

HEALTHCARE SERVICES FOR IMMIGRANTS IN JYVÄSKYLÄ

Experiences of African Immigrants on Access and Utilization of Healthcare Services in Jyväskylä

Brigide Matheka

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Abstract The purpose of this study was to find out the experiences of African immigrants on their access and utilization of healthcare services in the city of Jyväskylä, Finland. The theoretical background was based on immigrants' health and Madeleine Leiniger's Diversity and Universality Theory and The Sunrise Model which was used to explore the culture and care aspects on immigrants' health and how these relate to each other in caring for people with different cultural backgrounds. The study adopted a qualitative method so as to better understand the immigrants' experiences as well as capture their thoughts, views and opinions. The study was done in cooperation with the African Association of Central Finland and questionnaires were sent via email to participants drawn from the members of the association. The study was voluntary and consent of participation was assumed through filling in the questionnaire. Results of the study showed that the immigrants lacked sufficient knowledge on the healthcare services and communication was the main challenge in accessing and using the services. Long waiting periods to accessing care were also discovered to be the second main hindrance with immigrants expressing displeasure and frustration on having to wait for long periods to acquire treatment. Additionally, some immigrants expressed reluctance to access and use the services due to lack of sufficient knowledge on the cost of the healthcare services. Results of the study can be used in transcultural nursing to help create health promotion activities, nursing processes and care pathways that are culture sensitive for clients in multicultural settings. This creates an opportunity for the healthcare providers to better understand healthcare needs of the immigrants thus produce relevant resources that will enable them to access and use the available resources so as to achieve optimal health.		
Keywords Immigrants' health, culture, healthcare services, access and utilization		
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1 INTRODUCTION

Immigration has played a major role in terms of movement of persons from one geographical region to another. Many countries and cities have had their share of immigrants including the city of Jyväskylä located in central Finland. It hosts immigrants from different countries among them those of African descent. As a result, this study takes an interest on how the immigrants perceive healthcare services in Jyväskylä Finland and their access and utilization of the services and resources available.

Immigration has mainly been as a result of globalization, education, work, security related issues, exploration, freedom or association through intermarriage between people from different cultural backgrounds. In this quest, people find themselves living in unfamiliar regions which need adjustments in order to fit in and go on with their daily lives. They try to adapt to the new environment and at the same time strive to achieve their full functional ability. Consequently, their health is of great concern since their ways of living and daily activities are greatly influenced by their current lifestyle and other factors. This especially involves the use of functional health facilities and resources. (Leininger & MacFarland, 2002, 12-13.)

Additionally, other influences of moving include wars, political oppressions, poverty, unexpected natural disasters, harsh climatic conditions, and physical protection, justice, religious needs and the hope of better living. Due to these factors, a great diversity of cultures can be found in other communities and countries today. (Leininger & MacFarland 2002, 14.)

The author in this study is an African immigrant who was interested in learning more about fellow African immigrants' knowledge on healthcare services in Jyväskylä and how they viewed and perceive their health in foreign settings, also their experiences in accessing and using the resources available. This interest became more apparent due to the growth of the target group in the region, for example new refugee families and the growth of membership in the African Association of Central Finland (where the author is a member) as well as additional number of African students in the local universities.

2 CULTURE AND HEALTH

2.1 Immigrants' Health

The movement from one country to another leads into transitional change that is inevitable. The transition takes a while to adjust and this may cause changes in an individual or family in terms of obligations, communication, family roles, relationships and changes in family connections with the ethnic community and the host state. Additionally, there may be social degradation, marginality, racism, social passivity and loss of control which increases psychological stress and physical disease. (Samarasinghe & Fridlund, Arvidsson 2006, 301).

In this quest, nurses and other health practitioners are struggling to learn about cultures and their care practices so as to obtain client cooperation that will lead to beneficial outcomes (Leininger & McFarland, 2002, 12). In this context, it is important to note that nursing care generally determines patients' hospital experiences. The satisfaction that comes with nursing care is usually the first step in determining satisfaction with all hospital experiences. (Özsoy, Özgür, & Akyol 2007, 250). This is due to the fact that nurses are the ones who are in frequent contact with patients during care delivery.

An almost similar study was done in the United States on Access to Healthcare among Working- Aged Hispanic Adults in the United States. Its purpose was to examine differences on access to and sources of healthcare for working-aged adults among major Hispanic sub populations of the United States. The study found out that the Hispanic sub-population displayed significantly less access to care than other non-Hispanics whites. Immigrant status and socio economic status variables accounted for some, but not all of the differences. It was concluded that there were wide differences in access to and sources of care across racial and ethnic groups in the United States. The target group in the study appeared to be most in need of access to regular and high-quality care and it was thought that neutralization would be an important factor

in greater access to regular and high-quality care for Hispanic immigrants. (Durden & Hummer, 2006, 1319-1343).

Another study in Sweden was carried out on Primary Health Care Nurses' conceptions of involuntarily migrated families' health. It explained how immigrants had undergone involuntary migration while seeking asylum and how this had impacted on the immigrants' health and wellbeing. The study revealed that the families felt insecure with immigrant status and some felt segregated from society. It was also found out that having unprocessed traumas, change of family roles, attitudes of the host country and social segregation within society were detrimental to the well-being of the family (Samarasinghe, Fridlund & Arvidsson, 2006, 301).

2.2 Culture aspect in care

According to Stanhope and Lancaster (2000, 139-142), Culture is a learned set of ideals, values and assumptions about life that are widely shared among a group of people. It is a dynamic process that develops over time and changes with difficulty since it guides its members in solving life's problems including the way individuals perceive health and illness. In addition, Leininger and MacFarland (2002, 9) state that, culture and care are holistic constructs that can lead to knowing, understanding and helping people in their fullest and most meaningful ways since they influences one's thinking and actions. They go on further to explain that culture is a very powerful and comprehensive construct that influences and shapes the way people know their world, live and how they develop patterns to make decisions relative to their lifestyle.

Cultural values function in conjunction with belief systems and serve to give meaning and worth to the existence and experiences of particular cultural groups. The values together with beliefs play a significant role in shaping a group's customs and traditions as well as religious practices (Fry & Johnstone 2002, 7).

Diverse cultural groups face problems in accessing healthcare and nursing care which are often determined by economic and geographical factors. Limit to access of health

services is also characterized by the lack of understanding on the part of clients on how to use health resources. Therefore, nurses and other healthcare providers need to be sensitive towards clients with different cultural backgrounds thus develop culturally appropriate health programmes and services while respecting the clients cultural values and mobilizing local resources. This can be achieved by the caregivers understanding their own health values and those of the clients. (Andrews & Boyle 1995, 39-42).

Differences in culture can have a huge impact on people's lives especially when they encounter unexpected lifestyles from what they are accustomed to. According to Stanhope and Lancaster (2000,148), culture shock is likely to occur, they explain it as; the feeling of helplessness, discomfort and disorientation experienced by an individual attempting to understand or effectively adapt to a different cultural group because of differences in practice, values and beliefs. This shock greatly impacts on individual's lives making it difficult for them to cope even in normal circumstances.

Leininger & McFarland (2002, 181), advice that since the nurse appears in the centre of many cultures in care delivery, thus, it is important for the nurse to first understand his or her own personal and professional culture and then to become knowledgeable about other cultures. This becomes essential in giving care in multicultural settings. Cultural knowledge also provides nurses with organizational elements of cultures and current information on what is necessary in providing effective nursing care. It decreases misinterpretations by the nurse and supports the client's co-operation (Stanhope & Lancaster 2000, 144-146)

2.3 Leininger's Theory and Sunrise Model

Tomey and Alligood 2002 explore and elaborate the anthropologist Madeleine Leininger on her work and dedication to cultural care and how she relates both culture and care as holistic constructs of healthcare delivery. They refer to Madeleine M. Leininger as the founder of transcultural nursing and human theory and use her Diversity and Universality Theory to capture the insights of how culture directly

affects and influences people's lives and their health. (p. 501 - 502) for this reason, this study adopts the Leininger's sunrise model from Culture and Care Theory as a guide in understanding the immigrants' health and exploring their experiences (see figure 1). This study will refer on the following factors from the model, cultural values and life ways, economic factors, social factors like nutrition, religious factors, and language and ethno history in terms of communication as well as folk systems in relation to alternative treatments that are culturally oriented.

The Sunrise Model symbolizes the rising of the sun (care) with the upper half of the circle showing components of the social structure and worldview factors that influence care and health through language, ethno history, and environmental context. The factors also influence the folk, professional and nursing system(s) that are represented in the middle part of the model. Here, the nursing acts as a bridge between folk generic and professional systems. Interestingly, the two halves together form a full sun which represents the universe. The model depicts how people cannot be separated from their cultural background and social structure, worldview, history and environmental context. Along with these the theory includes gender, race, age, and class as part of the social structure. (Tomey & Alligood, 2001, 512 - 514).

The goal of Leininger's theory is to provide culturally congruent care that encompasses values, beliefs and life ways so as to provide accurate and reliable mechanisms for planning and effectively implementing culture specific care. In these current times, nurses and care providers cannot afford to separate worldviews, social structure, and cultural beliefs both folk and professional from health, wellness, illness, or care when working with different cultures since these factors are closely linked to each other. Social factors such as religion, politics, culture, economics and kinship are significant forces affecting care and influencing wellbeing and illness patterns. (Tomey & Alligood, 2002, 507)

Leininger has focused on the culture area of knowledge as being important, this is revealed in the way The Sunrise Model adopts a logical order and is reflected in the movement from worldview through language and environmental context, care patterns and expressions of individuals, families, groups, communities and institutions

into health systems that are diverse to nursing care decisions and actions that are culture sensitive. (George 1995, 384.)

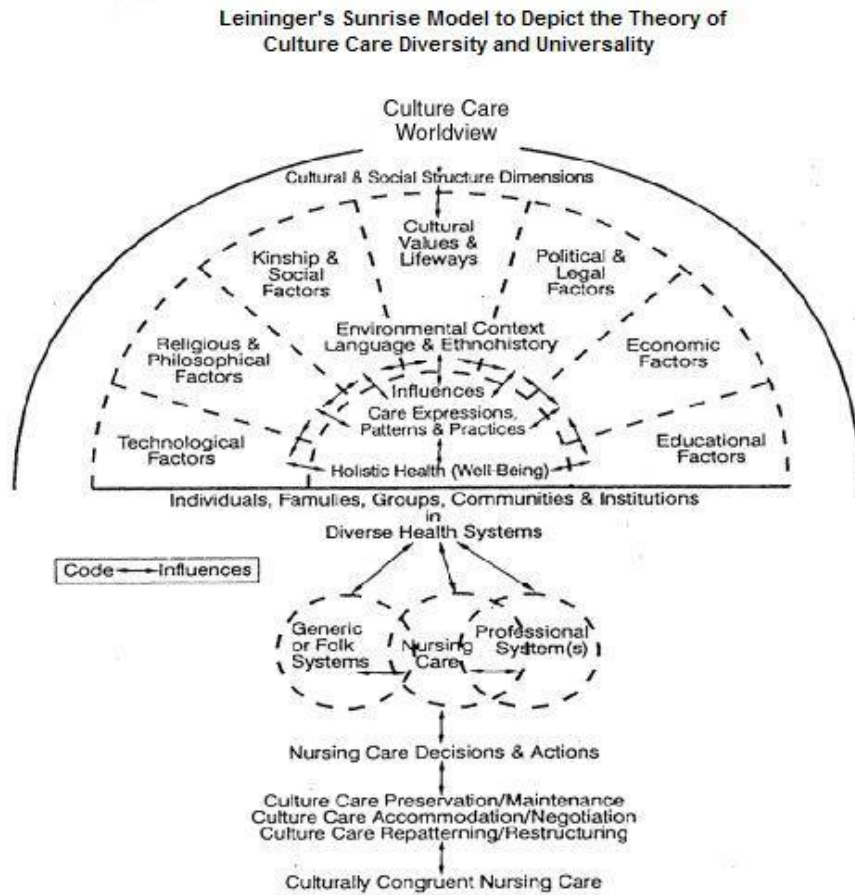


Figure 1. Leininger's Sunrise Model to depict Theory of Cultural Care Diversity and Universality (Tomey & Alligood, 2002, 513).

2.3 Nutrition and culture

Due to the immigrants' move from their country of origin, the changes they face affect their general health and wellbeing which include among others social, spiritual and nutritional health. According to Leininger and McFarland (2002), nutrition is one of the key factors in maintaining good health. They state that, culture and belief have an impact on people's nutrition and food consumption that ultimately affects their health and lifestyle. Therefore it is important for nurses to learn and know what constitutes "the essential" or basic nutritional needs of people in different ecological settings. Nurses need to also know that cultural foods are a powerful means to facilitate family relationships, communication, wellbeing and illness conditions (Leininger & McFarland 2002, 206- 213.)

Awareness in diverse cultures, the eating patterns of cultures and the way foods are used can help individuals stay well when they are ill, also eating culturally desired foods can lead to a quicker recovery from illness and produce greater client satisfaction than when they are expected to eat strange or taboo foods (Leininger & McFarland 2002, 206- 213).

Leininger and McFarland (2002, 206), further explain that, how nutrients are used depends on the taste and how foods are produced, processed, and prepared for consumption. How food nutrients are metabolized in the body and used varies across cultures. Also the way food is prepared and served influences its use. Such factors are important to consider while working with clients of different cultures in their home, hospital or other places.

All this is mainly because most immigrant groups bring with them their own dietary culture that is greatly influenced by their traditional beliefs and practices relating to food. For them, this ensures a sense of cultural continuity with their countries of origin as well as having a symbolic, religious and social role in their daily lives (Helman 1994, 57).

2.5 Faith and Religion in cultural care

Faith is an agreed- upon set of beliefs. For some people, faith and religion are essential components of life and end-of-life hence spirituality may be reflected in their faith and religion. Culture, faith and spirituality often influence and shapes how the clients view their life. These may influence other issues in their lives such as belief, identity, hope, peace, legacy and reconciliation. In essence, these issues affect all aspects of care. Thus it is important to note that the provision of spiritual care is a key factor regardless of the healthcare provider's faith or lack of one, and although healthcare providers are not expected to know all practices, provision of a multi-faith chaplain can assist them in providing care that meets specific cultural, religious, and faith needs for clients and their families. (Srivastava 2007, 240.)

Srivastava (2007) further states that, in some cultures, the sanctity of life is a greater priority than quality of life. Depending on the cultural background, people may look to God rather than science in regards to life and death even though science may be seen as facilitating God's will. And even though healthcare providers are not expected to know or make assumptions of these practices, they should possess basic knowledge to be able to identify clients in need of cultural interventions. For example they should enquire from the patient or his family issues such as spiritual preferences and how to handle or take care of a dying patient while preserving their dignity. (Srivastava 2007, 240-244.)

2.6 Communication in cultural care

Communication is an important facilitator in administering and receiving health since it facilitates a smooth transition in everyday life. Communication can either be verbal or non-verbal and it is considered important because it has different meanings across different cultures (Stanhope & Lancaster, 2000, 150-151).

A good example is how some cultures understand or translate verbal communication. They may do so in relation to pronunciations, word meaning, voice quality and

humor. Whereas in non-verbal communication, styles such as eye contact, gestures, touch, interjection within a conversation, body posture, facial expression and silence carry different meanings (Stanhope & Lancaster 2000, 150-151).

McCabe and Timmins (2006, 110) explain that some cultures may be very expressive in the way they communicate such as using their hands, facial expression and voices in a way that can be perceived as argumentative or loud. The behavior may be perceived as unnecessary and aggressive by less expressive cultures. As a result, nurses may regard such behavior as demanding or even intimidating and may avoid the patient or be defensive.

Communication breakdown can occur between the patient and the caregiver due to misunderstandings and lack or poor knowledge of the same language. Therefore, during this time an interpreter should be provided to assist in obtaining information and to facilitate the care process, he or she can be a professional or family member. However, the interpreter should be well versed with health-related issues when dealing with clients. They should be of suitable age, reliable and have the ability to maintain confidentiality. Healthcare providers should also be aware of the role of the interpreters since they may highly influence decisions to select and participate in treatment. This can however be minimized by learning basic words and sentences of the most commonly spoken languages in the community thus the health provider can be able to understand the direction of the conversation (Stanhope and Lancaster, 2000, 150). Sometimes there is still communication breakdown even when an interpreter is used, this can be due to the fact that words from one language often cannot be translated into another language with the exact same meaning (Northouse & Northouse, 1998, 295-299).

In case an interpreter is not within reach, the care provider should be polite and formal in addressing or giving instructions to the patient. These instructions should follow a proper sequence to avoid confusion and the language tone should be low or moderate, this erases any perceptions that the care provider is angry or quarrelling. (Andrews & Boyle 2008, 29.)

Lack of cultural sensitivity on the part of social service and healthcare workers coupled by lack of bilingual personnel or staff members and interpreters creates a challenge in use of health services. Consequently, the lack of understanding, trust and commitment becomes a problem due to the different traditional belief systems as well as norms and values that the immigrants may uphold. Another hurdle faced by immigrants in accessing healthcare services is the inconvenient locations or hours scheduled for appointments. (Andrews & Boyle 1999. 317-319.)

Northouse and Northouse (1998, 296), further explain that being ill and not able to communicate only worsens a patient's situation and can be traumatic. This is due to the fact that language barriers make it difficult for patients to communicate their symptoms and for health professionals to make accurate assessments. Exchange of questions can also be greatly hindered thus affecting the therapeutic relationship between the patient and care provider, for example the patients may be more hesitant and not directly ask questions even when they do not understand the information they have been given.

Communication between practitioners and clients from different cultural backgrounds can be highly problematic and raise a challenge to acquiring effective health care. This is often a result of patients not understanding what the doctor is trying to communicate to them or they fail to remember what they understood during the consultations. Due to this reason, the chances of recovery become less or the process of recovery becomes slow. Effective communication helps create trust and faith in a patient thus resulting to greater compliance on treatment, however, without faith in your doctor or caregiver, treatment or no treatment, you may continue to be ill. (MacLachlan 1997, 184-186.)

Mashaire (2007), states that communication is the key to successful integration that results into a healthy and well informed population. He explains that knowledge of a common language makes it easy in coping with daily life and further states that, knowledge of a common language makes it easy in coping with daily life. He points out that there are thousands of people who physically, but not culturally live in Finland as a result of not being able to speak the Finnish language thus not being able

to integrate with the local community. Majority are immigrants who have come to Finland and found their place among compatriots who speak the same language and relying on them for communication and translation.

Teperi et al (2009), state that, health and healthcare values are co-produced by the patient and clinician, so that the patient must be a member of the care delivery team. Therefore, this requires effective communication. Patient adherence to drug or other treatment regimens, compliance with scheduled appointments, and lifestyle modifications are some of the ways whereby patient involvement has a major influence. Patient involvement is also essential to success in preventive care and disease management (Teperi, Porter, Vuorenkoski & Baron, 2009, 28). This can be achieved through effective and efficient communication by both parties.

According to MacLachlan (1997, 27-29), health services of the twenty-first century must adopt a multicultural perspective in order to understand how different cultures experience and express illness and how clinicians and their clients communicate. This facilitates better planning for health and creates functional care path ways. He further explains that clinicians need to see themselves as facilitators of health and not directors of it thus they should come up with health promotion efforts which acknowledge established cultural pathways otherwise there would be a risk in derailing important conduits of health.

2.7 Health treatments and cultural influence

Definitions on what constitutes 'health' and 'illness' vary between individuals, families, cultural groups and social classes. In some societies health is viewed as a balanced relationship between man and man, man and nature and man and the supernatural world, but according to the World Health Organization definition in 1946 it is 'a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity' (Helman 1994, 108.)

Thus, various cultures perceive health and treatment in different ways. Some cultures may require different paths to be followed in order to become 'legitimately ill' while others don't. Therefore, when a patient and a clinician come from different cultural groups they may influence the degree of faith a patient has in the treatment offered and in the clinician who is offering it (MacLachlan, 1997, 26.) Srivastava 2007 states that, Katon and Kleinman (1990) have proposed a clinical method which is focused on dealing with culturally oriented clients; the method involves determining the client's perception of illness which also includes its severity, determining the illness problems and lastly negotiating the care and treatment. This assists in focusing on the client's perspective and preferences. (Srivatsava 2007, 39-40.)

Another aspect in the process of treatment depends on what information is shared between clinicians and clients, for instance whether clinicians tell their clients the true diagnosis they have made or if the clients tell the clinicians openly the truth about their ailments (MacLachlan, 1997, 26).

Helman (1994, 63), states that in most societies people suffering from physical or emotional discomfort have ways of helping themselves or seeking help from other people. They may decide to take a rest or prepare home remedies, ask advice from a friend, relative, neighbor or consult a local priest, folk healer or 'wise person'. They might also decide to consult a doctor depending on the options available to them.

Additionally, apart from the routine of visits to a doctor, people might have alternative modes of treatment that are familiar to them. Depending on their background, they attach these alternative treatments to their culture and their way of life. For example the people with African origins use herbs, roots and oils and believe in voodoo priests and root doctors while on the other hand the Asians practice cupping, burning, pinching, herbs, teas, soups, hot and cold foods as part of their treatments. They also believe in acupuncturists, herbalists and acupressurerist (Stanhope & Lancaster, 2000, 151.) This is an example of how different cultures practice different interventions when it comes to health and treatment interventions.

2.8 Economic factors and Health

Economic status, discriminatory factors and lack of knowledge by immigrants limit their access to care; other key factors that act as a hindrance to accessing healthcare services mainly include the lack of employment and finances to acquire healthcare services (Andrews & Boyle 1999, 317-319).

Socio economic factors contribute greatly to understanding perceptions of health and illness among minority groups since they may not have similar opportunities for education, occupation and income earning and property ownership as the dominant group. Therefore, socioeconomic status is a critical factor in determining access to health and the development of other health problems. In relation to this, nurses should be able to distinguish between culture and socio-economic class issues and not misinterpret people's actions as only having a cultural origin (Stanhope & Lancaster, 2000, 154).

Lorant, Oyen and Thomas, 2008 carried out studies on immigrants in Belgium and they state that, migrants and the ethnic minority populations' disparities in health are due to a large extent attributed to low socio-economic status. They also state that environmental hazards may contribute to ethnic or immigrants inequalities in health. On the same context they further explain that there is widespread suspicion of ethnic discrimination in access to health which is as a result of deep structure of racism and discrimination. They point out that immigrants are more likely to be concentrated in deprived neighborhoods and in areas with a higher concentration of minority groups or in areas with a lower supply of social and health services. In their results, the authors found out that the immigrants had a lower education than Belgians and were less likely to own houses and lived in high unemployment areas, while they also had different risks of reporting poor health status (p.678-692.)

Similar studies done in Canada on immigrants and refugees view of social support and its influence revealed many stressful situations including health problems that signified the need for support. It was also found out that social support facilitated employment, ability to meet basic needs which in turn reduced stress and improved

physical and mental health (Stewart, Makwarimba, Beiser, Neufeld, Simich & Spitzer, 2010 91-103).

3 HEALTHCARE SERVICES IN FINLAND

In Finland, the Ministry of Social Affairs and Health is in charge of the country's health services. The ministry is responsible for the policies that govern the provision of services for the entire population and monitors the implementation and quality of service through state provincial offices and national supervisory authority of welfare and health (Ministry of Social Affairs and Health, 2009.) The healthcare system is funded mainly through general taxation (Teperi et al, 2009, 2).

Finland's healthcare goal is based on maintaining and improving people's mental and physical functional capacity. To achieve this, the system is based on preventive healthcare combined with comprehensive health services. The health services are arranged by municipal health centers and hospital districts where each municipality belongs to a particular hospital district. The services are divided into primary health, specialized medical and hospital care. (Ministry of Social Affairs and Health, 2010.)

Under the umbrella of the same ministry, protection of all residents is important and thus everyone residing in Finland has a right to access healthcare services (Ministry of Social Affairs and Health, 2010).

Primary healthcare at the municipality level is provided at health centers that offer a wide variety of services including preventative care for all residents, maternity and child health services, general outpatient and care on inpatient wards, dental care, school health care, occupational health care, care of the elderly, family planning, physiotherapy services, laboratory services, imaging services such as x-rays and some ambulatory emergency services. Additionally, municipal health centers are also responsible for providing immunizations and breast cancer and cervical cancer

screenings which are free of charge and available to all residents. (Teperi et al 2009, 3).

Employers are responsible for providing preventative measures to their employees thus catering for occupational health. Public health services are supplemented by private practitioners, their fees and those of the dentist's are partially reimbursed by the National Health Insurance. (Ministry of Social Affairs and Health, 2010).

Teperi et al (2009, 51) state that, specialized care is provided by the country's 20 municipality owned district hospitals. Each municipality must belong to one hospital district which in turn has one central hospital and other hospitals depending on the size of the district. The specialized services offered include outpatient care, in-patient care and day surgery usually in the same facilities. The patients' information is transferred from health centers to hospital districts by written referrals. Usually, some municipalities and hospital districts purchase certain specialty services such as surgical operations from private hospitals so as to supplement their need even though this is not very common.

In Finland, the promotion of the welfare of the population and responsibility is stipulated in the social welfare act. On the other hand, the local government act stipulates that it is the responsibility of the municipalities to promote and oversee the residents' health especially their functional capacity and social security. (Ministry of Social Affairs and Health, 2010.)

Additionally, Finland has a policy that aims at maintaining a decent life for residents in terms of employment, housing, education and training. This creates a problem solving mechanism that provides income security while reducing the socio-economic gap and health inequalities. (Ministry of Social Affairs and Health, 2010.)

According to the Ministry of Health and Social Services, the beginning of March 2005 marked an era whereby the acquisition of non-urgent examinations and treatments at health centers and hospitals must be provided within clear time frames. This is in accordance with the ministry's national guidelines on principles for treating illnesses. Its aim is to ensure that residents access health within reasonable timeframes

thus alleviating suffering and providing a smooth flow of healthcare services without having to wait for treatment indefinitely and queuing on waiting lists for years on end. The Ministry gives clear time frames on access to treatments and further advice on what measures to be taken if access to treatment is not given within the set timeframe. This includes the possibility of contacting a patients' ombudsman who acts in the interests of the patient and advises or intervenes on their behalf of the in the event that treatment is not given as it should. (Ministry of Social Services and Health, 2004.)

According to studies carried out in Finland by the Organization for Economic Co-operation and Development (OECD), the Finnish healthcare service has been a success story. However, the retirement age of the 'baby boom' generation was described as beckoning thus it is predicted that the proportion of the retired population will grow rapidly within the near future. This means that there will be fewer people to pay for the health and social care of the fast aging population. As a result, there are indicators that inequality to access of the health services has started to grow. Lower income citizens do not have access to the same number of services as those with a higher living standard. (Teperi et al 2009, 5).

One of the crucial issues in Finnish health policy is to achieve equitable access to health care services for all residents. It is believed that equitable access to services must remain the fundamental principle guiding the development of the healthcare system. Therefore, providers should strive to improve health values and balance equity which will in turn encompass not only the right to access care but also the right to better health. (Teperi et al, 2009, 112.)

3.1 The City of Jyväskylä and Statistics

Jyväskylä City is located in the lake region of Central Finland, Northern Europe (see appendix 4). It's the seventh biggest city in Finland occupying an area of 1171km squared. It is beautifully landscaped with a variety of lakes, forests and hills which give it breathtaking sights and scenes. It also has a strong architectural profile by the famous architect Alvar Aalto whose work can be seen and provides the city with a

hallmark of excellence in the way the buildings are designed. The city is a safe and pleasant place to live in with an international, youthful and innovative feeling. It is a predominantly student city providing a diversity of educational offerings for people of all ages. The city prides itself as one of Finland's centers of growth with special expertise in paper manufacture and machinery as well as energy production, environmental, information, wellness technology as well as nano-technology. (City of Jyväskylä, 2010)

Residents of the city enjoy a wide range of services provided by the municipality which include education, culture, social and health services, technical infrastructure, environmental protection and sport services (City of Jyväskylä, 2010).

In January 2009, the city merged with neighboring municipalities and as a result, the current population is more than 130 000 residents of which 3 000 are foreigners from 100 different countries. The African immigrants are listed as a minority in this group (City of Jyväskylä, 2010).

Additional information on the statistics of immigrants living in Jyväskylä was obtained through the office of immigrants in conjunction with the office of the magistrate (Maistraatti) in Jyväskylä. It reflected that the total number of immigrants residing in Jyväskylä City as at 30th September 2009 was 2, 989 residents(see figure 3). Male residents were 1,495 while women were 1,494. The African immigrant residents were listed as 211 in total with the men being 122 while the number of women was 89 (see figure 2) (Turtiainen, 2010.) It should be noted that apart from the African countries listed there are some countries missing from the figure and this is due to the fact that if residents of a particular country are less than five they are normally stated as 'others' in the population register.

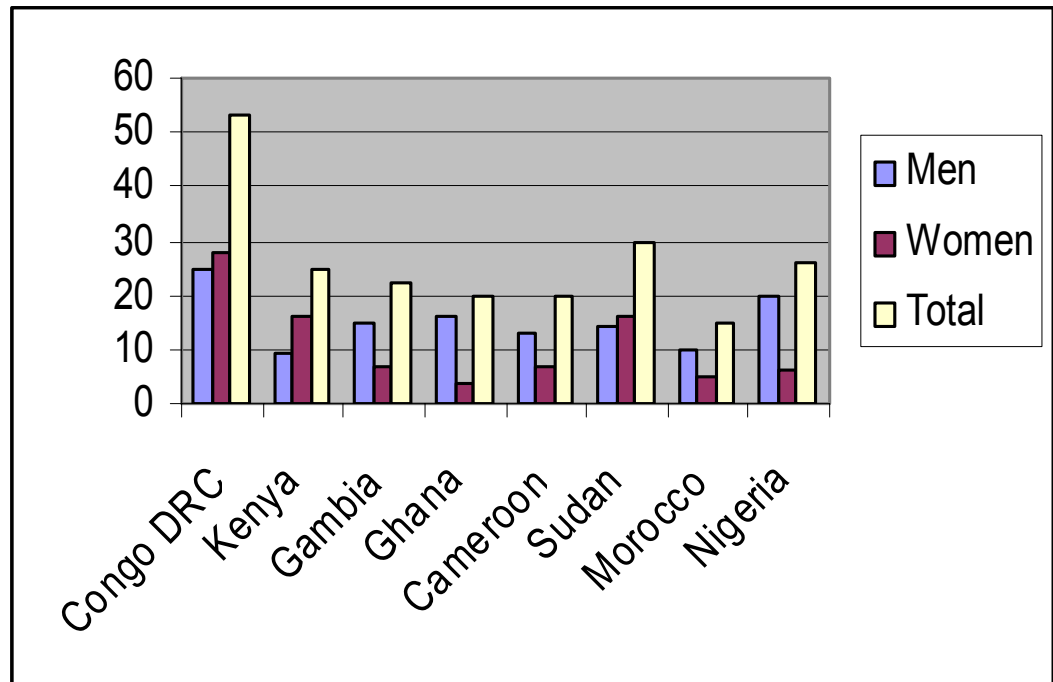


FIGURE 2. Population of African Immigrants in Jyväskylä City as at 30th September, 2009.

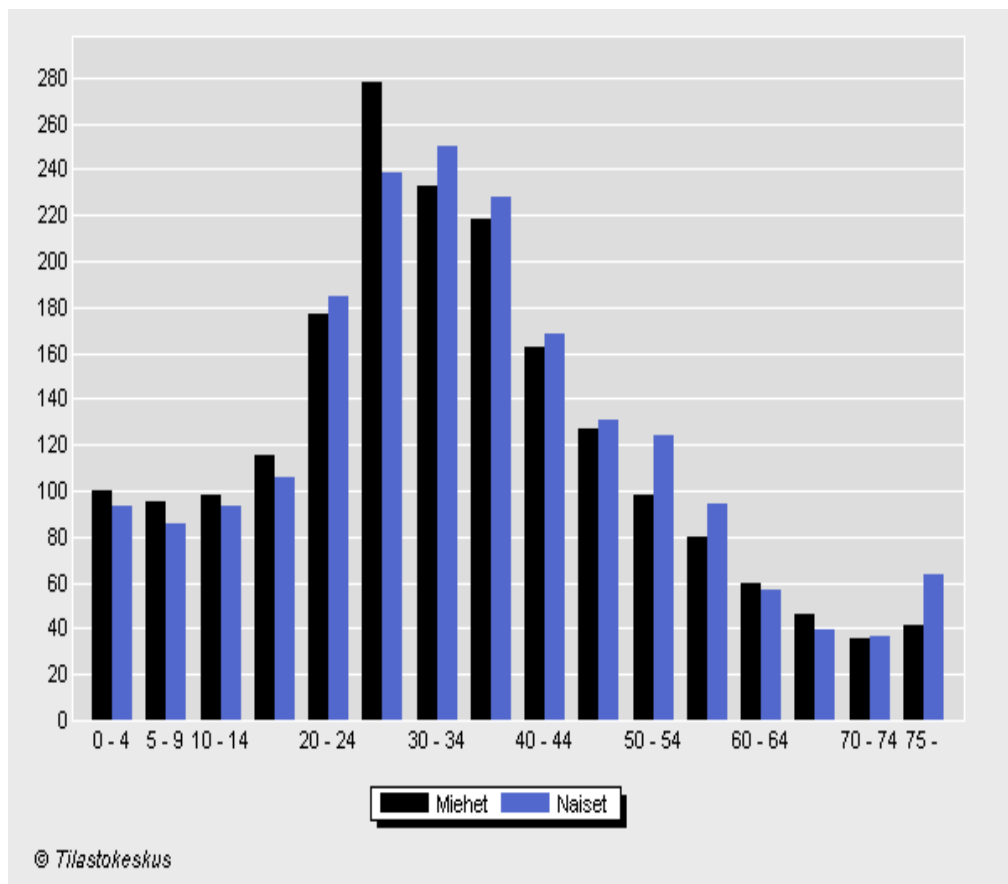


FIGURE 3. Age structure of Immigrants in Central Finland, in the year 2008. (Turtiainen 2010, Director of Immigrant Services, City of Jyväskylä).

The age structure in figure 3 shows that there are more young and middle aged immigrants residing in Central Finland. That is between the age of twenty and forty years. This partly explains the youthful and innovative atmosphere found in the city of Jyväskylä.

3.2 Provision of healthcare services in Jyväskylä

Following the ministry of Social affairs and Health guidelines in Finland, Jyväskylä provides health services for the public where each resident has the right to healthcare services which include among others health related advice, nursing care and ambulance service, school healthcare for students, mental health services and rehabilitation for all residents (City of Jyväskylä Immigrants' pages, 2009).

In Jyväskylä, health services are divided according to the Ministry of Social affairs and Health system. Usually the nurses and general practitioners see patients at the health centers thus being able to offer firsthand services. The general practitioners found at the health centers can refer patients to a specialist or to the central hospital apart from severe cases which can be admitted directly to the central hospital without a referral. (City of Jyväskylä Immigrant pages, 2009.)

Health services in Jyväskylä mainly include the following health centers, Huhstasuo, Kuokkala, Keskusta, Kyllö, Säynätsalo, Hankasalmi, Korpilahti, Muurame, Palokka, Tikkakoski, Uurainen and Vaajakoski. There are also several family health clinics and dental clinics. Every school is allocated a school nurse who organizes primary care at the initial stage. In addition, there are doctor services offered by private practitioners for those individuals who wish to seek alternative options even though they are more expensive and depend on one's preference. The distribution of these services enhances accessibility and convenience. (City of Jyväskylä Immigrant pages, 2010.)

Basically, residents are allocated doctors in the health centers within their residential areas. This facilitates access to an own doctor and the possibility of continuity of care. Appointments are usually made on phone or by visiting the reception desk at the health centre. However, in acute cases the appointments can be made on arrival at the health centre. Patients who suffer from diabetes and other long-term illnesses are able to receive some medical supplies in these health centers. (City of Jyväskylä-Immigrant pages, 2009.)

First aid services are primarily handled at the local health centers with an exception of those that require urgent assessment and treatment. The main services are dealt with at

the Kyllö health centre that is located a few meters away from the Central Hospital. During the night, first aid services operate from the Central Hospital from 11:00pm - 8:00am. In emergency situations, one can call the number 112 free of charge and get assistance by following instructions over the telephone. (City of Jyväskylä Immigrant pages, 2009.)

Additionally, the central hospital of Central Finland located in Jyväskylä hosts a wealth of specialized healthcare professionals geared at delivering the best healthcare services in the region and its environs. University hospitals in Finland provide specialized care for more complex procedures of which Jyväskylä falls under the Kuopio district thus obtaining its services from the Kuopio University Hospital. (City of Jyväskylä, Immigrants pages, 2009.)

Further to this, there is a structured guideline on health services and the significant role of the local administration on immigrants' services to integrate them in the society while respecting and supporting the preservation of their cultural identity. The city operates an office for the immigrants that assist them in adjusting to the Finnish society by offering guidance and advice on relevant issues. They also provide trained community workers to instruct immigrants on practical issues as well as social workers, claims specialists, and psychologists. (City of Jyväskylä, Immigrants' pages, 2009.)

4 PURPOSE OF THE BACHELOR'S THESIS

The purpose of this study was to find out the experiences of African immigrants who live in Jyväskylä on their access and utilization of the current healthcare services available to them. This was in a bid to better understand their situation and the resources available thus encouraging them to be active service users.

The aim of the study was to add to the existing knowledge the immigrants' use of health services and how the immigrants perceive current healthcare services. The findings can

be utilized in transcultural nursing by healthcare providers to develop patient education and create a holistic care pathway that is patient oriented and culture sensitive on this group and similar groups of immigrants living in the area.

Research question

What kind of experiences do the African immigrants have on access and utilization of current healthcare services in Jyväskylä?

5 IMPLEMENTATION OF THE STUDY

5.1 Research cooperation

The research cooperation in this study was in conjunction with the African Association of Central Finland (AACF) (see appendix 2). This is an organization that officially runs its activities in Jyväskylä and represents Central Finland; it was initially created by African immigrants living in the city of Jyväskylä with an initial number of thirteen members. The association has since grown and currently has over fifty members who also include non-Africans. Its main objective is to act as a rallying point for immigrants of African origin to provide support among members by sharing different cultural backgrounds and assisting each other in adapting to the Finnish society. (African Association of Central Finland, 2010)

The association acts as a receiving body for new immigrants moving to the region and operates as an access point of information about Africa thus creating a feeling of 'home away from home' as members interact with each other. It promotes the African culture within Central Finland through organizing and participating in various social and cultural activities. The association actively participates in the events by rallying members and collaborating with the city of Jyväskylä and other organizations in events that promote the

African culture. This way, the social events help in introducing and promoting the African culture to the local community thus reducing the cultural gap within the Finnish society. (African Association of Central Finland, 2010.)

5.2 Research methodology

The research was a qualitative study to find out the experiences of the African immigrants and their access and utilization of the current healthcare services offered by the city of Jyväskylä. According to (Miles and Huberman 1994, 10), a qualitative study emphasizes on people's lived experiences that are fundamentally suited to locate the meanings people place on the events, processes, and structures of their lives: their "perceptions, assumptions, prejudgments and presuppositions".

Additionally, Polgar and Thomas (2008), further support the notion that qualitative research involves investigating individuals and groups in their social settings thus seeking to understand their thoughts, feelings and experiences as they cope with their conditions and treatments in a given social setting. (pp. 83-84.) In this case, the focus being on the African immigrants' experiences on their health and the health resources available to them.

5.3 Sampling

The study was based on purposive non-random sampling which means that data was collected from readily available subjects who met the study criteria and were available to the researcher (Fain 1999, 103-115).

The research group in this study was African immigrants who had lived in the city of Jyväskylä for at least two years since they were highly likely to have used the healthcare services directly or indirectly. The participants were drawn from the African Association of Central Finland organization and a questionnaire was sent to twenty members through the organizations mailing list.

According to Payne (1999, 53-54), choosing a locality-based population means that the researcher will need to decide on the exact geographical boundaries of the community, and whether to include only those who live there or work there, political representatives or visitors. In this case, the research participation was limited to only official residents who were registered and lived in the city of Jyväskylä.

The main criteria of selecting the participants required them to be African immigrants who were official residents in the city of Jyväskylä and should have resided in the city for at least two years or more. They were also expected to be able to fill in the questionnaire in the English language.

5.4 Data collection

Data collection methods depend on the aims, design and resources of the research project. Questionnaires are common with survey designs keeping in mind that there are different types of questionnaires ranging from highly structured, standardized scales and unstructured open-ended formats. (Polgar & Thomas 2008, 97.)

In this study, data collection was done through open-ended questionnaires that were sent to the participants by email in September 2010 (see appendix 5). According to (Fain, 1999) mailed questionnaires are economical and reach a large population in a relatively brief time but one major disadvantage is the low return rate and participation of feedback. (p. 144.) On the other hand, an open-ended question can catch the authenticity, richness, depth of response, honesty and candour which are the hallmarks of qualitative data. The negative aspects of open-ended questionnaires is that it takes time to complete and the researcher might find it difficult to make comparisons between respondents, as there may be little in common to compare (Cohen, Manion & Morrison 2007, 229-331).

Additionally, they state that the open-ended question is a very attractive device for smaller scale research or for those sections of a questionnaire that invite an honest, personal comment from respondents. Thus the questionnaire simply puts the open-ended questions and leaves a space (or draw lines) for free response. (Cohen et al 2007, 330).

5.5 Data analysis

Data analysis of a qualitative study consists of data reduction, data display and conclusion verification so as to achieve results of the research carried out (Miles & Huberman 1994, 10-11). Additionally, Polgar & Thomas (2008, 245-248), emphasize that qualitative data analysis refers to the process by which the researcher organizes the information collected and analyzes the meanings of what was said and done by the participants. However, the researcher should keep in mind the various explicit and shared strategies for summarizing in order to maintain accuracy as well as make the information meaningful and sensible.

In this study content analysis was used. This is a process by which the words of texts are classified into much fewer categories in such a way that they are easier to understand, the goal is to reduce the material in different ways. (Cohen et al 2007, 475-476.) In the study, themes were created to act as a guide in the analysis (see attachment 6).

6 FINDINGS

The participants were drawn from the members of African Association of Central Finland. Questionnaire emails were sent to 20 members but only 8 of them took part in the study. The age range varied between 21- 40 years. Male participants were 5 while the female participants were 3. Majority of the participants had lived in Jyväskylä between 2- 5 years while a few of them had lived there between 6-10 years.

The aim of the study was to find out the African immigrants' experiences on access and utilization of healthcare services in the city of Jyväskylä. Thus the findings contain citations from the participants' responses to the study.

Knowledge of the healthcare system and the resources available

Majority of the participants felt that they had limited knowledge on the healthcare services available in Jyvaskyla. They expressed the need to know more information about the healthcare services. They felt that even though there might be sufficient information on the services, they were not able to access it since most of the information was in the Finnish language and was rarely translated in the English language.

Their source of information on health services varied among participants. Some of them indicated that they got their information about healthcare services from their schools and places of work while others indicated that they got their information from friends and fellow foreigners or through the internet with unfortunate limited access on the internet information since the language of instructions was written in Finnish.

..... I strongly believe immigrants should be more aware of the possibilities and services.....

..... since the health services is in Finnish, those with limited knowledge in Finnish face a challenge of having sufficient information on the health services in Jyvaskyla. So the main challenge here is the Finnish language...

..... I will like to know EVERYTHING

.....from other foreign residents and some Finns

..... From work email dispatche. Jyvaskyla lehti could be good but it is published in Finnish only

Access and use of the health services

The participants' views on accessing health services were mainly echoed in the same notion. The main common factors that made it difficult for them to access health included language barrier, long waiting periods and the uncertainty on the cost for different services.

Some of the participants stated that they would go to the hospital to seek treatment depending on the seriousness of the illness. Others indicated that their first plan of action was to try and nurse themselves at home or use over-the counter drugs such as painkillers from the local chemist. There were those who avoided going to the hospital for fear of not knowing how much they would be charged as foreigners.

Some of the participants were okay with appointments but almost all of them pointed out that the waiting periods were too long where the health concern was not viewed as an emergency by the health personnel. They expressed concern and disappointment over the length of time they had to wait to receive treatment.

The appointments to see a doctor are too long because of the queuing processes

Appointments are convenient but the waiting periods are too long where the health concern is not viewed as an emergency by the health personnel

Appointments seem to be taking over in healthcare, something which is rather bad because sometimes am in pain but I cannot see the doctor sooner until my time comes. Am afraid I might die while waiting

During consultations and treatment, some of the participants claimed that they had requested for a translator but unfortunately not gotten one. They stated that the care providers' poor knowledge or use of English and the participants limited knowledge of the Finnish language or therefore lack of it acted as a hindrance in receiving and administering care thus resulting in dissatisfaction for both parties involved.

Majority felt that they needed to have a translator to facilitate communication even though it was not always possible to have one on every occasion. Those who had a chance of using translator services expressed satisfaction and noted the important role the service had on their adherence to their treatment.

..... I have not been provided with one

..... I never got it

.....never felt the need, I assume all nurses and doctors must speak in English as a second language since they work in a field used by everyone....

Sometimes I have felt the need to have one but never had the courage to request for one

.....I have had a translator before. The translator was very helpful as a go between me and the doctor; otherwise it would have been difficult to communicate on both sides...

The use of home remedies or traditional treatments was divided. Half of the participants preferred the home remedies and the other half stated that they did not have any alternative forms of treatments other than the usual over-the-counter treatments. Most of those who did stated that they used them only for minor illnesses.

.....Home remedies will always be the best since they include herbal medicine, of course not for all sickness

.....maybe because they are not available.....

Mainly, the participants did not feel the need to travel back to their original home countries for specific healthcare consultations but those who did pointed out the reasons for such feelings were due to the language barrier, and the uncertainty of the hospital expenses.

.....Not yet, but I might in the future

..... If I see the ailment could be easily be understood by my native practitioner...

.....I felt once the need to travel back for dental care because it would be cheap in my origin country...

Interactions while using the health services

Majority of the participants did not have health concerns that they were afraid to discuss with the healthcare providers. Additionally, when asked if they felt involved in the course of treatment some did not feel involved while others felt that they were involved but stated that communication was their main challenge.

..... I do when the communication is in English. I get pretty lost when the communication is not in English

.....that is one thing I like most about this place...

I have never felt fully involved during the course of treatment at the hospital. There is always a miscommunication problem

If I decide to speak Finnish the information will be provided continuously with no restrictions (of which I don't understand everything) but if it is in English only the basic information is provided.

Lastly, participants shared their own views and opinions regarding the healthcare services in Jyväskylä. The views varied from person to person and two factors were evident in their sentiments. When asked what they would like to add in their comments they mostly mentioned communication problem and long waiting periods as major challenging factors in access of the healthcare services.

.....More doctors, shorter queuing times.....

..... they should know by now that Jyväskylä is no more a local city, it's a city rich with different nationalities and every services provided should be accessible to all with ease...

If you don't understand the physician you get pretty lost and that can lead to dangerous consequences. Communication is a key issue for immigrants in my opinion.

Try to shorten the waiting period. Be flexible when the sick foreigner hasn't got a health insurance policy. Maybe some standby funds for such cases.....

If possible, English brochure should be available in the health centers, patients should be taken care of in a language most comfortable to them (English or Finnish) if possible.....

7 DISCUSSIONS

The purpose of this study was to find out about the experiences of African Immigrants living in Jyvaskyla on their use and access of the healthcare services available. The aim was to have an insight on their situation and encourage them to be active users of the health services. According to the findings of the research, the immigrants lack enough information on the healthcare services provided by the city of Jyvaskyla. This is mainly due to the language barrier and poor language skills. Additionally, the poor command of the English language on the part of the healthcare providers makes it more difficult to use the available resources. According to Stanhope & Lancaster 2000, Communication breakdown can occur between the patient and the care giver due to misunderstandings and lack or poor knowledge of a common language (p. 150). Thus, good communication is a key factor to giving and receiving care at all levels in health acquisition. The lack of this poses a risk to breakdown of the nursing care and process when important aspects of care are not communicated effectively.

Lack of cultural sensitivity on the part of social service and healthcare workers coupled by lack of bilingual personnel or staff members and interpreters creates a challenge in use of health services (Andrews & Boyle, 1999, 317-319). Therefore, it is important for health providers to have alternative means of communication with clients in multicultural settings. This can be facilitated by using interpreters or by the nurses and other providers' willingness to learn different languages and culture.

According to Northouse & Northouse, 1998, 296, being ill and not able to communicate only worsen a patient's situation and can be traumatic. This is due to the fact that language barriers make it difficult for patients to communicate their symptoms and for

health professionals to make accurate assessments. Exchange of questions can also be greatly hindered thus affecting the therapeutic relationship between the patient and care provider, for example the patients may be more hesitant and not directly ask questions even when they do not understand the information they have been given.

In the study, long waiting periods have been discovered to be another challenge in acquiring the health services. This can be explained in part by the lack of information or limited information available to the immigrants in a language that they understand. If the immigrants don't understand the local language it would be difficult for them to learn and understand how the healthcare system works. They may not be able to draw resources and utilize them even when the resources are readily available. Therefore, it would be of great importance for the immigrants to receive regular information through a common medium or channel of communication that is familiar to them. This way, they will be updated on current health matters around them. It would be useful to arrange health promotion activities that are culture inclusive. It should be noted that the immigrants might not know where to look for relevant information especially if they don't have basic knowledge of the healthcare system and how it works.

Compared to the similar study done on Access to Healthcare among Working – Aged Hispanic Adults in the United States, where immigrants status and social economic status variables accounted for some of the challenges they faced in accessing healthcare services. This study also found similar variables with socio economic leanings whereby some of the immigrants living in Jyväskylä were reluctant in accessing the services due to lack of financial ability or health insurance and even more specifically due to lack of knowledge on the cost of the healthcare services. They expressed uncertainty on the amount of money they were required to pay for the healthcare services available.

Similarly, a study done in Belgium on Contextual factors and immigrants' health status revealed that, migrant and ethnic minority population disparities in health were due to a large extent attributed to low socio-economic status (Lorant et al 2008, 678-692). However, even with these factors, healthcare professionals are urged to also be in a position to distinguish between culture and socio-economic class issues and not to

misinterpret people's actions as only having a cultural origin (Stanhope & Lancaster 2000, 154).

Due to these challenges, nurses and other care givers should make it a priority to adopt a multicultural perspective in their profession since the current trends of global movement by people from one geographical area to another is becoming the norm. This way, the healthcare providers will be able to assist clients reach their full functional ability in ways that they are familiar and comfortable with. Leininger and MacFarland (2002), support this notion by stating that, culture and care are holistic constructs that can lead to knowing, understanding and helping people in their fullest and most meaningful ways since they influence one's thinking and actions. (p. 9) this needs preparations in the part of health professionals so as to maintain a healthy population that is happy and productive. But even with the current and future challenges that care providers are faced with, they should be able to embrace change by learning other cultures and appreciate diversity.

7.1 Ethical Consideration

Ethical considerations include protecting confidentiality and anonymity of the informants on publication and in the use of the findings. It also includes the responsibility of offering informants a chance to hear about the findings of the study. (De Raeve, 1996, 53) In this study, personal details were not required in filling in the questionnaire thus the participants cannot be identified from the study.

Additionally, a letter of information was sent to the participants as an email attachment along with the questionnaire describing in detail the purpose of the study (see appendix 3). The letter indicated that the research was solely based on voluntary participation and the author explained that participants were free to withdraw from the study if they so wished. In addition, the author indicated that the questionnaires would be destroyed after the findings and the results of the study would be presented the School of Health and Social Studies and to the African Association of Central Finland. A copy of the study would also be found in the School of Health and Social Study's library.

7.2 Reliability

Reliability according to Silverman (2005) refers to the degree of consistency with which instances are assigned to the same category by different observers or by the same observer on different occasions. He continues to explain that for reliability to be calculated investigators should document their procedure and demonstrate that categories have been used consistently. (Silverman 2005, 224). In this study, the results were divided in categories where themes were created to organize relevant information together (see appendix 7). However, it should be noted that the results of the study may have been affected by the low return rate of the research questionnaires which were sent via email to participants. Out of the twenty questionnaires which were sent out only eight of them were completed and returned, thus this may reflect results from a small portion of the immigrants. Another reason for the low return may have been due the participants command of the English language or merely due to their choice of not wanting to participate in the study.

7.3 Future suggestions

Further research studies are recommended in this area since immigrants' health is a diverse and important issue in the current world. Studies involving the healthcare personnel on their experiences in transcultural nursing would help unveil and better understand the relationship between the care provider and the service users and identify resources for both parties into realizing maximum and optimal care delivery in accessing and utilization of available resources.

Additionally, further research can be carried out on health promotion activities or information available to immigrants in a bid to implement Finland's goal of promoting preventative care that is geared at maintaining a healthy population. It would also be of utmost importance to carry out similar studies in other parts of Finland on immigrants' access and utilization of the healthcare services thus get a better understanding from a national point of view.

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9 APPENDICES

Appendix 1. Research cooperation request

Brigide Matheka,
Jyväskylä University of Applied Sciences,
School of Health and Social Studies,
Keskussairaalan tie 21 E, 40620 Jyväskylä,
Finland.

The African Association of Central Finland,
PL 468, 40100, Jyväskylä,
Finland.

Dear Sir/Madam,

RE: Request for Research co-operation on final thesis project.

Following the establishment and success of your esteem, I humbly submit my application of the above for consideration.

I am a Nursing student at the JAMK University of Applied Sciences undertaking a Degree Programme in Nursing and hoping to graduate in May 2010. My final study project is a written thesis with the topic: **Health Care Services for Immigrants in Jyväskylä** with the sub title: **Experiences of African Immigrants on Access and Utilization of Healthcare Services in Jyväskylä.**

The purpose of the bachelor's thesis is to:

- Find out the immigrants' experiences on access and utilization of the healthcare services available in Jyväskylä.

The research will be conducted in September, 2010 and the data will be collected by answering questionnaires via email by voluntary participation. Personal details will not be required during the study and contents of the research will be confidential and strictly used for the purposes of the study.

Results of the research will be presented to the school of Health and Social Studies and a written copy submitted to the school's library. In addition, there will be a similar presentation of the findings to the members of the African Association of Central Finland.

Incase of any questions, or reservations concerning the research contact me at: brigidematheka@yahoo.com. My mentors are Irmeli Katainen and Anneli Yabal senior lecturers at the Jyväskylä University of Applied Sciences, School of Health and Social Studies Department.

Yours Sincerely,
Brigide Matheka.

APPENDIX 2: Research cooperation permission

[Keski-Suomen Afrikkayhdistus ry](http://keski-suomen-afrikkayhdistus.ry)

Keski-Suomen Afrikkayhdistus ry
 PL 468, 40100 Jyväskylä, Finland
 Pankki: Keski-Suomen Osuuspankki
 Yritystili: 529002-2169518
 Y-Tunnus: 2138808-3
 Sähköposti: africanJkl@yahoogroups.com
<http://african-association.org>



African Association of Central Finland
 PL 468, 40100 Jyväskylä, Finland
 Bank: Keski-Suomen Osuuspankki
 Account No.: 529002-2169518
 Y-Tunnus: 2138808-3
 Email: africanJkl@yahoogroups.com
<http://african-association.org>

Come join our family

Research Access Permit To whom it may concern

This is to certify that Ms. Brigide Matheka from the Jyväskylä University of Applied Sciences - Finland is currently researching on “Health care services for immigrants in Jyväskylä – African immigrants’ experiences”.

After some discussions and reviewing her questionnaire, I am certain that neither the AACF nor its participants will be at risk of harm as a result of its participation. She has promised that all participants will remain anonymous and no identifying information would be made available to anyone who is not directly involved in the research.

Ms. Brigide Matheka has therefore been granted access to use the African Association of Central Finland (AACF) to administer her questionnaire. Those members who will be contacted are requested to complete her questionnaire as genuinely as possible for her to achieve the objectives of the study.

Date: March 25, 2010

Secretary General
David Nkengbeza

Appendix 3: Letter of information

JAMK University of Applied Sciences,
School of Health and Social Studies,
Keskussairaalantie 21 E, 40620,
Jyvaskyla, Finland.

Dear participant,

I am a student at the JAMK University of Applied Sciences in Jyväskylä undertaking a degree programme in Nursing. Currently, I am working on my final project which is a written thesis about **Healthcare Services for Immigrants in Jyväskylä** with specific interest on the *Experiences of African immigrants On Access and Utilization of Healthcare Services in Jyväskylä, Finland.*

The purpose of the study is to find out the African immigrants' experiences on access and utilization of the healthcare services provided by the City of Jyväskylä. Interviews for the study will be conducted by filling a questionnaire that will be sent by email on September 7th and returned by 16th 2010. Participation will be voluntary and consent of participation will be assumed from filling in the questionnaire. Information from the study will be confidential with no personal details required in filling the questionnaire thus no one will be identified from the study. The information gathered from participants will be destroyed after the findings have been made.

Results of the study will be presented to the School of Health and Social Studies and a copy submitted to the school's library. In addition, there will be a similar presentation of the findings to the members of the African Association of Central Finland in Jyväskylä. The study is geared at improving the knowledge on access and utilization of healthcare services offered by the city of Jyväskylä and empowering immigrants to take a more active role on their health and general wellbeing.

In case of any reservations contact me at D6008@jamk.fi or brigidematheka@yahoo.com, Phone +358442076470. My mentors are Irmeli Katainen

and Anneli Yabal senior lecturers at the JAMK University of Applied Sciences, School of Health and Social Studies Department, Jyväskylä.

Yours sincerely,
Brigide Matheka.

Appendix 4: Map location of Jyväskylä - Finland

Appendix 5: Thesis questionnaire

Click on the choice buttons to select your answer and kindly write your views, opinions and experiences on the space provided below each question. The space is auto expand thus your response will fit in without being limited. Your participation in this study will be highly appreciated.

Regards,
Brigide Matheka.

Healthcare Services for Immigrants in Jyväskylä, Finland - African Immigrants' Experiences

* 1. Age

- 18 – 20
- 21 – 30
- 31 – 40
- 41 – 50
- >50

[Reset](#)

* 2. Sex

- Male
- Female

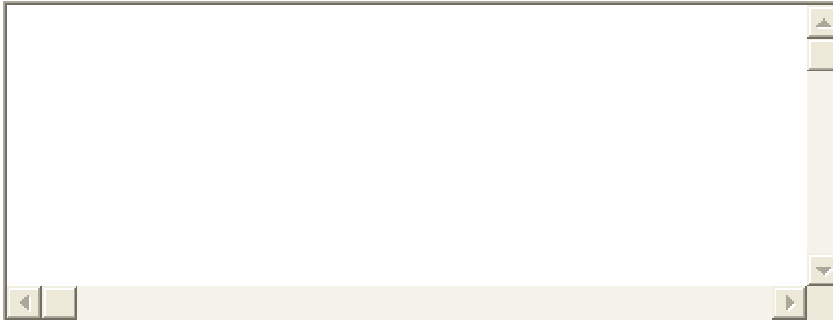
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* 3. Number of years lived in Jyväskylä.

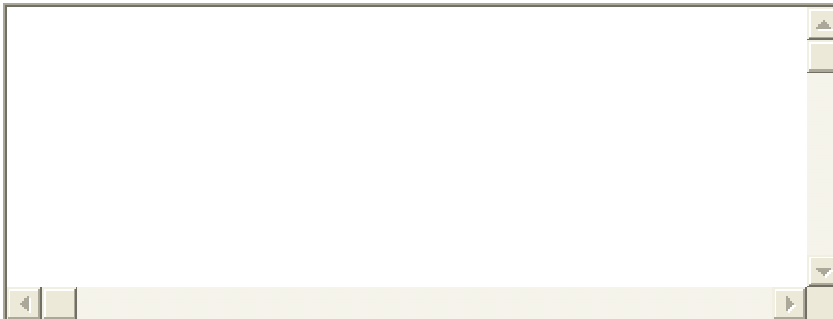
- 2 – 5
- 6 – 10
- 11 – 15
- 15 – 20
- > 20

[Reset](#)

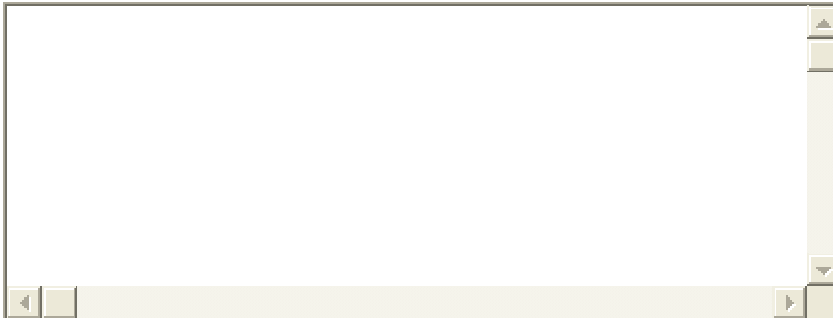
* 4. Do you know about healthcare services provided by the city of Jyväskylä? Describe briefly

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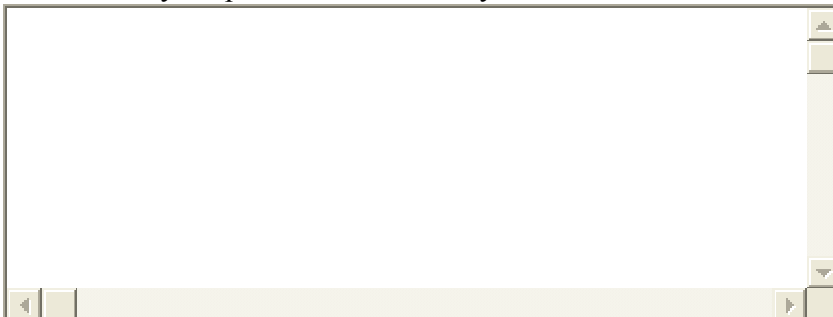
* 5. Do you feel that you have sufficient information on the health services in Jyväskylä? E.g. Local services, emergency, specialized care. If YES, how or from whom did you get the information and if NO what would you like to know?

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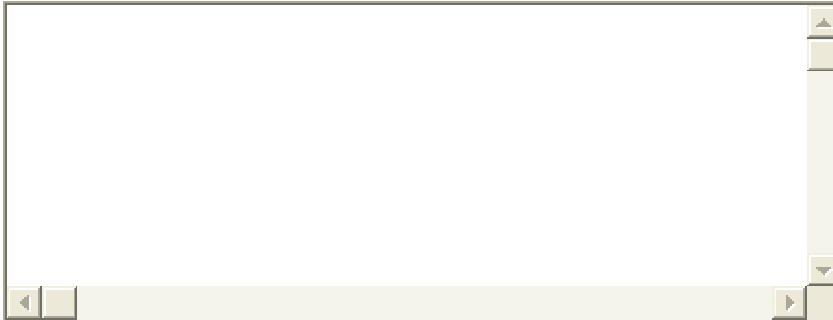
* 6. How do you get information updates on current health matters in Jyväskylä City?

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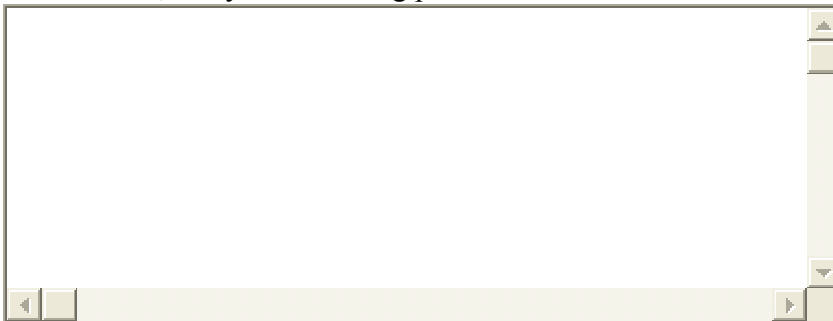
* 7. What is your plan of action when you fall sick?

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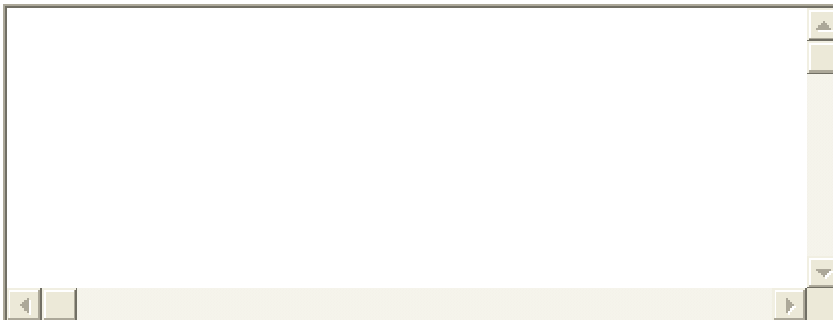
* 8. Do you have any alternative methods of treatment that you prefer? For example home remedies or traditional treatment

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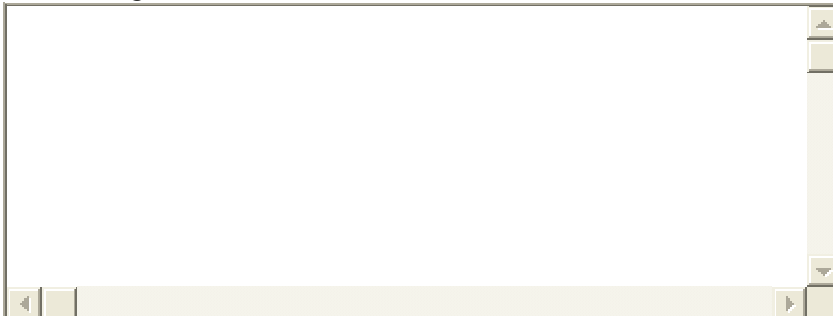
* 9. What is your view or opinion on acquiring the health services e.g. appointments, convenience, delays and waiting periods?

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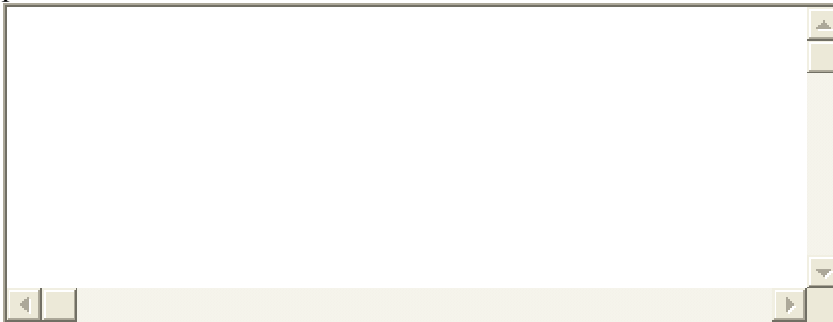
* 10. Have you ever felt the need to have a translator or request for one? How helpful was it?

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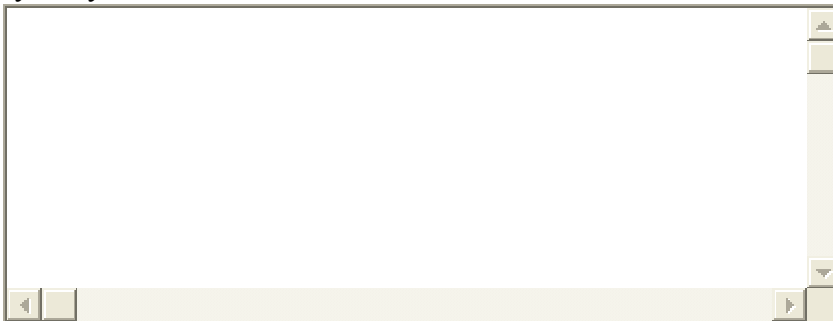
* 11. Do you feel involved in the course of treatment and understand the instructions when using the health services?

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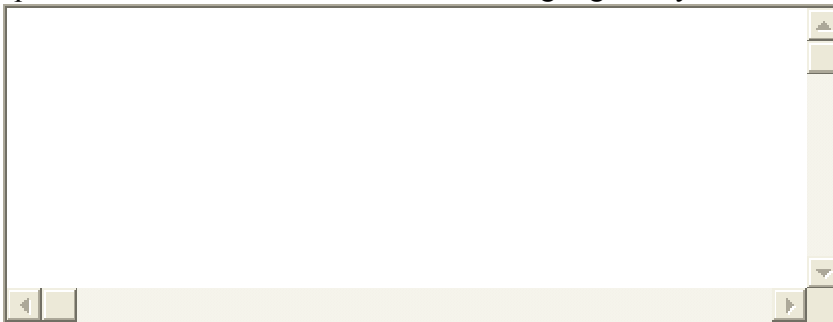
* 12. What kind of health concerns or issues are you afraid to discuss with the healthcare provider?

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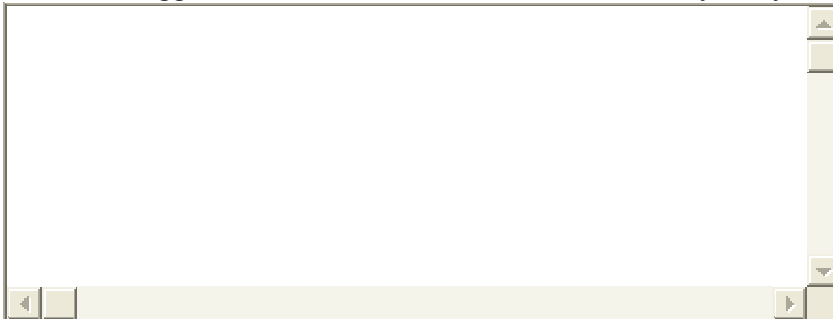
* 13. Name the major factors that make it difficult to access or use the health services in Jyväskylä?

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* 14. Have you ever felt the need to travel back to your country of origin for some specific healthcare consultations? Please highlight why

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* 15. What would you like to add in your own opinion, for example: views, concerns, wishes or suggestions on the current health services in Jyväskylä City?

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< Finish Survey >

Appendix 6: Themes

Knowledge of the healthcare system and available resources

Do you know about the healthcare services provided by the city of Jyväskylä? Describe briefly

Do you feel that you have sufficient information on the health services in Jyväskylä? E.g. Local services, emergency, specialized care. If YES, how or from whom did you get the information and if NO what would you like to know?

How do you get information updates on current health matters in Jyväskylä City?

Access and use of the health services

What is your plan of action when you fall sick?

What is your view or opinion in acquiring the health services e.g. appointments, convenience, delays and waiting periods?

Name the major factors that make it difficult to access or use the health services in Jyväskylä

Have you ever felt the need to have a translator or request for one? How helpful was it?

Have you ever felt the need to travel back to your home country for some specific healthcare consultations? Please highlight why

Do you have alternative methods of treatment that you prefer e.g. home remedies, traditional treatments?

Interactions while using the health services

Do you feel involved in the course of treatment and understand the instructions when using the health services?

What kind of health concerns or issues are you afraid to discuss with the healthcare provider?

What would you like to add in your own opinion? Views, concerns, wishes or suggestions on the current health services in Jyväskylä City