health workers in 2012, and this statistic is still growing in next decades to 12.9 million. Additionally, world needs to increase the number of health workers by more than four million to achieve the global health goal set by the Millennium Development Goals (MDGs). Ultimately, the demand for nurses is growing as an integral part of the overall health system to provide better health cares.

Finland as a developed country provides plenty of opportunities for foreign nurses to work in Finnish society. Despite the noticeable increase numbers of nurse migration in Finland, there was very little information regarding their current working environment and cultures difference which they are facing when working in the cross-cultural context.

The aim of this study is to explore, discuss and analyze the cultural competence experience that Chinese nurses have when working in Finnish nursing environment. There are 2 million physicians and 1.3 million working registered nurses in China. The size of the Chinese nursing workforce is the second largest in the world, next to the United States. Chinese nurses are regarded as hard-working, good following, patient and caring. The solid school training also makes Chinese nurses competitive and appealing on the international markets. Empirical studies (French et al., 1996; Sun, Xu, Xu, & Zhang, 2001; Xu, Davis, Clements, & Xu, 2002; Xu, Xu, & Zhang, 2002), and experiences of Chinese nursing graduates and nurse educators have confirmed that the pathophysiology, knowledge, and basic nursing skills of Chinese nurses are comparable, if not superior, to those of their U.S. counterparts.

However, Chinese nurses who work in Finland face many challenges relate to culture competence. The first and foremost challenge is communication skill-Finnish language. Nursing is different from the information/technology industry in that it is a human profession that requires good and effective communication skills, especially verbal communication skills. Differences in cultural and professional values and beliefs between Chinese and Finnish nursing is the next most challenging hurdle. Beside, “cultural competence” trainings are not so important in nursing education. However, the need for health care providers to “recognize the cultural differences in order to stand in patient’s shoe to understand the culture of the patient” (Johnson et. al., 2004) may be the key to improve the quality of nursing care in the cross-cultural context. For instance, the Finnish nursing profession values autonomy, which derives from the deeply Western belief in the self-determination of one's own actions. In contrast, the Chinese culture is collectivistic and family and group oriented. Those differences in professional values and beliefs underlying professional nursing practice render unique difficul-

ties to nurses from collectivist cultures.

The purpose of this bachelor thesis is figuring out that what kind of cultural competence experiences do Chinese nurses have when working in Finnish nursing environment. By analyzing the concepts of cultural competence, the difference between Finnish culture and Chinese culture, how culture influences the nursing care, and Finnish nursing environment, to clarify the specific cultural competences experience for Chinese nurses who have in Finnish nursing environment.

2 Cultural competence

2.1 The definition of cultural competence

As we enter the 21st century, the concept of “cultural competence” becomes more and more important, when different cultures encounter. However, there is no one definition of the cultural competence, because definitions have evolved from different perspectives, and also the developments of the society and institutions.

In 1989, Cross introduced the concept of cultural competence and established a solid foundation, it has been widely adapted and modified during the past 20 years. Cross et al indicated that cultural competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enable that system to work effectively in cross-cultural situations. The culture implies the human thoughts, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social groups. Cultural competence is needed to cope with people from different cultural systems. (Cross, T. 1989)

In 2002, Betancourt J, defined cultural competence in health care systems as an ability to provide care to patients with diverse values, beliefs and behaviours, which means the health care system can meet patient’s needs based on patient’s own culture and values. (Betancourt, J. 2002)

According to the American Health Resources and Service Administration (2003), cultural competence is the ability to provide health care service to an individual based on the different cultural beliefs, interpersonal style, attitudes and behaviour.

National Alliance for Hispanic Health, (2001) described culture competence help health care providers to provide unbiased care and take into cultural differences consideration.

In this thesis, cultural competence is regarded as a personal developmental process. The development of the cultural competence is a dynamic and ongoing and require certain time. (Maternal and Child Health Bureau Training Branch, 2011) The individual should be aware of the cultural differences, have knowledge and positive attitude towards different cultures. Enhancing cultural competence leads to an ability to understand, communicate effectively with others who come from the different cultures.

2.2 The importance of cultural competence in nursing care

These days, cultural competence is required more and more in healthcare context. Back to the 1980's, healthcare still focused on the local area, with certain group of people who shared the same social values and customs. In that circumstance, there was not cultural differences, people did not have the language problem, same culture system made the healthcare go smoothly.

However, world is changing, especially because the transportation and internet is well developed and widely applied. The movement and connections between the different nations become easier, thus different cultures encounter. As an result, cultural differences become evident.

Without doubt, healthcare environment becomes more complex than before. Healthcare givers may come from different countries. As well patients may come from different countries. More than one cultures are interacting in the healthcare environment. Therefore, cultural differences may cause problems. For example, the language might become an issue. If everyone only spoke their own language in healthcare environment, the understanding, and effective communication would be easier. As we know, effective communication is one of the most important things in healthcare environment. Without effective and efficient communication, there are is appropriate healthcare. We can not take good care of people if we don't understand what their needs are. Language is the bridge between people. More detail information about communication will be discussed in the next chapter.

Freudenberg N (2000) mentioned "Culture should be at the center of health promotion intervention". Therefore, in a globalizing world cultural competence is becoming an important skill to handle the communication between people from different cultures. It is an inner ability that enable people to react effectively when they face different cultures and cooperate with them. US Department of Health and Human Services (2014), explained that health service, that are respectful of and responsive to the health beliefs, practice and cultural and linguistic needs of diverse patient populations." Based on that, nurses is the essential participants in the healthcare environment, should be able to handle different cultures in their working environment.

Nurses play very important roles in healthcare systems. Nurses spend more time with patients compared to other healthcare participants. As the world becomes "smaller" and individuals and societies become more mobile, we are increasingly interacting with individuals from other cultures, thus, increasing the challenges that nurses will encounter. Racial, ethnic and sociocultural matters become evidently when they are working. Therefore, in this circum-

stance, cultural competence is the best bridge to eliminate the misunderstanding caused by cultural differences. (Culturally Competent Nursing care, 2014)

Cultural competence requires nurses to have appropriate behaviour, attitude and skills to work effectively in a cross-cultural situation. Thus, cultural competency is one of the main tools in closing the disparity gap in cross-cultural health care. It enables all the healthcare participants, which include the patients, doctors, and nurses to cooperate without cultural differences hindering the process. All in all, health care services that are respectful and responsive to cultural and linguistic needs of diverse patients, can help bring positive health care outcomes.

Cultural competence helps nurses to understand and respect other parties' own beliefs, being aware of how culture influences individual behaviour and thinking patterns. It also assists nurses to provide holistic care to the patients, and communicate with others effectively. (Murphy & Kathryn, 2011)

2.3 Chinese culture and Chinese nursing environment

ANA Board of Directors (1991), knowledge and skills related to cultural diversity can strengthen the health care system. The culture can offer and guide the nurses in services, conceptualization of illness, and related treatments and rehabilitation. Culture is applied into the healthcare system by healthcare providers. And everyone will participate into the healthcare. Concepts and definitions of illness, health, and wellness are parts of the cultural belief system.

Evidently, culture is formed by the local environment. Without doubts, Chinese culture plays important roles in Chinese nursing care. Culture, customs, and social values determine and affect the local people's behavior, thinking patterns, and so on.

ANA Board of Directors (1991) mentioned that every nurse is influenced by their own culture, and they brought those cultural and philosophical views of the nursing care into their daily working life.

In nursing care environment, the nurse should be aware of the five questions, how culture groups understand the life process; what is cultural viewpoint about the health and illness; how the culture groups try to keep the health and wellness; what is the cultural groups' viewpoint about the cause of illness, and how nurse influenced by cultures when they provide nursing care. (American nurses association, 1991)

2.3.1 Chinese culture as a collectivist culture

Chen and Kennedy (2005) emphasizes that Chinese culture is collectivist culture. In Chinese culture, since the ancient China, most of the activities have been governed by the families or groups. The families' and the groups' benefits and interests are considered more important than the individuals. Individuals as parts of the families or groups, should always put efforts into the group's goals. Family communications and functions are led by the important family member. (cf. Chen & Kennedy 2005)

Chen-Hafteck and Xu (2008, 10) indicated that traditions and customs of collectivism play vital roles in Chinese people's daily lives. Everyone is required to follow the traditional culture and social orders. The harmony of the families and society is the key value of the collectivism culture. The culture requires people take others into consideration, follow social rules, fit in different environments, and keep good relationships with other people, which include

your family, colleagues, neighbors and so on. Generally, all the children are taught and required to be humble and respect another people. (cf. Chen-Hafteck & Xu, 2008)

Triandis and Suh (2002) pointed out that collectivism is beneficial to tighten the culture and improve the sense of nationality. Under the collectivist culture, people are bound to cooperate with others. Everyone is bound by the same goal and same interests. Compared to individualism, people of collectivist cultures are sometimes less motivated, because they might have limited available personal choices. Fitting into the environment is essential for them. (cf. Triandis & Suh, 2002)

2.3.2 Chinese nursing environment

Ministry of Health of China (2006), illustrated the number of hospitalized patients have increased significantly in China from year 2002-2005. Meanwhile, comparing with increasing number of patients, the number of nurses did not increase enough, which means China is facing the shortage of the healthcare workers as well.

Ke (2013), revealed that lot of nurses complained about their work environment, which nurses suffered from high burnout. The stressful work and increasing number of patients make the work environment worse. The stressful workload also hindered the quality of the nursing care.

In China, nurse's job consist mostly of the medication care and rehabilitative care. Usually, nurses don't take care of patient's daily needs when the patient is in the hospital. Nurses are treated more as clerks and technicians fixing up IV lines rather than patient oriented nurses. Therefore, if the patient stays in the hospital, the family member should accompany the patient and help the patient with the daily life. Moreover, basic nursing care can be also done by some low-status "care assistants". Nurses only take care of the medication, (for example I.V infusion), visit the patient with doctor in everyday routine, help to deal with the patient's situation, follow the doctor's prescriptions. (Machael W, 2014)

Machael (2014) also mentioned, in China nurses are given clear instructions about the work from superiors. It is not a obligation to interact with the patients and their families, which means that nurses are not expected to give emotional support to patients and their families. (Lin M, 2013)

2.4 Finnish culture and Finnish nursing environment

2.4.1 Finnish culture as an individualistic culture

Finland locates in northern Europe, in between Sweden, Norway, and Russia. In Finland, there is about 5,5 million citizens, and over 90% of population is native Finnish. (Statistics Finland, 2014)

Finland has a long winter, almost 5 months that the ground is covered by snows. On the contrary, the summer in Finland is extremely light. The differences between seasons make also the unique culture of Finland.

Finnish culture can be considered as an individualist culture rather than collectivism culture. The individualist cultures focus more on the individuals than the families or groups. Every individual is considered equal in any situation. In Finland, one of the features of the individualist culture is gender-neutrality, women are considered equal to men, and women enjoy high social status. In the old time, men were the main financial support for the families, and women stayed at home to take care of children. However, this situation has changed, and both men and women go outside to work. Finns are usually modest and downplay their own accomplishments. They also view being humble and modest as virtues.

In Finland, the direct way is the best way, most of Finns are direct communicators, you can directly and openly talk with Finns about your own ideas. Different views are not considered as a personal attack. Finns respect the facts and also behave in courteous ways. When Finns start to talk, they will talk in moderate tones, and also interrupting is considered rude. (Kwintessential, 2004)

Another characteristic is that Finns are excellent time managers and punctual, if you have the appointment with a Finn, you should be punctual. Another one is that verbal commitments are considered agreements.

And of course, Sauna plays an essential and special role in the Finnish culture. It is the best place to build and deep the relationships with friends and families. Sauna can be found in everywhere, based on the statistic in 2002, there were 1,2million saunas in private apartments and 800000 in the summer cottages and public swimming pools. (Kwintessential, 2004)

2.4.2 Finnish nursing environment

Kilpeläinen (2010), demonstrated in a really detailed way about nurses' job description within the Finnish health care system.

Finnish health care system provides health care and medical care to the citizens, which include the health promotion, diagnostics, treatment and rehabilitation. Finnish nursing environment requires nurses which can smoothly and professionally maintain and improve the health of the individuals who are ill. Nursing work involve multi-professional team works, but nurses can also work independently which depend on patients' situations. Usually, the nurses' work relates to medication care, surgical care, rehabilitative care, home care and so on. In addition, they also have the responsibility of bringing nursing expertise into societal decision making and discourse. (Taina.K, 2010)

A nurse in Finland can work in many environment. In Finland, there are different education for the nurses. For example, register nurse, public nurse, practical nurse, midwife, the lengths and focus of the education are different, thus, different nurses might work in different apartments.

Specialised care facilities include district hospital (Helsinki, Espoo, Vantaa, Kauniainen, etc) and university hospital. The nurse in those places can work for the internal medicine, surgical and orthopaedic disease, pulmonary disease, cancer, and rheumatic, neurological, haematological, and gynaecological and paediatric and psychiatry.

The hierarchy in Finnish nursing environment is not so obvious, nurse can make more decision in the work situation. Kilpeläinen (2010) claimed that nurse can assess the need for the treatment and to direct the patient, the nurse will also orientate or guide the patients in matters related to health and illness. Meanwhile, in hospital setting, nurses will not only take care of patients' medication, but also the basic nursing care. For example, showering, feeding, etc.

3 Nursing Migration

3.1 Nursing Shortage

The global nurse shortage is supported by the escalating demand from developed countries such as the U.K and the U.S. The U.S., especially, is expecting to see a more intensified shortage of nurses in the future. In 2000, the shortage of registered nurses was estimated at around 6 percent or 110,000. However, it is now expected that the shortage will grow intensively, leading to a shortage of 29 percent by 2020 (US Department of Health and Human Services Administration 2006). Factors driving the growth in demand for nurses include demographic changes such as population growth, a larger proportion of elderly persons, and medical advances that change the roles of nurses and require more of them.

In Finland, nursing shortage has been a critical problem for tens of years. Valvira, as the National Supervisory Authority for Welfare and Health and a centralized body operating under the Ministry of Social Affairs and Health, supervises and provides guidance to healthcare and social services providers, alcohol administration authorities and environmental health bodies and to manage related licensing activities.

From Valvira's record, by the end of 2012, there were about 407 000 people working in 39 different healthcare sectors, and the largest professional groups are registered nurses (98776) and practice nurses (103857). (http://www.valvira.fi/ohjaus_ja_valvonta/terveydenhuolto) However, not all of these legalized and registered people working now in healthcare system. A sizable share of these had retired, and also, parts of them are working in other professions.

According to Schumacher (2010), nursing shortages have been an issue in the health care industry over the past 20-30 years, especially in hospitals. He claims that staffing difficulties within the industry can cause numerous problems, and perhaps the most crucial one being that there may be barriers to patients needing to access care. Many countries have found out that international nurse recruitment is one of the answers to correcting their nurse shortages (Evans & Tulaney, 2011; Habermann & Stagge, 2010; Parrone, Sedrl, Donaubaue, Phillips & Miller, 2008).

A number of factors are might contributing to the shortage: an increase in the age of registered nurses, decreased school enrollment, increased career opportunities for women, changes in the healthcare delivery system, nurse "burn-out," and the public's misunderstanding of what nurses do. Additionally, a number of social and economic trends are going to affect the healthcare delivery system in the future, such as: aging of the population, increased technol-

ogy, the increase of the health/wellness movement, changes in employee's work ethic, influence of Generation X and dot.com workers, and scarcity of entry-level and low-wage workers. If nursing is going to be a major player in the healthcare delivery system in 2020, nurses must take an active role in developing and implementing a strategic plan. (Hu, 2007)

3.2 Nursing Migration

The phenomenon of nurse migration has a long tradition (Habermann & Stagge, 2010), and today it is a growing global phenomenon that has major implications for the nursing profession worldwide (Freeman, Baumann, Fisher, Blythe & Akhtar-Danesh, 2012). The phenomenon has created a global labor market for health professionals and fueled international recruitment. International migration and recruitment are viewed as solutions to staffing shortages for some countries and as exacerbating problems for others. As a result, migration and recruitment have become prominent features of the international health policy debate.

Developed countries facing nursing shortages have increasingly turned to aggressive foreign nurse recruitment, primarily from developing nations, to offset their lagging domestic nurse supplies and meet growing health care demands.

The term "international nurses" refers to foreign-trained, foreign-born, or nurses recruited overseas that constitute a significant proportion of the nursing workforce in many Western countries (Kawi & Xu, 2009, p. 174). The amount of immigrants has increased in Finland since the 1990s (Vartia, Bergbom, Giorgiani, Rintala-Rasmus, Riala & Salminen, 2007). Ailasmaa (2010) notes that the proportion of foreign workers in social and health care grew in Finland in the 2000s. By the year 2007, the number of foreign workers in social and health care had doubled compared to the year 2000. In 2007, there were approximately 1 500 nurses and 2 700 practical nurses or professionals who had an equivalent degree and other descent than Finnish. In addition, there were 425 foreign nurses working in their profession, and they represented 0.8 percent of all nurses working in Finland (Ailasmaa, 2010). The number of international nurses in social and health care is not yet particularly high, but will most likely grow. Particularly, as baby boomers retire in Finland, the health care system is likely to face a serious shortfall in the workforce. One solution especially to the nursing shortage is to get trained and educated nurses from abroad. Competitive salary, high technology, the possibility to develop one's professional skills, diversity management, good guidance at work, and non-discrimination are important ways of attracting professionals in the common European labor market for nurses (Mannila & Parviainen, 2010).

As a prevailing and globalizing phenomenon, nurse migration has been an interest of several researchers around the world. Countries such as Australia, Canada, United Kingdom, and like United States are leading host countries for international educated nurses today (Xu & He,

2012), and therefore, the majority of studies focus on nurse migration to these particular countries. Nurse migration and the increasing number of international nurses has lately received attention in Finnish media, and it is becoming an interest of research as well.

3.2.1 China as a nurse exporting country

While the nurse receiving countries are advancing their efforts to internationally recruit nurses, the nurse sending countries have also accelerated their efforts to prepare their national nursing work force to perform at the “international” level so that they can be sent abroad. Asian countries play a vital role in supplying a nursing work force globally as well as within Asia. The Philippines is the leading country in supplying quality nurses abroad. India is rapidly catching up with the Philippines, and China is potentially a big player with full government support to establish its name as a major nurse sending country. (Hu, 2007)

There are over 18,000 hospitals, 2 million physicians and 1.3 million working registered nurses in China. The size of the Chinese nursing workforce is the second largest in the world, next to the United States. However, it does not translate directly to a large pool of nurses ready to migrate as nurses.

In the current Chinese nursing education system there are three entry level programs: mid-associate degree programs (secondary level programs), associate degree programs, and baccalaureate or bachelor programs. Although the vast majority of nurses graduate from mid-associate degree programs, they are not qualified to migrate to the United States as nurses unless they obtain an independent senior secondary degree in addition to their nursing degree. To increase the marketability of its nurses overseas, the government policy has been to improve the proportion of nurses with higher education.

Anticipating the large pool of Chinese nurses, the American CGFNS opened up a test center in Beijing in 2003. With the potential earning differentials being 30 to 50 times more than the current earning in China, Chinese students are eyeing more prospects of employment overseas. The Chinese Nursing Association (CAN) has welcomed the current trend and is strongly encouraging Chinese nurses to go abroad so that the skills, knowledge, and experience gained by those nurses will serve as a more powerful and effective force than government mandates and policies to reform Chinese nursing to make it more globally relevant.

For the first time in 2004 China appeared in the list of top countries of CGFNS Certification Program and continues to be ranked 3rd after Philippines and India. As of August 2007, there are six CGFNS testing center in China: Beijing, Shanghai, Guangzhou, Chengdu, Hong Kong and Taipei.

The Chinese Government signed a Letter of Intent with the U.K. Government in 2006 to facilitate the recruitment of nurses from China to the U.K. The letter intends to promote high standards of practice in the international recruitment and employment of health professionals by enabling Chinese agencies to comply with the principles of the Code of Practice and to clarify the costs to be met by agency, employer, and the international healthcare professional.

3.2.2 Migration through laboring agencies

In Finland, only a registered general nurse licensed or authorized by Valvira is entitled to practice the nursing profession. Valvira registers all persons granted professional practice rights in the Terhikki-register and also maintains information on all registered nurses. Unauthorized work as a nurse is prohibited. (Valvira, 2014)

The preconditions for authorization depend on where people have received their diploma. Preconditions are different if a person was educated in and EU/EEA country, nordic country or Asia.

Information from Valvira shows that language skill requirements depend on whether you are an EU/EEA citizen or not. EU/EEA citizens are not required to show an official language certificate of Finnish before they can be authorized. However, other nations are required to show an official language certificate of Finnish to Valvira before they can be authorized. The certificate must show at least satisfactory skills. (Valvira, 2014)

3.2.3 Migration through studying in Finland

In Finland, the education and professional practice of health care personnel are strongly regulated by law. Nursing education in Finland is based on the directives issued by the European Union (2005/36/EU); therefore, the requirements in Finland are similar to those in other European countries. Professional health care practice is also prescribed in the Act on Health Care Professionals and the Decree on Health Care Professionals.

Finnish nursing education takes three and a half years. The degree program in nursing consists of 210 credits, and one credit corresponds to an average of 27 hours of work by the student. The degree title is sairaanhoitaja (AMK) (Nurse, Applied University of Sciences). The nurse's degree is also part of the requirements for the degree of public health nurse, midwife and emergency medical technician- paramedic.

Finnish higher education institutions offer nursing degree programs completely in English, and those programs are open towards students internationally. Chinese students who completed in upper secondary education or in adult education of at least three years duration, would be able to apply for the study place in Finnish international nursing program.

In the three and a half nursing education, Chinese student will be able to gain knowledge consists of basic and professional studies, practical training to enhance professional skill, a thesis, demonstration of maturity and elective studies, and of course, Finnish language and cultural competence are also compulsory contents in international nursing education. The overall objective of the education is to provide a basis for general proficiency, self- development and ethical skills, communications and interactions, also, safety of the patients.

4 Communication

4.1 Communication and communication process

Communication, is the process of sending and receiving message through the verbal or non-verbal ways. Simply, communication is the behaviour of transferring information from one place to another, or from one person to another. There are different means to communicate, the most common ways are verbal communication, non-verbal communication, written communication and visualizations. (SkillsYouNeed, 2014)

- Verbal Communication: face-to-face, telephone, radio or television and other media.
- Non-Verbal Communication: body language, gestures, how we dress or act - even our scent.
- Written Communication: letters, e-mails, books, magazines, the Internet or via other media.
- Visualizations: graphs, charts, maps, logos and other visualizations can communicate messages.

Through communication, we keep connect with each others and share the feelings, explain ourselves and express the ideas, etc. Through the communication, we can be understand, and the information and knowledge can be effectively widespread and exchanged.

Communication process itself include the person who sends the message and the recipient who will receive the message, also the channel of the message, which means by what way the message is sent. The communication process is important because a tiny misunderstand might affect the quality and truthiness of the message. Especially when different cultures encounter, the communication become more complicated, because it might involve in more participants, and the more barriers, for example: different languages or culture manners. The importance of the language in the communication will be discussed in later.

4.2 Communication in Nursing

Communication process itself include very important parts, messenger, the recipient, and the channel. There is the possibility of sending or receiving incorrect messages frequently exists. The communication process is more complicated in nursing care profession, nurses need to keep the consent communication with the patient, the patients' family, the nurse's co-worker, supervisors, doctors and many other participants.(Anderson 2013)

Wallis A (2011) mentioned, nurses are the heart of the communication process in nursing profession, because they assess, record and report on treatments and nursing interventions. As well nurses are obligated to deal with patient's information sensitively and confidentially.

One of the most goals for nursing staff is that the patients and clients and those who care for them experience effective communication (Department of health (DH) 2010a). National benchmarks for communication require that communication needs are assessed and appropriate methods are used to enable patients and carers to communicate effectively. Information that is accessible, acceptable and accurate, and that meets patients' and clients' needs, should be shared actively and consistently. Staff should communicate effectively with each other to ensure continuity, safety and quality of health care for all (DH 2010a).

Philip (2010), illustrated that at approximately 30 percent of the total hospital staff, nurses represent the largest constituent employee population in any hospital. Nurses are the primary caregivers and be responsible to connect patients and their care plans toward rehabilitation and recovery. it is critical that nurses deliver the right message to the right person at the right time. Effective communication helps avoid unnecessary errors, saves time and improve the quality of care which patients deserve. '

Nurses play really important roles in healthcare environment, they are the bonds to connect all the departments work together towards the high quality patient care. However, nurses frequently need to deal the great amount of information in a short time. Nursing interventions as the tools in nursing professions, however, communications occupies the most nursing cares. In nursing professions, communications not only occur in between nurses and patients, but also towards the doctors, the other nurses, the physiotherapists, patients' families, etc. In every aspects, it requires nurses to collect and distribute the correct information. It is not acceptable that the information is misunderstood and misused, any incorrect or invalid information might cause ineffective care and cooperation, and even make life loss. (Philip 2010)

For example, in hospital sitting in Finland, before patient comes to visit the hospital, he/she will first make a phone call to healthcare center or hospital, and usually nurses will answer the phone first. Therefore, if nurses cannot make the communication smoothly happen, or nurse ignore some small contents in the communication, like some small symptoms. The nurse might make an unapporiate decision or suggestion toward the patients. Like when the patient come to see the doctor, or whether the patient should go to emergency, or the patient should not be so worry about the symptoms, etc. In some emergency situations, the patient might miss the best time for the treatments because of the nurses' inappropriate decisions related to the patients. In order to offer the holistic nursing care to the patients, nurses should be equipped with the skills to make the communication smoothly happen and make

the information to be collected and distributed accurately and in time, which all the departments which related to the health care can be connected and make the health care effectively.

Bush et al (2001) found that cultural awareness by communicators is a crucial factor in developing intercultural communication competence. Zimmermann (1995) showed that getting along with the owners of one culture is a key to successful communication.

4.3 Finnish language

Information is delivered by language from one to another. By the help of language, people started to know each other and explained own thoughts naturally. Language is also treated as the symbols to translate the abstract thoughts from our minds, and also helped us understand better about people and culture. (Anne-M 1998) Language is used locally and developed by local people in the beginning.

Anne-M. M(1998), revealed that language help people to build the identities. Language, especially the mother tongue will reflect one person's personality, and own experiences as well. Through the same language, people will feel they belong to the groups. Thus, the language connect people, and develop the cultures.

In Finland, Finnish language and Swedish language are the official languages, and Finnish is spoken by about five million people who reside mainly in Finland. Thus, Finnish is used as the first language in Finland. (Anne-M, 1998)

However, comparing with other environment, nursing environment is still quite relatively blocked, it is closely connected and formed by the local culture and customs. As we discussed before, communications is one of the essential parts in the nursing profession. Meanwhile, language as the one of the most important tools in the communication, becomes the main bridge to help people to send and receive the message, especially in the multi-culture environment.

In the definition of the cultural competence, linguistic competence is included and defined as "A set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations".(Cross 1989)

Therefore, be equipped with the linguistic competence directly develop the other culture competences. Because languages are the bridge to connect the different cultures. Languages can make the abstract cultures in real concrete words. That is also the reason that mastering the Finnish language in Finnish environment is particular essential for the foreign nurses.

5 Methodology

5.1 Qualitative research approach

This thesis is applied by qualitative research approach. Brikci (2007) pointed out that qualitative research is characterized by its main aims, which help people to understand some specific aspects of social life or social phenomenon.

According to Brikci (2007), qualitative research focus on the methods which generate words, rather than numbers, as data for analysis.

MACK (2011) illustrates that Qualitative research is a type of scientific research, and consists five aspects:

1. to seek answers to a question or make a conclusion for some phenomenon.
2. Systematically apply a predefined set of procedures to find out the answers.
3. to collect evidence or data
4. Produces findings that were not determined in advance
5. Produces findings that applicable for the study

In addition, NATASHA MACK (2011) also pointed out that qualitative research is especially beneficial for gaining culturally specific information about values, opinions, behaviors, experience and social contexts of certain group of people.

Qualitative approach helps to understand the prospection of participants, to explore the meaning of the phenomena, and also observe a process in depth. (Miachael Quinn Patton, 2002). It indicated an important characteristic of qualitative approach which is looking at something holistically and comprehensively. (Punch 2005)

Qualitative approach aims to reveal the facts among the social life or phenomenon. Due to that aim, the qualitative approach started with the non-hypothesis research. (Eskola, Suoranta 2008) That means researchers do not need prepare the presumptions about the research before the study. This characteristic reveal that qualitative research usually is planned by open questions and is suitable for many different situations. (Flick 2006)

5.2 Data collection

Brikci (2007), illustrated that the data was generated primarily in words, not numbers through the qualitative study approach.

The data of this study was collected by interviewing the Chinese nurses who have worked in Finland more than 1 years and now still work in different departments of Finnish health care environment. All the participants filled well-designed questionnaire before the interview. During the interview, the questionnaire was deeply discussed by the interviewers and interviewee. More details information was added based on the contents of the interview.

5.2.1 Participants

Participants are one of the most important part of the research. Patton (2002), pointed out that selections of samples or participants are purposive. This means that all the participants will be selected because they will provide the useful and valuable data for the research question. The successful selections of the participants will effectively contribute to the process of data collections and data analysis.

Based on the research questions of this bachelor thesis, the first criteria of participation selection is that all the participants are from China. The participants come from researchers' social networks. Even though they are from different parts of China, they still mainly have similar culture backgrounds.

The researchers got in contact with the Chinese nurses and asked them if they would be interested in participating in the study. If the nurse agreed, then the researchers explained the purpose of the study and what participating in this study entails.

Another criteria for the selections of the participants is the duration of the work time. This means that all of the participants have already worked in Finland at least more than one year.

There are 7 nurses participated in our interviews. Additionally, according to the nursing migration introduction in previous part, there are three participants graduated in China, and then moved to Finland to work. Then the rest of four participants studied and graduated in Finland and started to work directly after the graduation in Finland.

Among the participants, the nurses who graduated from Finland were registered nurses, and the nurses from China were practical nurses. In Finland, practical nurse is not allowed to take

care of patient's medication, unless practical nurse has the medication care permission. Beside the medication care, both registered nurse and practical nurses do the similar work. For example, basic nursing care, feeding, wound care, etc. In order to make the research results more realistic and comprehensive, registered nurses and practical nurses are both selected as the participants to this study.

5.2.2 Questionnaire

The questionnaire was also applied in this study in order to help researchers to get the relevant information based on the research question from the participants in advance. The questionnaire shorter the time of interview, because the interview was conducted based on the questions from the questionnaire.

Before the interview, the questionnaire was well-designed and modified many times by researchers. All the questions was designed based on the research question. The questionnaire is written by English, and the questionnaire were sent to participants by email after the participants agreed to participate in this research study. Then the participants were required to fill in the questionnaire first and sent back to reseachers. After researchers received the questionnaire, the interview was arraged for participant. All the questions from the questionnaire were discussed during the interview.

5.2.3 Interview

Interview is one of major methods for the qualitative study. Interview resemble everyday conversions, but they are different between the daily conversions. Brikci (2007) indicated that during the interview, researchers focus on collecting the data, thus interviews' questions always meet the needs of data collections.

According to Brikci (2007), during the interviews, people's conducts are usually in rigorous ways to make sure the data's reliability and validity. In order to face the reliability and validity of the interview, the interview should be reproducible, systematic, credible and transparent.

The reproducible means in the future study the similar information can be recollected under the same topic. The criteria of systemactic implies that the interviewees are not only selected in order to produce the data will only support the pre-existing ideas. Credibility of interview shows that questions are asked during the interview will be apporiprate and interviewee is able to provide truthful data. Last but not the least, study approaches will be wirten down

and let readers check all the processes. For example, how data is collected and analyzed. (Nouria Brikci 2007)

There are different types of methods can be used for designing and implementing the interview. In order to collect most useful and valid data for our study, this research study will apply the semi-structured interview.

Semi-structured interview is conducted on the basis of loose structure, for example Topic guide. Semi-structured interview is made up of open-ended questions to define the area or aspect which to be explored. (Nouria Brikci 2007)

Before starting the interview, the purpose of the study was explained to the interviewee. There was also discussion about the fact that the participation was voluntary and the interview could be stopped at any time if the interviewee felt uncomfortable. In addition, the interviewers and interviewee signed two copies of letter of consent.

One thing should be particularly mentioned towards interviews, was the official language used in the interviews is Mandarin Chinese. Taking the mother language into consideration, researchers believe that mother tongue is more nature for the researchers and participants, because Mandarin Chinese is the mother tongue for both parties. participants are also given the choices that they could choose the language they feel most comfortable with to discuss their experiences. In another way, participants will feel more nature and comfortable during the interview interviewing by mother tongue. Without doubt, it will help to generate more precise and honest data from the interviewees. Thus, the Mandarin Chinese was the main communication language during the interview.

During the interview, all the information was recollected and edited by the researchers. Researchers tired the best to collect the data and edit the information based on the interviewees' own experience and viewpoints. Obviously the content of interviews was translated from Chinese into English.

5.3 Data analysis

Before the data was analyzed, the researcher transcribed all interviews. The researchers created Microsoft Word files for the interviews. The transcription was undertaken in Chinese in order to ensure that meaning was not lost and that the information provided by the participants was not taken out of context.

Following transcription, the documents were reviewed for accuracy. All identifying information was removed and replaced with numbers to represent that information.

Methods for data analysis have to be systematic, disciplined, able to be seen as in transparent and described (Punch 2005). In the phase of organizing the data, the researcher becomes familiar with the data by reading it through over and over again (Marshall & Rossman 1995). Certain categories or themes emerge as more essential than others and therefore become central to the analysis (Pickering 2008). Marshall and Rossman (1995) describe the category generation phase of data analysis as “the most difficult, complex, ambiguous, creative, and fun” (p. 114). They claim that the most intellectually challenging phase of data analysis is identifying salient themes, recurring ideas or language, and patterns of belief that link people and settings together.

According to Marshall and Rossman (1995), after categories and patterns between them become apparent, the process of evaluating the plausibility of these developing hypotheses and testing through the data starts which involves the evaluation of the data for their informational adequacy, credibility, usefulness, and centrality. They explain that searching for alternative explanations of the data refers to a phase when a critical act is needed to challenge emerged patterns in the data that seem so apparent.

Finally, the analytic process moves to writing the report. According to Marshall and Rossman (1995), writing cannot be separated from the analytic process. It involves the choice of particular words to summarize and reflect the complexity of the data. Marshall and Rossman note when writing the report, the researcher is engaging in the interpretive act while lending, shaping and forming large amounts of raw data.

According to Taylor and Bogdan (1998), “data collection and analysis go hand in hand” (p. 141). After all interviews were held, researchers had already created an idea about some of the categories because they were so evident and repeated themselves throughout the interviews. The transcribing process also helped researchers to get a clearer picture of categories. In the transcribing process, researchers already marked the most relevant parts of each transcript to help the data analysis. After transcribing, researchers spent time reading the transcripts, making notes and drawing mind maps in order to get a whole picture of the data and to make sense of it. Then, researchers started to categorize each transcript and reduce the data. Data reduction means prioritizing the use-value of data according to emerging schemes of interpretation (Lindlof & Taylor, 2002).

This study used qualitative content analysis. As a method, coding and categorization were used in the data analysis. Categorization and coding are essential in order to make sense of

qualitative data (Lindlof & Taylor, 2002). Coding is a process where tags, names or labels are put against pieces of the data (Punch, 2005). Lindlof and Taylor (2002) claim that “categorization refers to the process of characterizing the meaning of a unit of data with respect to certain generic properties” (p. 214). Themes that appeared from the data were categorized into main categories that include subcategories

Some of these themes were partly overlapping with each other which made it challenging to categorize them under only one category. Therefore, they were categorized under categories that seemed most suitable and which had the strongest link to a certain theme. Overall, themes that overlap indicate that themes are in some ways linked to each other.

As previous noted, Chinese was the language used in the interview and transcription. It was important that data analysis was carried out in the language of the interview rather than that of the translated data to avoid compromising the quality of data obtained from a non-English speaking population (Twinn, 1998)

Nonetheless, some translation of the material was necessary to facilitate supervision of the thesis. The translation was carried out only by the researcher to maximize consistency and reliability. The researchers are native Chinese speakers and also competent in English.

6 Findings

In this chapter, the findings of the data are presented. The main categories were formed from the experiences that were identified in the data. These five main categories are: Experience of cultural difference, education of cultural competence, experience of communication skills, experience of Finnish nursing environment, and qualities of Chinese nurses. There were fourteen key experiences that emerged from the data. They are presented in Table 1.

Table 1: Table of categories and experiences

Category Experience	Experience of cultural difference	Education of cultural competence	Experience of communication skills	Experience of Finnish nursing environment	Qualities of Chinese nurse
	Awareness of the differences	Educated with Knowledge of Cultural Competence	Different communication ways	More decision making	Hard working, caring, and responsible
	Cultural shock	Have had a little education	Positive communication experience	More basic nursing care	Good technical nursing skills
	Feeling stressed and lonely	Non education of cultural competence	Negative communication experience	Less technical nursing intervention	

6.1 Experience of cultural difference

6.1.1 Awareness of the difference

For the China-educated nurses, a clear tension emerged between China and Finland, between traditional ideas and modern values, between a desire to hold on to the old self and a need to conform to the new society.

China-educated nurses therefore, bring with them considerable “cultural baggage”. Since they have been raised in China, they cannot simply discard the Chinese elements. After all, those elements have been deeply embedded in their minds and are parts of who they are. For nursing migrations, the information available in China was generally confined to work conditions and salaries for nurses in Finland and there was little input on what might be expected socially and culturally. The participants also indicated that they did not and could not reflect greatly on what lay ahead in Finland.

The result was a disparity between what the participants understood about cultural competence from their education and the past experience and what they encountered in the ‘real’ world. The major differences which indicated by participants, are explored below.

“We are the ones who came here to their country, therefore we have to change ourselves to adjust to them, rather than expect them to accommodate us.” (Participant 5)

Living in Finland, the Chinese nurses saw a clear need to fit in and become a part of the community. On one hand, adjustment is necessary because it indicates respect for the local culture. Thus, immigrant needs to modify his or her attitude, belief system, and life following immigrating.

“Because you live in a real society here, not in the dream, your life has to change in some way after immigration. How you entertain, how you make friends, all of these have to be changed in order to carry on with your life.”(Participant 1)

“In Finland, they have different culture, food, climate and religions. As a foreigner, I must learn to get used to a new different life here. Even though sometimes, the changes were difficult.” (Participant 6)

However, to fit is not an easy undertaking. A commitment to a culture one has known for most of one’s life may produce resistance to new ways of doing things. Without a shared background, relating to the Finnish culture appeared unnatural to the participants.

6.1.2 Culture shock

Being stressed and nervous were common feelings for respondents when they first started working in their workplaces. A field such as nursing has certain elements that can increase the stress level of newcomers. Nurses work with patients and are responsible for their care and well-being. When the newcomer realizes the differences of culture and need to make his or her own choice during care, it is natural that the person can get quite anxious about it.

Even when there is a willingness to change, there is no desire to be alike just to be accepted. Participants who perceived a need to conform and could not do so because of inadequate cultural skills were subject to frustration. This frustration, over time, can lead to criticism of the need to conform and therefore reduce that desire (Lee, 1994). When comes to nursing field, participants said they did have cultural shock.

“It was a shock when I started the work in Finland. Because in China, I am registered nurse. But when I moved to Finland, I can only be the practical nurse. Then practical nurse will do all the basic nursing care. For example, help patient to toilet, feed the patient. In China, usually family members take care those basic care.” (Participant 3)

“To me it is really hard to accept that there are no visitors at all for some patients. In our culture, family members are always around you.” (Participant6)

In particular, respondents were stressed about their Finnish language skills. The language barrier and difficulties with using Finnish language can increase the level of stress at the workplace. Some of the respondents were stressed about their ability to understand and communicate properly in Finnish language. The experience of Finnish language will be discussed in later chapter.

Colleagues' positive feedback on their language and communication skills decreased the level of stress. Feeling stressed was linked to getting confidence which concerned respondents' feelings regarding becoming fluent in Finnish language and also mastering working tasks. The expectations of others but also the expectations of nurses themselves for learning and knowing the language put newcomers under a lot of pressure:

“Finnish still makes me feel stressful even now I can manage with my Finnish in work. To me, I feel the language learning process is endless, because I can always find the new words.” (Participant 2)

“In hospital, nurse must speak Finnish. Even though I was nursing student from English program. Still, I felt I looked like an idiot in the beginning because I did not understand and I can only stood in the corner.” (Participant 4)

“We had a shock because they all spoke very fast. They spoke their mother tongue which we were not able to speak in the beginning. Thus it was really hard to cope with the colleagues. We were depressed and anxious. The next day we didn't even want to go to work.”(Participant 7)

One participant also described her cultural experiences as a shock and a stressful experience. There were several things that she needed to adjust to when she started to work in Finland:

“When we started working we also needed to study Finnish language after work, so it was really physically and mentally tiring. At the same time, we needed to adjust to the darkness and weather.” (Participant 5)

The participants generally did not want to cut off from their cultural roots, but they sometimes consciously played down or concealed their cultural identity because of real or perceived hostility towards them.

6.1.3 Feeling stressed and lonely

The barriers of understanding the language and culture may also affect relationships between Chinese nurses and their colleagues and patients.

“I felt sometimes my colleagues labeled me as different and difficult because of the language and cultural difference. Sometimes they did not even try to understand me.” (Participant 4).

The stressful and helpless feelings come from not only having no family and friends nearby but also from being lack of support at the workplace. Four of the seven participants said they had a feeling of being unaccepted by the dominant group. The need of friendship with locals was often unmet and the feeling of being accepted was considered important.

Interestingly, three participants had their nursing education in China. They had the opinions that they experienced more struggle compared to those Chinese nurses who completed their education in Finland. One of the reasons was that they came to Finland directly to work, so they did not have the family and other social supports in Finland. Those who had their education in Finland spent at least three and half years in Finland, and did several practices in Finnish nursing environment, so they had more friends and also they became more familiar with the working environment and also Finnish culture.

Having no family nearby, the participants experienced loneliness to various degrees during the initial settling down period to Finland. Longing for relations in the new community, some nurses were disappointed.

“Since I was in a new working environment, I wanted to fit in as well as possible, but some people in that environment resisted me to some extent. It was obvious that when I was not good in Finnish, no one really wanted to talk to me during coffee breaks. I sometimes felt the working place was cold and everyone were serious and unfriendly.” (Participant 3).

“I usually ate alone during the coffee break. I do not have too many common topics with my colleagues.” (Participant 5)

Loneliness is related to both, lack of quantity of social interaction, and lack of quality in relations. It is a response to a discrepancy between desired and achieved level of social interaction (Blazer,2002). The need to talk during work breaks is in fact a need to relate with people, not in the sense of telling a story, but in the sense of building relationships and connections with other people.

Participation in informal social activities is critical to relationship building. Yet, the nurses felt distant from local colleagues.

6.2 Education of Cultural Competence

6.2.1 Educated with knowledge of cultural competence

Among the interviews, some of our participants reflected that they got the knowledge of cultural competence when they studied in school, and those knowledge played positive role in the future work.

We noticed that participants who had cultural competence education studied and graduated in Finland. It means that cultural competence training is included in Finnish nursing education program.

In the interview, two participants explained to the researchers both of them had the cultural competence education when they were in school. In the same time, one of the participants also commented that she had culture related education in her third year of nursing study.

“In my third year of nursing studying, I had one course related to the cultural competence. The course mainly focused on the different cultural values and how to provide the holistic nursing care to the patients from the different cultures.” (Participant 1)

One Participant explained that the contents of cultural competence course was really vivid, because they had lots of case studies. And all the studies were collected from the real work place. She was really satisfied about the case studies related to cultural competence, and she had a very deep impression about the course.

“I had a really deep impression about ethics course in our school when I was a nursing student. We are introduced different kinds of cultures and their core values. After the cultural introduction, we had the cases’ discussion, those cases were real and occurred in the work place. The cases discussion were really interesting and meaningful.” (Participant 2)

From the interviews, researchers found different cultures and their core values closely relates to cultural competence. The introductions of different cultures were really necessary, because they are important not only in guiding how to provide holistic nursing care to patients, but also oriented participants how to work with foreign colleagues. All the participants themselves are foreigners in Finland, in the beginning of their work life, they had to figure out how to involve in the Finnish culture and cooperate with their Finnish colleagues.

“I am a foreigner in Finland, thus at least to me, I need to learn how to cooperate with my other colleagues. Most of them are Finnish, but also the nurses from other Europe countries, African countries or Asian countries. We have a lots of cultural differences based on our own cultural values, thus everyone need to try to understand each other in order to make the work smoothly” (Participant 1)

Besides the school lectures, a participant mentioned her cultural trainings from the Finnish employment offices and the cultural experience from her classmates whom came from different countries and nations.

In most of universities of applied science in Finland, they provided English nursing program to international students. Our participants who studied and graduated in Finland, all of them joined in the international nursing education program. Thus, the culture diversity of the classmates provided extremely good opportunity for students to understand the cultural difference.

“Our group had 25 students from four continents, i.e. Europe, Asia, America and Africa. Because the diverse backgrounds, students shared own cultures to others, and learned spontaneously. We had a lot of activities during the school, we cooked food sometimes and share different food cultures. My classmates illustrated me their cultural festivals and their religions.” (Participant 5)

Moreover, Participant also introduced to researchers that people can also get the Finnish culture training to foreigners organized by Finnish employment office. The training focused on Finnish culture and helped foreigners to fit in Finland and have a quality life in Finland.

“Before attend the nursing program, I used to learn Finnish which organized by employment office. In the class we were orientated about Finnish culture including history, politics, art, literature, celebrities and living style. These experience gave me great support for the future study and living in Finland.” (Participant 5)

6.2.2 Having a little education about cultural competence

Even though cultural competence is really important in nursing area, still cultural competence is not the main learning objectives during nursing education comparing with the spe-

cialized nursing care. Like mentioned previously, usually culture related lecture is provided in the third year study. One of our participants who also studied and graduated from Finland, she clarified that she got the similar culture education which related to multi-cultural nursing concepts and different cultures. But she did not pay attention to the course because of other stressful studies. Besides, when she was still a student, no one really put cultural competence in an important position.

“At school, we were introduced multi-cultural nursing concepts, cultural values, and how to provide the holistic nursing care to the patients from different cultures. But compared with other nursing courses and placements, we did not pay too much attention to it.” (Participant 6)

However, the participant still insisted that cultural competence play positive role in nursing care, and explained that “nurse should provide good to patients which refers to good care according to patients’ cultures.”

6.2.3 No education of cultural competence

Participants who got nursing degree in China admitted that almost of the patients are Chinese, they had the basic knowledge about the nursing ethics, but they have no idea that what is the cultural competences to nurses.

We have three participants who graduated in China, and had worked in China at least for two years before they moved to Finland. Those participants shared with researchers about the work methods and work situations in China.

Firstly, three participants admitted that they did not have any cultural competence education in China. They were introduced the nursing ethics in their studies, but the nursing ethics is not related to cultures. A participant claimed that “Cultural competence is not so important compares with specified nursing skills”.

Secondly, in China people share the main cultures, even though there are many minorities in China, still people have similar value system and principles. Especially, most of basic care which might relate to cultural difference can be done by families in China, which a participant explained like:

“Usually families take care of patients’ basic needs in hospital, for example, patients’ hygiene, nutrition etc. If patient have some special habits, they will just say to nurses.” (Participant 3)

Meanwhile, all the patients are Chinese, no matter the nurses or patients share the similar cultural background. Thus, the participant interpreted:

“Because in nursing area, at least in China, culture is not the most common topics. Especially if you work in the local hospitals, all of your patients are Chinese, we live in same cultural background.” (Participant 7)

Thirdly, participants illustrated that they have stressful work every day. There are too much patients who waiting for the nursing care. In this situation, nurses must concentrate on the nursing interventions. No one really take cultural competence into account.

“On the one hand, we share the same cultures with our patients. Therefore cultural competence is not so important compares with specified nursing skills. On the other hand, we have lots of work to do every day, we do not have extra energy to take cultural competence into consideration.” (Participant 4)

Moreover, participants started to realize and understand the cultural competence after they started work in Finland.

“On the contrary, the cultural competence raised my attention after I worked in Finland. One of the reason is I am a foreigner in this country, I shared totally different cultural values compares with my colleagues and patients. Therefore, I start to search the information about the culture differences and cultural competence. I realized that cultural competence can also be really necessary in nursing area.” (Participant 4)

The participants are really honest and admitted that they did not get cultural trainings when they studied and worked in China because of different education systems and work environments. However, through the interviews, the participants also indicated that cultural competences are really necessary and definitely important to them when they worked in Finland.

6.3 Experience of communication skills

6.3.1 Different communication ways

When working in Finland, the participants found not only a change in the nature of nursing work, but also the ways nursing care were delivered. It appeared that the local nurses concentrated more on communication through talking or touching and yet the participants were more concerned about “real nursing work” through doing.

“Finnish nurses communicated a lot with patients. Not only talking with patients, but they might also touch them and using a lot of body language and eye contact. Chinese nurses here were not used to express their feelings by using much body language. We do not usually communicate with patients in that way.” (Participant 3)

“Finnish is not my mother language, so I felt unnatural and unconfident to talk all the time with my patients.” (Participant 4)

The cultural definition of what constitutes real nursing work shaped the communication between the nurses and patients, which was usually brief, predominantly task-oriented, and concerned with physical care. Apart from less emphasis on talking as nursing work, it is also possible that the participants talked less because they were less capable of doing so. They consciously played down the talking component.

“Chinese nurses are very diligent but hardworking. But they do not talk much with others and the reason may be inadequate language skills.” (Participant 7)

“Communicating with patient is important, but providing a quality nursing care is more important, which means the nurse had proficient nursing skills. And the proficiency comes from the hardworking practices. ” (Participant 4)

6.3.2 Positive communication experience

Participants’ experiences in learning Finnish language varied. Some found it easier to learn Finnish language than others. For example, one participant said that she learned Finnish language quickly because she was very motivated to learn it. It also seems that nurses who got nursing degree in Finland had generally less difficulty learning the Finnish language. Participants had different levels of fluency in Finnish language when entering their workplaces. Some spoke already very fluently while others are still learning the language.

Participant who get their nursing degree in Finland were not familiar prior moving to Finland, however, during the 3.5 year nursing training and practices, they felt more confident and satisfied about their Finnish language skills compared with the those who graduated in China.

“I felt quite comfortable nowadays working with my Finnish language. I could talk with colleagues and friends which makes me learnt a lot about Finnish culture. Patients also appreciated when I tried to speak Finnish to them. Thanks to the Finnish courses in school. I feel comfortable with Finnish also because my colleagues always were willing to correct my mistakes and help me with the writing.”(Participant 2)

“I am kind satisfied with my language skills and feel motivated to learn. Even though sometime I felt difficult about certain professional words, like some devices with difficult names, but I always ask or check from the dictionary. Body language is also a good way for communicating sometime if I suddenly forget the word that I want to say. Anyways, I do not feel language is a barrier in my daily work.” (Participant 3)

Participants who got their nursing degree in Finland have stayed at least 3.5 year in Finnish environment. The school also arranged different kinds of Finnish language courses. Furthermore, all of the clinical practices were needed to conduct in Finnish language which gave them chances to learn and practice Finnish.

6.3.3 Negative communication experience

Participants, who had their nursing degree in China, all had duration of 3-5 months Finnish language training before they come to Finland. They felt that Finnish language training was useful for them but they were still in a shock when arrived in Finland and realized how difficult speaking and understanding the language in reality was.

Being able to completely express oneself in Finnish language was sometimes challenging. One participant pointed out the essential part of language in communication by saying that:

“Actually the cold weather for me was not a difficult issue, but the language is a serious problem because as long as we can communicate openly then there is always going to be a wall in the middle somehow. I just feel difficult to express myself.” (Participant 7)

One of another participant described her felling like this:

“During the coffee break nurses are talking with each other in Finnish and I only stayed in the corner, because I do not understand and not able to talk with them. Those moments I felt bad and disappointed. Sometimes they asked me whether I understand what they were talking but I don’t even though I have been studied Finnish for 5 months before I came here. The fact is, we do not have the language

environment and enough practice in China and also, we didn't learn much about spoken language.”
(Participant 3)

The feeling of realizing not being able to understand the Finnish language, especially the spoken language, was really bad experience for some participants. In addition, the expectations of having a good Finnish language ability put the foreign nurse under huge pressure which probably made the situation and the participant's experience worse. Not being able to understand and communicate in Finnish language can create a feeling not being good enough and feeling stupid which leads to a decreased level of confidence to start work in Finland.

The respondent had studied Finnish language for five months prior moving to Finland. Studying a foreign language for five months in one's home country was a relatively a short period of time. It seems unrealistic to expect that the person can communicate in the foreign language very fluently right from the start of employment based on this kind of language training, especially considering the fact that the person has never been in Finland before.

Nurses had to learn professional language in Finnish as well. Professional language has a certain vocabulary include diseases' names, different kind of nursing interventions and so on. It is essential to learn in order to be able to work and cooperate with others. For example when talking about language at the workplace, one participant noted that “We are expected to understand all the spoken language as well as some professional nursing language, but they are very different”. Several nurses mentioned that names of instruments are different so learning and memorizing them in Finnish can be difficult.

When talking about the challenges at the workplace in terms of language skills, some respondents mentioned that they felt it challenging to speak on the phone or do doctor's dictations. Also, when doctors wear masks while speaking to the nurses, it makes understanding even more challenging for them. Some of the nurses felt that in these kinds of situations they often have to ask doctors to repeat what they try to say in order to really understand the message. A participant thought that understanding doctors' speech while they wear masks can be also difficult for Finnish employees. This indicates that for a non-native speaker, it can surely be more challenging.

6.4 Experience of Finnish nursing environment

6.4.1 More decision making

In Finland, nursing is considered an independent profession and nurses are not overtly subservient to doctors. In addition, the participants pointed to the contrasting situation for nurses in China where there was far less opportunity for autonomous decision making. In China, nursing as a profession is largely dependent on medicine and nurses remain under the control of doctors.

“I feel nurses here are more independent than in China. You need to think a lot. In China, the situation is basically like this: you call the doctor when a patient complains to you and you do whatever doctors tell you.” (Participant 4)

Several factors contribute to the medical dominance of nursing in China. To begin with, Chinese society has traditionally placed a high social value on medical diagnosis and medical treatment. It is also assumed that medical knowledge is superior and more socially prestigious which undermines the importance and legitimacy of nursing knowledge. Of course it can also be argued that this is true of nursing in the West. Nonetheless, the nursing system in mainland China is still struggling to develop the political and educational institutions to underpin nursing professional development (Xu, 2003)

As such, nurses in China have limited autonomy.

“Generally speaking, nurses here are more independent. They do not rely on doctors totally. They can write nursing care plan by themselves and have their own thoughts and make decisions on the caring of patients.” (Participant 4)

“Here doctors and nurses each have their own administrative hierarchy. They don’t interfere with each other’s business. Doctors do not have power over nurses just because of their education.” (Participant 5)

Apart from medical dominance, the organization of nursing work is a further factor that constrains nurses’ decision making in China. To maximize efficiency and to cope with the level of work, nursing working in China is often routinized.

In contrast, the delivery of nursing care is perceived to be more individualized in Finland indicating a different philosophy of care and better staffing resources. The participants thus perceived that they had more freedom in decision making concerning care delivery in Finland.

6.4.2 More basic nursing care

The China-educated nurses perceived that basic nursing care constituted a great deal of the daily work of nurses in Finland. From their perspective, nurses undertook too much of this form of care.

“Nursing here is different from in China, such as we don’t have much basic nursing care. As to the basic nursing care, in China, we only learn its theory, not practice; there the basic nursing care is widely practiced.”(Participant 7)

“Nurses here are required to do basic nursing care whereas in China we are usually not. The family does that.” (Participant 3)

The meaning of basic nursing care for the China-educated nurses differed from that of the local nurses. In China, nurses typically do not provide basic nursing care to patients. Rather, family or personal caregivers accompany patients in the ward and provide most of the basic care.

Several factors contribute to this constructed reality. First, basic nursing care is often of an intimate and private nature. Patients in China, therefore, prefer to retain some privacy in hospital and are reluctant to be cared for by a nurse. Second, a moral obligation to look after a sick family member is embedded in Chinese culture. Meeting basic needs through the provision of direct care is seen as a way of demonstrating care and affection.

6.4.3 Less technical nursing intervention

In combination with the focus on fulfilling the basic care needs of patients, nursing in Finland is perceived to be less technical. Overall, the participants were unimpressed with the technical skills of local colleagues.

“Some Finnish nurses are not good at putting the cannulation and so forth. In China, that is the basic skill that every nurse need to learn and practice. Nobody will hire you in China if you could not put an IV line.” (Participant 5)

“I want to mention the advantage of nursing in China, which is we are more solid in technical skills. Here the nurses are not required to have good technical nursing intervention skills.”(Participant 7)

The importance the participants attached to technical nursing skills can be understood historically. The traditional skills hierarchy in China accords the highest status to medically derived technical work. The commercialization of health care also means that technical nursing at-

tracts greater monetary return. Nurses in China prefer to perform technical work because it symbolizes professionalism and is more socially prestigious.

6.5 Qualities of Chinese Nurses

6.5.1 hardworking, caring and responsible

Among the interviews, the qualities of Chinese nurses are hardworking, caring and responsible during the work were mentioned most by the participants.

Nursing care as the service towards patients is physically and mentally stressful job. Physically stressful refers that usually one nurse need to take care four patients or more than four patients during their shifts. Nursing care usually include basic nursing care, which nurses need to help patient about hygiene; also medical care which nurses are responsible to patients' medication, injections; thirdly nurses will arrange the treatments for patients based on doctors' prescriptions. Mentally stressful means that during the nursing care, nurses are not allowed to make the mistakes refers to patients' care.

Thus, in order to face this challenging job, among our interviews, most of our participants mentioned characteristic of hardworking is very vital in nursing care and healthcare environment. At the same time, they thoughts characteristic of hardworking is one of the qualities of the Chinese nurses. By influencing of the Chinese traditional culture, being hardworking is one of the core value in Chinese culture and a general characteristic of Chinese. Most of our participants said that being hardworking is a good attitude to lead better life.

"I think that Chinese nurses are very hardworking. Because hardworking is a very important virtue in Chinese culture, we are educated to be diligent in to our study or work life. We believe that hardworking is a good attitude in our life and make our life better and better." (Participant 4)

Beside the influence of the traditional Chinese culture, participants also mentioned that because they their Finnish language level was limited still, they were stressful about poor language ability. Therefore, they thought being hardworking not only in work but also in their Finnish language study. Because Finnish is totally new language to our participants and they must work hardly in language study as well. Language ability directly affect the nursing care qualities.

"Finnish is totally a new language to me. Besides, Finnish language is really difficult to foreigners. Without doubts, I was extremely stressful in the beginning about language study. However, I under-

stand I must work very hard in my language studies to make sure my study and future working life can go smoothly.”(Participant 5)

“I learnt Finnish every day after the work. Because good language skill is really important to my work. I felt awful sometimes if I cannot understand my patients or I cannot express myself in Finnish.” (Participant 2)

Among our interviews, the characteristic of caring is also become one of cultural competence experience that Chinese nurses have. All the participants shared with researchers that Like the virtue of hardworking, caring is also regarded as a virtue which required by our traditional cultures. Participants got positive feedback from their patients and colleagues when they showing their caring to the people around them. One of the participant said that being caring with patient made her felt that she was helpful and needed by patient.

“Even though I cannot speak so fluent Finnish, but my patients still said I am a good nurse. Because they said I do really care about them. So the caring characteristic make me to become a good nurse.” (Participant 3)

In addition, compared to Chinese culture, Finnish people have quite independent lifestyle. However, this cultural difference does not cause a huge difference in nursing care towards the Finnish patients. Our participants found, no matter how independent person is, he/she still need a lot of caring.

“Finnish people have quite independent life, thus to some families, they might have emotionally less strong family tie compared with Chinese. To that reason, it is quite often in my ward, that some patients do not have any visitors at all when they are hospital. To me it is a sad story because I believe that human beings need caring from others no matter how independent you are. Therefore, I’d like to talk more with the patients who do not have relatives or families. When I take care of them, I always want to know what they need, how they feel and spend a little bit more time with them. Or by chatting casually about the news and so on. I am sure they like this way and they know I am caring about them. It makes me feel good as well, because I know that I do help them.” (Participant 6)

The participant said her patients did appreciate what she did, and the patients felt much better when someone wanted to care them. The characteristic of caring also makes the participant has a good reputation in her work place.

Among the interviews, another participant said she got sense of self-achievement. She emphasized the quality of being caring is essential part of nursing care and basic virtue for nurses.

“One of the main work to nurses is taking care of patients. For that reason, I believe the nurse must be caring and willing to take care of patients. Taking care of patients is not only an obligation but also a virtue. Otherwise it is really hard to be a good nurse. Chinese nurses usually are friendly and caring. Sometimes my patients asked me why I always smile, but then they said they like it. And they remembered my name and always ask me to help them. Of course I got a little bit more work, but at the same time, I also got the self-achievement.” (Participant 7)

In our interviews, most of Chinese nurses also mentioned that being responsible is the third quality they have. Like being hard working and caring, being responsible is also regarded as one of the main cultural value in Chinese culture. Our participants insisted that being accountable is a serious attitude towards own life, friends, families, and work life which mean you are able to handle. Participants mentioned *‘In China, Chinese culture focus on family values which require that everyone is responsible for their families.’* and *‘the person is untruthful if she/ he is irresponsible.’*(Participant 1)

Among the interviews, Nurse-patient relationship was mentioned many time by our participants. They thought that nurse-patient relationship is very special, and nurses’ conducts will directly lead to either good or bad results toward to the patients. At the same time, nursing ethics requires that all the nurse must provide good and prevent to do harms to patients.

“From the ethics lectures in school, I knew that the nurse is responsible to promote patients’ health and prevent the illness.” (Participant 2)

One participant also gave researchers her own experience to being accountable in the work:

“I must be sure that I am able to answer their questions which related to their health and treatments. For example, the usage of medication, the lab results and so on.” (Participant 6)

6.5.2 Good technical nursing skills

Good nursing technical skills have the significantly positive influences on nursing care.

The technical skills mentioned include Personal hygiene, controlling infections, positioning the patient, pressure sore preventions, physical examination, monitoring patients’ vital signs, medication administration, wound care, insulin care, ventilator care and so on.

The qualities of nursing care also depends on that how proficient nursing technical skills the nurses have. Proficient nursing technical skills are beneficial to promote patients' health and alleviate sufferings.

In our interviews, the participants shared their nursing skills and experience with researchers, and they were more or less satisfied about their nursing skills. Especially the nurses graduated in China, they shared lots of experience about nursing intervention skills. They illustrated that they got lot of opportunities to practice different nursing intervention skills when they worked in China, because of large number of patients. They got the benefits from the over and over practices. Thus when they moved to Finland, compared with difficult language study and cultural shocks, good nursing technical skills made them feel much more confident. Also, being good at nursing interventions help our participants communicate more with colleague and share the experience.

"In China, we had lots of patients every day, the ward was always full of the patients. Thus, we have more opportunities to practise. For example to insert the nasogastric tube, taking care of the wounds and so on. "(Participant 3)

"My colleagues are surprised in the beginning about my technical skills because I just came to Finland and I even cannot speak so fluent Finnish. But after that, they trust me and my abilities which make me understand that good nursing technical skills are indispensable." (Participant 7)

7 Discussion

This study sought to explore the socially constructed meanings that form the experience of China nurses working in Finland and the actions that flow from those meanings. This chapter constitutes the conclusion of the study in addressing a discussion of findings of the study.

The purpose of this research is to explore what kind of cultural experiences do Chinese nurses have when working in Finland. The intent was to produce a theoretical understanding and a description of the experience.

This research was carried out in two groups' Chinese nurses: nurses received nursing education in China and the nurses who graduated from nursing school in Finland. The main source of data is a background-questionnaire and 7 face to face in-depth interviews with 7 Chinese nurses. The interviews were conducted in Chinese. Following the completion of each interview, field notes were written by the researcher to record details of observations and encounters. In addition, a reflexive notes was kept to record the researcher's impressions, thoughts, problems, and decisions generated during the study process. Finally, relevant literatures were consulted as data to address issues arising during the analysis.

The significance of this study is further reflected in the growing number of immigrant nurses worldwide and a prediction that this trend will continue in the foreseeable future (Aiken et al., 2004). In addition, immigrant nurses not only alleviate the nursing shortage but also contribute to the diversity of nursing workforce (Omeri & Atkins, 2002). This study thus offers fresh insight into and deepens our understanding of the experience of this group of nurses. The key findings of this study are summarized in the following.

Firstly, Chinese nurses who received education in Finland have more positive feedback of their cultural experiences than nurses who received their education in China. Those who graduated in China came to work in Finland only had five months training, which means they have relatively insufficient knowledge of Finnish cultural and working environment.

Insufficient knowledge or understanding about immigration life partially contributed to the perception of difference. The difference situated the nurses differently. More significantly, it predisposed them to be seen as unqualified or inadequate. Aware of the difference and the negative associated meanings, the participants accommodated themselves to the social norm of the work setting.

Immigration meant a relinquishment of previous social ties and the effort of building new connections was characterized by barriers. It was presumed that one needed to embrace the host culture in order to mix with locals. However, exposure to the experiences of locals highlighted the tension between personal and social values. Without common experiences, meaning is not readily shared which makes joint action problematic and community building difficult. The social psychological distance existing between the nurses and local colleagues functioned as an invisible wall which resulted in a sense of *we are among but not in*. Furthermore, the ideology of individualism which prevails in Finland implies a preoccupation with self and loose human connections. Although the superficial relationships had some advantages, loneliness was the price paid.

Also, participants' strong motivation and determination to transform challenges into occasions of learning and to remain hopeful in the face of hardship. The participants displayed resilience and agency through persistence, remaining positive, hard work, and continuous learning. First, a sense of not knowing underpinned the differences in nursing practices between China and Finland. The change in environment inevitably exacerbated a sense of the unfamiliar. Learning was necessary to cope with daily work and to manage stress related to unknowns. In addition, being foreign and different, the participants appeared to be the other in Finland. This meant that the nurses had to prove themselves to be accepted and recognized. Yet while the desire to appear competent and not to lose face motivated learning, it also made difficult the disclosure of what was not known. Moreover, the experience was isolating. Being away from family implies the participants have left behind a strong support network. The support from fellow Chinese friends in Finland was essential but also minimal. The support from workplace was inconsistent and inadequate. Furthermore, being the other, the social expectation was that the nurses would be self-reliant and should expect no extra help.

Second, this research found that the experience of immigrant nurses was not just about language and nor was it simply about culture. The dominant emphasis on language and culture in the literature obscures other dynamics such as power which shape the experience.

In the existing and relevant literature there is an overwhelming emphasis on language, culture, and practice differences as the key issues of adjustment for immigrant nurses (Xu et al., 2008; Yi & Jezewski, 2000). For example, a GT study by Yi and Jezewski (2000) on Korean nurses in the US produced five stages of the adjustment process: relieving psychological stress, overcoming the language barrier, accepting USA nursing practice, adopting the styles of USA problem-solving strategies, and adopting the styles of USA interpersonal relationship. Here, adjustment is about lessening or eliminating difference and overcoming language and cultural barriers. A UK study on the experience of Filipino nurses concluded that the experience is primarily about differences in the nursing role and communication issues (Daniel et

al., 2001). A review article in this area by Konno (2006) also emphasized the collision of cultures when overseas nurses enter Australia and the resultant isolation in the workplace. A further meta-analysis focused on Asian nurses working in Western countries produced four overarching themes, three of which were language, culture, and clinical practice differences (Xu, 2007).

People in the host country tend to think that overseas nurses are unsafe in their clinical practice ("Skills of Overseas Nurses", 2005). This idea partly comes from the assumption that if an overseas nurse can misunderstand a simple word then how dangerous might it be for a patient who says something critical. The media portrayal of particular cases of error committed by overseas nurses contributes to this perception.

It is true that the language issue is important; however, the connection between the communication capability of immigrant nurses and patient safety (Xu, 2007; Yi, 1993) is unclear. Some authors have argued that language and communication deficits pose great risk for patient safety and quality of care (Xu, 2008). It is of concern that such a conclusion would be drawn by assumption and not on the basis of evidence.

Although language may create barriers to communication, it is not so inevitably dangerous to a patient. Even in China, one cannot guarantee that nurses can understand each patient, as many of them speak a local dialect. Also in a multicultural society such as Finland, not every nurse can understand every patient's words. There are always occasions where patients are unable to communicate with nurses for medical reasons, but it is not assumed that this poses an immediate danger for the patients.

Nonetheless, a non-Finnish speaking background is perceived negatively in the workforce. This is evident in the study by Allan and Larsen (2003) which found that communication was a form of stigma for internationally recruited nurses. Being linguistically different from the dominant group, the study participants were perceived to be inferior and incompetent. It is important to understand how the process of stigma emerges for immigrant nurses during their social interactions.

Indeed, by rendering everything attributable to language and culture, other structural factors that shape the complexity of the experience of immigrant nurses such as gender (DiCicco-Bloom, 2004; Ho, 2006), race (DiCicco-Bloom, 2004), power imbalances (Allan & Larsen, 2003), and the geopolitical context (Raghuram, 2007) are overlooked. The experiences of immigrant nurses cannot be fully understood without looking through these different lenses simultaneously. It is from this framing that meanings of experiences are defined and dynamics

of relationships understood (Xu, 2007). The way immigrants' language and cultural issues are framed is also closely related to the practice of valuing diversity in host society.

Immigrant nurses are a rich resource for the nursing profession since they bring special knowledge, sensitivity, and perspectives to nursing care in the host country. However, this asset is largely unappreciated in practice. It seems that the participants were not encouraged to share their previous experiences and expertise of nursing in order to add to the diversity of nursing practices in Finland. Except on occasions when caring or acting as unofficial interpreters for patients who share the same background, the skills of immigrant nurses, as shown in Blackford and Street's study (2000), are usually invisible and unacknowledged. The hospital employment criteria also give no recognition of the multiple language skills of the nurses (Blackford & Street, 2000).

Third, rather than focus on the negative aspects of difference, this study points to the importance of recognizing the social value of difference. Converting difference into learning opportunities is in the interest of immigrant nurses and host societies.

Immigrant nurses are usually seen as ready-made workers who are recruited to fill a shortage gap. They are rarely treated as people in transition and newcomers who need support and direction as they find their way in a new society which is alien to them (Castles, 2000). The health care organizations take local nurses' lives and experiences for granted and render overseas nurses' social needs and experiences invisible or as the other.

In addition, it is essential to remember that immigrant nurses are not a homogeneous group and thus making generalizations about any group of nurses is misleading and undesirable. It is important to assess each nurse's performance individually rather than based on where they come from. By labelling immigrant nurses as inadequate when they appear different, the stereotyping about these nurses will be further reinforced. In fact, it appears in the data that patients were generally more receptive of the participants compared to colleagues and patients' families.

In an Australian study of 26 non-English speaking background nurses, Blackford and Street (2000) found that emphasis was given to knowledge and skills that maintained Anglo-Australian health care practices and a failure of the nurses to comply with the "rules" resulted in marginalization. In the report of a study on the experience of Chinese nurses in the US, the authors used the term integration in the description (Xu et al., 2008). However a closer look revealed that the notion of "becoming integrated" involved the unlearning of Chinese values, beliefs, and behaviors by the Chinese nurses and the learning of new ways in order to become accepted as a legitimate member of the local nursing community. A meta-analysis of

research on Asian nurses also concluded that these nurses felt compelled to change who they were to varying degrees in order to adapt successfully to the new culture and work environment (Xu, 2007).

The essence of integration is about inclusion, participation, and equality which respects and values difference rather than seeking its elimination. However, as Raghuram (2007) has pointed out, in practice what sets out to be integration usually becomes assimilation, that is, the mitigation of differences between immigrant nurses and local nurses. Although nursing practice is inherently variable, the differences of immigrant nurses tend to be emphasized while the variations of local practice are largely ignored (Raghuram, 2007). If the concept of integration is taken seriously, the China-educated nurses would not be made to feel that they have to lose their differences and learn the new way in order to be accepted in the workplace.

In addition, in theory integration is a two-way process (Alba & Nee, 1997) and yet in practice it appears as one-way because of the power imbalance (Raghuram, 2007). It is the migrant nurses who have to conform to current practices, what and how “non-migrant nurses” are contributing towards integration is generally overlooked (Raghuram, 2007).

Integration, as defined, would require that immigrants be granted equal rights and participate fully in all spheres of the new society without giving up their diversity (Costoiu, 2008). Thus in theory, integration is desirable but in reality extremely difficult because of the social and political location of immigrants (Rudmin, 2003). Few migrant nurses would consider that they were in a position to shape and reshape nursing practice in the host country through the knowledge they bring (Raghuram, 2007). As an Australian study shows, the ability of non-English speaking background nurses to bring about change to the dominant Anglo-Australian health care system is minimal (Blackford & Street, 2000). Similarly, Xu (2007) revealed that Asian nurses perceived that they had little power to change the status quo, particularly given their migration status and the foreign contexts.

Difference can serve a constructive function if handled with understanding and sensitivity. Speaking a different language and belonging to a different culture may appear initially as a barrier to both immigrant nurses and the host country, but with time will become an asset to the organisation and the diverse populations they serve. It is therefore necessary to respect and value diversity rather than merely tolerating someone who is different (Alexis & Chambers, 2003; Brunero, Smith, & Bates, 2008; Ho, 2006; Vestal & Kautz, 2009).

This study concludes that it is problematic to define the experience as either good or bad. Rather, ambivalence is the essential feature of the experience of immigrant nurses and a more appropriate theoretical concept.

Fourthly, through all the interviews. Researchers noticed that all the participants mentioned about the influences of Chinese culture, which have supported them to fit in the Finnish environment. For example, all the qualities which emphasized like “the characteristics of being hard working, caring and responsible.” Those qualities all come from participants’ own culture. Meanwhile, those qualities are required by nursing ethics. Because nurse-patient relationship is really especial. There are two key nursing ethics principles in nursing care and healthcare environment are beneficence and nonmaleficence. By saying simply, beneficence means nurses are obligated to do good, and nonmaleficence means nurses are obligated to avoid doing harm. Additionally, nursing ethics emphasized that “the ethical concept of caring is been regarded as the foundation to the nurse-patient relationship and caring behavior is the main characteristic to the nursing role.” (Sara.T & Megan-Jane.J, 2008)

Caring is a foundational factor to the nursing profession which require nurses provide the protection of the health and welfare of the patient. Caring plays significant role to the nursing role and suggests a commitment between nurses and patients. (Sara.T & Megan-Jane.J, 2008) At the same time, caring was also regarded as a moral obligation or moral duty toward healthcare environment. (Pellergrino 1985) Because nurse-patient relationship is different and special, nurses provide the nursing care based on patients’ needs. Therefore, the characteristic of being caring is particularly important in nurse-patient relationship.

The ICN code of ethics for Nurses (2006), the nurse has the responsibility to promote health, prevent illness, restore health and alleviate suffering. Fry-Revere defined accountability as being answerable for someone’s behaviors and being able to explaining and giving satisfactory reasons about related behaviors. A nurse is accountable and responsible about the nursing actions and related treatments to the patients based on the laws and nursing ethics. (Fry-Revere, 1992)

When the participants were asked about where the qualities of Chinese nurses came from, all of them naturally mentioned the Chinese culture affect those qualities. Chinese culture focus on the family values. Centered on the family values require everyone should contribute to the family. Men should be responsible and trustful, and women of the family mainly take care of family member’s daily needs. (Chang & Kemp,2004)

Fifthly, four participants who graduated from Finland were satisfied about the nursing education which provided by Finnish universities of applied science. Schools provided systematic

theoretical studies and clinical practices. Additionally, the courses of ethics and Finnish language also helped them to fit in Finnish environment. Comparing with other three participants who did not get systematical study in Finland, they are more competitive and had more positive experience when work in Finland.

8 Ethicality and trustworthiness

8.1 Ethical consideration

Ethical principles have been applied through the whole thesis time. Fry & Johnstone (2008) indicated that ethical principles guide the moral decision making and moral actions. In addition, ethical principles also focus on the formation of moral judgments in the practices.

The key principles ethical principles are beneficence and nonmaleficence. Beneficence in this thesis study situation means researchers are obligated to do good towards the participants, and nonmaleficence indicates that researchers should avoid doing harm towards the participants. (Fry & Johnstone, 2008) In the whole thesis stage, especially among the interviews, these two principles were applied by the researchers.

This thesis focuses on the cultural competence experience which Chinese nurses have, researchers tried their best to provide a comfortable and free atmosphere to the interviews. All the participants were free to ask the questions toward the research question, and they also have the right to stop the interview at any time if they feel uncomfortable about the interviews. Another important ethical principle has also been applied in our thesis time, is autonomy. Autonomy is defined as the individuals should be permitted to be free to have actions based on their own plan. (Fry & Johnstone, 2008) Our participants were autonomous to decide what kind of details they wanted to share, and what kind of details they did not. Researchers definitely respected all participants.

Before starting the interview, the purpose of the study were explained to the participants. There were also discussions about the fact that the participation was voluntary and the interview could be stopped at any time if the interviewee felt uncomfortable. The participants were also explained that all the data which collected by researchers would be used only in this study.

In addition, a formal letter of informed consent was provided to the participants, the researchers and participants signed two copies of letter of consent. The consent letter (see Appendix 1) briefly states that participant is voluntary to participate in our study and all information will be treated confidentially, anonymously and will be used for research purposes only.

Informed consent is necessary and beneficial to explain to participants in advance about purposes of the investigation and main features of design, as well as of any possible risks and benefits from the participation in the research project. (Kvale, 1996)

8.2 Trustworthiness

Lincoln & Guba (1985), illustrate “ the basic issue in relation to trustworthiness is simple: how can an inquirer persuade his or her audiences that the findings of an inquiry are worth paying attention to, worth taking account of.” Therefore, there are four criteria should be taken into account: Credibility, Transferability, Dependability, conformability.

Credibility refers to confidence in the ‘truth’ of the findings (Lincoln & Guba,1985). In this research question, researchers tried to figure out what kind of cultural competence experience Chinese nurse have when working in Finland. All of our participants are Chinese, three of them graduated in China, and the rest of four participants graduated in Finland. Moreover, all of the participants had worked in Finland at least of one year. The selections of participants met our research question. Additionally, the interviews were held separately, which means researchers had interview with one participant at each time which ensure that participants felt comfortable to share own experience without influence of others. Before the interview, participant was required to fill one questionnaire, the questionnaire help researchers to understand the participants’ views in advance. During the interview, all the questions from the questionnaire were discussed. During the interview, researchers did not add any personal comments to participant, participant was free to decide how detailed she wanted to share.

One thing should be mentioned is Chinese language was the main communication language in the all interviews. Because both parties (Participants and researchers) are Chinese. Besides, participants felt more natural and comfortable to talk in their mother tongue. Thus, during the data translation stage, researcher tried their best to translate all the data from Chinese to English, still there might be some misunderstandings about the original data because of language incompetence.

Lincoln & Guba (1985) also stated, “Transferability shows that the findings have applicability, Dependability means the finding are consistent and could be repeated, and Confirmability indicates that the findings are not based on researcher’s bias or motivation.”

In this thesis study, the nationality of the participants is the same, which the data and finding might be limited to some extends. Some specific findings might only be applied toward Chinese nurse who worked in Finland. However, Chinese nurses still are foreigners in Finland.

Thus, the findings related the experience of the Finnish culture and work environment can still be applied more or less to other foreigner nurse who work in Finland.

All the data have been translated directly from participants' own thoughts. In the interview, researchers respected participants' opinions and took ethical principles into considerations. Researchers haven't expected any answers from participants, all the data was participants' original thoughts.

In this thesis study, we only have seven participants, the small numbers of participants also make the limitation towards the findings. However, Brikci (2007) pointed out that qualitative research is characterized by its main aims, which help people to understand some specific aspects of social life or social phenomenon, and qualitative research focus on the methods which generate words, rather than numbers, as data for analysis. Thus, researchers believe that the findings can still play positive roles in current study and further studies.

9 Implications and recommendations

The findings of this study not only contribute to theoretical understanding of the study phenomenon, but could also be translated into practice for the benefit of China-educated and Finland-educated nurses in Finland, their colleagues, employers, and patients.

This study found that China-educated nurses considered immigration as fulfilling a dream of better life. They have received averagely five months language and nursing technical training in China before immigrate to Finland. Very few training or information of Finnish cultural and working cultural have been provided to them until they came to Helsinki. They were unaware of the struggles that lay ahead. Unrealistic expectations predisposed the nurses to many hardships, disappointments, and frustrations in the journey. It is desirable, therefore, that Chinese nurses who wish to immigrate have access to adequate and realistic information of cultural information to ensure a better cultural competence. One possible channel is to provide training and information of Finnish working cultural and cultural background, and invite those China-educated nurses who have previously immigrated to provide relevant information on working abroad.

This study also found that the support provided to the China-educated nurses during their transition was inconsistent and inadequate. Once recruited, the nurses were largely left alone. The presumption was that these nurses, because they were qualified, should be able to work independently. It appears from the study that peer support is essential for reducing psychological stress during immigration and thus resources to promote psychological health are needed. The establishment of an overseas Chinese nurses association in Finland might be helpful in facilitating the exchange of information and sharing of experiences among the nurses.

However, as the study reveals, the nurses who received education in Finland, have better language skills and cultural competence which leads to a more positive cultural experiences when working in Finland. They have had their 3.5 years nursing education in Finland, which includes language studies, practices in Finnish nursing environment, and courses about cultural competences. Nursing programme provided them systematical theories studies and clinical practices towards different specific nursing work. It helped our participants gain more vivid and direct work experience before graduation. Participants also admitted that the Finnish language studies and related cultural competence trainings had improved their cultural competence and certainly supported them in the work.

This study shows the certain cultural competence experience Chinese nurses have when they working in Finland. Although there are positive and negative experience, still all the experi-

ence were valuable and unique. The study also indicates that cultural competence is obviously more and more important in nursing area, because nurse should provide the holistic nursing care to patient and treat patient as a holistic being. It requires nurse is able to see the differences from the culture and the different cultural values based on the every individual, then provide the individual nursing care based on patient's needs. The holistic being is also required by nursing ethics principle which provide good and avoid doing harm to patient. The study helped us to see what kind of education might be needed more in the future.

This thesis can also provide useful information for the similar study topic in the future. All the participants sincerely shared their own experience when they started work and live in a new cultural environment. Those positive and negative cultural experience can easily evoke sympathy. Through the study, a fact is found that no matter to Chinese nurses or other foreign nurses, good cultural competence leads to efficient nursing care and good nursing care quality.

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Appendix 1: Informed consent

LETTER OF CONSENT

By signing this letter of consent, I agree that I participate voluntarily into the interview conducted by Chen Jia and Wang Yan and I give her permission to use the material gathered through this interview in their thesis. I agree that the interview can be recorded and the material can be used, quoted and published in the thesis.

All information will be treated confidentially, anonymously and will be used for research purposes only.

Date and place

Participant's name and signature

Researcher's name and signature

Appendix 2: Questionnaire (English translation)

Cultural Competence and Experiences Questionnaire

Thank you for taking part in the Cultural Competence and Experiences survey. The aim of this survey is to explore, record and analyze the cultural competence that Chinese nurses are having when working in Finnish nursing environment. The survey should take around 30 minutes to complete. Your confidentiality and information will be strictly protected and thank you for participating in what we hope becomes a newsworthy study. If you have any questions, please feel free to contact us:

Chen Jia: jia1987chen@gmail.com

Wang Yan: stella.dream@hotmail.com

For Questions 1 - 2, you can choose one option, questions 3 - 11 are open questions (= write your answer in your own words). Before the open questions, there are brief explanations to related items. So please answer the questions (them) based on your own ideas and experiences. Thanks a lot!

1. Where did you finish your nursing degree?

Finland China in other countries _____ (which country)

2. Are you -- Registered nurse?

--Practical nurse?

--Public health nurse?

Cultural competences:

Cross et al (1989), indicated that cultural competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.

3. What does cultural competences mean in your opinions?

4. In which aspects, do you think cultural competences are important in nursing professions?

5. What kind of education have you gotten related to the cultural competences?

Nursing environment:

Culture is formed by the local environment, at the same time, environment is influenced by the culture. In nursing care environment, the nurse should be aware of the five questions, how culture groups understand the life process; what is cultural viewpoint about the health and illness; how the culture groups try to keep the health and wellness; what is the cultural groups' viewpoint about the cause of illness, and how nurse influenced by cultures when they provide nursing care.

6. So, how would you describe the Finnish nursing environment based on those five questions?

7. What kind of cultural competences do Chinese nurses have when they work in Finnish nursing environment?

Communications and linguistic competences:

As we know, communications are really important in nursing area. There are different means to communicate, the most common ways are verbal communication (language), non-verbal communication, written communication and visualization.

8. Which means of communication are the most important in your opinion when you are working in Finland as a nurse?

9. Why do you think that the means of communication that you selected in previous question 8 are the most important?

Linguistic competence is one part of cultural competences, and languages are usually considered as the bridges to connect cultures.

10. What's your Finnish language level which refers to reading, writing and speaking levels? Please describe separately.

11. How Finnish language help you to understand Finnish culture?