

ADAPTABILITY OF INTERNATIONAL NURSING GRADUATES IN
JYVÄSKYLÄ TO FINNISH WORKING CULTURE

Dinda Sande
Marian Mwangi
Michael Muraya

Bachelor's Thesis
October 2014

Degree Programme in Nursing
Social Services, Health and Sports



Author(s) DINDA, Sande MURAYA, Michael MWANGI, Marian	Type of publication Bachelor's Thesis	Date 2014
	Pages 53	Language English
	Confidential () Until	Permission for web publication (X)
Title ADAPTABILITY OF INTERNATIONAL NURSING GRADUATES TO FINNISH WORKING CULTURE IN JYVÄSKYLÄ		
Degree Program Degree Program in Nursing		
Tutor(s) GARBRAH, William PALOVAARA, Marjo		
Assigned by JAMK UNIVERSITY OF APPLIED SCIENCES		
Abstract <p>The purpose of this study was to provide information that could be useful in the integration of foreign nursing graduates into the Finnish working life. The aim was to find out how the foreign nursing graduates working in Jyvaskyla are adapting to the Finnish working culture.</p> <p>A qualitative research method was applied to this study with semi-structured interviews as the main tool of data collection. The participants of the interviews were composed of foreign nursing graduates that were currently working in Finnish healthcare facilities precisely in Jyväskylä and had at least one year's work experience. A conventional content analysis of the data was applied to this research.</p> <p>The study showed that despite adapting well, the adaptation took time and the foreign nurses faced some challenges during the whole process. Primarily, the integral parts that played a role in the whole adaptation process included language, workload, work frame and work routines, job satisfaction and recognition. Furthermore, the Finnish work culture, integration to working life and some coping strategies applied by the nurses during the adaptation process also seemed to have a role. Based on the results above it was clear that more strategies would have to be established by the higher institutions of training and the work environments to assist the foreign nurses adapt better into work life in order to ensure that quality and effective care is provided.</p>		
Key words Foreign nursing graduates, work, adaptation		
Miscellaneous		

CONTENTS

1	INTRODUCTION	3
2	GLOBALIZATION AND NURSING PROFESSION	4
2.1	Nursing in Europe.....	5
2.2	Nursing in Finland	6
2.3	Nursing in Jyväskylä.....	8
2.4	Requirements and Responsibilities of Nurses in Finland	8
3	FACTORS AFFECTING JOB SATISFACTION AMONG NURSES	11
3.1	Intrinsic Factors	12
3.2	Extrinsic Factors.....	16
4	AIMS, PURPOSE AND RESEARCH QUESTIONS OF THE STUDY.....	18
5	RESEARCH METHODOLOGY	18
5.1	Participants and Recruitment	20
5.2	Data collection.....	21
5.3	Data Analysis	22
6	FINDINGS.....	24
6.1	Language Barrier	24
6.2	Work load, Work Frame and Work Routines	26
6.3	Job Satisfaction and Recognition.....	27
6.4	Finnish Work Culture	27
6.5	Integration to Working Life	29

6.6	Coping Strategies.....	30
7	DISCUSSIONS.....	31
7.1	Discussion of Main Findings	31
7.2	Ethical Considerations.....	33
7.3	Credibility, Dependability and Transferability	34
8	ASSESSMENT OF THE RESEARCH	35
8.1	Implication for Practice and Future Research.....	37
8.2	Conclusions	39
9	REFERENCES.....	40
10	APPENDICES.....	51

1 INTRODUCTION

Finland attracts foreign workers by the dozens each year and that number is set to rise to hundreds, but, even that would not be sufficient to meet the labor demands prevailing particularly in the healthcare sector (Sunnuntaisuomalainen 2013). In Finland, thousands of health care workers will retire in the near future, and new employees are needed to ensure the continuity of health care services (Kilpeläinen 2010). The need for foreign nurses will rise to thousands annually in order to meet the demand of nursing professionals. Overall, by the year 2025, the social and health care sector will need an estimated 20,000 to 60,000 new employees. As a result, many municipalities in Finland have embarked on recruitment drives in order to bring foreign nurses to fill the employment gap in their health care organizations. (Op. cit. 2013.) A project in the province of Satakunta, known as "Work in Western Finland" is a practical example whose main aim is promoting work-related immigration in order to prevent labor shortfalls due to Finland's ageing population and lack of professionals in certain fields. The project particularly facilitates the recruitment of employees in the fields of social and health care for work in the basic services. Once professionals have gained the language skills required, they can go on to work as accredited health care professional. Since its start in 2008, the Work in Western Finland-project has channeled several hundred of foreign employees into the region. (Yle, 2012.)

In particular, student migrants make up the largest portion of all immigrants in Finland. Hence, education-related migration has remained steady for some time. Moreover, the government has adopted a strategic goal to more closely link

students educated in Finland with the country's labor market needs. (Tanner, 2011.) More specifically, there has been a constant increase in the number of foreign students in JAMK University of Applied Sciences.

Annually, the JAMK School of Health and Social Studies trains and sends to the health sector certified nurses. For instance, there was an increase in the number of student intake from 15 to 30 in 2010 and from 30 to 40 students in 2011. Based on the information above, this study aimed at studying the adaptation process of the foreign registered nurses to the Finnish working culture in Jyväskylä. The purpose was to increase the awareness of the foreign nursing students in JAMK University of Applied Sciences of the Finnish working environment that they would encounter upon completion of their studies and upon entering the job market.

2 GLOBALIZATION AND NURSING PROFESSION

The world is becoming more of a global community making globalization and internationalization distinct concepts. The terms globalization and internationalization consequently raise considerable challenges, both normative and analytical, for nursing. (Herdman, 2004) In this context, the term normative depicts a value judgment about whether a situation is subjectively desirable or undesirable and the term analytical refers to something true by definition and something generally self-explanatory. (Merriam-Webster Online Dictionary.) Globalization refers to world systems as distinct from national ones, while internationalization refers to relationships between countries where the nation state remains important (Herdman, 2004). People are migrating, each year, from

their countries of origin to other countries in search for better education, employment opportunities and better facilities as well as for leisure.

According to the World Health Organization, the migration of nurses seem to be so substantial that it has led to the development of a policy governing the mobility and migration of Nurses. This policy has been developed in 5 countries, namely; Australia, Ireland, Norway, the United Kingdom and the United States. These countries have improved their working conditions, multi-lateral agreements, and their compensation policies as an effort to facilitate the migration of nurses. (Buchan & Sochalski, 2004.)

Furthermore, in most of the developing countries migration of skilled workers is very common. For example, the Philippines are the leading labor exporting country with over 9.4 million Filipinos working overseas. According to Commission of Filipinos Overseas (CFO), 19% of those who migrated between 2004 and 2010 were nurses. The main reasons attributed to this trend of migration of nurses were low salaries, poor working conditions, outdated healthcare technologies and lack of job opportunities. (Dimaya, 2012.)

2.1 Nursing in Europe

The migration of nurses in Europe has been characterized by a flip-over of the trend, because from the 1940's the migration of health workers was from Europe to other high-income countries mostly to the United States, Canada and the United Kingdom. Currently, however, the migration of workers is into Europe from other countries .This is due to the increase in the percentage of the ageing

population in relation to the number of health care workers, which has led to an increasing need of nurses. Nurses are constantly migrating from their home countries to other countries that have a high demand of health care workers, and the workload is increasing faster than the number of personnel. This has seen an increase in the number of nurses coming from low-income countries to Europe with Germany, Denmark, and Ireland having the highest numbers (W.H.O. 2009.)

There is also migration of nurses within the European region, and some of the factors that determine this migration are a poor working environment, low recognition, poor advanced training prospects, lack of collaboration between nurses and physicians, shortage of staff, low remuneration and a restricted decision making power. This has led to efforts of many European countries to reduce the migration by attracting of younger workforce into the nursing profession ,the most favorable destination countries being Switzerland, Scandinavian countries, the Netherlands, Austria and United Kingdom. (Zander, 2012.)

2.2 Nursing in Finland

According to Schumacher (2010), nursing shortages has continued to be an issue in the health care industry over the past 20-30 years, especially in hospitals. In Finland, thousands of health care workers will retire in the near future, and new employees are needed to ensure the availability of health care services. Moreover, work-related immigration has increased, and personnel service companies in particular have promoted work-related immigration (Kilpeläinen 2010). In order

to cope with the labour shortage in the longer term, public hospital districts have been looking abroad for labour force. There are currently many projects underway to recruit foreign labour from China, Hungary, Poland and the Philippines. (Jolivuori, 2009.) In 2005 Finland had 0,3% of nurses being migrants from other countries .The majority were from the European region, Middle East and Northern Africa and South East Asia.(W.H.O,2009.) However this number seems to be on the increase with the example of Satakunta region of Western Finland, as mentioned earlier, making it easier for Europeans looking for a nursing job in Finland to obtain a contract even before travelling to Finland. This helps in speeding up the application process and organizing of language classes while the nurses adapt to the working life. In fact, this opportunity has seen more than 2,500 Spanish nurses showing an interest in working in this region. This project has been lead by the Ministry of Employment and Economy. (Work in Western Finland, 2014.)

Currently, nursing in Finland is regulated by Valvira, the National Supervisory Authority for Welfare and Health in Finland. Nurses from the EU/EEA countries are allowed to practice nursing in Finland after registering with Valvira, and their documents be translated to either Finnish or Swedish. Non EU/EEA diplomas have to be approved by a higher educational institute before the nurse is allowed to work in Finland. Language skill is a requirement when working in Finland. The majority of the nurses in Finland graduate from the Universities of Applied sciences which are tasked with the responsibilities of ensuring that graduates are competent and qualified enough for their role, the education takes three and a half years. After registering with Valvira the nurses who are approved are listed in the Central Register of Health Care professionals (Valvira, 2013.)

2.3 Nursing in Jyväskylä

Jyväskylä is a part of the Central Finland Health Care District which covers 21 municipalities. At the end of 2013, the health care district had 4034 health workers of which 2395 were nursing staff (KSSHHP, 2014). In addition Jyväskylä is also a part of JYTE, Jyväskylä Cooperation area of Health Centers, which is made up of 3 health centers and 14 clinics, and which employs 1,100 healthcare professionals and caters for a population of about 150,000 people. Jyväskylä has homes for old people some of which are privately owned and others by the municipality. Old peoples' home owned by the municipality are located in about 15 centers. Due to this need for health professionals, Jyväskylä has several educational institutions which offer training in health education, and one of them being JAMK University of Applied Sciences. (Jyväskylän Kaupunki, 2014.)

At JAMK University of Applied Sciences obtaining a strong track record in internationalization is one of its main goals (Haltunnen, 2014). In a bid to achieve this goal, the university's School of Health and Social Sciences has been playing a major role in education especially for nurses, leading to a high influx of international students. JAMK University of Applied Sciences boasts with students from over 70 different countries studying in their campuses.

2.4 Requirements and Responsibilities of Nurses in Finland

Nursing is a regulated profession which requires licensing. In Finland Valvira is tasked with the responsibility of receiving applications, licensing qualified

candidates and maintaining information on all registered nurses. Valvira then adds the applicants' name to the Central Register of Health Care Professionals after which one is allowed to work as a nurse in Finland. In Finland, only a registered general nurse licensed or authorized by Valvira is entitled to practice the nursing profession (Kilpeläinen 2010.) Licensing depends on whether the applicants have received their qualifications in a Nordic country, another EU or EEU country or outside the EU or EEA countries (Valvira, 2013).

The requirements for working as a nurse in Finland include; Language: Adequate Finnish or Swedish skills for the performance of the duties, Completing a form to Valvira with documents attached including;

- A copy of passport or registration document verifying nationality of applicant,
- Copies of diploma and study records,
- A copy of certificate by competent authority showing that applicant's qualifications complies with EU regulations,
- A copy of certificate issued by a competent authority for a valid license to work as a nurse, However, if the license was granted in another state, it must be no older than three months,
- Copies of employment certificates for period following graduation if necessary
- If name appearing on the enclosed documents is different from the one used currently, a copy of document certifying a change of name is required.

The documents must be officially certified copies of the original documents, and translated into Finnish or Swedish by an authorized translator. If the applicants are citizens of EU or EEA, they are not required to have a language certificate, but

nationals of other countries are required to have satisfactory Finnish or Swedish language skills. The language certificate is a requirement and a copy of the National Certificate of Language Proficiency in Finnish with minimum requirement level of 3-4 is attached during the application. The applications are processed within three to four months (Valvira, 2013.) Additionally, the Act concerning health care professionals stipulates that applicants must have a valid qualification (AMK) and must be registered by the National Board of Medico-legal Affairs which keeps the register of health care personnel. The register holds three categories of nurses namely: a general nurse, a public health nurse, and a midwife. (Nursing in Finland 2000.) Nurses are critical links in maintaining a cutting-edge health care system. Hence, nursing continues to be an indispensable service in Finland.

The knowledge base of nursing is founded on the knowledge of nursing science resulting from research focusing on human care. Nursing research has developed tools to meet the needs of nursing practice and education, as well as theories which describe and explain nursing. While many may think of a nurse as someone who takes care of hospitalized patients, nurses also fill a wide variety of positions in health care in many varied settings, working both collaboratively and independently with other health care professionals. For example, there are home care nurses who provide a plethora of nursing and health care services to patients in their homes. School nurses have a long history of providing health services to school children from kindergarten-age to high school. Moreover, there are nurses who play a major role in delivering care to those residing in long-term-care facilities such as nursing homes. Today, in Finland, nursing is highly regarded as an excellent career choice for both women and men.

Nurses who have studied in the EU/EEA countries are licensed under the Act on Health Care Professionals (559/1994) that allows them to work as per their qualification in these countries automatically. However, experience can also be considered while making an application to Valvira for a license attached with proof of employment.

Nurses role is to maintain and promote health in the community, carry out medical treatment as per the doctors' directives, participate in development of the profession by utilizing multi-professional approach and collaboration as well as contribute to the decision making process by using their expertise. All these should be done while complying with the ethical guidelines for Nurses. (Valvira, 2013.)

3 FACTORS AFFECTING JOB SATISFACTION AMONG NURSES

Job satisfaction is important in recruitment of nurses and retention of the existing ones. Recurring nursing shortages coupled with concerns about the quality of health care highlight the critical need to recruit and retain a cadre of professional nurses in different healthcare settings. Recruitment and retention of staff nurses is determined to a large extent by nurse satisfaction with work. Job satisfaction can be defined as degree of positive affection towards a job or its components. (Adams & Bond, 2001). It can also be defined as the degree to which individuals feel positively and/or negatively about their jobs. (Steyn & Van Wy, 1999, 37-40.)

Different authors conceptualize job satisfaction as a pleasant emotional state, resulting from multiple aspects of work. It can be influenced by individuals' worldviews, aspirations, sadness and joy, thus affecting their attitude towards themselves, family and organization. (De Souza, 2011.) Job satisfaction may be considered to be highly subjective as it can vary according to time and according to the adopted theoretical framework. In healthcare settings, the best quality of care is realized where the nursing staff describe their jobs as highly satisfying. Hospitals with highly satisfied nurses have been reported to not only provide high quality care but also favourable patient outcomes (Kvist 2012.)

In this study the determinants of job satisfaction are tackled from a perspective of intrinsic and extrinsic factors. Primarily, there are a number of factors that impel an individual to do something especially in the work place. These factors are generally referred to as intrinsic or extrinsic. Intrinsic factors arise from within the individual and include: work, work load and work schedule, language, recognition and advancement and culture. On the other hand, extrinsic factors refer to aspects outside the individual, such as remuneration, organization policies, discrimination and harassment (Ellis and Hartley 2007, 409-446.)

3.1 Intrinsic Factors

I. Workload, Work Schedule and Work Frame

Work load is one of the major factors affecting job satisfaction. According to the Canadian Federation of Nursing Unions workload has been attributed to the quality of patient care given, it is intertwined with shortage of staff and overcrowding of health facilities. If the most the facilities work at a capacity

above the maximum required, this results in compromised health care and high rates of nosocomial infections. As a result of this increased workload, nurses are twice as likely to be absent due to exhaustion, illness or injury. This has led to some countries adopting a standardized nurse-to-patient ratio and increased nurse staffing. In California a ratio of one nurse to four patients is used with emerging evidence showing improved patient outcomes due to the implementation of the mandated ratios .(Dr. Lois et. al, 2012.)

II. Language Barrier

Language is of particular importance for nurses due to the intimate contact and the need for frequent and sometimes lengthy interactions with patients. The consequences of language barriers range from miscommunication to misunderstood medical information. A majority of nurses have reported that language barriers are a significant impediment to quality care and a source of stress in the work place as well as a factor affecting job dissatisfaction (Lauren 2010.) With the increase in the number of international recruitment projects of nurses to Finland, most of the recruited nurses report that learning Finnish takes time and that it is challenging.

III. Recognition

Recognition of the value and meaningfulness of one's contribution to an organization's work is a fundamental human need and an essential requisite to personal and professional development. People who are not recognized feel invisible, undervalued, unmotivated and disrespected. A majority of nurses are

dissatisfied with the recognition they receive from their employer. This lack of recognition leads to discontent, poor morale, reduced productivity and suboptimal care outcomes. Inadequate recognition is cited as a primary reason for turnover among employees and is linked to decreasing job satisfaction. (AACN 2005, 32.)

Meaningful recognition from one's workplace can lead to perceived organizational support where people feel personally valued by their employer. The relationship between meaningful recognition, retention and engagement indicates that when people are recognized for their contributions and feel valued by their organization, they tend to feel satisfied and engaged, increasing the odds they will stay in their current role. (Lefton 2012.)

IV. Advancement

How a worker views the opportunity for advancement goes hand in hand with how satisfied the worker is with the job. While advancement in rank or position is associated with higher pay, and thus is an extrinsic motivator, opportunity for advancement is considered an intrinsic motivator. The opportunity to advance means more to a worker than material gain. In most instances promotional opportunity is viewed as a desired, positive and personal goal.

According to Schneider, Gunnarson and Wheeler (1992), promotional opportunity is important to job satisfaction. They continue to state that employees who perceive few opportunities for advancement have negative attitudes toward their work and their organizations.

V. Culture

The definition of culture can be broad in the work environment when factors such as race, nationality, gender and religion are considered. Learning the values and perspectives of other cultures leads to greater tolerance and understanding, especially in a professional working environment. Cultural differences can bring challenges to the workplace hence job dissatisfaction. However, it is also extremely important to acknowledge that the multicultural environments, organizations and teams can be seen as strengths and that culture can be seen and understood in multiple ways. After all, it comes to the matter of point of view: what is the context where it takes place and whose point of view is in question. (Valipakka , 2013.)

Nurses' enriched cultural backgrounds are beneficial in providing culturally competent care for diverse patient groups and delivering safe and efficient nursing care to ensure optimal outcomes for patients. (Adams & Bond, 2001). It is imperative that the almost graduating nursing students develop a sense of awareness that there is a work culture that they have to adapt to if they plan on working in the Finnish Healthcare System. The work culture might be different from their own, but it comes with the nursing role that they're preparing for. This not only shows a sense of responsibility but will also enable them to work in a collaborative work environment efficiently. (Weinstein et.al, 2007.)

3.2 Extrinsic Factors

I. Remuneration

A study done in South Africa showed that nurses were more satisfied with working in the private sector than the public because of higher pay and greater autonomy. However, both groups were dissatisfied with not having enough career development opportunities or compensation. 34% of the dissatisfied participants suggested that in the next 5 years they might leave the profession. Some participants said that they would look for work abroad or pursue further training in nursing. The study, however, discovered that public sector nurses were more dissatisfied with their work mostly due to their pay, workload, safety, work schedules, poor management and reduced autonomy. (Rubin Pillay, 2009.)

II. Organization Policies

Clear and comprehensive policies that include personal and the organizations growth are vital in stimulating employee satisfaction and performance. For instance clearly defined roles and non-ambiguity in instructions and expectations of the nurses go a long way in fostering job satisfaction.

III. Work Place Discrimination and Harassment

Discrimination impairs the ability of an individual or a group to work. Many a times, it is motivated by beliefs of inferiority of a socially disadvantaged out-group compared to a dominant group. (Roberts, Swanson, and Murphy, 2004.).Discrimination can take many forms and can be based on age, race, gender, physical disability among others. On the other hand, work place harassment

involves behavior that contributes to a hostile work environment. Although the worldwide shortage of nurses has encouraged health services to employ nurses from other countries, evidence, although not well documented, show that senior positions are often reserved for nationals. In addition, patients have been known to refuse treatment from nurses with certain geographical origins. This threatens caring interrelationships and job security. (Kingma 2003, 90.)

There is always a possibility of some resistance to change from some people which should not be seen as a general opinion of everyone involved, a positive attitude is something that if adopted by a healthcare professional will make their working life much easier. The employers also learn from their encounters with different nationalities that, despite the difference in origin, everyone deserves to be given a chance and that they are ultimately doing their best for the benefit of the clients or patients and for the health sector of Finland at large.

Internationalization offers a learning opportunity for both the foreigners and the working teams involved including other staff, employers and the patients. They all can learn from each other, and this is inevitably more so according to the statistics showing that globalization is a rapidly growing phenomenon even in Finland.

Nursing is universal, so sharing of experiences and information has always been emphasized, and how best can this be done otherwise than allowing the concerned parties to learn from other cultural perspectives. Over and above, curiosity is a great equalizer and this may pave the way for learning for health workers the world over. More especially in Finland, curiosity may also prompt nurses want to gain an understanding of what methods are being used elsewhere and their advantages or downfalls. The fact that nursing is a regulated profession

and that nurses are bound to follow certain guidelines, ethics and still fall in the confines of the law is another reason to be even more confident in the idea of all working in a collaborative effort. The will to make things happen is an essential ingredient to achieve outcomes (Weinstein et.al, 2007.)

4 AIMS, PURPOSE AND RESEARCH QUESTIONS OF THE STUDY

This study aimed at finding out how the foreign nursing graduates working in Jyväskylä were adapting to the Finnish working culture.

The purpose of this study was to create awareness of the working situation among the international nursing students and provide information that could be useful in the integration of graduates into the Finnish working life.

The study sought to find answers to the following questions:

- What is the current work situation of International Nursing graduates in their working environment?
- What are the experiences of International Nursing graduates about their working life in Jyväskylä?
- -What can be done to improve the integration of International nursing students into the working life?

5 RESEARCH METHODOLOGY

The qualitative research methodology was used as the mode of research in this study as it aimed at understanding some aspects of social life through the

generation of words rather than numbers as data for analysis (Brikci and Green 2007). The qualitative methodology used was also effective in identifying the role of the unapparent intangible factors such as social norms, socioeconomic status, gender roles, ethnicity and religion. (Qualitative Research Methods, 2010.)

Another reason for use of this method is to emphasize on peoples' lived experiences that are fundamentally suited to locate the meanings people attach to events, processes and structures of their lives, their perceptions, assumptions, pre-judgments and pre-suppositions. (Miles and Huberman 1994, 10.)

Furthermore, this study focused on answering questions as to why, what and how of a phenomenon rather than how much or how many of a phenomenon (Brikci and Green, 2007).

Moreover, qualitative research methodology is more flexible in that, it allows greater spontaneity and adaptation of the interaction between the researcher and the study participant. This research used mostly "open-ended" questions that were not necessarily worded in exactly the same way with each participant. Open-ended questions have the ability to evoke responses that are: meaningful to the participant, unanticipated by the researcher and rich while explanatory in nature. (Salvador, 2011.) Thus, the qualitative research methodology was the most appropriate methodology to use for this study as our intention was to describe how the foreign nursing graduates are adapting to the Finnish working culture rather than to quantify.

5.1 Participants and Recruitment

The core reason for a systematic selection of participants was to generate vital data for the research. Therefore, the purposive sampling was used to choose the right participants. The purposive sampling technique is a nonrandom technique that does not need underlying theories. Simply put the researchers decide what needs to be known and sets out to find people who can and are willing to provide information by virtue of knowledge or experience. (Bernard 2002.)

In this study, the participants were foreign nursing graduates. The inclusion criteria were that the participant had to be an international nursing graduate from any of the Universities of Applied Sciences. Moreover he/she had to have worked for more than one year as a registered nurse. This criterion was used to eliminate characteristics that restrict the population to a group of subjects. (LoBiondo 2006.)

The potential number of participants was six but the actual number of participants that were recruited for this study was three. The participants' recruitment was initiated through personal contacts via phone and face to face to seek their consent. Those who agreed to participate and met the criteria of selection were given detailed information about the study after which they were requested to sign the consent form attached (**see appendix 1**) as proof of their own volition.

5.2 Data collection

Much of qualitative research is interview based and it is a well-established research technique. The authors used a form of personal interview method referred to as the semi-structured interview method. This interview method allowed the interviewer in case of need, to ask supplementary questions in order to pursue an idea in more detail. In this method, the kind of questions asked were open ended questions which assisted to further define the area to be explored (Nicky. B, 1995). This form of method of data collection allows the interviewer to obtrusively collect data and primarily focus attention on the experience of the respondent and its effects and allows the liberty to explore reasons and motives. (Conchari, 2004.)

Individual interviews were carried out as it helps with the collection of nonverbal data through the participant observation. The language used to carry out the interviews was English because the participants speak English and the findings were to be presented in English. The data was tape-recorded and memos were jotted down during the interviews by the researchers, which were also used as sources of data during the data analysis process. The interviews were based on the three main research questions. Researchers and interviewees agreed on a suitable time and place to carry out the interview most suitably during their free time and at a venue that they found most appropriate. The time used for each interview was an average of forty five minutes in the presence of two interviewers.

5.3 Data Analysis

The data analysis technique that was used in this study was the conventional content analysis approach. The most currently used approaches of content analysis are three distinct approaches namely: conventional, summative or directive. All these approaches are used to interpret meaning from text data. The main differences between these three approaches being: coding schemes, threats of trustworthiness and origins of codes. (Hsieh & Shannon, 2005.)

However for this particular research, the conventional content analysis approach was deemed appropriate. This method allowed the researchers to immerse themselves into the data collected thereby allowing new insights to emerge from the data as they research into a phenomenon that has had limited research literature or theory. In this particular approach of data analysis, the researchers allows categories and names from categories to flow from the data collected rather than using pre-conceived categories. (Hsieh & Shannon, 2005.)

The initial step in the data analysis process was to listen to the recorded interviews at regular intervals and transcribe them verbatim. Verbatim transcription involves word to word transcription of verbal data where the written words are an exact replication of the audio-recorded words. (Poland, 1995.) This was done to achieve immersion into the data and to bring the authors close to the data. (Halcomb & Davidson, 2006, 38-42.)

After the transcription, the data produced was fourteen pages of A4 sized paper with Palatino linotype font, while the font size used was twelve. Data reduction was then undertaken, which as indicated by Miles and Huberman (1994), refers to the process of selecting, focusing, simplifying, abstracting and transforming

the data that appears in written up field notes or transcriptions. In this study the data reduction process involved repeatedly reading the data word by word by to derive codes.

Coding involves organizing the data into conceptual categories. Each code is effectively a category, tag or `bin` into which a piece of data is placed so as to assign meaning to descriptive or inferential information compiled during a study (Miles & Huberman, 1994.) The coding process began by first highlighting all statements and exact words from the text that appeared to highlight key thoughts and concepts of the research questions. Furthermore, the researchers also approached the text data by making side notes of their impressions, notions and standpoints that emerged from the data. Next the researchers, organized all the statements and key words highlighted as key into color codes .The color coded data was then sorted into categories and sub-categories. Each relevant statement from the text data was then sorted under its own appropriate category based on how different codes were related and linked. Ultimately, all useful data that had been coded into the major categories then formed the themes/clusters. (Hsieh & Shannon, 2005.)

At this point of analyzing the data, it is imperative to note that, part of the data reduction process also involved restructuring some sentences by respondents for clearer understanding whilst maintaining the original meaning of such sentences. Before the coding process began the authors met to discuss the transcribed data and they discovered that they had basically seized on the almost similar themes. The researchers also further read the qualitative data so as to look for statements that were contradictory as well as confirmatory to the study to avoid

confirmatory bias or the tendency to seek out and report data that supported the researchers own ideas and findings about the study (Miles &Huberman, 1994.)

New categories were developed, where considered necessary and this consequently led to new themes. It is also fundamental to weigh in the fact that some of the main themes in the study had already been used as foundations that assisted in formulating the interview questions. The themes were separately analyzed to identify diverse opinions of the phenomenon being researched. Finally, the themes and responses were integrated to fulfil the purpose of the study.

6 FINDINGS

Ensuring the data analysis process, the results of the interviews were divided into two themes namely: themes that had emerged during the data analysis process and predominant themes that had already been pre-determined by the researchers'. The emergent themes that were considered relevant to the study came about as a result of the researchers' exercising greater flexibility in the data analysis process. The pre-determined themes had served as the base of for the whole study.

6.1 Language Barrier

All the respondents mentioned the Finnish language as a barrier to their communication because they would not verbally communicate properly with the

people in their work environment. They actually stated that speaking the Finnish language was the major obstacle they had to overcome in their working life. They used words like very difficult and hindering.

"Finnish is a very difficult language and you cannot learn everything that is required or everything that you think you've learned might not be everything."

"I have had to enroll for continuous Finnish classes outside the work environment. Despite learning, there are those instances where I have felt hindered and have had to ask for help when I do not understand the Finnish phrases and terms used."

"Of course there are some situations where it's always a bit difficult despite considering myself as one having sufficient language skills"

Furthermore, according to the results, being conversant with the Finnish language was key into working in Finland and in the integration process into the Finnish culture overall.

"The advice I would give to any incoming foreign nurse who wants to work in Finland is, first they have to learn the Finnish language! Second they have to learn the Finnish language! And third they have to learn Finnish language .That's the only thing that will free you! If you do not understand the language it would be difficult to get the opportunity for employment. And even if you got the opportunity it would be very frustrating for one at their place of work."

The above responses from the interviewees indicated that Finnish language was a barrier of communication to the foreign nurses. On the other hand, they indicated some sense of openness to learn the language and they stated that they did ask

for help whenever they experienced language difficulties from their work colleagues. Overall, the ability to speak Finnish is valued in Finnish working life.

6.2 Work load, Work Frame and Work Routines

The interviewees reported that adapting to their work place routines was not unusually demanding as all the respondents had studied and had some of their practical placements in Finland. The exposure at the training sessions and at higher institutions of learning had molded them and had also given the interviewees an overview of how the healthcare facilities operate in Finland. The general perception was that most daily routines were almost similar such as the morning rounds and the undertaking of some of the procedures because nursing has a universal touch.

Conversely, the interviewees expressed difficulties such as getting confused with procedures and medical terminologies especially due to the language. Additionally, one interviewee reported that their country had longer working hours compared to Finland and there were also differences that emerged in terms of patient care and multidisciplinary staff interaction compared to their home country. There was also a general consensus that opportunities for permanent work positions are limited as each unit is required to have a specific number of permanent positions. Permanent work opportunities only came up when the healthcare facilities needed permanent workers and equal opportunities were available for both foreign nurses and Finnish nurses. It all depended on an individual's capacity to fulfil the pre-requisites for the job.

6.3 Job Satisfaction and Recognition

The respondents reported that they felt contented at their places of work attributing this to different factors, which included; the good work relationship that they all had with the employers, which according to the respondent is encouraging and acts as a motivational. They also reported as having good working relationships with their co-workers where the respondents stated that the relationship with their colleagues at work got better with time especially after working with them for a couple of years whereby the co-workers came to the realization that the respondents were part of the work team.

“My current boss really understands me and encourages me from the perspective of a foreigner. I believe she has faith in me.”

“It took time, and with some of my work colleagues the work relationship has eventually developed into friendship.”

The fact that the respondents felt recognized at their places of work also played a huge role in how satisfied they felt in their work environment. However, they stated that the recognition process took some time and as a foreign nurse one had to really work harder to prove oneself compared to their Finnish counterparts.

6.4 Finnish Work Culture

The results of the interviews indicated that in the Finnish work life there are some key values and concepts that are highly regarded. With Finland being part of the nursing internationalization process, multi-cultural emphasis and diversity

in the work place has become a vital aspect in the nursing profession. The broad diversity ranges from the nursing training institutions to the work places having more internationally oriented layouts. This phenomenon is seemingly becoming slightly evident even in Finland. The respondents pointed out key values such as reliability, equality, diligence and independent initiative by making statements such as:

“The workers themselves here take strictly the working hours assigned to them. They don’t take for granted the fact that you are at work. You cannot just sit around at your work place; you have to find something to do if there is something to do! You are paid for the work load that you have done”

“In the unit I work in, we are all given the same opportunity to advance our skills. There is no so much difference between a foreign nurse and a Finnish nurse. The only difference is that if you are motivated and aggressive enough to apply for opportunities that come up. Basically we are all treated the same and everybody is given the same platform.”

The results confirmed that the Finnish work culture adherence to the core values as described above was vital in the work environment. Additionally, according to the respondents’ rankings and hierarchy can be an impediment to quality care due to tensions caused while at work, but in Finland, hierarchies are low in the work environment making communication direct and the atmosphere at work relaxed.

“The hierarchy in my country is a little bit tighter and I didn’t like that! Here you get appreciated despite what level you are in”

6.5 Integration to Working Life

The results of the study established that there were no integration programs that had been established in the different work places to aid the foreign nurses blend well into their new work environment at all. The foreign nurses felt that more needed to be done at their work places to sensitize both Finnish nurses and foreign nurses of cultural variations at the work place because culture is a principal constituent for perception and practices. This in turn affected the delivery of care. In addition, even when some of the nurses may come from the same culture, the integration may be affected by different belief systems and habits.

...."I am not aware of any integration programs for foreign nurses at my place of work."

In addition the study also established that to develop consistency in their work environment, adjustment to life out of work was just as important to the foreign nurses in the entire integration process. The respondents felt that interacting with the locals played a key role in the integration process in and out of work. They felt that being fully aware of their roles, responsibilities, rights and how the nursing profession is regulated in Finland is critical in the integration process in their work environment. They also felt that organizing educational sessions comprising of both foreign and Finnish nurses where discussions on any difficulties or on what the foreign nurses would want to learn and know would better assist the foreign nurses to integrate into their work environment.

"I would organize some kind of educational sessions or discussion groups comprising both Finnish and foreign nurse..... foreign nurses understand what really is required of

them..... discuss the difficulties they are facing..... focus on the language, through this way, it would be easier for the nurses to integrate."

6.6 Coping Strategies

According to the results of the study, there was a general consensus that learning and speaking the Finnish language is indispensable to any nurse that wants to work and live in Finland. This is because communication is very important in and out of the work environment. Consequently, continuous personal study on a routine basis in and out of work, making social personal contact with Finnish people and enrolling in continuous Finnish language courses emerged as top coping strategies for the foreign nurses in their endeavor to learn the Finnish language and culture. Having a positive attitude and being confident were also other driving forces that emerged and seemed to play a big role as part of the coping strategies that were effective to foreign nurses. This is because foreign nurses may be vulnerable to feel isolated, devalued or deskilled when thrust into unfamiliar work environments.

*".....have a positive attitude towards your working life. don't take anything negatively.....don't give up another one will be very positive towards you.
.....most important! Learn the language and have the confidence to be here! They will know this person needs to be here"*

7 DISCUSSIONS

7.1 Discussion of Main Findings

Conducting a study on how international nurses have professionally adapted into the Finnish healthcare work environment presented interesting findings that : will not only serve as informative to the readers but will also serve as a baseline to any other parties that will be interested in delving into a similar study. Most of the findings that emerged from this study have correlated to previous studies done on how international nurses adapt into their work environment the world over. By and large, the results indicated that the foreign nurse were adapting well into the Finnish work environment. However, they faced some challenges in their quest to adapt into the work environment as well.

Firstly, the findings showed that language barrier was a major challenge that the international nurses encountered. This related to what the Emerson E, wrote in the American Online Journal of Issues in Nursing and best described difficulty in language in the following way;

“Difficulty in communicating is one of the challenges that foreign nurses face at their place of work. They become intimidated by the idioms, accents and the speed of speech of native speakers. Consequently the foreign nurses become conscious of how they sound and they tend to remain silent during interactions with patients and co-workers”.

Secondly, the study established that there was a need for the foreign nurses to be well adapted into their work environments. This would be done by the healthcare organizations by establishing and implementing orientation programs

that should be continuous not just carried out during the familiarization period at the beginning of work. Thirdly, the results also showed that it took some time and personal initiative for the foreign nurses to truly adapt into the Finnish work environment.

The most vital aspect that the study has established is that: none of the respondents were aware of any programs that had been structured at their places of work to particularly orientate the foreign nurses into their specific work environments. The fact of the matter is that despite the nurses having undertaken their nursing education in Finland, the demands in working life are different from the demands in the school life. At work, one is expected to exhibit competence and to provide quality and safe care to the patients. Whereas, in school an individual is always under instructions and guidance from the teachers. Therefore structured and individualized programs should be established and implemented to properly orientate the foreign nurses.

Besides, with population ageing more rapidly in Finland than in most of the thirty four countries who are members of the Organization for Economic Co-operation and Development (OECD), there will be more pressure exerted on labor. According to a report they published in 2013: as of 2012, 18.5% of the Finnish population was over the age of 65 and 5% of the population was over the age of 80. This is above the OECD average of 15% and 4%, respectively. By 2050, 27% of the Finnish population will be over the age of 65 and 11% of the population will be over the age of 80, which signals faster ageing than the OECD average. (OECD, 2013.)

This increased trend in aging means that demands for healthcare employees and for healthcare services will increase. An ageing population will also result in

many healthcare employees retiring, meaning the effects of population ageing on the healthcare work force will not only be domestic but global and Finland being part of this phenomena will have to import more healthcare workers.

Consequently it would be of great significance that each of the foreign nurses is well oriented in their work environment. (Simoens et. al, 2005.)

7.2 Ethical Considerations

The main purpose of this study is to increase the awareness and knowledge about a particular subject but without the research itself taking precedence of the fundamental rights and interests of the individual research subjects. Nursing research studies involving human subjects often bring up issues of vulnerability hence the need for ethical dimension/consideration as this seeks to promote responsible conduct of research and prevents research misconducts. According to nursing planet 2013, research is ethically dimensional and involves consultation of relevant authority, people and committees, acceptable principles, voluntary participation, observed confidentiality as well as informed consent.

The three main principles involved in an ethically dimensional research are respect for autonomy, principle of beneficence and thirdly principle of justice which can only be observed through informed consent, risk benefit assessment and fair selection of participants (MWA, 2014.)

The entire process was on a voluntary basis in that the participants had the right to either participate or not and should they at any point have wished to withdraw from participating then they were at free will to do so. In order to

protect the participants, anonymity and confidentiality was guaranteed. All the participants had a briefing about the research through the use of a research information sheet (**see appendix II**). The participants were given time to read through it and ask questions if they had any. All clarifications were done before carrying out of the interviews so that they were certain about their participation. Whenever necessary, further consultations were done with the supervising team, in this case the supervising teachers from JAMK.

Participants also signed a consent form (**see appendix I**) stating that they have been informed of the research and that they choose to participate willingly. It is vital to note that confidentiality and privacy protection lays with the research undertakers even though the research subjects gave their consent (MWA, 2014). During the process of data collection and even after data collection, the authors had and will have the ownership of both the raw and the analyzed data. The data will be stored in our password protected files in the computers for about three months after the completion of the study in case there is need for reconstruction after which the data will be completely destroyed and deleted from all of the files. Our findings and publications include both the positive and negative results (Steneck, 2004).

7.3 Credibility, Dependability and Transferability

Credibility focuses on how well the information gathered through data collection and the process used in analyzing. It addresses the intended focus of the study through prolonged engagement in the field, checking interpretations from the raw data and uses a transparent process for coding and drawing conclusions from the raw data amongst others. In this case, information on the adaptability of

international nursing graduates to Finnish working culture was achieved through proper and well planned collection of data from the foreign nursing graduates working in Jyväskylä. We focused on collecting a substantial quantity of data enough to answer our research questions. We had peer debriefing and member checking. We also put in place a data collection strategy and audited the process and the findings as well. All the relevant data was included. (Yan Z. and Barbara M.)

Dependability is concerned with how the data changes overtime. Interviewers may acquire new insights and approaches into their study which might or might not affect the results during a follow up research. Dependability also deals with transferability of the study to another group or researcher. To attain this in the study a distinctive selection of participants, data collection, valid and proper analysis of the final presentation was done so as to enhance its transferability and dependability. We also ensured consistency in our study process by doing a pilot study and reporting all the processes systematically and as accurately as possible. (Yan Z. and Barbara M.)

8 ASSESSMENT OF THE RESEARCH

Based on this study and other correlated studies on the qualitative method it is apparent that the conventional qualitative analysis method had a significant and meaningful disposition. Basically, as a method used in this study, it did not only allows us to gain information directly from the study participants; meaning that knowledge generated is based on participants' unique perspectives and grounded in the actual data, but it also allowed for the subjective interpretation

of the content of text to provide knowledge and understanding of the phenomenon under study (Hsieh & Shannon, 2005.) Consequently, this subjectivity could sometimes hinder attainment of objectivity. For instance the researchers' may be susceptible to biases probably consciously or sub-consciously which in turn can affect decisions made during the whole research process. Given that the researchers wish to draw inferential conclusions from the data, the existence of these biases can affect a study's contribution to knowledge (Kolbe & Burnett, 1991.) However, in order to avoid bias the authors of this study had to constantly check interpretations against raw data and had to constantly adhere to individual and group member checking during the whole study. Another challenge in this type of analysis is that the authors may also fail to develop a complete understanding of the context consequently failing to identify key categories. This may result in findings that may not accurately represent the data hence interfering with credibility of the study. (Hsieh & Shannon, 2005.) Therefore, for this particular study, and in a constant bid to ensure that this study was credible, the authors constantly engaged in prolonged engagement with the raw data and transcribed text (Hsieh & Shannon, 2005). Additionally, the supervisors also guided the authors with one-on-one examinations during the whole study and feedback discussions coupled with constructive criticism and suggestions. Nevertheless, it is important to note that, qualitative research is interpretive, and interpretation represents the authors' personal and theoretical understanding of the phenomenon under study. (Zhang & Wildemuth.)

8.1 Implication for Practice and Future Research

The results of this study have implications for the core constituents involved in nursing as a whole in Jyväskylä. The constituents range from the higher institutions of learning involved in training the foreign nursing students, the graduate nurses and nurse employers. Firstly, the higher institutions of learning that are involved in training the foreign nurses have a key responsibility to ensure not only the transfer of skills and knowledge but also the practical elements which are important components in working life. In this respect, the training of speaking and writing the Finnish language could be given more consideration. Based on this study generally, the authors agree that there is a gap between the establishment of programs to integrate the foreign nursing students and the implementation of the same so as to benefit the students. Nevertheless this statement does not underestimate the fact that there are Finnish courses and other activities offered by the higher institutions of learning to assist the foreign nursing students learn the language and integrate better into the Finnish culture. Secondly, the foreign nursing students and the foreign nursing graduates themselves who want live or work in Finland have a vital role to play in their integration, therefore, they should take personal responsibility to learn the Finnish language and participate in their overall integration process into the Finnish society. In a nut shell, it is a matter of “mutual symbiosis” among the parties involved. Thirdly, the nurse employers also have a contribution to make in the acculturation of foreign nurses into their work environment once they employ the foreign nursing graduates.

Primarily, findings for different scientific researches inevitably prompt new questions that lead to further research that may have extensive implications, applications and recommendations. Hence, based on the finding that none of the

respondents was aware of any integration programs at their work places, all respondents therefore recommended that such programs be established and properly implemented for the foreign nurses. According to them, this would assist the foreign nurses have a smooth transition into their work life.

Another recommendation from this study is that for those foreign students who want to work and live in Finland, investing their time and effort in the learning the language as soon as possible is vital. In fact the Finnish language was described as `a key` in Finland.

Finally another recommendation was that the higher institutions that served as training grounds for foreign nurses should implement programs before the actual commencement of the Nursing Degree Programme whereby the Finnish language would be taught. This would assist the foreign students especially when they get into their first practical placements. Familiarization of work related vocabulary and phrases using training material that is specifically geared to contain real working life scenarios was highly recommended. The respondents felt this would reduce the stress they experienced while they were in their practical placements due to the language barrier and the students would hence concentrate on learning and practicing the skills which is fundamental during practice. This phenomena is well described by Lauren (2010) who carried out a research to assess the impact that language has as an impediment to quality health care with results showing that those with limited language competency being overwhelmed and frustrated with the difficulty in communicating. The researchers also recommend that this topic can be further explored into other regions in Finland and can include a broader study group.

8.2 Conclusions

The objective of this study was to acquire information and knowledge about how international nursing graduates have adapted to the working culture in Finland while in Jyväskylä. The research questions mainly asking about the current working situation of the international nursing graduates, in general the respondents were satisfied with their current working situation terming themselves as lucky and important.

Nurses' migration into Finland in the context of demand and supply signals an increase in the coming years. The increase in demand for nurses being a high increased percentage of the aging population. According to the report published by the Organization for Economic Cooperation and Development (OECD), by 2050 the estimated percentage of the over 65 and 80 years of age being 27% and 11% respectively will significantly reduce the workforce while increasing labor demand. The increase or decrease in the number of nurses depends on among other factors the rate at which newly-graduated nurses are absorbed into the working life and decrease largely attributed to emigration. (Simoens et.al, 2005.)

Consequently, decision makers should enact policies that enable nurses to efficiently carry out their roles. These policies should be attractive so as to ensure an adequate supply of labor. Additionally, trainers and employers should take on a holistic approach when it comes to foreign nurses in this respect their needs, hopes and ambitions can be met, because Finland not only needs nurses, it needs competent nurses that are will provide quality and efficient care for the betterment of society holistically.

9 REFERENCES

Adams A. & Bond S. (2001) *Hospital nurses job satisfaction, individual and organizational characteristics*. *Journal of Advanced Nursing* 32 (3), 536–543
Accessed on 3rd June 2014
<http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2648.2000.01513.x/full>.

American Association of Critical Care Nurses 2005, 33, *AACN Standards for Establishing and Sustaining Healthy Work Environments*. Accessed on 3rd June 2014
<http://www.aacn.org/wd/hwe/docs/hwestandards.pdf> .

Arno Tanner, 31st January 2011. *Finlands Balancing Act: The Labor Market, Humanitarian Relief and Immigrant Intergration*. Accessed on 17th April 2014
<http://www.migrationpolicy.org/article/finlands-balancing-act-labor-market-humanitarian-relief-and-immigrant-integration>

Britta Zander, Miriam Blumel and Reinhard Busse, 2012. *Nurse Migration in Europe* *International Journal of Nursing Studies*:
https://www.mig.tu-berlin.de/fileadmin/a38331600/2013.publications/IJNS-Nurse-Migration-Germany_with_pages.pdf

Cindy Lefton, *Nursing Economics* 2012; 30(6):331-338 *Strengthening the Workforce through Meaningful Recognition*. Accessed on 3rd June 2014
<http://www.medscape.com/viewarticle/778503>.

Content-Analysis Research: An Examination of Applications with Directives for Improving Research Reliability and Objectivity

Conchari C.R, 2004, *Research Methodology: Methods and Techniques* pg. 5, 97.

<http://site.ebrary.com.ezproxy.jamk.fi:2048/lib/jypoly/docDetail.action?docID=10318734&p00=research%20methods>

Dr Lois Berry and Paul Curry 20`2. *Nursing load and Patient care*. Canadian Federation of Nurses union.

http://nursesunions.ca/sites/default/files/cfnu_workload_paper_pdf.pdf

Ea, E., (Nov. 30, 2007). "Facilitating Acculturation of Foreign-Educated Nurses" OJIN: Online Journal of Issues in Nursing. Vol. 13, No. 1. Accessed on 8th October 2014
<http://www.nursingworld.org/mainmenucategories/anamarketplace/anaperiodicals/ojin/tableofcontents/vol132008/no1jan08/articleprevioustopic/foreigneducatednurses.html>

Herdman Elizabeth .A. *Globalization, Internationalization and Nursing: 2*, Accessed on 5th April 2014

http://onlinelibrary.wiley.com/doi/10.1111/j.1442-2018.2004.00209_2.x/pdf

Elizabeth J. Halcomb & Patricia M. Davidson. *Is verbatim transcription of interview data always necessary?* *Applied Nursing Research* 19 (2006) 38 – 42.

Ellis Rider Janice and Hartley Love Cecilia. *Nursing in Today's World: Trends Issues and Management*.

Fabrizio Salvador 2011: *Qualitative Research Methods Introduction* Accessed on 12th February 2014

http://www.parenis.eu/doc/ORM1_PARENIS.pdf

Foreigners working guide to Finnish working Life

<http://www.ksshp.fi/public/default.aspx?nodeid=6459&culture=en-US&contentlan=2>

Geert Hofstede . *Cultural tools, country comparison*. Hofstede Centre Accessed 12th September 2014

<http://geert-hofstede.com/finland.html>

Halttunen Jussi, *JAMK University of Applied Sciences Applicant's Guide-Study in Finland-Study in English*. Accessed on 23rd April 2014

http://www.jamk.fi/globalassets/tietoa-jamkista--about-jamk/materiaalit-esitteet-asiakaslehdet-ja-logot/jamk_applicants_guide_2014_210x210_web.pdf

Hannele Välipakka, *International Nurses' Experiences and*

Perceptions of Their Work Orientation in Finnish Health Care Accessed on 7th April 2014

<https://jyx.jyu.fi/dspace/bitstream/handle/123456789/40989/URN%3ANBN%3Afi%3Aju-201302261269.pdf?sequence=1>

Hsiu-Fang Hsieh and Sarah E. Shannon, 2005

Qualitative health research PDF *Three approaches to qualitative content analysis*.

Accessed 18th, December, 2013

Available: http://www.hu.liu.se/larc/utbildning-information/scientific-methodology/course-literature-and-links/1.253567/Qualitative20Content20Analysis_1.pdf.html

Hayes B., Bonner A. & Pryor J. (2010) *Journal of Nursing Management* 18, 804–814

Factors contributing to nurse job satisfaction in the acute hospital setting.

James Buchan and Julie Sochalski, 2004

The migration of Nurses: Trends and Policies Bulletin of World Health Organization, Vol 82.

<http://www.who.int/bulletin/volumes/82/8/buchan0804abstract/en/>

Janice Rider Ellis & Celia Love Hartley; *Nursing in Today's World, Trends, Issues and Management* Accessed on 3rd June 2014

<http://books.google.fi/books?id=g8YR18m6tvvC&pg=PA528&lpg=PA528&dq=intinsic+factors+and+nursing&source=bl&ots=DW0t2LdWGw&sig=FhgC8ssMRzZo13GiXj-ZoE> .

Jokivuori Pertti, Statistics Finland/University of Jyväskylä. 7th December 2009:

Nurse Shortage in Public Health Care. Accessed on 21st April 2014

<http://www.eurofound.europa.eu/eiro/2009/10/articles/fi0910039i.htm>

Jerome Clayton Glenn, 2010,

Handbook of research methods by pg 95, 44

<http://site.ebrary.com.ezproxy.jamk.fi:2048/lib/jypoly/docDetail.action?docID=10417653&p00=research%20methods>

JYTE

<http://www.jyvaskyla.fi/terveys/jyte>

JYVÄSKYLÄN KAUPUNKI 2014 *Jyväskylä vanhuspalvelut* Accessed on 25 August 2014

<http://www.jyvaskyla.fi/ikaantyneet>

http://www.jyvaskyla.fi/instancedata/prime_product_julkaisu/jyvaskyla/embeds/jyvaskylawwwstructure/69729_Paivakeskusesite_2014_2.pdf.

KSSHHP

<http://www.ksshp.fi/fi-FI/Sairaanhoitopiiri>

Lauren Houle 2010, *Language Barriers in Health Care* Accessed on 3rd June 2014

<http://digitalcommons.uri.edu/srhonorsprog/175/> .

Márcia Borges de Melo¹, Maria Alves Barbosa² & Paula Regina de Souza.

Job Satisfaction of Nursing Staff Accessed on 2nd June 2014

<http://www.scielo.br/pdf/rlae/v19n4/26.pdf>.

Matthew B. Miles & A. Michael Huberman (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: Sage. Accessed on 17th September 2014

<http://vivauniversity.files.wordpress.com/2013/11/milesandhuberman1994.pdf>

Mireille Kingma, *Discrimination in Nursing, International Nurses Review*, Volume 46, Issue 3 Accessed on 3rd June 2014

<http://onlinelibrary.wiley.com/doi/10.1046/j.1466-7657.46.no3issue345.21.x/pdf>

Nicky Britten, *qualitative interviews in medical research*

Journal list, BMJ.1995 July 22; 311(6999):251-253. (Accessed 18th December, 2013)

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2550292/>

Nouria Brikci and Judith Green *A Guide to Using Qualitative Research Methodology* February 2007, Accessed on 7th April 2014

http://evaluation.msf.at/fileadmin/evaluation/files/documents/resources_MSF/M_SF_Qualitative_Methods.pdf

Nursing in Finland,2000. Accessed on 26th October 2014

http://ec.europa.eu/internal_market/qualifications/docs/nurses/2000-study/nurses_finland_en.pdf

Nursing research, 2012 *qualitative research in nursing* Accessed 18th December, 2013)

Available:http://nursingplanet.com/research/qualitative_research.

Html

Nursing Society of Finland

www.sffi.fi

Nursing and Health Sciences, 2004 Issue 4, Volume6, *Globalization, Internationalization and Nursing* Accessed on 8th April 2014
http://onlinelibrary.wiley.com/doi/10.1111/j.1442-2018.2004.00209_2.x/pdf

OECD *Economic Surveys Finland*, February 2014. Accessed on 7th November 2014.
http://www.oecd.org/eco/surveys/Overview_Finland_2014.pdf

Organization for Economic Cooperation and Development. *Highlights from a Good Life in Old Age? Monitoring and Improving Quality in Long-Term Care*, OECD Publishing, 2013 Accessed on 23rd October 2014
<http://www.oecd.org/els/health-systems/Finland-OECD-EC-Good-Time-in-Old-Age.pdf>

Paul M. Schyve, 2007. *Language differences as a barrier to quality and safety in Healthcare :The joint commission perspective* Accessed on 26th August 2014
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2078554/>

Pertti Jokivuori ,17th December 2009:*Nurse Shortage in Public Health Care*. Accessed on 18th April 2014
<http://www.eurofound.europa.eu/eiro/2009/10/articles/fi0910039i.htm>

Poland, B. (1995). *Transcription quality as an aspect of rigor in qualitative research*. *Qualitative Inquiry*, 1(3), 290 – 310.

Qualitative Research Methods ,A Data Collectors Field Guide Accessed on 2nd February 2014

<http://www.ccs.neu.edu/course/is4800sp12/resources/qualmethods.pdf>

Roberts, R. K., Swanson, N. G., & Murphy, L. R. (2004). *Discrimination and occupational mental health*. Journal of Mental Health, 13(2), 129-142.

Roland M Dimayal, Mary K McEwen, Leslie A Curry and Elizabeth H Bradley. *Human Resources for health: Managing Health worker Migration*

<http://www.human-resources-health.com/content/pdf/1478-4491-10-47.pdf>

Rubin Pillay,2009.*Work satisfaction of professional nurses in South Africa .A comparative analysis of Public and Private sectors.*

http://www.who.int/workforcealliance/knowledge/resources/motivation_nurses/en/

Schneider, B., Gunnarson, S. K., & Wheeler, J. K. 1992, 58. *The role of opportunity in the conceptualization and measurement of job satisfaction*

Schumacher. Edward. J. *Foreign-Born Nurses in the US Labor Market*. January 2010. Accessed on 20th April 2014.

<http://www.trinity.edu/eschumac/Health%20Economics%20Foreign%20Born.pdf>

Simoens Steven, Mike Villeneuve and Jeremy Hurst. *Tackling Nurse Shortages in OECD Countries* Accessed on 23rd October 2014

<http://www.oecd.org/health/health-systems/34571365.pdf>

Somnath Saha and Alicia Fernandez 2007. *Barriers in Health care*. NCBI Journal Oct 9, 2007

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2078543/>

Steneck NH. 2004, *Guidelines for responsible data management in scientific research*.

<http://w>(accessed 18th December, 2013)

<http://ori.hhs.gov/education/products/clinicaltools/data.pdf>

Statistics Finland

http://www.stat.fi/meta/til/muutl_en.html

http://www.stat.fi/til/muutl/index_en.html

http://www.stat.fi/til/vaerak/2012/01/vaerak_2012_01_2013-09-27_tie_001_en.html

Steyn, G.M., & Van Wyk, J.N. 1999. *Job satisfaction: Perceptions of principals and teachers in urban black schools in South Africa*. South African Journal of Education 19(1): 37-44.

Sunnuntaisuomalainen, 27th January 2013. Accessed on 7th April 2014

http://yle.fi/uutiset/paper_foreign_nurses_using_finland_as_transit_point/646867

2

Tanner Arno, *Finland's Balancing Act: The Labour Market, Humanitarian Relief, and Immigrant Integration*. The Online Journal of Migration Policy Institute. 31st

January 2011. Accessed on 18th April 2014.

<http://www.migrationpolicy.org/article/finlands-balancing-act-labor-market-humanitarian-relief-and-immigrant-integration>

Taina Kilpeläinen 2010, *Foreign Nurses Guide to Finnish Working Life* Accessed on 5th April 2014

https://seure.fi/Global/Polku/Foreign_Nurses_Guide_to_Finnish_Working_Life.pdf

Tarja Kvist, Raija Mäntynen, Pirjo Partanen, Hannele Turunen, Merja Miettinen, and Katri Vehviläinen-Julkunen, 2012 "The Job Satisfaction of Finnish Nursing Staff: The Development of a Job Satisfaction Scale and Survey Results," *Nursing Research and Practice*, vol. 2012, Article ID 210509, 11 pages, 2012. doi:10.1155/2012/21050. Accessed on 29th May 2014.

<http://www.hindawi.com/journals/nrp/2012/210509/>

Vroom, V. H. 1982, 58. *Work and Motivation*

Weinstein, Sharon M. Brooks, and Ann Marie T ,2007

Nursing without borders pg. 126

<http://site.ebrary.com.ezproxy.jamk.fi:2048/lib/jypoly/docDetail.action?docID=10404971>

World Medical Association, 2014(WMA) Declaration of Helsinki - *ethical principles for medical research involving human subjects* Accessed 18th January, 2014

<http://www.wma.net/en/30publications/10policies/b3/>.

Valvira, 2013, *Working as a Registered Nurse in Finland*

http://www.valvira.fi/files/ohjeet/working_as_a_registered_nurse.pdf

W.H.O: 2009 *Migration of Health Personnel in WHO European Region*,

http://www.euro.who.int/_data/assets/pdf_file/0010/95689/E93039.pdf

Work in Western Finland: *Recruit in Europe*. Accessed on 22nd April 2014

<http://www.workfinland.fi/upload/publications/en/rekrytoi-euroopasta-eng-muistilista.pdf>

<http://www.workfinland.fi/en/project/about.html>

Yan Zhang and Barbara M. Wildemuth, *Qualitative analysis of content* Accessed on 23rd <https://docs.google.com/gview?url=>

http://www.ischool.utexas.edu/~yanz/Content_analysis.pdf&chrome=true

Yle Uutiset, 17th February 2012. *Flood of Immigrant Nurses to Finland*. Accessed on 17th April 2011

http://yle.fi/uutiset/flood_of_immigrant_nurses_to_finland/5298043

10 APPENDICES

APPENDIX I: CONSENT FORM

CONSENT FORM

Names:

Please initial the box below each question.

- 1. I confirm that I have read and I do understand the information sheet dated () for the above study and I have had the opportunity to ask questions.**
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without compromise to my privacy as well as my legal rights.**
- 3. I agree to take part in the above study**

Name

Date

Signature

Adapted from: <http://www.researchproposalsforhealthprofessionals.com>

APPENDIX II: INFORMATION SHEET

ADAPTABILITY OF INTERNATIONAL NURSING GRADUATES TO FINNISH WORKING CULTURE

We kindly ask that you participate in this research study. It is of much importance that you understand why we are carrying out this study and what it entails. Read the following information carefully before you give your consent to participate. For further information or should there be a need for clarification, kindly call the number at the bottom of the page or send a text message or send us e mail.

Thank you for reading:

Purpose of the study: our purpose is to create awareness of the current situation of the international nursing graduates in their working environment.

Why have I been chosen?

Do I have to participate?: no. it is not obligatory for you to participate but only after you have read the information and given it a carefully thought then you can give your consent to participate out of your own volition. In the event that you are willing to participate, one of our research team members will contact you with more details.

What will happen if I don't participate?: choosing not to give your consent to participate in this study even after reading the information detailing our study plan, will not, in any way, compromise on your privacy or confidentiality. You do have a right to withdraw your participation at any given point.

What are the benefits of this study? this study will benefit the international nursing fraternity through the creation of awareness of the situation of the international graduates in their working environment in Jyväskylä. It will also give knowledge to the current foreign nursing students in

Jyväskylä on how to adapt to the Finnish working culture.

What will happen to the results? Your identity will remain anonymous during publication of the results. Your personal details will not appear in any of the publication. Your confidentiality will be of uttermost priority.

Who are the organizers? The research has been organized by the research committee at Jyväskylä University of Applied Sciences as part of the degree program in nursing.

Contacts: Team Leader;

XXXXXXXXXX

TEL: xxxxxxxxxxxx

E mail: xxxxxxxxxxxx

Thank you for taking your time to read this information sheet.

name

signature

Adapted from: <http://www.researchproposalsforhealthprofessionals.com>