



# **GUIDANCE AND ORIENTATION MANUAL**

**Internal Diseases Ward 11  
Central Finland Central Hospital**

**Hîrjabă Marina Alexandra**

**Bachelor's thesis  
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Tiivistelmä  <p>Opinnäytetyön tarkoituksena on tuottaa perehdytysopas ulkomaalaisille opiskelijoille joilla on harjoittelua sisätautien osastolla 11, tai vierailijoille, jotka ovat kiinnostuneet osaston 11 toiminnasta ja hoitotyön organisoimisesta. Perehdytysoppaan tavoitteena on palvella ja informoida uusia opiskelijoita tai vieraita, heidän tutustuessaan sisätautien osastolle 11, Keski-Suomen sairaanhoitopiiriin ja suomalaiseen terveydenhuoltoon.</p> <p>Onnistunut perehdytys on avainasemassa maahanmuuttajahoitajien sopeutumisessa. He toivovat, että annetaan perehdytystä kulttuurista, työpaikkakulttuurista ja työhön liittyvistä asioista. Perehdytystä tulisi antaa riittävästi ja sen pitäisi olla selkeää. Tärkeää on myös, että hyvää perehdytystä annetaan sekä suomalaisille että maahanmuuttajille.</p>		
Avainsanat (asiasanat) <b>Perehdytys kansio, perehdytys opas, perehdyttäminen, maahanmuuttajat</b>		
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Abstract  <p>The purpose of this Bachelor's Thesis is to create an initiation manual for the foreign students, foreign visitors or anyone else interested about Internal Diseases ward 11, Central Finland Central Hospital. The aim of the guidance material is to help the foreign students, who are practicing on ward 11, to become acquainted with the Finnish Healthcare System, Central Finland Central Hospital and to offer orientation upon the nursing and organisation of Internal Diseases ward 11. It is taken into consideration that is very important for the students to understand and see the healthcare as an unified process, to which different specialities are participating.</p> <p>A successful orientation has a key position in adaptation of immigrant nurses. They hope to receive orientation in culture, culture of working place and details relating to work. Orientation should be sufficient and clear. In addition, it is important that the orientation is directed to both Finns and immigrants.</p>		
Keywords Guidance manual, orientation, initiation, immigrants, culture		
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*“Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.”*

**International Council of Nurses**



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# 1 FOREWORD

The purpose of the manual is to enrich the knowledge of foreign nurse students who are practicing or are interested to work in this field, about Internal Diseases ward 11, Central Finland Central Hospital and Finnish Health Care System. The Manual is also addresses to any nurse interested about the organization and functioning of ward 11, Central Finland Central Hospital.

It is composed of five main chapters and thirteen subchapters. The guide includes general information about Finnish Health Care System, Central Finland Central Hospital and rich information about ward 11 and its organization. The manual includes also translations of the most important Finnish words and medical terms (in parenthesis, with *italic* letters), hoping to make the general understanding much easier and to enrich the foreign students' Finnish language vocabulary.

It reminds the reader also about the most important things to be known when working in the Internal Diseases ward (anatomy and physiology structured in images, pathology, diagnosis methods, symptoms and signs of different diseases).

The construction of the guide is based also on the importance of images, the clarity, integrity and the wholeness of the information.

## **2 NURSES FOR NURSES: THE IMPORTANCE OF GUIDANCE, ORIENTATION AND INFORMATION SUPPORT IN NURSING**

### **2.1 About guidance and orientation**

Orientation is an important time of transition in the career of any registered nurse, particularly new graduates. Current nursing literature indicates that there is a direct correlation between adequate orientation and the retention of nurses. Benefits linked to formal orientation programs include a decrease in staff turnover, improved morale, error reduction, improved job satisfaction, and improved communications between managers and staff (ICN, 2006; Ragsdale & Mueller, 2005). Conversely, lack of support and poor orientations contribute to registered nurses leaving the workplace and the profession (ICN, 2006).

Orientation is a process by which an organization acquaints employees with policies, procedures, philosophies, purposes and role expectations related to a new job. According to the ICN (2006) and Ragsdale & Mueller (2005), essential components of an effective orientation include the dynamic delivery of information, allocation of time and resources to assess the new employees' competencies, and the availability of tools to aid in growth and professional development.

A formal orientation program is essential in retaining and motivating employees or attracting students. Organizations must ensure that their orientation programs provide employees with the resources they need to be successful (Ragsdale, Mueller, 2005). A key component of any orientation program is a well-run preceptor program, and employers have the responsibility to provide preceptors with the competencies they require to orient staff in the time required to fulfill the role (Proehl, 2002; Baltimore, 2004).

New graduates may have limited experience in interpreting, analyzing and solving practice related problems. It is essential that new graduates and their employers

discuss proficiency levels and practice experiences. Employers have an increased accountability in preparing new graduates for the workplace.

According to Crimlisk, McNalty & Francone (2002), new graduates are motivated, ready to learn, educationally prepared and intellectually stimulated, however, with limited clinical experience. However, unrealistic expectations are often set for new graduates, making entering the work force a major challenge (Lavoie-Tremblay, Viens, Forcier, Labrosse, Laframe, Laliberte, Lebeuf, 2002). It is recognized that all new graduates would benefit from orientations within which they can develop clinical qualifications that enable them to become competent in a timely manner.

Acknowledging the migration and the increasing complexity of health care, all registered nurses who enter specialized areas of nursing, in either hospital or community-based settings, should participate in sound, competency-based orientations. Staged orientations, comprised of one or two phases, will make orientations less overwhelming and exhausting for the orientees. As Proehl (2002) suggests, employers must be cautioned that the pressure to get registered nurses through specialty orientations quickly can backfire, resulting in compromised patient safety, frustration for both orientees and staff, and premature resignations (Proehl, (2002).

Recognizing that orientation is an important time of transition for any registered nurse, a well-planned, effective orientation will result in benefits for clients, registered nurses and employers. A competency-based orientation, supported by a well-run preceptor program, continues to be viewed as the most effective orientation strategy.

In addition, knowing that the first three months of employment are critical in retaining new graduates, two critical aspects that promote a positive transition are the provision of supportive work environments and effective workplace orientations. Registered nurses are responsible in ensuring that they have the required competencies to fulfill the requirements of any new position, and employers are responsible to provide orientations that are effective in assisting registered nurses to meet their role expectations.



## 2.2 Immigrants in student or employee status

Multiculturalism in Finland, can be roughly divided into the following three periods: the era of positive development cooperation in the 1980's, the time of economic recession in the 1990's and, later, the free movement of the labour force with many job-seekers moving abroad as a consequence of Finland becoming a member of the European Union. Around the year 2000 the realities of the accelerating retirement age of the labour force, the impending shortage of labour, returnees from the former Soviet Union and other countries, the enlargement of the European Union and the new labour markets, which were opening up in the neighboring regions to the east and south of Finland, were suddenly recognized in Finland. (Tehyn julkaisusarja B: Selvityksiä 3/2005)

Several studies have been made and one of them belongs also to TEHY (terveydenhuoltoalan koulutuksen saaneiden terveyden- ja sosiaalihuollon tehtävissä työskentelevien ammattilaisten etujärjestö - the Union of Health and Social Care Professionals). The material for the study was obtained by sending questionnaires to the 329 branches of Tehy and to those individual members of They, whose mother tongue is neither Finnish nor Swedish, but a third language. In addition seven matrons, who are in charge of health care units of varying sizes, were interviewed as employer's representatives. The rate of response to the questionnaire by the Tehy branches was 48 %, and the response rate by the individual members was 62 % .

65 % of the members with an immigrant background who replied to the questionnaire were in permanent employment, 22 % were employed on a short-term contract and 5% were unemployed. All three groups of respondents stated that in general immigrants are employed in jobs, which correspond with their qualifications; mostly as doctors, nurses and practical nurses. The main reasons for being employed in a position which does not correspond with the individual's professional qualifications were found to be insufficient language skills or a qualification gained abroad which is not recognized in Finland.

Of those immigrants who replied to the questionnaire, 71 % were of the opinion that they were treated at the workplace in the same way as any other employee.

However, 49 % had, at some stage of their career, experienced racism, which was applied to them by patients, their family members, fellow workers or by the employer. These experiences consisted of name calling, underestimation of their professional competence, unequal treatment, language problems and lack of trust.

According to the results of the survey, those with an immigrant background seem to encounter several obstacles when they seek employment in the social and health care sector. Language difficulties, unacknowledged qualifications and multicultural issues not being understood at the workplace, are some of these obstacles. In order to be able to increase the number of foreign employees in the health care sector to any significant degree, these hindrances to employment in the sector should be dismantled by means of the cooperation of a variety of parties without jeopardizing the safety of the patients.

According to the Government survey, Outlook on the Future (2004), the labour market in Finland is only slowly becoming more international. There are few foreign nationals in employment in Finland, although their numbers have been growing steadily. In some sectors the demand for foreign labour has risen and as a consequence the number of foreign workers in employment in Finland has increased. This cross border workforce mobility is expected to grow as a result of international demographic development and the free market economy (Government survey, Outlook on the Future 2004).

The cross border mobility of labour can be explained, according to various studies (e.g. van Eyck, K 2003), by a number of pulling factors in the target country and pushing factors in the source country. The pulling factors are those characteristics which make the target country attractive and which lead to a decision to move. For example a higher level of pay, better prospects of employment, good working conditions, peaceful political and social environment in the target country, and in addition, a safety net of immigrants who have already moved to that country, represent such pulling factors.

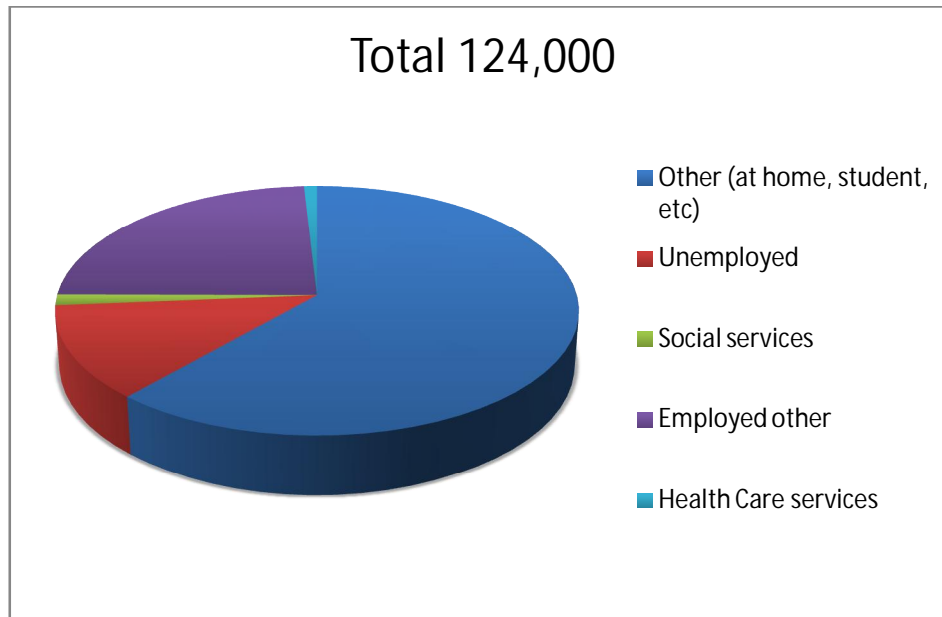
On the other hand, the pushing factors consist of characteristics prevalent in the source country and which strengthen the decision to leave. Political instability and ethnic insecurity, high levels of unemployment, low wages, violence, poor working

conditions, lack of opportunity for professional development or for career advancement, the absence of the possibility of any participation in decision making and a lack of support by management, are all examples of the pushing factors. These pulling and pushing factors influence the mobility of labour in, amongst others, the health care sector. There exists at present a global shortage of labour within the health care sector.

The removal of the obstacles to free labour mobility has made it easier for the workforce to move from one country or continent to another. The key orders concerning the free movement of health care professionals within the area of the European Union (EU) and the European Economic Area (EEA) are recorded in the basic agreements of the EU and stated in five special directives on the training, degree certificates and the right to professional practice of a physician, dentist, head dispenser, nurse and midwife. ( [www.valvira.fi](http://www.valvira.fi) )

In order to be able to commence work in Finland as a health care professional who has qualified abroad in any one of the EU/EEA states, an application for the right to practice a profession in Finland must be submitted to the National Authority for Medico-legal Affairs (VALVIRA). A certificate of a valid license to practice as a health care professional in the EU country from where the applicant has come must be included in the application together with a certificate which shows that the qualification fulfils the requirements of the relevant EU directives.

A language skill certificate by a state authority is not required for a license nor for permission to use a protected occupational title. However, an employer (for example a health care centre or a hospital) may require a certificate of language skills. ([www.valvira.fi](http://www.valvira.fi) ).



**Figure 1** Employment status and sector in 2001 of foreign nationals who had moved to Finland during the period 1989 – 2001. (Source: Centre for Statistics, Stakes Information 2003)

According to the information gathered from the branches, it would appear that workers with an immigrant background were most often employed as doctors, nurses and practical nurses. Other professional titles which were mentioned were midwife, physiotherapist, dental hygienist, researcher, medical laboratory technician, nursery nurse, nursery teacher, care assistant, ward assistant, student and trainee.

In addition the branches were asked to describe in writing those problems and difficulties, which members with an immigrant background had encountered in the world of work in Finland, or to describe any issues which had made interaction with the immigrant members more difficult:

*“Gaining sufficient professional competence in order to carry out the duties of a health care professional is a problem. The training in some countries is not equal to the training in Finland, and gaining a sufficient knowledge of the language requires practice”*

*“An immigrant health care worker had qualified as a nurse in her own country. In order to be able to work as a fully authorized nurse here, she has to update her qualification in Finland. She could not quite understand this at first.”*

*“Has not been able to get work in the area which corresponds to her qualifications, although she has worked as a nurse elsewhere in Finland. Same problems as with other health care workers – short-term contracts.”*

*“An example is the difficulties experienced in understanding the nature of the employment status when the short-term contract expires.”*

*Language problems, difficulties with writing”*

*“Writing and language difficulties. Restrictions connected with religion.”*

*“Pay, short-term contracts. Doing jobs which are below the standard of the qualifications because knowledge of the language is not good enough, although professionally highly skilled.”*

*“Aseptic, cultural differences, for example the methods of caring for the elderly – family networks. The attitude of both parties.”*

*“Lack of respect”*

All branches, including those which did not have any workers with an immigrant background in their geographical area, were asked to assess the quantity and quality of introduction and training concerning multicultural activities which had been offered by the employer. (Tehyn julkaisusarja B: Selvityksiä 3/2005)

One in every four of those respondents, whose employer had employed immigrant workers, said that the employer had arranged special orientation training and introduction to work for those employees. In half of the organizations no special training had been arranged. On the other hand, hardly any orientation training for working with colleagues with an immigrant background had been given to the personnel of the various organizations. Only 6 respondents out of 147 stated that such

training had been arranged. In addition, very little training or orientation introduction on working with immigrant patients had been ever offered to the personnel of these organizations. Only 15 % said that such training had been arranged. The branches were well aware that such training had not been arranged, although there were some branches amongst the respondents where it was not known whether training had been arranged or not.

According to the representatives of the employers, insufficient language skills are the main obstacle to gaining employment for the reason that this presents a real risk to the safety of patients. (Tehyn julkaisusarja B: Selvityksiä 3/2005)

### **3 GLOBALIZATION, MIGRATION AND CULTURAL IDENTITY**

One of the most influential trends in contemporary society is the mobility of populations between nations. There are many forces that lead people to move between countries, including voluntary migration, in which individuals make deliberate choices to seek out new ways of living. In contrast, involuntary migration describes the plight of individuals and families who are displaced from their home countries, often due to tumultuous conditions such as war, environmental conditions, or oppressive social and political practices. The circumstances that lead people to migrate might better be framed as a continuum of choice, because there are rarely entirely positive circumstances and ideal conditions. Regardless of the circumstances, immigrants and refugees face many issues of adjustment in a new country and the integration process is a major concern for the delivery of professional services.

On the basis of United Nations' estimates, roughly 2 million people annually will migrate from the less developed to the more developed regions of the world, until 2050. The net migration to Europe is estimated to total 578,800 people per annum during 2000–2050. This figure can be broken down as follows: Western Europe will receive 352,000, Southern Europe 145,500 and Northern Europe 156,800 new migrants per year, whereas Eastern Europe will lose 75,500 citizens annually to other parts of Europe and/or to other continents. Among the continents of origin, Asia will dominate until 2050 with roughly 1.2 million emigrating each year, followed by Latin America and the Caribbean with almost 510,000 and Africa with 330,000 yearly (Just & Korb 2003).

Why do people emigrate? The International Organisation for Migration distinguishes five pull and two push factors as explicit motivation for migration. Based on various micro-economic and micro-sociological concepts of migration, the pull factors are: better living conditions and income, other people's – such as family members' – experience with migration, good employment prospects and more individual freedom. The push factors are ethnic problems (war, conflict) and economic conditions (for example famine, natural disaster) in the country of origin (Krieger 2004).

From the individual migrant's perspective, it is to be emphasized that a decision to migrate always has long-term consequences for him/herself and his/her surroundings. Also the potential income gains (pull factors) in the new country have to be set against the costs of migration. These include direct costs for the job search, the move and the overall adjustment to the new environment (e.g. learning the language of the country). Also the social costs – intangible and hard to quantify – caused by separation from traditional family, uncertainty of finding employment or accommodation, lack of societal and cultural networks, etc. are of paramount importance to a migrant. In addition, the greater the geographical distance between the countries of destination and origin, generally the higher the required investment in society-specific know-how, which makes integration into the new country more challenging (Just & Korb 2003).

The broader role of guidance and counseling of immigrants is to help them with integration and social cohesion. Labour market participation and a sufficiently high level of education are generally seen as a potential basis for income security, and therefore as instruments for fuller participation in the society, without continuous dependency on forms of public assistance (Entzinger & Biezeveld 2003). Additionally, to maximize the potential of migrants, it is vital to build upon the experience and qualifications that they already have with them when they arrive in the host country. This naturally requires professional recognition and proper assessment of formal and non-formal qualifications including diplomas (Communication 2003).

The term “multicultural” has somehow replaced the word “multiracial” and sometimes cohabits with the word “multiethnic”. The meaning that the concept “multiculturalism” carries depends on the purpose of use. Even amongst professionals, like sociologists, psychologists and other human sciences experts, the concept of multiculturalism causes debate. Amongst average people, multiculturalism could mean: foreign culture, minority culture, different cultures, and immigrants' cultures.

Despite the fact that identity at personal level is increasingly considered as contextual and situational, when it comes to cultural identity this characteristic is often ignored. Modernity's definition of evolution and development gives this ideology an excluding and contrastive character. This in turn creates clear-cut distinctions between different societies, groups and individuals. The modern ideas of the existence of permanent and



fixed identities are not an exception in this regard. Within the discourse of modernity whenever identification occurs by means of culture or ethnicity, individuals are defined ontologically instead of on the basis of what they do (Calgar 1998), or whom they themselves feel to be.

The experience of moving between different societies and cultures teaches the migrant to consider her/his previous ideas about the nature of reality and what is normal or abnormal with greater caution and flexibility. She/he learns that what was regarded as “real” in her/his society during a specific period of time might be considered as “non-reality” in another society.

Cultural identity is traditionally considered to be derived from common myths and common symbols, from a common history. Many postmodern thinkers such as Vattimo, question the idea of a real common history and instead consider history as a series of diverse ideas and images about the past interpreted differently depending on the interpreters’ interest (Vattimo 1992).

The approach to the importance of cultural identity in our time has great relevance for the approach to integration. According to Alsmark (1997), integration is all about the subjective experience of belonging rather than any externally and analytically measurable criterion. Integration cannot be measured by something external such as employment, income, knowledge of the language, etc. Integration is about a feeling, about a subjective state that has to do with the individual’s feeling of belonging, which in today’s postmodern societies can be limited to a certain period of time in a given geographical setting.

Leininger (1991, 1995) underlines the meaning and importance of culture in explaining an individual’s health and caring behavior, and her Culture Care Theory is the only nursing theory that focuses on culture (Rosenbaum 1997). The roots of the theory are in clinical nursing practice: Leininger discovered that patients from diverse cultures valued care more than the nurses did. Gradually, Leininger became convinced about the need for a theoretical framework to discover, explain, and predict dimensions of care, and developed the Culture Care Theory as the outcome of studies performed in numerous Western and non-Western cultures. (Leininger 1997).

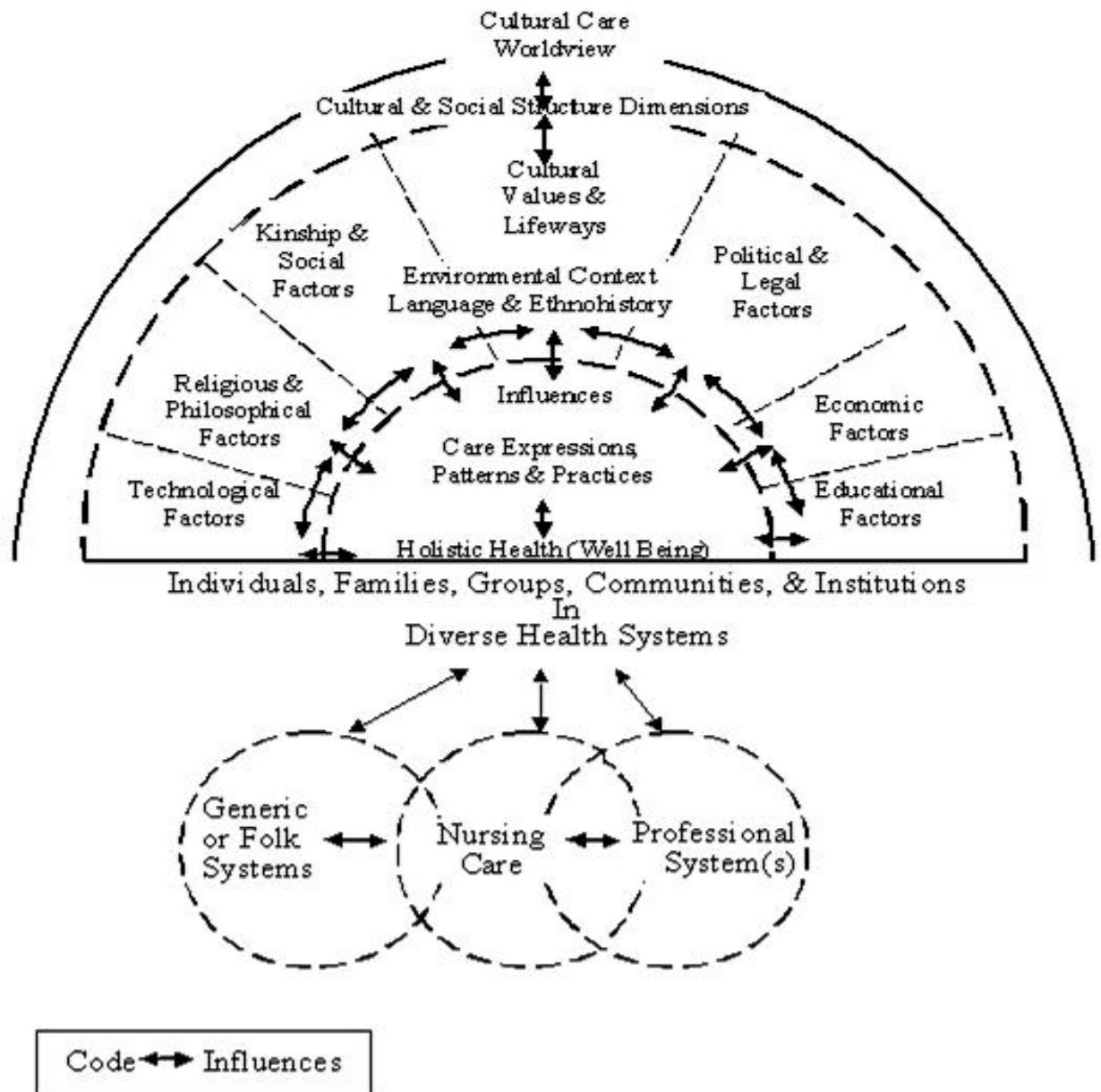


Figure 1 Leininger's Sunrise Model to depict the Culture Care Theory as applied in this study.

## 4 PURPOSE AND AIMS

The purpose of the guidance and orientation manual is to offer orientation upon the nursing activity in ward 11, Central Finland Central Hospital. The information within the guide is addressed to foreign nurse-students, potential future employees, and to any other interested nurse. A successful orientation has a key position in adaptation of immigrant nurses and learning process of the students.

The nursing process in different wards, and hospitals, might seem difficult for a new student Finnish or foreigner. Even if the student has a certain theoretical base from school, the rules on which a ward or a hospital functions, must also be learned. Nursing is a team job, so the employees respect different rules, which make the things run smoothly and centre the patient.

Any material, guide and other type of information is welcomed for a new nurse or a student. As more information one gathers, as easier it is to integrate in the system and understand its functioning. By having beforehand information, the nurse or student-nurse finds easier to orientate at the work or practice place.

From the tutor nurse's point of view, a student that has already some basic information about the place where he/she will practice or work (for example about the work program, necessary theoretic knowledge, data registration) facilitates the guidance process.

The aims of this manual consist of offering the necessary primary guidance and by this, to facilitate the integration in practice or work, or to offer perspectives about a possible work place in the future. Another aim is to facilitate and increase the quality of the orientation process through offering necessary clear and compact information.

Through adding general information about Central Finland Central Hospital and Finnish Health Care System, is intended to help the foreign nurse students in understanding and seeing the health care in Finland as a whole process, unified in which every small part is integrated, has a specific role and is interconnected with the other parts.

## 5 ACCOMPLISHMENT

The role of the ward 11 is to provide caring for the residents of the Central Finland territory, patients who are suffering from some diseases, which cannot be surgically treated. The caring process includes the patient's nursing, the investigations and health promotion. The ward is, of course, working in collaboration with other sections of the hospital, so that the patient caring process is as optimal and as specialized as possible.

Internal diseases ward 11 treats a large sort of diseases:

- cardiovascular and circulatory diseases;
- digestive and gastrointestinal diseases;
- metabolic and endocrine diseases;
- urinary and renal diseases;
- infectious, immunological diseases;
- rheumatologic diseases.

The ward is offering tutoring for Finnish and foreign students and it has been described by the nurses and student-nurses, as having an increased difficulty. It might be due to so many different types of pathologies, which are treated on ward 11 (endocrine, metabolic, renal, cardiac and circulatory, gastrointestinal, infections). The nurse must have rich theoretical knowledge and many practical skills. The organization of the ward might seem also complicated and hard to understand at first, due to the richness of activities that take place, the time schedules, the way to register data, the collaboration patient-nurse-auxiliary nurse-doctor-secretary and intercommunication, collaboration with other wards, specialties (for example social worker, physiotherapist, laboratory).

The idea of creating such a guide came from the work life, noticing the orientation process of the foreign student nurses and facing the challenge of being myself a tutor. At first the manual was planned to become a simple guidance manual for the foreign students who are having their practice stage in our ward. But during the process of creating the guide, lots of things occurred, mostly related to what I would have wished

to know when I started working there. So I added also information about Health care in Finland and Central Finland Central Hospital.

It seemed also primary that the student receives information about the most important things to know, when practicing in an Internal Diseases ward (theoretic knowledge related to anatomy and physiology, diseases, symptoms, signs, important things to be noticed).

## 6 CONCLUSION

The purpose of this Bachelor's thesis was to bring guidance and orientation for the foreign nurse-students, potential foreigner employees, or any nurse interested in the work on Internal Diseases ward 11.

The manual is composed of four main chapters, which describe:

- Internal Diseases ward 11 (general information, structure of the work schedule and electronic data registration – Effica);
- About Health and Social care in Finland (social and health care);
- Central Finland Central Hospital (general information About the Central Finland Health Care district and Central Finland Central Hospital);
- Internal Medicine theory (generalities, metabolic and endocrine diseases, urinary and renal diseases, cardiovascular and circulatory diseases, digestive and gastrointestinal diseases).

The guide contains also pictures, which are meant to help in the process of learning and to give a nice and easy to read aspect. The information contained has a large variety and brings important facts to be known by the new nurse.

The purpose of the manual was to enrich the knowledge of the foreign nurse students who are practicing, or are interested to work in this field, about Internal Diseases Ward 11, Central Finland Central Hospital and Finnish Health Care System. The Manual is also addresses to any nurse interested about the organization and functioning of Ward 11, Central Finland Central Hospital.

Conceiving a guidance and orientation manual for ward 11 was challenging and meaningful. At first, the ideas were disorganized but slowly by slowly, they got contour. Even if the manual has received very good feed-backs, in my opinion there are still lots of things to be improved in the whole Bachelor's thesis, for example additional information and the theory part. The time, as usual, was one of the problems.

Guidance and orientation for nurses has a great importance. Nursing can't be learned only from school and books, but also through concrete work and applying the learned things. The guidance is obtained through cooperation and its importance has been understood in the majority of places.

Considering the fact that in Finland the numbers of immigrants is increasing and that they are also looking for places to work, the guidance and orientation procedures in nursing need improving and rethinking. The requests from the tutors are also increased, for example considering the language and culture skills.

A good orientation manual should have qualities like:

- clear easy to read font, attractive page aspect (not to "loaded");
- clear language and phrases (not to long phrases), but respecting the necessary language to be used in medical text;
- usage of images, or other ways that interact the attention of the reader like tables, figures (the simple text can be, for some persons, harder to follow); they also have an important meaning for the visual learning through the visual memory;
- organization of the guide should be clear;
- integrity of the information, logic display;
- easy to understand information;
- evaluation procedures concerning the efficiency of the guide

As future challenges it could be taken into consideration, for example:

- creation of similar manuals for different wards in the Central Finland Central Hospital or Health Centers;
- making a research involving the foreign students, who were making their practice stages in different places, or employees – in which is asked their opinion about the guidance and orientation that they have received, and their ideas for improving the guidance and orientation given to the foreign nurse-students or foreign employees.
- designing a clear and concrete scheme information material which can help the foreigners (nurse-students, foreign nurses which have a diploma from their own country, or foreigners interested in nursing) to concur the birocratic details and aspects of the society ( information about obtaining Visa,

registering to the police, Kela, School of Health and Social Studies, Central Finland Central Hospital, working in Finland, recognizing the credits for the students who have nurse-diploma from their own country).

The guidance and orientation manual has also an evaluation form, designed for the students, with the aim to collect feed-back, opinions, and ideas for improving the material.



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