



# Coping Strategies of Immigrant Filipino Hospital Nurses in Finland

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2020 Laurea



Laurea University of Applied Sciences

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Degree Programme in Nursing  
Bachelor's Thesis  
October 30, 2020

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Year	2020	Number of pages	42
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The purpose of our thesis is to gather information and describe Immigrant Filipino Hospital Nurses' stress and identify coping strategies they use to mitigate the stress. The aim of this study is to learn about the different coping strategies of IFNs. In this thesis, the authors focus on Filipino nurses who are currently working in the hospital. It was clear that Finland has become a new destination country for Filipino immigrant nurses in the last decade.

While Finland has recently accepted many immigrant nurses, Filipino nurses have been among the bulk of imports. The authors have come to recognize that a lot of studies have been done about coping strategies but not a single study using the qualitative approach for Filipino immigrant nurses. This is the key reason the authors chose to concentrate on immigrant nurses from the Philippines.

The thesis method that was used is a qualitative descriptive research. Authors used a semi-structured or focused interview. The questions are contained in an interview guide. The interview guide, however, ensures that the researcher collects similar types of data from all informants. In this way, the interviewer can save time, and the drop rate is lower than in unstructured interviews.

The original plan of the authors was to obtain at least 5-10 interviews, but 6 IFNs currently working at a hospital in Finland participated in the study. The interview was conducted on a one-on-one basis through personal contact or through the Facebook social media app, where the interview was documented, and all interviews were in English only. The interview was conducted once, and a follow-up interview will not be conducted due to time constraints. Participants were chosen on the basis of convenience sampling. Using this sampling process, it was simpler for authors to look for Filipino immigrant nurses currently working in hospitals in Finland. After interviewing the IFNs, the authors will then analyze their responses to the challenges at work and pool the data into themes and sub-themes.

These findings in our qualitative study have shown that nursing is one of the most demanding occupations and not an easy job. It is even more challenging to work in another country where new language needs to be learned. However, it is also revealed that aside from the language, the job content itself and demand were the most difficult aspects of becoming a nurse. Rest and relaxation were among the easiest strategies used to alleviate work, but the importance of interpersonal relationships, such as frequent interaction with colleagues, friends and family, is equivalent to the importance of coping. Another coping strategy used by the participants was the role-concept, which demonstrated that the recognition of the role of nurse motivates them to perform better.

Keywords: immigrant nurses, coping strategies, stress, hospital

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## 1 Introduction

Filipino nurses have moved to various developed countries for decades in search of better job opportunities abroad. According to World Health Organization (WHO 2014, 101), Canada, the United Kingdom and the United States has remained the leading recipient country for foreign-born nurses. The Philippines has proven to be the largest source for worldwide exporting of nurses. Together with India which comes second. Although, Finland is a relatively new destination country for Filipino nurses. In recent years, it has joined the bandwagon in employing foreign-born professionals. A study by Weber & Frenzel (2014) states that, Finland is an uncommon destination for healthcare professional, but rather appear to lose more healthcare workers than to welcome foreign-trained workers.

One of the most challenging occupation is the nursing profession. Multiple surveys from different countries demonstrate that nurses are grappling with problems of anxiety than have an adverse impact on their work performance and mental well-being (Zyga et al. 2016). Nurses are faced with various types of tension at the workplace on a daily basis. Increasing the level of pressure usually depends on a nurse's work situation or unit. Stress can have an indirect effect on the nurse's well-being. And the nurse must know how to take care of themselves so that a nurse can be productive in performing their designated role. For any nurse, the concept of self-care is significant. Because it can serve as an inspiration to other co-workers, a healthy-disposed nurse can also promote co-operation and a pleasant working environment (Eliopoulos 2015, 253).

Each person deals in different ways with stressful circumstances. Methods of coping rely on the understanding and capacity of the person to cope. A study by Heile et al. (2016) explains, a person's health and well-being have something to do with the use of coping strategies. Task-oriented coping and emotion-oriented coping are two separate ways of coping with stress. The first operates around the idea of problem solving, using intellectual approach or attempting to manipulate the current situation, while the latter is expressed by using one's own emotional response and evading the difficult issues at hand entirely.

The authors being immigrant nurses from the Philippines were motivated to explore the various stress-related issues experienced by Immigrant Filipino Nurses in their workplace, especially the hospital, and to identify different coping strategies use to mitigate the effects of those issues. In this study, future immigrant nurses could benefit from findings of the effectiveness of the coping strategies identified as they integrate into their career as a hospital nurse.

## 2 Background

### 2.1 Immigrant Nurses

Immigrant is not a term used universally to refer to those living in a country other than their birth country. Other often-used terms include migrant, the foreign born, and international migrant (Bolter, 2019). In this study, the authors will use the word immigrant nurses to provide a generic term for internationally trained nurse working abroad.

Globalization has increased the mobility of both people and information. Nursing as an occupation provides opportunity for nurses to move to international settings and gain employment in other countries (Moyce et al. 2016).

Industrialized countries have been dependent on internationally trained healthcare professionals for decades. Immigrant professionals in industrialized countries have been a great help in providing for health worker shortages. These allied medical professionals are nursing aides, nursing assistants, nurses, doctors and other medical professions (WHO 2014, 99).

Recent migration inflows show a trend towards a diversification of origin countries. Main countries of origin, such as India or the Philippines, continue to play the most important role, but this is now accompanied by increased flows originating from small countries, notably African countries and central and eastern European countries (WHO 2007, 163).

In Bieski's 2007 explains, in developed countries, recruitment of nurses has been an important aspect that attracts immigration of nurses. Particularly in parts of the world that want to maintain their good relationship with these immigrant nurses but seem to be causing a troubling loss to the country of origin. The multiple dilemmas these immigrant nurses must go through may be private or work-related problems have been explored in innumerable ways. Some helpful measures are being taken consideration to help these nurses such as introducing the culture of the host country or even the culture of the workplace, and to include people who serve as a support system for those nurses who are now living far from home (cited in Moyce & Siantz, 2016)."

Around 1999 and mid-2005, it seems to indicate a heavy flow of doctors and foreign nurses who immigrated to the United Kingdom. In 2000, the UK Department of Health had to find ways to fill skilled healthcare gaps, which is why allied medical professionals from countries capable of speaking English were hired to work in the country. During this time, licenses were

given to at least 10,000 international nurses to practice nursing per year, but slowly declined to 2,500 in 2010 (Weber & Frenzel 2014).

## 2.2 Stress in the hospital as a workplace

From the point of view of psychologists and other specialists, it was not easy to try to find the right and exact meaning for the word stress. Although the word has been used several times in different contexts, the precise use of the word stress has not yet been clarified. Every person is unique and differs in their style of response, perception, and coping; stress may affect the individual's physical, emotional, and psychological well-being. When the person responded in ways that can control the internal biological mechanism and retain self-esteem, an effective adaptation to stress is required (Townsend 2015, 2). Stress has been investigated many times and each work has its own approach to the subject. As Davey et al. (2019) describes, stress is a personal perception of unmanageable situations or new challenges. Because of constant exposure to stress, hormonal changes in the body can manifest as a feeling of frustration, nervousness, anxiety and anger.

Nursing is not an easy task to do. The nurse is required to learn new updates on the use of new equipment and machines, to work skilfully in emergency situations, to be able to keep up with the job requirements and to adapt to an unexpected schedule. In addition, contributing stress factors can also arise from changing job schedules, management decisions, and superiors (Jathanna et al. 2015). As mentioned by Kokoroko & Sanda (2019), a nurse's amount of work and duties is beyond measure. But this topic has not been discussed extensively by researchers or even in the practice of nursing. This excessive amount of work will contribute to stress depending on the requirement that the nurse has to do in the hospital, such as nurses working in a normal ward or a special ward, the stress reaction can vary. This can also influence the working relationship, staff co-operation, and work environment.

Nurses who have emigrated to EU countries to work have been exposed to experience and obstacles. These problems are as follows: work permits; communication skills; prejudice and discrimination; diverse nursing backgrounds; cultural change and family relations. Language and communication were perceived to be the most challenging of all difficulties, since these immigrant nurses felt that they were frequently misunderstood; unappreciated by their colleagues; their nursing abilities were underestimated; and patient safety concerns created emotional stress for them (Dahl et al. 2017).

Extreme stress exposure is all part of a hospital setting nurse's daily experiences. The main issue is how well these workers cope with the situation and adapt to it. Stress-related emo-

tional withdrawal is an event in the working life of a nurse where prolonged tiredness and unhappiness is a significant manifestation (Büssing et al. 2017).

### 2.3 Coping strategies and its management

Nurses who are constantly bombarded with circumstances related to stress that may inevitably lead to physical and psychological problems. Coping through strategies plays a key role in reducing the stress level and in return may help improve a person's overall well-being (Javada-Pashaki & Darvishpour, 2019). In addition to this Connor & Miller (2014, 511) states, immigrant nurses are not free from issues related to stress. But knowing the definitive factor that triggers stress, however, could help in finding a suitable solution to the situation that could reduce stress and challenges these nurses face.

Coping mechanisms are repeated techniques that a person performs to be productive on a daily basis, especially in stressful situations. Understanding the coping mechanisms of a person is vital because it could give an idea if that person has been exposed to the same stressors on an ongoing basis and could give information on how well the person is behaving towards events like this (Roy & Andrews, 1991, 17).

A recent study by Tesfaye (2018) concluded, there are some strategies for coping that are often used by nurses. Which are the following: to concentrate closely on the task at hand, to prepare and execute the course of action, to learn the support system at work and outside the workplace. While the least-used coping strategies are: encouragement to go to work while stressed feeling rage at family members or close relationships, finding comfort by eating or drinking, and acknowledging the problem because you are powerless.

Townsend (2015, 8) states, stressful situations require coping strategies to be well developed to manage stress in a healthy manner. There are two types of strategies for coping; adaptive response and maladaptive response. Coping strategies that can be described as an adaptive response are when a person secures himself from any damage or injury, and the willingness of the individual to face and be able to solve challenges. Adaptive responses help to restore the balance of the body's physiological processes and prevent any progression of any medical condition due to incorrect adaptation. While coping strategies that are maladaptive responses is when conflicts remain unresolved or build up to an even greater issue. When the body is continuously under pressure, it tries to compensate for its physiological and psychological equilibrium which is not good because the body can get exhausted and some health problems will soon manifest.

The personality, values, attitudes and cultural practices of an individual are the key factors that determine how a person responds to stimuli. Physiological, psychological

and behavioral conditions can lead to work-related mental and physical illnesses that reduce well-being, satisfaction and quality of life depend on an individual response to certain stressors (Jathanna et al. 2012).

#### 2.4 Restrictions

In this thesis, the authors focus on Filipino nurses who are currently working in the hospital. It was clear that Finland has become a new destination country for Filipino immigrant nurses in the last decade. In Finland, there has traditionally been no foreign mobility of health care practitioners. But the situation has changed over the last 20 years and the number of people of international origins with qualifications has increased (Ensio et al., 2019). While Finland has recently accepted many immigrant nurses, Filipino nurses have been among the bulk of imports. The authors have come to recognize that a lot of studies have been done about coping strategies but not a single study using the qualitative approach for Filipino immigrant nurses. This is the key reason the authors chose to concentrate on immigrant nurses from the Philippines.

### 3 Theoretical Framework

A framework is the conceptual underpinning of a study. Not every study is based on a theory or model, but every study has a framework. In a study based on a theory, the framework is the theoretical framework; in a study based on a theory, the framework may be called conceptual framework. However, the terms conceptual framework, conceptual model, and theoretical framework are often used interchangeably (Polit & Beck 2018, 124).

#### 3.1 Roy Adaptation Model (RAM)

Using the Roy Adaptation Model (RAM) to provide a detailed and attentive overview of nursing-related phenomena will definitely help teach a coherent and steady approach to nursing practice. It is as important to teach students about other nursing concepts that do not necessarily provide a course framework but have a different emphasis (Clarke et al., 2011).

To nursing research, the RAM has been revolutionary in several respects. The model's core concept is adaptation, the human potential for growth, development and maturation are the main issues that resulted in further research by experts in nursing. The model is a versatility and pliability that may not be available in some of the other nursing models and

systems. Adaptation is a method which directs nurses to think about this system, regardless of the positions they perform when using the model. Nurses must take into account the adaptation of their patients and family members. Nurse managers consider the group adjustment they oversee. Nurse researchers need to understand how adaptation and performance in adaptive modes will be evaluated. The amount of study performed using the RAM is an absolute proof of the degree to which this model affects nursing practice (Clarke et al., 2011).

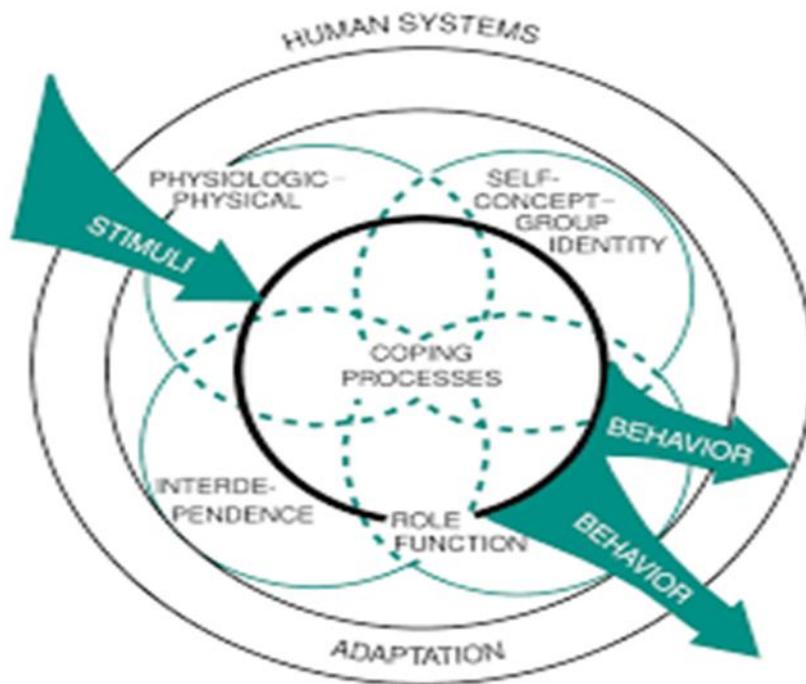


Figure 1: Diagram of Human Adaptive System (adopted from Roy Adaptation model 1991)

#### 4 Purpose & Aims

The purpose of the study is to describe Immigrant Filipino Hospital Nurses' stress and identify coping strategies they use to mitigate the stress.

The aim for this study is to provide information to current nurses and future Immigrant Filipino Hospital Nurses on how to reduce stress.

#### Research Questions

1. What kind of stress do Immigrant Filipino Hospital Nurses experience?
2. What coping strategies do Immigrant Filipino Hospital Nurses used to reduce stress?

## 5 Design and Methods

### 5.1 Qualitative Descriptive Research

In qualitative studies, the tasks of sampling, data collection, data analysis, and interpretation typically take place iteratively. Qualitative researchers begin by talking with people with firsthand experience with the phenomenon under study. The discussions and observation are loosely structured, allowing participants to express a full range of beliefs, feeling, and behaviour (Polit & Beck 2018, 55).

In a qualitative study, there is no attempt to control predetermined variables or conditions as the inquiry is open to what emerges naturally in real life situations. The design is flexible and emphasizes discovery (Hoskins & Mariano 2004, 28).

Qualitative methods continue to evolve and be modified, and new methods develop. In nursing we realize that when collecting data in the clinical area, there are constraints to data collection imposed by the hospital environment and by the patients' condition that often require modifications to standard qualitative methods. For instance, in the hospital environment, it may be difficult to find a private, quiet place to conduct an interview (Beck 2013, 21).

In qualitative research, the researcher- participant relationship is a particularly engaged one. It is physically situated not in the laboratory but often in the participant's home, workplace, or community. Researchers aim to build rapport and make participants comfort-able enough to feel safe when revealing intimate life experiences or being observed going about their lives (Beck 2013, 361).

### 5.2 Data Collection

The original plan of the authors was to obtain at least 5-10 interviews, but 6 IFNs currently working in the hospital in Finland participated in the study. The interview was done on a one-on-one setting through personal contact or by using the social media app Facebook messenger in which the interview was recorded, and all interviews were only to be in English language. The interview was conducted once and a follow-up interview will not be held due to time constraints. Participants were selected on the basis of sampling by convenience. Using this sampling method, it was easier for authors to search for Filipino immigrant nurses currently employed in hospitals in Finland. The authors have used a semi-structured interview. The logistics of the interview were explained before it began, and this was also stated in the invitation to participate. The data obtained from the interviews was recorded and transcribed using the Otter.ai app. Each interview ranges from 15 to 25 minutes, with a written transcript of at least 6-8 pages per participant. The proper handling of the data collected was considered. The data collected was stored in a password protected laptop and mobile devices. And they will be destroyed once the analysis has been completed. If an individual

wishes to withdraw from participating, they may do so, but not until the phase of analysis has started.

Semi-structured or focused interviews are often used in qualitative research. The questions are contained in an interview guide (not interview schedule as in quantitative research) with a focus on the issues or topic areas to be covered and the lines of inquiry to be followed. The sequencing of questions is not the same for every participant as it depends on the process of the interview and the responses of each individual. The interview guide, however, ensures that the researcher collects similar types of data from all informants. In this way, the interviewer can save time, and the drop rate is lower than in unstructured interviews. Researchers can develop questions and decide for themselves what issues to pursue (Holloway & Galvin 2017, 90).

Otter.ai is a Los Altos, California-based technology company that develops speech to text transcription applications using artificial intelligence and machine learning. Its software, called Otter, shows captions for live speakers, and generates written transcriptions of the speeches (Otter.ai, 2016).

Convenience sampling entails selecting the most conveniently available people as participants. A nurse who distributes questionnaires about vitamins use to college students leaving the library is sampling by convenience, for example. The problem with convenience sampling is that people who are readily available might be atypical of the population. The price of convenience is the risk of bias. Convenience sampling is the weakest form of sampling, but it is also the most commonly used sampling method (Polit & Beck 2018, 163).

### 5.3 Profile of Participants

A total of 17 invites to participate were sent and initially 9 participants agreed to be interviewed. But due to the ongoing global pandemic problem, only 6 interviews have been conducted. Of these 6 participants, 3 were interviewed in-person and the remaining 3 were conducted via Facebook messenger. All interviews have been documented and transcribed using the otter.ai app. The 6 participants are two females and four males, aged 29 and 36 years of age. All these participants came to Finland for work. Among the IFN's three currently work in special wards, while the other three work in regular wards in the hospital. All participants are registered nurses in the Philippines, and they have gained experience working in various areas there. These participants started out as practical nurses here in Finland until they decided to continue their studies, and soon after they were offered the opportunity to work in the hospital.

The interviews were all smooth and there were no negative feelings, but the authors noticed two distinct moods. In-person interviews were more relaxed, as participants were able to share their experiences and perspectives. It was done in a coffee shop where the author and participant decided to conduct the interview. While the participants reacted to the questions in the video call interview, it felt rushed and there was a sense that they were uncomfortable. It felt that there was not enough time to develop a connection between the interviewee and the participant.

Participants	Gender / Age	Ward/Duration	Philippine experience	Years in Finland	Home set-up
P1	male/31y.o	Elderly Rehabilitation ward (6 months)	3 years	6 years	live with friends
P2	male /30y.o	Infectious ward (1 year and 2 months)	4 years	4 ½ years	live with a friend
P3	male / 29y.o	Infectious ward (7 months)	2 years	5 years	live with a friend
P4	female / 34y.o	Hemodialysis (5 years)	3 years	11 years	lives with family
P5	male / 32y.o	OR nurse (over a year)	3 years	6 years	lives alone
P6	female /36y.o	Hemodialysis (3 years)	2 years	7 years	live with a friend

Table 1. Participants Profile

#### 5.4 Data Analysis

After interviewing the IFNs working in the hospital here in Finland, the authors will then analyze their responses to the challenges at work and pool the data into themes and sub-themes. In addition to this, the data analysis phase, participants' responses will be categorized as coping strategies on the basis of four adoptive modes, namely physiological mode, self-concept mode, role function mode and interdependence mode.

The process of data analysis involves clustering together related narrative information into a coherent scheme. Through inductive reasoning, researchers identify themes and categories, which are used to build a rich description or theory of the phenomenon (Polit & Beck 2018, 55).

During the analysis process, the author used six recordings that lasts 16-26-minute and 44-page printed transcripts from all participants to analyze the results. The issues that were all discussed and related issues were then grouped together after reading back and forth several times before a final categorization of the themes and sub-themes was presented.

Also, according to Polit & Beck (2018, 282), qualitative content analysis involves analyzing the content of narrative data to identify prominent themes and patterns among the themes. Qualitative content analysis involves breaking down data into smaller units, coding and naming the units according to the content they represent, and grouping coded material based on shared concepts.

Data analysis is an iterative activity. Iteration means that researchers move back and forth from collection to analysis and back again, refining the questions they ask from the data. Knowledge of this process means that researchers will be able to allocate and segment their time appropriately. Health researchers often lack time at the end of their study to carry out the appropriate data analysis, because they do not foresee the complexity of the data and the length of time needed for analysing them. The iterative character of qualitative research also makes it more time-consuming (Holloway & Galvin 2017, 287).

## 5.5 Ethical Consideration

As students of Laurea University of Applied Sciences, the authors abide by the Laurea's Thesis Guidelines 2017 in writing this thesis. The authors use their student identification to access the databases available for the student of Laurea. Data obtained from these databases were used appropriately in the thesis, using Optima's referencing guideline. Ethics as a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal, and social obligations to study participants (Polit & Beck 2015, 402).

Authors made use of the Laurea Finna Library to access electronic data; reliable internet sources; and printed books to gather information about the topic. Works of other researchers have been properly referenced and the findings reported have been based on the views of the participants.

The main ethical issues that require attention when planning and conducting research include the importance of respecting participants, responding to the needs of

vulnerable individuals and groups, gaining consent and maintaining confidentiality (Gerrish & Lathlean 2015, 13).

1. Respect for participants - This key principle is based on the belief that every individual matter and has the right to be treated with respect. Most adults are autonomous: that is, they have the mental ability to deliberate about issues that affect them and to make decisions (however wise, foolish or capricious) for themselves. Respecting the individual implies respecting their decisions. Many factors may con-spire to limit the autonomy of an individual (Gerrish & Lathlean 2015, 32).
2. Vulnerable individuals and groups - Every recipient of health care is in some way vulnerable, but those with more limited ability to act autonomously can also be more vulnerable to the impact of research activity (Gathleen & Lathlean 2015, 32).
3. Gaining consent - A consent form is not consent, and neither is a signed form. Consent is the explicit act of agreeing to participate. You might, for example, record verbal consent in response to verbal explanation and invitation to participate. You might involve a carer or friend whom the participant trusts to communicate with them and witness their verbal or signed consent (Gathleen & Lathlean 2015, 35).
4. Maintaining confidentiality - The collection of data, usually about people, is the principal strategy of nursing research. Often, these data include personal, biographical and demographic information that, while essential to the analysis, should normally be used for this purpose only. In some cases, such as focus groups, research participants and others may need to be asked to keep matters discussed confidentially to the group (Gathleen & Lathlean 2015, 35-36).

Informed consent is a process in the ethical conduct of a study that involves obtaining people's voluntary participation in a study, after informing them of possible risks and benefits (Polit & Beck 2018, 406).

Prospective participants should know to what they are agreeing. The nature of qualitative research is such that it is not possible to predict everything that may occur, but prior to giving consent the participant needs to be aware of the steps involved in the project, its potential risks and benefits, measures taken to diminish risk and to ensure privacy and confidentiality, the limits on those measures, as well as plans for disseminating data. Providing this information involves several considerations (Beck 2013, 363).

The authors will abide by The Finnish Advisory Board on Research Integrity (TENK) guide-lines for the ethical principles of research with human participants and ethical review in the human sciences in Finland 2019 and by ARENE which serve as a reference for students writing their thesis at the University of Applied Sciences.

#### 5.6 Trustworthiness and Limitation

Holloway & Galvin (2017, 309) claimed that qualitative research is designed to ensure that the results of the data analysis are reliable and correct by applying Lincoln and Guba's four criteria for establishing trustworthiness through dependability, credibility, transferability and confirmability. Credibility is the most essential of all four.

Dependability was defined as having the characteristic of being accurate and consistent in making the results of the study reliable. In addition, these criteria are based on the same premise as credibility, since one criterion could not be met if one of them were missing. It also directs other researchers who plan to carry out similar research. While the study cannot be repeated, it can be performed in similar circumstances with similar participants (Holloway & Galvin 2017, 309).

Credibility, otherwise known as the "truth finding." The researchers are able to present the true meaning of the data from the point of view of the participants, and the data can be believed by the readers (Holloway & Galvin 2017, 309).

Transferability means that results in one context can be applied to similar circumstances or participants. Information learned in one situation or environment will be applicable in another, and those doing the same research in another environment will be able to apply certain principles originally developed by other researchers (Holloway & Galvin 2017, 309).

Confirmability, this includes an audit trail or a decision path where readers can follow the data to their origins. They pursue the direction of the researcher and the manner in which the researchers have come with structures, themes and their interpretation. For this reason, specifics of the study, experience and feelings of the researcher should be open to public inspection (Holloway & Galvin 2017, 310).

In this study, the authors ensured that all the parameters had been established to ensure its consistency and accuracy. At the beginning of the data collection and towards the end of the data analysis and presentation of the findings, all the responses of the participants are presented without bias or interference. The authors are confident that the main themes and sub-themes including the coping strategies shared were the product of a thorough review of the

rich data obtained from the participants. The analysis of the data was achieved by listening to the recordings and reading the transcript of the interview several times by both authors to accurately categorize the issues listed and to ensure that no issues were left un-mentioned.

A total of 6 interviews were conducted, lasting between 15-26 minutes, based on the duration of the recording and depending on the willingness of the participants to dig deeply into each topic. All participants are registered nurses in the Philippines, each with his or her own experience in various areas of the hospital before heading to Finland. In order to qualify as participants, these immigrant Filipino nurses must also be registered nurses in this country.

The authors were optimistic that this study could be conducted in a similar manner using a different group in a different environment and timeline.

Some limitations should be noted in this study, firstly, the number of participants who participated was relatively small, as only six IFNs participated. Second, the scope of experience of some participants in the hospital here in Finland was relatively limited, with just six months of experience. Finally, the interview was conducted using a qualitative method and was conducted only once. Therefore, the findings could have been more enriched with data if these variables have been considered beforehand.

## 6 Findings

This chapter presents the findings of the collected data after it has been analyzed. There are three main themes described, each of which has corresponding sub-themes. The three main themes are the following: job content and demands; language barrier; and discrimination and alienation. The findings of the study are focused on the perceptions and viewpoints described by the participants during the interview.

## 6.1 Factors causing stress in the hospital

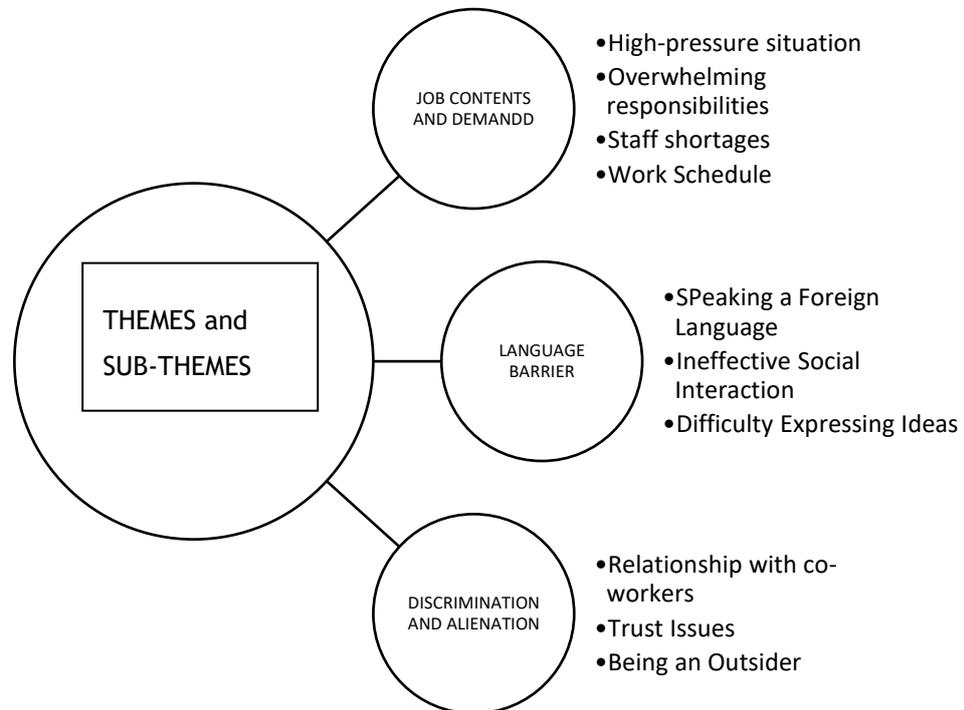


Figure 2. Main themes and Sub-themes based on IFNs stress in the hospital

### 6.1.1 JOB CONTENT AND DEMANDS

High-pressure situation in the hospital also leads to work-related stress. All of the participants have mentioned that they are often introduced to a challenging situation, some of whom question why they want to operate in such an environment, while some, while under pressure, have tried their best to arise from the situation.

*“...To be honest, sometimes I just wanted to quit my career. I often wonder why I decided to work in the hospital. When nursing homework is less stressful...” - P1*

*“...Anxiety hits me whenever this happened. But I always try my best to get the work done...” - P1*

*“...Well, if it's an unexpected situation, it will be a challenge because, for example, in my ward. It's not, uhm, the patients there are almost, that have almost have chronic illnesses...” - P2*

*“...Usually when there’s a situation or unexpected situation, I asked advice for my, hmm more experienced. Just to be sure, I won’t do it on my own because it will be safer to ask people like, how should I react to the situation...” - P5*

Some participants often feel the inevitable overwhelming responsibilities under which the IFNs are conscious that poor decision-making can lead to severe consequences. In cases like this, they strive to remain calm and to minimize distractions.

*“...For example, we have one patient now. He is 28 years old. He doesn’t have Do Not Resuscitate status. So, for example, if he will he get some like cardiac arrest or something and we need to do CPR. Maybe my first reaction would be panic. But at the same time. I will plan. It might be stressful. I will panic at first but then as a nurse, you have to think what to do first because if you panic then all the plans will be gone...” - P2*

*“...So, it depends what kind of working environment you have and work culture that is observed in that certain ward. So, you adjust it, respect them without of course losing yourself...” - P4*

*“...This is a very I mean my opinion very difficult question, because it’s subjective. And every day we encounter work related stress. So, especially in uhm, I am I am evening shift and then morning shift wasn’t able to insert IV and then they give me IV’s, even though they have time. So, I think, we, I encounter this work-related stress every time I go to work...” - P2*

Another problem that participants face in their day-to-day working life is staff shortages. Less employees mean more responsibility and more workload. This also means that with fewer staff, they need to work efficiently when attempting to provide quality treatment for their patient.

*“...a number one stress is under staff. For example, you will do the responsibility of three registered nurse, which is very tiring. So, you go to work, knowing that you are complete, but lots of, uhm, lots of staff are sick...” - P1*

*“...Nursing shortage also because who cannot take care of the patient holistically, and the patient and responsibility you need to do...” - P1*

*“...Stress on the workplace is really, really difficult to manage. For example, if you are in a shift, and then suddenly, some of your workmate is not going to*

*work. That would be really difficult because you as a team should take all of the patients. That's why you are going to have more patients than the usual..." -P3*

Some participants feel that long hours of continuous work can be tedious, particularly when they cannot have a proper period of rest. Also, going from morning to afternoon and night in the ward can be a struggle, although one pointed out that it's hard to do only morning shifts.

*"...so, the the work is basically three shifts, morning shift, evening shifts and night shifts..."- P2*

*"...I've been working for like, almost a year, over a year for only morning shift thing, I think it's quite hard, because every day you have to wake up..." - P5*

*"...Yes, I manage to finish all my responsibilities. Meaning, I have to sacrifice my lunch break. Sometimes finishing my eight hours shift, without taking any breaks. So, work work work work with no break..." - P1*

#### 6.1.2 LANGUAGE BARRIER

Communication skills are one of the attributes that a good nurse must possess. Since the primary duty of a nurse is to communicate to the patient about their state of health, their condition and their various interventions. In line with this, all the participants thought that becoming an immigrant nurse and learning the Finnish language was one of the most difficult challenges they would have to undergo if they wanted to be a successful hospital worker. IFNs who use their mother tongue "Filipino" in the Philippines to communicate with people in the hospital are immediately met with difficulties due to the language barrier, because the workplace requires the use of Finnish as the primary means of contact with patients and co-workers in Finland.

*"...Being an immigrant here in Finland is difficult, because of the language itself, comparing it to other countries who speaks English as their mother tongue, being an immigrant here, especially if you don't know the language, this can be so difficult because even though you're living here for maybe three years and above. Sometimes you don't even understand the language..." - P2*

*"...Finnish is not an easy language. And it took me almost a year for me just to learn the basic terms in the Finnish language..." -P3*

*“...No, uhm, being an immigrant is is very hard, especially here in Finland because you have to study the language and the language is very hard...” - P5*

Ineffective social interaction as a sub-theme was one of the problems faced by some participants. As part of the main theme, the language barrier, some participants emphasized that comprehension of the Finnish language was not the only concern. Ineffective communication skills between patients, workmates and other team members are also critical since developing a social connection with people employed in the hospital makes the distribution of knowledge and nursing intervention quick and easy. So, the thought of not knowing the meaning of a message being told to them and not wanting to make a mistake is stressful.

*“...I guess, no because of the language, maybe, you need to please everyone like, co-workers, the relatives, and especially the patient...” - P1*

*“...So, the challenge, or if I am going to base it in my own life, the challenge the first challenge is language, because the, especially now I am charged nurse. The success of the duty of the... of the works depends on you. Especially, when doctors call on the phone, it's so difficult to understand. Because you cannot see their faces. So that's the first, all the, all the nursing interventions is in Finnish everything is just Finnish, so I think that is the first challenge...” - P2*

Some participants have clarified that there is a need for a large medical vocabulary to be able to convey ideas without difficulty. The IFNs stressed that communication between nurses is important and exchanging ideas that are concise and straightforward is part of the duty. So, getting thoughts and not being able to articulate them correctly is a challenge.

*“...The language is the main requirement for anyone to be able to work in a hospital setting, I guess. Because anywhere if we compare it to other workplace setting like doing home care or in the nursing home. We can survive even with a limited knowledge of the medical language but when we're working in the hospital. We need all those ones. And in a fast phase setting we don't have time to you know translate the language into English, so they have to have it in their mind...” - P6*

*“...There's the language, because it's not my mother tongue. So, it's really a challenge to be understood and to make sure that you're saying something that they can understand for example, so that's what makes it really difficult...” - P4*

### 6.1.3 DISCRIMINATION AND ALIENATION

Some of the participants, when asked about their relationship with their co-workers, were very outspoken about the problems of bias and being looked down upon. This creates a strain in the working environment when IFN's are continuously trying to prove that they can do the work that is required.

*"...Certain issues at the workplace, I usually go directly to the, for example if I have an issue with some one of my workmates then I go directly to him or her. But then, generally I usually speak to the boss about it. If I don't know what to do. I am usually asking for advice from our manager..." - P2*

*"...I guess there are challenges from colleagues, themselves, they would look at us like you stupid that you can't understand their language, sometimes, and challenges that they are thinking that you don't know anything. When in fact, even when in fact we are just quiet, I know I don't know but it's my own, my own assessment that when I'm keeping quiet I'm being quiet in some of my workmates will think, she doesn't know everything, she probably doesn't know anything. When you, but when you act. And when you let him know that. Oh, I know this one I can do this one I can do that one too we've overcome those challenges, and you will overcome those challenges by your workmates..." - P6*

Trust issues among co-workers were among the finding from narrative data. Although the participants treated their patients with respect and dignity, they also expected to receive the same treatment from their colleagues. This is also a challenge because they are conscious that developing a trusting relationship takes time. But the challenge is not solely to get a trusting relationship with their co-workers but somehow these immigrant nurses also wanted to do their responsibilities to their patients and patient's family without any being judge.

*"...And another thing also is that you are going to face the challenges with the patient's relatives. Yeah, because their relatives are usually the one who are always going to the hospital, and asking about the patient, and some of them are demanding, they would like to know everything about the patient, but it is really difficult for us foreign nurses to explain to them, all of the details, because sometimes you can feel that they don't trust you..." - P3*

*“...It seems like you have this pressure that you have to prove yourself, not only to yourself, but also to your co-workers and your patients that you are of the same level as they are, like you can do whatever they can do...” - P4*

*“...of course, for some of them will just criticize you by not telling it right in front of you, they will just talk at you back but that's okay. I would only say that some of them. Anyway, some of them, some of them would like... some of them would say it right in front of you. And that's with critique right in front of you but... and, but I, I like that one, rather than be talking about, rather than you're talking up at my back...” - P6*

Being an outsider at work is one of the difficulties that some participants are facing. Some participants found out that they faced racism or were judged solely for being different. While some participants said they were resilient to such actions in the workplace, they still know that this is happening.

*“...I would just want to add maybe racism. Because I believe that each and every country, they have been practicing, racism, even in my own country. It's just that it's normal it depends on the person who gets it, because me personally, I don't get offended easily because I just don't mind the people, because it's, I think it's normal for people to be racists especially when they think that they are higher than other people...” - P2*

*“...Sometimes you can feel that they can.. that they do not believe you because of your color; because of how you speak; because of your fluency in the Finnish language...” - P3*

## 6.2 Coping Strategies based on RAM's adaptive modes

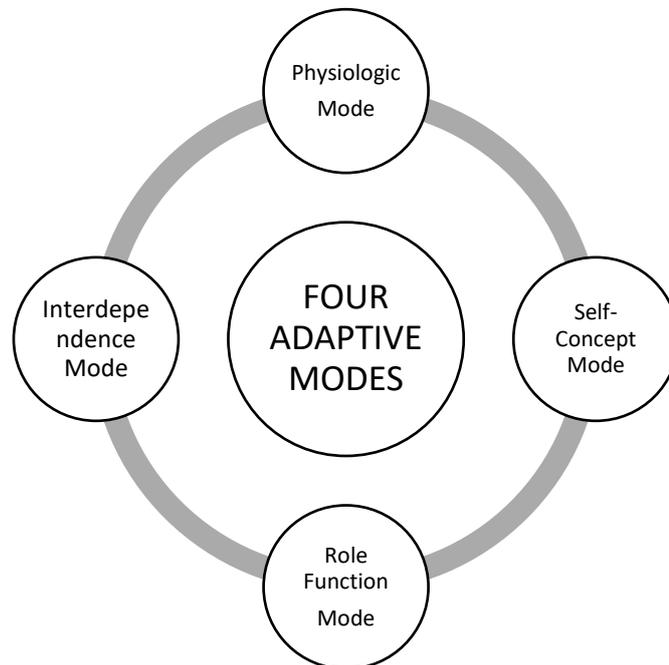


Figure 3. Coping Strategies used by IFNs based on Four Adaptive Mode

### PHYSIOLOGIC MODE

Participants were asked about how they spend their free days and the things that keep them busy after work. All the participants clarified that while they get tired of coping with all the pressures at work, they still find time to relax. Participants find ways to relax their minds by walking through the park, going to the gym, putting behind all the problems at work, and loving the simplest of activities and sleeping as much as possible.

*“...Free days, I always go out with friends, friends, or stay at home and watch TV...” - P1*

*“...Well, I go to the gym on my free time. I eat well. I have plants. I have a lot of plants I take care of them whenever I am free. And then I sleep well, I have video games, I have lots of hobbies...” - P2*

*“...I must admit it, that I am not young anymore and I do need some sleep. Because in a working life, it is very difficult for you to focus on work. And it's, and sometimes it is difficult to get some rest. That's why I just sleep on most of my free time. But sometimes, if I have some free times, I go to the gym. I play instruments, I play piano, guitar, I also play games. And it's very good*

*for me to go outside. I like driving and going to other places, visiting my friends at some cities, because at that time, I can alleviate my stress. I see nice surroundings and sunlight, for example...” - P3*

*“...My hobbies are watching the TV and playing computer games. So, I usually have my free days just at home cooking, or just resting. I do my other hobbies afterwork like going to the gym. After work, but I see to it that I have my free days at home...” - P5*

Participants are aware of how vital this rest and relaxation is to their physical well-being, so that they can have a fresh outlook on when they have a working day again. Each person has his or her own way of dealing with stress. From the point of view of the participants, having an overall physical well-being allows them to deal with a lot of issues, which is why they find time to recover from the hustle and bustle of the hospital environment, no matter how short or simple these activities are outside the workplace.

*“...When I'm stressed at work. I go to, maybe, in our break room to have a coffee. I usually tell my workmates that I'm stressed, for example, so I can go away from the ward for maybe like 5 to 10 minutes...” - P2*

*“... I just have to take my time, and to think first before I'm going to face these challenges. The very important for me is to have my breaks at work at that time, I can manage well my time. And, well, I am I am smoker. And I think that also helps me, because when I go out. It relieves me...” - P3*

*“...I have school. I'm studying. So basically, in my free days, I go to Tampere and study. I am studying master's in health sciences in University of Tampere. So, during my free time. I usually go there. But then, because it's a new place it's not in a hospital. Whenever I go to the train and ride going to Tampere. It feels like I'm relaxing because I'm not in my workplace...” - P2*

## SELF-CONCEPT MODE

There are several problems surrounding IFNs in their workplaces, but the way they viewed themselves and how well they are aware of their strengths and skills allows them to do their job well. Participants were asked how they cope and deal with stressful circumstances, and how often they experience these stressful situations, their coping strategies were centered in various directions.

Some of the positive self-concept participants were attributed to being a Filipino and their work experience in the Philippines. During the data collection, it has been stated several

times that being resilient, uncomplaining and having an immigrant background allows them to cope with the ups and downs in the workplace.

*“...Um, well, I'm a Filipino and basing on my culture we just not complain about it. We just stay put. We just, we are just silent. And we are usually resilient. We are not really actually stressed really really easily...” - P2*

*“...It's not very rare but it's not also very often that I have this work, work-related stresses. Because I am used to like being in a stressful situation. I think it is because of my experience as a nurse back in the Philippines...” - P3*

*“...I guess that's one of the advantages of being a nurse coming from an immigrant background, you would be able, there, there is a connection between an immigrant and an immigrant client...” - P6*

People view things from a different viewpoint, some appear to be pessimistic, whereas others prefer to be optimistic. Four of the six participants stated during the interview that by properly motivating themselves, maintaining an open mind and staying positive would eventually work to their advantage and allow them to cope with stressful situations.

*“...Although nursing is a stressful and tiring profession. I just motivate myself that every day is a learning process. And these experiences will mold you to become a better nurse. So, keep going...” - P1*

*“...I think it's more of self- improvement. That's what motivates me. By thinking like, you don't become stagnant with what you have. It's very easy when you do something routinary. Then you get stagnant, of course, your skills develop and both language skills and cannulating skills for example but they're always, you know, something that you can learn that will help you become sort of a better version of yourself, so yeah yeah, that's what motivates me...” - P4*

*“...I think, especially for nurses who are starting their career. It would be best if they keep an open mind and accept all the advices that everyone offers. And then, in a way, use it, and then try to put maybe gain the more self-confidence and, you know, trust yourself that you can do it and you will be there. No one is expecting you to know everything anyway, so you should be, how do you say it merciful with yourself and acknowledge that you don't know everything so you can always ask your workmate. When you are at the field.*

*Like, if there's something you don't know that you say you don't know instead of doing something that could harm your patient or you..." - P4*

*"...Don't worry, you will be able to learn more in the workplace. And don't be like. Don't be shy to ask your workmates if you don't understand what they're saying. Just ask them like, what does it mean? Do not be discouraged like they say you know nothing that I don't know this, or they might think that you are dumb, just be brave and ask..." - P5*

*"...I do emotional coping. Well you don't need to absorb everything you don't need to think about everything. You just have to assess what you need to assess the situation, reflect from it, and then you have to learn from it. Don't stress yourself with everything that's being said in the unit, or in your workplace, because you are superman who would be able to handle..." - P6*

#### ROLE FUNCTION MODE

Nurses have various responsibilities depending on the assignment of duties, the obligation that needs to be performed, or even the individual's own idea of how to perform the role in terms of skills or abilities. These two questions were asked to the participants: how do you reduce work stress related issue knowing that your work as a nurse is demanding/exhausting? and do you think that you are able to do your responsibility at work? And these were the responses obtained on how they cope and handle their roles during the analysis of the data. There is an overflow of demanding or exhausting activities in the hospital, but the manner in which participants deal with these stressors, such as time management, the expectations of colleagues and the focus on the task at hand are discussed below.

*"...I think you have just, you just have to first, plan ahead. Before the shift. You have to budget your time you have to balance the time you have to know where to start. You have to have a goal, every time you go to work. And then you have to be straight about it..." - P2*

*"...I actually focus on what I can do. Because if I focus on what people are expecting or. I mean, they cannot expect me to speak fluent Finnish as, as they are, because I am not a Finnish born nurse. So, I just like to do what I can, with the best I can, and then maybe some relaxing, like techniques like. Usually, I found myself walking on my way home, so as to relieve all those stresses and have some endorphins going. By the time I come home, I'm actually quite myself again..." - P4*

*“...It is like a set of practices that we have to do, that we have to do with the like, with the treatment of the patient. It's a set practice, you know, so it's not so much demanding, it's like, this one's, I will do first and that's the last...”*

*- P6*

Given the language barrier or the never-ending list of IFNs needed to be completed in a day's work, some participants feel that they have been able to fulfil their responsibilities.

*“...Yeah, I think I am able to do my responsibilities at work...” - P2*

*“...Yes, I think, because I've been doing charge nurse task. I do what my workmates do. And I have good evaluations from my patients as well as my boss and my co-workers, so I think yes, I wouldn't be on the same place for five years if I don't...” - P4*

*“...Yeah. Um, could say that I have done my responsibilities as a dialysis nurse. I will say that, I, I have been an effective and efficient nurse despite the language barrier. I will say that I was able to communicate with my patients, because there are a lot of times in the unit where I'm working there are a lot of immigrant clients. Also, there are those who cannot even speak English. There are even speak Finnish, and there are those who speak only their own language, just foreign languages like Italian or Somalian, which I don't, which I don't understand totally some of those words, but in case there are just communication means that we have to be an employee, in order for it for us to take care of the clients...” - P6*

Two participants highlighted the importance of disconnecting from work after a long day of work. Although it wasn't easy, these IFNs are still trying to practice this method to minimize their stress.

*“...One more thing I try to leave the stress at work. So, if it's work stress, I try to leave it there. If not, then I try to talk with somebody, whom I know will not, you know...” - P4*

*“...Ah, I usually leave everything in the workplace. It's like when I go there. I just work, and when I go out. I just leave everything that had happened, of course, it can kind of be avoided that I get stressed sometimes and keep on thinking about how we deal with what will happen if I can go again tomorrow and it would be the same situation like that. But, as much as possible. I just*

*leave them out from my mind at what I think sauce was a step out from me the unit. And I think it's working for me, it may not work for everybody but it's working for me..." - P6*

## INTERDEPENDENCE MODE

During the interview, the participants said that managing stress is difficult, particularly when you live far away from home. These participants benefit from the support system where they can talk about their feelings or how tiresome their day was. These people serve as an outlet that lets them vent the negative feeling, they've had all day. Questions were asked about the significant people in their lives; people they speak to about work problems, and whether they consider their colleagues to be friends.

Participants claimed that their family and friends serve as their emotional support if they feel they are at their lowest. All participants talk to their family and friends here in Finland or the Philippines just to feel motivated about why they're going to work and work so hard.

*"...Um, my family's my number one motivation to keep going. It's hard to reduce, reduce stress, but I always try my best to stay calm. And make sure to talk with friends and family back home..." - P1*

*"...Of course, my family, my housemates, my friends..." - P2*

*"...I would like to live a healthy life. Well, let's face it, a wealthy life also, give us, if are a lot of money, you can do whatever you want you can help your family, you can help your friends. Yeah. And, yeah, that motivates me my friends and my family, because even though they are away from me. I'm just hoping that someday, I would be with them, and I would be able to provide them with the basic needs that they needed..." - P3*

*"...That would be my family. That includes my husband and my two girls. Okay, so they are the reason why I get up at 530 in the morning to be able to be at work by seven..." - P4*

*"...The most significant people in our life it's my family..." - P5*

*"...My family in the Philippines. My, my family, in the Philippines. Most significant people here in Finland I think it's my social network, my friends, my colleagues..." - P6*

At the hospital, some of the participants often find encouragement from their colleagues and supervisors, while not all of them consider these people to be their friends, but they help them to ease the stress they face during working hours.

*“...So, in a way, you have to ask maybe your co-worker, like, hey, do I say this, in a way, or a patient can understand, for example...” - P4*

*“...- I usually talk to them, like the osastonhoitaja, they are nice. Yeah, she's very open to it. Like, she's. I'm encouraging us to talk to her, or anything, which is bothering us...” - P5*

*“...In the hospital who are working we also have those stuff from from the church. They often come and visit us. They don't only talk to the patients, but they also come to see us. They also discuss with us either we have like some burdens. And that is of great help to us, especially in these times of, you know, pandemic time...” - P6*

### 6.3 Summary of Findings

The authors have identified the frequency of challenges and coping strategies used in the data analysis. The tables indicate how many times a participant discusses a particular issue and how many participants discuss the issue at the workplace, which was then divided into themes and sub-themes, and what kind of coping strategies were used to alleviate the stress.

<b>THEMES AND SUBTHEMES</b>	<b>How many times this issue was mentioned during the interview?</b>	<b>How many participants mentioned this issue during the interview?</b>
<b>JOB CONTENT AND DEMANDS</b>		
• High-pressure Situation	7	6
• Overwhelming Responsibilities	6	4
• Staff Shortages	9	3
• Work Schedule	7	5
<b>LANGUAGE BARRIER</b>		
• Speaking a Foreign Language	7	6
• Ineffective Social Interaction	6	5
• Difficulty Expressing Ideas	3	3
<b>DISCRIMINATION AND ALIENATION</b>		
• Relationship with co-workers	6	6
• Trust Issues	4	3
• Being an outsider	2	2

Table 2. Summary of main themes and sub-themes based on IFNs stress in the hospital

<b>Four Adaptive Modes</b>	<b>How many times this Coping Strategy was mentioned by during the interview?</b>	<b>How many participants mentioned this Coping Strategy during the interview?</b>
<b>PHYSIOLOGIC MODE</b>		
• Rest and Hobbies	8	6
• Short breaks and Short Trips	5	3
<b>SELF-CONCEPT MODE</b>		
• Cultural Influence	6	3
• Being optimistic	7	5
<b>ROLE-CONCEPT MODE</b>		
• Proper planning and being focus	6	4
• Being a responsible nurse	7	6
• Disconnecting from the work	5	2
<b>INTERDEPENDENCE MODE</b>		
• Family and friends as support system	8 5	6 3
• Colleagues as support system		

Table 3. Coping Strategies used by IFNs based on Four Adaptive Mode

## 7 Discussions

The findings of the data analysis revealed numerous issues encountered by IFNs in the hospital, which were grouped into three main themes, each with its own sub-themes, which further offer a clearer presentation of why this creates stress in the workplace. The 3 main themes are as follows: job content and demands, language barrier and lastly, discrimination and alienation. The main themes were the outcome of careful coding and analysis of inter-view transcripts and recordings by the participants. Concepts containing related patterns have been clustered together in order to best present the data acquired. The themes have not been presented in any specific order. The coping of strategies used by IFNs depends on the stress they experience in their workplaces. The data analysis indicates that the participants used these adaptive modes to cope with the challenging situation at the workplace.

### Issues that causes stress in the workplace

Job content and demands is the first main theme. The high-pressure situation and overwhelming responsibilities were among the sub-themes during the data analysis. The study found that each individual reacts differently to a certain situation. Some participants confronted their doubts, tried as hard as possible to stay calm to be able to carry out their primarily responsible, and asked co-workers they felt could support them in such a situation, while some considered the question of why they would want such stress in their lives. Nursing shortages and work schedules were also among the sub-themes in this group. These problems have been disclosed that the constant absence of certain workers raises their workload and obligations. It was also stated that doing the same schedule all the time is tiring and that there are periods when IFNs do not have scheduled breaks due to so much work that needs to be done. These findings have also been stated in a study by Jathanna et al. (2012), which states that heavy workloads and fear of not being able to fulfil nursing responsibilities are among the issues at work. In addition to these problems, long hours at work and feeling incompetent as professionals also play a role as a source of stress.

Language Barrier is the second main theme. Three sub-themes have been established in this category: speaking a foreign language, ineffective social interaction and difficulty in expressing ideas. As there are many subtle-type language barriers that can directly impact their work as nurses. Learning to speak a foreign language is not a walk in the park, since nurses need to be precise and reliable to the instructions they provide to the patient and patient's family and to ensure that they interpret the instructions correctly from their colleagues and doctors. The idea that they cannot deliver this efficiently is also a source of stress for IFNs. A

research by Connor & Miller (2014), has similar findings that language and communication difficulties are among the issues that cause stress in the workplace. Not being able to express your feelings is daunting, and it is much more difficult to consider the fact that patients and co-workers have not grasped what you have just explained. These language barriers have brought emotional tension, disappointment and disgrace to immigrant nurses. These problems leave them feeling left out by their co-workers; isolated and helpless; and they are considered to be incompetent (Moritz & Siantz, 2016).

The last main problem is discrimination and alienation. This category has three sub-themes, which are relationships with co-workers, trust issues and being an outsider. IFNs have clearly shared their feelings towards their co-workers, including not being supportive or not trusting them enough that they are both competent and reliable. There was also a mention regarding racism because they were treated differently because they were immigrants. A similar study by Moritz & Siantz (2016); Connor & Miller (2014) has similar results, which indicate that they have been criticized for the manner in which they speak and for their appearance. Discrimination in the form of abuse and criticism from supervisors, patients and co-workers.

#### Coping Strategies based on RAM's four adaptive modes

This study found that IFNs in Finland, who are exposed to different areas of the hospital, use almost the same coping strategies. They also learned to use various strategies to alleviate their work-related stress, which has allowed them to fulfill their functions and duties in the hospital. In physiological mode, the most widely used strategies are rest and relaxation, short breaks and short trips. IFNs that find comfort in simple things after work help them to counter the feeling of exhaustion and fatigue. A previous study by Davey et al. (2019) suggested that, as a nurse, it is necessary to evaluate the working atmosphere and learn more about how to counter work-related stress and to prepare ahead well before stress begins.

In self-concept mode, IFNs have speculated that being a Filipino is the key reason why they are not easily stressed in the hospital and the characteristic of being optimistic. In role-concept mode, proper planning and being focus; becoming a responsible nurse; and learning how to disconnect from work are responses in adaptive mode. Finally, in interdependence mode, the value of support was represented by the IFNs through constant communication with friends, family and with their colleagues. A previous research, while not quite similar in context, but with the same group of participants (immigrant Filipino nurses) by Connor & Miller (2014), which mentions some negative and positive characteristics of Filipino nurses, the negative being not happy when other Filipino nurses progress in their carrier while positive being a hard worker to provide for the family. Another research on coping strategies,

which suggests that while there are many stressors in the workplace, coping is different in each person as long as it is aimed at reducing stress levels (Jathanna et al, 2012).

The coping strategies shared by the IFNs centered more on adaptive modes. One participant shared that smoking is typically the only thing that can calm him down when he's under stress. While there was no related research about the negative coping found by the authors, a study by Davey et al. (2019) states, how the hormonal changes in the body responds to exhaustion and anxiety, and that coping is personal experience and how an individual copes is different from one another.

## 8 Conclusion

Nursing is one of the most demanding occupations (Zyga et al. 2019). These findings in this qualitative study have shown that it is not easy to be a nurse, even more so when a nurse works in another country where a new language needs to be learned. However, the results also revealed that the job content and demands were among the most difficult aspects of becoming a nurse, as well as not getting along or being underestimated by colleagues in the hospital. The aim of this study was to learn about the different coping strategies of IFNs. Rest and relaxation were among the easiest strategies used to alleviate work, but the importance of interpersonal relationships, such as frequent interaction with colleagues, friends and family, is equivalent to the importance of coping. Another coping strategy used by the participants was the role-concept, which demonstrated that the recognition of the role of nurse motivates them to perform better. The finding of the research coincided with other similar studies that there are different forms of stress in the hospital from different sources. In the future, it is essential to examine the coping strategies and challenges of immigrant nurses in a wider community that has fully set out parameters such as years of experience; regular ward and special ward; age and gender. In addition, researchers can also investigate the negative coping strategies used to alleviate stress in the workplace.

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## Appendix 1: Invitation Letter to Participate in the study



### Invitation Letter to Participate in the Study

#### Coping Strategies among Immigrant Filipino Hospital Nurses in Finland

Date: \_\_\_\_\_

Dear Sir / Madam,

We, Cecille Alinea and Vannesa Segercrantz, students of nursing, would like to invite you to take part in this bachelor's thesis.

The purpose of this study is to describe Immigrant Filipino Hospital Nurses' stress and identify coping strategies they use to mitigate the stress. The aim for this study is to provide information to future Immigrant Filipino Hospital Nurses on how to reduce stress.

Your participation in this study is entirely voluntary. When you agree to participate, approximately one-hour interview will take place in a time, date and place agreed upon by both parties. All your answers will be presented anonymously in the study as a participant and all data will be treated as confidential. The collected data will only be accessed by the authors and supervisors. That no names or identifiers linking it to the participant are published. As a participant you are allowed to withdraw anytime you wish. In the study, however, data collected once the analysis has already started will be used after withdrawal in the study. Collected data such as recorded interviews will be stored in an authors-owned password-protected laptop and cell phones. The authors of this bachelor's thesis will retain the tapes of the interviews and will be destroyed once the thesis is complete. The final thesis will be published in the Open Repository Theseus - the theses and publications of the Universities of Applied Sciences on the Internet.

Attach here is the informed consent that states the study's mechanics and how it will handle the collected data.

Sincerely yours,

Researchers: Laurea Nursing Degree Program Students

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## Appendix 2: Semi-Structured Interview Questions



## INTERVIEW GUIDE

Title: Coping Strategies among Immigrant Filipino Hospital Nurses in Finland

## Purpose &amp; Aims

1. The purpose is to describe Immigrant Filipino Hospital Nurses' stress and identify coping strategies they use to mitigate the stress.
2. The aim for this study is to provide information to future Immigrant Filipino Hospital Nurses on how to reduce stress.

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## Semi-structured interview guide based on Roy's Adaptation Model

Starting question	<ul style="list-style-type: none"> <li>• How long have you been living here in Finland?</li> <li>• How is it for you to live here in Finland?</li> <li>• Do you live with your family/friends in Finland?</li> <li>• How many years have you worked as a nurse in the Philippines? How about here in Finland?</li> <li>• Could you please tell me about the hospital setting you work in?</li> </ul>
Physiologic Needs	<ul style="list-style-type: none"> <li>• How do you like working in the hospital here in Finland?</li> <li>• What is your work life like?</li> <li>• How do you usually react to unexpected situation in the hospital?</li> <li>• How do you spend your free day? Any hobbies?</li> </ul>
Self-concept	<ul style="list-style-type: none"> <li>• How do you face and deal with stress at the workplace?</li> <li>• How often do you encounter work-related stress?</li> <li>• Do you have any personal goals you would like to achieve with regards to your career as a nurse?</li> <li>• Any motivations that keeps you inspire to do more/learn more?</li> </ul>
Role function	<ul style="list-style-type: none"> <li>• Do you think being an immigrant nurse is easy? Could you please elaborate?</li> <li>• What are the challenges of being an immigrant nurse in the hospital?</li> <li>• How do you reduce work stress related issue knowing that your work as a nurse is demanding/exhausting?</li> <li>• Do you think that you are able to do your responsibility at work?</li> </ul>
Interdependence	<ul style="list-style-type: none"> <li>• Who are the most significant people in your life?</li> <li>• How about at your workplace? Do you consider your workmate as your friends?</li> </ul>

### Appendix 3: Informed Consent to participate in the study



#### INFORMED CONSENT

Title: Coping Strategies among Immigrant Filipino Hospital Nurses in Finland

#### Purpose & Aims

1. To describe Immigrant Filipino Hospital Nurses' stress and identify coping strategies they use to mitigate the stress.
2. The aim for this study is to provide information to future Immigrant Filipino Hospital Nurses on how to reduce stress.

Researchers: Laurea Nursing Degree Students

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I have read the invitation letter to participate and have received the following information:

- a. The aims and purpose of the study were explained thoroughly.
- b. That the study will be conducted through interview. This will be a one on one interview which will be done via personal contact or with the use of Facebook app when personal contact can't be made. That the interview will be recorded using cellphones owned by the authors and transcribed using the Otter.ai app.
- c. The participant has agreed to participate voluntarily, and no bodily harm nor mental harm is intended while conducting the study.
- d. The participant has the right to refuse or withdraw from participating if the participant has decided to do so without any question or ill feeling.
- e. The participant's identity and all the shared information will be kept strictly confidential.
- f. The authors will abide by The Finnish Advisory Board on Research Integrity (TENK) guidelines for the ethical principles of research with human participants and ethical review in the human sciences in Finland 2019, Ethical recommendation for thesis writing at universities of applied sciences 2018 (ARENE), and Laurea's thesis guidelines 2017 in writing the study.
- g. The participant understood all the mentioned issues above.

Note: A copy of the signed, dated consent form must be kept by the authors(s) and a copy must be given to the participant.

Date and Place: \_\_\_\_\_

Participant's Initial and Signature: \_\_\_\_\_

With my signature I affirm my participation in this study is voluntary.

Interviewee's Signature: \_\_\_\_\_