EXPERIENCES OF AFRICAN NURSES IN FINLAND

A Case Study on Integration, Race and Culture

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<td><strong>Abstract</strong></td>
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<td>There has been an increase in the past few years in the recruitment and education of foreign nurses in Finland. The differences in integration among foreign nurses however has differed based on country of origin and race, African nurses reported to have more difficulties integrating compared to their peers. What these differences are and what African nurses experience in their process of integration into the Finnish work environment are the interest of this thesis.</td>
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<td>Qualitative research methods in a ‘two-case study’ design were used for this thesis. The method included in-depth interviews with chosen participants. The participants’ experiences were documented and later analyzed using thematic analysis, piecing together dominant patterns in the data that addressed the research questions.</td>
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<td>The results highlighted the foremost challenges African nurses faced while studying and working in Finland compared to their foreign or Finnish peers. Dominant themes shown in the results were difficulties in learning the Finnish language, lack of trust from fellow staff, importance of practice placement mentorship, racial difference, feelings of lack of belonging, and poor outlooks on career advancement in Finland.</td>
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<td>The purpose of this thesis is to open discussion on possible barriers to integration faced by minority nurses, to better promote and advance multicultural interactions in the Finnish work environment; as well as better prepare and aid nursing institutes in the reception, mentoring and education of a growing international nursing student population in Finland.</td>
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1. INTRODUCTION

In recent years there has been an increase in the number of foreign nurses working in Finland, both through foreign recruitment schemes as well as through international degree programs in Finland, that educate and provide a gateway to nursing employment in Finland. In the limited research that has been conducted on issues on integration of foreign nurses in Finland, there is the consistent pattern in reports of African nurses being the least integrated amongst this new work force, and having experienced the most difficulties integrating into the Finnish nursing work environment compared to other nationalities of foreign nurses in Finland. African nurses were reported to view their ethnic background as having a negative effect on their employment possibilities in Finland (TEHY, 2012; THL, 2013).

There is a pattern of poor integration into Finnish society in the minority work force in Finland (EVA, 2012; Wallin 2013; Vuori, 2003, TEHY, 2012; THL, 2013; Pallender, 2013; Rastas, 2014), issues such as inadequate language and education are mainly seen as the cause of poor integration. While language is indeed viewed as the main cause of poor integration among minorities in Finland, the lesser-mentioned issue of certain segregation based on ethnic background is rarely discussed (Wallin, 2013).

The aims of this thesis are to find out the experiences of African nurses in Finland, looking at dominant themes and issues experienced in their integration process, following their transitions as nursing students to the role of registered nurses. Through the method of a two-case study, exploring the experiences of African nurses educated and employed in Finland. The purpose of this thesis is to open discussion on possible barriers to integration faced by minority nurses, to better promote and advance multicultural interactions in the Finnish work environment; as well as better prepare and aid nursing institutes in the reception, mentoring and education of a growing international nursing student population in Finland.
2. MIGRATION

During the second half of the last century there has been a larger number of people leaving their native country and moved to a completely different environment than ever before in human history. In most cases persons and entire families are moved into cultural environments extremely different from the ones they have been mentally programmed to, this transition is often without any preparation. They are required to learn a new and different language, but the greater problem is that they have to function in a new culture (Hofstede, 2005: 335).

Migration as described by Bhugra & Ayonrinde (2004), is the process in which people move from one place of residence to another, either for permanent or non-permanent periods. The reasons for migration range from economic, social, political, medical or recreational. There are numerous stages or processes that can occur during migration, one such process can be ‘acculturation. Acculturation can be described as the process by which a minority group assimilates cultural values and beliefs of a majority community. The assimilation of the minority group adaption to the majority cultures customs, values and language, can be either voluntary or forced. The contact between two groups can lead to assimilation, integration, rejection or de-culturation.

The ability for migrant groups to integrate or fail to adapt and turn into permanent minorities depends as much on the majority as on the migrants themselves. Members of the host society like social workers, nurses, doctors, police, teachers and government officials that interact frequently with minorities, migrants and refugees, have a great impact on facilitating integration among these groups (Hofstede, 2005, 337). Government policies usually waver between two poles, one pole is assimilation, whereas the minority individual is expected to become like everyone else and lose their distinctiveness as quickly as possible. The other pole is integration, this implies the minority individual is accepted as a full member of the new host society, and encouraged to retain their distinctive culture and collective identity (p.335).
In response to the stress reactions that arise from migration into a new environment, and the uncertainty of important physical and psychological rewards, ‘culture shock’ can be expected to occur. Culture shock can be explained as the stress reaction that arises from the uncertainty of important physical and psychological rewards. Due to migration, migrants remain confused, anxious, apathetic, or angry until the point of adjustment is reached. Culture shock can therefore be seen as a transitional experience and essential part for self-development and personal growth. However it must be noted that those with more financial means are less likely to experience culture shock, much like in the case of an economic migrant; social class has an influence on subsequent stress responses during migration (Bhugra et al, 2004).

Culture conflict can also occur on migration, this conflict is explained as the tension experienced by people from a minority culture, this is when culture and values compete with the majority culture in which the minority comes from. This conflict can contribute to the sense of alienation and isolation, where the individuals find themselves belonging to neither, the majority, or minority culture. The combination of culture shock and culture conflict is a factor in causing depression in migrants (Bhugra et al, 2004).

In addition to culture shock and culture conflict, a mismatch of aspirations and achievements in migrants can induce stress. The migrant’s expectations of the new country both in terms of personal and social gains (prestige) must be achieved to expectant levels in order for the migrant to function well in their new environment. In the event that migrant expectations or aspirations are not reached, individuals will be vulnerable to low mood; a sense of alienation, and a sense of failure; all aspects, which are prone to trigger depression. There is the raised possibility that economic migrants are more likely to have heightened expectations in social gains, which is associated with a more aggressive attempt at success, which usually are not achieved. This imbalance of high expectations and low achievement of social gains, contribute to low self esteem, while this alone might not cause depression, it non the less contributes to other cumulative stressors such as racial discrimination (Bhugra et al, 2004).
In reference to immigrant health among cognitive factors for depression, social rank, defeat, and a sense of entrapment are important. In cases where pathways to flight are blocked for social or personal reasons the sense of entrapment might be more significant in the development of depression. The occurrence of arrested flight involves suppression of explorative behavior, submissive postures, isolation and severely restricted movement, and all of these are experienced by immigrants at various times (Gilbert & Allen, 1998. Bhugra, 2004).

There are standard types of reactions from host environments in their exposure to foreigners. People in the host culture receiving a foreigner usually go through another psychological reaction other than culture shock, their first phase is curiosity; and in cases where the visitor stays and tries to function in the host country the second phase begins: ethnocentrism. This phase is where the visitor is evaluated by the standards of the host culture, and these evaluations are usually unfavorable; the visitor is always inept in cultural protocols and manners. In cultures where foreigners arrive only rarely, hosts usually remain in ethnocentrism; only when cultures are regularly exposed to foreigners can they move into the stage of polycentrism; the ability to understand foreigners according to the foreigners own standards, and this can be called bi- or multi-culturality (Hofstede, 2005, 326).

Research by McIntyre, Babin and Clement (1999), explain the importance of the mixture of both psychological and contextual variables that influence a persons desire to communicate with others from a different culture than their own, this is called ‘willingness to communicate’ (WTC). These variables could be taken into account in situations like someone learning a second language; a person’s positive or negative attitude towards another culture has influence on their willingness to communicate. Their antipathy towards another culture will directly make them less likely to study and speak the language of the other nation. This WTC highlights the importance on attitudes people have towards other cultures, and the influences these attitudes have on communication behavior. Hofestede et al (2005, 329) state; the inability of a foreigner to speak the language of the new host culture will leave the foreigner missing the subtleties of the host culture, and this forces the individual to remain an outsider.
Hofstede et al (2005, 366) explain how differences in national culture dimension effect the way an individual functions. People from cultures very different on the cultural dimensions of power distance, individualism, masculinity, uncertainty avoidance and long-term orientation, will co-operate fruitfully in multicultural interactions. This however, is not always the case with people or groups within nations that score very high on uncertainty avoidance, as these groups feel that what is different is dangerous. Uncertainty avoidance is defined as the extent to which the members of a culture feel threatened by ambiguous or unknown situations; this feeling among others is expressed through nervous stress and the need for predictability, thus the need for written and unwritten rules (p. 167).

The movement of migrants occurs across different cultural regions and nations, and this movement places the individual under considerable stress. Due to changes in environment and loss of social support during migration, experiencing stress and feeling of isolation, there is an increase in the likelihood of mental illness in migrants. The process of migration can however be made more manageable and less traumatic to the individual, by influential factors such as adequate preparation and social support, this along with acceptance by the new culture. Other circumstances affect the ability for the migrant to better adjust to their new environment; the presence or accompany of family, their legal status and how the new country welcomes them, these all play a role in the individuals adjustment to migration (Bhugra et al, 2004).

### 2.1 Multicultural Finland

Finland is no exception to the increase in migration, with the number of migrants almost doubled since 2000. According to Statistics Finland (2015); 31,940 persons immigrated to Finland from foreign countries during 2013, this was an increase of 660 persons from the previous year, and the highest in any period since Finland’s independence in 1917. According to the Finnish Ministry of the Interior (2013), Finland has never before been more diverse, and due to migration there has been an
emergence of new ethnic, linguistic, cultural and religious minorities. These new aspects have brought with them new influences to Finnish society and culture.

Finland is set to become a more diverse society due to migration, and this should be viewed as a valuable resource to the nation. There will be an increase in minorities actively participating in public debate in Finland and in political decision-making. Migrant’s skills, competence and innovations will make an important contribution to Finland’s future and international competitiveness. Diversity will also bring with it the risk of inequality in society, as other examples of societies in Europe have shown. There is a potential for conflicts between different cultures and their values, and this could weaken attempts at integration and increase inequality in society. These risks can be reduced if migrants and their children find roles for themselves in participation in Finnish society. The key to change is interaction between migrants and the majority population; this will make society more open to differences (Intermin, 2013).

Integration according to Wallin (2013), is a main objective in immigration policies and the main goal is to integrate foreigners into Finnish society, and promoting through multiculturalism; tolerance, diversity, and a safe environment for free trade and competition in the workplace and trade. The number of immigrants coming to Finland as workers has increased in the recent years. The realities of integration however, have failed in practice. Main problems such as language education and employment of migrant populations have been poor.

According to the Finnish Internal Affairs department (2013), the unemployment rates among migrants in Finland is 3 times higher than the mainstream population, the risk of unemployment among migrants is also higher than in the main population. Due to Finland’s relatively short history as a host country for migrants, there is usually a negative view on migration among the Finnish majority. The view is that internationalization and migration is seen as a threat to the Finish national culture. Findings from a survey by The Finnish Business and Policy Forum (EVA, 2012), show more than 50% of Finns questioned felt that Finnish culture needed protecting from the influences of internationalization, even in cases where the need for migration
was justified due to the ageing of the Finnish population and changes in future dependency rate.

According to Vuori (2003), poor integration into Finnish society is due to the minority work force not having the adequate language and integration education to sufficiently transfer to progress into the work environment. In addition, the processing and acquisition of residency permits are both confusing and illogical to handle. Wallin (2013) explains; the present state of societal areas in Finland is far from integrated, and the foreign population in Finland is almost certainly segregated; and this is based on division based on ethnic background. The social connections with ones own culture among foreigners, are usually stronger than connections with the main population.

2.2 Language and Integration

Language serves as an important communicative function, apart from directly expressing and exchanging ideas and thoughts among people, language further allows the individual to verbally convey their emotions and relieve stress by uttering communicative exclamations. Language is used to express pain, disappointment, and express emotions. Language also plays a vital role in the forming and expressing of identity. There are even gender differences in the use of language. (Banovar, Porter & McDaniel, 2010: 223).

Development of language skills, as stated by Martikainen et al (2009: 178), demands participation in the majority language community, and this is why participation in language studies or broader education can make it difficult to reach adequate language proficiency. Long periods of stay in a host country might advance basic language capabilities; this however does not guarantee an advanced level of language proficiency.

Bamovar et al explain (2010): 224), where sharing a language can unite individuals, it can also become a divisive force, when people identify too strongly with their native
tongue and feel threatened by others speaking a different language. Therefore, the maintenance of social relationships is also reliant on language much more than communicating messages.

An individual’s identity is managed through communication, as Kurylo (2013, 4) explains; communication, at its most basic can be defined as the use of symbolic codes to send messages as well as create meaning, therefore; symbols express meaning in language and behavior. Verbal communication consists of the use of language in sending and receiving messages and thus creates symbolic meaning. Also used to create symbols and meaning, the use of non-verbal communication is applied, but this involves the use of behavior alongside verbal communication in the sending and receiving of messages and creation of symbolic meaning. Culture is therefore created through the use of symbols. Language according to Banover et al (2010: 225), at its most basic level, is a set of shared symbols or signs that a cooperative group of people, have decided to use to create meaning.

The use of symbols, are important in the subject of inter/cultural communication; firstly, symbols allow a culture to be represented with the use of verbal and nonverbal communication, and secondly; they allow the construction of culture through verbal and nonverbal communication. It is through this communication of symbols that a person’s identity is constructed; the engagement of certain mannerisms, the use of certain expressions, eating certain foods, all these contribute to the creation of cultural meaning. Ultimately, culture cannot exist without people actively communicating it (Kurylo, 2013, 5).

According to Hofestede et al (2005, 322), countries and regions differ in more than just culture, three kinds of differences can be found between countries: identity, values and institutions. The ability for an individual to ‘belong’ is often rooted in language and/or religious affiliation, and this identity is both perceived and felt by the holder, as well as the environment that does not share these qualities. Intercultural encounters are very often accompanied by similar psychological and social processes, and one of the simplest form of these encounters is that of a foreign individual and a new cultural environment. Language usage, explains Banover
et al (2010: 224) also serves to organize people into groups according to factors such as age, gender, and even socio-economic class. A common language lets individuals form groups and further engage in cooperative efforts on both small and large scales.

Experiences by the foreigner usually concert into some form of ‘culture shock’, and due to the embedded values collected throughout an individual’s life, in the form of culture and symbols; the foreigner though making an effort to learn some of the symbols and rituals of their new environment like greetings and words to use; they are unlikely to recognize or feel the underlying values of this new culture. The foreigner is therefore returned to a mental state of an infant, where they must begin to learn the simplest things all over again. This process leads to feelings of distress, helplessness, and certain hostility towards their new environment; in addition their physical functioning is affected as a result (Hofstede 2005, 323).

2.3 African Diaspora in Finland

In the general Finnish population there are approximately 5.4 million people, people of African descent are a visible and fast growing minority. This African diaspora in Finland mainly consists of first-generation African immigrants. Even though there has been steady influx of African immigrants into Finland during the last decade, this group in the population still constitutes a rather recent and small minority when compared to other European countries (Rastas, 2014).

The number of African students in Finland has grown considerably during the 1990s and 2000s, but there are still only a few African scholars. With the fast increase of immigrants into Finland, societal norms for how people of foreign background should be talked about and treated have changed in Finland. It is difficult for those who are new to a society, who do not know the language well and who are forced to pour much of their energy into finding survival strategies for their everyday lives. The case is in Finland, although racism as a topic of discussion is no longer taboo, most discussions about racism are denials of its existence rather than discussions of its workings and consequences in society (Pellander, 2014).
In her research on minority women’s identities in Finland, Pellander (2013) writes; being seen as different in Finland was not only a means of exclusion, it was also a part of the individuals identity construction. Standing out and being different was being seen as something positive that had become an essential part of the self. The positive and negative experiences these women had, influenced the way they made sense of their identity construction. Single categories such as race, gender, nationality or class where not individually influential in constituting identity; rather the way that these categories worked together in an interlocking system is what constructed their identity.

Despite an increase of immigration in Finland during the past two decades, people who differ visually from what is taken to be the average, blond, light skinned Finn still keep being confronted with exclusionary practices in their everyday lives (Pellander, 2013). In interviews collected on foreign women and their views on being Finnish, women referred to their skin color as the most prominent marker of exclusion that prevented them from being treated as a Finn. Experiences from everyday encounters displayed racial exclusion; this exclusion was seen as a barrier to being Finnish. For one to be Finnish, one was to be treated as Finnish. Race, therefore was strongly linked to other peoples recognition of one’s national belonging, and being seen as Finnish was an impossibility based on racial difference (Rastas, 2014).

In the discussion on immigrants and many ethnic minorities in Finland, questions of racism and many other inequalities are often articulated as, or turned to questions of cultural differences. In White society, non-White people are often categorized as immigrants and are associated with negative ideas that are related to immigrants, and many from these immigrant groups as seen as people lacking language skills, and cultural competence, and recipients of social welfare, potential criminals etc. (Rastas, 2014).

The commonly held view in Nordic countries is that they are not affected by racism in quite the same way as other Western countries. The most relevant reason is the fact that until the last twenty-thirty years, the Nordic region, most especially the
Scandinavian countries, tended to be represented as ethnically homogenous (Kennedy-Macfoy, 2014). The commonplace image of Nordic countries is that they merely have been bystanders to European colonialism, and are detached from notions of white superiority; and to the contrary, are progressive humanitarians. This notion of progression, as in the case of Finland, Sweden and Norway, do not even give race proper credence as grounds for discrimination. This creates a contradiction, in the insistence that race does not matter when in fact it does (McEachrane, 2014).
3. FOREIGN NURSES IN FINLAND

One of the biggest obstacle in gaining employment and participating in professional areas for nurses in Finland has shown to be inadequate language proficiency; in addition, employer attitudes and poor interaction with the mainstream population were also considered additional obstacles in attaining employment in Finland (TEHY, 2012, 47). Regardless of government integration policies, poor integration is reported concerning in foreign nurses, usually of a different ethnic background than that of the majority Finnish population. Estonian and Russian nurses being the largest minority in Finland have reported less discrimination than their foreign counterparts (THL, 2013).

Foreign nurses in Finland were reported to find difficulties especially in bureaucratic policies, forming friendships with the mainstream population, and understanding of the Finnish social political system. Nurses originally from Africa were reported to experience much broader and numerous difficulties, they reported to experience difficulties in arrival, and proceedings with officials, adjusting to the Finnish rhythm and way of life, difficulties in enjoying social situations, practicing their religion, and difficulties in communicating effectively with other ethnic groups (THL, 2013, 47).

In comparisons to how the ethnic background of foreign nurses had affected their employment possibilities, Russians viewed their background to be favorable towards their employment possibilities, whereas; African nurses were on the other end, seeing their background as having a negative impact on their employment possibilities in Finland (THL, 2013, 48). Foreign nurses felt they had to constantly prove their capabilities and skills at the work place in order to receive acceptance (THL, 74), and foreign nurses in Finland also reported to have experienced emotional maltreatment from co-workers and patients alike (THL, 2013, 81).
Similar areas of concern have been shown in a study of minority nurses in England. Highlighting their experiences of employment in the National Health Service (NHS), participant’ reported feeling a lack of recognition of their professional values and attributes through a stigmatizing process, that consequently led to feelings of self-blame, and a perceived loss of status. In describing their experiences participants stated the lack of trust and the feeling of being watched, and made to feel awful after making mistakes. All these factors contributed to their developing low self-esteem and loss of confidence (Alexis et al, 2007).

Findings of this study showed there was a perception of lack of equal opportunity and possibilities for professional advancement, and these were reduced based on staff’s ethnic background. As most participants in this study had temporary residency in the UK, participants also described their fear of speaking out about issues or doing the wrong thing in the fear they would be sent back to their country of origin. They were fearful of being thrown out with their families, and having to start all over again in another place (Alexis et al, 2007).

### 3.1 Nursing Education

Starr (2009) explains how due to the expanding diversity in nursing populations, diverse native languages have become more common. Although there is the wide consensus that this diversity can only enhance the profession and its ability to care for its patients; educators have come to understand that many students in nursing programs may be non-native speakers of their study nation, and may speak more than two languages with the host nations language being their third, forth, or even fifth language.

The implications for nurse educators at institutions are realizing the differences in teaching students that have a different primary language. Language, is however not the only difference that makes these students stand out; differences in cultural beliefs, values, and practices also need to be appreciated in education. Though these
differences might be seen to create a challenge in the classroom, the richness they can bring to nursing care is invaluable (Starr, 2009).

In the synthesis of current qualitative literature on challenges of nursing students with English as an additional language (EAL), two major translations of educational issues emerged; challenges and reinforcements. Challenges included language, academics, resources and culture. Where as, reinforcements included resources, academics and culture. Throughout this sample study, challenges in language, including reading, writing, and comprehension; were a common theme. Language affected resources, academics, and cultural issues. Although language was the primary challenge for minority students, these students also needed to learn two new languages, English and health care. They also had to learn to live in two new cultures, mainstream culture and health care. All this was added onto the fact that these students had to learn a new profession in a manner that was not congruent with their learning needs (Starr, 2009).

Language and culture go hand in hand, culture is a strong determinant how students learn, and also the way in which they perceive and respond to information being presented. Language and culture are connected with learning; culture influences the way students learn, and affects how they perceive and respond to the information being presented. Culture can have a profound affect on a student’s willingness to seek help in academics. Feelings such as ‘shame’ are associated when explaining the reluctance of foreign students to admit a lack of understanding, and asking questions to improve their understanding (Starr, 2009, Colisimo & Xu, 2006).

On the subject of how shame effects learning in nursing students with English as a second language, Colisimo et al (2006) report due to the results of feeling shame, the students were inadequate in participating in the learning process. They were unable to request instructions or clarifications, this left them partially engaged in the learning process and unable to fully reap the benefits of their learning experiences.
3.2 Practical Placement in Nursing Education

In the case of graduate programs, especially in nursing, there is an additional factor namely, the clinical practice. This is a vital aspect of nursing education, and this part has been widely neglected by researchers notes Starr (2009), when discussing the issue of understanding how international students learn to nurse in the health care context.

In a survey conducted by Pitkäjärvi, Eriksson and Pitkälä (2012), highlighting the experiences of international nursing students in Finland, they reported the international students felt less satisfied with their lives compared to their Finnish counterparts. Their experiences in a clinical environment in Finland were similar to that of previous studies, showing communication in the clinical environment was far more challenging towards international students than among the Finns. The biggest obstacle for international students was found to be the language barrier, this affected the possibility of them achieving positive outcomes during their clinical practice.

In comparison to their Finnish counterparts in the same environment, international nursing students in Finland felt less supported, felt like outsiders, and were not trusted in having the required competences. They experienced more unsupportive and unfriendly clinical environments than their Finnish peers. There were also statistically significant differences in international students compared to Finnish nursing students, in regards to loneliness, not being trusted, and feeling like an outsider during their clinical placements (Pitkäjärvi et al, 2012).

Further findings by Pitkäjärvi et al (2012), showed that international students did not feel the staff made an effort in trying to communicate with students without Finnish or Swedish proficiency, international students felt the staff disapproved of their weak Finnish or Swedish skills. There was also found that international students felt that language shifts from English to Finnish or Swedish during work placement used up a lot of their energy.
According to Starr (2009), Davis & Nichols (2002) explain how lack of language skills may lead employers, students and educators to believe that EAL students were less intelligent; and this perception often leads to problems with integration, retention, employment, self-confidence, and completion of the nursing program.

In issues surrounding sojourners or in cases such as international students, the state of temporariness in their stay in the host country could affect the depth in which they engage and involve themselves with the new culture. This notion of temporariness and the lack of engagement with their new culture are not appropriate for the learning process of nursing students. The learning process in nursing demands intimate levels of engagement with the client and their culture, as well as the work environment and its culture. There is however the assumption by clinical educators and nursing staff that the temporariness of international students means that at the end of their studies they will leave to return home, and the time and effort spent on them would have been wasted (Starr, 2009).
4. RESEARCH AIMS AND PURPOSES

The aims of this thesis are to find out the experiences of African nurses in Finland, looking at dominant themes and issues experienced in their integration process, following their transition as nursing students to the role of registered nurses.

The purpose of this thesis is to open discussion on possible barriers to integration faced by minority nurses, to better promote and advance multicultural interactions in the Finnish work environment; as well as better prepare and aid nursing institutes in the reception, mentoring and education of a growing international nursing student population in Finland.

4.1 Research Questions

1. What are the experiences of African nurses in Finland?
2. What have been the dominant issues influencing their integration into the Finnish nursing environment?
5. IMPLEMENTATION

5.1 Research Methods

The method of answering research questions will be the use of a case study strategy.

The selection of the case study as a research strategy is primarily guided by the research question; in circumstances where descriptive and/or explanatory broad questions about a social process in a setting in which we have limited knowledge of the phenomenon, and specifically if we have great interest in the ways several individuals and groups of stakeholders interact with each other and interpret each others behavior, and the way they cope with problems (Swanborn, 2010).

The unique contribution of the case study approach is the ways in which it provides the researcher with a holistic understanding of the problem, issue, or phenomenon, with its social context. Cases can be individuals, events, institutions, or a society. Case study research usually relies on one or a few cases to investigate, this allows us to study systems, which are particularly useful in the social sciences and health studies (Hesse-Biber, 2011, 256; Crowe et al, 2011).

The case study approach was chosen for this study based on the importance in relaying the personal experiences of individuals relevant to the research topic. Personal descriptions of events and experiences of African nurses in Finland were best extracted by using in-depth interviews in approaching sensitive and possibly controversial issues like race or discrimination.

Important components for case study research design according to Yin (2014, 29) include:

1. A case study’s question
2. It’s proposition
3. It’s units of analysis
4. The logic linking the data to the propositions
5. The criteria for interpreting the data.
A two-case study design was chosen for the purposes of this case study research, this was to better compare conclusions; and in the event of contrasting conclusions, to better strengthen findings compared to a single-case study findings. The benefits of using a two-case study states Yin (2014, 67), is to alleviate artificial conditions or fear about the uniqueness of the single-case design. The use of a two-case study produces and blunts any criticism and skepticism surrounding single-case studies.

5.2 Data collection methods

For the purpose of this case study, the method of in-depth interviewing will be used to collect data. Interviewing is a method that targets and focuses directly on study topics, providing explanations as well as personal views; e.g. perceptions, attitudes, meanings (Yin, 2014, 106). In many ways the portrayals of individuals in case study research are about lived experience, and this is the aim of the researcher, to capture the specific focus of the study; and this explication of lived experience is linked to story form or narrative. Narratives in case studies aspire to capture the experience as it was ‘lived’ in the particular context through detailed description, observation, and interpretation, and to retain this connection in the telling of the story. The narrative may be written by the researcher, drawing on the individual’s experience, and data offered in interview and other evidence offered about the person (Simons, 2009, 74).

Collection of data was conducted using in-depth interviews with chosen participants. Interview questions were structured around topics surrounding their experiences of integration as minorities in Finland. According to Hennink et al (2011: 110), the method of the in-depth interview is usually used when seeking information on individual or personal experiences from people on a specific topic, primarily to capture people’s individual voice and stories. The ultimate aim of any sampling method is to draw a representative sample from the population (Polgar & Thomas, 2008: 38). The number of participants involved in a qualitative study are usually small due to the depth of information and the variation in experiences that are of interest, so a large number of participants are neither
practical nor beneficial in regards to a qualitative research study (Hennink et al, 2011: 88).

The sampling of research participants requires thinking about inclusion and exclusion criteria for sampling; who or what do we want to hear from, and who or what do we not want to hear from (Braun & Clarke, 2013, 56). Therefore, the research will exclude foreign nurses that are not racially different from the majority population, even though they would have valuable information on the issue of integration in the Finnish workplace; race however is a main criteria answering the set research questions for this case study.

Participant number was limited to two, due to the nature of the quality of information needed. Information would be concentrated on personal descriptions of experiences. Participant recruitment was conducted using purposive sampling. In the selection of purposive sampling, there was the concern with in-depth understanding in the use of a small sample. Final selection of candidates for interviewing was made based on the quality of provided data. Further candidates were not included due to the needed information already provided by the interviewed participants.

The selection of purposive sampling is usually of interest in qualitative research, this is usually chosen based on the particular research question as well as consideration of the resources available to the researcher. Matching specific criteria, purposeful rather than the random selection of participants in studies (Hesse-Biber et al, 2011). The choice of purposive sampling is to choose people to interview who have a key role in the case and events the researcher wished to learn about (Simons, 2009, 34).

Case study participants for this study were chosen based on:

- Nationality and Race (African heritage)
- Finnish language proficiency
- Educational background
- Being a qualified registered nurse
- Period of employment in Finland
Participants were chosen from two African countries, and had at least 4 years of experience working as registered nurses in Finland, they were both proficient in Finnish, and had worked in an all Finnish work environment for the majority of their nursing employment history. Both participants had no prior nursing experience or nursing education at the start of their degree programs and nursing education in Finland. They both had other education or professional experience prior to studying nursing. Participants had both completed nursing degrees in Finland, in fully international degree programs and had completed all nursing practice placements in Finnish health care settings.

Proficiency in the Finnish language was vital for participant qualification, as this is relevant for referencing and finding issues related to difficulties in integration; based on other issues, rather than language barrier. Furthermore, the experiences minority nurses had in their gaining language proficiency was important in order to answer the set research questions.

Open questions were asked concerning their experiences of arrival and their integration process into Finnish society. Questions centered around their experiences of culture shock, Finnish language, nursing studies, and personal experiences of integration as minorities in Finland. Interviews took place at venues chosen by participants. The interviews lasted 90-120 minutes and were audiotaped. Collected data was fully transcribed via multiple playbacks, and all transcriptions were checked against the audiotapes, and any irregularities were revised accordingly.

5.3 Analysis of Data

Braun et al (2013, 21) compare analysis to the telling of a story; it is described as a means by which data can be told; and not one storyteller will tell the same story the same way. Researchers understand that the data analysis produced are like stories, they are partial, and very much subjective. However, they need to be plausible, coherent and grounded in the data.
The analysis of the data collected for this case study research will be accomplished by ‘thematic analysis’. Thematic analysis is a systematic approach to the analysis of qualitative data according to Mills et al, (2013), this involves the identification of themes or patterns of cultural meaning; and classification of data, usually textual; and ultimately interpreting the resulting thematic structures by seeking commonalities, relationships, overarching patterns, theoretical constructs, or explanatory principles.

The five purposes of thematic analysis according to Boyatkis (1998) are:

1. Seeing
2. Finding relationships
3. Analyzing
4. Systematically observing a case
5. Quantifying qualitative data

Thematic analysis is organizing and summarizing, and focusing on interpretation; this is a tactic for reducing and managing large volumes of data without losing context (Mills et al, 2013).

Each theme analyzed in this case study had a clear focus, scope and purpose; as together these themes provided a coherent and meaningful picture of dominant patterns in the data that addressed the research question. Themes were developed for analysis based on their inter-connection, a logical presentation was used to assure the fluidity of themes, building new themes on relevancy to previous themes.

Results and themes were presented in narrative form, with edited excerpts added as evidence in support of the themes. Narrative form was chosen for the reporting of results of the data analysis. Narrative, according to Simons (2009, 75), is essentially a tale, story, or recital of facts, told in the first person. Narratives aspire to capture the experience of an individual as it was ‘lived’ in the particular context through rich description, observations and interpretation, while maintaining connections in the telling of the story.
### Table 1. Connecting and Identifying Themes

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<th>THEMES</th>
<th>SUBTHEMES</th>
<th>EXCERPTS</th>
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<td>A New Beginning</td>
<td>Choosing Finland</td>
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<td>Culture Shock</td>
<td>‘Actually at first I thought I had come to another planet’ ‘The only real shock was the language and the fact that everyone was white’</td>
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<td>Overcoming Difficulties in Language</td>
<td>Inadequate Finnish Language</td>
<td>“Can you understand Finnish?”</td>
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<td>Difficulties in Work practice</td>
<td>‘It was very difficult. I can’t say I learnt anything’ ‘I relied on sign language and tried to follow a little bit’ ‘I was stressed and traumatized’ ‘You would be so tired in school, but we knew that’s what we were coming for’</td>
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<td></td>
<td>Feeling inadequate</td>
<td>‘I relied on sign language and tried to follow a little bit. But to follow instructions; it was hard’ ‘It could be you don’t know so many things, but because they thought you knew nothing, it makes your level a bit higher’</td>
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<td>Standing out</td>
<td>Racial Difference</td>
<td>‘What is this person doing here’ ‘I don’t want you to touch me’ ‘They were shocked to realize I was a nurse’</td>
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<td>Lack of trust</td>
<td>‘Maybe they have confidence mostly in Finnish students, more than they have for foreigners, because we have to be checked more times than Finnish students’ ‘There are some patients who say; ‘I don’t want you to touch me. I don’t think you know anything, just leave me alone’</td>
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<td>Fear of making mistakes</td>
<td>‘I always have to double check, three times, four times; because I want to avoid making a mistake. You know that you have the attention on you’ ‘It’s a big deal when a foreigner makes a small mistake’</td>
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<tr>
<td>Importance of Nursing Mentorship</td>
<td>Support in Learning Language</td>
<td>“Yes, she spoke English, we used English, and then after they asked me if I want to stay in Finland, and if I want to specialize in that field, I said yes; and that’s when they said I have to start working in Finnish.’</td>
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<td>High regard for Finnish nursing</td>
<td>‘It’s not as caring as here, definitely here people keep to themselves, but you see that they care; the nurses, they care about the patients welfare, at the end of the day it all about the patients welfare’</td>
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<tr>
<td>My History Defines me</td>
<td>Family and community</td>
<td>‘Here I have family, yes; but I still miss the extended family life. I also miss my culture back home. Yeah, I’m always a visitor’</td>
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<td></td>
<td>Changes in personality</td>
<td>‘Now, I think I have noticed I have changed, because I think I have stayed with them for sometime. I used to be a very bubbly person’</td>
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<td></td>
<td>Integrating to Finland</td>
<td>‘Outside the work place if something happens, the police might take it in another way. First of all they ask you for papers and all these sorts of things’ ‘I have experienced discrimination and unfair treatment based on being a foreigner. ‘I wouldn’t say I’m totally integrated, because there would always be this thing that, I’m an African’</td>
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**Future Plans**

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‘Right now I’m comfortable here’

‘The thing is, it all depends where you’re working, and if you get to be appreciated, or you get to be at the bottom’

‘Most of them don’t have a problem with my Finnish, but I still have a problem with my Finnish’

‘I think the best thing is, when you come to study in Finland and you know you’re going to stay in Finland, work very hard on your Finnish language’

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**Table 2. Barriers and Support for Integration of African Nurses in Finland**

<table>
<thead>
<tr>
<th>Barriers to Integration</th>
<th>Supporting for Integration</th>
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<td>Lack of career advancement</td>
<td>Equal opportunities in career advancement</td>
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</table>
6. RESULTS

6.1. A New Beginning

“Actually at first I thought I had come to another planet, I had lived in Africa my whole life.”

The choice of Finland as a place of study for participants was based on information gathered and passed on to them by members of their family or close members of their communities back in their home countries. Finland as a country was not known to either of the participants prior to their seeking out options of possible study countries. Other Scandinavian countries were considered as possible places to study, and participants had sent application to other institutes in other countries; however due to varying reasons, from financial and diplomatic; Finland was eventually decided on as their study country.

“It was due to information being passed from several people, word of mouth. I had never heard of Finland, it was, through a friend of a friend that I came to learn about Finland.”

The choice of studying ‘nursing’ by both participants was based on their desire to acquire a profession that would ultimately secure steady employment and security. Having come from history of poor employment situations in their past professions and backgrounds, they were determined to secure a better future prospect in their choice of profession.

‘Initially I was meant to go to the states but due to visa problems, we began to explore other options, and Finland came into the radar, and we basically didn’t know anything about Finland, we had heard of Sweden and Norway.’

The choice made by both participants to study nursing was not an easy one, both experiencing apprehension prior to starting their studies. They both had to rely on information given to them by others who had experience in living and working in Finland. They however received encouragement and positive comments on the rewards that a nursing career would bring, and the assurance of future employment opportunities as nurses in Finland. The possibility to participate in a fully international nursing program taught in English was also an important factor in their choice of study programs, both participants having English as a first-language.
Although participants were proficient in more than 2-3 languages, with English as their first language, they however had concerns about the learning Finnish language. Although their degrees would be taught in English, they would however have to practice in a fully Finnish speaking work environment, and would eventually have to gain employment, and that would require proficient Finnish language skills.

“The only real shock was the language and the fact that everyone was white. I knew of the differences, but it isn’t the same as experiencing it.”

Apart from learning a new language, participants also had to learn to survive in a new culture and learn a new profession, all in a foreign language. There was an initial period of shock where participants came to terms with the extreme differences facing them between their native countries and their new host country. Issues such as being visibly different (black) from the majority population (white), was unexpected. Being a visible minority in Finland was challenging for minority nurses in that they had all been part of nations and communities where they were part of racial majority, this change in roles from a majority to a minority was an initial shock for participants. They became self-conscious and would soon experience changes to their self-esteem and identities. Culture shock was present in the early stages of their studies in Finland, from food, Finnish culture, racial difference, and differences in communication and difficulties with socializing among Finns.

6.2 Overcoming difficulties in language

“The language was the most shocking one, because it started form the place, “Oh my God, am I going to survive in that country?” Because everyone speaks Finnish.”

Most difficulties regarding language first surfaced when they arrived in the country, but major problems and challenges became evident when they began their studies in nursing. Although participants were enrolled in English speaking Nursing degrees programs, they were all placed in Finnish speaking environments for their practical placements.
Finnish language courses were provided by their degree programs in varying stages during the start of their studies, however, all course content on these Finnish language courses were considered inadequate for the purposes intended; speaking Finnish in the Nursing environment. The dominant opinion was, all language courses failed to meet the demands set by the practical realities of nursing. Language and grammar used on everyday life was not sufficient to communicate successfully at the work place.

“We had Finnish courses only in the second year, because they discovered there was a problem when most of us went to practice placements. So many of the homes and hospitals were complaining about us not speaking Finnish. I tried to explain to them that we were not taught Finnish, ‘we are at a fully international program taught only in English’. It was a very stressful situation.”

Participants, while studying found it extremely stressful and shocking at the level of Finnish expected of them at the start of their first practical placements. They were poorly informed and prepared with the demands of learning the Finnish language at their first work practice placements, and they reported having great difficulties in following the most basic of instructions.

“During my school time my Finnish wasn’t that good, because the Finnish language that you learn in school, is not the one that you will use in the practical life, and in the hospitals. So, I would do the Finnish 1, 2, 3, but it was not enough for my working career; because even if you go to your practical training there would be simple things like, diapers; things that you couldn’t understand, and they were shocked because they could not understand how you couldn’t know these simple things, and that you hadn’t learnt them in school.”

Learning Finnish was considered the most difficult part of studying and working in Finland. Finnish; was described by participants as ‘very difficult’. They knew prior to starting their studies that Finnish would be difficult to learn, however they stated the levels of ‘anxiety’ and ‘stress’ that accompanied the learning of this new language were unexpected. All negative experiences associated with learning the Finnish language were experienced in their nursing work practice.

“Sometimes, it only takes one word to miss the whole idea in a sentence.”
They knew learning Finnish was necessary if they wanted to work in the Finnish work environment, this however proved challenging. Studying in a fully international program meant all lessons were taught in English; and all medical and nursing language, and instructions were all conducted in English; this however proved disastrous when they eventually went onto their nurse practical placements, which were all conducted in Finnish speaking health care environments. Although international nursing students were allocated English speaking mentors at their work practice placements, the reality was not many mentors wanted to speak English, and this created great difficulties for the participants. Both participants recollect the experience of having to go to work practice everyday; they described their experience as; ‘lonely, depressing, stressful, and crushingly humiliating’.

Work practice was a challenging experience for the participants, they found learning extremely difficult, they felt they were not getting anything useful out of their work practice. They couldn’t read or understand any documents or patient files, and they had difficulties understanding what their mentors were trying to tell them. They tended to rely on sign language and tried their best to follow instructions, which they said proved very challenging and close to impossible at times.

“So, so, many times, it happened so many times, when I started the work placement, they called the school to say, “sorry we can’t take this student, she doesn’t speak Finnish”, and my teacher would have to come there and try to convince them that this is the only chance she has to learn and be in an environment where everyone is speaking Finnish and they get to learn.”

Participants emphasis how they made efforts to show their mentors how hard they were trying to learn Finnish; by asking questions, referring to their Finnish dictionaries, trying to read and understand patient files. Making outward efforts in trying to show interest and initiative in learning the Finnish language.

Consequences of negative experiences at practical placements made participants apprehensive about going into subsequent work practice situations during the course of their degree program studies. Participants found it increasingly more difficult to repeatedly return to Finnish speaking work environments. They found these
experiences “horrible”. Hurtful and degrading treatment by some staff members left participants feeling “stressed and traumatized”.

Both nurses interviewed mentioned the negative impact their poor Finnish language skills had on their experiences at work placement during their degree studies. This was due to the traumatic experiences they had during these periods. Being unable to follow instructions, or communicate at a basic level with their mentors, other staff member and patients affected the students in a negative way.

Feelings of shame were common among participants when spoken to in a demeaning manner, as lack of understanding was determined by level of Finnish language skills, not lack of individual intelligence. These events left the students feeling frustration, anger, and a loss of self-confidence. As all minority nurses had prior education/degrees, and experiences in the education system, this affected their commitment and motivation to live and work in Finland. They described their attempts at integration being very difficult under these circumstances, and adjustment to the new areas of culture was very difficult for participant minority nurses. They felt these experiences as degrading, and they felt inadequate in their abilities, and stated they were unable to properly learn and fully take advantage of many learning opportunities presented in work practice settings.

“It was terrible. It was very difficult. I can’t say I learnt anything. Everyday I just tried to take one day at a time, just to make it through the 4 weeks and get my papers signed from the work placement. If I told you I learnt anything, I would be lying. I couldn’t read any documents, I couldn’t understand what my tutor was trying to tell me, so I relied on sign language and tried to follow a little bit. But to follow instructions; it was hard. “

All participants were of the same opinion; learning Finnish before they started practical placement would have been beneficial and would have supported better learning at these stages of their degree program. Most importantly, learning Finnish language used in the professional nursing environment; medical specific language that would better support participation in the Finnish nursing environment.

“From that horrible experience that day I decided that if I wanted to do this job, I needed to learn a little bit of Finnish. It took me another 7 months to ever try to work again in the nursing field. I was stressed and traumatized.”
Learning the Finnish language while learning a new profession was described as “physically and mentally exhausting”. They felt they had to work twice as hard as their Finnish counterparts, having to not only show their abilities at nursing duties; but also their abilities at the Finnish language. ‘Frustration’ was a frequent emotion felt by participants, being unable to fully apply themselves due to their inadequate language skills, and feeling like they were not good enough and not professional enough to be taken seriously as future nurses and equals. This frustration however, gave them more motivation to prove themselves and assert themselves to their difficult situations; seeing these challenges not as a negative setback, but a way to learn and prove to themselves that they could cope and overcome and succeed in their new challenging environment.

“It could be you don’t know so many things, but because they thought you knew nothing, it makes your level a bit higher, and now that my experience has improved in my nursing career I’ve gained this confidence. If I can work in a foreign language, then I believe I can do so much more. It has improved my confidence.”

Although language was challenging and at times seemed impossible to the participants, they both stated; learning Finnish was faster and easier while at practical placement. Although they consider their Finnish language skills as good at present, they don’t think they can ever be ‘fluent’. Finnish fluency in their terms; can only be achieved by being born and raised in Finland. There are still occasions in their current jobs where they have slight difficulties with Finnish; these instances are usually down to strong dialects or accents that they have difficulties in understanding.

“Finnish people, immediately they know you are a foreigner, the language is the first thing they take into consideration. Can you understand Finnish? And they will keep you on your toes until the day when they think you speak good enough Finnish.”

During the course of their degree programs both participants had considered leaving their degree programs and continuing their nursing education elsewhere. They considered English-speaking countries as the best follow up option when they were making plans to leave Finland. Reasons behind their contemplations about leaving
Finland were predominantly based on their problems and difficulties integrating into Finland. Participants had inquired and received information about degree programs in English speaking countries, like Australia, USA and the United Kingdom. Ultimately the decision to stay and actually work in Finland as nurses was made ‘after’ they received encouraging feedback and comments about their progress in learning Finnish, comments from mentors and staff alike complimenting them on the progress on their Finnish language. They stated how that talking not just to other foreigners, but also Finns alike, really made a difference in how they saw the possibilities of a future in Finland.

“I think it is because you’re a foreigner, one doctor told me straight to my face, he’s a foreigner too; “you Africans, you’re very unlucky in this country, because when someone sees you firsthand they don’t see you speak Finnish, but for us they will speak Finnish and then after, they realize we are foreign. That’s how it’s going to be normally.”

Decisions about staying in Finland were made in their final year of studies on their degree program. Decisions to stay in Finland also included the family aspect in their lives. They would have to take into consideration the impact moving to another country would have on their children, in terms of education, social network and financial stability. However, the realization made by participants as nursing students that; employment was possible; if they spoke adequate Finnish was the deciding factor in their choice to stay in Finland. This due to the input by encouraging mentors and fellow foreigners was instrumental in their decision- making process, that they could gain meaningful employment in Finland.

During the length of their degree programs, participants were in part time employment in order to secure funds for their stay in Finland. They were neither from a well of family or eligible for any student benefits like their Finnish or European counterparts. They had paid part-time employment during term time, and secured full-time employment during the summer breaks. Participants were exhausted having to maintain a job, study and attend practice placement at the same time.

“It did affect my school, because actually sometimes you would be so tired in school, but we knew that’s what we were coming for; and we were not from a well-off family that could sent us many, so, we really had to work, much more that the Finnish
students. Even if we were tired, I would make an effort never, ever to miss a class, but sometimes it was impossible, sometimes I didn’t go there, and my concentration would be a bit off. At some points it was not so strict in school and I would decide not to go to school. But in way it affected, it affected school.”

6.3 Standing out

Language, though the most common reason for difficulties and problems integrating into the work environment, another issue unique to African nurses was race. Racial difference was an issue in regards to how participants were treated, and preconceptions of them by fellow nursing staff and patients. In regards to how foreigners were treated, based on expectations of language skills, participant’s felt they were treated equal to other foreigners of other nationalities, e.g. Estonian, Russian. However, staff and patients alike tended to have reservations and distrust in association with African nurses.

“I think from my experience some older patients whom I attend to, most of them don’t talk Finnish to me immediately, but those colleagues, they’re the ones who say “oh this one doesn’t speak Finnish fluently”, and “what is this person doing here”. You can see that expression on their faces.”

Apprehension; was described as a common response by patients when confronted by a ‘black nurse’. Some patient’ refrain from communicating openly and most often elderly patients are sometimes more withdrawn with their communication with ‘black’ nurses, preferring to discuss issues and concerns with Finnish nurses.

“There are some patients who say; ‘I don’t want you to touch me. I don’t think you know anything, just leave me alone’. That’s rare, but it happens.”

On those occasions where patients were unwilling for a ‘black’ nurse to care for them, they refused to be touched or attended by the nurses. Patients would sometimes refuse to communicate with the nurses and demanded to be treated by Finnish nurses instead. As upsetting as these occasions were, the participants stated that when they received support and trust from their colleagues; these situations were rarely of lasting consequence. When their colleagues showed respect and trust for their professional capabilities, and further communicated this to the patients in
times of inappropriate and racist behavior; this helped ease the negative feelings of being rejected as a professional based on racial difference.

Cultural difference was also a factor in the work place for the African nurses. In regards to touch and communication, participants felt foreigners showed more openness to touch and showed more open body language while communicating to staff and patients alike. There was the sentiment among participants, that foreigners were perhaps more affectionate to make up for what they lacked in language. Foreigners they explained, have a tendency to take pride in their work, and to make up for the part they might be missing (language), they tend to be more patient and affectionate with others. This was not just explained in the nursing context, but in general settings. Foreign nurses in their frustration for not being able to fully communicate in situations where language might be a barrier, use body language and touch to better convey their warmth and willingness to care for their patients as best they can.

Being a minority and African in the Finnish work environment can be quite challenging according to the participants, especially in occasions where you constantly have to assure, reassure and convince people you are capable of doing your job well. Compared to their Finnish counterparts, participants felt it challenging even after graduating, to be a minority in Finnish working environment. Due to the low number of ‘black’ nurses in Finland in general they were under scrutiny during routine and basic handling of duties compared to other new staff.

“When I came here there were no foreigners. Especially when people are looking at you, like in the medication room. They look at you like, ‘what is she doing? Where is she taking those drugs? Where is her supervisor? ’ They were shocked to realize I was a nurse.”

Integrating into the work place was challenging according the participants, in part due of the fact of being visibly different. There was at first a common conception at the workplace that they were students, this the participants noted was due to the fact the only Africans seen on the wards were usually only students, and not members of the nursing staff. As qualified nurses and at the start of their employment after graduating, participants found it difficult gaining the trust of their
fellow colleagues. They found themselves having to convince others of their capabilities as qualified nurses, and having their comprehension and language skills constantly being evaluated. Fellow staff members would repeatedly question and reaffirm that they indeed understand, and follow what was being conveyed in Finnish.

“Finnish people don’t tell you directly to your face, if your doing this and that; I don’t know if they were checking everybody; but I believe at first when you are still new they check on everyone. Maybe they have confidence mostly in Finnish students, more than they have for foreigners, because we have to be checked more times than Finnish students.”

There was a big fear of making mistakes at the work place among the participants, this was due to the pressure they felt from being foreign at the work place. They explain how they constantly checked and recheck their work, out of fear of making mistakes and fear for the negative attention this would bring.

“I always have to double check, three times, four times; because I want to avoid making a mistake. You know that you have the attention on you. When a white person does something, it’s yeah, its ok; but when you are the only foreign person there, all eyes are on you.”

There was a difference according to the participants, in the way which staff react to mistake in the work place, depending on if a foreign or Finnish nurse was involved. Participants felt foreign nurses were much more targeted and talked about for long periods of time, than compared to when Finnish nurses made mistakes.

“No. It’s not the same; it’s not the same. I remember quiet well other incidents where Finnish nurses have made really serious mistakes, but everybody just stayed quiet about it, they don’t discuss it. It’s a big deal when a foreigner makes a small mistake, but when a Finnish nurse makes a big mistake nobody talks about it.”

The start of their nursing careers was hardest for the participants due to the extra attention and scrutiny they felt they were under being the only foreigner at the work place, they felt under pressure to never make mistakes, however; this fear of making mistakes has lessened over the years, mostly due to the trust and respect they have achieved among their peers at the work place. They also saw the great lengths they went to avoid making mistakes as a benefit in the nursing context, being more careful was seen as a good trait to have in the nursing environment.
Another situation participants dreaded was making mistakes in language while in the work environment. Their fear was associated with situations concerning other staff members who would, mid-interaction convey their impatience at times when participants had slight difficulties in finding the right words in Finnish. Depending on who they were speaking to, their ability to speak fluidly depended on the reactions of the other person, some staff members were described as open and invited conversation, but in the cases where they were confronted by unfriendly staff/nurses, they had stressful difficulties in finding the right words in Finnish.

“Actually, now I’ve come to learn their facial expressions. When their expression is open, like to talk to me”, they are showing you they have a warm heart, so it’s like an invitation to speak, and inviting face. Then it goes fluently; but if someone is cold, I think something makes you scared, maybe your mind gets confused or something, and then I can’t speak Finnish, and my mind goes completely blank. So then I think, let’s just keep quiet, so we keep silent or we only talk about practical things. I do my work and you do your work. I’d like to say maybe 60% of my work colleagues do not use facial expressions and only communicate for practical reasons.”

6.4 Importance of Nursing Mentorship in Practice

Mentorship and support in work practice was related by both participants as the most influential factor in them continuing nursing in Finland. The importance of supportive mentors at practical placement were determinant of how participants viewed their progress in both nursing abilities and language. The encouragement given alongside introduction to the nursing environment by ‘good’ mentors was very important to the decision for participants to continue their degree programs in Finland. The nursing skills shown by the Finnish mentors assigned to them inspired the participants to strive harder, and push themselves to learn Finnish in order to attain standards shown by their mentors.

When mentoring was conducted in English, participants felt more relaxed and learned at a better pace, but in cases where they were encouraged and supported by mentors, they were more assertive in their attempts to speak and learn Finnish. When questions were asked about their intentions on staying to work in Finland, participants found mentors were more prone to teach and guide them more when
they showed interest in staying to work in Finland after graduating. Their decision to stay in Finland was based on mentors taking the time and effort to teach and support their learning of Finnish. Mentors who encouraged and helped them practice Finnish helped give them courage to be more confident and aggressive in their use of the Finnish language, and this in turn helped support their clinical learning at practice placement. However, the participants were clear in stating this was not the case in general; there were not many mentors who assisted them in language learning. Supportive mentors were however, instrumental in their learning of Finnish and being more motivated to stay and work as nurses in Finland.

“Yes, she spoke English, we used English, and then after they asked me if I want to stay in Finland, and if I want to specialize in that field, I said yes; and that’s when they said I have to start working in Finnish.”

Finnish nursing principles and standards of patient care were highly regarded by participants. They considered Finnish nursing standards to be very high, and showed respect and appreciation for the importance of ethics in the Finnish healthcare system. Although Finnish people (nurses) could be described as more quiet and withdrawn, compared to other foreign counterparts, they however showed exceptionally high regard for their patients’ welfare. The Finnish Healthcare system was considered very effective and of high standards, compared to other public healthcare systems participants had experiences with. They compared the treatment of patients in Finland to be of the best quality.

Their experience of the healthcare system in Finland as patients, were very positive and highly appreciative in reference to the standard of care they received as patients. Being a patient in Finland, participants felt supported and well cared for as individuals, and had reassuring and positive experiences. These positive experiences as patients in Finland, translated into their appreciation for the high standards in Finnish nursing, and inspired their personal aims to reach these standards.

“Its not as caring as here, definitely here people keep to themselves, but you see that they care; the nurses, they care about the patients welfare, at the end of the day it all about the patients welfare. Whereas, in my home country at the end of the day it’s all about the money you’re going to get, so.....only in the private hospitals do people get the best care you deserve. If you go to public hospitals you don’t get good treatment.”
6.5 My History defines me

For the participants, their experiences of being different and being treated as such were very evident in their realities outside the work environment. Based on their experiences of being a black minority in Finland they felt they had to be careful when confronted by difficult situations while out in the Finnish public. Issues related to discrimination and racism were part of their interactions with Finns. They saw themselves as visitors to a foreign country, and as such had to act accordingly; by being careful.

“Outside the work place if something happens, the police might take it in another way. First of all they ask you for papers and all these sorts of things.”

Their experiences were that of unfair treatment and discrimination while dealing with authorities or others of the majority population in times of conflict or misunderstandings. In situations dealing with complaints and conflict in the work place; these were dealt with by the nurse in charge, and participants felt they had fair treatment and support in these situations. However, outside the workplace, they felt they lacked any support as foreigners and had negative experiences in dealings with official authorities.

“I have experienced discrimination and unfair treatment based on being a foreigner. The one in the wrong was Finnish, yet the police took her side because I was a foreigner. I have also experienced this with other foreigners, that they have been wronged, but at the end of the day although they have been wronged and they are the victims they are blamed. So, this happens a lot, and sometimes its kind of scary to be in public places. You never know what could happen.”

Family and children were a major concern in the participant’ views on integration. Both participants being parents were concerned with their children’s environmental influences and how it affected their development, in terms of culture and language. They were worried their children would have no connection to their African origins, and were conflicted with the sharp differences in styles and methods of upbringing between their own cultures compared to the Finnish culture. Participants referred to their children as ‘African’, even though they were born in Finland; identity was based on cultural background not country of birth. They also had concerns about their
children not speaking English, speaking English and other ethnic languages were considered important to the preservation of cultural identity and being multicultural.

Concerns were also voiced about the challenges their children currently face, and would face in their future in Finland, due to being a minority. Fears of discrimination, racism, segregation, social exclusion and loss of culture were dominant concerns. They also noted the fact that their children were also less prone to have Finnish friends and tended to keep with other foreign children of similar backgrounds. The Finnish Education system was highly regarded by participants, and this was an influential factor in working and raising their children in Finland. Security and providing a safe future for their children was their main priority and goal as parents.

Community connection were felt to be lacking in Finland, the habits of fractured connections between families in the Finnish culture were distant from their own views on supportive community and family relationships. Finns were described as conflict avoidant and were not usually open to discussion or airing out of grievances; rather they withheld negative opinions or emotions and refused to deal with uncomfortable situations on occasions of disagreement. This was in contrast to the own cultural habit of open discussion and conflict resolution. Frustration was sometimes felt by participants in dealings with Finns, not being able to resolve issues of concern in an open fashion, rather remaining silent and following Finnish protocol.

Participants found the Finnish culture to be very different from their own, in terms of the Finnish habit of excessive alcohol use and prevalence for mental health problems among the Finnish population. They however stated, Finns who had lived abroad or had extended interactions with foreigners were more approachable and open minded with their communication and acceptance of differences in cultures and people.

“I think Finnish people will eventually change, but those people who are now integrating with foreigners or have travelled abroad; they kind of know how to go about being with foreigners. But those we have always stayed here, it's going to take forever.”
Being considered Finnish, or fully integrated into Finnish society, was difficult according to participants. Their identities were strongly tied to their cultures and background. Their identities were that of the minority in Finland, never being accepted or perceived as a native citizen. Full integration into Finnish society, was viewed as an impossible achievement by participant African nurses. Barriers to full integration were not just based on negative experiences in Finland, as a foreigner in terms of discrimination, and difference; rather, they viewed a major barrier to integration to be based on their strong attachments and identifying with their own cultures and countries.

No, never. At the back of my mind I still know I’m a foreigner, and at the back of my mind I know I really want to go home. Even though I would feel like I’m comfortable here, I want my life back there. You know, family life. Here I have family, yes; but I still miss the extended family life. I also miss my culture back home. Yeah, I’m always a visitor.

Regardless of length of stay in Finland, language abilities, or employment; these were not enough to facilitate full integration. Rather, identity was the dominant theme in attaining full integration. Race was a major factor in the barriers to integration, participants felt Finnish people would never view those of a different race, or ethnic background as Finns. Integration was described as being considered a member of society, without difference; however, their African backgrounds could not be overlooked by the participants themselves; or the general Finnish population.

“I wouldn’t say I’m totally integrated, because there would always be this thing that, I’m an African. Even if I become a fully Finnish citizen, and I work in Finland and I’m a nurse, I speak Finnish. They would still not see me as a Finnish person. At the back of the mind there would still be that question that, what if, what if, what if? So, I also feel that I’m not...maybe I’m three/quarters inside, and that one quarter is still back there, yeah. I don’t think that there will be a point that I will be 100% integrated.”

Language proficiency was viewed as a constant challenge by the participants, their description of language fluency and lack of cultural knowledge as being a constant barrier to fully integrating into Finnish society; being proficient in either was only possible for native Finns. They had very limited attachments or interactions with Finns outside the workplace, they tended to have stronger connections with others of a similar background and nationality.
Participants reported a change in their interactions with others after a few years of living in Finland, they describe it as ‘acting more Finnish’. They describe the changes in the way they interact with others as more in tune with the Finnish culture and interpersonal communication style, these changes were described as being more withdrawn, less talkative, sullen when at home with friends and family, and using less outward facial and emotional expressions. These changes affected them negatively in their personal lives, more so than in the work environment. These changes however made it easier for them to blend into the work environment.

“Now, I think I have noticed I have changed, because I think I have stayed with them for sometime (laughter). I used to be a very bubbly person, I’d talk, talk, and talk; but sometimes you know people here, when we go into work…they act like they don’t want to hear all that, we have our own things. I used to say good morning to people when I go to work in the morning, that’s part of our culture; it doesn’t matter if you know somebody, you say good morning, but here they just stare at you and go away. I learnt not to engage anymore. Let me not say good morning to anybody (laughter).”

Participants felt being more withdrawn and quiet prevented them from fully expressing themselves and caused frustration, being unable to behave in a natural way in the work environment for extended periods of time. However, acting similar to others was important in creating balance in the workplace, and not standing out more than they had to. Fitting in was important in order to maintain neutrality at work among colleagues. These changes in communication styles, however did not negatively impact their interaction with patients, as they viewed these interactions on a one-to-one bases; they adjusted their engagement styles to fit the needs of the patient. They engaged the patient as an individual, and the patient’s personality and needs dictated the interactive requirements in the nurse/patient relationship.

6.6 Future Plans

Career advancement opportunities for foreigners were very limited according to the participants; due to language barriers the chances of foreign nurses in Finland achieving managerial positions were very slim. Jobs were allocated to Finns, even when foreigners were considered equally qualified; opinions like these were according to participants, shared by their foreign and Finnish peers alike.
“I have seen it first hand experience, when it comes to a job application and they have equal qualifications, both Finnish and foreigners, the Finnish are given the first option and the rest come after that.”

Personal aspirations at the start of their nursing careers were mostly set aside, in regard for the realities they faced, the high standards of Finnish language demanded for further education and career advancement. Participants had wanted to continue studies in different degrees, however, chose to remain in their current employment level, reasons given were lack of career advancement opportunities. Practical concerns such as providing a steady income for the support of their families were of higher importance to participants, although there was always the option of leaving Finland to pursue higher education and subsequently job promotions. Lack of Finnish fluency was viewed as a barrier to career advancement and limited their choices at further education in nursing.

“I don’t think I will move to another country. Right now I’m comfortable here. With family life I’ve come to realize, here is the best place to be, so I decided to stay.”

Future plans for staying in Finland differed between these two participants, their decisions on long term stay in Finland was based on aspirations for future education and progressive career paths. Although both participants were currently satisfied with their jobs at present, the personal ambitions of one of the participants included attaining a managerial position in the healthcare setting; this ambition they felt was important enough to warrant a move away from Finland. Achievement of goals and further education were felt to be very challenging under the current conditions they faced in Finland, lack of language fluency was always going to be a present obstacle to career advancement in Finland.

“I think its always forever going to be frustrating. Most of them don’t have a problem with my Finnish, but I still have a problem with my Finnish. I think it’s not good enough for all the years I’ve been in this country. But sometimes I find it frustrating because there are times when your mind goes blank. You just can’t find the words, especially when I’m mad at work. When something has got me pissed off, and that’s when I need the language. Especially on rounds with the doctor, or meetings. Then you are really stressed. A Finnish nurse would take 5 minutes, I will take another 10 minutes, I cant just read it like I would read English. It’s a different language and I need time to read and memorize.”
On issues concerning the integration of African and foreign nurses in general, the most important factor according to participants was language. Language was considered the most important factor and the first step to successful participation in practical placement situations and introduction to work in Finland.

“I think the best thing is, when you come to study in Finland and you know you’re going to stay in Finland, work very hard on your Finnish language so that when you start your working career you don’t have those negative attitudes, when you think you can’t do certain things. It will help you integrate, because the more they will accept you, the more you will get that courage to interact with Finnish people. If you’re scared, then things won’t work out well for you. I think you should do that.”

After language, job satisfaction was the determining factor in decisions regarding long-term stay in Finland. Whether or not they felt supported in the current job place, and whether they were accepted and trusted by fellow staff members in the workplace were important to participants. Language was vital to enter the workplace, but did not automatically determine long-term commitment to the profession, rather being a fully accepted member of staff, equal respect, trust and appreciation were needed.

“The thing is, it all depends where you’re working, and if you get to be appreciated, or you get to be at the bottom. At previous wards I was under-looked, and I was not really looked upon as a competent nurse. People did not trust me enough to ask questions, they just assumed I would not know. I felt very out of place. As soon as I came to this new place it took a few days for them to see that (I had the mentality from the other ward that, just keep your head down and do your job), when they noticed I could do my job. It didn’t take people long to be comfortable with you. I was more accepted. The work population was more open.”
7. DISCUSSION

7.1 Reliability and Validity

The objective of reliability according to Yin (2014, 49) should be, in any subsequent investigations into the same research, using the same procedures; the later investigator should arrive at the same finding and conclusions. The aim of reliability is to minimize any errors and biases in a study.

Establishing validity and reliability in
For the establishment of judging the validity of the data for this case study, the model proposed by Kvale (1996), were;

- The telling of a convincing story
- The relations between major themes were linked and related
- Findings of the research were reached by integrity, and followed an ethical conduct
- Make interpretations available for discussion, exploring new ideas that emerge from the data
- Has the research impacted the participants of the research, and has it impacted the wider social context.

One prerequisite for ensuring reliability is proper documentation of procedures, the general approach should be to take as many steps to as operational as possible and to conduct research as if someone was looking over your shoulder; in this sense the performance of any sort of reliability check must be able to produce the same results if the same procedures were followed. The best guideline for doing case studies is therefore to conduct research so that others could in principle repeat the procedures taken, and arrive at the same results (Yin, 2014, 49).

In order to ensure reliability for this case study, all interviews were transcribed in order to maintain documentation as evidence of narrated information. During analysis, themes were repeatedly confirmed throughout the process, making sure
personal biases did not affect analysis of data. Strengths of the use of in-depth interviews while insightful, providing explanations as personal views, attitudes, meanings, perceptions, may none the less posses weaknesses as a method of data collection.

Weaknesses in this study could be associated with used method of information gathering, the in-depth interview. Issues that could be possible weaknesses in sources of evidence are possible bias due to poorly articulated questions; response bias, inaccuracies due to poor recall, reflexivity, the interviewee gives what the interviewer wants to hear (Yin, 2014, 107). The most important use of documents in a case study research is to corroborate and augment evidence, and one of the most important sources of evidence of a case study is the interview.

Researchers should according to Yin, (2014) use this as method of showing reliability.
  a. Follow your line of enquiry
  b. Follow an unbiased path of enquiry, reflected by our case study protocol, questions like how in contrast to why? Asking actual questions in an unbiased manner, while also serving the needs of your line of inquiry.

As Hesse-Biber et al explain, the threat to the validity of any research, is the biases of the researcher (2011, 48). Validity in this research case study was assured by repeatedly rechecking interview material, finding answers to the research questions based on what the participants said, as opposed to what the researcher assumed; basing themes on repeated appearances of connecting issues, and using this to capture an understanding of the social reality of the participants was the criteria for the validity of this study.

In this case study the personal views and possible biases of the researcher were taken into consideration while analyzing the collected data. Through the existing similarities of background of the researcher to the interview participants, it was important the views of the participants were accurately reported, without the added opinions or assumptions of the researcher. While similarities in profession, race, background, and gender could be assumed to affect biased views or outcomes of
collected data; these similarities however were supportive in the actual collection of data, the familiarity of the participants to the interviewer encouraged a more open, relaxed, and honest connection during the interview process; which encouraged the narrating of more sensitive material and issues that would otherwise not be discussed or shared under other circumstances.

Kvale (1996) defines the criteria for validity of any given qualitative study as: the quality of craftsmanship, validity as communication, and validity pragmatic proof through action. The findings in this case study were attempted to be conveyed as plausible, through having credible interpretations about the studied subject, and by this process attempting to assure validity in the qualitative analysis of this study.

7.2 Ethical Considerations

Ethical decisions according to Kvale (1996) should be considered throughout any entire research process. Researchers should with prior knowledge to moral issues involved in various stages of interviews investigation, make reflected choices while forming a study and prepare for critical and sensitive issues that may turn up during their investigations. Ethical codes provide guidelines that must be judged according to their relevance to specific situations.

The need for protecting humans come from that the fact that nearly all case studies are about human affairs, and this obligates the researcher to important ethical practices similar to those found in medical research. The researcher has the responsibility to treating the conducting of a case study with special attention and sensitivity. Important aspects of ethical consideration conducted in this case study follows recommendations by the Yin (2014), considerations including, informed consent, protection of participants, privacy and confidentiality, and protection of participants. (Yin, 2014, 78).

Before researchers can begin an interview, participants must be made aware of the confidentiality and their role within the research, and eventual publication of results.
Firstly, informed consent should be explained in advance and executed either before or during the interview. Participants should also be given the opportunity to ask questions concerning the interview (Hesse-Biber et al., 2011, 100). Informed consent for the purpose of this research study was obtained, before and during interviewing. This ensured the participants were fully in agreement with the process of interviewing, participants were also encouraged to ask questions at any time during the interviews if they so wished or were unclear about any line of questioning.

The participants were protected from any possible harm during this study, including the avoidance of deception as to the use of the collected data. Any and all information received by the researcher during interviews were used strictly for this case study, and used with the aims and objectives provided for the purpose of this study. They were assured they had the right to refuse the use of any of the data they provided via interviews, at any stage of the research process, and all information would be destroyed and removed from the case study results as such.

Privacy and confidentiality of participants were guaranteed as a result of their participation in this research study. Participants were given the decision on locations for the interviews, this was important in addressing any concerns they might have about their anonymity in connection with the study. Their anonymity was guaranteed by the exclusion of any revealing information in the data as to their identities or details that might connect them to the study. Interviews were conducted in private and audiotape recorded.

In the instances where names, locations, or organizations were mentioned during interviews, the information was excluded or substituted for none identifiable descriptions in the written transcribe, this was used to protect sensitive information that might identify the participants. The removal of highly sensitive information from the transcription was an ethical choice that was made before the transcription part of this research study.

The ethical issues that can arise during transcribing center on how we represent our research participants, the way in which we demonstrate respect for them in
transposing their spoken words into text that we later manipulate and write up.

Therefore, in transcribing, the dilemma for researcher is whether or not to ‘clean up’ sentences or incorrectly used grammar; this could be viewed as a disservice to the participants (Marshall & Rossman, 2011, 167).

All transcriptions were checked against the audiotapes, and any irregularities were revised accordingly. All transcripts were saved as individual word files as Word-documents (.docx). Once audiotapes were accurately transcribed and corrected, and saved, the audiotapes were erased.

### 7.3 Conclusions and Recommendations for Future Research

The learning process in nursing studies, as explained by Starr (2006), should involve an intimate level of engagement, with the client and their culture, as well as the work environment and its culture. The issues raised from the case study show, there is a great disconnect and lack of engagement by African nurses during their studies, difficulties in language as well as culture knowledge, made it difficult for them to fully engage and absorb taught material during the course of their studies. Language being essential for integration, participants found this aspect of their integration experiences most challenging at all stages. Participants stated they learnt faster and more appropriate medical language, while at work practice; however the lack of willing mentors to guide and take intuitive in this area was problematic. As Martikainen et al (2009) stated, development of language skills demands participation in the majority language community; language studies alone cannot facilitate adequate language proficiency.

More care needs to be taken to ensure the level of Finnish Language before international nursing students transition into work practice. Nursing educators must take into consideration the level of stress experienced by foreign students in their transition into the Finnish work place, and prepare for ways of helping students adjust to the extreme changes in their environments. Recognition of unique challenges faced by African nursing students are essential in order to better prepare
and support them in their transition into the working environment in Finland. Language alone was not the only challenge for participants African nurses in this study, the reality of visible difference from the majority population and the subsequent negative interactions they experienced, based on this difference in the Finnish nursing environment were also of consequence. These negative experiences; while improved in their working environments when they had support and acceptance in the work place; unfortunately are experienced in the general Finnish public in forms of discrimination and open racism.

Issues regarding integration and culture conflict were present for the participant minority nurses in the Finnish work place, race being an important issue in their interactions with other staff members and patients alike. Visible difference, according to participants, did indeed affect their reception and ultimately the outcomes of their interactions in the work environment. As reported by Starr (2009), and TEHY (2013), African nurses have more difficulties in integrating into the workplace compared to their counterparts, they also tend to have less interaction with the majority in their social interactions outside the workplace.

If integration is to be possible, then differences both cultural and racial must be recognized and openly discussed. The experiences of the participants of this study shed light on the unique factors that influence their nursing study experiences in Finland. Feelings of alienation and exclusion are a common reality for most minority nursing students and nurses, (Starr, 2009; Pitkäjärvi et al, 2012) this trend has also been shown to be present in most minorities in Finland in general (Pellander, 2014), Rastas, 2014), (Wallin, 2013). Finland, being fairly new to the idea and problems regarding integration and multicultural interactions, can ultimately be a difficult environment to navigate for the foreigner; even more so, for the African minorities who have more visible difference compared to the majority population.

As more foreigners come to live and work in Finland, so do the number of immigrant children being born in Finland, and issues related to their cultural identity and prevalence for discrimination and social exclusion are a reality for these young children (Rastas, 2014). As participants of this case study explained, integration is not
just about the individual, but rather involves the family as a whole. One cannot integrate fully, without full integration of the family as a unit; and participants have concerns regarding their children’s future as visible minorities in Finland. Their race is part of their history and identity, and minority children will have a challenge finding their identity as minorities in Finland. Rastas (2014) points out, race cannot be ignored in the discussion of children and young people in Finland, young people of differently racialized parentage, as well as transnational adoptees; among immigrants’ children there is a conflict of identity, that of being Finnish and being viewed as a foreigner.

The process of integration is never linear as experiences by study participants showed; their language proficiency, ultimately has not been enough to ensure successful integration into Finnish society. Full integration, is felt by these African nurses as; acceptance and being a member of a family and community, and being free to express themselves as individuals and practice their culture by ways of language and behavior. Difficulties in language and being different however, make this challenging and prevents them from fully engaging their true selves, and this in effect prevents them from fully being present and integrated into their environments, either at work or in the general Finnish environment.

Career advancement as Bhugra et al (2004) explain, pertaining to the issues of imbalance in expectations and low achievement of social gains in migrants, contributes to low self-esteem and stressors. The lack of career advancement for these participants were reasons that warranted keeping the option open for leaving Finland to work elsewhere to better achieve career advancement and further education. Foreign nurses leave because they cannot advance their careers, or feel undervalued in the work place. This result was in alignment with other studies on minority nurses reported by Starr (2009).

The implications for nurse educators at institutions are realizing the differences in teaching students that have a different primary language. Language, is however not the only difference that makes these students stand out; differences in cultural beliefs, values, and practices also need to be appreciated in education. However, as
Starr (2009) emphasizes, though these differences might be seen to create a challenge in the classroom, the richness they can bring to nursing care is invaluable.

There is an importance for nursing educators in Finland to realize the differences in experiences of minority nurses. As viewed by our participants, their experiences differed greatly from that of their peers, in issues from language, and professional acceptance. Through understanding the challenges that minority and foreign nurses face in the Finnish workplace, compared to their native peers; this creates awareness. The discussion and recognition of these challenges should not be accusatory, rather they should be a gateway to progress, development and promotion of better multicultural interactions in Finnish nursing environments. According to Bhugra (2004), the process of migration can be made more manageable and less traumatic to the individual by implementing factors such as adequate preparation and social support, and the acceptance by the new culture positively affect the individuals’ ability to better adjust to their new environment.

The influence of mentors at work practice are underestimated when discussing adjustment by foreign students, nurse mentors at work practice play a vital role in ensuring adequate understanding and promote higher levels of education for foreign nurses. More effort has to be made in emphasizing the importance of mentors in practical placements, and the level of influence they have in encouraging and guiding foreign students in their new challenging environment. Reasons for foreign nurses wanting to leave Finland after graduating should also be examined, looking at issues that may propel foreign nurses to feel unwelcome and undervalued compared to their native peers.

If Finland is to continue to increase the numbers of foreign nurses in the future, there needs to be a courageous change in the reception of foreign nurses. Language while being a real barrier to integration, is unfortunately not the only issue, differences in culture and ways of communication create tension and misunderstanding among natives and non-native in all walks of life, including the
nursing environment. Multiculturalism and diversity is part of the future for Finnish nursing, bringing much needed variety and richness to the profession. Changes in reception and views on a multicultural nursing workforce in Finland have to begin with an honest and open discussion on how to better support foreign nursing students and foreign nurses in Finland, by giving adequate language training, and changing attitudes of the native Finnish staff to support a more open and welcoming nursing environment.
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