



Cultural Barriers Encountered by Immigrant Nurses in Nursing Environment: Literature Review

Adenike Alli & Suliat Adeola Rufai

2021 Laurea



Laurea University of Applied Sciences

Cultural Barriers Encountered by Immigrant Nurses in Nursing Environment: Literature Review

Adenike Alli & Suliat Adeola Rufai
Degree Programme in Nursing
Bachelor's Thesis
June, 2021.

Adenike Alli, Suliat Adeola Rufai

Cultural Barriers Encountered by Immigrant Nurses in Nursing Environment

Year	2021	Number of pages	34
------	------	-----------------	----

The concept of globalization has made it more possible for people from all walks of life and of diverse cultural background to meet and come across one another. The Nursing profession is not left out of the effect of globalization, whereby mobility of nurses around the world has been described as a global phenomenon, hence the diversity in cultural orientation.

The purpose of this thesis is to describe the cultural barriers immigrant nurses encounter in nursing environment. The aim is to provide evidence based knowledge regarding cultural barriers encountered by immigrant nurse in nursing environment of various host countries, which can help in promoting culturally integrated nursing environment.

Methods & Data: This thesis utilize literature review as an appropriate research method. Data were retrieved from reliable database; EBSCOhost (CINAHL), Sage Premier and Pro Quest Central from 2010 to 2021, using specified data inclusion & exclusion criteria. To this end, 6 relevant published works were selected as the primary data after which inductive content analysis was used in the interpretation of collected data and to deduce answers for the research question. Research question: what are the cultural barriers or challenges encountered by immigrant nurses in nursing environment?

Findings: Based on a combination of results from the 6 selected articles, the cultural barriers affecting immigrant nurses were grouped in the 4 main themes and 9 Sub themes. The themes are Communication with language and communications as sub themes; Prejudice with discrimination, racism and Colleagues' attitude as sub themes; Cultural Differences with working culture and cultural displacement as sub themes and Career Obstacles with certificate variations and career ceilings as sub themes. The finding of this thesis revealed that there are cultural challenges for immigrant nurses due to cultural disparities encountered in nursing environment of the host countries.

Conclusion & Recommendation: As global migration of nurses across international borders continues, it can be claimed that immigrant nurses do encounter cultural related barriers in nursing environment. However there are few studies carried out on these barriers affecting immigrant nurses, hence the authors of this thesis recommends further studies to be carried out on cultural barriers in nursing environment focusing on immigrant nurses for better understanding and more so, problem specific policies that improves acculturation, which enable quick learning of the host countries cultural ways needs to be implemented.

Keywords: immigrant nurses, nursing environment, cultural barriers or challenges.

Contents

1	Introduction	5
2	Theoretical Framework	6
2.1.1	Immigrant Nurses	6
2.1.2	Nursing Environment	8
2.1.3	Cultural Barriers or Challenges	9
2.2	The Nursing Profession	10
2.3	Immigrant Nurses in Finland	11
2.4	Multiculturalism in Nursing	12
3	Purpose, Aim & Research Question	13
4	Methodology	14
4.1	Literature Review	14
4.2	Data Retrieval Criteria	14
4.3	Data Analysis	17
5	Findings	17
5.1	Communication	19
5.1.1	Language	19
5.2	Prejudice	20
5.2.1	Discrimination, Racism & Colleague's Attitudes	20
5.3	Cultural Differences	20
5.3.1	Working Culture	20
5.3.2	Cultural Displacement	21
5.4	Career Obstacles	21
5.4.1	Certificate Variation & Career Ceiling	21
6	Discussion	22
6.1	Trustworthiness & Limitation	23
6.2	Ethical Considerations	24
7	Conclusion & Recommendation	25
	References	27
	Figures	31
	Tables	31
	Appendices	32

1 Introduction

The concept of globalization has made it increasingly possible for people from all walks of life and of diverse cultural background to meet and come across one another exchanging cultural views, therefore, the nursing profession is not left out of the effect of globalization. (Hongyan, Wenbo & Junxin 2014). According to Schilgen, Nienhaus, Handtke, Schulz, & Mösko (2017), over the last few decades, mobility of nurses around the world has been described as a global phenomenon as it has become more common for nurses to move abroad in search of better working conditions and better employment.

Nursing is a fast-growing profession and in recent years, there has been a high demand of nurses due to significant shortage of nurses around the world, and this has led to recruitment of immigrant nurses to take various positions in health sector (Kingma, 2006). There are empirical evidences that suggest there is a global shortage of healthcare professionals (Goh & Lopez, 2016), and this fact was further backed by World Health Organisation (WHO, 2021) who predicted that the shortage will be approximately about 13 million healthcare professionals by 2035. When compare the prediction of (Goh & Lopez, 2016) with that of (WHO 2021) claim, that almost 50% of the health workers worldwide are nurses, then it only points to one direction that the concept of immigrant nurses will continue to grow, as nurses begin to look for ways to maximize their professionalism and move more in direction of better pay package, better economy, better standard of living and professional development. (Goh & Lopez, 2016).

The need to keep an optimal Nurse-Patient ratio has also created a vacuum that these immigrant nurses help to fulfil (Buttigieg, Agius, Pace and Cassar, 2018). They further implied that, some of these immigrant nurses, at times are educated and trained in the host countries, while others were already qualified, before heading out in search of employment opportunities. (Buttigieg et al. 2018). Depending on whether these immigrant nurses are locally trained and educated in the host country or otherwise, their rate of adaptation to the nursing practice in a host country can vary, with the first year of employment being the most difficult due to adaptation and integration challenges (Xiao, Willis and Jeffers 2014).

This migration of nurses has her fair share of challenges both for the host (receiving) countries and sponsor (departing) countries, whereby cultural differences stands as a barrier in the nursing environment. (Balante, Broek, and White, 2021). For further understanding on this topic, the thesis aims to provide evidence based knowledge using literature review to describe the cultural barriers encountered by immigrant nurses in nursing environment of various host countries, which can help in promoting culturally integrated nursing environment.

2 Theoretical Framework

According to Merriam-Webster dictionary (n.d) definition, culture is the characteristic features of daily existence (such as, beliefs, attitudes, social forms, values, goals, customs and behavior) shared by people belonging to a particular social, racial or religious group.

However, cultural barrier is regarded as a hindrance in cross-cultural interaction among people of different cultural backgrounds (Savolainen, 2016). Furthermore, Almuttairi (2015), also describe cultural barrier as a form of misunderstanding of cultural concept or ideology of other people's cultural background and this challenges do not only leads to difficulty in communication among co-workers in nursing environment, but also poor patient's satisfaction. This cultural barriers has raised concerns over the years for immigrant nurses, who found themselves in different countries and struggle to adapt to the culture or custom of the host countries and workplace (Buttigieg et al. 2018).

To further put this thesis into proper perspectives, the following key concepts were formulated to aid understanding of the thesis topic better, and these includes; Immigrant Nurses, Nursing environment and Cultural barriers or Challenges. The figure 1 below illustrate the key concepts.

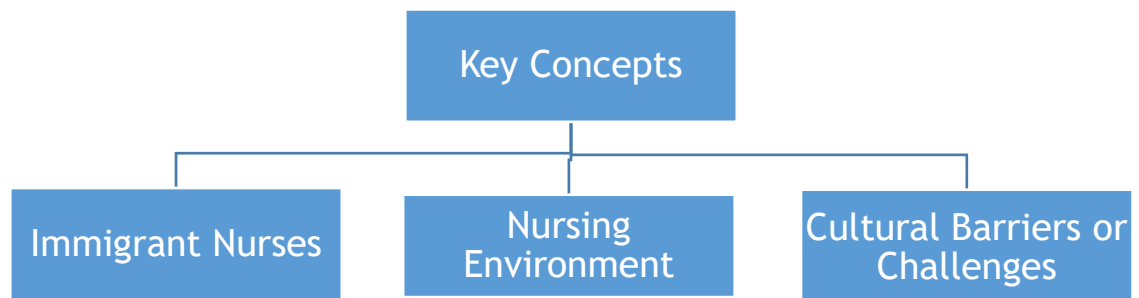


Figure 1: Key Concepts

2.1.1 Immigrant Nurses

The shortages of nurses around the world gave rise to the concept of immigrant nurses. Nurses that practice professionally in other countries outside their home countries are basically termed immigrant nurses (Kingma 2008). A number of reasons are available, why there is shortage of nurses, for instance in Europe, they include aging nursing workforce, poor image of the profession, lack of adequate educational facilities and that women (who dominates this industry) have other career choices (Haddad, Annamaraju, and Toney-Butler 2020).

The migration of nurses and their subsequent acculturation has become a major interest of study in the nursing academia as nurses, who migrate from their homeland to the host countries are faced with professional and personal challenges. (Covell, Primeau, Kilpatrick and St-Pierre 2019). Often, these problems are solved by cultural orientation program and more importantly help from colleagues (Covell et al. 2019).

According to study carried out on immigrant nurses by Dahl, Dahlen , Larsen, & Lohne (2017), it was revealed that Nurses from Philippines and India are among two of the highest number of immigrant nurses in Europe. For these category of nurses who were schooled outside Europe, they first need to get their education certified to get it standardized to that of the host country. And in some of the EU countries, there are other requirements that includes passing a language test and a few subjects test (Dahl et al. 2017).

They (immigrant nurses) cohabit in an environment that is foreign to their mother tongue, languages and custom that at times are remarkably different to the ones they were used to from their departing country (Calenda, Pitkänen, and Sippola 2019). In order to have a successful integration of the immigrant nurses into a new work environment, it is essential that the nurses do not only adapt to the culture of the host country, but also retain their own cultures (Wesolowska, Hietapakka, Elovainio, Aalto and Kaihlainen 2018). And in situation that the immigrant nurses find it difficult to adapt to the cultures of their new environment, they stand the risk of being left behind and feeling ostracized (Wesolowska et al., 2018).

Being able to speak and communicate considerably in the language of the host country is such an essential aspect relatively to nursing, which can be quite difficult for immigrant nurses who lack the skills (Koivuniemi, 2012). Whilst, on another angle, the capability of nurses with foreign background will greatly be rated not only on their ability to adapt to the cultures and customs of the host country but also retain their own culture, as they become great assets when faced with patients of diverse cultures (Wesolowska et al., 2018).

In summary, according to Ahonen, Benavides and Benach (2007), an immigrant who goes to work in a foreign culture must be ready to learn and understand the knowledge of the cultures

of new work environment. An interesting one of such is by Xiao et al (2014), where they aimed at determining the interplaying factors of social and that of the nurses, and how it inhibit or enable immigrant nurses integration.

The study made telling conclusion, by saying inadequate rules and resources were employed in the recruitment process, classification and utilization of immigrant nurses at both national and healthcare organizational levels and the inadequacy leaves telling constraints on the adaptation and integration of immigrant nurses (Xiao et al 2014). Also, that a key ingredient in the integration of immigrant nurses, involves allowing them to learn off their multicultural teams that it promotes intercultural understanding and workplace harmony. (Xiao et al, 2014.)

2.1.2 Nursing Environment

Nursing environment is an essential element in providing professional engagement in practice of care. It is often characterized by trust, open communication, collaboration, team relationship, respect, and acknowledgment, therefore empowering the nurses in other to create an enabling environment in providing consistent care for the patients and families. (Gea-Caballero, Castro-Sanchez, Juarez-Vela, Diaz-Herrera, De Miguel-Montoya & Martinez-Riera 2018).

Often, it is said that nursing is important to not just the sick but even the healthy and safe, within this context, it is a well-known fact that nursing as a resource is a major field and the lack of sufficient nurses has major negative implication for the health care world. (Barger, 2010). There is a growing need amongst the nurses both in practice and or academia to analyze the contribution of nursing environment to health care and its corresponding costs (Kemppainen, Tossavainen, & Turunen 2012).

Nurses are able to demonstrate their professional capacity such as care and decision making to the utmost quality when the nursing environment is positive. Modern healthcare provision must be carried out within a dynamically evolving clinical environment, where there is application of skills and new technologies. (Papathanassiou, 2013). Within this clinical environment, the nurses are expected to be well informed and should be committed to updating their knowledge base, to be able to take advantage of latest scientific approaches (Papathanassiou, 2013).

A proper nursing environment is one that give nurses the opportunities, the accountability, control and autonomy over the work environment (Oshodi, Bruneau, Crockkett, Kinchington, Nayar and West 2019). In a research that centered on the nursing environment carried out on a selection of hospitals in the US, the study identified leadership attributes of nursing administrators (e.g., vision and responsiveness), professional attributes of the staff nurses (e.g.

Nurse autonomy and control, ability to establish and maintain therapeutic nurse-patient relationships, and collaborative nurse-physician relationships), and an environment that supports professional practice (Papathanassiou, 2013). It is agreed in certain quarters that many factors that affect the nurse's performance and the overall job satisfaction of a nurse is associated with nursing environment to this end, studies points once again to autonomy, interpersonal communications, administrative and management practice, opportunity for promotion and advancement (clear career path), the physical environment, working conditions and terms as factors that all need to be in positive shape to achieve a great nursing environment (Papathanasiou,2013).

2.1.3 Cultural Barriers or Challenges

Culture is referred to as shared values, beliefs, and norms of a specific group of people, which involve other determinants such as age, gender, education, religion, socioeconomic status, political view, and occupation (Williamson and Harrison 2010). Immigrant nurse's behavior can be influenced by their cultural background on how they perceive things and how it should be done as there are certain attributes or attitudes associated with the culturally diverse immigrant nurses which has major impact on mode of health care delivery. (Jerome & Bollmann, 2017).

In the recent years the nursing profession has culturally diversify as a result of migration of immigrant nurses with different ethnicity, cultural background, language, religion and tradition because of shortage of nurses in nursing environment globally. However, following migration, these immigrant nurses encounter some barriers or challenges that may leads to poor competence or performance due to cultural differences. (Pung and Goh 2016).

There are a number of barriers being experienced by immigrant Nurses in the course of care delivery in nursing environment. According to study conducted on immigrant nurses cultural barriers, the study which was based on the example of immigrant nurses in the U.S., brought to the fore certain telling findings; they had difficulty with communications, experienced racism even when they are of the same race, there were cases of discrimination simply because they were immigrants and the licensing barriers presented itself due to differences in the focus of their nursing educational background. (Moyce, Lash and Leon Siantz 2016).

The study further insisted that this barrier affected their acculturation negatively and impeded their nursing careers and their ability to offer and give congruent care to patients. Also, the study claimed the barriers caused what is referred to as circular migration (whereby an

immigrant nurse sees the need to migrate once again to another city or country because of the barriers being experienced) and endanger patient safety. Moyce et al (2016.)

According to Tie, Birks & Mills (2018), study on the same subject but based on Australia, the findings were similar, even though immigrant nurses account for 20% of the nursing workforce in Australia. The study used three broad headings to describe the barriers being experienced by immigrant nurses, and they include Transitioning: which refers to the issue of re-certifications and support for immigrant nurses who are new to the country, Practicing within local Context: this has to do with the localization of nursing practices and approaches that is often different from what the immigrant nurse is used to in their home country, in comparison to their host country and lastly, Experiencing Prejudice: which is like the case of racial discrimination in the U.S (Tie et al, 2018.)

Another study on the subject includes the Dahl et al (2017) study, which was based on the experiences of immigrant nurses in Norway. And the cultural barrier that was highlighted by the study is the same language and that of prejudice. Feedback obtained from the interviewed immigrant nurses complained of not being able to communicate effectively with their colleagues as well as the patients and the racial prejudice was shown by some of the patients to the immigrant nurses. (Dahl et al, 2017.)

And the findings, just like the rest, are very similar in nature. This implores the need for the proper acculturation programs to be put in place in order to reduce the occurrences and ultimately eliminate the cultural barriers totally. (Xiao et al 2014).

It is noteworthy that in the case of Finland (and likely in the case of the other study areas mentioned), the cultural barriers are not just limited to immigrant professional nurses, that even yet to be qualified international nursing students are made to grapple with this cultural barriers related encounters. Pitkajarvi, Eriksson-Haavisto, Kekki and Pitkala (2012), had claimed that language barrier and negative attitude is shown to students of diverse cultural background often lead to social and professional isolation.

2.2 The Nursing Profession

The nursing profession has over the years in many countries treated like a lesser field and the struggle of being labelled a vocation and not a profession is now referred to in this present time a practice (Hoeve, Jansen and Roodbol 2013).

It is important to recognize the nursing competence while defining the nursing profession, as this said to include holistic care skills in nursing, technical know-how skills, decision making skills and nursing communication skills (Fukada 2018).

According to (Liaschenko 2003) professionalism in nursing practice has witnessed a chain of developments, and the good part of this development has to do with nursing theories and research has also helped to validate these theories which in turn has great impact in nursing.

Nursing profession is intra and inter professional practice that has in the last two decades of the 20th century ranked high amongst healthcare professionals (Ghadirian, Salsali and Cheraghi 2014). The multicultural nature of our societies today, has aid integration of nurses a must in most countries. Based on Javanmard, Steen, Vernan and Newnham (2017) study, it was revealed nurse's integration can only be possible when the host country accepts her multiculturalism. Which means that to be able to achieve full and proper integration, then there must be mutual acknowledgment and accommodation that each diverse cultural group has a right to best healthcare the country can make available (Javanmard et al, 2017).

2.3 Immigrant Nurses in Finland

In Finland, the health care industry has been struggling to find the right professionals for social and health care, therefore hiring foreign professionals to fill in the gap (Aalto, Elovainio, Heponiemi, Hietapakka, Kuusio and Lämsä 2013). An increase in the number of immigrant healthcare workers most importantly Nurses in Finland has helped to back positive approach towards nursing practice (Kanervo 2013). Way back in 2012, the population of immigrant healthcare workers in Finland was about 2,637 of the total working population and the number is expected to have doubled itself ever since based on study of Aalto et al (2013). More than half of these number back then were thought to be coming from within Europe, and Estonia being the departing countries of those majority immigrant nurses (Ailasmaa, 2015).

The ethnic minorities of immigrant nurses in Finland have increased in number because they have great impact on the population and these minorities are more likely to work with patients in the same or similar ethnic minority (Gade, 2020). And patient of diverse culture is in turned satisfied by the care they receive from immigrant nurses who are also the ethnic minorities themselves (Pitkajarvi et al 2012). Having immigrant nurse's work with ethnic minorities helps to create smooth work quality and create the right atmosphere and well-being of the society in general (Pitkajarvi et al 2012).

Also, in line with Hietapakka (2017) it was asserted that supervisors welcomed the arrival of these immigrant nurses. Other support is that immigrant nurses are likely to meet with other immigrants' nurses who has gone through the adaptation and integration process (Wolcott et.al

2013). Notwithstanding, the labor community had rendered great help to integrate immigrant nurses as they were offered time and support in the adaptation process as seamless as possible (Takeno 2010).

According to (Ruud 2013), the multicultural nature of any society today has made the integration of nurses a must in most countries and it can only be possible when the host country accepts multiculturalism. Other factors pointed out in Wolcott et al (2013) study also points to a well-rounded induction program, which the immigrant nurses bank on to address a wide range challenges encountered in the working environment.

This does not justify that immigrant nurse in Finland does not face different cultural or integration problem, far from it, problems of communicating in the language of the host country and that of showing empathy based on the Fin's cultural orientation persists. Being able to speak the local language for an immigrant nurse is a major element on the integration process, that the lack of that language ability affects the employability of the immigrant nurse, even though they may be well qualified and have the required professional skill (Koivuniemi 2012). On the other hand the strengths of the immigrant nurse can be adjudged rightly on the sense of those strengths due to their ability to communicate in the language of the host country.

The other problems the immigrant nurse in Finland may face includes restricted freedom in practice of profession, second citizens attitude of co-workers and patients, cheating by immigration agents in terms of job location, delay in understanding cultural differences and practices of patients, nurses in private hospitals don't seek the necessary job security, they are seldom considered for administrative roles (Varkey, 2006). The solutions to these plethora or problems is discussed in the later part of this research.

2.4 Multiculturalism in Nursing

According to Koskinen study in 2010, multiculturalism refers to the living of different people and groups of people together in the same area, with respect for diversity and the culture of others". Whilst, he defined an immigrant as a person who immigrates to another country for reasons such as work, study, asylum, or starting or reuniting a family".

Immigrants are those who are exposed to at least 2 different cultures in their course of habiting, working and living generally. They are exposed and used to their home culture and customs, and have to learn and adapt to another when they leave their homeland for various reasons (Koskinen, 2010). Immigrant nurses are not an exception to this, some might have migrated to new countries due to the quest for better work opportunities or the need to acquire education in a country equipped with better education facility compared to their home countries or as is common in some cases some are simply refugees. And these 3 categories all tend to have

different starting points. Immigrant nurses that fall under any of the above 3 categories are said to be living in a multicultural environment and when they practice, then a case of multiculturalism in nursing is said to be established (Koskinen, 2010). In most cases, the immigrant nurses are faced with language, custom and culture of their host country, and they must adapt to these new cultures to be able to excel on the job. And at the same time, they must retain the cultures and languages of their sponsor home countries. (Xiao 2014.)

With Multiculturalism in nursing comes culture shock as experienced by many immigrant nurses around the world. For example since each diverse cultures maintains peculiar and often unique expectations as regards non-verbal communications. An immigrant nurse that has not been fully integrated into the ethos of multiculturalism in nursing might be miss-read or understood nonverbal communication from patient to nurse like smiling, eye contact or even a smirk. Any of these can be read wrongly by the other and thereby causing a needless friction between nurse and patient (Bola, Driggers, Dunlap and Ebersola 2003).

According to Bola et al (2003), they further claimed that culture is either a high context or low context, where high context mean a lot nonverbal codes and low context meaning that culture communication is dependent on more verbal codes. Depending on the cultural context making eye contact or smiling at a colleague or patient could mean different interpretations depending on the originating cultures of those involved. (Bola et al 2003).

3 Purpose, Aim & Research Question

The purpose of this thesis is to describe the cultural barriers encountered by immigrant's nurses in nursing environment. The aim of this thesis is to provide evidence based knowledge regarding cultural related barriers or challenges encountered by immigrant nurses in nursing environment at various host countries, which can help in promoting culturally integrated nursing environment.

Research Question

What are the cultural barriers or challenges encountered by immigrant nurses in nursing environment?

4 Methodology

The method adopted for this Bachelor's thesis is literature review as this goes in line with the authors' intention to make use of past & current relevant evidence-based studies/researches carried out at various countries to evaluate, deduce and present the state of existing knowledge, in order to have a global perspectives on the thesis topic. In respects to the methodology, there are 5 helpful steps the authors adopted from (McCombes 2019) to help achieve the thesis aim and they includes; relevant literature search, analyzed the search result, identify the gap in knowledge, synthesize the result to present own literature review (findings).

4.1 Literature Review

According to Smith and Noble (2016), define literature review as a comprehensive study that allows the researcher to identify methods and theories, also to identify the gaps in the body of existing knowledge regarding the research subject. They went further to divide literature review into categories; narrative (descriptive) and systematic literature review, in which narrative literature review are based on small amount of selected studies to deliver rapid summary of the evidence present in the studied in order to support the empirical research (Smith and Noble 2016).

A descriptive literature review was considered as a traditional way of reviewing, which is carried out by analyzing, summarizing and interpreting a body of knowledge of specific selected studies related to the research topic, in order to determine the margin in body of knowledge in respect to the pre-existing knowledge or theories. (Cronin & Coughlan, 2017). For this thesis to fully achieve its aim, descriptive literature review was adopted as this helps the authors to be focused on providing answers to the thesis question.

4.2 Data Retrieval Criteria

Data collection is a systematic approach or process of collecting, gathering or collating of information, observation or measurements either qualitative or quantitative or both and use same as evidences in answering the research question(s) (Bhandari, 2020). The database used for data collection in this thesis, are ProQuest Central, EBSCOhost (CIHNAL) & Sage Premier and all access to these databases were provided free by Laurea University of Applied Sciences, which allow the authors to have access to full-text articles or journals.

To that end certain specific inclusion & exclusion criteria's were formulated in order to select appropriate studies that are suitable for literatures review. These articles, journals and materials were majorly those that were available to be downloaded for free, written in English & Finnish and had keywords as that are same or closely matched with the title of this study. Other Inclusion and Exclusion criteria can be found in the table 1 below.

Inclusion Criteria		Exclusion Criteria
1	Articles, Journals or books relevant to the research question and relating to nursing. Focusing on immigrant nurses	Articles, Journals or books not relevant to the research question and not relating to nursing. Focusing on immigrant patients
2	Academic Articles & Scholarly Journals published from 2010 to 2021	Non-academic articles or journals published before 2010
3	Articles & Journals written in English & Finnish	Articles and Journals written in other languages different from English or Finnish
4	Evidence based empirical studies with any of the keywords; immigrant nurses, nursing environment and cultural barriers or challenges	Articles based on reviews without any of the keywords.
5	Articles which are related to cultural barriers encountered by immigrant nurses at various host countries	Articles which are related to nurses in general
6	Articles, Journals & Materials that are freely accessible.	Articles, Journals & Materials that are not access free.

Table 1: Inclusion & Exclusion criteria

The research data's were pulled from reliable academic databases mainly, EBSCO host, SAGE Premier and ProQuest Central with varying results which were scrutinized to ensure they meet the inclusion criteria's. The authors also searched manually for articles which are specifically related to this thesis topic putting the aim of the thesis in consideration. In the data retrieval stage, the key words such as; "cultural barriers" OR "challenges" AND "immigrant nurses" AND "nursing environment" were used as search terms in all the database and the articles which met the inclusion criteria were selected.

The relevance of the selected articles were determined by the title, after which the content was skimmed through before obtaining it full reference for the literature review. The limitations used in data retrieval process varies based on the selected database. On EBSCO host, the number of hits without any limitation was 31 articles, then first limitation set was articles from 2010, which gave 22 result, second limitation was academic articles (20) and this was later reduced to 8 articles after the 3rd limitation (Full text), after which 2 articles that met

inclusion criteria were selected for review. The same procedure was followed for the other database and this process was well captured in the table 2.

With the help of data collected, the authors analyzed and synthesized the information presented in the data collected to reach certain conclusions and make data driven decisions. Collected data allows the authors to make inference and draw evidence backed conclusions.

DATABASE	SEARCH TERMS	NUMBER OF HITS	LIMITATION	RESULT AFTER LIMITATIONS	ARTICLES DISCARDED (UNRELATED TITLE AND REPLICATION)	SELECTED BASED ON TITLE AND ABSTRACT	REVIEWED BASED ON (Full-text)
EBSCOhost (CIHNAL)	“Cultural barriers” OR “Challenges” And “Immigrant	31	Academic Research from 2010 and full text available	8	6	2	1 (+1)
SAGE Premier	Nurses” And “Nursing Environment”	7,281	Academic Research article from Health sciences starting form 2010	344	337	7	1
ProQuest Central		21,482	Academic Research from 2010, peer reviewed and full text	3,306	3,253	5	3
Manual Search	This article was manually searched on EBSCOhost (CIHNAL).						1*
TOTAL ARTICLES SELECTED							6

Table 2: Data Search Result

After comprehensive data search 3 academic articles were selected from ProQuest Central, making the database the highest contributor to this thesis, 2 academic articles from EBSCO host, and finally one article selected from Sage Premier Database. In order to have broader knowledge on the topic, the articles were selected from various countries of different continents (Europe, Australia, South America and Asia), which focuses on case studies of the subjects as this enable the authors to have global perspectives on the prevalence of cultural related barriers encountered by immigrant nurses in nursing environment. The selected articles and their authors are enclosed in the (see Appendix 1) as well as their respective methodology.

4.3 Data Analysis

Data analysis is considered most crucial part of any research work as it encompasses interpretation of data collected, by organizing, summarizing and categorizing large information into fragments to provide meaningful insight and to reach conclusion based on the formulated hypothesis regarding the research question. (Pandey and Pandey 2015).

According to Elo and kyngäs (2008), describes qualitative content analysis as most suitable and commonly used methods in nursing related researches and it can be carried out using either inductive or deductive approach. The process for carrying out both inductive and deductive analysis are similar as undergo the same phase in preparing, organizing and reporting the main findings (Elo and kyngäs 2008). Inductive content analysis was considered in thesis as it uses generalization process to condense or to group data by using concepts, categories or themes in order to provide answers to the research question (kyngäs 2020.)

Having selected the 6 articles that best fits into the inclusion criteria, the authors proceeded to employ a qualitative content analysis approach for the entire 6 articles. Furthermore, the authors thoroughly read the whole 6 selected articles twice for better understanding of the articles and to ensure relevant details was identified, which will aid in synthesizing the data for answering the research question. The analysis revealed that the authors of these articles established the major cultural barriers immigrant nurses experience at various nursing environment and the re-occurring themes were highlighted to form categories. These results were grouped together in various main themes and sub themes (see figure 2).

The main themes were the larger categorization of the cultural barriers while the sub themes are break down of the cultural barrier to a smaller make-up of the theme (see table 3). The authors took the time to explain the themes and the sub themes of cultural barriers being experienced by these immigrant nurses. Hence it could be said that the authors did proper data

identification, data preparation, data organizing and grouping to developed themes and sub themes, carried out data analysis and reported their findings before drawing conclusions.

5 Findings

There were 6 articles selected for this research study and efforts were made to make them as widespread as possible. 3 of the studies were conducted in Europe with focus on Finland, Norway and Malta, 1 study had its focus on South America (Chile) and another had Asia (Saudi Arabia) has its focus and the last study used data gathered in Australia. All these studies selected used qualitative method as its methodology approach.

From the content analysis of the 6 articles on the cultural barriers experienced by immigrant nurses across the 4 continents were grouped into 4 main themes namely Communication, Prejudice, Cultural Difference and Career obstacle. Under these 4 main themes are 9 sub themes each under specific main theme. The main themes and sub-themes are captured in the Figure 2 below. The authors went further and synthesize the occurrence of these cultural barriers in the 6 different articles used as date as source. The synthesis was captured table 3 below.

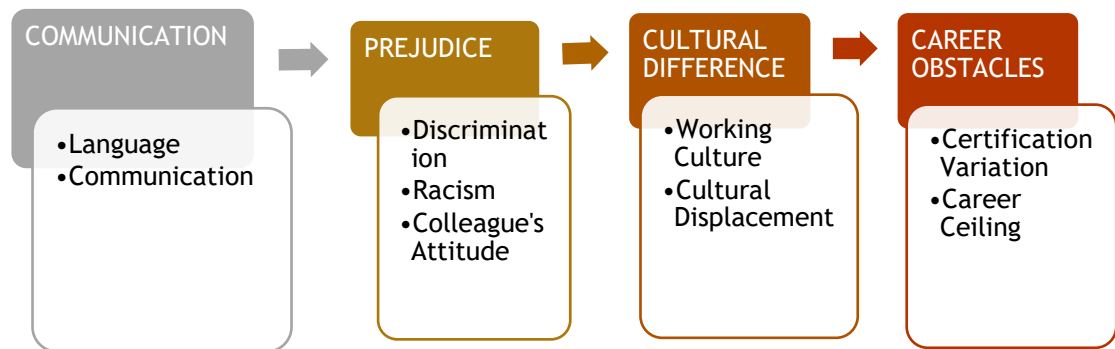


Figure 2: Finding Categorization (Main Themes & Sub-Themes)

MAIN THEMES	SUB-THEMES	ARTICLES					
		Xiao et al. (2014)	Buttigieg et al. (2018)	Hyvärinen et al. (2017)	Rooyen et al. (2010)	Dahl et al. (2014)	Rodríguez et al. (2014)
Communication	Language	X	X	X		X	
	Communication		X	X	X	X	X
Prejudice	Discrimination	X	X	X	X	X	X
	Racism			X		X	
	Colleague's Attitude	X		X			X
Cultural Difference	Working Culture	X	X	X	X	X	
	Cultural Displacement		X	X	X	X	
Career Obstacles	Certification Variation	X		X		X	X
	Career Ceiling	X					

Table 3: Themes Distribution

It is of note that the degree of exposure by the immigrant nurses to the various cultural barrier differs from country to country, and the closeness of the cultural system of the immigrant nurse to what is obtainable in the host country. For instance a Swedish immigrant nurse in Finland is almost as good as a nurse from the host country due to cultural closeness of the Swedes and the Finns. It is also important to note that these cultural barriers will vary from one immigrant nurse to another depending on their locality, their ability to adapt to the cultural changes easily and their belonging multicultural team.

5.1 Communication

Communication here is with respect to nonverbal communication mostly, whereby the inability of new immigrant nurses to decode and interpret nonverbal communication also impacts on their quality of service delivery. Countries tend to have their ethnicities, and the culture of these ethnic groups can be seen displayed in their nonverbal communication, that an immigrant may not quickly pick up either from colleagues, supervisors or patients. (Buttigieg et al. 2018; Rooyen et al. 2010). This refers to the immigrant nurses ability to communicate both verbally and non-verbally in line with host country cultural style of communication, and it was main concern in some of the case studies like Hyvärinen, Metsälä, Koivula and Kaunonen (2017), study on Finland and Dahl et al (2017) study on Norway. In some countries with a high level of multiculturalism, communication as a cultural barrier is on the low side like in Chile. (Rodríguez, Angélica-Muñoz, and Hoga 2014).

5.1.1 Language

The data set clearly shows language barrier as a common denominator across board with the exception of perhaps Chile, where majority of the immigrant nurses were conversant in the local language (Spanish). (Rodríguez et al. 2014). The rest of the studies had language as a foremost cultural barrier, which is a bit on the high side in countries that English is not the first language and these countries include Finland, Norway, Saudi Arabia and Malta. This language barrier as a foremost challenges encountered by immigrant nurses was further backed by Tie et.al, (2018) study on same cultural barriers being faced by immigrant nurses in Australia.

5.2 Prejudice

All the 6 selected articles had at least one of the 3 subthemes of this theme. Consequently, it is very clear that this cultural barrier is major impediment affecting the immigrant nurses' smooth transition into working environment and challenging integration process.

5.2.1 Discrimination, Racism & Colleague's Attitudes

The barrier of racism and discrimination cannot be over emphasized and it is highly detrimental to achieving congruent care in nursing profession. This cultural barrier was found out that it exist within the institution, from colleagues and even from the patients who are the focus of

care. Dahl et al. 2017; Hyvärinen et al. 2017. In studies like (Rodríguez et al. 2014), racism and discrimination are not a very common factor partly due to the cultural similarity of the mostly Latin Americans who are employed as immigrant nurses.

However, colleague's attitude is a barrier in some cases whereby the home based nurse's laugh, scorn or make impolite remarks about their immigrant nurses colleagues. This was captured in Xiao et al, (2014) and Hyvärinen et.al (2017) studies as a cultural barrier that impacts on the rate of adaptation of the immigrant nurses.

5.3 Cultural Differences

5.3.1 Working Culture

Very cultures around in the world has its own unique working culture and same is applicable to nursing profession in different countries. Immigrant nurses were discovered to experience a change in working culture to be a barrier affecting their ability to provide effective and efficient service. Buttigieg et al (2018). A good number of the host countries that was used as case study in the selected research study, attested that the working culture of the host nurses took the immigrant nurses unaware, as the nurses in Malta are quite much more independent and are able to make decisions and act accordingly, which is in contrast to that of immigrant nurses experience and way of practice. Buttigieg et al (2018).

5.3.2 Cultural Displacement

Furthermore by Buttigieg et al. (2018) the European culture of keeping elderly people homes causes immigrant nurses (mostly from Pakistan and India) to struggle on the job. Due to their lack of experience of working with the elderly. The disparity in cultures in Asia of keeping old people at home and that of keeping them in nursing homes in Europe presents a culture shock that the immigrant nurses of Asian origins in Europe will require trainings to be able to offer quality service to that care of patients Dahl et al.(2014).

5.4 Career Obstacles

5.4.1 Certificate Variation & Career Ceiling

It was observed that certificate variation occurs in most of the countries and all the countries had a designated government agency that handles the standardization process. Although, Chile stance on this is not high priority, and that's probably due to the fact that majority of her immigrant nurses are from fellow Southern American countries and some of the Spanish speaking ones share similar curricular and practice standards. (Rodríguez et al. 2014).

Tie et al (2018) noted that in Australia all immigrant nurses were started at the lowest level of level 1 in a six levels career job. And that is irrespective of the numbers of years of experience of the immigrant nurse in her home country. This has a tendency to affect the passion of the immigrant nurse and generally discourages her.

It was further learnt, that most administrative roles within the nursing system are often reserved for non-immigrant nurses and in some extreme an invisible career ceiling will operate over the immigrant nurses. Preventing them from growing career wise to the highest possible position (Xiao et al, 2014).

6 Discussion

The continued moving of people, especially professionals across international borders in search of better remuneration, economy and working condition, coupled with the shortage of healthcare workers (of which Nurses accounts for about 50% of the globally) simply emphasize the fact that immigrant nurses will continue to face different cultural barriers both at work or in their domiciles domestically. (Rodríguez et al. 2014). To this end, finding ways to curb the prevalence of cultural barriers should be prioritize in nursing profession, as this is essential to uphold an optimal standard of nursing care that is needed for optimal impact both for the nurses and the recipient of nursing care.

Based on the authors finding, it evident that immigrant nurses do encountered cultural challenges in nursing environment at various host countries, which leads to poor communication between the immigrant nurses and the host nurses. It was also established from the findings that these cultural challenges slow down the integration process of these immigrant nurses into the working environment. However this thesis did not evaluate the acculturation process.

By doing this thesis, the authors find out that the diversity in nursing profession is greatly causing obstacle for the nurses, not only for the immigrant nurses but also the host countries nurses as it affect smooth work flow and it is very essential for the nurses not to be distracted on duty, in order to perform their duties at the very best of their ability without errors.

More so, from the findings the leading cultural related barriers or challenges encountered by immigrant nurses in nursing environment is language and communication, both under the main theme of Communication. Hyvärinen et.al (2017). It was discovered that all the data selected made mentioned of these barriers to be affecting effective nursing care in the hands of immigrant nurses, as some of these immigrant nurses lacks the language skills which is locally spoken in the host countries. (Dahl 2017).

Communication as a theme is just one barrier, others include Career obstacles, Prejudice and Cultural differences. All these themes have various subthemes as cultural barriers and they are all interconnected one way or the other. For instance Prejudice under which we have discrimination, racism and colleague's attitude can work together and give rise to career ceiling another sub theme under a main theme of career obstacles.

6.1 Trustworthiness & Limitation

Trustworthiness refer to the level of credibility or confidence in interpreting the data collection without losing the integrity and authenticity of the original data and it is used to describe the qualitative content analysis phases from data gathering to reporting the findings (Elo, Kääriäinen, Kanste, Pölkki, Utriainen and Kyngäs 2014).

The aim behind the trustworthiness of a research paper is such that, using same approach and methodology in future research, whereby the findings will remain the same as well as retaining its credibility, as this establishes the validity of the research work to be transferability, dependability and confirmability. Shenton, A. (2004).

Research works from a number of reliable academic sources and databases were compiled and put together in order to enhance the trustworthiness of this research work. To increase the reliability and transparency of this study, the authors consulted an information retrieval expert from Laurea University of Applied Sciences library for professional guidance during data retrieval process. Furthermore, the authors of this thesis receives constant guidance during thesis presentations and seminars from the designated thesis supervisors and based on the constructive criticism received from the supervisors as well as fellow students were put into consideration and all required corrections were made accordingly.

The authors, being an aspiring immigrant nurses find the study empowering as they are conversant with the subject matter, however as researchers, the authors were sensitive to the topic by not allowing their own opinions to reflect in the findings. The authors also ensures that the study was free of falsification and plagiarism as these are ethical violations, which could leads to legal offence and manipulation of findings.

This thesis has its own limitations, in Theofanidis (2017) he described limitations as potential weakness that are not directly under the control of the researcher, in fact those issues that cannot be controlled by the researcher. Some of the main factors of limitations are constraints on chosen statistical model. He went further and asserts that a limitation is like a foisted curtailment and the researcher has to work with it nevertheless. Limitations have the tendency to affect result, methodology and even the conclusion of a research work and therefore it is essential that the researcher makes mention of it. Theofanidis (2017).

The major limitations of this research has to do with the research design; since the data used in the evidence gathering in this research were purely secondary data, the validity of those data is only as genuine as they were claimed to be. Secondly, another limitation is that this research was mostly in favor of countries that past researches on cultural barriers and immigrant nurses have been carried out and were published and made available. Even at that,

great effort was made to make the study have a global outlook by selecting literatures from various continents.

6.2 Ethical Considerations

The study was based on pre-existing research as there was no direct contact with participants, due to the chosen methodology, however research conduct guidelines set by the Finnish Advisory Board on Research Integrity (TENIK 2012) was duly followed as the authors anticipate for transparency, honesty, integrity, authenticity throughout the thesis process.

Within the context of this research study ethical issues were considered paramount from beginning and since the research adopted a literature review approach in gathering data for evidence. The authors took special care in acknowledging all the works it had reviewed and in some places adopted or supported, by properly citing the authors, paraphrasing, and referencing all used researcher's works. The data used in reaching conclusions in this thesis were not originally that of the researchers, as they were pulled out of varying amount of studies related to the subject of the thesis. The raw data used was maintained, re-used with honesty without additions or subtraction and acknowledged.

7 Conclusion & Recommendation

The proceeding raised by this thesis clearly shows that there are indeed real life cultural based problems that immigrant nurses encounter in their host countries. Nurses that fall into this category had to be very deliberate in their quest to become fully integrated into their host country both when on the duty and off duty.

The nature of the cultural barrier tend to differ slightly and at times in degree of severity and occurrence from country to country and it is also dependent on the cultural background of the individual immigrant nurse. Within the context of this thesis topic, cultural barriers tend to be less of a problem when the immigrant nurses are of ethnicities that share similar cultural values with that of the host country.

The main aim of this thesis was to examine and describe the cultural barriers experienced by immigrant nurses in the nursing environment, which can help in promoting culturally integrated nursing environment. In order to do this, the authors adopted a literature review methodology which gave rise to our data, which were majorly qualitative.

Having carried out an extensive review of past work on the subject topic, we were able to pencil down the major cultural barriers. Non-uniform efforts are being made from one host country to another to stem the tide of these cultural barriers, but they are no known institutional framework that has been adopted by these countries as a blanket approach to help tackle the problem holistically. Most of the attempt to curtail the spread and advancement of these barriers have mostly happened singularly as each healthcare facility finding its own solution.

As global migration of nurses across international borders continues, it can be claimed that immigrant nurses do encounter cultural related barriers in nursing environment. However there are few studies carried out on these barriers affecting immigrant nurses, hence the authors of this thesis recommends further studies to be carried out on cultural barriers in nursing environment focusing on immigrant nurses perspectives for better understanding.

More so, the authors believed that together with what is presently obtainable that problem specific policies that improves acculturation, which enable quick learning of the host countries cultural ways needs to be implemented.

The nursing authorities and regulatory bodies should as a matter of urgency make acculturation policies that will help new immigrant nurses settle into their new abode with minimal problems, work place policies that seeks to discourage discrimination and reward harmonious working relationships must be put in place, new immigrant nurses with language and communication cultural barrier problems needs to be eased into the system gradually. Lastly, there is need for developmental programs that promotes multicultural teams, leadership responsibility which promote equity and fairness amongst nursing staffs, intercultural ideologies and discussion should be brought to the forefront.

References

Printed

Aalto, A., Elovainio, M., Heponiemi, T., Hietapakka, L., Kuusio, H. and Lämsä, R. (2013). *Ulkomaalaistaustaiset lääkärit ja hoitajat suomalaisessa terveydenhuollossa: Haasteet ja mahdollisuudet*. Terveyden ja hyvinvoinnin laitos.

<https://oula.finna.fi/Record/oy.9912273293906252>

Ahonen, E.Q., Benavides, F.G., and Benach, J. (2007). Immigrant populations, work and health—a systematic literature review. *Scand J Work Environ Health* 2007;33(2):96-104

<https://scholarworks.iupui.edu/bitstream/handle/1805/4898/ahonen-2007-immigrant.pdf?sequence=1>

Ailasmaa, R. (2015). International Mobility of Health and Social Services Staff 2012.

<http://urn.fi/URN:NBN:fi-fe2015060810052>

Almutairi K. M. (2015). Culture and language differences as a barrier to provision of quality care by the health workforce in Saudi Arabia. *Saudi medical journal*, 36(4), 425-431.

<https://doi.org/10.15537/smj.2015.4.10133>

Bhandari, P. (2020). A step-by-step guide to data collection

<https://www.scribbr.com/methodology/data-collection/>

Balante J, Broek D.V.D, and White K. 2021. How does culture influence work experience in a foreign country? An umbrella review of the cultural challenges faced by internationally educated nurses. *Int J Nurs Stud*. doi: [10.1016/j.ijnurstu.2021.103930](https://doi.org/10.1016/j.ijnurstu.2021.103930)

Barger, P. (2010). *Embracing Multiculturalism in Nursing Learning Environments*. Journal of Nursing Education • Vol. 49, No. 12.

Bola T.V, K. Driggers, C. Dunlap, M. Ebersole (2003) *Foreign-educated nurses: Strangers in a strange land? Nursing Management*; Jul 2003; 34, 7; Pro-Quest Central pg. 39.

Buttigieg, S.A., Agius, K., Pace, A. and Cassar, M. (2018). The integration of immigrant nurses at the workplace in Malta: a case study. *International Journal of Migration, Health and Social Care*. 14. 10.1108/IJMHC-06-2017-0024

Calenda, D., Pitkänen, P., and Sippola, A. (2019). Integration of Foreign-Born Nurses in Finnish Social and Health Care Organizations: Evidences, Challenges and Responses, *Journal of Immigrant & Refugee Studies*, 17:2, 152-167, DOI: [10.1080/15562948.2018.1428843](https://doi.org/10.1080/15562948.2018.1428843)

Covell, C. L., Primeau, M., Kilpatrick, K. and St-Pierre, I. (2017). *Internationally educated nurses in Canada: predictors of workforce integration* Human Resources for Health. DOI: 10.1186/s12960-017-0201-8

Cronin, P., and Coughlan, M. (2017). *Doing a Literature Review in Nursing, Health and Social Care*. 2nd edition. SAGE Publications. <https://books.google.fi/books?hl=en&lr=&id=->

[900DQAAQBAJ&oi=fnd&pg=PP1&dq=Doing+a+Literature+Review+in+Nursing,+Health+and+Social+Care&ots=zMg-zyH0Ko&sig=nab3maiklAXmKJY15klHX40DCjo&redir_esc=y#v=onepage&q=Doing%20a%20Literature%20Review%20in%20Nursing%20and%20Health%20and%20Social%20Care&f=false](https://pubmed.ncbi.nlm.nih.gov/18352969/)

Dahl, K., Dahlen K. J., Larsen, K. and Lohne, V. (2017). *Conscientious and proud but challenged as a stranger: Immigrant nurses' perceptions and descriptions of the Norwegian healthcare system*. Nordic Journal of Nursing Research 2017, Vol. 37(3) 143-150

Elo S, Kyngäs H. (2008). The qualitative content analysis process. J Adv Nurs. doi: 10.1111/j.1365-2648.2007.04569.x. <https://pubmed.ncbi.nlm.nih.gov/18352969/>

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., and Kyngäs, H. (2014). Qualitative Content Analysis: A Focus on Trustworthiness. SAGE Open. <https://doi.org/10.1177/2158244014522633>

Fouka Georgia & Marianna Mantzorou (2011). *What are the Major Ethical Issues in Conducting Research? Is there a Conflict between the Research Ethics and the Nature of Nursing?* Health Science Journal Volume 5, Issue 1.

Fukada M. (2018). Nursing Competency: Definition, Structure and Development. *Yonago acta medica*, 61(1), 1-7. <https://doi.org/10.33160/yam.2018.03.001>

Gade, A. B. M. (2020). *Working as a Foreign Nurse in Finland The Challenges of working in a Multicultural Team*. <https://www.novia.fi/novialia/bloggar/studerandebloggen/working-as-a-foreign-nurse-in-finland->

Gea-Caballero, V., Castro-Sánchez, E., Juárez-Vela, R., Díaz-Herrera, M.Á., De Miguel-Montoya, I., and Martínez-Riera, J.R. (2018). Essential elements of professional nursing environments in Primary Care and their influence on the quality of care. <https://pubmed.ncbi.nlm.nih.gov/28958684/>

Ghadirian, F., Salsali, M., and Cheraghi, M. A. (2014). Nursing professionalism: An evolutionary concept analysis. *Iranian journal of nursing and midwifery research*, 19(1), 1-10. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3917177/>

Goh, Y.S. and Lopez, V. (2016). Job satisfaction, work environment and intention to leave among migrant nurses working in a publicly funded tertiary hospital. *Journal of Nursing Management* 24, 893- 901. <https://onlinelibrary.wiley.com/doi/abs/10.1111/jonm.12395>

Haddad, L.M., Annamaraju, P., and Toney-Butler T.J. (2020). Nursing Shortage. In: StatPearls Treasure Stat Pearls Publishing; <https://www.ncbi.nlm.nih.gov/books/NBK493175/>

Hietapakka L. (2017). Miten torjua eriarvoisuutta monikulttuurisissa terveydenhuollon työyhteisöissä? <https://www.julkari.fi/handle/10024/135939>

Hoeve, T. Y., Jansen G. and Roodbol P. (2014). *The nursing profession: public image, self-concept and professional identity. A discussion paper*. *Journal of Advanced Nursing* 70(2), 295-309. doi: 10.1111/jan.12177

Hongyan, L., Wenbo, N., & Junxin, L. 2014. The benefits and caveats of international nurse migration. *International Journal of Nursing Sciences*. Volume 1, Issue 3. <https://doi.org/10.1016/j.ijnss.2014.07.006>

Hyvärinen, N., Metsälä, J., Koivula, M., and Kaunonen, M. (2017). Maahanmuuttajasairaanhoidajien kokemuksia sopeutumisesta työhön ja työyhteisöihin: Systemaattinen kirjallisuuskatsaus. *Tutkiva Hoitotyö*. <https://www-proquest-com.nelli.laurea.fi/scholarly-journals/maahanmuuttajasairaanhoidajien-kokemuksia/docview/2300555510/se-2?accountid=12003>.

Javanmard, M., Steen, M., Vernon, R., and Newnham, E. (2017). *Experiences of Internationally Qualified Midwives and Nurses in Australia and Other Developed Nations: A Structured Literature Review*. *Evidence Based Midwifery* 15(3): 95-100.

Jerome, R. and Bollmann, G. (2017). *The Personality, cultural factors*. Thousand Oaks: SAGE Publications, Inc. https://serval.unil.ch/resource/serval:BIB_5138057EC7E0.P001/REF

Kemppainen, V., Tossavainen, K., Turunen, H. (2012). Nurses' roles in health promotion practice: an integrative review, *Health Promotion International*, Volume 28, 2012, Pages 490-501, <https://doi.org/10.1093/heapro/das034>

Kingma, M. (2006). Nurses on the Move: Migration and the Global Health Care Economy. *Industrial & Labor Relations Review*, 60(2), pp.298-301.

Kingma, M., (2008). Nurses on the Move: Historical Perspective and Current Issues. *OJIN: The Online Journal of Issues in Nursing*. Volumn 13, No 2. <http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TablofContents/vol132008/No2May08/NursesontheMove.html>

Koivuniemi, S. (2012). Maahanmuuttajataustainen koulutettu hoitohenkilöstö sosiaali- ja terveydenhuollon työyhteisöissä / toimittanut. Tehy. <https://oula.finna.fi/oamk/Record/oy.992050906206252?lng=en-gb>

Kyngäs H. (2020). Inductive Content Analysis. In: Kyngäs H., Mikkonen K., Kääriäinen M. (eds) *The Application of Content Analysis in Nursing Science Research*. Springer, Cham. https://doi.org/10.1007/978-3-030-30199-6_2

Liaschenko J. (2004). *Nursing ethics and conceptualizations of nursing: profession, practice and work*. *Journal of Advanced Nursing* 46 (5), 488-495.

McCombes Shona. (2021) How to write Literature review. <https://www.scribbr.com/dissertation/literature-review/>

Merriam-Webster. (n.d.). Culture. In *Merriam-Webster.com dictionary*. Retrieved June 7, 2021. <https://www.merriam-webster.com/dictionary/culture>

Moyce S., Lash, R. & Leon Siantz, M. (2016). *Migration Experiences of Foreign Educated Nurses: A Systematic Review of the Literature*. *Journal of Transcultural Nursing* 2016, Vol. 27(2) 181-188

Oshodi, T.O., Bruneau, B., Crockett, R., Kinchington, F., Nayar, S., and West, E. (2019). *The nursing work environment and quality of care: Content analysis of comments made by registered nurses responding to the Essentials of Magnetism II scale*. Volume 6, Issue 3 Pages 878-888

Pandey, P. and Pandey, M. (2015). *Research Methodology: Tools and Techniques*. Bridge center <http://dspace.sfit.co.in:8004/jspui/bitstream/123456789/1121/1/RESEARCH%20METHODOLOGY%20TOOLS%20AND%20TECHNIQUES%20%28Eng%29%201.02%20MB.pdf>

Papadopoulos, I. & A. Omeri (2008) Transcultural Nursing Theory and Models: The Challenges of Application Contemporary Nurse 28: page 45-47.

Papathanasiou, I. V., Tsaras, K., Sarafis, P. (2013). Views and perceptions of nursing students on their clinical learning environment: Teaching and learning. Nurse Education Today 34 Pages 57-60.

Pitkajarvi, M., Eriksson-Haavisto, E., Kekki, P., and Pitkala, K. (2012). *Culturally Diverse Nursing Students in Finland: Some Experiences*. International Journal of Nursing Education Scholarship Volume 9, Issue 1. DOI: [10.1515/1548-923X.2356](https://doi.org/10.1515/1548-923X.2356)

Pung, L. X. and Goh, Y. S. (2017). Challenges faced by international nurses when migrating: an integrative literature review. <https://onlinelibrary.wiley.com/doi/abs/10.1111/inr.12306>

Rodríguez, G., Angélica-Muñoz, L., & Hoga, L. A. (2014). Cultural experiences of immigrant nurses at two hospitals in Chile. *Revista latino-americana de enfermagem*, 22(2), 187-196. <https://doi.org/10.1590/0104-1169.2980.2401>

Rooyen, V. D., Telford-Smith, C., and Strümpher J. (2010). NURSING IN SAUDI ARABIA: REFLECTIONS ON THE EXPERIENCES OF SOUTH AFRICAN NURSES. *Health S A.-.* <https://www-proquest-com.nelli.laurea.fi/scholarly-journals/nursing-saudi-arabia-reflections-on-experiences/docview/501094920/se-2?accountid=12003>.

Rosenkoetter M. M, D. Nardi and M. Bowcutt (2017) *Internationally Educated Nurses in Transition in the United States: Challenges and Mediators*. The Journal of Continuing Education in Nursing · Vol. 48, No 3.

Ruud K. (2013). Multiculturalism and Immigration: A Contested Field in Cross-National Comparison. <https://doi.org/10.1146/annurev-soc-071312-145630>

Savolainen, R. (2016). Approaches to socio-cultural barriers to information seeking. *Library & Information Science Research*, Volume 38, Issue 1. <https://doi.org/10.1016/j.lisr.2016.01.007>

Schilgen B, Nienhaus A, Handtke O, Schulz H, Mösko M (2017) Health situation of migrant and minority nurses: A systematic review. *PLOS ONE* 12(6): e0179183. <https://doi.org/10.1371/journal.pone.0179183>

Shenton, A. (2004). Strategies for Ensuring Trustworthiness in Qualitative Research Projects. *Education for Information*. 22. 63-75. 10.3233/EFI-2004-22201. https://www.researchgate.net/publication/228708239_Strategies_for_Ensuring_Trustworthiness_in_Qualitative_Research_Projects

Smith J, Noble H. (2016). Reviewing the literature. *Evidence-Based Nursing*; 19:2-3. <https://ebn.bmj.com/content/19/1/2>

Snyder, H. (2019). *Literature review as a research methodology: An overview and guidelines* *Journal of Business Research*, Volume 104, Pages 333-339. <https://doi.org/10.1016/j.jbusres.2019.07.039>

Takeno, Y. (2010). Facilitating the transition of Asian nurses to work in Australia. *Journal of nursing management*. DOI: [10.1111/j.1365-2834.2009.01041.x](https://doi.org/10.1111/j.1365-2834.2009.01041.x)

TENK, 2012. Responsible conduct of research and procedures for handling allegations of misconduct in Finland. Accessed 15.05.2021 https://www.tenk.fi/sites/tenk.fi/files/HTK_ohje_2012.pdf

Tie, Y., Birks, M., and Mills, J. (2018). *The Experiences of Internationally Qualified Registered Nurses Working in the Australian Healthcare System: An Integrative Literature Review*. Journal of Transcultural Nursing 2018, Vol. 29(3) 274-284. <https://journals.sagepub.com/doi/abs/10.1177/1043659617723075>

Theofanidis, D. and Fountouki, A. (2018). *Limitations and Delimitations in the Research Process Perioperative Nursing*, Volume 7, Issue 3

Varkey, S.M. (2006). Immigration of nurses: Problems, prospects and challenges. *Nursing Journal India*. <https://www.proquest.com/scholarly-journals/immigration-nurses-problems-prospects-challenges/docview/214374338/se-2?accountid=12003>

Viken, B., Solum, E. M., & Lyberg, A. (2018). Foreign educated nurses' work experiences and patient safety-A systematic review of qualitative studies. *Nursing open*, 5(4), 455-468. <https://doi.org/10.1002/nop2.146>

Välipakka, H. (2013). *International nurses' experiences and perceptions of their work orientation in Finnish health care*. <https://jyx.jyu.fi/bitstream/handle/123456789/40989/URN:NBN:fi:jyu-201302261269.pdf?sequ>

Wesołowska, K., Hietapakka, L., Elovainio, M., Aalto, A.M., Kaihlanen, A.M. (2018). The association between cross-cultural competence and well-being among registered native and foreign-born nurses in Finland. *PLOS ONE* 13(12): e0208761. <https://doi.org/10.1371/journal.pone.0208761>

WHO. (2021). Health workforce. https://www.who.int/health-topics/health-workforce#tab=tab_1

Williamson, M., Harrison, L. (2010). Providing culturally appropriate care: A literature review, *International Journal of Nursing Studies*, Volume 47, Issue 6. <https://doi.org/10.1016/j.ijnurstu.2009.12.012>

Wolcott, K., Llamado, S., and Mace, D. (2013). Integration of Internationally Educated Nurses into the U.S. Workforce. *Journal for nurses in professional development*. 29. DOI: [10.1097/01.NND.0000433145.43933.98](https://doi.org/10.1097/01.NND.0000433145.43933.98)

Xiao, L., Willis, E., and Jeffers, L. (2014). *Factors Affecting the Integration of Immigrant Nurses into the Nursing Workforce: A double hermeneutic study*. *International Journal of Nursing Studies*, Vol. 51, no. 4, pg. 640-653.

Figures

Figure 1: Key Concepts	6
Figure 2: Findings Categorization	18

Tables

Table 1: Data Retrieval Criteria	15
Table 2: Data Search	16
Table 3: Theme Distribution	18

Appendices

Appendix 1: Selected Articles & Methodology	32
Appendix 1: Data Analysis	33

Appendix 1: Selected Articles & Methodology

DATABASE	ARTICLE TITLE	ARTICLE AUTHOR(S)	METHODOLOGY
ProQuest Central	Immigrant nurses' experiences of adaptation to the work and work communities on health care	Hyvärinen et al. 2017	Qualitative
ProQuest Central	Nursing in Saudi Arabia: Reflections on the experiences of South African nurses	Rooyen et al. 2010	Qualitative
EBSCOhost (CINHAL)	Cultural experiences of immigrant nurses at two hospital in Chile	Rodríguez, et al. 2014.	Qualitative
EBSCOhost (CINHAL)	The integration of immigrant nurses at the workplace in Malta: a case study	Buttigieg et al. 2018	Qualitative
ProQuest Central	Factors affecting the integration of immigrant nurses into the nursing workforce: A double hermeneutic study.	Xiao et al. 2014	Qualitative

Sage Premier	Conscientious and proud but challenged as a stranger: Immigrant nurses' perceptions and descriptions of the Norwegian healthcare system	Dahl et al. 2017	Qualitative
---------------------	--	------------------	-------------

Appendix 2: Data Analysis

	Title	Authors	Year	Participants	Findings
1	Factors affecting the integration of immigrant nurses into the nursing workforce: A double hermeneutic study	Xiao, L. D., Willis, E., and Jeffers, L.	2014	44	Four themes were identified from the data. These were: 1) employer-sponsored visa as a constraint on adaptation, 2) two-way learning and adaptation in multicultural teams, 3) unacknowledged experiences and expertise as barriers to integration, and 4) unquestioned sub-group norms as barriers for group cohesion. The themes presented a critical perspective that unsuitable social structures (policies and resources) constrained nurses' performance in 2 workforce integration in the context of nurse immigration.
2	The integration of immigrant nurses at the workplace in Malta: A case study	Buttigieg, S.C., Agius, K., Pace, A., and Cassar, M.	2018	34	Four themes emerged from the data. These were: human resources management, language barrier, cultural differences and discrimination. The recruitment of nurses to Malta from other countries translated into several positive and favorable outcomes, such as the sharing of knowledge.
3	Immigrant Nurses ; experiences of adaptation to the work and work communities on healthcare	Hyvarinen, N., Metsala, J., Koivula, M., and Kaunonen, M.	2015	27	Hindering factors were language problems at work, negative experiences from work life, challenges related to the right of practicing nursing profession and life in a foreign culture.
4	Nursing in Saudi Arabia: Reflections on the experiences of South African Nurses	Rooyen, V.D., Telford-Smith, C.D., and Strumpher, J.	2010		The findings include that of a main theme that emerged was one of 'cultural diversity'. Sub-themes related to the nurses' religious/spiritual, environmental, emotional/psychological and professional experiences were also identified.

5	Conscientious and proud but challenged as a stranger: Immigrant nurses' perceptions and descriptions of the Norwegian healthcare system	Dahl, K., Kirsti J.D., Kristian L. and Vibeke L.	2017	144	The findings are discussed in relation to research in cultural understanding. Immigrant nurses contribute with important knowledge and cultural competence to nursing and the Norwegian healthcare system, but there are also challenges. More knowledge is needed in education, research and in individual institutions about the contributions and challenges immigrant nurses bring with them
6	Cultural experiences of immigrant nurses at two hospitals in Chile	Rodríguez, G., Angélica-Muñoz, L. and Akiko Komura Hoga, L.	2014	15	The following were identified: Overview/heritage, Communication, Workforce issues, Family roles and organization, Biocultural ecology and Health-care practices. The difficulties were related to the language and its semantic meaning, the new responsibilities and the difficult relationship with colleagues.