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CULTURAL DIVERSITY MANAGEMENT IN HOSPITAL X, FINLAND

(Proposed model towards culturally competent Nurses)

Helsinki Metropolia University of Applied Sciences

Degree

Degree Programme

Master's Thesis

18/11/2019

Author(s) Title	Carolyn Wanjohi Cultural diversity management in Hospital X <i>(A proposal model towards culturally competent Nurses)</i>
Number of Pages Date	49 pages + 9 appendices 18 th November 2019
Degree	Master's Thesis
Degree Programme	Health Business Management
Specialisation option	Master's degree in Healthcare
Instructor(s)	Marianne Pitkääjärvi, Principal Lecturer
<p>Abstract</p> <p>Introduction:</p> <p>Global markets, free trade and labour movements are constantly changing the demographic in the workplaces. Healthcare is considered to be among the most diverse sector. Diversity and Cultural Diversity has the potential to increase performance among health workers and improve the well-being of the patients and patient's experience. European countries including Finland have experienced increased population diversity from international immigration.</p> <p>Purpose:</p> <p>It is the purpose of this study to review and compile data on the best practices on cultural diversity, that could be of benefit to the case company.</p> <p>Aim:</p> <p>The aim is to generate a proposal model on how the hospital can incorporate cultural diversity strategies in their policies and adopt components of cultural competence that would one or another benefit the hospital as whole.</p> <p>Method:</p> <p>This is a qualitative study looking into the cultural diversity management of nurses as a vital part of the work force in case company, Finland. Data was collected through literature review of best existing practices and Interviews conducted from 15 registered nurses and 3 ward</p>	

managers to obtain data that highlighted some of the issues and challenges associated with cultural diversity competency and management in the hospital. All interviews were audio-tape recorded, manually transcribed and analysed using qualitative content analysis. Credibility of the analysis was ensured through a workshop conducted in the hospital with a total of 8 participants.

Findings:

The findings of the study based on the interviews indicated that there are equal opportunities regardless of the employee background; recruitment and hiring is done fairly based on individual qualifications and suitability for positions, but there was no formal diversity initiative in place. The overall impression from the interviewees was that they value diversity and are open to working together in maximizing the possible benefits of working in a culturally diverse workplace. They identified the negative aspects rising from the diverse team to be mainly from cultural differences, in terms of individual attitudes, values including communication and language barriers.

Results:

The end result is a proposed model on cultural diversity awareness based on best practices from the review of literature and the current state analysis. In order to maximize on the possible benefits associated with culturally competent workforce, this study indicates that organisational leaders need to consider three important questions. Who is directly/ indirectly affected by their diversity effort, how they are affected and why venture into cultural competency? The study further highlights a possible road map that the hospital could adopt towards achieving culturally competent workforce. Finally, the study recommends trainings on cultural diversity to be incorporated at institutional levels when training health staff as part of their curriculum prior to joining the work force.

Keywords

Culture, diversity, Management, Cultural diversity, Conflicts, Workforce, Nurse, Healthcare, Hospital X, Finland

ACRONYMS AND ABBREVIATIONS

CSA	Current State analysis
CD	Cultural Diversity
CDM	Cultural Diversity Management
DM program	Diversity Management Program
RN	Registered Nurse
M1	Manager Line 1
THL	Finnish Institute for health and welfare

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1 INTRODUCTION

Immigration, workforce demographics and globalization enhance the diversity of a population due to the diverse backgrounds of individuals (Martin, G.C 2014, Liu et al., 2010). With the free movement of trade and people, traditional homogeneous workplaces structures are continuously changing (Sippola, 2007). Workers and employers are continuously in contact with each other around the world. Due to immigration, healthcare organizations have become more diverse than ever before, both in the management, staff and patient population. The complexity of healthcare organizations demands that employers act and behave in a certain way.

In the recent years, immigration in Finland has been growing rapidly resulting to a more diverse population than ever before. The growth has gradually attracted foreign investors, hence the raise in culturally diverse workforces. Different groups and individuals move from their countries of birth and settle in foreign countries. The increasing diversification at workplaces requires the leaders to possess various competencies. Sippola (2007) argues that even in a traditionally homogenous country like Finland, the cultural and ethnic-based demographics in the workplaces are changing as labour markets become more diverse.

According to statistics Finland the overall population by the end of year 2017 was 5513130 and 402,619 persons with foreign background living in Finland by the end of 2018. The number was based on origin, country of birth and language. The 2019 statistics Finland's preliminary population date was 5,521,158, with a population increase of 3239 persons from January – June 2019. Statistics Finland attributes the increase to migration gain from abroad (Statistics Finland; European Employment services 2019). People are moving into the country due to family attachments, job, education and other personal reasons (Wesołowska, Hietapakka, Elovainio , Aalto, Kaihlanen, & Heponiemi,. 2018).

Emigration and immigration have gradual effect on marriages, families, religions and the population in general. Another survey conducted by statistics Finland and the National Institute for Health welfare in 2014 on work and well-being among people of foreign origin revealed that over 50% of that population moved in to the country due to Family ties.

UTH survey found that immigrant's employment rate varied depending on immigration reason, reporting the employment rate of work-related immigrants' to be way higher than persons with Finnish background (UTH survey 2014, statistics Finland).

The city of Helsinki, which is the highest public employer in Finland aims to the model city of diversity. In response to these changes, the City of Helsinki had various goals in its 2013 -2016 strategy with regards to immigrants and diversity and considers all residents to be active participants in the society. A meaningful career path and a productive future prospect is what the City of Helsinki considers to as active participation. Some of the goals in the strategy is the improved management of diversity and the recruitment of foreign language speakers in experts and supervisory positions. In service development the city suggests more use of sports and cultural services (City of Helsinki, 2013). The highest employment rate in Finland is considered to be in the service sector, with city of Helsinki as the largest single employer in the public sector (European Employment Services, 2019).

This thesis explores the idea of culture and cultural diversity management in the case company, Hospital X that is located in the Southern Finland. Two main sources of data utilized were, secondary data from existing literature and primary data from interviews. The participants' perceptions and experiences are analysed and combined with existing research on cultural diversity management to generate a proposal model for the case company. In his research paper on socialization and culture, McMillan-Capehart (2005) found that while the effect of cultural diversity variables on the organisations outcomes varies, it is mostly the relationship between individual`s characteristics and attitudes that affect group dynamics in the organisation.

2 THEORETICAL BACKGROUND

This section gives a brief overview of the main concepts in diversity and cultural diversity management focusing on healthcare organizations.

2.1 Cultural Diversity

There are various definitions and understandings on cultural diversity. According to Fleury, 1999 although Cultural Diversity can be studied in different perspectives, understanding the culture patterns, values and power relations are important.

Cultural diversity can therefore be studied from a group or individual level, organisational and societal level. Amadeo (2013) refers to cultural diversity as when differences in race, ethnicity, language, nationality, religion, and sexual orientation are represented within a community. On the other hand, the individual levels pertain to personal beliefs, values, norms and attitudes that shape how individuals view the world around them (Cox, 1994).

Diversity can be categorized as surface-level diversity or deep-level diversity. Surface level diversity can be defined as the extent of demographic variation such as nationality, race, ethnicity; religion and gender and deep level diversity as the disparities in personality, attitudes, values and capabilities (Desivilya et al, 2014). Diversity in the workplaces is primarily about creating a culture that seeks, respects, values and harnesses difference. This includes all the differences that when added together make each person unique. So instead of the focus being on particular groups, diversity is about of us. Change is not about helping “them” to join “us” but about critically looking at “us” and rooting out all aspects of our culture that inappropriately exclude people and prevent us from being inclusive in the way we relate to employees, potential employees and clients of the health service (Martin, 2002).

Creating a harmonious diverse workplace requires dedication and personal input from all parties involved due to the fact that each individual possess unique cultural values, beliefs and behaviours. According to Jeffrey’s (2006), cultural values and beliefs consciously and unconsciously guide how individual professionals think, make decisions and their action implementation. Jeffreys (2006) views CD as beneficial not only to patients but also in employee- employee interaction.

2.2 What is Culture?

Fletcher et al (2015) considers culture to be more than ethnic group, culture influences how people see the world, guides and shapes how we think politically, socially and personally. Culture is the values, attitudes, beliefs, orientations, and underlying assumptions prevalent among different groups of people in the society (Meuleman, 2012). Cultures are therefore dynamic in nature.

Hofstede 2010 relates to culture as mental program. According to Hofstede people have their own patterns of thinking, feeling and potential acting that are learned throughout their lifetime. Most of these attributes are acquired during childhood and to since cultures are dynamic, people have to unlearn these patterns before being able to learn something different. Unlike cultural practices, values are deep rooted and are hard to change; they are implicit and belong to the invisible software of our brains (Hofstede, 2010, pg.23).

Hofstede 2010 continues to argue that almost everyone belongs to a number of different groups and categories at the same time, we therefore unavoidably carry several layers of mental programming within ourselves that contributes to different levels of culture.

These levels according to Hofstede are:

- National level
- Regional and or ethical and/ or religious and/ or linguistic affiliation level
- A gender level (according to whether one was born a girl or a boy)
- A generational level
- A social class level, associated with educational opportunities / occupation and profession,
- Organizational, departmental and/ or corporate levels according to the way employees have been socialized by their work organization.

For the purpose of this thesis emphasis more will be on the national, linguistic, generational and organizational levels shall be considered. According to (Martin, 2002), culture and identity have a great relevance to health service policy in that they shape people`s definition of health, influence the manner in which they take up health services, pose challenges in relation to increasing number of foreign workers and they challenge health policy and provisions to be culturally appropriate and accessible in order to achieve equitable health status

2.3 Cultural Competence

Cultural competence in nursing encompasses the skills and knowledge that a nurse should have in order to care for the patients who come from a different cultural background (Betancourt, 2005). The application of these skills, knowledge and attitudes are important among nurses who operate in a multi cultured society (Papadopoulos, 2006). For the purpose of this study, cultural competence is explored in relations to how staffs from different backgrounds and culture manage the differences in attitudes, values, and beliefs. Cultural competence is necessary in nursing as the practitioners get to deal with people from different backgrounds and cultures. It is imperative for the nurses to become trans- cultural practitioners as highlighted in the Transcultural nursing model advanced by Leininger. (Clarke, McFarland, Andrews, & Leininger, 2009).

Understanding the cultural beliefs, race, ethnicity, sexual orientation, religion, age and other personal characteristics of the clients is critical for the nurses if they are to provide quality care to their patients. According to Papadopoulos (2006) cultural competence among nurses is made up of three components; cultural knowledge, cultural sensitivity and cultural awareness. The combination of these three components coupled with practical skills helps the nurses to offer improved and specialized care to their clients. According to Ramsden cultural competence involves the diffusion of education and nursing which helps the nurses to provide care to all their clients regardless of their culture and ethnic backgrounds (Ramsden, 2005). The Ramsden definition cultural competence is highly different from other scholars as it views the competence as an outcome from those who receive the services and also advances the notion that cultural competence may lead to stereotyping of the patients (Ramsden, 2005).

Jeffrey's 2006, summaries COMPETENCE as an acronym with essential elements for the development of a competent multicultural workplace, as shown in the figure 1 below

"Multicultural Workplace COMPETENCE

Caring sincerely about one's own and co-workers' cultural values, and beliefs (CVB) is the first step towards developing multicultural workplace competence

Ongoing diversity awareness and sharing of CVB among co-workers fosters a workplace climate that openly embraces diversity and encourages dialogue

Multidimensional aspects of multicultural workplace competence include cognitive (knowledge), practical (communication skills), and affective (attitudes) dimensions

Proactive cultural dialogue and sharing among co-workers opens up discussion, decreasing the risk of unintentional cultural mistakes, pain, and conflict

Ethics and patient advocacy underscore the need for multicultural workplace collaboration based on research, theory, personal, and clinical experience

Trust is an essential component for building multicultural workplace harmony that begins with self-disclosure and demonstrated respect for diverse values

Figure 1 Multicultural workplace COMPETENCE (Adopted from Jeffrey's 2006)

2.4 Diversity Management

There are several understandings and definitions on diversity management. The Australian multicultural foundation (2010) defines it as the ongoing process of incorporating the recognition of workforce and customer differences into all core business management, functions, communications, processes and services to create a fair, harmonious, inclusive, creative and effective organisation. Diversity, especially cultural diversity management is a global trend that most businesses are incorporating in their business strategies and models. Effective management of a diverse culture is necessary if an organization is to achieve its goals and missions.

The multinationals' and multiculturalism in workplaces require organizations to understand how diversity in the composition of organizational groups affects outcomes such as job satisfaction and creativity, (Milliken FJ et al, 1996:1). The need for the management to come up with methods of managing diversity has increased in recent years due to globalization and the free movement of labor and capital. Managing diversity entails coming up with ways in which individual talents and differences are encouraged while departing from a collective viewpoint (Adler, 2008). Incorporating individuals from different backgrounds into a system is a challenging undertaking which requires a

dynamic approach. Managing diversity does not only entail recognizing the different values and human characteristics in a workforce (Seymen, 2006).

Therefore, there is a need to come up with policies and strategies that will integrate all individuals in order to create a friendly environment for the entire workforce. The main challenge that faces the management of diversity in an organization is the culture blindness where the management refuses to acknowledge the implications of diverse culture of the workforce on the performance of the entity (Stevens, 2011). The culture blindness may be due to the fact that those managers who embrace diversity are viewed as unprofessional. The main argument for cultural blindness is that academic and professional qualifications should be the only yardstick that measures individuals' performance and dictate on how they engage with the other stakeholders in an organization. The problem of viewing the workforce from the perspective of only their professional qualification creates a working environment which is unfriendly and therefore leads to unproductively (Adler, 2008).

Acknowledging and identifying the existence of different cultural backgrounds in the workforce is important and there is need to use learn and use these differences to tap on the opportunities they bring. Managing effectively in a multi-cultured environment requires the management to embrace cultural differences and come up with strategic policies that will enhance synergy and create a friendly working environment. The existence of diverse culture in an organization should be viewed as benefit to the organization as advocated by (Adler, 2008). Therefore, in order to achieve maximum benefits of diversity there is a need to manage diversity effectively as otherwise it would lead to psychological stress and an ineffective labor force. Creating a common culture in an organization is imperative as it reduces the differences in culture and enables the organization to achieve its objectives.

Different management approaches have been developed to manage diversity among the workforce. These strategies are implemented by the organization based on the views adopted by the management. These approaches which include parochial, ethnocentric and synergistic give different directions on how the management should embrace and manage diversity (Gwele, 2009).

2.5 Significance of diversity management

An organization that promotes diversity and has put strategies that create synergy among these employees stands to gain from the different potential of these employees. Managing diversity can create a competitive advantage to the organization. A diverse workforce is able to understand the needs of many customers and therefore the services offered are specialized hence increasing the quality and superiority of services offered. Employing people from different races, gender, age and religion will help an organization tap to a market niche which otherwise would be hard to tap on (Stevens, 2011; Martin, 2002).

Stevens (2011), argues that cultural diversity ought to be viewed as a tool for competitive advantage, a diverse workforce offers a potential for competitive advantage and therefore there is a need to come up with strategies to enhance this advantage. A heterogeneous working environment is vital for the success of a business as it fully embraces all the individuals and hence promoting their productivity levels. It may also lead to promotion of better decision-making opportunities that will reduce the time and resources that are used to solve the problems affecting the organization (Adler, 2008). In nursing practice, culturally competent nurses are associated with better patient care leading to better healthcare outcomes (Bunjitpimol, Kumar and Sonrongthong, 2018). The change in demographics and labor shift makes it paramount for managers to not only focus on the benefits of a diverse workforce but be aware and manage the potential disadvantages such as increased turnover and lower job satisfactions (McMillan-Capehart, 2005). Different kind of teams consisting of men, women and minorities works from wider points of views, matching different cultures and agreeing on joint rules is part of a multicultural workplace (THL, 2015). A research in a German company measurement of 28 teams on different diversity characteristics came to a conclusion that highly diverse teams performed better on complex tasks than homogeneous teams (Catalyst 2013, p. 11).

If the working team is too homogeneous it doesn't produce enough different perspectives and opinions which is obviously bad for the solutions and later on to the business. A diverse workforce that is well managed increases the pool of innovators and innovation and increased creativity which are vital for the success of the business (McKay, 2009; Ryall, 2012; Catalyst, 2013). Innovation and generation of ideas comes along when such a team compliments each other's strengths and overcomes the weaknesses. Cohesion and interaction among the workforce create a friendly but competitive environment, which leads to success.

However, some scholars tend to differ, in that culture in itself is unique and changing depending on individuals' background and ways of conceptualising the differences. It is such differences that create tension, misunderstandings and conflicts between the employees (Nasim et al., 2017). They continue to argue that globalization is shaping the world today and that cultural conflict is one of its by-products, the shift in the global workforce from homogeneous to heterogeneous groups has caused workers to form coalitions and alliances to new biases that move beyond obvious differences of race, gender, and colour.

Cultural diversity related conflicts in the workforce are mainly due to shortcomings in communication, integration in the work environment, ethnocentrism, discrimination, stereotyping and unconscious biases in an environment where employees are required to think and act in a particular manner (Nasim et al., 2017). Seymen (2006) views the existence of cultural diversity in a workforce as a problem as it creates disharmony among the workforce and therefore coming with policies that will enhance this diversity is a waste of resources.

A study conducted in Ireland on cultural diversity in Irish healthcare sector revealed that the gradual cultural diversity increases in both the staff and the population seeking healthcare service has brought about challenges in ensuring that services are accessible, user friendly and equitable to people from minority groups. There was also an increased need to ensure that all staff are fully integrated into the Irish healthcare workplace in a way that respects cultural diversity (Martin, 2002). Many candidates research on the diversity policies of a company when looking for job opportunities and thus those companies with friendly policies end up attracting a diverse and talented workforce.

The chance of retaining qualified and experienced personnel is also very high in a company that encourages diversity and this helps a company to remain competitive in the market (McKay, 2009). Provision of services in a diverse cultured organization is improved because there is a greater understanding of the needs of the customers (Gwele, 2009).

2.6 Cultural Diversity Awareness and Best Existing Practices

Management tools in a diverse workforce should be used to educate everyone about diversity and its issues, including laws and regulations. Most workplaces are made up of diverse cultures, so organizations need to learn how to adapt to be successful (Mazur & Bialostocka 2010). To adapt to a culturally diverse population the staff require regular trainings focused on development of knowledge through collaboration with the minority groups and diversity experts. Delivery of healthcare is very intimate and personal experience for both the patient and the nurse. Globalization and multiculturalism in healthcare makes it imperative for nurses to be culturally aware both externally and internally to understand the cultural differences. Leininger & McFarland (2006) argued that quality healthcare occurs not only in patient's cultural context but also with promoting multiculturalism's among healthcare professionals through diversity self-awareness and diversity awareness.

According to Jirwe (2008; 30) if a nurse is not aware of his/ her cultural background, beliefs, values, traditions and traits and also understands how deeply rooted they are, it's unlikely that he/she understands, appreciates and acknowledges cultural differences. In a heterogeneous workforce, each individual belongs to one or more cultural groups, and given that diversity is not static, the same individuals can belong to different groups at different times along their career path. Culturally aware workforce facilitates smooth and value-based care delivery, leading to both staff and patient satisfaction. Diversity awareness is therefore a continuous conscious process of recognizing similarities and differences within and between different cultural groups. Ignoring diversity awareness can affect the interaction of these cultural groups, thus creating a negative workplace climate (Jeffreys, 2008).

3 OBJECTIVE, AIMS OF THE STUDY AND THE RESEARCH SETTING

In this chapter the thesis aims, objectives and research setting are outlined.

3.1 Aims and objectives of the study

The overarching aim of the study is to generate a proposal model on how the hospital can incorporate cultural diversity strategies in their policies and adopts the components of cultural competence to their advantage.

The objectives of the study are to

- Gain deeper understanding on cultural diversity management by reviewing the literature for best existing practices
- Establish the current state analysis of cultural diversity management in the case company
- Assess the employees' knowledge, attitude and motivating factors on multiculturalism
- Assess the management awareness, perceptions and attitude on managing culturally diverse workforce.

3.2 Research setting

The case company in this study Hospital X, a public hospital located in southern Finland, metropolitan region. The hospital has 13 different units which includes: -trauma and rehabilitation wards, neurological rehabilitation ward, infectious disease ward, geriatrics, acute care units, orthopaedic ward, internal medicine, polyclinic, gastroenterological unit / endoscopy and home healthcare departments). Other facilities include Laboratory, X-ray department, social workers, physiotherapists and occupation and speech therapist department.

Patients are admitted through referrals from the trauma and emergency areas and from other specialized and university hospitals around the metropolitan region. Hospital length of stay depends on the type of ward and the patient's' health condition, longer hospital stays are expected in the rehabilitation units and higher patient turnovers in the acute care units, with most units having a census of 25-28 patients.

The case company has a very diverse workforce in terms of age, gender, professional qualifications and work position, race, culture, heritage and region, sexual orientation and so forth. The hospital's employee population is approximately 300, with at least 64 of them being from a different nationality other than Finnish and from 26 different cultural backgrounds. The patient population is about 400- 500 which is also quite diverse due to globalization and demographic trends in last past years. Finland has Finnish and Swedish as the main languages; therefore, Finnish is the official language within the hospital.

To cope in the workplace's employees are expected to be team players, show ultimate respect to their fellow workmates, and respect patient rights by treating them equally and maintain patient's dignity at all times. For this to succeed employees should be culturally competent, and fully integrated in the society. Previous research in Finland have

attributed language barrier as the main setback to integration (Ghaffirs et al 2014; Yabal 2015). The composition of Finnish health care workforce has become more diverse than ever, both in terms of employees, patients and the management. The Finnish society will face a demographic challenge as more baby-boomers retire putting a strain on the labor market. The diversity in the society will mean that people have different opinions, beliefs and ways of working. In healthcare, such shortcomings create barriers to quality care. Poor integration of the workforce is a concern for patient safety, reliability, accuracy and efficiency of healthcare related operations and services provided.

There are however opportunities associated with such diversity, like getting more out of the foreign cultures, their working methods, attitudes, experience and knowledge on tropical diseases. As stated earlier the hospital has a multicultural workforce and has experienced gradual a rise in the percentage of Non-Finnish speaking patients over the last ten years. About 20% of the staff population is of foreign backgrounds (HR archives, 2017). This kind staff-staff and staff-patients multicultural could result into complexities and challenges especially in communication and cultural understandings. Hospital X has no specific guiding principles or implementation tools on culture-diversity management in the organisation.

4 METHODOLOGY

This section introduces and discusses the research approach and steps taken during data collection and analysis. The aim is to present the rational taken to conduct the study to enhance reliability and transparency of findings in response to research aim and objective.

4.1 Research design

The research commenced with me identifying a real business problem within healthcare organizations based on the current market trends on workforce diversity and the review of literature. Hospital has a heterogeneous workforce (Hospital X human resource data). Literature review in this thesis has been used to gain a deeper understanding of the topic and to justify the relevance of the research topic. Tracy (2012) argued that there are many functions of Literature review. These includes justification of the relevance of the research topic, prevention of duplication of research, provision of bench markers against which problem solving can be set, suggestion of indicators for changing practice and finally literature review allows concepts to be clarified and explored. Existing cultural diversity awareness programs and initiatives around the globe were carefully and randomly selected for the study in order to gain deeper understanding on cultural diversity and cultural diversity management.

Research questions were formulated based on business case and the intended output and qualitative research approach through semi-structured interviews adopted to explore, understand and establish the intentions, motivations and experiences of the participants in this study (Tracy, 2012; Maltby et al, 2010). Auerbach et al (2003) states that qualitative research is particularly well suited for diversity studies. The data is therefore full and rich (Saunders, 2016). This is because it focuses on listening to the subjective experiences and stories of the people being studied rather than assuming on the discovery of one universal truth.

4.2 Participants

There were in total 15 participants, including 3 from the managerial level, and from the workshop. I announced the thesis intentions through the hospital matron, who contacted the various departmental managers. The various departmental managers circulated the emails to the willing participants. All nurses who responded positively contacted me through emails, and dates were set according to their work schedules. The interviewed participants worked on different units and had been working in the hospital for at least 3 months and all within the age group of 25 to 50. All willing participants were selected based on the above criteria. Participants names and background information has been withheld for anonymity

There were linguistic concerns as not all the participants were conversant in both languages, English and Finnish however, all the participants had their nursing training in Finland had been born in the country or lived in Finland for more than 2 years.

Interview letters and consent forms were dispersed to the management and hospitals employees two weeks prior the interview dates. The participants also got a detailed outline of the research proposal and its intended outcome. This gave the willing participants adequate time to familiarize themselves with the research topics. The willing participants were at liberty to contact me anytime if they needed further clarifications. The initial interview dates were 29th September 2016 to 4th October 2016.

Although the interviews were conducted face-face and during working hours, it was impossible to arrange a mutually suitable time due to the differences in the work schedules. Some nurses were on holiday, others had night shifts, and with other we could not meet up in the agreed time due to unexpected workloads in my ward or in their ward. It was thus almost impossible to get the free 15 minutes as the interviews were done during working hours. Conducting all the interviews within the initial dates therefore deemed impossible due to the low response and challenges in getting a common hence some of the interviews were conducted in November 2016. All interviews were recorded and transcribed using the research questions to categorise the data and identify the key themes. Other sources of data used were from the literature review on the existing knowledge / best existing practices on cultural diversity & CDM.

4.2.1 Data collection

Primary data and secondary data were used in this research. The primary data was collected through semi semi-structured interviews and discussions from the group workshop while secondary data was collected through literature review and from hospital documents. Maltby, Willams, McGarry, & Day, 2010 defines an interview as a two-way communication between two people, the interviewee responds to the questions and further questions often arises as a result. To explore the feelings, experiences and perceptions of the participants, there was a need for social engagement with the participants through semi-structured interviews each lasting 10- 15 minutes.

This gave the interviewees a chance to express themselves under minimal restrictions but still under my control. Semi-structured interviews allow the researcher to not only obtain quantitative data (from the structured part of the interview) but also allows them to obtain qualitative data from the opinions, explanations and personal experiences of the interviewees (Burnard et al 2011) thus yielding richer qualitative data, and gaining deeper understanding of the phenomenon, (Saunders 2016; 568). The use of semi-structured interviews also deemed to be appropriate because the researcher was open to new information from the participants and also due to time constraints (Payne, 2007).

This form of interview is a more or less like a natural conversation (Maltby, A. Williams, McGarry, & Day, 2010). I had the time schedule and the set of questions that needed to be covered, but the order in which the questions were covered depended mainly on how the interviewee answered each question. I therefore needed to keenly listen to the content of the interviewees' responses and make notes whenever necessary.

Other forms of interviews can be structured or unstructured. Tracy (2012) explains structured interviews to be those that are more standardized and rigidly controlled by the researcher. In such interviews the researcher has the schedule that guides the order and content of the questions. The unstructured interviews are a contrast of the structured as Tracy (2012) continues to state, the participants have total control of the of the interview content, while the researcher sits back and listens. The researcher's role is to keep the interview flowing, however due to the lack of restrictions both the researcher and the participants might find it tiring and stressful. The structured interviews are considered to be the most reliable but with limitations in terms of response depth.

The interviews were conducted in English during working hours in an informal setting within the hospital. Healthcare settings have a complex and busy environment, we would sometimes agree on the date and time only to cancel in the last minute because emergency situations in the participants work area. Management perspective was explored by interviewing the hospital matron and two other unit managers. Interviewing both the staff and management was crucial in understanding the current state analysis of the hospital. Since the managers are responsible for the overall management of the hospital, their opinions, experiences and support were crucial in the model generation. The findings from the CSA, were presented to the hospital matron who approved the results. The CSA analysis / findings formed the basis of the workshop.

Data from the workshop, gave a deeper understanding and a wider perspective on the phenomenon. The workshop was conducted on 16th November 2016 in one of the wards that the hospital matron selected. The ward was perfect for this study given the fact that it had a perfect mixture in terms of multiculturalism and they were nurses within different age groups and with varied work experiences. Prior to the workshop I had analysed the face-to-face interviews and written down the most recurring concepts by doing a SWOT analysis. To maintain confidentiality no individual names or even unit names were used in the compiled list of concepts. The workshop was an open discussion with the participants; based on the study topic, interview questions, the participant's opinion and experiences.

The workshops rules stated below were read out and hard copies distributed to the participants prior to the discussion.

16.11.2016 WORKSHOP RULES: -

So let's talk with the following rules.....

This discussion is not to give any employee advantage over the others (Tämän keskustelun tarkoituksena ei ole antaa etuoikeuksia kenellekään).

- Your opinion matters (mielipiteelläsi on väliä)
- No judgements (ei leimoja)
- No names will be used in the thesis (sinun nimeäsi ei käytetä ollenkaan)
- In case of further questions / contributions feel free to contact me (saa vapaasti ottaa yhteyttä myöhemminkin)

Figure 2 Workshop rules.

4.3 Data analysis

Hospital X is a multicultural community in terms of staff and the gradually rising patient population. Having worked in the hospital for a period of over 3 years gave me a passion and motivation to positively contribute to hospital and healthcare organization at large in embracing diversity. The diversified nature of the participants and the limited research on cultural diversity management in hospitals also made qualitative content analysis most suitable for this study. Maltby et al (2010) argues that qualitative analysis can be used to search for the uniqueness and the similarities that might exist between one participant's perspective and others. Qualitative analysis is one of the numerous research methods used to analyse text data and it dates back to the 18th century.

It has gradually gained popularity and recognition in healthcare researcher (Hsieh and Shannon 2005). Text data might be in various forms i.e. verbal, printed out, electronic form or even data obtained from narrative responses, open-ended survey questions, interviews, focus groups observations, articles and books (Mayring, 2000).

Qualitative content analysis goes beyond counting words to the examination of the language in order to reduce and efficiently classify large amounts of text to manageable categories with similar meanings (Weber, 1990). Other methods of qualitative content analysis include, directive and summative content analysis. All the three methods basically require similar analytical process (formulation of research questions, selection of sample data to be analysed, definition of categories to be applied, outline of the coding process, and implementation of the coding process, credibility and analysis of the coding process).

The major difference lies mainly in the content to be analysed and how the initial codes are developed. In conventional content analysis categories are derived directly from the data during data analysis, the directed content analysis (also known as deductive category) the researcher uses existing theory to develop the initial coding scheme. The summative content analysis approaches text as single word in relation to a particular content. Analysis of the pattern then leads to an interpretation of the contextual meaning of the selected contents (Kyngas&Vanhanen, 1999; Hsien&Shannon, 2005).

To gain a deeper understanding, the collected interview data was qualitatively analysed and to achieve the desired outcome I adopted conventional qualitative content analysis,

by immersing myself in the data as I searched for new insights, a method known as inductive category development (Mayring, 2000; Hsien & Shannon 2005), this allowed me to generate new knowledge and theories (Tracy, 2012). In this thesis, qualitative content analysis is defined as a research method for the subjective interpretation of the content of text (transcribed interviews) data through the systematic classification and identification of themes or patterns. I used qualitative content analysis that rejects preconceived categories to allow the categories to flow inductively from the data. All interviews were audio-tape recorded and manually transcribed. The analysis process started with familiarization of the recorded interview data to identify the units of analysis. These would be statements or words that the interviewees used that had the same meaning. This is a process that continued throughout the study that involved listening to the interviews, coding and re-coding the data (Maltby et al, 2010).

I listened several times to the recorded data, and made summaries and self-memos throughout the process. Participant's statements were then simplified to sub-categorise statements that had similar meanings or those that depicted relations in similar topics. The sub-categories were further condensed to abstract (categories formation and abstraction) the key concepts, a process that continued throughout the analysis process. Refer to figure 2 in the appendices.

Conventionally, content analysis is generally accomplished according to a study plan aimed at describing a phenomenon for which existing research literature is limited. Data is gathered primarily through semi-structured interviews and probes tend to be either open-ended or specific to the participants' comments rather than adhering to a pre-existing theory (Hsieh and Shannon 2005).

5 FINDINGS

This section is a detailed summary of the data analysis based on the interviews, and the workshop interpretations based on the study aims and objectives.

5.1 Multicultural workforce

Many of the participants identified with diversity as a positive phenomenon. They felt that diversity in the workplace has come along compared to the previous years.

“The hospital workforce is quite diverse, with 64 different nationalities, 26 of which were from different cultural backgrounds (M1).”

They however pointed out the lack of awareness regarding the whole concept of cultural diversity. One RN who had been working in the hospital for 4 years felt that:

“Any diversity is good...mmm it is positive to have different people from different cultures” RN4

“Any diversity is good. Of course, probably the worst is the language, if foreigner’s do not know Finnish, that might be the main problem but other than that I think it is positive to have different people from different cultures” RN3

Another who had worked in previous hospitals before working for Hospital X, felt that compared to her previous workplace Hospital X was in a better position in terms of workforce diversity

*“Like this is the first time that I work...like with someone from other country, like when I worked in-----*am the one with black hair..*laughs..*also here but there is one guy from Asia or something like that,.....but a heterogeneous workforce will be good for them to see how like other cultures works, and for them to know that other cultures exists...something like that. That’s my...mmhh observation” (RN2)*

“Cultural richness has developed, before there was not workforce from many different countries. I think employer has promoted this diversity in recruitment” (RN4).

While most managers assert to diversity being good for business, the wrong approaches to increase diversity can heighten tensions among the employees thus hindering a company’s performance (hbr.org, 1996). The complexity of the relationship between cultural diversity and organisational performance requires elaborate and strategic analysis as no single specific action can fully lead to maximum benefits (McMillan-Capehart, 2005).

5.2 Linguistic competency

Language is an important element in cultural competency; language affects almost all aspects of life. Although it is possible to achieve fluency in one or more languages other than one’s native tongue, linguistic competency tends to be highest among native

speakers, who understand common idioms and the nuances of paralinguistic cues e.g., vocal inflections and tones (McGinnis et al 2010).

Communication issues due to language barrier were a recurrent topic with most of the participants. Though the employees had the required language skills to work in the hospital, majority of them still felt that language is a major problem, and a cause of conflicts among the nurses

“when I started my language, skills were not good enough that sometimes I misunderstand something or sometime I couldn’t understand all the words but for my cultural background we don’t always ask people., so sometimes when if I think this is not so important to understand I won’t ask. What does it mean? I am just ok...like...you know. Pause...but sometimes it leads to problem because people think I understand but didn’t” RN2

The participants were however seemed to be aware of what they needed to improve linguistically.

“But to improve, I need to study the language”RN1

Multiculturalism has increased the need for unambiguous communication. Misunderstandings and misinterpretations are the main cause of emotional conflicts between culturally diverse individuals, which may eventually affect the organizations outcome due to decreased performance (McMillan-Capehart, 2005). Inadequacies in linguistic competencies may lead others to work in junior positions despite their qualifications.

“I actually graduated as a sairaanhoitaja, the first two years after graduation I worked as a perushoitaja because of my language skills...yea.” RN2

Sairaanhoitaja = Registered nurse

Perushoitaja = Practical nurse

Linguistic competency in the hospital environment is not all about being in a position to communicate with the staff, the patients and relatives but also the written skills due to the sensitivity of healthcare related documentation.

One of the participants felt though some individuals had adequate Finnish communication skills, their poor writing skills did put a strain on the rest of the team members.

“...and sometimes the language if someone cannot do 100% if they do not know Finnish. Like if there is like written work that needs Finnish skills, they can get away with those jobs” RN3

The level of intercultural communication and interaction adjustment depends on individual competencies. There are open communication channels between the management and the staff. The management can be reached at any time via phone calls, emails, or office visits without any appointments. Employee to employee communication differed with the wards. Some workers felt that there were some communication breakdowns, which was mostly prevalent while working in a team.

5.3 Inter-group conflict

Language barrier was identified as a catalyst to misunderstandings and conflicts among the teams. Complaints and inter-group conflicts in a multicultural workplace are inevitable. As human beings we possess within ourselves the skills of reflection, empathy and communication but we are also capable of waging conflicts on massive scales just over anything (Hofstede 2010, pg. 12). The interviews from the hospital revealed that complaints surfaced between not only between Finnish and non-Finnish staff but also among/ between the Non-Finnish staff. There were however no major conflicts.

“There could be some disagreements between for example, two nurses who came from the same country but they have different religion or different status in their own country, in such cases the dispute is settled at ward level by the ward manager and if unable to resolve then it is taken to the Nursing director ”(RN2)

Misunderstandings have been solved within the ward between staff- staff or with their ward manager. The misunderstandings mainly occur due to difference in opinions or ways of carrying out various activities. Even though the staff has a common shared goal projected towards the same outcome, different people have different ways of

implementing such activities and are adamant that they ways are the most effective. Interviewee 1 felt that they were able to talk and come to a common understanding.

In the case of misunderstandings, we try to communicate with each other and try to understand and solve the problem, try to understand what the others are thinking.” (RN1)

*“I think it’s just minor conflicts, I have not really encountered major ones. aah.. first maybe is like communication problem, is not about the language but something like *pause*..the way it should be done, something like that. Aah... Minor ones maybe is like in group work, then you have someone who is lazy. So there is a problem, like what do you call it?...i just do it myself.”*

5.4 Cultural diversity awareness

There was no agreed notion on what cultural diversity entails and how it can be used positively due to differences in values and attitudes among employees and limited knowledge on cultural diversity.

The participants felt that there were several challenges associated with CD that hinder the hospital from realizing its full potential as a multicultural workplace. These setbacks are highlighted in figure 3 of SWOT analysis below.

OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> ✓ Highly motivated workers ✓ Cultural competent nurses ✓ Increased organizational competitiveness ✓ Increased quality of care ✓ Increased patient satisfaction ✓ Increased employee retention 	<ul style="list-style-type: none"> ✓ Low morale among employees ✓ Lower workforce retention (too many employees changing workplaces). ✓ Low business opportunity for the hospital ✓ Increased conflicts/misunderstandings

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Figure 3 The hospital's current state SWOT analysis

There was lack of awareness in that not all employees understood the aspect of cultural diversity and cultural diversity management.

"Here in Finland is like non-existence, they still do not know something like that, that's my observation" (RN2)

Some had a vague idea of the concept and all participants were interested on learning more about the concept from both the organizational and individual level. Most of the participants felt that communication and teamwork was efficient but there is room for improvement. The participants however felt that there exists a good environment for cultural diversity, since there were no reports of major cultural conflicts among the employees. Some participants pointed out that conflicts can also arise due to individual's attitudes, nationality and level of language skills.

"Well I don't know if it always about the culture or is it the person, but there are issues with some nationalities and sometimes with the language if someone cannot 100%"(workshop)

The hospital does not have any official guidelines, models, policies or strategies in place on how cultural diversity could be articulated to improve the overall performance of staff within the hospital.

"I don't know if there is such" (RN3)

"It might be good if we can get to know what that cultural program is, I don't know, I have not heard of it before. Am interested in that and there could be more trainings and seminars on different cultures for working nurses, I don't remember here in HOSPITAL X education about cultural, on different cultures of employees or patients. Hmm...that could be more "(RN4)

6 DISCUSSION

This chapter is a discussion of the model generation derived from the research data. According to (Hays-Thomas, 2017), scholars propose models as statements of their thinking based on their research experience, the models maybe incomplete, less accurate and therefore should be tested.

Interviewees showed little or no knowledge on cultural diversity and diversity management. Therefore, in the creation of the model external factors that directly affect how diverse an environment is or culturally competent its residents are. For the purpose of this thesis, we tackle three important components whose views are directly interlinked with diversity. These include the society, organisation & individual. Simplified by answering the WHO, HOW & WHY questions. These three are basis for the conceptual framework for cultural competence. Jirwe et al. (2006) argues that social-cultural, historical and political are reflected in different conceptual frameworks for cultural competence. The model can be used as guide to identify the key components of cultural competence appropriate for the Finnish population and practical in the healthcare system.

It is beyond the scope of this thesis to research and discuss all the three main aspects of SOI (Society, Organisation & Individual) based on the Finnish society. Emphasis is therefore on how the hospital can incorporate cultural diversity strategies in the policies. Train the management on cultural diversity awareness and management, and provide sought of a pro-active approach to the nursing staff and the employee and patient population in general.

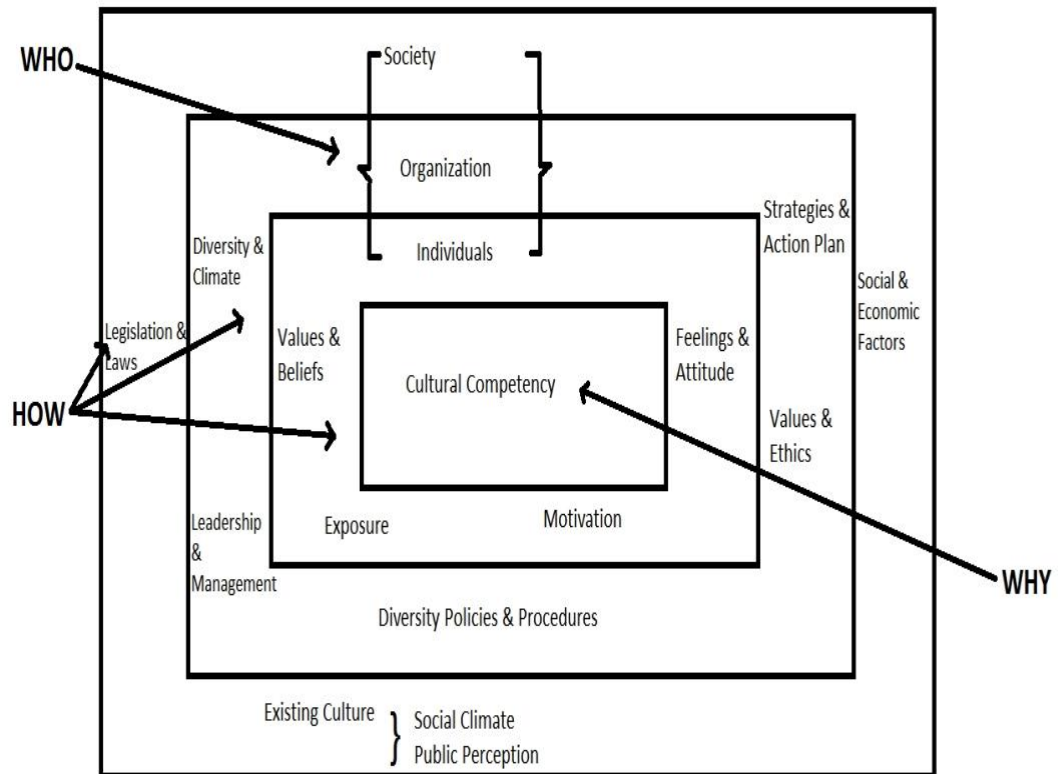


Figure 4 SOI cultural diversity model

Healthcare systems and the diversification of the population are different in every region. The SOI model is based on that assumption. In Finland local authorities decide their scope of services based on the legislative laws and policies from the Ministry of Social Affairs and Health. The ministry formulates social welfare and health care policies, prepares and oversees legislative reforms. In a multicultural environment the managers need to understand the interaction between managerial and legal perspective of diversity (Canas et al, 2008). Cultural diversity initiatives and awareness programs should therefore be strategically implemented to facilitate integration and cooperation within the organization.

As illustrated in the SOI model above, the “WHO” is a great determinant of the success of the other two variables. The set organization culture will drive the performance and quality of services rendered. Self-initiatives from the managers is therefore important in influencing culturally changes within the hospital environment

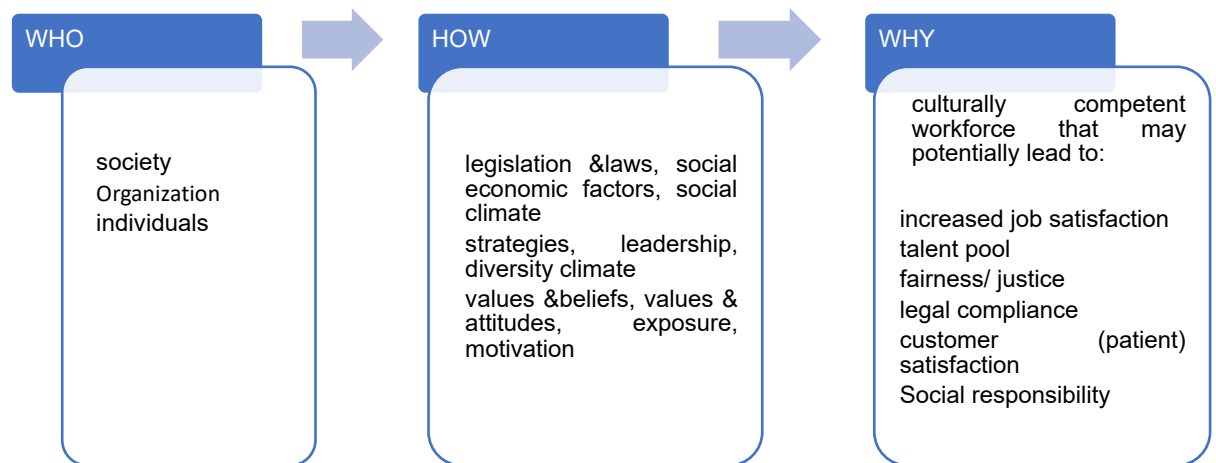


Figure 5 The key aspects in SOI model

Regular trainings and workshops targeted on both the managers and the employees in cultural diversity awareness can be organised in healthcare organisations. Previous research on the business case for diversity and inclusion highlights on the complexities that might arise during the transformation process. The British chamber of commerce in Japan suggested that for diversity and inclusion to be sustainable, it has to start from the Leaders and managers perceptions. Managers will be required to be accountable and committed to bring up change through example and incorporating diversity strategies in the company's vision and mission statements. (due to the complex nature of healthcare organizations, performance indicators defer from other companies. Top priorities for healthcare organizations include patient safety, patient satisfaction, quality care & quality improvement activities, employee effectiveness and job satisfaction, employee retention). A fundamental change therefore is a combined effort from both the employer and the employee. They all need a change in their attitudes, assumptions and behaviours towards diversity into a deeper holistic understanding of the concept. According to the hbr article, *making differences matter: A new paradigm for managing diversity*, most organizations just encourage the minority to blend in or set them apart in jobs that are directly related to their backgrounds all in the name of equality and fairness.

Price global suggests a more positive approach by encouraging recruiters and hiring managers to be more aware of possibilities of affinity bias. The company stresses on the importance of diversity inclusion and employee engagement. Companies need ensure that their employees motivated and can adapt to different expectations from the business cultural view. Research has also shown that though diverse teams perform better than homogenous teams, diverse groups can be complex leading to constant conflicts and

delays. This can be corrected by managing inclusion and leveraging diversity to ensure high performance.

Figure 6 below is an illustrative road map that I created based on the research data and the study objectives. Hospital X could incorporate the map in its strategies towards culturally competent workforce.

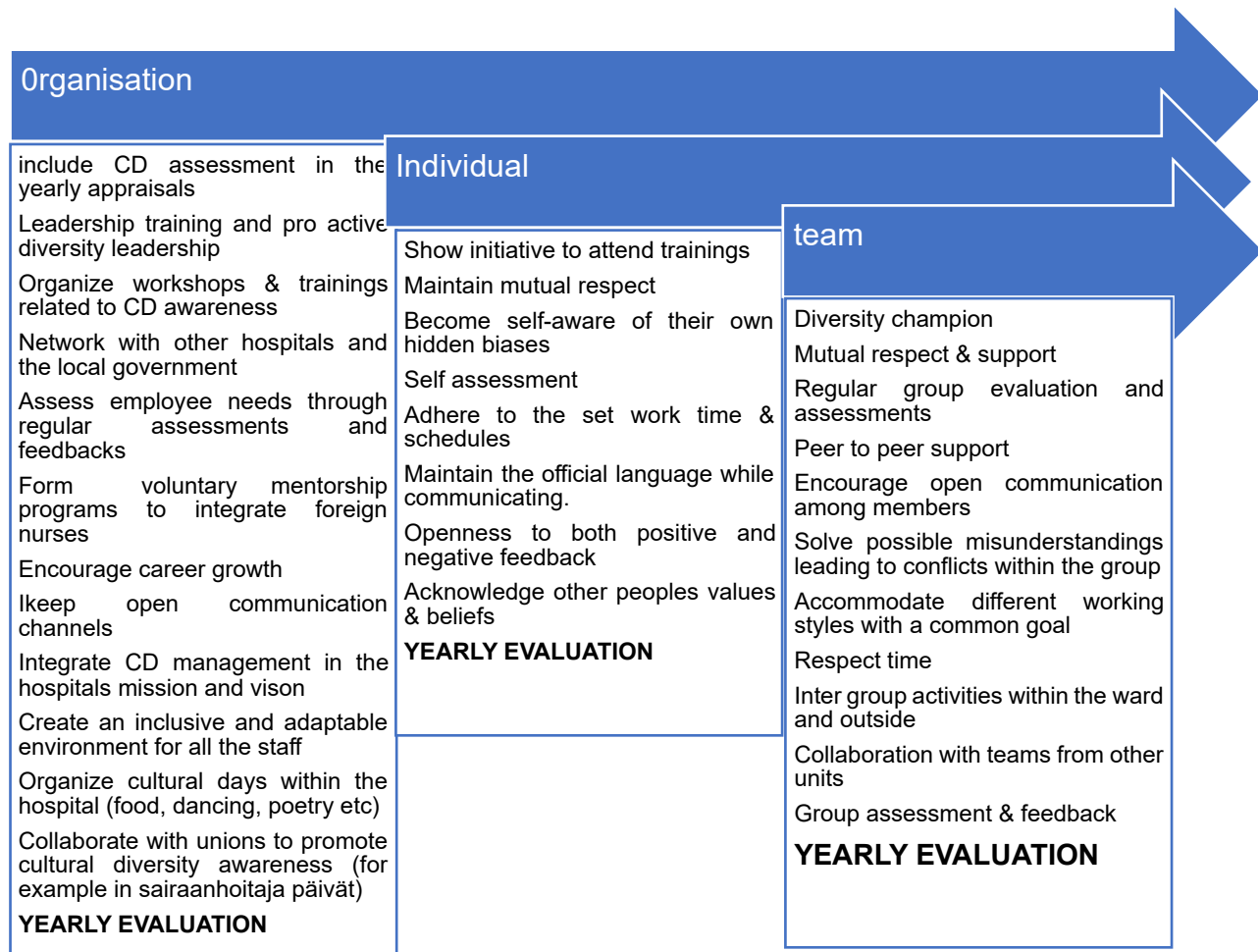


Figure 6 The OIT Road Map towards competence development (OIT = Organisation, Individual & Team)

Constant CD awareness training and assessments will help us accept it and deal with both the opportunities and challenges that come along (Martin, 2002.Cultural diversity has been associated with creativity, better problem solving, decision making and increased productivity (McMillan-Capehart, 2005).

For diversity to succeed, individuals should demonstrate self-initiatives and commitment.

Individuals need to be aware of their own biases, attitudes, values and belief affects the team. Active participation in culture and diversity related workshops, is a way of developing and attaining cultural competencies as individuals. The complexity of healthcare organizations requires customized training models and workshops to include “role-plays”, that help the healthcare workers develop empathy, listening skills, openness, and non-judgemental attitudes (Seeleman et al.,2009).

Communication plays a vital role within all the three aspects of the OIT. Organizations should ensure that there is an open and non-judgemental communication panel. Including communication as part of the cultural management strategies creates organizational transparency. Workshops and trainings focused on communication and diversity, creates awareness on different communication styles.

Yearly evaluations may include the set goals that have been achieved based on the best practices, periodical feedback from various departments. Cultural development hinderances are to be considered in these evaluations. Some the hinderances may include the set operational regulations, limiting protocols, and the economic status. Sustainable results can be achieved through continuous trainings on culture and diversity. Participants can be motivated by providing a healthy work-life balance, using incentives like recognising diversity champions from different departments

7 ETHICAL CONSIDERATIONS

The researcher is a registered staff nurse in Hospital X, Finland This research can therefore also be considered as “Backyard” research. Glesne & Pehkin, 1992, describes “Backyard” research as where the researcher study’s their own organization, friends or immediate work settings. The writer continues to argue that this often leads to compromises in the researcher's ability to disclose information and raises difficult power issues. To avoid these issues the researcher incorporated various validation strategies to create reader confidence in the accuracy of the findings (Creswell, 2009) the validation strategies used were triangulation and member checking through a one-day workshop arranged in the hospital premises.

The identified business problem was proposed to the hospital management and the Helsinki city Research permit board for approval which was granted on 30/08/2016. All the individual and organizational data has also been anonymized to maintain confidentiality. All the participants were informed about the researcher's role and objectives. They were made aware of the researcher's background and work status in the company. There were no anticipated risks for the participants and the hospital. An informed consent form and a detailed explanation of the research purpose and plan were sent through emails in advance to potential willing participants (Creswell 2009, pg. 89). Participation was totally voluntary and participants were at liberty not to answer questions that they felt uncomfortable with.

For transparency reasons a preliminary copy shall handed over to the management in Hospital X and the City of Helsinki research permit board. There was no financial support for the research and authorship of this thesis.

There was no anticipated / declared conflict of interests during and with respect to publication of this thesis work. There was no conflict of interest during the entire research period. The researcher has considered real cases and possible business problems during the identification of the research problem. The significant problems/ issues identified and possibly solved would not only benefit the researcher but would be meaningful to Hospital X's management and its staff.

7.1 Limitations of the Study

The study encountered time constraints as the major limitation. It took time to get the permit thus delaying the data collection process. Subsequently, data collection time was reduced to ensure timely completion of the study as per the plan. Time constraints further affected the interview and analysis of data processes. There was limited time to conduct and analyse the interviews. I therefore resolved to use of semi-structured interviews and content analysis. The variety and depth of the responses took time as maintain reliability was crucial for the study.

8 CONCLUSIONS

It is beyond the scope of this thesis to explore in depth all the aspects of diversity and culture, including all the diversity management styles available. The thesis therefore

gives general insights of the elements of diversity and culture in healthcare organizations, the challenges and complexities and a brief summary of the best diversity practices available and a proposal model designed to guide the hospital management on possible steps that would be undertaken to develop and promote a culturally competent workforce.

As the Finnish society becomes more diverse, healthcare sector will be faced with challenges of providing culturally acceptable health services and also maintaining a diverse workforce. And as mentioned earlier, this study does not aim to promote or give the foreign nurses any advantages over other workers. Most people affiliate diversity to an increase in minority recruitments and recognition, but diversity goes beyond increasing those numbers (Affirmative action). It is therefore important to understand the difference managing diversity and Affirmative action. Diversity management focuses on the business aspect and inclusiveness making sure that diversity works for all

Organizations throughout the world are realizing the value and challenges in diversity; most companies have incorporated diversity & diversity management in their strategies. Healthcare is a global phenomenon that has not been left behind; it is a complex industry that is growing rapidly and fast. Healthcare needs and service demands are continuously changing and increasing rapidly. To combat these challenges and the growing demand healthcare organisations need to acknowledge the importance of diversity and its complexities in order create job satisfaction for the employees, boost value on care and reach a wider range of customers with increase patient satisfaction.

For a more sustainable solution, hospital organizational culture ought to be consistent and adaptable in order to gain a competitive advantage in the healthcare sector, hospitals have to effectively manage all the complexities related to a culturally diverse workforce and at the same time tap in all the positive contributions of the diverse workforce. Hospitals therefore need to be strategic into having an aspect of cultural diversity based on good practices.

This research study focused on cultural diversity management within the workforce, future research could probably look into in depth all the attributes of diversity in relation to the nurses and also focus on the patients and the disparities in healthcare services in the healthcare policies within the hospital.

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APPENDICES.

Interview Questions

Background Information:

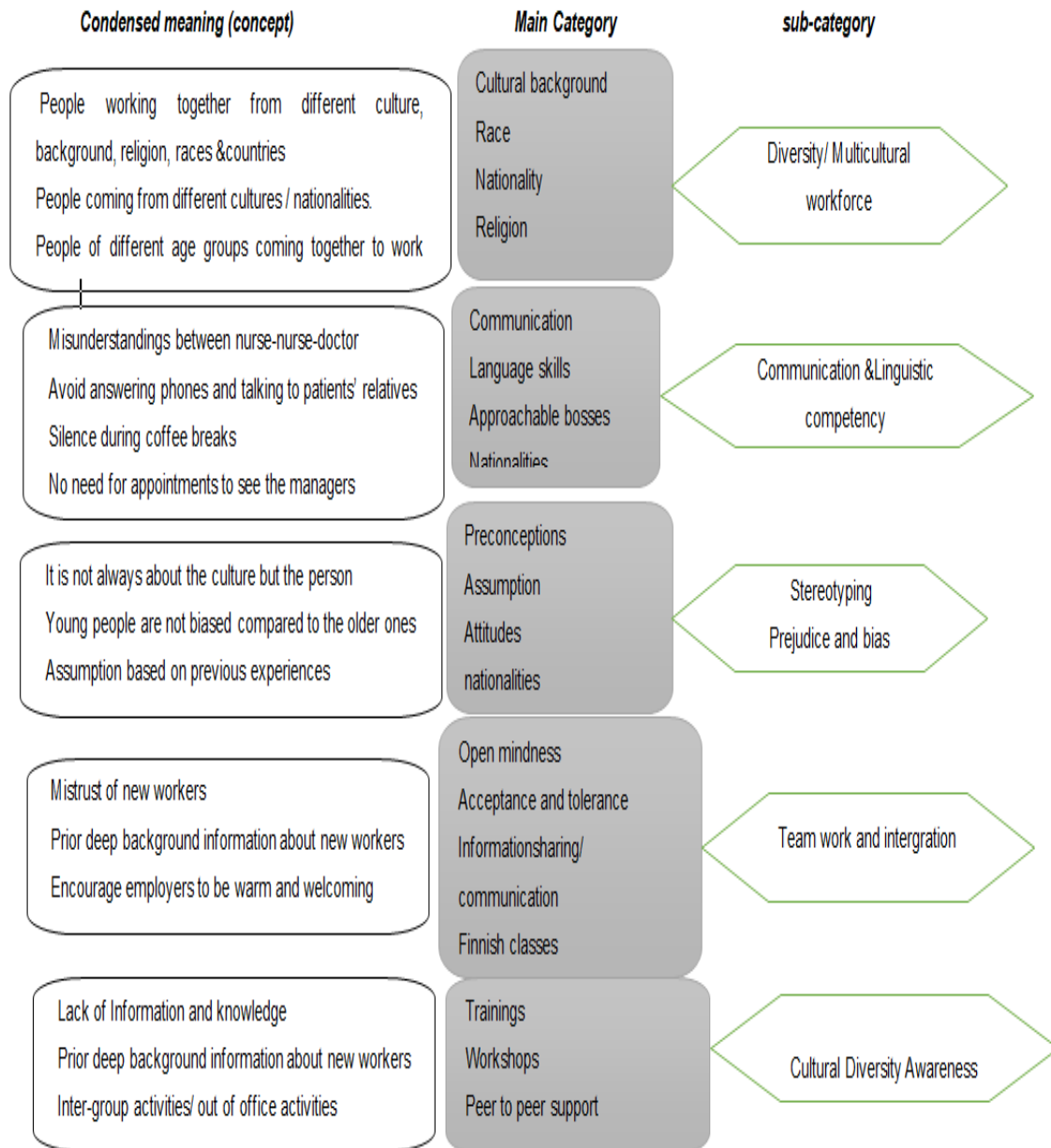
- What are your general tasks in your position/ in what way do you work with managing the Workforce/ employees?
- How long have you worked at the company? How long have you had this position?
- How many people are working in your organization?

General questions

1. In your own words describes a culturally diverse workforce / what do you think such diverse workforce?
2. How is cultural diversity promoted or represented and managed in the hospital?
3. How many people do you have with different cultural backgrounds?
4. What is the reason that you have culturally diverse employees?
5. How does the hospital relate to the fact that people from diverse cultures might be used to act, talk and do things in different ways?
6. What are some of the benefits and challenges associated with a culturally heterogeneous workforce?
7. Describe a problem/ conflict that you have faced or had to resolve at work among employees from different cultural background,
8. As a manager how do you resolve these problems and manage the benefits that you mentioned above? (What problem-solving method works best?)
9. What kind of professional / work experience do you have related to cultural diversity management, does the hospital have cultural diversity management programme or an expert on cultural diversity?
10. How would a well-developed cultural diversity management programme enhance wellbeing among the employees and boost the quality of the care? Given a chance what would you do to enhance cultural diversity in healthcare workforce.

11. How is teamwork enhanced in the hospital in relation to cultural Diversity and management?
 12. How are the staff from all cultural backgrounds represented in all levels and integrated in the hospital?
 13. How is cultural diversity integrated into the hospital's policies and procedures?
 14. How is cultural communication promoted among your employees and between the management and the employees?
 15. What kind of outcome do you think managing the cultural diverse workforce would provide or has provided to the hospital?
 - 16.
- (Extras** questions: Describe the employer-employee communication channels that you are currently using,
- How is interpersonal relationship enhanced?
 - How is diverse workforce / employee retention maximized in the organization?

Figure showing Inductive Content Analysis of Cultural Diversity



Introductory letter.

26/08/2016 Helsinki.Finland

Greetings,

My name is Carolyn Wanjohi. A registered staff nurse here in Hospital X, I am also a part-time study in Metropolia university of Applied sciences. As part of my studies i will be conducting a research study on cultural diversity management. Part of the data will be collected through interviews with the staff nurses. The interviews shall be conducted in English, interview questions can be sent in advance to the participants on request.

The thesis will try to find found how cultural diversity is promoted and diversity management is implemented in the hospital. The aim to get both the management and nurse´s point of view, opinions and experiences.

Cultural diversity at the simplest level reflects the characteristics that make one individual culturally different from another. Cultural differences involve patterns of lifestyles, values, beliefs, ideas and patterns. It may include differences in race, ethnicity, national origin, language and religion
All nurses that are involved in team work and have permanent or long-part time contracts are welcome to participate in this research. The aim is to get as many views as possible from at least all the wards in Hospital X hospital.

Due to Time limitations will try to conduct the interviews with 1- 1½ weeks. In this research, participants have permission to do it also during work hours. Am also flexible to have some of the interviews during my free hours.

I kindly request you to agree with your ward managers on the times and send me the list of the willing participant´s latest 28.9 via email to:

Suggested interview dates:

1. 29.9.2016 -> 10.00- 14.00pm
2. 30.9.2016-> 10:00 – 13.00pm
3. 3.10.2016 -> 14.00- 16.00pm
4. 4.10.2016 ->14.00pm

Attached please find a consent form with more information.

Please feel free to contact me on questions and further information

Best Regards,

Wanjohi Carolyne

Informed consent

Dear recipient,

This informed consent form is for healthcare workers in Hospital X, who are invited to be part of this research study “cultural diversity management in Hospita X” This research shall be conducted and Interviews shall also be conducted in English.

Am a registered nurse working here in the hospital for the last 3 years. Am also undertaking my master studies in Healthcare business management in Metropolia University of Applied sciences. This research is part of my master thesis. The research is on diversity management and cultural-competency. Diversity at work can cause conflicts and misunderstandings thus creating tension among the employees. However, with proper management the advantages can outweigh the disadvantages. Tapping into individual workers and encouraging them can help the hospital in having satisfied and motivated employees and also providing the best care possible for the patients.

Participation in this research study is voluntary and there no incentives. I will conduct face to face interviews with all willing participants. Each interview session is digitally recorded and lasts for 10-15mins. All recordings are private and confidential. All interviewees shall be identified by numbers and only I will have knowledge on interviewee’s real identity therefore no names shall be used in the recordings and also in the final publication. All recordings will permanently be erased after the interviews has been transcribed. There are no anticipated risks to your participation, therefore if there is any question that you do not wish to answer, you may say so and I will move to the next question.

You are invited to be part of this research because I feel that you are important to the hospital and to us as workers/ employees. Your views and contribution will help us understand the complexities in workplace diversity and how to utilize/ overcome them. Your contribution shall be used to build a model towards a more culturally competent healthcare workforce.

Best Regards,

Wanjohi Carolyne Wangari

Email:

Health business management master’s student (YAMK)

Mobile:

Hei,

Työskentelen Hospital Xn sairaalassa sairaanhoitajana osastolla 5. Opiskelen työn ohessa Metropolian YAMK:SSA, ja teen lopputyötä Hospital Xn sairaalan vuodeosastoille. Lopputyötäni varten haastattelen sairaalan X henkilökuntaa, ja kaipaan sinun apuasi. Opiskelu kieli on englantia ja haastattelu suoritetaan Englanniksi. Pyydettyessä toimitan kysymykset myös etukäteen haastateltavalle tutustuttavaksi.

Lopputyöni käsittelee kulttuurien monimuotoisuutta, ja miten se on otettu huomioon työyhteisössämme. Kulttuurien monimuotoisuus voidaan käsittää yleisesti yksilöiden erilaisuudeksi kulttuuritaustasta riippuen. Tämä erilaisuus voi tarkoittaa erilaisia elämäntapoja, arvoja, uskomuksia tai ideologioita, jotka voivat johtua etnisestä taustasta, kansallisuudesta tai uskonnosta.

Tutkimuksen tarkoituksena on määrittää kuinka kulttuurinen monimuotoisuus toteutuu työyhteisössämme, kuinka sitä edistetään ja kuinka toimintatapoja voisi kehittää työntekijöiden hyvinvoinnin sekä hoitotyön laadun parantamiseksi. Haastatteluilla kerätään kokemuksia ja näkökulmia hoitohenkilöstön sekä johdon edustajilta. Tavoitteena on saada näkemyksiä ja kokemuksia sekä sairaanhoitohenkilökunnan, että hallinnon näkökulmasta.

Kaikki sairaanhoitohenkilökunta, jotka toimivat tiimityöskentelyssä, ja joilla on vakituinen työ/pitkä sijaisuus ovat enemmän kuin tervetulleita osallistumaan lopputyöni haastatteluihin. Osallistuaksesi sinun tulee olla työskennellyt vähintään 3kk Hospital Xn sairaalan vuodeosastolla. Tavoitteena on saada ainakin yksi haastateltava jokaiselta sairaalan x osastolta, max 8 koko sairaalalta. Aikarajoitteiden vuoksi haastattelut pyritään suorittamaan 1-1½ viikon aikana. Haastatteluiden toteutus tehdään osin työajalla, johon on saatu lupa. Minulle sopii myös, jos haastatteluja tehdään työajan ulkopuolella.

Jos kiinnostuit tulla mukaan, niin pyydän sinua sopimaan osastonhoitajasi kanssa haastattelun ajankohdasta, ja lähettämään yhteystietosi haastatteluajankohtineen viimeistään 28.9. sähköpostiini :

Ehdotetut haastatteluajat:

- 29.9.2016 -> 10.00- 14.00pm
- 30.9.2016-> 10:00 – 13.00pm
- 3.10.2016 -> 14.00- 16.00pm
- 4.10.2016 ->14.00pm

Liitteenä löydät tutkittavan tiedotteen, joka sisältää tarkempia tietoja tutkimuksesta. Jos sinulla on kysyttävää tai haluat lisätietoja, ota rohkeasti yhteyttä soittamalla tai sähköpostilla.

Kiitos sinulle jo etukäteen!

Tutkittavan tiedote

Hyvä vastaanottaja,

Tämä tiedote on tarkoitettu tutkimukseen “cultural diversity management in Hospital X” (Monikulttuurisen monimuotoisuuden johtaminen sairaalan X aluesairaalassa) osallistumaan kutsutuille terveydenhuollon ammattilaisille. Tutkimus, sekä siihen liittyvät haastattelut, suoritetaan Englannin kielellä.

Tutkimuksen suorittaja työskentelee hoitajana suorittaen samanaikaisesti ylempää ammattikorkeakoulututkintoa ‘Health Business Management’ (terveydenhuollon johtaminen) Metropolia ammattikorkeakoulussa. Tämä tutkimus on osa tutkinnon lopputyötä. Tutkimuksen kohteena on kulttuuriymmärrys sekä monimuotoisuuden johtaminen aluesairaalassa. Sairaalan työntekijät tulevat monenlaisista kulttuuritaustoista, joiden erot voivat luoda väärinkäsityksiä, konflikteja sekä jännitteitä työyhteisön sisällä heikentäen työntekijöiden viihtyvyyttä sekä työtehoa. Laadukkaan johtamisen sekä monimuotoisuuden ymmärtämisen kautta monipuolisen työvoiman potentiaalia voidaan hyödyntää paremmin sekä siihen liittyviä riskejä vähentää. Työntekijät motivoituvat, viihtyvät paremmin ja viimekädessä hoitotyön laatu paranee.

Tutkimukseen osallistuminen on täysin vapaaehtoista ja osallistumisesta ei makseta palkkiota. Kaikkien osallistujien kanssa suoritetaan henkilökohtainen haastattelu, joka kestää noin 10-15 minuuttia ja se nauhoitetaan. Nauhoitukset ovat luottamuksellisia, eikä niitä käytetä tutkimusmateriaalin analysoinnin ulkopuolella tai anneta muiden kuin tutkimuksen suorittajan käyttöön. Nauhoituksille annetaan tunnistenumerot, mutta niitä ei henkilöidä eli nauhoitusta ei voida yhdistää henkilötietoihin jälkikäteen analysointi tai julkaisuvaiheessa. Kaikki nauhoitukset poistetaan lopullisesti niiden purkamisen jälkeen. Haastattelutilanteessa jokaiseen kysymykseen ei tarvitse vastata vaan haastateltava voi pyytää siirtymistä seuraavaan kysymykseen.

Sinut on kutsuttu tutkimukseen koska sinun koetaan olevan tärkeä osa aluesairaalan hoitotyötä. Sinun näkemykset sekä vastaukset auttavat ymmärtämään työyhteisön monimuotoisuuteen liittyviä

kysymyksiä sekä mahdollistavat työympäristön kehittymisen. Sinun panostasi käytetään terveydenhuollon henkilökunnan kulttuuriymmärryksen ja siihen tähtäävän mallin kehittämiseksi.

Parhain terveisin,

Wanjohi Carolyne
Health Business Management,
Metropolia University of applied Sciences