



Nurses with Cultural Competence and Coping with Working Life: A Qualitative Study among Foreign Born Finnish Educated Registered Nurses

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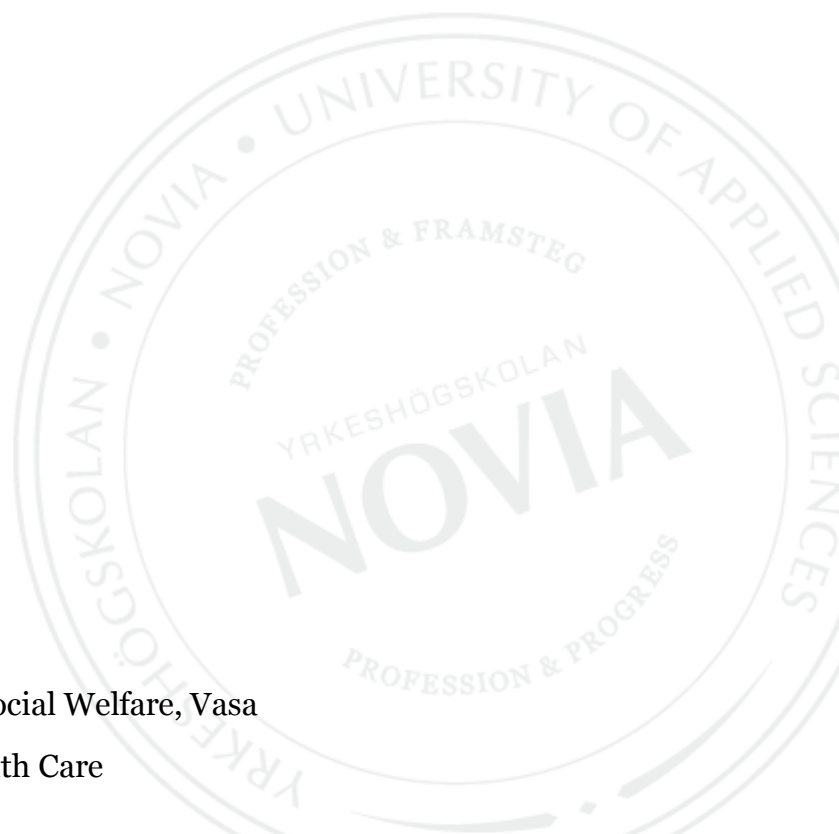
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Summary:

The purpose of this thesis is to achieve a deeper understanding and awareness of the significance of nursing education and cultural competence among the Foreign Born Finnish Educated (FBFERN) in Novia University of Applied Sciences (UAS). The method of data collection used is qualitative research to gather the experiences of the participants. The interview method was conducted through facebook messenger in order to reach the Novia alumni participants all over Finland. The theories used to support this study were Patricia Benner's theory from novice to expert and Campinha's Bacotes model of cultural competence in delivery of health care. Three themes, developed from Benner's theory; Novices, Proficient and Expert nurses. Also, three categories were derived from the previous research: Education, Experience and Cultural Competence.

The main results of the study point to language skills and adaptation to the Finnish culture as the main problems experienced by the FBFERN as they move on to working in Finnish Health Care Settings after graduation. This study provides an opening to additional research and new views on the improvement of education in school and cultural competence in the working environment.

Language: English**Key words:** Education, Cultural Competence and Language

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1 Introduction

Nursing nowadays is one of the most followed up careers globally; therefore, nurse deficit is a worldwide crisis. The high demand of nurses to dwell in several health care facilities around the global sphere is predominant (Wilson et al, 2014; 26-27). As a result it is important for universities catering for healthcare programmes to incorporate global health competence in the curriculum.

Globalization and immigration has a particular outcome on development of nursing education and currently, cultural competence has been incorporated into the curriculum in nursing education in Finland and other European Union (EU) member states (Koskinen & Tossavainen, 2004; 111-114). Nursing Education has turned out to be a very prevalent profession; therefore, studying nursing abroad has developed into a basic phenomenon yielding to global health competences. We can relate to this because we have all moved from our countries to Finland for studies in nursing profession. This was a motivation for us to find out more on the experiences of the previous international nursing degree students in Novia UAS and their encounters and how they managed to be culturally competent while working in Finnish Health care settings. Also, we chose the participants as Novia alumni because this has been our study place from the year 2012.

The Novia University of Applied Sciences (UAS) offers Degree programme in nursing for 3.5 years which is being offered in both English and Swedish language. The curriculum of the program is based on national legislation and EU-legislation with national recommendations and own strategies of the school. The curriculum is shared into modules. The modules are broken down into courses which further on may be broken down into smaller specified course modules. Training content of the different levels has a description of respective learning outcomes. The knowledge of the students is being followed up by examinations, assignments and project accountings. The practice period of the students is being evaluated by the supervisor and by a delegate from the school. (Paaso et al, 2012; 44).

Globalization has increased the diversity of culture therefore it is important to incorporate other cultures in teaching. Apart from the countries domain, people as individuals have their own unique culture. Therefore, cultural competence and education for nurses is associated with client outcomes which should be in the undergraduate nursing education to provide the skills and knowledge required to

understand and care for a heterogeneous clientele within the unique context of any given clients life (Harrowing et al, 2012; 495).

Finland is embracing more foreigners into the country through studies, family, refugees, immigrants and workers. The population of 5.2 million is culturally diverse and as a result, the Ministry of Education expects undergraduate nurse's curriculum to prepare them with cultural awareness forehand in order to gain personal growth, professional development cognitive growth and increased global understanding (Koskinen & Tossavainen, 2004; 111-112).

Due to globalization, a number of universities worldwide are in cooperating academic programs focusing on global health; therefore the urge to identify certain competencies and results to spearhead the curriculum in those needs. The education committee of the consortium of universities for global health (CUGH) appointed a group in 2013 to determine the need of global core competencies. When the inter professional global health competencies have been identified, they could help guide the competencies of curricular and as a result prepare the students for global health initiatives by utilizing the global competency model to promote population, health, safety and well-being at local and global levels. This also can be achieved by enhancing global health competence of students in schools of health and other global health education programmes and as a result, there could exist a common global health curricular to be used worldwide due to globalization (Wilson et al, 2014; 26-27).

2 Aim of the study

The aim of the study is to find out how well education meets the demands of the FBFE registered nurses and if those who graduated are well prepared to work in a multicultural environment. The intention is to not only find out more on the students' experiences at Finnish health care settings but also find out if there could be improvements made in the international nursing degree program at Novia UAS that was their foundation into getting prepared for working life.

The following questions were formulated:

1. How has the nursing education helped the FBFE registered nurses become skillful in working in Finnish healthcare settings?
2. How has the work experience helped the registered FBFE nurses become more cultural competent?
3. Did the nursing education offer adequate cultural competence knowledge before graduation?

3 Theoretical Background

The theoretical background chapter consists of description of previous research based on articles. The previous research consists of Education, Cultural Competence and Teamwork. Therefore, the theoretical background provides the basis of understanding and explaining the aim and problem definition in this study.

3.1 Previous research

In this study, previous research will guide develop more information and knowledge that is relevant to answer the study questions as well as help write the paper. The Nelli portal database was accessed through Novia University of applied Sciences. The articles will be selected through metasearch database on scientific materials from Ebsco, Cinahl and other scientific online sources.

Keywords used are: Cultural competence, transcultural, nursing education, globalization, curriculum and nurse.

When searching for the articles, we got 1177 feeds, then read the title and abstract and discarded unwanted articles that were irrelevant to our study. After that we ended up with 119 articles, then we read the contents and decided what to keep use 16 articles. We chose the most recent articles and then combined them with the older articles to help us have a thorough study of the subject at hand. We included articles within 15-year range from the year 2000 to 2015.

There were a number of very useful articles from Joanna Briggs Institute Library, however, one article was free but rest were to be accessed by paying a subscription fee. Articles from 1999 and below were excluded to pave way for more recent articles that would be more relevant in this study. Also, some articles were good but not detailed.

The illustration of articles used for covering the topic of previous research are listed in appendix III

3.1.1 Education

The Novia University of applied sciences provides education to the International Degree students in nursing, by using teaching methods through problem and project based learning, motivation for teaching and learning, coaching and self-directed studies. These methods are incorporated in the curriculum through constructivism as a philosophical foundation for teaching and learning achieved by attaching meaning to an experience. The students are seen as different individuals and therefore are coached and nurtured to study alone and acquire skills through self-directed studies that pave way for longterm learning (Nyback 2013; 2-9). It is important for students to be guided and nurtured in the process of learning as a personal responsibility (Nathan 2015; 162). Therefore, constructivist approach of learning recognizes student's personal abilities and promotes individual learning as a whole.

According to Long (2012; 102-104) the teaching strategies for cultural competence in nursing schools should be taught by cultural competent educators as an essential way to achieve the intended goal. The article emphasizes the attitudes, skills and preparation to teach cultural competence to nursing students; it should start with the educators. The studies show that 97% of nurse educators agreed they were teaching transcultural content in their curricula but only 53% included cultural content in their own nursing education as undergraduates and as a result some of the educators teach without any memorable academic preparation. However, Mareno & Hart (2014; 83-85) emphasize that after graduating as a registered nurse, it is important that continuous education through the work place is enhanced to enable more growth. New theories are coming up every day; therefore, searching for new

knowledge is encouraged. The American Association of college of Nursing acknowledges cultural competence as a core value for competency.

Teaching methods should be diverse since all methods have pros and cons. Lecture styles are good for structured learning but passive; therefore, it has poor retention and power to promote behavior change. Group discussions are good for concepts and active lessons with knowledge exchange however, there can be frequent distractions now and then. Written reports are self-directed and as a result they bear limited results in retained knowledge concepts and sharing. Clinical experiences in the outside world expose the student to reality, motivate them and improve confidence and exposure from diverse culture. However, during practice a bad experience can either make the student be stressful and lag behind or make them learn from the experience and become better in future. Guest lectures bring in more experiences knowledge to boost students confidence (Long 2012; 03). The recognition of indigenous knowledge by students can broaden their knowledge and worldviews by embracing the world history, learning about the community to enhance multiculturalism in the nursing curriculum (Browne 2013; 1-4).

International nursing students should be given opportunities to collaborate with other nursing students worldwide. As a result, videoconferencing serves the purpose of creating an opportunity and provides interaction with other students from other countries. This article describes the effect of a ten year long international videoconferencing exchange between Prefectural University in northern Japan and University of North Carolina Wilmington (UNCW) in the United States. The experience enabled both students to exchange and apply nursing resources, values and knowledge across national boundaries and the increase of cultural awareness. The benefits of an international exchange programme were achieved through video conferencing (Kempainen et al, 2012; 56-59).

Videoconferencing provided real time two-way interaction and simulated the learning experience normally obtained in the classrooms. This technology enabled a cost effective teaching method across borders. Due to language barrier a translator was used and this exposed the students to the use of translator prior to their careers in case they encounter such clients. The UNCW students were able to learn East Asian culture and reflect on their own culture. They were also able to compare educational curriculum and engage in conversation to learn each other's

culture, which they found more interesting than the normal lecturers and reading books (Kemppainen et al 2012; 57-61). Also Chan & Nyback, (2015; 1-5) emphasize on the use of technology through social media to develop cultural competence. For instance Novia UAS can have real time virtual teachings in collaboration with partnership universities to enhance home internalization.

The ERASMUS programme, a European student exchange programme that enables university students' chances of studying abroad in other European country for at least three months and not more than one year. Exchange students through the ERASMUS from European countries come to Novia UAS take common lessons with the International Degree programme therefore enriching diversity of culture hence internalization (ESN 2015).

Nathan (2015; 162-163) mentions that Nursing students require additional student support; therefore, face to face tutorial can be used to determine the value of an individual, also, create a personal academic relationship with the students as a result paving ways for the student to open up and contribute to be helped where needed. In addition, face-to-face tutorials enable encouragement to diminish the number of students who give up along the way. Low rates of student satisfaction could lead to high rates of withdrawal (Nathan 2015; 162).

The different roles of the nurse from both perspectives broaden their global view of nursing. They highlighted their differences for instance, lifestyle related diseases and management. The Japanese students who could talk little English presented their work in English enabling them to practice and improve their language skills for future career in the United States or any English speaking country. In this era of technology, videoconferencing would be ideal to promote cultural competence and exchange of nursing knowledge amongst students globally (Kemppainen et al, 2012; 58-61).

The students are encouraged to be responsible for their learning as they receive the needed guideline and direction especially when things get tough in the beginning of the study. Regular meetings and follow ups such as telephone calls, emails and computer conferencing, encourage the student to keep the trust. The face to face tutorial is tailored to help students individually clarify what is expected as they prepare for assessment (Nathan 2015; 162).

The Institute of Medicine (IOM) is the framework for the quality and safety education for nurse's initiative that allows nursing accreditation, education, and practice standards. Therefore, the implementations of the competences enable a student to be task oriented and demonstrate an integrative view of clinical performance. The main aim of IOM is to implement patient centered care and the ability to work as a team and the incorporation of technology at the work place (Morris & Hancock 2013; 31-32).

On one hand, face to face tutorials are more valued due to the dedication of the students as individuals stressing the benefit of dialogue and participation, especially for shy students who do not talk in a group for support and encouragement. On the other hand, it is expensive and time consuming to have tutors who can commit to the programme as it needs patience and therefore, it can lead to comparison to other students instead of concentrating on individuals to help overcome the weakness (Nathan 2015; 163).

According to Morris & Hancock, (2013; 29-30) the article used a data driven process to evaluate the implementation of IOM competencies, which is an industry standard for the education of health care professionals in a nursing curriculum. It was recommended that benchmarks should be introduced into oversight processes; for instance, accreditation licensing and certification. This approach, when combined with national bench marks, curriculum evaluation will enable nursing schools to establish and maintain a high quality curricular at the same time enhancing the needs of students, the faculty and clients involved.

The relevance of individual knowledge for nursing curriculum can enable understanding of concepts such as cultural safety, ethical space, and relational practice. With proper guidelines, individual knowledge can provide the educator with new knowledge and worldviews and as a result enhance the broader perspectives worldwide and various types of knowledge important for nursing care. Individual knowledge is carefully considered to be incorporated to students; therefore storytelling and pedagogy in the nursing curriculum as a way to create meaning from the story at hand (Morris & Hancock 2013; 29-30).

The gap analysis stipulates the correct way of curriculum revision therefore, nursing and other health professional educators face the challenges of creating education curricular that has core competence on an ongoing basis. Therefore, the

need of developing quality and safety competences to enable nurse educators, contribute to the promotion of health care delivery hence minimizes the risk of patients and health care professionals through quality care (Fater 2013; 102-104).

Individual knowledge should be taught in a way that it would align with the intentions behind cultural safety. One must consider that knowledge is borrowed from an individual or a community, which should not be used bially. Knowledge is always constructed from social locations and contexts therefore, quality nursing is realized through reflection and expansion of knowledge with the aim to enrich the nursing curriculum (Morris & Hancock 2013; 29).

Reflection is a relevant instrument in nursing process as it enables a person to be focused and improve a particular skill. It is triggered by doubt or hesitation hence, enabling the person to go over the events and retrace so that next time they can do something better resulting to more cognitive development. Challenges nurses encounter when reflecting and brainstorming in teamwork can yield new inventions to solve problems, create new meaning and understanding of situations. Reflective thinking is vital for curriculum development to foster cognitive development for nurses (Olarerin 2012; 53-59).

3.1.2 Cultural Competence

Nursing students are recommended to learn cultural competence in school before they graduate and have their clinical studies. On one hand it is important to know what the community expects a graduate nurse to know about their culture therefore their participation in creating the curriculum is significant (Axtel & Avery 2010; 183).

Cultural competence is crucial for nurses to enable them provide holistic care. Undergraduate nurses can acquire skills to enhance their competence through story telling from the natives in the community, participating in cultural dinners, listening to guest speakers, learning from personal childhood experiences, reading articles and conducting cultural analysis more creative ways of learning about culture to avoid boredom and biasness is essential (Eshleman & Davidhizar 2006; 180). Therefore, culture being diverse if taught in an interesting way it stays clear in the memory. Reeves & Fogg (2006; 171-178) emphasizes that life experiences play a role, in that, if a person was exposed to cultural diversity before joining the

nursing programme, they have an understanding of cultural difference and how to respect other cultures. As a result, persons with cultural diversity experience are not very biased when in the process of immersing themselves into a different culture.

Campinha Bacote mentions that cultural competence is an ongoing process. Koskinen uses this concept in her research paper *study abroad as a process of learning intercultural competence in nursing* to emphasize the continuous growth of a person when immersed in a different culture (Koskinen & Tossavainen 2004; 111-113). The measurement of the level of cultural competence in nursing students is a challenge but after some years of experience in the field, cultural awareness and knowledge increased immensely. Therefore, during the school years it is recommended the students have more practice to enhance their cultural competence. Other means of learning should be incorporated in the curriculum especially interactive ways such as group discussions, lectures, case studies, clinical experiences, cultural immersions and special guest speakers invited to share their cultural experiences (Long 2012; 103).

Immersion and service learning enhances cultural competence for nursing students and nurses. However, the educators seem to concentrate on the domain of culture and forget to assess the students own brief exposure to other minor cultures encountered at practice. Clients tend to open up more when they realize you have some knowledge about their culture. For instance if you have travelled to a client's country and during the care you mention it, the response creates more room for trust therefore a student or nurse can ask more information that help give the best care at the same time read more about the clients culture for more knowledge (Harrowing et al 2012; 493).

3.2 Teamwork

Teamwork is a group of individuals who work together to achieve a certain common goal. Therefore in this context, teamwork is derived to achieve the best care results of the client. The individual's responsibilities affect the end results. Teams that work together are more effective and innovative in the long run. Also, the more effective the team, the better the delivery of high quality care. Teamwork opens ways for free communication hence reducing the load of stress at work for best performance (Borrill et al. 2002; 1-5).

According to Borrill et al, (2002; 1-2), every team has a leader in place therefore clear leadership enhances reliable team processes and as a result high quality patient care leads to new innovation. The quality of meetings and communications in health care teams channels ways of new and improved delivery of patient care. Due to differences in culture, FBFEE registered nurses would function better with a good teamwork at hand and help each other without boundaries to minimize stress and achieve best result.

For a good teamwork to be successful, there must be professional collaboration and boundaries in inter professional care planning. Teamwork in practice has different levels therefore, professional roles come at hand and should be respected. For instance, a FBFEE registered nurse works with the rehabilitation team, doctors, practical nurses and the relatives of the patients. The importance of professional respect enables workers to make decisions that should be respected. For instance if a doctor makes a decision for a certain medicine to be on hold, the nurse follows the ordination and monitors the response of the patient and gives feedback. The doctor has the capacity to make such decisions that should be obeyed.

4 Theoretical Framework

This study combines two separate, but correlated theories: Patricia Benner's Novice to Expert Theory and Campinha Bacote's model of cultural competence in the delivery of health care. The theoretical background chapter contains descriptions and definitions of concepts that are used as a basis of this study. Therefore, the theoretical background is the basis of understanding and explaining this study. It will explain and describe how FBFEE registered nurses progress from being students to health care professionals. While Benner's theory defines how nurses obtain skills, Bacote's theory focuses on provision of cultural competence care.

4.1 Patricia Benner

Patricia Benner developed her theory of skill acquisition "*From Novice to Expert*" from the Dreyfus model of skill acquisition. This theory turned out to be the basis which supported Benner's fundamentals for a nurse to shift from being novice to becoming a professional. Her research focused to find out if there were noticeable,

quality differences in the novice's and expert's descriptions of the equal clinical event. (Benner 1982; 402).

In the theory, it is explained how nurses develop skills and understand patient care over time. This knowledge of development is acquired over time with many experiences from educational foundation and work experiences. Benner, (1982; 403), noted that, increasing nursing skills happens through situational experience. It is mentioned that, knowledge in the clinical setting is a means to nursing, since it allows a nurse to constantly increase their knowledge foundation and to develop holistic competent care to the patient. (Benner 1982; 403). According to Benner, (1982; 403), nursing is categorized into 5 levels of capabilities: Novice, Advanced beginner, Competent, Proficient and Expert..

4.1.1 The Novice

Benner defines a novice as a newly graduate nurse with no skills of the situation in which they are expected to act upon. . (Benner, et al. 2009; 10). Due to limited clinical skills, the Novice nurse mostly depends of theory work and uses strict regulations to direct them carry out their work. (Benner 1984; 21).

Benner also noted that novice nurses must be taught about a patient's condition in objective and measureable factors. This is done in order for the novice to identify features of the patient's state without any situational experience. (Benner, et al, 2009; 10). At this stage, the Novice nurse has to use both the theoretical and practical methods that they had learned during their studies. According to Benner, not all people acquire expertise in the same levels and to be in a particular level does not necessarily mean you have to perform as well as everyone else who is in the same level. (Benner et al. 2009; 9). In this case, the Novice (FBFE) nurse who has just started a new job may not be able to perform all tasks required in this stage. They need to be instructed to perform tasks such as measuring blood pressure, pulse, vital signs etc. Therefore, the novice needs support and guidance from an expertise nurse.

4.1.2 The Advanced Beginner

Advanced Beginners shows a little bit satisfactory performance because the nurse has had prior experience in real situations. The Advanced Beginner has experienced many real situations. (Benner 1982; 403).

According to Benner, (2009; 11), *“The advanced beginner driver having been taught as a beginner to shift gears at certain speeds regardless of the traffic and terrain, learns to anticipate speed and hence gear changes necessitated by traffic. Simultaneously, the advanced beginner begins to recognize the engine sounds that indicate the need to change gears and use these situational aspects in addition to speed to decide when to shift”*.

A nurse gains skills, perceptual awareness, knowledge and relational abilities through experimental clinical nursing and situated coaching (Benner et al. 1982; 403).

4.1.3 The Competent

This stage occurs after two to three years in the same area of nursing. The nurse moves into the experienced stage of expertise acquisition. In this stage, the nurse is more aware of long-term goals, and gaining perspective from developing own actions based on awareness, theoretical and reasonable opinions. Care is done in an appropriate time (Benner 1982; 404).

To achieve the competence stage, people must learn through experience or instructions. At this point, it can be difficult for the nurse to determine which situation comes first, since there are usually a lot of situations which the competent nurse must encounter (Benner et al 2009; 12). Since they have worked for quite some time with different cases, the FBFE registered nurses may be certain and at ease with similar situations. They may be able to perform the professional nursing tasks but they may be slow in doing them and they might lack flexibility.

4.1.4 The Proficient

In this stage, the nurse perceives situations as wholes rather than in terms of small pieces. Proficient nurses understand a situation as a whole because they identify its meaning in terms of long-term goals. The Proficient nurse learns from experience

what characteristic measures to expect in a known state and how plans have to be modified in response to these measures. This holistic consideration improves the Proficient nurse's choices; it becomes less difficult since the nurse now has a point of view on which of the numerous existing attributes and aspects in the current situation are the main ones (Benner 1982; 405). During this stage, the nurse has already gained enough experience through case studies and context free principles and rules (Benner 1982; 405). The proficient nurse knows how to recognize situations and they can easily act in a less stressful way

3 (Benner et al. 2009; 14).

4.1.5 The Expert

The expert stage occurs after five years or more in the same area of nursing. In this stage, an expert nurse no longer depends on values and rules or guidelines to deal with situations and making decisions. The expert operates from deep understanding of the total situation (Benner1982; 405).

4.2 Campinha Bacote's Model of Cultural Competence in the Delivery of Health Care

According to Campinha Bacote's model of cultural competence, it has been stated that the model "*...views cultural competence as the ongoing process in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, community)*". Campinha Bacote states that her model involves health care workers viewing themselves becoming culturally competent over time because it is a process that one needs to get acquainted to. One of the assumptions of her model is that "*cultural competence is a process, not an event*" (Bacote 2002; 181)

This may require a Foreign Born Finnish Educated nurse to be able to assimilate all the parts of the model so that they can eventually become culturally competent. It is interesting to learn that Campinha Bacote was actually inspired to write and research more on cultural competence when she was an undergraduate nursing student in Connecticut in 1969. Unfortunately during that time there was "race war" and one had to identify themselves as either black or white. Campinha Bacote did not feel like she could fit in since she was raised in a Cape Verdean community

so this inspired her to venture into culture and ethnic groups and eventually to the fields of transcultural nursing. The combination of these different fields in culture helped her develop her cultural competence model as illustrated below:

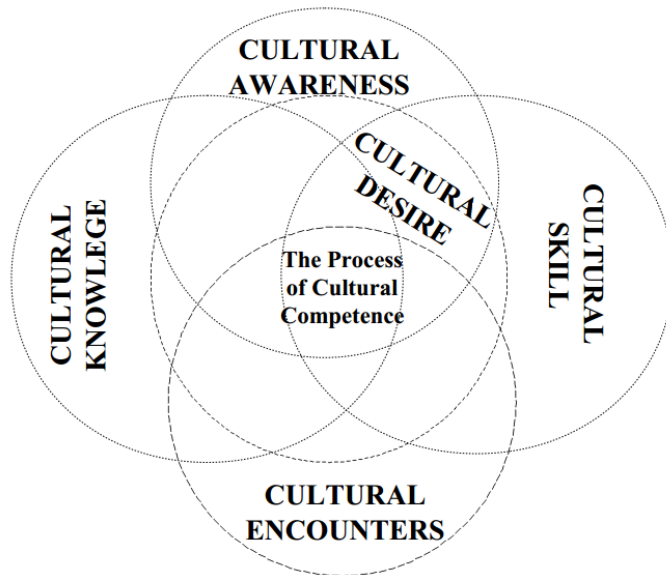


Figure 1. The Process of Cultural Competence in the Delivery of Health Care Service (Bacote 2002; 183).

According to Bacote, (2002; 182), being culturally aware is when a health care professional realises his/her own cultural judgements and expectations about those culturally different from them. This avoids situations where the health care person has to inflict their beliefs on another culture in the work environment and this could lead to conflicts. In addition, she indicates that cultural knowledge is when an individual tries and gets information about other different cultures and ethnic groups. The health care professionals should in turn be able to know health-associated beliefs for a client, disease frequency and occurrence and treatment efficiency. In addition, being culturally skilful as a health care professional is crucial. Bacote also defined cultural skill as “...*the ability to collect relevant cultural data regarding the client’s presenting problem...*” This means that the health care persons should be able to know how to relate to a patient’s physical differences, skin colour, laboratory differences and many more.

Cultural encounter on the other hand will be used more in this study. According to Bacote, (2002; 182), cultural encounter is when a health care professional is

involved in a cross cultural interaction with patients from different cultures. This interaction with patients as well as co-workers by the FBFE registered nurses will prevent things like stereotyping that sometimes occurs among them. Also, Bacote adds that cultural encounters may also include linguistic needs in terms of using interpreters to enable communication.

For example, in Finland, learning of the national languages (Finnish and/or Swedish) is highly encouraged so that one can be able to communicate with the patient, the patient's relatives and also the Finnish nurses at the ward. This lack of language skills is a challenge for the FBFE registered nurses.

Finally, Bacote depicts cultural desire as the process a health care professional goes through in order to become culturally competent by incorporating the other four processes in her model. It is more about caring concept in that the health care "wants to" do something rather than "having to" do something. (Bacote 2002; 182-183).

Due to the fact that we are from different cultures other than our patients as well as our co-workers, it can be a great challenge when delivering health care to patients as well as interacting with the co-workers, therefore the two theories, will guide the FBFE registered nurses become integrated into the Finnish working system as well as grow in the acquisition of skills throughout their working life in the Finnish Health care settings.

5 Methodology

This study falls within the qualitative methodology. The idea of using this method is to create a description of an experience from the participants that are involved in the study.

5.1 Qualitative Research Method

According to Nkwi, Nyamongo & Ryan (2001; 1), "qualitative research involves any research that uses data that do not indicate ordinal values." This method gives the opportunity to collect qualitative data that is used as a tool to gather the experiences of the participants as well as carrying out the data collection in a more flexible manner.

According to Polit & Beck (2008; 15), it has been stated that qualitative research method is linked with naturalistic inquiry which means there is emphasis on the understanding of the human experiences as it is lived through analyzing qualitative materials that are narrative and subjective. The experiences that these participants give illustrate the human experiences that the naturalistic inquiry tries to explore.

Interviews are used as a data collection method. The study has used open-ended questions to the participants in order to get a detailed reply about their experiences, observations and opinions about this topic. (Patton, 2002; 4)

5.2 Data Collection

The data collection method used for the study is qualitative data collection. The issues related to this study will be better studied in detail and in depth using this method. In addition, since during this study information can change, the study's structure can be easily transformed as new information develops from the participants. Further, qualitative research data is mostly founded on human experience and the information acquired is more convincing and since the data to be collected will be from few individuals, qualitative research method is the best option because these findings cannot be comprehensive to a bigger population. Also, qualitative research interview questions can be relayed by the researcher such that they are not limited to specific questions (Anderson 2010).

The data collection method for this study is a combination of interview and open-ended questionnaires. According to Britten (1995), much of qualitative study is centered on interviews. The three types of qualitative interviews include structured, semi-structured and in depth interviews. Structured interviews include giving out structured questionnaires to the respondents that are formed in a standardized manner. For instance "is the quality of teaching at Novia University good, fair or worse?"

Semi-structured interviews are those that define the area of the study that needs to be focused upon in more detail. For instance, the participants may be asked "What do you think can be done to improve teaching method at Novia university?" Further, in-depth interviews are less structured than the latter and cover one or two issues in more detail. For instance, "this study is about how the teaching methods at Novia University affect the performance level of the students academically. Kindly

tell me how your academic performance has been affected by the teaching methods in school” (Britten 1995)

According to Sincero (2015), open – ended questions are those that do not have predefined category included. The informants give their own views and opinions with regards to the study. This is what the study intends to use to get a greater understanding of the FBFE registered nurses’ experiences at work.

However, there is bound to be limitations when using qualitative research method. There could be biasness because the researcher can be influenced by his/her own opinions regarding the subject of the study. In addition, analyzing of data is time consuming since it may involve transcribing recorded interviews and the fact that the researcher is present during the gathering of the data, this can affect how a participant can reply to the questions asked. Further, there could be huge problems with keeping anonymity and confidentiality when presenting studies and finally the qualitative research findings may not be well agreed upon and accepted within the scientific community since they always need some kind of evidence for the findings as in quantitative research method (Anderson 2010).

5.3 Data Analysis

Polit & Beck (2008; 507) explain that the aim of data analysis in qualitative data *“is to organize, provide structure to, and elicit meaning from the research data”*.

There are several qualitative analysis method and they include; qualitative content analysis, ethnographic analysis, phenomenological analysis and grounded theory analysis. Ethnographic analysis usually begins when the researcher sets foot in the field. Ethnographers basically look for patterns in the behavior and beliefs of participants in the research. These patterns and behavior are then matched against each other and are analyzed at once. (Polit & Beck 2012; 564)

However, Polit & Beck (2012; 565) describe that phenomenological qualitative analysis *“...involves interpreting the narrative data within the context of a “whole text”* while *“Qualitative content analysis is the analysis of the content of narrative*

data to identify prominent themes and patterns among the themes” (Polit & Beck 2008; 517).

This study will use qualitative content analysis to analyze the collected data. According to Polit & Beck, (2012; 564), qualitative content analysis consist of breaking down data into smaller units, coding and naming the units according to the content they represent and then grouping the coded materials centered on the common conceptions. This method delivers a methodical means of measuring rate of recurrence, order or intensity of manifestation of words, phrases or sentences.

In addition, due to the fact that this study has not been carried out before, there is not sufficient information with regards to the study. Kyngäs & Vanhanen (1999 in Elo & Kyngäs 2007; 109), state that the deductive content analysis used in the study. *“Is used when the structure of analysis is operationalized on the basis of previous knowledge”*. Further, the deductive approach is based on a previous theory hence it changes from the general to specific (Burns & Grove 2005 in Elo & Kyngäs 2007; 109).

During the study the interviewers intend on finding themes that would be used to clarify more on the findings of the study. Those themes will then be grouped into categories like it has been done already in the interview questions whereby we grouped the participants into three groups (Novice, Proficient and Expert) according to the number of years they have worked as nurses. This made it easier to get the exact information we needed from the different participants.

6 Conduction of the study

The study is conducted by first contacting the Novia alumni that we know, then added them as friends on Facebook, afterwards we asked them to recommend more referrals especially from the first and second batch of Novia International nursing group. Then informed them the aim of our study as well as privacy and confidentiality details and the method of data collection. The plan is to highlight the Novice to expert aspect through work experience and the level of cultural competence of the FBFE nurses

The willing participants were interviewed individually through Facebook messenger. Later, the interviewer establishes a chat session and chat with the willing interviewees. The open-ended questions are derived from the theoretical framework. For instance, since the study is using the theory of Patricia Benner, a question can arise on how the participants developed their skills from novice to expert. Although it takes a long time to get to the expert level, the participants can explain themselves in detail about how the nursing curriculum has prepared them to reach whichever level they feel they have achieved at the time of the interview. This is just an example of how our interview questions are going to be derived from the theoretical framework.

After chatting with the participants, the data collected through Facebook Messenger was copied and pasted on paper during analysis. Once all the information has been analyzed, the data in paper form and also from Facebook Messenger for each of the informants will be deleted permanently for privacy purposes.

7 Limitations during the study

After the interview session, one of our biggest challenges was the fact that the participants did not have time to chat on Facebook Messenger since some of them rarely use it. Therefore, this decreased the number of people that had accepted to participate but did not have time for the chatting session. In addition, there was a lot of interruptions during the interview session especially for those who had children. The interview session ended up taking days before all the interview questions could be answered.

Also, there were some instances that the participants did not show up at the chat sessions on the agreed time. This ended up being a wastage of time also for the interviewer.

Further, some of the participants feared to fully give their experiences at their work place given the fact that we were strangers to some of them. This limited our data collection. In Leininger's stranger - friend Enabler model, she stated that this model was intended to help researchers' assess and gauge the relationships' with participants in order to get close to them or a situation that is being studied. This

would later create some kind of trust between the now not so strange people to a more trusted friend. (Leininger & McFarland, 2006; 59)

Moreover, there was a point the interviewer and the participants drifted away from the topic of conversation since they were familiar to each other. Finally, some participants had weird chat hours since they are now working in different countries. There were instances that an interview had to take place at kl 01.00 because of the time difference but it had to be done. All the above limitations enabled less data to be collected over a long period of time. Only twenty one participants were able to be interviewed in this study.

8 Presentations of results

The results of the study are presented in this section. The interviews from the willing participants have been analyzed. The results were grouped into three themes consisting of **The Novice** (advanced beginner and competent), **The Proficient** and **The Expert** Foreign Born Finnish Educated Registered Nurses (FBFERN). Further, from the previous research done we came up with three categories. The categories are: **Education**, **Experience** and **Cultural Competence**. This is illustrated in the figure below:

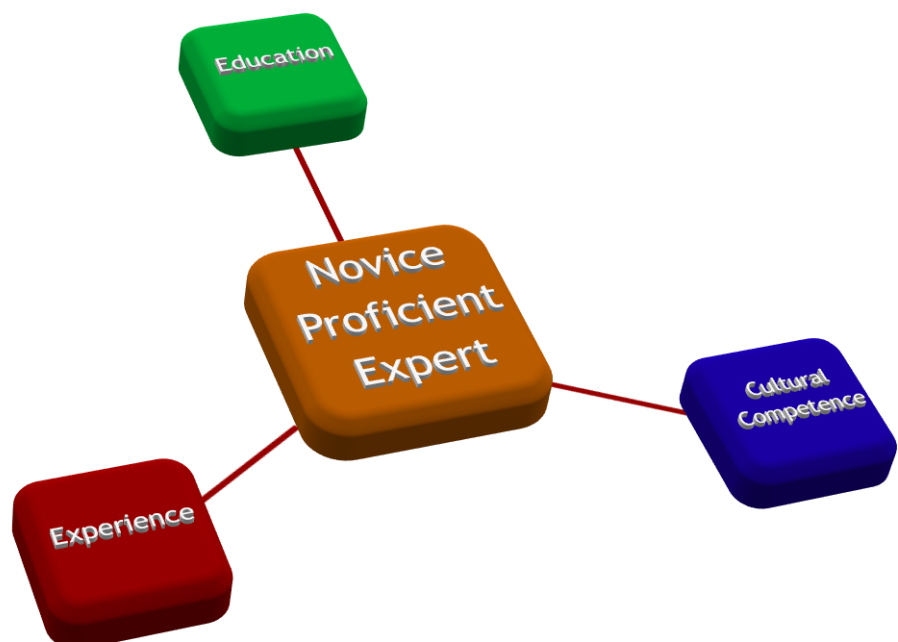


Figure 2. Structure illustrating the themes and categories used in the study

In addition, a total of thirty two FBFE registered nurses were willing to participate in the study but only twenty one were able to participate in the study. There ten novices with work experience less than three years, six proficient nurses with work experience between four to eight years and finally five expert nurses with work experience between ten to fifteen years. There was quite huge difference in the education since the curriculum has been changing over the years and they all had diverse experiences. Moreover, there were more females interviewed compared to males. The interviewed nurses' work in different areas within nursing like for instance some are working in the emergency and acute wards, geriatric care, rehabilitation wards and gynecological wards.

8.1 The Novice

The novice nurse in this study is defined as a nurse within three years of work experience. The reason behind this is because the Foreign Born Finnish Educated (FBFE) nurse faces language and cultural challenges when they start their first jobs in the Finnish Health Care settings. Therefore three years experienced FBFE nurse might not be able to perform the nursing skills required for a competent nurse.

The interview consisted of ten FBFE Novice nurses who are all working in the Finnish Health Care Settings. There were altogether seven females and three males. Six of them are working in the community health care settings while the remaining four work in the central hospitals. Five of the participants have worked for less than one year; three have worked for less than two years while the remaining two have worked for over two years.

8.1.1 Education

All the nurses who participated in the interview mentioned difficulties in both professional skills as well as communication with patients, patients' relatives and

colleagues. Most of these professional defects happen during the orientation period. When asked whether the nursing education helped him in becoming a professional nurse, one participant who has worked for less than one year in the central hospital noted.

“During the period of my study in school, I used to depend on the teachers for guidance, when I went out to practice in the hospital; I had a staff nurse as my supervisor, after graduation I have to work on my own. It is not easy even for those who are not FBFN nurses. But, I would say, the nursing education gave me an idea on what to expect during my first job as a nurse. It gave me a good foundation and guidance in order to be self-independent and be able to perform the professional nursing skills on my own”.

Another participant who has worked for more than one year in the community health care unit said,

“The curriculum was helpful in creating an understanding of a multicultural working environment. The course given in school about cultural competence gave me the idea on the cultural differences to which we need to come to terms with”.

One participant who has worked in the hospital for four months mentioned his disability in finding a vein.

“I tried several times but I could not find the vein of this patient. I really feel that it all goes back to the medical and surgical practice phases which are the most important practices that prepare a nurse to achieve the professional nursing skills. I think it is very important that one is placed in the right place for a particular practice i.e. medical practice in a medical ward, good supervisors, plus students own initiative and focus”.

Some of the participants in this study felt that their failure to perform the professional nursing skills is mostly due to practice placements. I.e. They were not placed in the right practice places. Another defect of the FBFN novice nurses was communication difficulties. These communication problems included

communicating with patients, relatives and colleagues. Lack of sufficient language skills and how to obtain them was the most difficult thing for most participants.

“I think my biggest problem is the language, because my Finnish and Swedish language skills are limited. So sometimes when I try to explain something to a patient or try to give instructions to in Finnish or Swedish I cannot explain everything clearly which can hinder the care outcome for the patient”.

“But the best thing is that, we work as a team. Sometimes when I struggle to find the correct words, my colleagues who can speak the language help me immediately”.

When asked about interacting with patients and co-workers in the hospital, one who has worked for less than one year in the hospital said:

“It is stressful when I have to communicate with a patient’s relative on the phone. I have to tell about the patient’s condition, this is the most difficult thing for me and I could not do it”.

Communication difficulties with patients and their relatives may lead to mistrust and affect the nurse’s self-confidence as well as self-esteem. The consequences are even more when the communication is between the nurse and doctor over the phone.

“I am usually worried on whether I will be able to interpret what the doctor has ordered in a phone call.....I am always quiet during break times. They were blaming me to have a severe behavior. Many times, I have been asked by patients whether I can speak the language. Sometimes I have been rejected by some patients due to the fact that I am a foreign nurse and they doubt about my professionalism and language skills”.

One participant told us about his experiences on communication during his one year period of work in the Community Health Care unit.

“They never understand what the FBFE novice is going through. I have to manage the language and also handle different dialects due to the differences in regions. Sometimes I have to prove my ability to some personnel who always doubt about professionalism of persons with foreign background. They will always ask unnecessarily obvious questions just to test your knowledge and skills in a given area”.

Another participant who has worked for more than two years in the community health care setting wished she had learned more language during her study period.

“I can manage to speak both Swedish and Finnish languages quite well. I think the spoken part comes with time. The more you interact with patients and staff, the more spoken language skills you achieve. But writing and interpreting doctor’s order are probably the most difficult part for me”.

Poor language skills and communication difficulties were experienced by all the novice participants in this study.

8.1.2 Experience

The work practice during the school period has helped most FBFE novices to achieve their carrier as nurses. When asked about her job experiences during school time, one participant who has worked for less than a year noted,

“The work practice helped me to start the integration into the Finnish health care system.....I am not a good learner when it comes to theory in the classroom setting. I am a person who always learned better by doing as well as seeing. But here comes the good thing, you go to the hospital and you are like, ” oh” that is a COPD patient and we just learned about it last week”. Then you immediately remember what to do”.

When asked on how the practice did help in achieving her carrier as a nurse, one participant who has worked in the community health care setting for more than two year quoted.

“I learned a lot of things during my theory classes in school. When I came to practice in the hospital, I noticed that the same things I had learned in theory now happen in real life. I have to admit that, theory and practice go hand in hand. It helped me to understand how things are done in the real world. I had a chance to participate in doing many things and in situations especially during my medical and surgical practice periods”.

The participants mentioned that, the practice improves the students’ professional nursing skill as well as languages skills, hence leading to better communication with patients and personnel.

The language issue may lessen one’s chances for permanent employment, and may also limit one’s opportunity to seek employment in other facilities that use another language, that is, knowing only Finnish limit one’s chances to seek employment in a mostly Swedish speaking health care facility.

8.1.3 Cultural Competence

It may take longer for the FBFE nurses to feel comfortable and confident in the daily routines with patients and colleagues. However, once they learn the culture and to speak the language so well, they will begin to feel more accepted and trusted by their colleagues and patients.

“Culture comes with time. It comes through interaction with the people and mostly if you can speak the language. I have worked for more than one year and now I feel that I have learned a lot about the Finnish culture and I am still learning new things every day”.

One participant who has worked for more than one year in the central hospital explained:

“The theory course on cultural competence highlighted the cultural differences and the work practice helped the integration process into the Finnish health care system. Due to its emphasis on cultural competence, by

graduation time I was aware on the differences in values and norms within the Finnish society and health care system”.

8.2 The Proficient

There were six participants interviewed during the study under this group; four females and two males. All the participants in this group of Novia alumni worked in different wards at different hospitals within Finland but they all started in the Geriatric care before they gradually moved on to work in hospitals. Moreover, the FBFE registered nurses in this group had work experience between four to eight years and most of them loved their jobs.

8.2.1 Education

During the interview, the participants were asked questions related to their then education, curriculum and their level of experience and if they felt they were culturally competent to work and be trusted by other Finnish nurses in Finnish healthcare centers. When the participants were asked to describe the nursing curriculum during their studies; most participants could not really come up with a concrete answer since they could not recall fully.

These group of graduates in this category graduated before the restructuring happened at the Novia UAS so their curriculum was a bit different to what is available now. Some of the participants responded that:

“That is a tough one...I cannot remember the details of the curriculum but it gave me a foundation to be able to join the working life”

“It covered main aspects of nursing...prepared me well as a new graduate”

“The education was spot on but...more language course hours should be added to the curriculum...it is the most important aspect first as a new graduate”

Further, the interviewer continued by asking the participants if the curriculum prepared them to work in a totally different culture (Finnish Culture).

Two male participants felt that the curriculum did not highlight some aspects that were important before they joined the working force. It was reported that most of

these participants did not fully know the structure of the Finnish health care system. Being from different countries and cultures, some found it really difficult to work without this knowledge and felt that it should be added in the curriculum. Further, others felt that the curriculum prepared them in a way but not fully since one cannot learn everything in school. In addition, most of the participants felt that including more time in the curriculum for language courses is crucial.

“It prepared me especially during the practice periods but I still learn new things all the time”

“Not fully since I did not understand how the healthcare system works and which healthcare belongs to which area”

“The practice period was my problem. I was not always placed in the right practice place...I did not gain enough knowledge in some areas”

“It did but I wish the curriculum could emphasize more on language skills and make it compulsory...I had a hard time during my practice periods”

8.2.2 Experience

The participants were then asked about their first experience at work after graduation. According to Benner (1982; 405), she stated that Experience teaches the proficient nurse what typical events to expect in a given situation and how to modify plans in response to these events. However, if the event is unexpected, the proficient nurse can be able to recognize when the expected normal picture does not present itself.

All the participants felt that it was really challenging when they started working immediately after graduation. Although each had a different experience, they felt that language barrier was the biggest problem. There are some participants who were required to be proficient in both Finnish and Swedish languages in order to work in the hospitals. In addition, all the participants did not start working in their preferred work places right away; they had to work in elderly home or be personal assistants to the disabled people so that they could study both languages for at least one year. One female worker had a hard time after she came back from maternity leave after three years. She felt that she was “*bad*” since she had not been working

for long and her language skills deteriorated even more. Some of the participants' responses were:

“Some workers accepted me and others did not...the language barrier was the biggest problem...felt like quitting at some point due to negativity from other workers but I held on”

“It was challenging...language was a big problem and I just could not learn it for some reason...looked for work elsewhere...found in Australia. I am happy with my work”

“I had to work as a personal assistant for almost one year so I could learn the language. I was not happy with my work...I needed to work in a more challenging place but I made it”

“ language, language, language...worked in elderly care for two years to improve language skills...found work after hustling a lot in the hospital”

“Language and attitude of workers towards the inexperienced...I was looked down upon by other workers...was a big challenge but got through it”

8.2.3 Cultural Competence

The participants were asked if the school prepared them to be culturally competent at work. Most participants felt that they were culturally competent after working for several years although not everything is learnt in school with regards to culture. Further, it was found out that the education prepared the participants in a way but they became more culturally competent the moment they started integrating and working together with the Finnish workers in health care centers. A female participant who had worked for seven years added that she still learns new things all the time even though she has worked for a considerable amount of time.

“I did not learn everything about culture in school...there are many cultures in my work place and we have to put in mind all of them...not only the Finnish culture”

“Yes it did; it was a good foundation”

“Yes to some extent...I still find myself learning new things everyday on Finnish culture”

“Learning a new culture is a continuous process; it is not short term...I am still learning new things in the Finnish culture”

On the question about job satisfaction, some participants felt that they were happy with their jobs as long as they are in their chosen wards while others felt that the “difficult” employees made it impossible to be satisfied with work.

“Yes...I have worked for 7 years in same ward and I like it”

“Yes but it would be good if foreigners were given chances to be in the “pool system”. I always wanted to work in different wards”

“Somewhat satisfied. I am in the ward I always wanted to work...but no full job satisfaction while working with unsupportive workers”

Finally, the participants were asked to give recommendations on what they felt should be added in the nursing curriculum. All the participants came up with increased language emphasis and compulsory attendance especially in the first year of study. However, some participants felt that there should not be too much assignments for theory classes during first year since even if one has the knowledge but no language skills, it becomes a big problem especially with practice. Further, some felt that the Finnish health care system and how it works should be emphasized in school. One participant felt that video conferencing as a way of learning would also be beneficial in sharing more knowledge among students of different universities.

“I recommend more student initiative to learn the language away from school; Finnish people appreciate a lot when we try to speak their language during practice or even when just hanging out socially”

“Language and of course the best way to learn Finnish culture and language is to mingle with the Finns and Swedes and make more friends”

“The school should try and integrate the Swedish nursing group and the foreign nursing group in order to learn better language and also learn their culture”

“Video conferencing would be great in enabling students learn from each other both nationally and internationally and it is less boring than classroom lectures. Everyone is on their computers almost every day and learning through video conferencing is endless”

8.3 The Expert

These group of informants have worked for a period of over ten years. Most of them were confident at their work place. They possess good language skills, cultural competence and appreciate the education they received during the school years. Some of them could not recall the challenges encountered because they feel very contented.

8.3.1 Education

The interviewees were all grateful for the nursing education. In the beginning of their careers, it enhanced confidence and knowledge despite the language barriers; their colleagues appreciated it as a good gesture. The practical classes in school helped a lot for instance during surgical and basic nursing procedures like giving injections correctly, aseptic and sterile techniques, wound and stoma care and other basic care routines done repeatedly. Then continued at the designated practice placement was fruitful. One participant advised that

“After graduation it would be great if one can do everything according to the book, then it becomes part of you, it will help plan your work and perform according to the ethics work becomes easier”

They acknowledged the importance of education as a springboard for their careers. More so, it has enabled them understand from theory and then putting it into practice as they provide holistic care.

“School was stressful for me at that time considering I had a young family, but the knowledge I gathered both theory and practical helped me understand situations faster and acted swiftly at the beginning of my career”

8.3.2 Language

In Finland a patient has a right to receive healthcare in their own mother tongue preferably Swedish or Finnish. Therefore, even after having over 10 years working experience sometimes language is challenging for others and some have no problems. Clients come in from various regions with vast accents it is their right to receive holistic care. If a patient has language problems, difficulty in communication they have a right to an interpreter. Therefore in special situations prior arrangements are done in order to have a translator present (Finlex 1992, 2).

The participants agreed in the beginning language was a big hindrance at work but as they continued gaining more experience the language improved. However they still face some challenges as quoted below-

“I could not understand what the patient was saying due to the accent, I asked her to write it down then it made sense. Later I thought through the situation. What if the patient could not write it would have been disaster”

“When I started working I had manageable Swedish language then it hit me big time it is not enough, I needed to learn Finnish to be proficient enough. Sometimes the doctors write the clients reports in Finnish or Swedish and that is confidential information”

One participant recommended as quoted below

“It would be helpful if the school provides intensive language courses and more health care vocabulary survival kits before the first practice”

8.3.3 Experience

All expert participants are content at their work place. Two of them got their first jobs during their last practice at school. They appreciate the school practice for creating the opportunity for their present jobs, and are very much at peace at work.

“Experience has made me grow as a registered nurse I have learnt so much and still is learning. I plan my day well and at the end of my shift I feel contented as having done my very best of the situations at hand”

“In the beginning I used to contemplate whether I will make it as a nurse, everything seemed overwhelming to me and I used to be so shy. But through experience I have grown, my confidence is tops, I smile a lot, less stress at the workplace I know where everything is and how to sort challenges”

8.3.4 Cultural competence

The Expert nurses accepted being cultural competent. However, they shared different experiences about culture and its complexity. Most of them acknowledge it has taken them many years to fully integrate into the Finnish culture.

“The school organized and I had my practices in Africa, Sweden and in Vaasa central hospital. It was interesting to be immersed in different cultures as I learned. I realized the importance of putting your culture aside understanding your client's culture while providing care to avoid being biased”

The informants felt that it would be helpful if Novia UAS had more interactions with other Universities of applied sciences to promote immersion of culture for the nursing students. They had the following recommendations to share-

“I suggest the school to incorporate more interactive learning by involving interschool sessions for instance Novia UAS and VAMK UAS having video conference interactive classes and exchange of Swedish and Finnish culture can be realized”

“Try hard to interact with Finnish people show interest in their culture, share what you know, well in the beginning they shy away but do not give up eventually they warm up and you can learn their culture through interaction. Appreciate the culture you are in, do not take it as a burden,

you are the one to adapt to the culture not the otherwise, as the saying goes, you go to Rome u do as the romans do”.

“During my school years we had the cultural competence courses at first I did not pay too much attention to theory. Then when I went for my first practice I realized the importance of cultural competence theory that translates to practicality while at work”

“Working in Vaasa I encounter both Swedish and Finnish cultured clients. Comparing to where I have come from I can say it is important to know both cultures then you can tell how to deal with the client. Some do not like friendly small talks you go straight to the point and some appreciate simple humor even on a bad day to cheer them up”

Cultural competence is an ongoing process it takes time to fully become immersed in the society. However, it takes interest and hard work to be accepted then afterwards become more acquitted leading to being cultural competent.

9 Interpretation of findings

In this study, the interpretation of the findings is not intended to only give significance to the results but also to condense them and connect them together to other researches or propose their repercussions for research, theory or the nursing practice (Polit & Beck, 2008; 690). This qualitative study is the first to be done in Novia UAS. Therefore, the findings will be linked to the theories and articles that are associated with this study and discuss the results in general.

The aim of the study was to find out how well the education meets the demands of the FBFE Novia alumni registered nurses and if those who have graduated were well prepared to work in a multicultural environment. The results were quite interesting and different due to different experiences. From the study it can be understood that the curriculum laid down a foundation into becoming culturally competent while working in Finnish health care settings. Koskinnen & Tossavainen (2004, 112) points out the importance of studying abroad as a process for cultural immersion therefore, it paves way for confidence to learn a client’s culture.

Reeves & Fogg (2006, 173) explains how life experiences of a person contribute to the students understanding of the diversity of culture. Students who have travelled to a different country learn they have to accept the new culture to fit in the society. The educators that teach the students cultural competent should be cultural competent and possess richness of culture diversity in order to teach well (Long 2012, 104). Also, Kemppainen et al (2012, 59) stresses on the need to embrace technology incorporate it in learning for instance videoconferencing virtual leaning to enhance internalization hence promote cultural growth amongst students.

According to Eshleman & Davidhizar, (2006, 183) in order to improve cultural competence skills nursing students should take an extra mile be creative and bold to mingle, participate in activities, read historical books to acquire more cultural skills. Some of the informants shared the same sentiments for cultural immersions to avoid being biased.

In the theory of Novice to expert, Benner, (1982; 405), noted that nurses develop skills and understand patient care over time. This knowledge of development happens over time with many experiences from educational foundation and work experiences. Benner et al, (2009; 10), noted that, novice as a newly graduate nurse does not have skills of the situation in which they are expected to act upon. They rely on instructors and strict regulations to direct them carry out their work because they have limited or no clinical skills. During their practice period, the novices are taught things such as weight, fluid intake and output, vital signs, and other objective things which can be measurable in a patient (Benner, 1984; 21)

According to the novice participants, the learning process happens individually and it takes time with work experience and own motivation to learn the culture and languages. Bacote (2002, 182), mentioned that Cultural desire is a process by which a health care provider gets motivation to want, instead of must have to get involved in the process to become culturally aware, culturally knowledgeable, culturally skillful, and familiar with cultural encounters. Bacote further mentioned that Cultural desire involves the concept of caring. (Bacote, 2002; 182). Harrowing et al (2012; 495), noted that, the course in cultural competence for healthcare professionals results into better-quality care for the client.

The 2013 curriculum for the Degree Programme in Nursing at Novia (Refer to appendix II) is designed to provide the new nurse with professional skills when

they start their new job as a nurse. Nyback (2013, 7), noted that, The DP in nursing includes self-directed studies. The teachers are expected to coach the students during the self-directed studies. This allows the student to obtain a lifelong learning skills. Nathan, (2015, 162-165) also emphasizes on the importance of students to be guided in the learning process. Moreso, Mareno & Hart (2014, 83-85) stresses on the importance of continuous learning through the work place for more development.

According to Nyback (2013, 9), Grow mentioned that, a student needs to follow someone's footsteps in order to achieve their goals, also, someone to train them as well as give feedback as they move towards these goals to become a professional nurse. The students are guided by the teacher during their study period, when they go to practice places, they work under supervision of clinical teachers.

Among the proficient and expert FBFERN, there were some setbacks they experienced immediately after graduation like for instance language difficulties and adaptation to the Finnish culture. Most of them had a difficult time after graduation due to the fact that they could not speak either Finnish or Swedish language in order to work in the Finnish healthcare settings. On a positive note, some are now good at both languages and feel like it is now easier to work in the Finnish health care settings although not all are fluent in both languages since everyone develops and acquires language skills at different paces.

According to Nyback (2013; 4), the DP in nursing aims at preparing culturally competent registered nurses in order to work both nationally and internationally. However, there have been some challenges in DP in nursing since the language of teaching is English. When it comes to the practical part within the curriculum, the students are expected to speak either Finnish or Swedish language in the Finnish health care settings. In addition, since some of the students are used to different methods of teaching, it can be a challenge to adapt to the constructivist approach that Novia has used in implementation of its curriculum (Nyback 2013; 4). Therefore, it can be concluded from the results that it is no surprise that language barrier was the biggest problem among all the groups of participants as they entered into work life; some even moved to other English speaking countries.

Moreover, Nyback (2013; 4), establishes that the Novia UAS's curriculum is based on National and European Union legislation (Government Decree on Universities of Applied Sciences 351, 352/2003), national recommendations (ARENE, TERVA) and strategies that have been agreed upon within Novia University of Applied Sciences (UAS). In 2010, the Degree Program (DP) in nursing had a reorganization of the curriculum and this enabled the development of teaching methods of students as well as reshuffling of moodles and course plans (Nyback 2013; 6). It can therefore be concluded that, due to the fact that most of the participants could not recall what their curriculum was like during their time, it was difficult for the people undertaking the study to compare both curricular and see what was missing or what could be improved in the curriculum.

When it comes to cultural competence, Campinha Bacote best describes this phenomenon according to this study. Bacote's model of cultural competence is best used to describe the cultural awareness, knowledge, skill, encounters and desire. According to Bacote, (2002; 182), cultural awareness includes recognition of one's own biases and preconceptions among those who are different. The "*different*" people in this context are the Finnish health care workers that the participants in this group were able to encounter during their work. The cultural knowledge on this model includes the educational foundation laid by the Novia UAS about different cultures especially in Finland.

10 Critical Review

There were a total of thirty two willing participants but only twenty one were interviewed. The other participants were not interviewed, some said that they lacked enough time to chat on Facebook Messenger and some simply forgot about the interview. Further, there could be problems with credibility of this study due to the fact that more participants were Novices hence there was little information obtained especially from the proficient and experts participants.

According to Lincoln and Guba's framework, four criteria are used to check the trustworthiness of the data used in the study. The criteria include: credibility, dependability, confirmability and transferability. Credibility refers to assurance in the accuracy of the data and its analysis. (Polit & Beck 2012; 584-585)

During the interview, the interviewees participated voluntarily and the quoted results came from their mouths therefore, they had no reason to lie. However, some participants tried to avoid answering some questions correctly while others gave short vague answers hence questioning the credibility of truth in the data.

According to Polit & Beck (2012; 584-585), dependability refers to the consistency of the information after a period of time. This reflected in our study in that there were too few participants in some of the themes; for instance, there were ten novices, six proficient and five experts. Therefore, this created biased results towards the study. Also, there were participants who had previous skills from their countries but the study placed them as novices since they just graduated but in reality, they have almost similar education (practical nurse and registered nurses).

Moreover, Polit & Beck (2012; 584-585), further explain that confirmability refers to neutrality, the likely comparison between two or more sovereign people about the information's correctness, significance or implication. For instance, when data from two participants from the novice theme were compared, there was a difference in terms of previous work experience in the healthcare settings. Those who had more experience found it easier to maneuver at work unlike the '*virgin*' novices. Lastly, transferability refers to the magnitude of which results can be conveyed to or have applied in other scenarios.

The interviewers also felt that Patricia Benner's Theory from Novice to Expert was too old (33 years). Things have changed nowadays like for instance, technology. This can therefore over rule her theory in terms of the number of years it takes to acquire skills in healthcare settings. One example is that nowadays they have machines that measure everything unlike those days where it was mostly manual and a lot of paper work that consumed a lot of time.

In addition, the interviewers also felt that her theory was made for the English people yet the Novia alumni were from different countries who studied in English but were expected to work in the Finnish healthcare settings in a Finnish and Swedish language. Therefore, it makes it difficult for the FBFE nurses to reach the different levels of experience according to her theory. For instance, it may take five

years to be competent instead of the three years stipulated in Patricia Benner's theory due to language difficulties.

11 Ethical Considerations

The ethical considerations have been taken into account for this study. For instance, the interviewers have asked for consent from school to undertake the study. After the consent was approved, the interviewers went ahead with the study and contacted the Novia Alumni participants through Facebook Messenger individually. Consent was also asked from the participants contacted individually and once the participants agreed voluntarily, the Novia Alumni nurses were assured of anonymity before the interview began.

After the chat sessions, the information gathered from the interviews and open-ended questions was analyzed then deleted from Facebook Messenger for all participants for privacy purposes. The social media is known to change their privacy settings spontaneously and it would be best to get rid of the information in the chat sessions of Facebook Messenger for confidentiality purposes. This thesis can be found from Theseus.

12 Conclusion

In conclusion, most novice participants were satisfied with the work practice during school period with exception of a few who felt they were placed in the wrong wards during their surgical and medical practice periods. The novice participants stressed that, although it may take long to learn the professional nursing skills as regards to Benner's theory of "Novice to Expert", however, once they learn the culture and the languages, they will begin to feel more accepted and trusted by their patient colleagues. Therefore, there needs to be improvements made by the school in ensuring that the students get the right practice place for the right practical study. It can be suggested that the students also take initiative in booking their own practice places through Job Step, data base. In this way the student chooses a place they feel is comfortable while undertaking the practice.

In addition, it can be concluded that most participants in the proficient and expert group are now culturally competent compared to when they started working. The more experience they had, the better the language skills hence they were more accepted and trusted to fit in the Finnish health care settings not only socially but also at work. Also, these participants felt that they were still learning the Finnish culture even after working for a long time. It can be established that culture is an ongoing process and it can take a long time to be fully culturally competent within a totally different culture.

Therefore, the students should also try and adapt to the Finnish culture in order to fit in since one cannot learn everything in school. Also, maybe the school should not separate the Swedish nursing group from the international nursing group; there are some courses and activities that can be combined with the international group; English is a common language that most Swedish students can understand. The mingling helps a lot to learn and adapt to the Finnish culture and language skills will also be improved.

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Appendices

I. Interview questions

The following questions are categorized into three themes: Education, Work experience and Cultural competence. The questions have been derived from the theoretical Framework and questions will be asked in the vertical format for the novice (1-3 years), Proficient (4-9 years) and Experts (>10 years) according to Benner's theory.

	Novice	Proficient	Expert
Education	<ul style="list-style-type: none"> - Can you please tell me how the nursing education prepared you for work? 	<ul style="list-style-type: none"> - Please tell me the recommendations you feel should be added in the nursing curriculum? 	<ul style="list-style-type: none"> - Can you recall what you felt was missing in your studies?
Experience	<ul style="list-style-type: none"> - Would you kindly tell me how the practice during your study period prepared you for work? - Can you please tell us how it was when you started your first nursing job? 	<ul style="list-style-type: none"> - Kindly tell me if you are satisfied with your work? 	<ul style="list-style-type: none"> - Any advice you would give to the upcoming nursing graduates when entering the working world?

NU13BN	Basic Nursing ... Visa kompetenser	14				14 cr
NU13BN01	Drug Administration... › Visa kompetenser	2	4			4 cr
NU13BN02	Basic Nursing... › Visa kompetenser	1	4			4 cr
NU13BN03	Practice in Laboratory Environment - Basic Nursing Skills... › Visa kompetenser	1	4			4 cr
NU13BN04	Practice in Laboratory Environment - First Aid... › Visa kompetenser	1	2			2 cr
NU13EC	Elderly Care ... Visa kompetenser	5	5			10 cr
NU13EC01	Gerontology and Geriatrics... › Visa kompetenser	1	5			5 cr
NU13EC02	Practice - Elderly Care... › Visa kompetenser		5			5 cr
NU13MN	Medical Nursing ... Visa kompetenser	5	21			26 cr
NU13MN01	Rehabilitation and habilitation... › Visa kompetenser	1	3			3 cr
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NU13MN04	Epidemiology... › Visa kompetenser	1	5			5 cr
NU13MN05	Practice - Medical Nursing... › Visa kompetenser	1	10			10 cr
NU13MH	Mental Health, Addiction and Crisis Management ... Visa kompetenser		13			13 cr
NU13MH01	Mental Health, Addiction and Crisis Management... › Visa kompetenser	1	6			6 cr
NU13MH02	Practice - Mental Health... › Visa kompetenser		7			7 cr
NU13SN	Surgical Nursing ... Visa kompetenser		16			16 cr
NU13SN01	Surgical Nursing... › Visa kompetenser	1	4			4 cr
NU13SN03	Pharmacology... › Visa kompetenser	1	4			4 cr
NU13SN04	Practice in Laboratory Environment - Surgical Nursing... › Visa kompetenser	1	4			4 cr
NU13SN02	Surgical Diseases and Treatments... › Visa kompetenser	1	4			4 cr
NU13LE	Leadership ... Visa kompetenser		3			3 cr
NU13LE01	Leader - and Entrepreneurship... › Visa kompetenser	1	3			3 cr
NU13RM	Research methodology ... Visa kompetenser		3	5		8 cr
NU13RM01	Research Methodology 1... › Visa kompetenser	1	3			3 cr
NU13RM02	Research Methodology 2... › Visa kompetenser	1		5		5 cr

NU13MS	<u>Medical and Surgical Nursing</u> ... Visa kompetenser				23			23 cr
NU13MS01	<u>Practice - Medical Nursing 2...</u> › Visa kompetenser				11			11 cr
NU13MS02	<u>Practice - Surgical Nursing...</u> › Visa kompetenser				12			12 cr
NU13HC	<u>Health Care</u> ... Visa kompetenser				10			10 cr
NU13HC01	<u>Health and Illness among Children and Adolescents...</u> › Visa kompetenser				4			4 cr
NU13HC02	<u>Adult Health Care and Home Care...</u> › Visa kompetenser				6			6 cr
NU13CC	<u>Clinical Care and Cultural Competence</u> ... Visa kompetenser				9	20		29 cr
NU13CC01	<u>Advanced Medical Nursing Care...</u> › Visa kompetenser				3			3 cr
NU13CC02	<u>Advanced Surgical Nursing Care...</u> › Visa kompetenser				3			3 cr
NU13CC03	<u>Culture and Safety...</u> › Visa kompetenser				3			3 cr
NU13CC05	<u>Practice - Clinical Care and Cultural Competence...</u> › Visa kompetenser					15		15 cr
NU13CC04	<u>Practice - Intensive and Acute Nursing Care...</u> › Visa kompetenser					5		5 cr
VAL	NU10OS							5 cr
	<u>Elective studies</u>					5		5 cr
PRA	PRACTICE ... Visa kompetenser							75 cr
	<u>Practice</u>							cr
LÄR	THESIS							15 cr
NU13T	<u>Thesis</u> ... Visa kompetenser				10	5		cr

Novia UAS 2013 Curriculum (Borrowed from Novia UAS Website <https://intra.novia.fi/studies/curricula/2013/english-degree-programmes-2013-/?id=3644>)

14 Table – Article search content

Date	Data base	Keywords	Feeds	Selected articles	Discarded articles	Used articles
15.4.15	Pub Med Electronic data base	Nursing education Multicultural team	200	20	180	5
15.4.15	Academic search Elite	Nursing, curriculum, Cultural competence	325	15	305	2
17.4.15	CINAHL	Nursing Education on cultural competence	215	30	185	3
17.4.15	Qualitative research interventions	Novice nurses cultural competence	50	4	46	1
20.4.15	EBSCO	Education of nurses, curriculum	272	44	228	3
20.4.15	BioMed	Curriculum nurse	42	0	42	0
20.4.15	Joanna Briggs Institute	Cultural competence and globalization	41	1	40	1
25.4.15	High wire press	Multicultural nursing	32	0	32	0
25.4.15	Cochrane Library	Globalization, nursing and culture	23	5	21	1
25.4.15	Free medical journals	Nursing education and multicultural care	25	0	25	0