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Understanding the occupational stress of multicultural nurses in Southern Finland

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<p>Occupational stress can be understood in terms of interpreting the experiences. It is subjective in nature. The study is a qualitative approach of examining the occupational stress experienced by 19 multicultural nurses from Southern Finland. All participants were administered an in-depth structured interview that inquired various aspects of their occupational stress. The data was subjected to reliability and validity review.</p> <p>Inductive content analysis method was utilized to explore the occupational stress of multicultural nurses. Results were discerned through a conscientious process of data review, data labelling, concept creation, and rectification. Explanations of the data were determined by the respondent's validation to ensure the integrity of the findings.</p> <p>The study identified mainly mental and emotional impressions of occupational stress. The results showed the causes of both individual and work-related factors. The study showed general findings of stressors that were also experienced by nurses in Southern Finland in general. Lack of resources, role in the organization, work overload, working environment, work schedule, and unrecognition of effort were the identified work-related factors of occupational stress. However, resentment feelings and language barrier were the commonly mentioned sources of occupational stress among multicultural nurses. The coping strategy utilized in stressful circumstances at work by most of the multicultural nurses in Southern Finland was an emotion-focused strategy. A few participants stated that venting out of frustrations, distractions and relaxation activities were helpful to relieve their stress. The study identified that some respondents directed their anxieties through positive thinking, single-tasking, and focusing on improving the skills to advance their work performance. The study findings can be utilized to further explore the needs, goals and behaviours of multicultural nurses and how they react and handle occupational stress. The information can help human resources managers to establish strategies to relate to employees with diverse cultural background.</p>	
Keywords	Occupational stress, multicultural, diverse, nurse, individual, work-related, anxiety, coping mechanism, coping strategy

Contents

1	Introduction	1
1.1	The multiculturalism of nursing in Finland	1
1.2	The reasons why do multicultural nurses prefer to work in another country	2
2	Aims, objectives and significance of the study	3
3	Literature background	3
3.1	Causative factors of occupational stress in multicultural worker	4
3.1.1	Individual causes of occupational stress	4
3.1.2	Work-related causes of occupational stress	6
3.2	Coping Strategies of occupational stress	8
3.3	Models of occupational stress	10
4	Methodology	12
4.1	Sample size and selection of sample	12
4.2	Sources of data	13
4.3	Collection of data	14
4.4	Data management	16
4.5	Data analysis strategy	16
4.6	Time frames	17
5	Results	17
5.1	Perceptions of occupational stress of multicultural nurses	17
5.2	Causes of occupational stress of multicultural nurses	18
5.2.1	Individual causes of occupational stress of multicultural nurses	18
5.2.2	Work-related factors of occupational stress of multicultural nurses	21
5.3	Coping mechanism of multicultural nurses	23
6	Discussion	24
6.1	Perceptions of occupational stress of multicultural nurses	24
6.2	Causes of occupational stress of multicultural nurses	25
6.2.1	Individual causes of occupational stress of multicultural nurses	25
6.2.2	Work-related factors of occupational stress of multicultural nurses	26
6.3	Coping mechanism of multicultural nurses to multicultural nurses	28
7	Limitations of the study	29
8	Strengths and weaknesses	29
9	Trustworthiness	30

10 Ethical considerations	31
11 Conclusion	32
References	34
Appendices	
Appendix 1. Informed consent	46
Appendix 2. Participant information sheet	47

1 Introduction

Occupational stress is a consequential issue when the demands of work undesirably affect the employees. According to European Agency for Safety and Health at Work (Eurofound:2005), work stress or occupational stress is the second most frequent work-related health problem topic of discussion in the European countries. Although it is subjectively experienced, it affects employee's working life. Some occupations are more stressful than others. According to Zapf (2002), occupations that are engaged with emotional work are the most stressful ones. Nursing is among the professions that include face-to-face social connection not just with the patients but also with co-workers, which leads nurses develop stress. However, occupational stress may be caused by various factors.

1.1 The multiculturalism of nursing in Finland

Multiculturalism exists together with diverse cultures that include race-related, spiritual, or cultural groups and is revealed in traditional behaviours, cultural acceptance and values, reasoning, and the way of communication. According to Chu (2020), multicultural communities are divided into four categories such as immigrant minorities, asylum seeker, migrant workers, and national minorities. In Finland, the concept of multicultural society started from Swedish speakers, and other minorities, Sami and Romani. Statistics Yearbook of Finland (2000) revealed that at the end of 1980s, cultural heterogeneity and diversity increased. Mostly, Russians and Estonians were the first European nationals who migrated to Finland. However, other nationalities, such as Asians, Africans and Chinese, have also a small percentage of immigration to Finland.

Official Statistics of Finland (2015) showed that Finland's workforce population declined when the recession started in 2008. Healthcare sector is greatly affected by the labour force shortage rate due to continuous retirement. According to Ensio et.al. (2019), shortage of nurses will continue in 2025. In a western society, like Finland, international nurses have become in demand because of the drastic change in the labour market. Globalization has a profound consequence on economic, political, and social activity.

Nurses have been a part of international migrants since 1970. (Kinema, M: 2007) Due to the current shortage of nurses in Finland, the country has become more receptive to

recognize skilled and trained health professionals to respond to the greater demand of critical work disparity. (Hearnden: 2008) According to Flinkman, Isopahkala, and Salatera (2013), the integration of nurses with heterogeneous cultures within and from other geographical locations to fulfil the need for more healthcare providers, not just for aging population but also the insufficient workforce was a result of the transition of young nurses' changed to other careers and weakened economic status of southern Europe.

Finland is continuously evolving as a multicultural society. It affects the healthcare system, health practices, and health-related working environment. According to Yle (2013) reports, an increase of working population by thousands every year is predicted to achieve an estimated 20,000 to 60,000 new workers by the year 2025. However, in a literature review regarding cultural difference in medical communication, working in a culturally diverse organization of particular cultural backgrounds has brought challenges. It can be stressful in terms of citing thoughts, beliefs, customs, traditions, and communication. (Meeuwesen, L. and Schouten, B:2006) It is of significant concern as it affects the value, wellbeing, and health care system effectiveness. If stress will not be addressed, it will affect communication and build conflicts which will be a deciding factor to change the workplace or even change a career path. All of these concerns should be considered to invest in nurses' wellbeing to provide quality healthcare (Kaihlainen, A. et al: 2019 and Wesolowska, K. et al: 2018).

1.2 The reasons why do multicultural nurses prefer to work in another country

A considerable number of unemployed or underemployed nurses from developing countries are encouraged to seek employment abroad for a promising career and life opportunities. There are various benefits why most multicultural nurses are likely to work in a different country apart from their culture and beliefs which is not limited to improving nurses' cultural sensitivity, communication, and self-confidence. Their exposure to different kinds of patients and diseases that they do not usually encounter in their home country gives them direct experience both on treatment and promoting cultural awareness among colleagues. (Long,T.: 2016) Some nurses from a third-world countries choose to work abroad not just to have a competent wage to provide for their family, who is living in their own country, but also to improve the nursing status as a promising profession. Other nurses are influenced by relatives living abroad. (Johnson, S. et al:2014; Rapoport:2012). According to Shirley (2019), foreign-born nurses have the

advantage to practice in underserved populations as well as to serve as reinforcement in an under-staffed healthcare unit.

2 Aims, objectives and significance of the study

The goal of the study is to investigate the occupational stress of multicultural nurses in Southern Finland. Perception of occupational stress will be explored. This study will focus on the causes of occupational stress, both the individual and work-related factors, among multicultural nurses in Southern Finland. This study will concentrate on the coping approaches utilized by multicultural nurses. The findings of the study provide the insights for the human resources managers to facilitate training or develop guidelines for stress coping strategies of multicultural workers.

3 Literature background

In this study, the author defined a multicultural nurse based on Walsh's (1973) concept of a multicultural person who commits to cultural change while still capable of enriching their significant inherent values. In this context, a multicultural nurse is a healthcare professional identified with two or more cultures. The multicultural nurse works in a foreign country that needs the expertise of nursing. He or she bears citizenship in another country than where they reside. A multicultural nurse is a new kind of individual who recognizes oneself rationally as being integrated into a new environment while preserving individuality. It affects the process of dealing with two cultures. While some multicultural individuals have easily adjusted between two or more cultural systems, others struggle to build their new identities and experience anxiety. (Benet-Martinez, V. and Haritatos, J.:2005) The study of Zamarron (2016) among Latina nationals possessing two distinct cultures revealed the experience of stress and depression.

Stress is a state, not a disease which can be experienced upon exposure to beyond normal demand. The term stress is an expression that is not limited to one aspect, and it has been defined in various frameworks. It is an atmosphere that arises from workers' relationship and their job, denoting the changes within people that constrain them from performing normally. (Beehr, T. and Newman, J.: 1978) Occupational stress is psychological stress related to one's work environment. It is the individual's challenge to cope with the unprecedented demands and pressures to their competence, resources, or professional needs of the employee. Occupational stress can lead to unwellness and

accidents. (World Health Organization: 2007, Stress at Work- National Institute for Occupational Safety and Health:2014). Occupational stress is the maladjusted response of the body from the harm of any kind in the workplace. Scholars named Dewe and Trenberth (2004) suggest that occupational stress is diverse and that there is no exact definition summarized in one study. It can be a stimulus or response or a combination, between individuals and the environment. Occupational stress is considered an unavoidable situation an employee experiences due to several factors such as responsibilities, conditions, environment, or other workplace pressures. There are several causes of occupational stress, depending on the individual employee, the occupational role, and the company culture.

3.1 Causative factors of occupational stress in multicultural worker

3.1.1 Individual causes of occupational stress

One of the studies stated (Muhawish, H., Salem, O., Baker, O.:2019) that the degree of stress varies, and it is not only related to work environment issues. Most often stress is also associated with the person and is triggered by the family, financial matters, and personality disarray. Miscommunication, personal interpretation of the situation and resentment in the workplace also prompt occupational stress.

The demands from being a member of a household can trigger occupational stress. According to Greenhaus and Beutell (1985:80), the work-life struggle can have effects on employee's occupational stress, increased tension and anxiety, tiredness and undesirable effect on work motivation. Researchers named Nart and Batur (2014) studied that work family conflict negatively impacts the job commitment. Some multicultural workers with close family ties, like Asians, who have the family concept of having extended households, are greatly affected by whatever any of the family members experience in life. (Asian Journal Media Center:2017, Contents-Family-IES:2020)

Financial concerns as part of personal concerns may also cause stress in the workplace. Among the U.S. workers, according to a study conducted by Garman, Leech and Grable (1996) financial issues have been an interruption at work because some workers have handled them during work hours. (Robertson, L.:2011). The poor financial behaviour decreases productivity and it is one of the leading causes of stress. In Australia, the common triggers are debt, retirement savings, missing bills, mortgage payments, and

family financial support. (Terlato:2016) According to Connor and Miller (2014), being a foreign worker, sending money to the home country for a family resulting to less savings, is stressful for several Filipino immigrant nurses in the United States of America. A portion of their salary that is allocated for remittances was deducted from their living costs.

According to European Union-Occupational Safety and Health at Work or EU-OSHA, Hassard, Teoh, and Cox, (2017) showed that job insecurity is also major work-related stressor. Stress occurs when an employee's capability does not meet the demands of the work. Multicultural workers are prone to job insecurity because they accept employment opportunity without knowing their career prospects. (Bhagat, R. Segovis, J., Nelson, T.2012:93) Foreign nurses working in Al-Qassim, Saudi Arabia experienced severe depression, anxiety, and stress as they felt insecure about their occupation. (Saquib, J. et al.:2019)

Miscommunication in the healthcare sector can be life-threatening and leads to occupational stress. It poses a patient safety risk and wrong interpretation among colleagues. According to Ageeva and Jaanisalo, (2013:16), the language barrier for the immigrant nurses' daily routine like answering phone calls was one of the biggest difficulties foreign nurses encountered. Communication barriers are considered burdensome for people who have dissimilar cultures and have an unfamiliar language. It is observed to influence reciprocal relationships and synergy at work. (Bolderston et. al.:2008)

Cognitive appraisal is an intrinsic cause of stress to an employee with a personal interpretation of a situation different from the other employees. It is a concept that was popularized by Richard Lazarus in 1984. It is most notably used in the negotiable model of stress as well as its management. Multicultural workers experience job stress depending on the cognitive appraisal between foreign and native workers. (Geonsil:2015)

Resentment can lead a person to be stressed. Various reasons for resentment can stem in a workplace. Experience of negative relationships such as being exploited, discriminated against and humiliated ignites resentment and thus result to feeling stressed. (Dillard and Fritz:1995) In England, study of Rod Stevens (2012) revealed that

foreign workers, specifically health professionals, tend to experience resentful circumstances and workers have high tendency to feel anxious.

3.1.2 Organization-related causes of occupational stress

Organizational stress in the working environment is experienced due to different stressors, and it poses a threat. The work stressors can be connected to work demands that an employee cannot fulfil or the resources are insufficient to meet the work needs. (Stress at Work- National Institute for Occupational Safety and Health:2014). Occupational stress in a team-focused organization, like healthcare, leads to role conflict, role ambiguity, and role overload because of excessive work pressure, management characteristics, cultural differences and work role difficulties. There is a problematic connection at work and exposure to violence and harassment because nurses work together as a group.

Work pressure and demands are the most prominent influencing factors contributing to the nurse's occupational stress and person's age, experience, and workload. Findings in Shaanxi, China, validated that intense work pressure triggers nurses to become stressed and as a result, leave their jobs. (Yang, H., Lv,J., Liu,H., Mi,B.:2017) Moreover, career pressure related to development and accomplishments, including task repetition, unrecognized, and uncertain promotion possibilities, is stressful. (Moustaka, E. and Constantinidis, T.: 2010)

Administrative factors affect nurse work activities including environment and patient care. (Karimi,A., Adel-Mehraban, M., Moeini, M.:2018). In a private hospital, in Lumajang Indonesia, the pay and benefit, insufficient and ineffective management support with hospital health, and safety are the variables that contribute to work stress (Dewanto:2018)

There is a substantial correlation between role overload, role conflict, role ambiguity, and occupational stress. Because a role in an organization signifies expectations of being a member of an organization. Work becomes stressful as employees take several roles. (Srivastava, R.:2016). If employees have a high role overload and tight schedule and require extensive attention in the role, they have an inadequate time to relieve their stress from the competitive pressure they face. They also feel continuously nervous as they have psychological and physical strain. (Luo, H., Yang, H., Xu, X.: 2016)

Role ambiguity is one of the main reasons that leads to work stress in an organization. It has been defined as responsibilities, tasks and the performance levels that are unclearly communicated between the employer and the employee. (Kahn et.al:1964) In the 1980s, role ambiguity has become multifaceted in terms of expectations, process, priority, and behaviour. (Bedeian, A., Armenakis, A.:1981) In the 1990s, studies have continued to correlate role ambiguity with work related measures such as job performance, job satisfaction and employee loyalty. (Sawyer:1992, Singh, Verbeke, and Rhoads:1996) According to a study of Chuin, Thurasamy, and Liew (2014), employee's stress in the organization originates from overpowering supervisor's high expectations to function beyond the worker's scope and capabilities. Ambiguity results in dissatisfaction of the employee with his or her role in the organization, change in work thinking, and limit his or her work accomplishment. Role conflict is observed when the behaviour intended for the role is inconsistent. If the work anticipations are not accomplished, employee will experience stress. Role conflict by Rizzo et. al. (1970) originates from choosing a work priority groups to serve at the same time. These results lead to individual dissatisfaction and decreased organizational performance. (Rum, J., et. al.:2013; Vanishree: 2014; Zhao, et. al: 2010).

Abuse, threat, and violence that exist in a multicultural organization cause stress. The reason for such accounts is when the colleague tries to demonstrate authority which on the other end is interpreted as being harassed. In healthcare, Honarvar et.al, (2019) claimed that workplace violence like verbal threats, physical violence, sexual abuse, and ethical harassment happens frequently with nurses compared to other professions. It is an extensive and increasing dilemma worldwide. Patients, patients' companions, and co-workers are the main sources of occupational stress. Skin colour and racial variation are related to multiculturalism and mental anxiety. The proximity to a person's ethnic group has reduced psychological stress. (Samson, F.:2018) If discrimination and racism are felt and internalized, a person will be stressed. Being discriminated will drastically obstruct his or her duty to work because he or she does not fulfil the sense of self-actualization need. An attack on the self-esteem of an employee in the workplace disturbs employee's individual need of belongingness and prevents reaching employee's full potential. From previous studies of Schmitt and Allik (2005) people from East Asian countries record much lower self-esteem than those from Western countries.

International workers are not adept at new environment and living in the new surroundings cause stress. (Rosenbusch et.al.:2015) In the United Kingdom, the understanding of the cultural differences in education was emphasized for newly

assigned foreign-born teachers in the UK to alleviate the anxieties of the foreigners. (Luxon and Peelo: 2009). In a study of Jassawalla, Truglia, and Garvey (2004), expatriate American managers assigned to the United Kingdom and Germany (conflicts created frustrations and stress because of cultural differences manifested in decision-making processes and resolving work problems.

Interpersonal relationships in the workplace are considered the prime causes of work-related stress in a study conducted among workers. (Lehmann, S.: 2014) In Japan, foreign workers have experienced significantly higher levels of stress in relationships. Connections with other co-workers are the major stressor for Japanese. In Vietnam, academic women's relationships at work such as being unfamiliar with the other employees, not achieving harmony with co-workers and respecting hierarchical relations cause occupational stress. It results that cultural factors have an impact on the way occupational stress is interpreted and acted upon. (Thanh, L.: 2016)

3.2. Coping strategies of occupational stress

The stress encountered by a person poses a risk of mental and physical health problems. Non-work-related stress impacts job completion, and work behaviours which cannot be disregarded. Managing stress on an individual level should be a part of the company's individualized stress management program. (Work-life solutions: 2017)

Some nurses use preventive measures by monitoring and anticipating the patient's health condition. Others will ask for support from other colleagues to reduce their job stress. Recreational activities and exercise, affirmative thought consideration, and acceptance are the methods to feel relaxed, be distressed and achieve mental balance. Nurses use the method of self-control, when the work situation is overwhelming. Some of the nurses also have tried to avoid the stressful situations and rely on religious coping. In a study, general findings of the coping strategies of clinical nurses and with high-ranking nursing positions, calming the situation is the most used strategy to cope with stress. (Akbar, R., Elahi, N., Mohammadi, E., Khoshknab, M.: 2015)

The effect of personality to cope with stress differs. A person who is an extrovert, conscientious and agreeable character is much more open to considering stress management interventions. (Ervasti, M., et. al.:2019) A person who is patient has a considerable influence on the reduction of his or her occupational stress. (Akbar, R. Elahi, N., Mohammadi, E., Khoshknab, M.: 2015). On the other hand, an individual with maladaptive traits such as neuroticism utilizes negative stress management as he or she

is more reactive. (Afshar et al.:2015) Some nurses cope destructively with their stress at work. They use procrastination, relying on others and trying to forget everything. (Li, L., et.al.: 2017). Maladaptive coping strategies like substance abuse, behavioural disconnection, denial, self-distraction, shame and venting are minimally utilized. (Alosaimi, F., et al: 2016)

Participation in an organization's decision-making reduces job stress. Involvement strengthens collaboration between managers and employees. Providing privilege to employees to suggest solutions improve the sense of belongingness realizing his or her self-worth to function effectively and independently for the company even in a stressful situation. Supportive colleagues create a comfortable working environment. The hospital managers can maximize allowing the nurses to be in control in several areas such as task completion, engagement to unit issues, relationship with co-workers. (Najimi, A., Goudarzi, A., Sharifrad, G.: 2012)

Training programs are essential factors for job adaptation. (Huang, F., Yang, H.:2011) For new immigrants, giving ample time for mentoring, and the strategy of the "buddy system" are helpful. The nurse managers, should serve as a role model and acknowledge the culture diversity, like revising the uniform for Muslim nurses. (Lim, S.:2018)

Leisure activities could be a considerable coping strategy to release employee's stress. Supportive and enriching atmosphere can also improve the working environment. (Huang, F, Yang, H.:2011) Qualified psychologists or other mental health professionals can help an individual control his or her stress and recommend appropriate stress management. Short workday breaks such as 10 minutes of personal time also help refresh the person's mind. Likewise, a walk reduces tension. A light conversation with a co-worker or simply staying away from the noise of the workplace can reset the body system. If the situation makes an individual angry because of conflicts in opinion or decision, it is suggested to move away from the scenario for a while. Also, counting quietly with one's mind before deciding or saying something about the situation clears out unreasonable thoughts. (American Psychological Association: 2018)

Setting reasonable standards for oneself and others are principled strategies to consider. An employee or any member of the organization should not expect perfection. Meeting with the supervisor about the scope of work, goals, assumptions and expected behaviours and work outcomes is a preventive way to experience stress and function effectively in the organization. (American Psychological Association: 2018)

Managers should impose zero tolerance for cultural judgment and stereotyping. There should be a clear and fair rule on the use of appropriate language in workplace premises. The use of common language is encouraged at all common places to avoid tension (Lim, S.:2018) Foreign nurses in a host country who barely receive equal treatment is a continuing challenge for several nations. Healthcare organization managers of the host countries must be conscious and sensitive to the cultural and professional needs of foreign nurses. Program for their adaptation must be established. Nurses' needs should be addressed for them to function effectively and efficiently provide excellent patient care (Reyes: 2013). Victorino, Beechinor and Fitzpatrick (2008) recommend to consider cultural differences and values when hiring international nurses.

3.3 Models of occupational stress

Several recognized stress models have been identified in various researches. Some models demonstrated only some characteristics of the individual workers in terms of their capabilities and the environment of the organization. But the individual situational differences may vary from personal or situational experiences causing stress in the workplace. The effort-reward imbalance will not be applied in this context because of fact most multicultural nurses receive much better pay in developed countries like Finland than in their home country.

In exploring the occupational stress in multicultural nurses, the author considers three combined stress models. First, Berry (2006) developed the concept of acculturation, as it is most explored by the individuals like immigrants, and refugee's asylum seekers living in the countries other than where they were born. Acculturation is challenging and may impact psychologically because the individual needs to develop a sense of acceptance in the new society. Upon satisfying the sense of belongingness, the person attains the feeling of emotional balance. (Berry: 2003) Berry's model identifies various approaches to achieve this balance. The first strategy is when individual maintains their original culture while interacting with the host country's culture. (Berry: 2001). In the second strategy, the person engages with the dominant group and chooses to adopt the culture with them. Finally, the third perspective happens when a person prefers not to preserve his or her primary culture but unable to reach out to the majority group. These approaches are dependent on a necessary community's acceptance. (Berry: 2006a). Changes in individuals' ethnic identity and language happen in acculturation. Acculturation does not take place only in a single circumstance because it is a continuing

experience. The acculturation stress model is limited to reactive acclimatization. The long-term personal improvement is being overlooked. (Doki, S. and Sasahara, S.: 2018)

Secondly, the Lazarus (1984) Stress Theory of Transactional Model of Stress and Coping is considered in this study. In this theory, stress and coping mechanisms are manifested when individuals encountered life changes or challenges. Immigration or migration is one of the major life events. Lazarus has emphasized the role of thinking that can trigger stress. Events are more stressful if they are uncontrollable and unpredictable. (Khalil, M.:2014) Lazarus' (1991) latest version of the concept of stress is evaluated as a relational concept wherein it is experienced through relationships between individuals and the environment. It can be processed within the individual-environment relationship by appraisal and coping.

Lazarus expanded appraisal based on the idea that stress is dependent on the result of the relationship either with other individuals or the environment because it is situational. The appraisal has two basic forms, primary and secondary appraisal which lead to different kinds of stress. These include harm, threat, and challenge which are incorporated in various emotional reactions. Coping is correlated with appraisal cognitively. It depends on the focus of the individual reality behind the stress. The individual may attempt to change the situation, a problem-focused coping, or change the emotional reaction. (Lazarus, R. And Folkman, S.:1984)

Thirdly, the job demand-control-support stress model was popularized by Robert Karasek in 1979. It is a known model with regards to workload, focusing on demands and control. Demands like workload and work pressure pose stress in the workplace. (Karasek, R.:1979). The concept of this model has the objective to balance obligation and independence. When the sense of control decreases, the workload will appear elevated resulting in stress. In a complex and demanding environment like in the healthcare sector, nursing is considered as a high-strain job. Nurses are very prone to encounter stress because they lose their autonomy and control to decide and have to follow instructions like patient's requests. (Mulder, P.: 2020 and Stansfield, S., Candy, B.:2006).

4 Methodology

The study approach chosen was an exploratory, qualitative research method. The author conducted the study in Southern Finland. A participant information sheet was sent by email before the scheduled interview. The author explained the participant information sheet content to reflect respondent's awareness. And participate in the interview. (Bernard:2002) The information sheet described the nature of the study, expectations from the participants, privacy and security, and its emphasis on the freedom of participation.

4.1 Sample size and selection of sample

A total of nineteen multicultural nurses were involved in the study. The author employed both purposeful sampling and snowball sampling methods upon recruitment. Purposeful sampling is a strategy commonly used in qualitative research to identify and select valuable information in a limited resource. The strategy is time saving compared to the other methods. (Patton: 2002) Purposeful sampling was preferred because fourteen of the nineteen respondents, were in the author's personal networks and they fit the profile of the study. (Cresswell & Plano Clark: 2011) Snowball sampling is a convenience sampling method. It is a referral system wherein the one participant invites other informants, who in turn recruit other informants and the process continues until the data extracted from the participants are considered comparable. (Vogt: 1999) The other five multicultural nurses were recruited by the multicultural nurses who were already being invited in the study. (Birnaki & Waldorf: 1981)

The nineteen multicultural nurses in this study had migrated to Finland from different parts of the world through various migration programs offered by Finland. Many of them originated from Asian countries and others started from the African continent. All of them have been living in Finland for more than five years. All respondents were currently employed in different healthcare facilities specializing in different fields. They have lived in Finland for several years but have not automatically worked as a nurse. They have taken nursing courses in Finland. Seven participants of the nineteen had practiced different professions in their country of origin. They had worked in the business world, academe, and Business Process Outsourcing (BPO) company. Others were students before they came to Finland. All participants spoke at least two languages, one of them

being English. Sixteen of the participants have taken the YKI test to certify their Finnish language competency while the three remaining informants have not taken the test.

4.2 Sources of data

The author initially planned a face-to-face interviews. However, due to the current pandemic known as a "COVID-19 Coronavirus Pandemic", the author and participants had to follow social distancing. Audio and video capture devices are often used where it is unreasonable to visit the respondent personally. (Knight, G.: 2018) The author utilized video calls, phone calls via online or internet instead. Some participants were interviewed by email due to a busy working schedule.

4.3 Collection of data

The study applied in-depth interviews to identify the participant's thoughts, feelings, and opinions regarding the topic. Open-ended questions completed the data collection in an individual interview. (Showkat, N. and Parveen, H.:2017). The author determined the feasibility of the questions. Five colleagues were invited to be interviewed for the pilot testing to ensure that the questionnaire was clear, appropriate, and understandable. A pilot study is an integral part of the study to recognize the mistakes in the questionnaire. The comments were considered. The questions were revised until no demanding changes were needed. (Hassan, Z., et al.: 2006)

After pilot testing, the author prepared the revised questionnaire for the actual respondents. The author primarily interviewed the informants via audio and video call using media platforms such as Zoom and MS Teams. Two of the nineteen respondents have opted for video calling. Eleven of them preferred to be interviewed via audio call. Three of the respondents participated in a personal interview through a voice recording option and the other three members joined the study by filling out the questionnaire via email. The author considered email a valuable medium for interview to gather data from the respondents because the respondents had time to reflect more on their experiences. (Sixmith, J.:1998) The author interviewed all the participants in English. English language was a common language to the author and respondents and created better communication because they were able to express their explicit opinions. Before leading to the main questions, the author provided warm-up inquiries to establish rapport and made it clear to the respondent that the author sought answers about the participant's

experience. The author presented questions that allowed the participants to explore his or her perspective in an unrestricted manner. (Blackstone: 2012) Questions were utilized to emphasize which factors or features contribute to the central phenomenon. (Fauvelle, L.:2019). Questions were focused on perceptions, causes and coping strategies of occupational stress. The author asked the respondents to provide answers in their own words and emphasize the points the respondents feel essential. At the same time, the author was able to get the cues from the answers provided, when to follow up, when to move on and when to just let the respondent express his or her thoughts without interference. (Blackstone, A.: 2012) The phrasing of the questions was specific and clear and questions were asked one at a time. No biased or potentially offensive questions were asked to avoid a confrontational impression from the respondent. The author prepared follow-up questions in advance in an instance that the respondent used uncommon terms, clarified the generality of an answer. (Question Wording-Pew Research Center: 2020) The questions were toned in a neutral way that did not pose bias to the respondent's answer. Neutral questioning is a technique to find out the genuine answer of the participants. (Dervin, B. and Dewdney, P.: 1986) The interview per respondent lasted 40 minutes. The questions consisted of 12 open-ended questions and the general questions which were as follows;

1. How do you describe occupational stress in layman's language?
2. How do you react?
3. How does it make you feel?
4. How does it make you behave?
5. Is your experience of occupational stress different from where you have practiced your profession? Please give concrete examples
6. What would you say are the most significant factors that can cause stress at work? Could you give a concrete example of a situation)
7. Are there any individual circumstances that make you feel stressed that you carry over to your work? Please give examples.
8. Can you identify any organizational-related causes of occupational stress? Please give concrete examples.
9. How do you cope with occupational stress? What do you do to make yourself feel better?
10. How do you think multicultural workers can be best supported to help cope with occupational stress by an organization?
11. Do you have any experience with such measures?

12. What do you recommend for Finnish work organizations to have in place having a multicultural worker in a team?

The author has asked the participant if she has questions before the wrap-up of the interview has been made.

The author determined the sufficient number of respondents in the study by data saturation principle popularized by Guest et. al (2006). Data saturation is a stage wherein sets of generated information are repeated. The data collection from the participants should be based from structured interview questions. (Guest et. al:2006) The respondents in this study provided no new perspectives upon evaluating after each set of nineteen interviews.

4.4 Data management

Recordings were transcribed verbatim, regardless of how intelligible the transcript was when it was read back. It was done per the interviewee's response. The transcript, while writing it in MS Excel had no personal information of the respondent. Each file folder of the data had a file naming system that is password protected and can be safely retrieved by the author. The author secured the laptop by a strong password to authenticate the user upon logging in.

Data storage is one of the responsibilities of the author to respect the privacy of the participants and comply with the research guidelines. (Narayanan and Shmatikov: 2008) The transcribed data was saved in the computer file of the author's laptop that is password protected or encrypted. The data from the computer is recommended to be destroyed permanently and irreversibly. (Research Ethics Board: 2017) The actual audio and video recordings were destroyed by deleting the file name in the "recycle bin" and further deleted to "empty trash" icon after checking accuracy of the transcript. The responses that were sent via email have been downloaded and saved to the author's personal computer that is password protected. The emails were removed from the author's inbox category.

4.5 Data analysis strategy

Data analysis started as soon as the data had been transcribed. The method utilized in this study was qualitative content analysis as defined by Elo and Kyngas (2008). Inductive content analysis is an approach that is used to develop new themes through

open coding, creating categories and abstraction. The inductive content analysis process is flexible in terms of research design. (Hardwood & Garry: 2003). It is a method that leads to simple description of the data. (Cavanagh: 1997) Inductive content analysis assisted the author to focus on the data gathered from research questions such as the perceptions of occupational stress, causes of occupational stress, individual causes of occupational stress, work-related factors that contribute to the development of occupational stress, and the coping mechanism among multicultural nurses in Southern Finland.

The author started the preparation stage of the data analysis popularized by Elo and Kyngas (2008) by taking down notes to familiarize the data. Transcripts were broken down into a selection of units for analysis and labelled "subcategory units" including words, sentences, and phrases that were sufficiently large as a whole. The text was shortened enough to keep the central sense. (Robson, C.: 1993) The author, then organized the data. Open coding and creation of categories are parts of organizing the data. (Elo and Kyngas: 2008) The author sorted the texts, grouped, regrouped, and relinked them into similar characteristics through meticulous reading. The similarity of meanings was based on the synonyms and precise meanings of the words, for example, lack of fluency to speak and language barrier were grouped into comparable category. The categories were based on the code frequencies. The author continued to the reporting stage. Analysed data were reported through the use of categories, maps, or story line. (Elo and Kyngas: 2008) The author generated the main categories focused on the relevant groupings.

4.6 Time frames

This study was carried out during the academic year 2019-2020 as a partial requirement for the author's Master's Degree of Health Business Management. The formulation of the research questions was formed into 4 statements from December 2019-January 2020. Background of the study, as well as literature review, was given a sufficient time of 3 months from January 2020 to March 2020. The author searched, reviewed several texts and established its relevance related to the research questions. Interview questions were tested from March 2020 to April 2020 before the final interview questions were formulated in April 2020. The consent and information sheets were finalized in the second week of May 2020 and immediately distributed to the participants that were recruited via purposeful sampling and snowball sampling. The interviews were completed during May-August 2020 until the data collected reached the saturation level.

Data was transcribed immediately after every interview. The process of transcribing and data content analysis was finalized in 4 months starting at the end of August 2020 to January 2021. The transcribed data was stored in a password protected computer file of the author starting August 2020 and continue to be stored until May 2021.

5 Results

5.1 Perceptions of occupational stress of multicultural nurses

During the interviews, in the initial questions the respondents were asked to describe occupational stress by their understanding. The respondents perceived occupational stress as behavioural and social changes, physical, emotional and mental effects, and environmental causes. Thirteen of the informants described occupational stress as a combination of any of the six characteristics.

Participants described occupational stress in environmental, emotional, physical characteristics.

“Job’s stress comes from a lot of work to do. If my partner cannot handle her work, then I have to do her work. As a result, I feel so much pressure. I will become tired and do everything...”-P17

Another respondent perceived occupational stress as an experience that affects emotional, mental and physical state of an individual.

“In experiencing occupational stress, you are burnout, dissatisfied, restless, do not have enough sleep and no positive is going on. -P4

Six of the respondents cited just one interpretation of the occupational stress from those six key characteristics that were revealed in the responses. Two of them elucidated occupational stress as an emotional tension. It triggers the instinctive response to threats like anger or feeling upset at work.

“Stress made the person unhappy to go to work” – P8

The other three respondents explained the phenomenon causing environmental anxiety. Occupational stress was not only the setting but also the working conditions and company culture.

5.2 Causes of occupational stress of multicultural nurse

Causes of occupational stress were placed into two main categories. These included individual causes and work-related factors that contribute to the development of occupational stress.

5.2.1 Individual causes of occupational stress of multicultural nurses

Most of the multicultural nurses felt the following individual reasons that affected them to experience occupational stress. These were resentment, language barrier, family responsibilities, family conflict, and debts of goodwill.

Resentment was experienced by most of the respondents. These emotions ignited occupational stress in various circumstances. The feelings of stress and disappointment were the most commonly reported complex emotions.

Four respondents described disappointment concerning personal and work-related factors. One participant shared that invading privacy inevitably led to a disappointment. The other three participants' feeling of disappointment was directed to fewer responsibilities given, unapproved leave requests, and non-recognition of work effort. Frustration and anger were the second-highest emotions felt by the other participants. Frustrations were in connection with substitute nurses, their temporary recruitment, and competencies. Two other participants felt frustrated because an unapproved leave request and non-opportunity to explain their side of an argument. Insecurity was felt by two interviewees because of the language barrier. One respondent felt distant and shy and his or her inadequate Finnish writing skills were declared as a prime source of stress. The other participant experienced a lack of confidence because of being questioned about his or her ability to communicate effectively. Anger, annoyance, being bothered, helplessness, being insulted and being overwhelmed were also experienced by other informants.

The issue of language barrier revealed to be the second most common individual cause of occupational stress in this study. Eleven participants mentioned the language barrier as the cause of their stress. Five Interviewees mentioned that the difficulty of expressing themselves, especially in defending their side in an argument. One respondent experienced stress because of unexpressed opinions and choosing to be quiet. The

need for frequent translation from universal language, English, to the host country's language was a continuing effort stretching the respondent's thinking capacity.

....” But sometimes, there will be times that I have difficulty expressing myself. I do not know the word. It is very stressful. Although I can say it in English sometimes.” -P6

According to the results, stress was more intensified when thoughts were unexpressed. Certification of Finnish and Swedish proficiency tests known as YKI Test and continuation of residence in Finland did not diminish some of the respondent's problem about the language barrier. One participant, who had lived for 10 years in Finland had been assigned to another department of the hospital, where new procedures but with the same hospital protocol were done, reported stress. The unfamiliarity of the new medical terminology in the Finnish language caused his or her anxiety. Two interviewees reported stress in the language barrier because they needed to be accustomed to the new words and the fact that it was a requirement in the workplace.

Participants reported stress relating to the language barrier as a vehicle of discrimination by their co-workers. Three respondents experienced discrimination in a few circumstances. One of three discriminated interviewees felt second-hand anxiety for the co-worker's encounter of discrimination. Also, the same respondent felt insulted upon preparing medical supplies for a certain procedure.

” Then suddenly your co-workers will come and ask is it ok, is this alright? Are these things you only need? Of course, I said. even though I don't check the list even if you check it it's all complete. for me that's annoying. It is a bad thing for me to take-P4

One respondent revealed that due to a lack of trust because of being a multicultural nurse with weak language competency, the co-worker cancelled the respondent's request to attend further training related to the job.

” You can't go there if you don't know Swedish yet that much. How can you go there if you don't know Swedish, "that's why I want to go there" but then she cancels everything and told my bossbut then those situations where even people are excited in the organization distrust you or are not willing to take chances on you.”-P10

Another respondent raised issue of the language barrier in connection with unequal distribution of responsibilities.

"Maybe I would say since we are foreigners, they tend to think that we don't speak Finnish their language perfectly Also they tend to give you lesser responsibilities. -P6

Six respondents commented that the language barrier caused stress because it had led to the misunderstanding of the message. In this study, miscommunication appeared to be the highest cause of developing occupational stress. Misinterpretations were rooted into inactive listening, complaining, angry-toned voice, vague description of the document and supervisor's instruction. Misconceptions influenced the informants' negative emotions and ignited the tension against co-workers. Furthermore, differences of cultural ethnicity among the nurses in conjunction with the language barrier caused anxiety in misinterpretation of nursing strategies implemented in the workplace.

Family responsibilities include caring for the spouse, child, or parent, being pregnant, and the chance of becoming a parent. Three respondents revealed some family obligations were stressful and manifested in their work. One interviewee stated having an anxiety in overthinking about the child's welfare when being brought to the day-care centre. Another informant declared that the present health condition of the spouse triggered stress. The anticipated responsibility of becoming a new parent caused stress. Further, the financial obligation of one respondent to support the family in the home country created stress. A few interviewees revealed that family conflict had an indirect cause of stress at work. Even small disagreements between couples lead to stress to three respondents. Another interviewee revealed feeling pressured because of financial difficulties in the family.

Debts of goodwill are defined as something owed for a favour received. It is an inner depth of gratitude felt by the respondent in the present from a co-worker who referred him or her to work in the same healthcare facility. Being faced with gratitude obligation, contributed to the stress. Obligations included instances of coming to work even in an unplanned schedule, doing overlapping tasks, and following the demands of the co-worker.

Table 1. Individual Causes of Occupational Stress of Multicultural Nurses in Southern Finland

Subcategory	Participant #	Examples	General Category	Category Description	Main Category
Disappointment	P13	Invading of Privacy	Resentment	multilayered emotions that ignited stress at work in various circumstances	I n d i v i d u a l D e t e r m i n a n t s
	P6	Less responsibilities given			
	P7	Unapproval of leave request			
	P8	Unrecognized effort			
Frustrated	P18	Temporary coworker's competency			
		Hiring of substitute nurses			
		Lack of staff nurse on duty			
	P16	Non opportunity to explain his/her argument			
Anger	P13	Coworker's distrust			
Annoyed	P2				
	P11	Authoritative coworker			
Bothered	P6	Coworker's personal conflict			
Helpless	P6	Difficulty of expressing himself due to language			
Insecure	P8	Distant and shy, Finnish writing ability, unable to understand the spoken message			
		Demonstrating uncertainty in effective communication			
Insulted	P4	Coworker rude behavior			
Overwhelmed	P11	Concomitant circumstances			
Thought Expression	P9	Inability to speak fluently	Language Barrier (Personal level)	Difficulties to communicate	
	P4,P6,P11	Difficulty to express oneself			
	P4	Inability to argue			
Word Identification	P12	term not used in daily basis			
		nonidea of the word			
Professional Necessity	P17	requirement to use in the workplace			
	P11	Need to familiarize the term			
Discrimination	P4	secondhand stress for coworker due to language	Language Barrier (Interpersonal level)	Unable to send and receive the message effectively	
		Insult			
		career development restriction			
Misunderstanding	P6	unequal distribution of work responsibilities			
		P1			Inactive listening
		P3			Complaining
		P6	Angry toned voice		
			vague description of the document		
		P10	Different beliefs in nursing practice (culture based)		
Child spouse	P9	thinking over child's welfare	Family Responsibility	caring for the spouse, child, parent, being pregnant, chance of being becoming a parent	
		P15			health condition of spouse
Financial obligation	P6	remittance to homecountry			
Pregnancy	P14, P15	becoming a parent			
		P8, P10, P11	Small arguments between couple	Family Conflict	opposition between couples, prents, children and siblings
family struggle	P6	Financial difficulty			
coworker's referral to work	P11	coming to work in unplanned schedule, doing overlapping tasks, following demands of coworker	Debts of Goodwill	something owed for a favor received	

5.2.2. Work-related factors of occupational stress of multicultural nurses

Some of the work-related stress in four interviewees were attributed to a lack of resources. One of these four participants stated that when resources did not meet the demands, it caused stress. The insufficient staff was considered a significant problem on the actual day of work operations and contributed to high levels of stress. Lack of staff forced the organization to hire substitute nurses. The participant's occupational stress was caused by inefficiency of the substitute nurses. The other respondent declared that lack of personal protective equipment, especially in times of pandemic, harmed his or her wellbeing.

The nurse function assumed in the organization was revealed stressful in this study. Stress in role ambiguity and role clarity were particularly manifested. Two statements from the interviewees pointed out that it caused stress if given a role that is not within the scope of the job description. A participant's role became extensive as he or she became obliged to teach the substitute nurses to be able to function in the unit effectively.

Work overload occurs when the work demands are beyond the employee's ability to deal with. The author asked the key contributors to the nurses' workload. The number of tasks, expected and unexpected, were heavy for the nurse respondents to carry every day. As a result of work overload, the tasks tended to be double or triple and led to the feeling of exhaustion. Some nurses highlighted that due to reduction of staff, an overwhelming responsibility was experienced that contributed to their stress. For example, aside from performing the nursing tasks, the respondents became the trainer for the new substitute nurses.

Four interviewees experienced stress related to the working environment. One of the four respondents stated that when the unit was surrounded by colleagues with negative emotions, the ambiance was considered stressful. Although the working environment was mentioned by two participants, another informant mentioned that the new environment, which included the team and team members' working habits, was stressful.

" Like new environments, new teams, you need to go with the team, work with the team. If you are not aware of the team, how they work, then, it adds stress to the situation."P12

The work schedule was the time the multicultural nurses were expected to be on the job and working. Shifting schedules, extended working time limit, and unplanned schedule reflected on the results that caused occupational stress in three participants.

Uncomplemented and unnoticed effort in the workplace contributed to stress of a few respondents. The feeling of being undervalued was revealed by one respondent.

"It creates a lot of stress when your work is not recognized. Even if you are doing a lot and it is right and it is done wholeheartedly when nobody sees your effort, it is stressful."- P18

Table 2. Work-related causing factors of occupational stress in multicultural nurses in Southern Finland

Subcategory	Participant #	Examples	General Category	Category Description	Main Category
Staff	P14,P15,P16	lack of manpower	Lack of resources	shortage of staff and equipment utilized in the workplace	w o r k r e l a t e d
	P18	Unequal delivery of work from substitute nurses			
Equipment	P15	Not enough PPE			
coworker related	P1	mood of the coworker	Work Environment	made up of all the elements that can affect your day-to-day productivity	
	P12	new team and how team work			
Undefined	P2, P8	undefined working environment			
Role ambiguity	P2, P18	additional role played not within the job description	Role in the organization	entitlement in the workplace	
	P17	nursing duties and a trainer at the same time			
Effect of staff reduction	P16	cost cutting of staff	Work overload	days and times that an equipment is scheduled to be on the job	
Overwhelming responsibility	P8	Expected and unexpected			
	P14	becoming a trainer to substitute nurse			
Unscheduled work	P11	demands to come to work unscheduled	Work Schedule	days and times that an employee is scheduled to be on the job	
Extensive duty days	P17	need to work straight in couple of weeks to gain leave holiday			
Shifting	P1	shifting work			
feeling undervalued	P18	doing the right thing and nobody sees it	Unrecognition of effort	not given deserved attention	

5.3. Coping mechanism of multicultural nurses to occupational stress

Venting out feelings through conversation appeared to be the major coping mechanism of stress in this study. Five informants stated that they share their thoughts and feelings about work-related issues with their family members.

"I vent out my feelings to wife, -P11

Four participants confided their occupational anxieties with their colleagues. One informant revealed that he or she considered the opinion of his or her colleagues and encourages him or her to work on it together. Two respondents discussed their job tension with their managers.

"I talk to my boss every week. From there, we can tell what is happening."-P1

Distraction is a change of attention away from what the person is supposed to be doing. Some interviewees reported that they had distracted themselves from experiencing stress. Going to another place such as the gym was described as a coping strategy. Moreover, going to a restaurant and a mall relieved anxiety. Cooking converted stress to more productive activity.

Relaxation is staying calm and engaging in relaxing activities amidst a stressful situation. Four interviewees pointed out that relaxation helped cope with stress. Two respondents listened to music to calm their senses. One respondent stated that whenever the situation became stressful, long hours of sleep helped regain strength to combat stress.

I rest and have lots of sleep to gain enough strength to fight stress. -P12

Optimistic attitude was a practice of a couple of participants in this study. Focusing on the good in a very stressful situation alleviated the participants' anxiety. The informants had a hopeful view of the future.

"...and tell me that things are not always the same every day. It may improve tomorrow and there's a chance to solve a problem."-P2

A few respondents declared that they prioritized their work tasks by taking one task at a time according to their capacity to avoid being overwhelmed and experiencing tension.

"The more you hold onto stress the more it becomes stronger. So I take it one day at a time. I do what is within my capacity and prioritize tasks. But I do not force myself beyond what I can handle. -P2

One participant, instead of dwelling on the stressful situation focused on the skills needed in the job. The interviewee ignored the causes of his or her stress and equipped himself or herself to become a better employee by enhancing the professional skill and language competency.

6. Discussion

The understanding of occupational stress was focused on the perception, causes, and coping strategies of the multicultural nurses in Southern Finland. A detailed analysis of the study results was based on the 19 participants' explanations. Most participants perceived occupational stress as a subjective experience. The stressful event for some respondents has not applied to other informants. The causes of occupational stress, individual and work-related, were also interpreted. The individual reasons of occupational stress, resentment and language barrier, were the major causes of anxieties. An insufficient workforce, role, and work overload were the major causes of work-related stress. Coping strategies were stated to alleviate work-related stress-factors of occupational stress. Most interviewees identified that venting out of negative feelings alleviated their occupational stress.

6.1 Perceptions of occupational stress of multicultural nurses

The primary concept addressed in this study was the layman's perception of occupational stress, how the participants personally conceptualize the phenomenon. Most of participants described occupational stress in terms of what it causes and results

on their working life. Combinations of behavioural and social change, emotional, mental and physical effects, environmental cause of occupational stress were reported in the study. The perceptions were mainly subjective. For example, while some respondents considered being a foreigner to be stressful, other interviewees had more tolerance to this aspect and regarded other factors that give him or her anxiety. Mental and emotional causes were the most perceived notions of occupational stress in this study. Stress that was triggered by social interactions had an intense impact in the mental health and feelings of multicultural nurses.

6.2 Causes of occupational stress of multicultural nurses

6.2.1 Individual causes of occupational stresses of multicultural nurses

There were similar observations in the literature background to what participants reported as the causes of occupational stresses. In the study of the individual causes of occupational stress that radiated in the workplace, affecting the employees emotionally, resentment was linked with the source of their stress. The multi-layered emotions such as disappointment, frustration, insecurity, anger, annoyance, feeling bothered, helplessness, being insulted and feeling overwhelmed magnified the root cause of the problem. The negative reactions triggered to feel burnout as the needs, behaviour, and goals were not met. For example, the four interviewees who have experienced disappointment because of less appreciation of work, fewer responsibilities were given and ungranted leave requests resulted in job demotivation as a long-term result. Knowledge of the employees' needs in ERG (Existence, relatedness and growth) theory popularized by Clayton Alderfer is one of the key essential factors to address the issue and create a balanced working environment. The theory could be applied in stressful situation because it could target the root cause of anxiety that the individual is unaware of.

The language issue can trigger stress in both individual and interpersonal level. The language barrier has been a long-standing concern in Finland. The findings revealed that the language problem impeded harmonious relationships with other co-workers in the workplace. Insufficient language proficiency was the main cause of occupational stress among multicultural nurses found in this study. Most respondents' lower knowledge of Finnish language consequently affected their confidence level and social interaction. Self-esteem is high when a person is confident to speak the foreign language. (Tridinanti, G.:2018) A study confirmed by Hashemi (2011), stress is increased when poor

socialization is affected by the language inadequacy. An employee has a low work productivity. According to study, frequent practice to use the language is the best way to cope with anxiety related to communication. (Aoibumrung,C.: 2016:) The study implied that conflictual communication among peers harms the well-being of employees. (Li, S., et al: 2016) Since the study involved multicultural nurses' integration, the author suggested having in-depth knowledge about pluralism. Pluralism is a sensitivity to others' opinions. (Bevir: 2012) It is an approach of different individualities sharing the same authority. Pluralism (Tirintetaake,l.: 2017) is considered for an organization with employees having diverse backgrounds with communication issues because it finds the balance between the employee needs and what the management requires. A pluralist strategy experimented by Motammed et al (2013) improves skills of an individual in decision making and social interaction.

Some multicultural nurses with close family ties experienced stresses due to their family-oriented principles because most of them came from Africa (Foster, H: 1983) and Asian (Roe, M. and Cochrane, R: 1989) countries. Family centred approach means the younger people have the moral obligation to care for older relatives in all aspects of life. (Fan, R.:2015) In Africa, healthcare system approaches are centred around the family, not an individual. (Emmamally, W. and Brysiewicz, P.:2018)

6.2.2 Work-related causing factors of stress of multicultural nurses

Multicultural nurses' work-related stress was mainly associated with lack of resources, role in the organization, and workload. The study revealed that these factors were interconnected. For instance, due to the inadequate resources, the staff nurses in the unit were pressured to perform and complete their tasks under a very stressful conditions. Furthermore, a shortage of nurses increased their workload and eventually they felt stress. (Shammika, K. et al: 2015). Overload decreased the capabilities of the nurses in terms of patient care. The existing occupational stress theory listed in the literature review, Job Demand Model (Karasek, R.: 1979) supported these findings. The role of the existing nurses became multifunctional. Some respondents became trainers for the substitute nurses. Role conflict (Um, M. and Harrison, M.: 1998) amplified the anxiety and eventually lead to burnout and work dissatisfaction.

The study exposed that the working environment of multicultural nurses, particularly, the physical and psychological environments, caused anxiety in work situations. Psychological environment such as colleagues to work with, their working habits and

unfamiliar nursing procedures caused stress. These findings should not be ignored. According to The SDT Self Determination Theory model, (Deci, E. and Ryan, R.: 1985) orientation programs should be in place to promote work engagement for new workers to identify the essence of their work through internal and external motivators to initiate work interest. Co-worker's negative feelings reflecting at work were also declared to cause stress related to the psychological environment in the workplace. Negative feelings are suggested to be addressed because they will have a long-term effect on the relationship of multicultural nurses to other nurses. Disputes (Cullati, S. et al.: 2019) are likely to occur which will influence the quality of care provided to the patients.

Work schedule was declared to trigger stress to some participants. Unstable working shifts gave multicultural nurses an unpredictable, inflexible, and uncontrollable sense of job ownership. Moreover, the shifting schedule caused irregular sleep-wake cycles. Desynchronized circadian rhythms were being disturbed and affected the psychological functioning of an individual. (Åkerstedt, T.:1981) The study suggested establishing predictive scheduling a few weeks in advance helped to promote fairness and balance their other commitments.

Lack of appreciation from managers increased the subjective feeling of occupational stress. Only a few nurses felt that their work was unsupported and caused anxiety to them. These findings showed that most of the multicultural nurses did not seek informal or formal acknowledgment because their self-esteem needs according to Maslow's Hierarchy of Needs were fulfilled. When these needs are neglected it leaves a feeling of inferiority, weakness, and helplessness. (Maslow: 1943). Most multicultural nurses were engaged in their work for its inherent satisfaction. Intrinsically motivated multicultural nurses (Ryan and Deci: 2000:70), were not interested in the possible reward achieved from the activity but simply performed the job for the sake of the activity.

While multicultural nurses became mostly anxious because of the language barrier, many of the causes that influence the anxiety of local Finnish nurses are also common with multicultural nurses. Poor relationship with colleagues, inadequate breaktime, staff shortage and time pressure are the few stresses of Finnish nurses. (Davey, S.: 2014) The poor quality of care provided to patients is the source of stress due to the time pressure encountered by Finnish nurses. (Sarvimaki, A. et al: 2012) Finnish nurses are anxious with the insufficient knowledge in terms of the diagnoses of the patients. (Amoroso, K and Liira, J.:2011) Finnish nurses are being afraid of committing mistakes while taking care of the patients. Nursing shortage, workplace support work responsibilities, work overload trigger their anxieties.(Farzanmehr, H. et al: 2016) Finnish

nurses, due to long work shifts, felt that their job took away their time from their personal lives. (Sarvimaki, A. et al: 2012)

6.3 Coping mechanisms of multicultural nurses to occupational stress

Responses from the coping mechanism questions revealed that most multicultural nurses preferred social connection by talking to someone regarding workplace issues. Sharing of the negative emotions (Pennebaker, Kiecolt-Glaser, & Glaser: 1988:239-245) alleviated stress and strengthened the immune system. Change of the environment response replenished and recuperated the individual's physical and mental wellbeing especially in highly stressful situations. (Gaudreau, P. and Blondin, J.P.:2004) However, the author strongly believes that distraction alone does not solve the causes of stress if not combined with the problem-solving coping mechanisms. Relaxation activities such as being calm, listening to music, and acquiring long hours of sleep could also restore one's drained energy resources.

Positive thinking was another strategy of a few multicultural nurses to eliminate occupational stress. They approached the unpleasant situation more positively and productively. (Hechi, D.:2013) Being optimistic has a positive relationship with the employee's commitment to work. (Luthans, K., Lebsack, S. and Lebsack, R.:2008) A hopeful individual is less likely to manifest anger and fatigue. (Garros, E., et al.: 2011) The findings of study showed that a profession like nursing requires problem-solving strategies as using an optimistic attitude as a protection to alleviate stress.

Multitasking and work interruptions (Yen, P. et al :2017) were researched and were a part of nurses' daily work routine and they could not be eliminated. A few multicultural nurses focused on one task at a time to reduce stress. The study argued that single-tasking was beneficial only to nursing tasks requiring full attention and physical execution such as administration of medicine and emergency care. Task switching (Jamadar, S., et al: 2015) should not be done in combination with other tasks because of the risk of error. For nursing tasks that are controllable such as health teaching to patients and relatives while providing discharge notes, multitasking can still be applied but by grouping similar tasks for greater focus and efficiency.

Concentrating on skills and ignoring the cause of stress was declared as one way to cope with occupational stress. This study showed how stress could be subjective to other individuals. Although language competency was the second highest factor causing

occupational stress, one multicultural nurse utilized it to motivate himself or herself to improve his or her skills and cope with the language demands placed on him or her. Thus, this study argued that stress can be a useful motivator depending on how an individual interprets the situation.

7 Limitations of the study

In this study, the author faced a few limitations to collect the appropriate sample for this study. Because of the current global COVID-19 pandemic situation, this author did not pursue face-to-face interviews. Some respondents opted for video calling or audio calling, and others preferred to answer the questions via email and narrated their perceptions and experiences. A sample with different nationalities other than those with the participants would enhance the reliability of the study. Moreover, the possibility of examining gender-related occupational stress in the sample was not explored. The respondents were mostly female. The qualitative study did not allow quantitative measurement of the examined problems.

8 Strengths and weakness

One of the strengths of this study was the utilization of in-depth structured interviews with each respondent. This approach established rapport between the author and the participant that allowed an opportunity to extract truthful thoughts, opinions, and experiences. An in-depth exploration provided the latest information that has emerged in the results. The questions explored the topic in greater depth and it was time-consuming. Possessing a quite homogenous sample nature in terms of nationality was the weaknesses of this study. Due to the current COVID-19 situation, the author did the study remotely utilizing only network-based online participation recruitment such as audio calling, video calling, and email to ensure safety. A small fraction of multicultural nurses in Southern Finland with similar nationalities can limit the generalizability of study findings. Moreover, the gender distribution was uneven and that limits the transferability to other contexts. Nevertheless, the data was credible to understand the occupational stress experiences among multicultural nurses.

9 Trustworthiness

Trustworthiness in this study has been addressed through credibility, transferability, confirmability, dependability and assessment. (Lincoln, Y, and Guba, G.:1985)

Credibility was attained by ensuring that the study was reliable, and results were true by utilizing several strategies. The author ensured that the informed consent was understood and provided some time for the respondents to decide whether to participate or not. The author selected the participants with whom the author first established a rapport that allowed them to share their thoughts, opinions, and experiences with no hesitations. (Liamputtong: 2005, Flick, U.:2009) The author utilized member checking by Lincoln and Guba (1985: 314) to validate the accuracy of responses by asking for clarifications from the interviewees. Each respondent was allowed to review his or her interview responses after they were transcribed. (Creswell: 2014). All interviews were transcribed adhering to the denaturalized transcription technique by Oliver, Serovich, and Mason (2005: 1273-1289) wherein the grammar was corrected and interview noise was removed. Additionally, each interviewee was asked to confirm their responses through the author's reading of a summary transcript of his or her interview.

The transferability of the study findings was goal-directed to conclude with other settings. (Liamputtong: 2005; Flick,U: 2009). The author provided adequate information in sample collection, methodology and data analysis revealing a substantial description of interviewees and the process that the study findings could be applied to other settings. (Lincoln, Y, and Guba, G.: 1985: 329) However, the generalizability was limited because of the homogeneity of the sample.

Confirmability was focused on the neutrality of the study. The author provided detailed information about the study procedure and how the data was analysed. Moreover, the interview responses provided explanations of the respondent's personal views, meanings, examples, and experiences. During the analysis, the main categories were repeatedly confirmed throughout the process, ensuring no personal bias affected the data analysis.

The author utilized referential adequacy and sufficient description of the data that linked to the implication of findings so the reader could assess and understand the origin of the categories. (Liamputtong:2005, Flick, U: 2009).

10 Ethical considerations

This study was subject to certain ethical issues because of human involvement. The author observed and met the requirements of the Ethical recommendations for thesis writing at universities of applied sciences 2020 (Rectors' Conference of Finnish Universities of Applied Sciences Arene: 2020). The study compiled the Ethical principles of research with human participants and ethical review in the human science in Finland. (TENK: 2019)

The author declared that there was no conflict of interest in this study. The author has not received any financial gain in processing this study. The participants were informed that this was a non-funded study. The author was unconnected to any of the participants' work organizations that could compromise the study. (Rectors' Conference of Finnish Universities of Applied Sciences Arene: 2020: 17) The respondents' contributions to the study were purely voluntary and participants were informed that the data may be utilized in the future to provide insights to the issue of occupational stress for human resource managers to improve the workplace environment of an organization with multicultural employees. All participants gave their written consent and the author explained about their participation in the study, through a signed informed consent. (Appendix1). The patient information sheet (Appendix 2) revealed that their participation in the study was completely optional and that they were free to withdraw from it at any point and for any reason. Participants were informed verbally about what they read and signed the consent. Participants were fully informed regarding the objectives of the study, while they were reassured that their answers were treated with confidentiality. (Finnish National Board on Research Integrity TENK Guidelines: 2019: 9-12) The author anonymized participants' identity. All respondents were informed that their names would not be identified in the final report. The names were replaced by codes. The interviewees were all informed verbally and through written consent that their responses were only used for academic purposes, specifically for the author's master's degree study. Participants were not physically and psychologically harmed or abused during the conduction of the study. (Finnish National Board on Research Integrity TENK Guidelines: 2019: 16-17) The author created and maintained a climate of comfort by establishing rapport throughout the interview. Before the interview, the author pilot-tested the questions to five colleagues to familiarize the author with the flow of questions and to assess if the questions were relevant to answer the research questions. (Hassan, Z. et al: 2006) The audio, video,

and email files were secured in a password protected folder of the author's personal laptop until they were transcribed and analysed. (Rectors' Conference of Finnish Universities of Applied Sciences Arene: 2020: 24) The audio, video file was in Mp4A format. The email file was saved in PDF format that is password protected. The raw data was destroyed after they were examined last January 2021. The transcribed and analysed data is being kept in until May 2021.

11 Conclusion

The goal of this thesis was to examine the occupational stress of multicultural nurses in terms of perception, experiences, and coping mechanisms. The study revealed that the aim of this study was achieved.

There was a strong perception of stress among multicultural nurses in Southern Finland that occupational stress was a mental and emotional disturbance that affected the wellbeing of an individual. Occupational stresses among multicultural nurses were associated with personal circumstances such as resentment and language barrier. The findings showed an evidence that the multicultural nurses do not feel sufficiently skilled in the Finnish language. Continuous practice and learning were the best option to combat the stress related to communication. Interpersonal relationships, family conflict, family responsibility, and debts of goodwill were declared to being stressful. Work-related stressors that were endured not only by nurses in general, but also by multicultural nurses, were lack of resources, understaffed unit, role in the organization, work overload, work environment, work schedule, and unrecognition of work regardless of the work location. Most of the multicultural nurse's coped with empathetic environment, be it within the family or co-worker support.

Occupational stress should be one of the highest concerns for human resources managers' employee risk assessment. A stress risk assessment is a structured process of evaluating the factors that cause employee's stress. (Mellor, N.: 2017) The study findings were a suitable reference to understand the stress of the employees with different cultural background in an organization. Employees in high stressful environment, like in healthcare, should be managed by the individual who has experienced anxiety. Such workers essentially need recognition by the human resource managers because stress has a contagious effect to other individuals, teams and the organization as a whole. Stress changes productivity at work. Human resource

managers should acknowledge the stress as an adjustment period of change within the employee. An individual has different reactions to a transition stage in the workplace which is dependent on his or her professional and personal needs, behaviours and goals. Assessment of stress can determine the precautions, corrective measures and level of priorities to maintain the wellbeing of the employee, develop the team relationships, and strengthen the company culture.

The study showed that occupational stress is subjective in nature. Not all people experience stress in the same manner. The ability of a person to react and handle stress varies because of his or her needs, goals and behaviours. It is essential to conduct further study of multicultural nurses' personal and professional needs. A recognition of the growth and development of multicultural nurses by the employer should be determined and provided to motivate the multicultural nurses to stay in the company and thus achieve company's long-term goal. The author suggests to further explore the correlation between meeting employee's goal and the degree of stress. The goals of multicultural nurses may vary in terms of clarity, meaning and direction. The behavioural changes of multicultural nurses in terms of patient care, drug preparation and data accuracy are proposed to be examined. Human resources managers could utilize these findings to not only wholly understand the occupational stress of multicultural nurses but to create a strategy to prevent occupational stress and if present, alleviate the stress experience for a greater good of both employees and employers.

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Appendices

Appendix 1. Informed Consent

Participant Consent Form

PARTICIPANT CONSENT FORM

Title of the study: Understanding the occupational stress among multicultural nurses in Southern Finland
Location of the study: Joanna Carla Santiago (Email: Joanna.Sahtiago@metropolia.fi) under the guidance of Marianne Pitkäljärvi (Email: Marianne.Pitkajarvi@metropolia.fi) in Metropolia University of Applied Sciences, Myllypuro Campus.

I _____ have been invited to participate in the above research study. The purpose of the research is to examine the occupational stress of multicultural nurses in Southern Finland. Occupational stress is one of the major health threats of the modern working environment.

I have read and understood the written participant information sheet. The information sheet has provided me sufficient information about above study, the purpose and execution of the study, about my rights as well as about the benefits and risks involved in it. I have had the opportunity to ask questions about the study and have had these answered satisfactorily.

I have had sufficient information of the collection, processing and transfer/disclosure of my personal data during the study and the Privacy Notice has been available.

I voluntarily consent to participate in this study. I have not been pressurized or persuaded into participation.

I have had enough time to consider my participation in the study.

I understand that my participation is entirely voluntary and that I am free to withdraw my consent at any time, without giving any reason. I am aware that if I withdraw from the study or withdraw my consent, any data collected from me before my withdrawal can be included as part of the research data.

By signing this form, I confirm that I voluntarily consent to participate in this study.

If the legal basis of processing personal data within this study is a consent granted by the data subject, by signing I grant the consent for process my personal data. I have right to withdraw the consent regarding processing of personal data as described in the Privacy Notice.

Date

Signature of Participant

The original consent signed by the participant and a copy of the participant information sheet will be kept in the records of the researcher. Participant information sheet and a copy of the signed consent will be given to the participant.

Appendix 2.1. Participant Information Sheet

Participant Information Sheet

PARTICIPANT INFORMATION SHEET

Study title: Understanding the occupational stress among multicultural nurses in Southern Finland.

Invitation to participate in a research study

The researcher would like to invite you to take part in the study, where she will discover the occupational or job stress among multicultural nurses. This topic is one of the major health threats in a working environment. Moreover, as a result of globalization, companies upon integration of international workers poses several issues that lead to occupational/job stress. The result of this study provides insights to the Human Resource Managers to create suitable occupational /job stress coping mechanism guidelines and protocols in their organization for multicultural workers.

You are chosen in this study as you meet the researcher's sample criteria having different nationality background linked to the host country (Finland) and working as a nurse in Southern Finland. Years of working experience, gender, age, religious affiliation, civil status were NOT the factors considered that you will be chosen. You were recruited in this study via chain sampling. Meaning to say, existing participant has referred you to be the potential contributor.

Due to the risk involved of the current Corona virus situation both to the researcher and participant, collecting data from you in the form of face-to-face interaction will be transformed to online version interview that is most comfortable with you. It could be an online videocall recorded interview, online phonecall recorded interview or via email.

This information sheet describes the study and your role in it. Before you decide, it is important that you understand why the research is being done and what it would involve for you. Please take time to read this information, and discuss it with others if you wish. If there is anything that is not clear, or if you would like more information, please ask the researcher. After that, the researcher will ask you to sign a consent form to participate in the study.

Voluntary nature of participation

The participation in this study is voluntary. You can withdraw from the study at any time without giving any reason and without there being any negative consequences. If you withdraw from the study or withdraw your consent, any data collected from you before the withdrawal can be included as part of the research data.

Purpose of the study

Findings of the study may provide the insights to the human resources managers to develop guidelines in stress coping management for multicultural workers.

Who is organizing and funding the research?

This is non-funded empirical study. This is a requirement of the researcher/student, Joanna Carla Santiago in the Master Thesis Course that is linked with Health Business Management Degree at Metropolia University of Applied Sciences.

Appendix 2.2 Participant Information Sheet

Participant Information Sheet

What will the participation involve?

This research will utilize a qualitative method. In essence, this study requires an intensive interview about the topic mentioned. The questions are answerable in infinite ways. There will be no right and no wrong answer. You may answer based from your complete knowledge, feelings and understanding.

The research will take place in Southern Finland via modified data collection using Online remote communication tool such as videocall interview, phone call interview, or by email.

Being the participant, the online version of interview will be recorded. It will take a total of about 30-45 minutes. You have the right to choose between online videocall or online phone call via available MS Teams or Zoom. Moreover, you may also opt to answer via sending back it through email. Any of the method that you may select, you will voluntarily provide an email address to proceed with this online interview. MS Teams or Zoom requires the researcher to send the online link to be sent through email to start the call.

The transcript of the online version of the interview will be analyzed by the researcher. You may expect that the access to the online interview transcript will be limited to the researcher and thesis supervisor. Your responses will not be known according to your identity. Your current employment will not be affected by your responses. You have the right to speak freely related to the questions. Your name will not be associated with any of the results of the study. Any direct quotations from the online interview that are made available through academic publication will not be confidential and will not reveal your identity. You may expect that the actual recording will be destroyed after it has been analyzed.

Possible benefits of taking part

Your responses will open the possibility for the Finnish healthcare organization with multicultural workers to understand the causes of the occupational / job stress. Thus, it will be a benchmark to develop a guideline to manage the job stress issues in the workplace with multicultural team.

Possible disadvantages and risks of taking part

There are no potential risks resulting from your participation in this study except for a little discomfort of recalling your experiences that lead your occupational stress.

Financial information

Participation in this study will involve no cost to You. You will receive no payment for Your participation.

Informing about the research results

The results or a summary of the results will be made available to you once the study has been finalized. You will not be identified from any report or publication placed in the public domain. This study is a Master's Thesis of Joanna Carla Santiago, Health Business Management student of Metropolia University.

Appendix 2.3 Participant Information Sheet

Participant Information Sheet

Termination of the study

The researcher(s) conducting the study can also terminate the study if the current global situation worsened like closing of researcher's university.

Further information

Further information related to the study can be requested from the researcher / person in charge of the study.

Contact details of the researchers**Researcher / Student**

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Person in charge of the study / Supervisor

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