INTERNATIONAL NURSING STUDENTS IN FINLAND

Common challenges experienced in guided practices

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Eleven universities of applied sciences in Finland provide nursing education in English. The number of international students applying for this degree programme is increasing every year. Having guided practices in clinical settings is a part of the degree programme. Being international students, they might have to face many challenges during the guided practices which include cultural differences, language barriers and problems regarding communication and co-operation which have been mentioned by previous researchers as well.

The purpose of the thesis is to map out the challenges faced by the international nursing students in Finland in their guided practices. The goal is to improve the learning outcomes of guided practices for international nursing students in Finland. The research problem is: What kind of communication and co-operation challenges do the international nursing students face during their guided practices in Finland?

Quantitative research method was used and questionnaire made in Webropol was sent to third and fourth year international nursing students of seven universities of applied sciences in Finland by email and seventy students participated.

As per results, the main challenges faced by the international nursing students during their guided practices in Finland were cultural differences and language barriers due to which proper communication and co-operation could not be established with their supervisors. The feelings of not being equally treated as Finnish nursing students have been pointed out. But there were some positive aspects too such as the students were able to develop their Finnish language skills with each guided practices. There is also a need of more guidance and support from clinical supervisors to the international nursing students during their guided practices especially because of language barrier and cultural differences.

Key words: guided practices, international nursing students, Finland
## CONTENTS

1. INTRODUCTION ........................................................................................................5
2. CULTURE .....................................................................................................................7
   2.1 Definition of Culture .........................................................................................7
   2.2 Cultural Differences ..........................................................................................9
3. CLINICAL ENVIRONMENT .....................................................................................12
   3.1 Communication in Clinical Environment ......................................................12
   3.2 Co-operation in Clinical Environment .............................................................15
4. PURPOSE, AIMS AND RESEARCH PROBLEM ....................................................18
5. IMPLEMENTATION OF THESIS ..........................................................................19
   5.1 Research Method .............................................................................................19
   5.2 Data Collection ................................................................................................19
   5.3 Data Analysis ...................................................................................................21
6. RESULTS OF THE RESEARCH ..............................................................................23
   6.1 Background information of the participants .................................................23
   6.2 Communication in guided practices ...............................................................27
   6.3 Co-operation in guided practices ..................................................................31
   6.4 Comments from the participants ....................................................................35
7. CONCLUSION ..........................................................................................................39
8. ETHICAL CONSIDERATIONS AND RELIABILITY ............................................41
9. DISCUSSION ............................................................................................................43
REFERENCES ...........................................................................................................47
APPENDICES ...........................................................................................................50
   Appendix 1 ............................................................................................................50
   Appendix 2 ............................................................................................................51
   Appendix 3 ............................................................................................................53
   Appendix 4 ............................................................................................................56
FIGURES

Figure 1: Frequency of participants’ age groups ........................................... 24
Figure 2: Nationalities of the participants .................................................... 25
Figure 3: Level of Finnish language skill .................................................... 26
Figure 4: Ability to practice and sharpen Finnish language during guided
practices ........................................................................................................... 27
Figure 5: Development of Finnish language skills during each practice......... 29
Figure 6: Need of more tutoring to International nursing students ............. 30
Figure 7: Feeling of not being equally treated compared to Finnish nursing
students ........................................................................................................... 32
Figure 8: Good quality guidance and teaching during guided practice.......... 33

TABLES

Table 1: Relationship between ‘Nationalities’ and ‘feeling of outsiders’ (%) ...... 26
Table 2: Factors getting affected by inadequate Finnish language skills (%) .... 28
Table 3: Relationship between ‘Finnish language skill’ and ‘need of more tutoring’
(%) .................................................................................................................. 31
Table 4: Being considered as a part of the nursing team (%)......................... 31
Table 5: Relationship between ‘feeling of outsiders’ and ‘Finnish language skill’
(%) .................................................................................................................. 33
Table 6: Relationship between ‘receiving of good quality guidance’ and ‘Finnish
language skill’ (%).......................................................................................... 34
1. INTRODUCTION

Twenty-one universities of applied sciences (out of twenty-five) offer degree programs in nursing in the country. In addition to bilingual education, eleven universities of applied sciences also provide nursing programs in English. The program consists of 210 study points (ECTS) and runs over 3.5 years of full time study. The students are awarded Bachelor of Health Care at the completion of their studies (Ministry of Education and Culture, 2015)

Each year, international students uproot themselves from their home countries, families, friends and other key people within their social support networks to pursue study at universities around the globe. Most international students assimilate and acculturate in the "host" culture successfully. However, some international students are challenged and distressed by cultural differences, social isolation, academic differences, and difficulties with English language proficiency. In the article “A Grounded Theory of International Student Well-being” through grounded theory method, analyses revealed how international students survived the human costs of transition shock during their sojourn and thrived while negotiating changes in physical environment, and cultural, academic, and social differences. (McLachlan & Justice 2009, 27)

Foreign students rarely acquire Finnish friends, and there is a feeling that getting to know Finnish students is a slow and difficult process. This is partly because the Finns stick to their own image of Finnishness by maintaining stereotypically disparaging images of themselves. (Taajamo, M. 2005)

Nowadays along with society development, human’s cognitive knowledge of health has been improved. There are more and more nursing students coming from other countries to Finland to seek for better nursing education and guided practice, due to Finland’s tuition free policy and well-developed health care
facilities. With more and more incoming nursing students, it turns hospital into a multicultural working place.

The authors think that the quality of education in Finland is very good and one can achieve good quality education and advanced health care training in Finland. Having come from China and Nepal, they look forward to work in Finland after their graduation. They have had many guided practices and have come to realize through their own practical experiences that there are many challenges one has to face during guided practices such as cultural barriers, difficulty in communication and lack of proper guidance. Hence, they developed the interest towards this subject and were further motivated by the researches that have been done earlier regarding this topic such as “International student nurses’ experiences of clinical practice in the Finnish health care system” by Mattila, Pitkäjärvi and Eriksson and “Foreigners Studying Nursing in Finland: A Study about Experiences from Practical Placements” by Giacomo.

The research is about some common challenges experienced by international nursing students in Finland during their guided practices. Many international nursing students have reflected some challenges they have faced in their guided practices. Although those challenges faced by these old students had been solved with the help of their mentors and their own efforts, problems and difficulties may still exist, repeat and bother new trainees again. So in response to this situation among international nursing students this research’s purpose is to map out the challenges faced by the international nursing students in Finland during their guided practices. The aim is to find out relevant information about the common challenges experienced by the international nursing students in Finland in their guided practices and elaborate them. The goal is to improve the learning outcomes of guided practices for international nursing students in Finland.
2. CULTURE

The term “culture” applies to groups, such as tribes, ethnicities, nations, or national sub societies. Once the group is defined, it is possible to measure to what extent a particular cultural element-value, norm, or other-is shared by the group’s members. (Minkov 2011, 11)

According to De and Richardson (2008) cultural factors are becoming more important within the health care sector, both for the change within the patient population and staff population as well. Soroff et al. (2002) sustain that cultural diversity within the staff population can be a way of responding to the new needs of cultural diversity in the health care field. Foreign nursing students may represent for the future an important source of cultural diversity, enabling health care services to offer more culturally competent care. Culture as a concept refers the way people ‘give order to the world’ (Novinger 2001). According to Novinger (2001) culture is a filter for communication by its patterns of language and behavior. Consequently culture is tightly connected to the knowledge, experiences, meanings, beliefs, values, attitudes, religions, perception of the environment, role expectations people have.

2.1 Definition of Culture

There are many concepts of culture, ranging from the simple to the complex:
1. Culture is just ‘the way we do things around here.’ Culture is the set of norms by which things are run --or simple ‘are’.
2. Culture is the logic by which we give order to the world.
3. Culture refers to ‘knowledge, experience, meanings, beliefs, values, attitudes, religions, concepts of self, the universe and self-universe, relationships, hierarchies of statues, role expectations, spatial relations and
time concepts’ accumulated by large group of people over generations through individual and group effort. ‘Culture manifests itself both in patterns of language and thought, and in forms of activity and behavior.’ Culture filters communication.

(Novinger 2001, 14)

Some definitions of culture are:

a. the integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations

b. the customary beliefs, social forms, and material traits of a racial, religious, or social group; also: the characteristic features of everyday existence (as diversions or a way of life) shared by people in a place or time <popular culture> <southern culture>

c. the set of shared attitudes, values, goals, and practices that characterizes an institution or organization <a corporate culture focused on the bottom line>

d. the set of values, conventions, or social practices associated with a particular field, activity, or societal characteristic.

(Merriam Webster online dictionary, 2014)

Anthropologists Edward T. Hall, in his catalyzing work The Silent Language, states that culture is not one thing, but rather a complex series of interrelated activities with origins deeply buried in our past. He treats culture in its entirety as a form of communication. Culture is communication and communication is culture. In a living, dynamic circle, culture governs communication and communication creates, reinforces, and re-creates culture. (Novinger 2001, 14)

‘Language use is also a type (and a part) of social behavior in many different institutional realms (e.g., political, economic, religious, family) that are
themselves bound to culture’ (Schiffrin 2001, p. 139-140). Thus, the norms that guide cultural communication both reflect and constitute social institutions and organizations.

The term culture has different associations according to whether we have in mind the development of an individual, of a group or class, or of a whole society. The culture of the individual is dependent upon the culture of a group or class, and that the culture of the group or class is dependent upon the culture of the whole society to which that group or class belongs. Therefore it is the culture of the society that is fundamental, and it is the meaning of the term ‘culture’ in relation to the whole society that should be examined first. (T.S Eliot, 2010)

2.2 Cultural Differences

Cultural differences have always been critical and controversial. The main reason for this argument lies within the lack of knowledge and understanding of cultures and the misconception of race and ethnicity. (Parvis 2013)

Guirdham (1995) says that to work successfully with people of other cultures, you must understand their ways of working. For example, Americans value direct verbal interaction and ‘straight speaking’ whereas the Japanese value spiral logic and indirect verbal interaction. Both the Japanese and Chinese place great importance on ‘saving face’ and ensuring that neither the sender nor receiver of a message is embarrassed. Consequently they may appear to understand a message when they don’t, or to agree with you when they have no intention of complying with your wishes.

Different concepts of culture lead to different approaches to its study. Some scholars view culture as a system of shared meanings that may be unique to a particular society or a group of societies. For example, black is a symbol of
death in some countries but not in others. Calling your superiors by their first names would not have a significant meaning in a Scandinavian country but it would be a sign of utmost disrespect in Asia (Minkov 2011).

Although student nurses seek creative ways to communicate with patients from different cultural backgrounds they lack skills and confidence in cross-cultural communication (Jirwe, Gerrish & Emami. 2010)

International students carry their own cultures inside them. As an individual or as a group, the students have different ways of perceiving situations, behave differently, speak differently, and have different values. Thus, it is not well known or described what happens when two varied cultures meet in work place or in practical placements (David & John, 2010). In practice international nursing students’ different culture heritage affects international nursing students by challenging them to learn a new language and culture during the practical placement. Cultural values, which are deeply rooted ideas and belief systems, are an integral part of a person. It is presumed that the individualistic way of life and thought is enshrined in the so called western civilization which underlines the importance of individuals over the mass. Meanwhile, in other parts of the world especially in the developing countries like in Africa and in Asia collectivity is more important and individuals are loyal to their family and friends. (Ludwick & Silva, 2000)

Many countries are becoming culturally diverse, but health care systems and nursing education often remain mono-cultural and focused on the norms and needs of the majority culture. To meet the needs of all members of multicultural societies, nurses need to develop cultural sensitivity and incorporate this into care-giving. Developing cultural sensitivity involves a complex interplay between becoming comfortable with the experience of making a transition from one culture to another, making adjustments to cultural differences, and growing
personally. Central to this process was the students' experience of studying in an unfamiliar environment, experiencing stress and varying degrees of culture shock, and making a decision to take on the ways of the host culture (Ruddock & Turner, 2007).

Previous researches done by Latva-Pukkila (2007), Koskinen and Tossavainen (2003 & 2002) and Nahas (1998) about experiences of nursing students undergoing their practical period in foreign cultures have shown that they often encounter problems due to language and cultural differences. Hamilton and Woodward-Kron (2010) note that in intercultural communication, language and culture have an impact on the success of the interaction and unfortunately, sometimes the impact can be negative.
3. CLINICAL ENVIRONMENT

Students learn most effectively in environments that facilitate learning by encouraging and supporting and making them feel they are part of the team (Papp, M. Markkanen, M. Von Bonsdorff, 2003). If the environment is unpredictable, unstructured and overwhelming, students can be left with feelings of vulnerability and anxiety. Papp et al (2003) identified that issues such as staff shortages, a lack of mentors, increased workload, staff feeling threatened by student nurses, and poor teaching skills can contribute to students not feeling supported. Both the NHS (nursing health service) and HEIs (higher education institutes) have a responsibility to provide a high standard of nursing education and support, which includes high-quality teaching and leadership in clinical education (Emanuel V. & Pryce-Miller M. 2013).

A clinical learning environment includes everything that surrounds the nursing service, including the clinical settings, the staff and the patients (Papp et al. 2003). Bergland (2001) describes a learning environment to be constituted by psychosocial, physical and organizational factors. The learning environment is furthermore described as “[…] the conditions, forces and external stimuli that affect the individual […] We regard the environment as providing a network of forces and factors which surround, engulf, and play on the individual” (Bloom, 1964 p. 87).

3.1 Communication in Clinical Environment

Communication can involve spoken and written language, body language and the language of etiquette and protocol. Communication is the process by which thoughts, information and instructions are passed between people. Communication breaks down into three broad areas:
- verbal communication
- non-verbal communication (body language)
- written communication
  (Hurn & Tomalin 2013, 6)

The communication process in society performs three functions:

a. Surveillance of the environment, disclosing threats and opportunities affecting the value position of the community and of the component parts within it;
b. Correlation of the components of society in making a response to the environment;
c. Transmission of the social inheritance. In general, biological equivalents can be found in human and animal associations, and within the economy of a single organism.
  (H. D. Lasswell, 2007)

Communication is a fundamental component of cross-cultural care encounters. Nurses experience communication difficulties in situations where they do not speak the same language as their patients. Cross-cultural care encounters between nurses and patients who do not speak the same language often lead to insufficient information exchange and poor quality nursing care (Jirwe & Gerrish & Emami 2010, 1.)

Student nurses face many challenges when communicating in cross-cultural care encounters, especially when they do not share the same language with the patient. Although they use a range of strategies to facilitate communication they find themselves in situations where they are unable to communicate effectively and this leads to dissatisfaction with the caring experience. They also lack skills and confidence in cross-cultural communication. Even in situations where students felt satisfied that they were able to communicate, it does not mean that
the patient was satisfied with the interaction. In the light of these findings, it is important that nursing programs enable student nurses to become competent in communicating in cross-cultural care encounters and that the clinical learning environment provides them with the opportunity to put their learning into practice. (Jirwe et al 2010, 8.)

There are communicational problems due to international nursing students having inadequate Finnish language skills prior to entering practical placements (Giacomo 2009). Poor Finnish skills result in difficulties in understanding verbal guidance from a tutor or in communicating with patients and with a tutor. Often communication difficulties during practical placements result in acquiring more time to understand and learn in practice. Therefore an international nursing student would need more guidance and concentration from one’s tutor to help the student to learn in practice. Like Giacomo’s (2009) study about international nursing students highlighted the fact that international nursing students were getting poorer scores in practical placements than Finnish students, which supports the fact of international nursing students needing more tutoring than Finnish nursing students.

Another similar research done in Finland “The Diversity Issue Revisited: International Students in Clinical Environment” states that although the international students felt welcome on their placements, they were more likely than the Finnish students to have experience of an unsupportive clinical environment. Compared to their Finnish peers in the same situation, the international students felt like outsiders who were ignored and not trusted. International students without fluent Finnish or Swedish skills also had negative experiences with communication during their placements. Communication in the clinical environment was found more challenging among the international students than among the Finns. Time and again a language barrier has been
found to form the biggest obstacle in achieving positive outcomes for culturally diverse students during clinical rotations (Pitkäjärvi, Eriksson & Pitkälä, 2012).

3.2 Co-operation in Clinical Environment

According to Merrill and Eldredge (1965), 'co-operation is a form of social interaction wherein two or more persons work together to gain a common end'. H.P. Fairchild (1944) observes: ‘Co-operation is the process by which individuals or groups combine their effort, in a more or less organized way for the attainment of common objective.’ Defining co-operation, Robert A. Nisbet (1974) writes: 'It is joint or collaborative behaviour toward some goal in which there is common interest.'

In today’s densely interconnected workplaces, working with others - closely, creatively, globally, and productively - drives organizational and personal effectiveness. Employees work in teams formed to tackle particular projects. They work in virtual teams with colleagues, suppliers, clients, and even competitors they never actually meet. They work in ad hoc combinations, in groups that emerge naturally around the coffee machine or in the corridor. Whatever the provenance and profile of the multiple teams in your workplace, your organization depends on them (Gratton, 2009).

On placement, students value familiarity, acceptance, trust, support, respect and recognition of their contribution to patient care, emotional and clinical support and opportunities to practice, all of which can help to reduce anxiety (Chan, 2004). To provide students with this positive learning experience, HEIs and the NHS need to have a robust partnership with clear expectations on both sides so issues within the practice setting can be addressed (Emanuel V. & Pryce-Miller M. 2013).
According to a research done in Finland “International student nurses’ experiences of clinical practice in the Finnish health care system” the results indicated that appreciative orientation, sense of belonging to the team, enhancing independent working, growing towards professionalism and working as a member of the team were descriptions of positive experiences. Descriptions of negative experiences were related to restricted learning and compromised human dignity, which lead to negative feelings of being an outsider, decreased self-esteem, and sense of giving up and anticipation of difficulties. The results indicate a need to develop clinical practice arrangements when the language of the learning environment is other than that of the student nurse. As the number of international students has increased in the Finnish health care sector and in nursing education, it is important to recognize the factors related to positive and negative experiences in clinical practice. (Mattila, Pitkäjärvi & Eriksson, 2009)

In clinical placements nursing students enter new settings for learning purposes. In order to learn the students depend upon a supportive atmosphere based on psychological and pedagogical aspects (Saarikoski et al. 2002, Chan 2004). This includes staff – student relationships and meaningful learning situations constituting a pedagogic atmosphere (Saarikoski et al. 2002). Good interpersonal relations, support and feedback have an impact on the clinical learning environment, and they create and maintain a positive clinical learning environment for NSs (Levett-Jones et al. 2008).

The concept of “supervision” is used with a unifying meaning and includes different aspects of supporting NSs in their clinical learning, e.g. teaching practical skills, assessing and facilitating learning, supporting the NSs in obtaining clinical knowledge, giving feedback, facilitating the fusion of theory and practice, role modeling and engaging in critical reflection with the student (Lyth 2000, Lambert & Glacken 2005, Kilcullen 2007). Furthermore the supervisor helps students to socialize to the nursing profession. According to
Löfmark & Wikblad (2001) staff nurses’ negative attitudes and behaviors have impact on nursing students’ learning in clinical placements.
4. PURPOSE, AIMS AND RESEARCH PROBLEM

The purpose of the thesis is to map out the challenges faced by the international nursing students in Finland in their guided practices.

The aim of the thesis is to find out relevant information about the challenges experienced by the international nursing students in Finland in their guided practices and elaborate them. The goal is to improve the learning outcomes of guided practices for international nursing students in Finland.

The research problem:
What kind of communication and co-operation challenges do the international nursing students face during their guided practices in Finland?
5. IMPLEMENTATION OF THESIS

5.1 Research Method

Quantitative research method was used for the thesis. Quantitative research means the investigation of phenomena that lend themselves to precise measurement and quantification, often involving a rigorous and controlled design. In quantitative studies, researchers identify variables, develop conceptual and operational definitions, and then collect relevant data. Quantitative researchers collect primarily quantitative data—data in numeric form (Polit & Beck 2008, 54). Quantitative research method establishes statistically significant conclusions about a population by studying a representative sample of the population. Quantitative research is better than qualitative research at establishing causality because of the precise measurements and controlled environment of experiments (Lowhorn, 2007). Quantitative method was used in this research to present the results of survey in numeric data forms.

5.2 Data Collection

Researchers must measure, observe or record data using specific techniques in order to answer their research questions. The selection of appropriate data collection tools is therefore a key part of the research process (Moule & Goodman 2009, 288). Questionnaires often form the basis of data recording in the healthcare, being used to collect data as part of assessment to support diagnosis. Used as a data collection tool in research studies, the questionnaire can be constructed to elicit facts about individuals, events or situations or to measure beliefs, attitudes, opinion and knowledge (Moule & Goodman 2009, 299).
Surveys provide a descriptive account of the phenomenon or enable an existing body of information to be further developed. It yields quantitative data which can be generalized to a population of interest. Key features of a survey include sampling to enable cases to be randomly selected, some control and a pilot study. The most commonly used data collection methods for surveys are questionnaires and structured interviews. (Moule & Goodman 2014, 337)

Questionnaire was used for the research. It was prepared based on the literature review and was made by using Webropol programme. Webropol is an online solution for conducting surveys, gathering data, managing feedback, and reporting data. Using the service, information and opinions can be easily collected from participants. Survey questions were built up based on literature review and authors’ previous experiences of guided practices especially regarding challenges related to communication and co-operation. In the survey questionnaire, questions 5, 6, 8, 10 are about communication in guided practices and questions 7, 9, 11, 12, 13 are about co-operation in guided practices.

To conduct the research, all universities of applied sciences which have degree programme of nursing in English were chosen and emails were sent to the responsible persons of those universities with information about the authors, idea paper of the thesis, questionnaire and the thesis research permit application. After getting thesis research permits, the questionnaires were sent to the third and fourth year international nursing students of the respective universities using Webropol. The time period for the whole process was about three months and the authors think that contacting universities and getting hold of the responsible person takes time and a single email is not enough to draw their attention. It would be nice for the universities to be reminded again. And regarding the participants, the authors felt that they should have been contacted early so that the participants would have enough time to participate in the research work.
Seven universities participated in the survey research and the sample composes of international students enrolled and presently studying in the third and fourth year of International Bachelor Degree Program in nursing. The total number of students who participated was seventy and the name of the universities who granted thesis research permits and where this research work has been carried out were Lapland University of Applied Sciences, Novia University of Applied Sciences, Centria University of Applied Sciences, Lahti University of Applied Sciences, Laurea University of Applied Sciences, Metropolia University of Applied Sciences and Turku University of Applied Sciences.

The introduction emails sent to the participants (Appendix 1), questionnaire form (Appendix 2), thesis research permit application (Appendix 3) and thesis commission agreement (Appendix 4) have been adhered at the end of the thesis report.

5.3 Data Analysis

Data analysis refers to the systematic organization and synthesis of research data and in quantitative studies, the testing of hypotheses using those data. (Polit & Beck 2008, 725)

Webropol programme was used to distribute the questionnaires to the participants and the answers were collected in Webropol. The collected data was analyzed by using SPSS program.

Content analysis is the simplest form of data processing. It is a process that involves labelling the data for retrieval. The content of the data is explored, reducing the data by the process of ‘coding’. The process of coding is one where the researcher is retrieving the data, which can then be organized into
categories and themes or constructs. Thus, the process relates to Miles and Huberman’s (1994) interpreting and conclusion drawing. (Moule & Goodman 2014, 411)

Content analysis was done for the answers received from open answer question. Using content analysis, the answers have been categorized into different groups based on comments regarding cultural differences, communication and co-operation.
6. RESULTS OF THE RESEARCH

Through survey research, data were collected in numeric forms and declarative comments from participants were received. In order to present data in a noticeable way, all collected numeric data were presented in different graphical forms according to the characteristics of the operational data.

6.1 Background information of the participants

Age, Nationality, the number of practical placements the participants have had in Finland and their level of Finnish language skills were the background information of the participants obtained from this research. The participating students had done many practical placements in Finland ranging from 2-9, according to the collected data.

The total number of participants was 70. The youngest student participating in this survey was 19 and the oldest was 51. In the youngest group 19-22, there were 12 participants. The highest numbers of students were from age-group 23-26 and 27-30 with a total of 46 students. 12 participants were over 30 years old. Hence, it can be seen that most of the participants were in their 20s (Figure 1).
Students participating in the survey were from many different countries so the authors thought that it would be better to categorize them according to their continents (Figure 2). The highest numbers of the participants were from Africa which is 33 followed by Asia with 18 participants and 15 were from Europe. For the survey research, Finnish students were not included. Among the participants there is a particular case of mixed-race. Since the situation was complicated, it was not categorized and mentioned separately. There were only 3 participants from America.
Few participants brought up the issue of racism in the comments, therefore cross-tabulation between nationalities (continents) and feeling of outsiders compared to Finnish nursing students was made. As shown in Table 1, 73% of African participants, followed by 56% of Asian participants agreed that they were treated like outsiders compared to Finnish students. The number of European students disagreeing (47%) to it was more than the students agreeing (33%) from Europe. 67% of participants from America stayed neutral towards this issue. However, there were only 3 participants from America. It can be seen that the students from Africa feel more like outsiders when they are in their guided practices compared to students from other continents.
Table 1: Relationship between ‘Nationalities’ and ‘feeling of outsiders’ (%)

<table>
<thead>
<tr>
<th>Feeling of outsiders</th>
<th>Nationalities (Continent)</th>
<th>Africa</th>
<th>America</th>
<th>Asia</th>
<th>Europe</th>
<th>Mixed race</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>47</td>
<td>0</td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td>27</td>
<td>67</td>
<td>27</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td>73</td>
<td>33</td>
<td>56</td>
<td>33</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Among the participants, 48 of them didn’t have very good Finnish language skills during guided practices. Only 3 participants could speak Finnish fluently (Figure 3). Some participants have mentioned in the comments that they have lived in Finland for a few years before starting the nursing degree programme in English therefore they acquired enough Finnish language skills beforehand of guided practice.

Figure 3: Level of Finnish language skill
6.2 Communication in guided practices

Finnish language skill is a key to have good communication during guided practices and good communication leads to establishment of good co-operation between the students and the nurses as well as with patients too. From Figure 4, it can be seen that 59% of participants were able to practice and sharpen their Finnish language skills during each practice. Whether the students can develop their Finnish language skills also depends on the practical placements and their supervisors. One of the participants has mentioned that nurses in the operation theater could speak fluent English which helped in the establishment of effective communication between them. Therefore, 39% of the participants were able to practice and sharpen their Finnish language skills only sometimes. Only 3% of the participants could rarely develop their Finnish skills during each guided practices.

Figure 4: Ability to practice and sharpen Finnish language during guided practices
Most of the students agreed to the fact that inadequate Finnish language skills have effects on the effective communication and information exchange with the patients and the staffs (Table 2). Communication with patients (agree 79 %) has been a little more challenging than communication with staffs (agree 69 %). 66% of the participants have also agreed that due to inadequate Finnish language skills, it was difficult to understand patient’s talk. Further information exchange has been roughly the same with patients (67%) as it is with staff (64%). Then, understanding of tutor’s guidance and the quality of nursing care do not seem to be strongly affected by inadequate Finnish language skills compared to other factors.

Table 2: Factors getting affected by inadequate Finnish language skills (%)

<table>
<thead>
<tr>
<th></th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective communication with patients</td>
<td>7</td>
<td>14</td>
<td>79</td>
<td>100</td>
</tr>
<tr>
<td>Effective communication with staffs</td>
<td>14</td>
<td>17</td>
<td>69</td>
<td>100</td>
</tr>
<tr>
<td>Understanding of tutor’s guidance</td>
<td>24</td>
<td>33</td>
<td>43</td>
<td>100</td>
</tr>
<tr>
<td>Understanding of patients’ talk</td>
<td>14</td>
<td>20</td>
<td>66</td>
<td>100</td>
</tr>
<tr>
<td>Information exchange with patients</td>
<td>10</td>
<td>23</td>
<td>67</td>
<td>100</td>
</tr>
<tr>
<td>Information exchange with staffs</td>
<td>12</td>
<td>24</td>
<td>64</td>
<td>100</td>
</tr>
<tr>
<td>Quality of nursing care</td>
<td>27</td>
<td>30</td>
<td>43</td>
<td>100</td>
</tr>
</tbody>
</table>

In order to develop Finnish language skill while having guided practice, students ought to have proper communication with clinical staffs and patients and use Finnish language as much as possible. As mentioned earlier in Figure 4, the students were able to practice and sharpen their Finnish language skills during guided practices. As the saying goes “Practice makes perfect”, it can be seen from Figure 5 that 74% of participants agreed with the fact that their Finnish language skills have developed during each practice. However, 6% of participants disagreed.
When asked about the need of more tutoring to International nursing students than Finnish students in guided practices due to having inadequate Finnish language skills, 73% of the participants agreed that they need more tutoring than Finnish nursing students (Figure 6). Especially with poor Finnish language skills, it is difficult to establish proper communication and cooperation with the nursing staffs and the patients hence most of the participants agreed to it.
Irrespective of their ability to speak Finnish language, majority of the participants agreed on the fact that international students need more tutoring than Finnish students during their guided practices (Table 3). 82% of the participants with poor, 65% with satisfactory, 79% with good and 67% with excellent Finnish language skills have agreed that they need more tutoring in guided practices. Although the agreeing participants with poor Finnish is higher than the ones with excellent Finnish, the statistical dependence is not very strong and hence the level of language does not explain the need of more tutoring very well.
Table 3: Relationship between ‘Finnish language skill’ and ‘need of more tutoring’ (%)

<table>
<thead>
<tr>
<th>Finnish language skill</th>
<th>Poor</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need of more tutoring</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>12</td>
<td>13</td>
<td>11</td>
<td>33</td>
</tr>
<tr>
<td>Neutral</td>
<td>6</td>
<td>22</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Agree</td>
<td>82</td>
<td>65</td>
<td>79</td>
<td>67</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

6.3 Co-operation in guided practices

Feeling of being supported by the nursing team directly affects the students’ behaviors and performance during guided practices, which is a base of good relationship of cooperation. Most of the students have agreed on being respected (47%), accepted (40%), trusted (36%) and being a part of nursing team (42%) during guided practices irrespective of their Finnish language skills which shows that good relationship of cooperation was established during their guided practices (Table 4).

Table 4: Being considered as a part of the nursing team (%)
Figure 7 tells about feeling of international nursing students about not being equally treated compared to Finnish nursing students. Feeling of being fairly treated as Finnish students benefits to create a positive clinical working environment. As the result says, although 27% of the participants had neutral opinion about this, a high percentage (59%) have agreed that they were not treated equally to Finnish nursing students and felt like outsiders who were ignored and not trusted.

![Diagram](image)

**Figure 7**: Feeling of not being equally treated compared to Finnish nursing students

From Table 5, it can be seen that 71% of the students with poor, 61% with satisfactory, 47% with good and 34% with excellent Finnish language skills agreed that they felt like outsiders and were not trusted enough compared to Finnish students. It shows that the feeling of outsiders from the students with excellent or good Finnish skill is much less than students with poor or satisfactory Finnish skill. All these data result shows that whether cooperation is well-built or not is affected by language skills and communication as well.
Table 5: Relationship between ‘feeling of outsiders’ and ‘Finnish language skill’ (%)

<table>
<thead>
<tr>
<th>Feeling of outsiders</th>
<th>Finnish language skill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
</tr>
<tr>
<td>Disagree</td>
<td>12</td>
</tr>
<tr>
<td>Neutral</td>
<td>17</td>
</tr>
<tr>
<td>Agree</td>
<td>71</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
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</table>

Among the participants, 67% of them have agreed that they received good quality guidance and teaching from their supervisors during the guided practices whereas 19% gave neutral opinion (Figure 8). Having received good quality guidance is a reflection of well-built communication and co-operation with the nurses and students.

**Figure 8: Good quality guidance and teaching during guided practice**
Irrespective of the Finnish language skill, the students agreed on receiving good quality guidance (Table 6). However, the percentage of students with excellent Finnish language skills who agreed to have received good quality guidance is higher (100%) than the ones with poor Finnish language skills (59%) followed by satisfactory (58%) and good (84%) which show that Finnish language somewhat influences in receiving good quality guidance and teaching from the supervisor.

Table 6: Relationship between ‘receiving of good quality guidance’ and ‘Finnish language skill’ (%)

<table>
<thead>
<tr>
<th>Finnish language skill</th>
<th>Poor</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving of good quality guidance</td>
<td>Disagree</td>
<td>17</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>24</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>59</td>
<td>58</td>
<td>84</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

According to research result, 72% of the participants agreed that they have been guided by their supervisors according to their learning objectives and goals which is a good sign of well-established communication and co-operation. Only 3% of the students have disagreed. Similarly, apart from clinical supervisor’s guidance, 62% of the participated students have agreed that the other nurses were also involved and guided them during their guided practices in Finland. The involvement of other nurses in students’ guidance is a positive indication of good clinical working environment and well-built cooperation among the nursing team. Only a few students disagreed with this.
6.4 Comments from the participants

Comments reflecting both positive and negative experiences during the guided practices were received from the open question where the participants were asked if they would like to share any memorable events during their guided practices in Finland. The thing that has been reflected mostly by the international nursing students is how important Finnish language is during the guided practice and how language affected their practices. Some students also showed hope of having good guided practice in Finland when language problem is solved. Language and communication go hand in hand. When the language skill is insufficient for communication with supervisors and patients, then problems arise. Some students revealed that the patients have never complained about their inadequate Finnish language skills but their supervisors did. Racism issue has also been mentioned in the comments by few students and it has been especially emphasized towards African students.

The open answers from the question have been categorized into three main groups based on comments regarding cultural differences, communication and co-operation as follows:

Comments regarding cultural differences

Importance of knowing Finnish culture has been extremely important matter when learning nursing work during guided practices in Finland. Cultural differences can lead to misunderstandings and cause events that do not end to the fruitful learning. When you understand the language, culture and values of the country can be better understood and lead to more effective learning results.

“Too many memorable events both negative and positive which I would rather not reveal. The only thing I can point out is that a positive, friendly approach during the practice and knowing the Finnish culture will be beneficial during the practice and duration in Finland.”
“Finnish language skills and learning about Finnish culture and values before going to practice is plus point.”

Sometimes racism issues in guided practices have been pointed out. It seems that the skin color of the students matters when they are being guided by their supervisors. The racism is more openly expressed by nursing staffs than the patients.

“I feel I would have a much more difficult experience with the same language skills if I were not white British. Racism within the nursing care system particularly towards those of African origin is rampant and often openly expressed.”

“Racism and intolerance are way stronger from other nurses than from patients. In fact, I have never had a patient complaining to me because of that.”

Comments regarding communication

Good communication with the nursing staffs is very essential to have good guided practices. Communication is also affected by the attitudes of the nursing staffs and the general atmosphere of the working places. Learning a foreign language and culture takes time so it is a plus point for those students who have lived in Finland for a few years before having guided practice.

“Most nurses understand English, but think their English is too for speaking. One time during practice, one nurse who worked with me was in the beginning quite rude, but then she noticed I speak Finnish fluently and we had a great team work during the day. She apologized for being rude and she explained that she was just annoyed that she would have to speak English. I really liked working with her, but it also felt bad that she automatically assumed "international student = English language only". In another practice my supervisor gave a high-five to another nurse and said "I got a Finnish speaking one!"

“I'm very lucky that I had already been in Finland 7 years when I started my nursing studies. I think it is very tough for students to do placements after just a couple of months in Finland.”
“When I was in operating theatre practice where is so nice place for international students practice, because they give good guidance and they are friendly no matter u can speak Finnish or not.”

Establishing good communication with the nursing staffs is affected by inadequate Finnish language skills and illiberal working environment. If the students are not able to communicate properly with their supervisors, they feel lonely and have a difficult time adjusting in their guided practice placements. In guided practices, the international students realize the importance of language skills. Also if the supervisor is not originated from Finland, then the students have better possibilities of getting convenient guidance.

“Some placements were great and I would constantly get comments on how fast I have learnt the language. In some other places it was just the opposite - I had some nurse saying to me ‘you don’t understand me? Really? Are you stupid? Even though by then I had only been in Finland for six months.”

“Too much denial of the quality nursing of international students only due to language but we get good education.”

“The practice made me realize how important it is to communicate the same language with the clients and work team otherwise everything seems hard and nobody is willing to help. As much as the supervisors can talk and understand English you are lucky if you get a foreigner supervisor who talks good Finnish they understand you better and are helpful a lot.”

Comments regarding co-operation

Development of trust between supervisor and international nursing student is important and the students need to show their competences and actively participate in the nursing care of the patients to gain the supervisor’s trust. However, establishing co-operation can be difficult without having good Finnish language skills.
“You have to really show what you know for them to trust you, once they have confidence you will enjoy your practice... so show what you know and communicate with your tutor, she or he will pass the news around. Happy practice”

“Am not sure about what you mean by event, but Finnish language limits my performance at practice. I feel like am capable of doing more than am allow/trusted to do.”

Some students also felt that they were discriminated and their learning goals were ignored by their supervisors. Finnish speaking students were given more opportunities to participate in the nursing tasks than the international nursing students who did not have good Finnish language skills.

“I believe that the supervisors were aware of my learning goals since I presented that in the beginning of the placements. But I doubt that they guided accordingly because I felt that they always had that lack of trust in me even if I understood a lot of Finnish but lacked proper speaking of the language and that trust made them to now allow me to some of the nursing interventions even if I asked for it. On the other hands the Finnish speaking students were being allowed to do the same interventions.”

“I felt like an outsider. Language made me feel like I am not good nurse. It is so discouraging.”
7. CONCLUSION

This study has shown that International nursing students face many challenges during their guided practices in Finland and the reasons are mainly cultural differences and having inadequate Finnish language skills which affects the communication and co-operation with the nursing staffs and the patients. The feeling of outsiders who were ignored and not trusted were expressed mostly by African students compared to the students from other continents. The result also shows that especially the students with poor Finnish language skills felt like outsiders and were not trusted. The level of Finnish language skill somewhat influenced in receiving good quality guidance from the supervisors and affected effective communication with the staffs and the patients as well. Cultural difference between international nursing students and Finnish supervisors is also one of the reasons of poor communication and co-operation at practical placements. Likewise, international nursing students also expressed the need of more tutoring and guidance to them from their supervisors during the guided practices compared to the Finnish nursing students.

Apart from the challenges the international nursing students faced during the guided practices, there were some good aspects too. The international students were able to practice and sharpen their Finnish language skills during their practices and seemed to have overall improved their Finnish language skills with each guided practice. Apart from their own supervisors, other nurses were also involved and guided them during their guided practices and they had successful co-operation with the nurses during the practice, even with their poor Finnish language skills.

As an overview finding of this research, cultural differences and language barriers were the main causes of the challenges faced by international nursing students in guided practices. To work successfully with people of other cultures,
their ways of working must be understood. To meet the needs of all members of multicultural societies, nurses need to develop cultural sensitivity and incorporate this into clinical settings. Cultural difference is not a barrier which cannot be overcome. A kind smile, efforts of learning, understanding their ways of working and a friendly approach could be the best ladder. Proper communication and co-operation could be established when common language is used for information exchange with patients and nurses and also leads to better understanding of supervisors’ guidance during guided practices. Inadequate Finnish language skills could be an obstacle and affect many aspects inducing many challenges during guided practices as reflected by survey research results.

Proper support from clinical workers and good interpersonal relationship with them has strong impact on the students and could create and maintain a positive clinical learning and working environment. Feeling of being accepted as part of the nursing team and being equally treated as Finnish nursing students can help to build up of self-esteem, confidence and even clinical behaviors and nursing skill performances. A good cooperation could also be built up irrespective of Finnish language skills but it depends more on students’ attitude and nursing skills.

Having good Finnish language skills and understanding Finnish culture before guided practices could help to establish proper communication and co-operation with the nursing team and the patients. Hence more Finnish language lessons and more guidance regarding guided practices should be provided by the school. For instance, the responsible teacher from the school for the guided practice should visit the students during their practice to see if they are having any difficulties and if they are getting good supervision. Likewise, good co-operation between the school and guided practice placements should be established and if possible, guidance to the clinical supervisors should also be arranged to improve the quality of their supervision to international nursing students.
8. ETHICAL CONSIDERATIONS AND RELIABILITY

Confidentiality was one of the main ethics which was taken into consideration. All the information collected with the questionnaire was kept anonymous and it was also mentioned to the participants together with the questionnaire. Only the authors and their supervisors had access to the answers. No changes were made to the information collected and the collected data was analyzed in a precise way. We were fair to the participants, didn’t have personal preferences. Participants’ opinions were respected.

With this research, the authors express their hope to bring more understanding between the international nursing students and their supervisors during their guided practices by giving relevant information about the challenges faced by them being an international student in Finland.

Reliability refers to the accuracy and consistency of information obtained in a study. The concept of reliability is also important in interpreting statistical analyses. Statistical reliability refers to the probability that the same results would be obtained with a new sample of subjects- that is, that the results are an accurate reflection of a wider group than just the particular people who participated in the study. (Polit & Beck 2014, 72)

In this research, a particular age-group or a particular university was not chosen according to authors’ prejudice. All the universities of Finland having Bachelor of Nursing in English were sent emails requesting to give thesis research permit to do survey in their universities. The universities who gave the permission and were willing to collaborate on this research work participated in this survey. This research consists of answers and personal opinions of a wider age-group (the youngest age being 19 and oldest being 51). Also the seven participating universities are from different parts of Finland so the participants have had their
Reliability and validity are not independent qualities of an instrument. A measuring device that is unreliable cannot be valid. Validity is a more complex concept that broadly concerns the soundness of the study’s evidence. An instrument cannot validly measure an attribute if it is erratic and inaccurate. (Polit & Beck 2014, 205)

The questionnaire was delivered to the third and fourth year international nursing students by emails and only international nursing students were expected to answer the survey. But the international nursing groups also consisted of Finnish students and as a result, a few of them also participated in the survey. However, to make the results reliable, the answers from the Finnish students were removed and not included in the research work.

The results obtained from this research work have been compared with the previous research works done on the same topic. Research done by Pitkäjärvi, Eriksson and Pitkälä (2009) about ‘International student nurses’ experiences of clinical practice in the Finnish health care system’ presented the positive and negative experiences of those students in clinical settings. Language barrier and poor co-operation were the main challenges found by them which still exist and prove to be obstacles to international nursing students to have proper guided practice till date. Similar results were also found by many other researchers such as Latva-Pukkila (2007), Giacomo (2009), Hamilton and Woodward-Kron (2010) who have done researches on the same topic.
9. DISCUSSION

Studying abroad is a challenge in itself, particularly in a country with a totally different language and a different culture. Cultural difference between international nursing students and Finnish supervisors is also one of the reasons of poor communication and co-operation at practical placements. To work successfully with people of other cultures, their ways of working must be understood. Cultural differences between different countries, their different ways of thinking and language barrier can affect in the establishment of proper communication and co-operation however, your effort and smile will always be able to pass to others.

Being international students themselves, the authors faced the challenges regarding cultural differences and language barrier during their guided practices in Finland in the beginning which made the authors choose this topic for their research work. Literature review was then done where it was found that previous researchers have found similar results regarding the experiences of international nursing students in Finland.

However, challenges faced by the international students are always not the same. It differs depending on guided practice placement, clinical supervisors and their Finnish language skills. Hence, the experience is also different. An international nursing student might face challenges during one guided practice but may be not in the other one. The general atmosphere of the placement and the nature of clinical supervisor you get directly or indirectly influence the experience and quality of the guided practice. Older nurses tend to guide the students better than the young nurses as they have a lot of experience guiding the students having worked in the nursing field for a long time but on the other hand, young nurses speak better English than the old ones. Finnish language skills of the students tend to directly influence their guided practice experience. If
the student is able to communicate efficiently using Finnish language, they face less challenge and also they are accepted as a part of the nursing team and trusted as well.

To apply for nursing degree programme in Finland taught in English language, the international students should have passed Standard English language tests such as IELTS with a high score and being third and fourth year students, their English language skill must have developed than before. Hence, the authors believe that communicating with their supervisors during the guided practices in English is not a problem. Therefore, questions regarding their English language skills were not mentioned in the questionnaire.

In the original questionnaire, five variabilities (strongly disagree, disagree, neutral, agree and strongly agree) were used for part of the survey questions so that the participants could express their views and opinions freely and in a detailed way. However, in order to present the results more clearly and for the better understanding of participants’ opinions, the authors combined “strongly disagree” and “disagree” as “disagree”, “strongly agree” and “agree” as “agree” while data analysis.

The challenges faced by the international nursing students can be different in different cities too. One of the possible reasons behind it is that people in big cities can speak better English and they have learned to openly accept foreigners while people in small cities are reserved and not so open. Similarly, the results also suggest that some traces of racism still exist in the nursing field especially towards African people.

To face these challenges in the future, having good Finnish language skills before the guided practice and learning about Finnish culture would be helpful. Although learning Finnish language takes a long time and a lot of effort and determination but it will be like taking a step forward to getting accepted. More
Finnish language courses should be arranged by the school for the international students to be prepared for their guided practices as good Finnish language skill is a key to have a good guided practice. The students should also be mentally and emotionally prepared before the guided practices as some students can feel lonely because of isolation and have lack of confidence. Good co-operation with the nursing team is one of the significant elements in nursing care. Communication is part of co-operation however co-operation could be established well even with inadequate Finnish language skills. So sometimes all that is needed is courage, confidence and a positive mindset.

Likewise, international students should get more guidance about the guided practices from the school. They should be taught about the laws, regulations and Finnish culture so that they can mentally prepare themselves before their guided practices. Good co-operation should be maintained between the school and the practical placement so that the nurses will pay enough attention to the students and guide them properly. Likewise, the responsible teacher from the school should also be in contact with the students so that the students can share their problems and wishes regarding their guided practice with the teacher and the teacher will have enough time to take action accordingly.

With this thesis, common challenges faced by international nursing students in Finland in guided practices has been mapped out and presented in numeric forms. Also, opinions of these students have been presented. The final thesis work would be sent to all those universities who have participated in this research work as an appreciation and to make them aware of the opinions of the international nursing students of their universities and the challenges faced by them in their guided practices. In order to improve the learning outcomes of guided practices for international nursing students in Finland, the final thesis work will be published on respective websites in order to share the results with the health care workers who might be potential or present clinical supervisors. The thesis will be made available to all the students in Finland and the results
will also be utilized and presented in the workshop organized by Sairaanhoitajaliitto in Helsinki.

As this survey includes only the views and opinions of international nursing students and not the opinions of nurses of Finland so this research work only provides one side of the story and not the whole reality. Therefore, to get the full picture of the story, nurses’ opinion and their experiences with international nursing students should also be taken into account which could be helpful to establish proper communication and co-operation between them. Hence, this can be a good topic for future research.
REFERENCES


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APPENDICES

Appendix 1

Hi,

We are 4th year international nursing students from Lapland university of Applied Sciences. I am Aishwarya Gauli from Nepal and my thesis partner is Mengyang Xu from China.

We are in the process of writing our thesis. Being international students, it's always difficult for us (coming from different cultural background and not having Finnish language skills) - to adapt in the practical placements especially during our initial practical trainings. Keeping this in mind, we are writing our thesis on the same topic. The topic of our thesis is- "International Nursing Students in Finland: Common Challenges Experienced in Guided Practice".

# The goal is to improve the learning outcomes of guided practices for International nursing students in Finland.

So we have prepared a questionnaire to find out the challenges faced by international nursing students here in Finland and we have been sending our questionnaire to different universities in Finland. Hope you will help us in this process by answering our short questionnaire. Your help is much appreciated.

Thank you in advance.

Here is the link for the questionnaire-
https://www.webropolsurveys.com/S/6BB0FAE89F5FFB00.par

Best Regards,
Aishwarya Gauli and Mengyang Xu
Lapland University of Applied Sciences
Appendix 2

International Nursing Students in Finland: Common Challenges Experienced in Guided Practice

Answers are handled anonymously.

1. Age *

2. Nationality *

3. Number of practical placements you have had in Finland *

4. What is the level of your Finnish language skill? *
   O Very poor O Poor O Satisfactory O Good O Excellent

5. Were you able to practice and sharpen your Finnish speaking and writing skills during the guided practices? *
   O Not at all O Rare O Sometimes O Frequently O All the time

6. During your guided practices, the inadequate Finnish language skills had effects on: *

<table>
<thead>
<tr>
<th>Effect</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
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<tr>
<td>Effective communication with patients</td>
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<td>O</td>
<td>O</td>
<td>O</td>
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<td>Effective communication with staffs</td>
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<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
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<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Understanding of patients’ talk</td>
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<td>O</td>
<td>O</td>
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<tr>
<td>Quality of nursing care</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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</table>

7. During your guided practices, did you feel like: *

<table>
<thead>
<tr>
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<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
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<td>Being accepted</td>
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<tr>
<td>Being trusted</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
</tr>
<tr>
<td>Being a part of nursing team</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

For following questions are estimated according to: 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree.

8. Your Finnish language skills have developed during each practice *
   O 1 2 3 4 5

9. Did you feel like outsiders who were ignored and not trusted compared to Finnish nursing students? *
   O 1 2 3 4 5

https://www.webropolsurveys.com/Preview/PreviewQuestions.aspx?nocache=8472  2.11.2015
10. Do you think international nursing students need more tutoring than Finnish students, due to inadequate Finnish language skills? *
   O 1 0 2 0 3 0 4 0 5

11. Do you received good quality guidance and teaching from your supervisors during the guided practices? *
   O 1 0 2 0 3 0 4 0 5

12. Your supervisors were aware of and guided you according to your learning objectives and goals *
   O 1 0 2 0 3 0 4 0 5

13. Other nurses were involved and guided you during your practices *
   O 1 0 2 0 3 0 4 0 5

14. Thanks for participating! Would you like to share any memorable events during your practice in Finland?

Submit
# LAPIN AMK
Lapland University of Applied Sciences

## THESIS RESEARCH PERMIT APPLICATION

| Personal data of applicant(s) |  |
|------------------------------|  |
| Name                        | Ashwarya Gauli  |
|                             | Mengyang Xu  |
| Street address              |  |
|                             |  |
| Telephone                   |  |
| E-mail address              |  |

<table>
<thead>
<tr>
<th>Research facility, educational institution or other community</th>
<th>Applicant's task/position</th>
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<tbody>
<tr>
<td>Lapland University Of Applied Sciences</td>
<td>Student</td>
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| Instructor(s) of the thesis |  |
|-----------------------------|  |
| Name                        | Anja Mikkola              |
|                             | Tanja Pernu              |
| Degree and title            | 27.5.2015                 |
| Degree Programme In Nursing |  |

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| Commissioning party         |  |
|-----------------------------|  |
| Commissioning party         | Lapin AMK, Hyönteiskiakatu, Kemi |

| Date and signature          |  |
|-----------------------------|  |
| Place and date              |  |
| Kemi                        | 27.5.2015             |
| Signature                   |  |

| Granting of the permit      |  |
|-----------------------------|  |
| Research permit is granted  |  |
| Research permit is denied   |  |

| Granting conditions         |  |
|-----------------------------|  |
| The applicant must present  |  |
| complete report and, if     |  |
| necessary, the research     |  |
| results verbally            |  |
| Unless otherwise agreed, the |  |
| applicant will cover the    |  |
| costs                       |  |
| Other condition             |  |

| Notification regarding the decision |  |
|-------------------------------------|  |
| thesis applicant(s)                 |  |
| instructing teachers                |  |
| units to which the granting of the  |  |
| permit applies                      |  |
| some other party, please specify    |  |
# THESIS RESEARCH PERMIT APPLICATION

## Summary of the thesis plan

<table>
<thead>
<tr>
<th>Degree that entails the study</th>
<th>Degree Programme in Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s) of the thesis</td>
<td>Aishwarya Gauli</td>
</tr>
<tr>
<td></td>
<td>Mengyang Xu</td>
</tr>
<tr>
<td>Name of the thesis</td>
<td>International nursing students in Finland: common challenges experienced in guided practice</td>
</tr>
<tr>
<td>Background of the thesis</td>
<td>Each year, international students uproot themselves from their home countries, families, friends and other key people within their social support networks to pursue study at universities around the globe. Most international students assimilate and acculturate in the &quot;host&quot; culture successfully. However, some international students are challenged and distressed by cultural differences, social isolation, academic differences, and difficulties with English language proficiency. Many international nursing students have reflected some challenges they have faced in their guided practices. Although those challenges faced by these old students had been solved with the help of their mentors and their own efforts, problems and difficulties may still exist, repeat and bother new trainees again.</td>
</tr>
<tr>
<td>Goal, purpose and possible research problems of the thesis</td>
<td>The purpose of our thesis is to map out the challenges faced by the international nursing students in Finland in their guided practices. The aim of the thesis is to find out relevant information about the challenges experienced by the international nursing students in Finland in their guided practices and elaborate them. The goal is to improve the learning outcomes of guided practices for international nursing students in Finland. The research problem: What kind of communication and co-operation challenges do the international nursing students face during their guided practices in Finland?</td>
</tr>
<tr>
<td>Funding, funders and budget for the thesis, if necessary</td>
<td>No need of funds</td>
</tr>
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<td>Date and signature</td>
<td>Place and date</td>
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<td></td>
<td>Rananiemi</td>
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</tbody>
</table>

☑ Approved thesis plan attached (if necessary)
## Thesis Commission Agreement

This agreement shall apply only to thesis projects which are not completed in a project with external non-UAS funding.

### Commissioner

<table>
<thead>
<tr>
<th>Name (e.g., company)</th>
<th>Kari Jumisko,</th>
<th>Contact information (contact person, phone number, email address)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lapland University Of Applied Sciences</td>
<td></td>
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### Author

<table>
<thead>
<tr>
<th>Name</th>
<th>Student code</th>
<th>Postal code</th>
<th>Post office</th>
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<tbody>
<tr>
<td>Ashwarya Gauli</td>
<td>K1250813</td>
<td>A1360687</td>
<td>Kem</td>
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<td>BHC3</td>
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<th>Position</th>
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<tbody>
<tr>
<td>Name of contact person (supervisor)</td>
<td>Tera Permu</td>
</tr>
<tr>
<td>Anja Nikkola</td>
<td>Lentiol</td>
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<tr>
<th>Campus and address</th>
<th>Phone number</th>
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### Terms of this commission agreement

**Supervision**

The Supervisor shall supervise the thesis project on behalf of the UAS and shall provide instruction and advice required for the project. The UAS and the Supervisor are not responsible for consultation in the thesis project.

**Documentation**

UAS thesis projects are public. A written report of the thesis project shall be compiled in accordance with the UAS’s thesis project guidelines. One bound copy of the thesis shall be delivered to the UAS library or published as an electronic version in the Theseus online library. Both hardcopy and electronic versions of the thesis shall be archived at the UAS.

**Rights**

The copyright to the thesis shall be held by the Author. The Commissioner shall receive a parallel copyright to the results of the thesis project upon its completion. The UAS shall have a permanent right to utilise the results in its own teaching and RDI activity. The parties to this agreement may agree on other rights concerning the results of the thesis project, but in such a manner that the right of the UAS granted by this paragraph remains intact.

**Inventions**

If the Author contributes to an invention which is patented, he or she shall be named as one of the inventors. Possible compensation for an invention shall be agreed on separately in accordance with the policy of the UAS’s or Commissioner’s invention guidelines. Publication or utilisation of the thesis or its parts shall not endanger patent or utility model protection of said thesis or its part.

**Liabilities**

The results of the thesis project shall be delivered as is. Neither the Author nor the UAS guarantees the results nor is liable for their applicability to the Commissioner’s needs. The parties to this agreement shall be liable to each other for immediate damage caused by any breach of this agreement. Materialisation of liability shall require a breach of agreement caused by intentional or aggravated carelessness.

**Further agreed**

**Confidentiality**

Supervisors and Authors of theses shall be obligated to maintain secrecy regarding confidential matters which come up during the thesis project. The Commissioner shall verify that the thesis to be published does not contain confidential material. If necessary, the Commissioner shall use a separate confidentiality agreement.

This agreement has been executed in three (3) identical counterparts, one (1) for each party to the agreement. This agreement is based on the thesis plan approved by the UAS and shall become effective immediately upon being signed.

<table>
<thead>
<tr>
<th>Place and date</th>
<th>Signature</th>
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<td>Kem, 6.11.2015</td>
<td><strong>Signed</strong></td>
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<tr>
<th>Commissioner</th>
<th></th>
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</tr>
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<tbody>
<tr>
<td>Kem</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Author** | 21.11.2015 | [Signature]
|------------|------------|-----------------
| Lapland UAS | 30.10.2015 | [Signature] |

**THESIS COMMISSION AGREEMENT**