



HEALTH CARE AND SOCIAL SERVICES

LIVED EXPERIENCES OF IMMIGRANT NURSING STUDENTS IN FINLAND

Thesis

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ABSTRACT

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LIVED EXPERIENCES OF IMMIGRANT NURSING STUDENTS IN FINLAND

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The purpose of this study was to describe the lived experiences of immigrant nursing students in Finland by understanding their experiences within and outside the healthcare setting and their coping methods. The aim was to provide useful information that could be used to improve the quality of guidance in clinical practice. Qualitative interpretative-phenomenological approach was used to guide this study. Four immigrant nursing students were interviewed.

The results were presented in six major themes namely, communication, guidance, cooperation, teachers' role, living and studying in Finland, and coping skills. Positive experiences were good communication, good mentoring, cooperation from nurses and patients, help and encouragement through teachers' visit, peaceful atmosphere in Finland, and getting help from friends. Negative experiences were communication difficulties, poor guidance and cooperation, inadequate information from teachers, and poor integration. The results found in this study verified the results of previous studies of the experiences of immigrant nursing students in Finland, and also they put more light on those factors effecting on the learning outcomes of the immigrant nursing students in guided clinical practice in Finnish healthcare setting. This study would be useful in improving the learning outcomes of immigrant nursing students in Finland and in many other countries around the world.

CONTENT

1 INTRODUCTION	5
2 IMMIGRATION	6
2.1 Immigrant nurses	6
2.2 Demand of immigrant nurses in Finland	7
3 CHALLENGES FACED BY IMMIGRANT NURSING STUDENTS	8
3.1 Communication in nursing	9
3.2 Co-operation	10
3.3 Guidance	10
3.4 Coping methods	13
4 IMPLEMENTATION OF THE RESEARCH	14
4.1 The purpose and the aim of the research	14
4.2 Research questions	14
4.3 Collection of data	15
4.4 Data analysis	16
5 RESULTS	17
5.1 Communication	17
5.2 Guidance	19
5.3 Cooperation	21
5.4 Teachers' role	22
5.5 Living and studying in Finland	23
5.6 Coping skills	24
6 CONCLUSION	26
7 RIGOUR AND TRUSTWORTHINESS	28
8 DISCUSSION	29

8.1 Authors' experiences.....	29
8.2 General discussion.....	29
8.3 Ethical discussion.....	32
ACKNOWLEDGEMENTS	34
BIBLIOGRAPHY	35
ATTACHMENTS	40

1 INTRODUCTION

Some Universities of Applied Sciences in Finland offer nursing education to immigrant students in English. The tuition free bachelor's degree programme in nursing in Finland has attracted many international students. Finnish citizens who are willing to study nursing in English also participate in the programme. It consists of core and professional studies, elective studies and final project. The programme consists of 210 study points (ECTS) and runs over 3.5 years of full time study. The students are awarded Bachelor of Health Care at the completion of their studies (Ministry of Education and Culture 2011.)

The number of immigrant nursing students has risen to certain level in Finland as Universities of Applied Sciences are increasing the quota in degree programme in nursing taught in English. For instance, Kemi-Tornio University of Applied Sciences has decided to admit students to the Degree Programme in Nursing taught in English every year. Currently, 11 Universities of Applied sciences in Finland are providing Degree Programme in Nursing taught in English (<https://www.admissions.fi> 2012).

The authors are interested in working in hospitals in Finland after the completion of their studies, having come from Africa and Asia. Finland is among the countries where there are much possibilities to acquire advanced healthcare experience and training. The authors have studied in Finland for three years (2009 – 2012), and they have own experiences and have come to realize the communication difficulty and poor integration of immigrants into the Finnish society. As a result of communication difficulty and poor integration of Immigrants into the society, they developed the interest to understand the experiences of potential immigrant nurses and nursing students in Finland. The authors were motivated by the results of previous studies in southern Finland which narrated the experiences of immigrant nursing students (Mattila & Pitkälä & Eriksson 2009, 153 – 157); in addition, other studies revealed great demand of nurses in various developed countries (SOPEMI 2007, 165).

2 IMMIGRATION

Immigration is the main demographic factor for population growth in many western countries. In 2001, 75 percent of net migration in the European Union increased the population by 1.6 million; and since the birth rate is low in the European Union, immigration is the reason their population would not decline. (Meyers 2004, 12.) Nursing is nowadays characterized as a mobile profession and the number of international migrants continues to increase (Kingma 2007, 1281–1282).

2.1 Immigrant nurses

Immigrant nurses have played a vital role in the development of good quality healthcare services in many developed countries, e.g. Britain (Thomas 2005, 33). Kingma (2007, 1282) described nursing as being characterized as a mobile profession; and he also iterated the existence of a direct relationship between the number of nursing professionals and positive health outcome. Though there is migration flows of nurses between many developed countries in recent years, the highest international nurses' recruitment is from developing countries (Kingma 2007, 1283). In the year 2006, the four countries that had the highest number of immigrant nurses were United States - 337 000 immigrant nurses which represents only 12% of the nursing workforce, Unites Kingdom - 82 000 immigrant nurses, Canada - 49 000 immigrant nurses, and Australia - 47 000 immigrant nurses (SOPEMI 2007, 165). Immigrant nurses, in many cases, work longer hours in their various work places and they are also used for the continuity of health services when there is shortage of nurses, e.g. during night and weekend shifts and emergency care (SOPEMI 2007, 198). There is increasing need for immigrant nurses' workforce in developed countries as a result of increasing challenges of long-term care in almost all these countries.

Various countries around the world have reported shortages in nurses (Ketefian & Mckenna 2005, 105). Many developed countries, e.g. the Unites States, have great challenge to meet up with the surging increase in the demand for more health workers irrespective of the country's effort to educate more healthcare workers. This is even

worsened by the massive aging and obese population in these countries. The only way to keep up with this big challenge is to depend on immigrant nurses who are willing to work in developed countries as a result of poor working conditions and salary in their home countries. Other factors that attract immigrant nurses to developed countries are incentives, acquiring more experience and training, and sophisticated medical equipment. (Reihard & Redfoot & Cleary 2009, 24–30.) There have been a great response to the shortage of nurses in Europe – there is an increase in the number of nursing students and nursing schools, and an increase in the number of immigrant nurses' recruitment and introduction of initiatives to recruit, retain and encourage nurses to return to nursing profession (Ketefian & Mckenna 2005, 106).

2.2 Demand of immigrant nurses in Finland

In the year 2000, the total number of immigrant nurses in Finland was about 470 and this represented only 0.83 % of nursing workforce in the country and it presented the lowest number of immigrant nurses as a member of Organization for Economic Co-operation and Development (OECD) countries (SOPEMI 2007, 165). There was a rapid increase in the number of immigrant nurses who were registered in Finland from the year 2003 to 2005, but Finland recorded the fewest number of immigrant nurses' registration compared to other European countries, e.g. Norway, Sweden, Denmark, and Netherlands (SOPEMI 2007, 184). According to the statistics released by the World Health Organisation (2010, 118) the number of nursing and midwifery personnel in Finland from 2000 – 2009 was 46 930. Finland has reported shortage of nurses which is expected to grow higher as the population is aging and this has brought increase in demand for immigrant nurses (Shake' & Hough 2005, 105–106).

There is significant number of immigrant nursing students who aim to work in Finland as a result of the amendment of the Alien Act in the year 2006 which promotes the entry of students from non-EU/EFTA countries into the Finnish labour market. The act has granted foreign graduates of Finnish higher institutions to apply for a work permit for a maximum of six months during which they must get a job. There is a great possibility that there will be an increase in the number of immigrant nurses working in Finland in

the near future. (SOPEMI 2007, 243.) Therefore, it is very important that the hospital environment is conducive enough for potential immigrant nurses to work to their maximum potentials.

3 CHALLENGES FACED BY IMMIGRANT NURSING STUDENTS

According to Emerson (2007, 1; see also Jose 2010, 125–128) immigrant nurses have contributed so much in the positive development of healthcare services in developed countries. Despite their contribution to the development of healthcare services in many western countries they still face discrimination, racism, alienation, being assigned to a different specialty; and devaluation and abuse from their non-immigrant coworkers, patients and their families and the society at large. It has been noted that the working conditions of immigrant nurses are less favourable than native nurses as they are being used to fill up difficult shifts in order to ensure the continuity of good quality health services in many western countries. (SOPEMI 2007, 164, 198.)

Previous studies that were done in the United Kingdom, United States, Iceland, Australia, and Canada also revealed more difficulties faced by immigrant nurses - among them were cultural and social displacement, marginalization, not regarded as qualified nurses, feeling of being policed, no support, cultural shock and language and communication difficulties (George 2005, 61–63). These had led to many immigrant nurses' resignation (Sloane & Williams & Zimmerman 2010, 734). Clinical practice should take place in a supportive environment (Brown & Herd & Humphries & Paton 2005, 84). A research conducted in southern Finland on international nursing students' experiences of clinical practice in the Finnish healthcare system narrated restricted learning and compromised human dignity as part of the negative experiences; therefore it is no surprise that immigrant nursing students have negative experiences during their guided clinical practice (Mattila & Pitkälä & Eriksson 2009, 153–157).

3.1 Communication in nursing

One of the Principles of Nursing Practice states, 'Nurses and nursing staffs are in the heart of communication process: they access, record and report on the treatment and care, handle information sensitively and confidentially, deal with complaints effectively, and are conscientious in reporting the things they are concerned about.' Documentation during handover, information sharing, managing complaints, and reporting incidents and concerns are the more formal aspects of communication. Communication is central to human interaction, and without it people cannot relate to those around them, make needs and concerns known, or tell about their feelings. One of the most basic goals for nursing is that patients and clients and those who care for them experience effective communication. (Cassey & Wallis 2011, 35.)

Communication is very important in nursing (Jirwe & Gerrish & Emami 2010, 437). Communication difficulty is one of the main difficulties that pose a great obstacle to immigrant nursing students while doing their guided clinical practice in various healthcare settings around the world. Immigrant nursing students encounter difficulties in situations where they do not speak the same language as their patients/clients. A research on nursing students' experiences of communication in cross-cultural care encounters that was conducted in United Kingdom showed that nursing students experienced particularly, difficulties communicating with patients with whom they did not share a common language. This led to giving care that was mechanical and impersonal. They were fearful of making mistakes and lacked skills and confidence to get information from patients. Although nursing students from different cultural background sought creative ways to communicate with patients/clients, they lacked skills and confidence in cross-cultural communication. (Jirwe & Gerrish & Emami 2010, 436.)

3.2 Co-operation

Käppeli (1995, 251) stated that cooperation at a personal level means working together with other people towards a common end, and it involves trust and respect towards other people's perceptions, perspectives and performance. Teamwork means to work cooperatively as a group to achieve shared goals (Phillips 2009, 1). Clinical learning environment is an interactive network of forces within the clinical setting which influences the students' learning outcomes. The concept of learning climate also emphasises the importance of physical, human, interpersonal, and organisational properties, mutual respect and trust among teachers and students. (Chan 2002, 518.) Individual employees are increasingly dependent on cooperation with fellow employees to perform well in their job, and any limitation to cooperation puts strain on the individual employee and will result in a lower level of health and performance (Wickström & Helelä-Hannus & Joki & Laine & Pentti & Tamminen-Peter & Soininen 1998, 327).

In Australia, immigrant nursing students whom English was not their first language faced discrimination by the staff in clinical environments which, as a result, had a negative impact on their learning. They were alienated and isolated by the staff and patients and also faced rejection and discrimination by domestic students. (Jeong & Hickey & Levett-Jones & Pitt & Hoffman & Norton & Ohr 2010, 239–241.) In Finland, staff and patients commented on the immigrant nursing students' skin colours and refused handshakes from the students (McDermott-Levy 2010, 268). Students were called names and some patients refused care from them, while some students felt the staff was ignoring them (Mattilla & Pitkälä & Eriksson 2009, 155).

3.3 Guidance

According to Plant (2008, 9), career guidance are services and activities that help individuals to make educational, training and occupational choices and to manage their careers in schools, in the workplace, in community or private sectors. Different terms such as mentoring, coaching, and supervision have been used, but guidance is a

fundamental modus of workplace learning in the professions at pre-qualifying and post-qualifying levels (Plant 2008, 171). According to Andrews & Roberts (2003, 479), students see the Guide as someone who can help them with clinical problems as they are seen as experts in the field, who understand nursing issues and help students to make sense of the clinical placement. The workplace is a place where the students try out and test their theoretical and technical knowledge and develop their skills and the proper attitudes in applying this knowledge under the guidance of a skilled professional (Plant 2008, 177, 178). A professional is an individual who possesses expert knowledge and skill in a particular field, acquired through formal education in institutions of higher learning and through experience, and who uses that knowledge and skill on behalf of society by serving specified clients (Gaberson & Oerman 2010, 7). Educational researchers have identified workplace as a rich landscape of formal and informal learning resources. Guidance consists of training repetitive tasks and rule-bound behaviours and it involves learning to perform skilfully in accordance with stored and ready-made rules, governed by knowledge. (Plant 2008, 177, 180.)

Mentoring has been identified as a guidance activity and the mentor is responsible for the mentee's continuous development (Plant 2008, 10, 76). Mentoring is a process of assigning a more skilled with a less skilled person with the purpose of increasing the skills of the mentee, and a mentor is anyone who impacts knowledge or skills unto another person, while a mentee is a person who internalizes and uses effectively the knowledge and skills offered by the mentor (Grossman 2007, 3, 5). In nursing, mentoring empowers the mentor and mentee to develop personally and professionally within the auspices of a caring, collaborative, and respectful environment; the mentee needs to be able to offer a new set, resources or some connection to the relationship that will benefit the mentor (Grossman 2007, 2, 6). A mentor builds up a relationship with her mentee through appreciative dialogue (Plant 2008, 79) and this relationship allows junior members of a group an opportunity to receive guidance, advice, and opportunities for personal and professional development, while the mentor's role involves role modelling, counselling, acceptance, confirmation, and friendship (Grossman 2007, 4, 7).

Mentoring assists in advancement of career for both the mentor and mentee, and assists the new nurse in becoming socialized into the professional nurse's role (Grossman 2007, 35, 36). Mentoring also ensures that mentees accomplish goals more quickly and to become professionally socialized which is the ultimate outcome of mentoring. Mentorship is a professional friendship, a relationship that enhances skill building and self-confidence in the mentees. Effective mentoring positively influences mentee leadership skills. (Grossman 2007, 127–129.)

Some healthcare units in Finland refused to accept immigrant nursing students with inadequate Finnish language skills. Many of the units complained about lack of staff, too many students coming for guided clinical practice, and the use of English when guiding immigrant nursing students. Many of the staff had negative attitudes towards the students in the form of unwelcomed attitudes towards the students and being reluctant to speak English which resulted to a compromise of the students' opportunity to learn. (Pitkajarvi & Eriksson & Kekki 2010, 556.)

The clinical setting is the place where the student comes in contact with the patient or consumer for the purpose of testing theories and learning skills; the role of the student in nursing education should be primarily that of learner, not nurse. Nursing faculty members seem to expect competent performance of skills from students in first attempt, and they usually keep detailed records of the students' failures and shortcomings, which are later used to grade the students' performances. Nursing faculty members should expect students to make mistakes and not hold perfection as the standard, instead they should build a climate of mutual trust and respect so that students will understand that they are not allowed to make mistakes that would harm patients. (Gaberson & Oermann 2010, 8–10.)

In the clinical setting, the main activity of the teacher is clinical instructions or teaching and not supervision of students. Supervision has been described as overseeing, directing, and managing others' work which is more appropriate for professional practice situations, not the learning environment. Competent guiding is the appropriate role of the teacher in the clinical setting. The teacher guides, supports, stimulates, and

facilitates learning by designing appropriate activities in appropriate setting and allows the student to experience that learning. (Gaberson & Oermann 2010, 6.)

3.4 Coping methods

According to Lambert & Lambert (2008, 40), coping is the constant change of cognitive and behavioural efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person. Challenges faced by immigrant nurses affect their adaptation, experiences, their retention and quality of patient care. Immigrant nurses who successfully adapt to their host cultures are more satisfied with their jobs, and they stay longer in their jobs and contribute to better patient outcomes. (Bae 2011, 82.)

Many factors influence the successful adaptation of immigrant nurses to their host cultures. These factors include learning and becoming fluent with the language of the host country, developing host culture-specific verbal and non-verbal communication styles, becoming familiar with at-work and out-of-work routines, overcoming feelings of isolation and of being disliked and devalued, reconciling differences between personal and societal values, and having constant exposure to the host culture's norms and social process. (Ea & Itzhaki & Ehrenfeld & Fitzpatrick 2010, 446.) A study of British nursing students in Finland revealed that some students who faced language barriers developed adaptation ability and positive learning experiences in difficult situations to gain intercultural knowledge. Also in America, some immigrant nursing students socialized with Americans and had better adaptation than those who were attached with people from their own culture. They developed confidence with their English skills and had better adaptation to the host culture. (McDermott-Levy 2010, 268.)

Some coping methods found to be effective for nurses in the workplace irrespective of their country of origin were planful and problem-solving, seeking social support, self-control, and positive reappraisal (Lambert & Lambert 2008, 41).

4 IMPLEMENTATION OF THE RESEARCH

This research was carried out to describe the lived experiences of immigrant nursing students in Finland. The authors chose qualitative interpretative-phenomenological (hermeneutics) approach, which was the appropriate research approach. The interview questions were meant to answer the research question.

4.1 The purpose and the aim of the research

The purpose of this study was to describe experiences of immigrant nursing students during their guided clinical practice in Finland. The authors wanted to describe the experiences of the immigrant nursing students such as communication and interaction with patients, mentors, nurses and the society within and outside the healthcare setting; and their coping methods.

The aim of this study was to provide useful information that could be used to improve the quality of guidance in clinical practice by understanding the feelings of immigrant nursing students and their coping skills, and how to promote the good experiences and alleviate any difficulties they might have faced. This study could be used by Universities of Applied Sciences, healthcare professionals and Finnish healthcare system to give adequate information to the students such as what to expect in their clinical practice places, to provide psychological support through teachers' visits and listening to students problems and providing appropriate advice and help, to provide conducive atmosphere through good guidance and better cooperation between nurses and students in order to improve the learning outcomes for immigrant nursing students during their guided clinical practice in Finland.

4.2 Research questions

The research questions were "What kind of experiences do immigrant nursing students have in their guided clinical practice in the healthcare settings? And what kind of experiences do immigrant nursing students have in everyday life outside the healthcare settings in Finland?" Interview questions were created to guide the participants through

naturalistic conversations and the participants were allowed to deviate from the interview questions. (see Attachment 1.)

4.3 Collection of data

According to Moule & Goodman (2009, 210), interpretative phenomenology focuses on understanding the lived experience rather than merely describing it. Polit & Hungler (1999, 246) proposed the use of qualitative interpretative-phenomenological (hermeneutics) approach in this type of research. This approach requires participants who have adequately relevant experiences in the area of the research.

Participants for our study were selected purposefully to fulfill the purpose of this research. They were above 20 years old, born outside Finland, immigrated to Finland, and had studied at least for two years in Universities of Applied Sciences in Finland. The participants were students from different continents and cultural backgrounds namely: Africa, Asia and Europe. None of them was from Scandinavian country. They understood the purpose of this study and were willing to participate in the study. Four participants were interviewed individually. According to Moule & Goodman (2009, 267; see also Polit & Hungler 1999, 299), there is no particular sample size in qualitative research, but the researcher should aim at achieving data saturation. The participants were engaged in naturalistic conversations that lasted for 30 to 45 minutes each. A naturalistic conversation was used in order to build-up rapport and to promote openness and honesty with the participants, without any expression of approval, disapproval, or surprise (Polit & Hungler 1999, 347). The interviews were conducted in English with an open mind to discover what was new and different. The interviews were recorded with prior consent of the participants. To maintain privacy of participants, the interviews were conducted in private and quiet place at a particular time as agreed by the two parties. According to Polit & Hungler (1999, 346–347), interview questions were repeated when necessary to ensure better understanding; and neutral, nondirective probe was used to elicit any useful information from the participants.

4.4 Data analysis

The hermeneutic, interpretative phenomenology process was used for data analysis. The data analysis began immediately all data had been collected. The recorded interviews were privately listened to several times before transcription. They were replayed where necessary to ensure understanding of the conversations while transcribing them. The recorded interviews were reproduced as an exact copy in a written form and the whole data was read many times to make sense of it wholly. The aim was to become immersed in the data, which was why the written material was read through several times (Elo & Kyngös 2008, 109). Data was analyzed to identify interrelated themes and insights to ensure that meanings are extracted. Thematic data coding were used to bring out the expressions from the text that were relevant to the research questions. The data was grouped into authentic quotes that were clarified with simplified quotes from the text. The expressions from the quotes were used to formulate upper and lower categories. The purpose of creating categories was to provide a means of describing the phenomenon, to increase understanding and to generate knowledge (Elo & Kyngös 2008, 111). The data was finally categorised into positive or negative experience (see Attachment 2).

Systematic approach involved reading the text, dividing it into meaning units, identifying meaning units in transferable and general ways, presenting common themes and experiences and illustrating those using quotation from the text to support the findings (Moule & Goodman 2006, 211).

5 RESULTS

During the analysis of the experiences of immigrant nursing students in Finland, six major themes were identified. They were

- Communication
- Guidance
- Cooperation
- Teachers' role
- Living and studying in Finland
- Coping skills.

The themes were presented using descriptions with authentic quotes from the participants.

5.1 Communication

Some of the participants reported that they had no problem communicating with their mentors, some nurses and nursing students during their guided clinical practice. The nurses and nursing students were eager to communicate with the immigrant nursing students in English and in Finnish.

“...I have not really faced any communication problem... we use English to communicate with nurses and other nursing students...”

“...I personally think that my Finnish language skills are not too bad and I have been able to give report during my guided practice...”

Finnish nursing students were more eager to communicate with immigrant nursing students in English, while many Finnish nurses were shy to speak English at initial contact. They also reported that communicating with those Finnish nursing students was an opportunity for them to improve their Finnish language skills.

“...communication with these nursing students has been very good...we try to talk to each other in English and in Finnish at the same time and we learn from each other...speaking Finnish with the students has helped improve my Finnish skills...”

There was good interaction between some immigrant nursing students and nurses and Finnish nursing students. They had a sense of belonging as they were involved in nursing activities in their practice places. They were able to ask questions about some illnesses and procedures and they got clear answers to those questions from the nurses. Their involvement in those nursing activities was a source of motivation, encouragement and discovery of their potentials.

While some immigrant nursing students narrated good communication experience during their practice placements, others lacked the required Finnish language skills to communicate effectively with patients/clients in Finnish health care setting. They felt worthless, because they relied so much on their mentors and nurses while carrying out some nursing tasks.

“...the obvious problem is with the patients...I find it more difficult to communicate with patients...”

They could not get a username and password for accessing the patients' information database. One of the participants said: *“I think that we should have one because even though we could not understand the whole documentation system, but it's part of the practice.”*

Some of the students could not carry out a simple task that required little Finnish skills.

“...the main problem is the language barrier...inability to communicate with the patients in Finnish is a barrier...I think it is a big problem...”

The students faced more communication problem as, unfortunately, some of the nurses were very shy to speak English with them, while some of the nurses did not understand English.

“...most of them are shy to speak English with me...sometimes during my practice some nurses can't speak good English...”

As a result of communication problem, some mentors could not give an introduction of their wards to the students in English. A participant said: *“I and three Finnish students went to one ward, but my mentor spoke only Finnish to us and I did not get any information about that ward from her. She did not talk with me and did not*

communicate with me. When the doctor comes around the ward, she goes with him without taking me along.”

The students were neglected and were not carried along in nursing activities. Some of them were left wondering without any understanding of what was going on in those wards where they were practicing. The students also reported rejections from nurses with a reason that they, the nurses, could not speak good English.

“...she does not like to speak English with me...she did not ask someone to take me and did not talk with me...”

“... I cannot guide you because I cannot speak good English...”

Interaction between immigrant nursing students and patients, mentors, staff and other nursing students as a result of good communication fostered learning and this was categorized as positive experience. Inadequate communication created a barrier in the form of poor interaction, inadequate care, and deprivation of an opportunity to learn; this is classified as a negative experience.

5.2 Guidance

It was very clear to some of the students, from the beginning of their practice placement, what they were able to do in their guided clinical practice places and how they could achieve their aims and goals during their practice. Their mentors showed them around the wards and made all vital information available in English. The students felt the willingness of their mentors to guide them.

“...when I came here, they showed me around and translated all information for me...it was clear for me what I can do and what I cannot do...my mentors were willing to guide me well...”

A student had this to say: *“In my first guided practice, it was in the elderly care home. I had a period of six weeks, but I spent the first week getting orientated and getting used to the layout of the building and staff. There was not a lot of clinical training going on. As the guided practice progressed, we were doing more and more procedures, e.g. taking blood tests, inserting urinary catheters, etc. Then, my mentor would first of all teach me how to do a particular procedure by doing it while I watched; and the next*

time we needed to do the same procedure she would allow me to do it with her supervision. I found in my first guided practice that the guiding was really good.”

The students were allowed to put their skills to test and got encouragement and assistance, when necessary, from their mentors. Their mentors pointed out their mistakes clearly and in a good manner.

“...my mentors in the wards all want to help... I get more opportunity to practice my nursing skills...they would point out the mistakes in a very nice way...”

The students reported that their mentors were respectful and friendly when guiding them. They also said that they had always achieved their goals during their guided clinical practice.

“...I have always achieved my goals when I have good mentor, it is easy for me to practice, I mean, if the mentor should be friendly...”

In busy wards, the students could not get enough guidance. Their mentors were very busy and had little time for them.

“...it is quite difficult for my mentor to give me much guidance...”

The students were only observing what was going on without actively participating in those nursing activities and they were not involved in the planning of daily nursing care for patients. There was no explanation for any nursing care that was given to a patient or any procedure that was done. Sometimes, the students were left behind when their mentors had gone to carry out a nursing task.

“...I was like standing there and watching what they were doing without doing anything myself...my mentor cannot explain to me why they are doing things...there are situations in which my mentor will just go to do something without asking me to go with her...”

The wards could not relieve mentors of some task to enable them have time to guide immigrant nursing students. The situation forced some of the students to ask their mentors and other nurses what they had to do.

“...the nurses were very busy that they could not carry me along sometimes...I had to be active and ask what I should do...”

Positive experience existed as good guidance which promoted learning. Inactive participation in nursing activities was a negative experience that hindered learning new nursing skills or improving already acquired nursing skills.

5.3 Cooperation

Immigrant nursing students reported that there was good cooperation from Finnish nursing students. Some of them said that there was cooperation from the nurses and other healthcare professionals. It manifested in the form of trust, support, and being allowed to contribute in patients' care plan and being given a responsibility in the nursing activities in those wards.

“...with my mentors, it has been very good...all want to help... they trusted me and gave me the opportunity to practice and learn many nursing skills...”

They reported that there was cooperation from patients as well.

“...I have not had any problem with cooperation between me and the patients and nursing students...I have had very positive experiences with the patients and clients...patients are friendly...”

Good cooperation promoted conducive environment and sense of belonging which helped the students to work to their full potential during their guided clinical practice.

Some students said that they were excluded from teamwork in their various guided clinical practice places. They felt that they were outsiders due to isolation, worthless as a result of devaluation, and incapable of being part of nursing teamwork due to the priority that was given to the Finnish nursing students.

“...some nurses do not care...there were some cases where the nurses did not talk to me at all throughout my guided practice in those wards...sometimes the nurse says, you can follow the Finnish students...”

Some of the students decided to stick to their mentors during their guided clinical practice, since they were not accepted by the other nurses. A student said: *“I always follow my supervisor since I don't know what's going on around me.”*

They were not able to learn how to work in a team, because there was no cooperation from other nurses. Cooperation between immigrant nursing students and patients and nurses promoted conducive environment during guided clinical practice; this was a positive experience. Negative experience was regarded as devaluation which created feelings of worthlessness and alienation in the guided clinical practice places.

5.4 Teachers' role

Teachers helped the students to achieve their goals and aims in guided clinical practice. The students said that the teachers were like middle men between them and their mentors and head nurses. The students were evaluated once in two weeks during their guided clinical practice. The teachers visited the students to evaluate how they were achieving their goals and aims or how they had achieved them and to make any necessary changes when the students found it difficult to achieve their goals and aims. Many of them said that it was a nice way to guide them. They also reported that they got support and satisfaction from their teachers' visit.

"...the teachers usually come to see or visit me once every two weeks to discuss with me how my practice is and how I achieve my goal...my teachers have been very supportive during my guided practice..."

The teachers made sure that the mentors understood the goals and aims of the students. A student said: *"They also help me to achieve my goals and aims in guided practice by explaining to my mentors about my goals and aims in Finnish language when these mentors do not understand very good English."*

The students reported that they were used to their teachers, because they had been with them for a long time in school. Some of the students preferred to talk about problems in practice places with their teachers. The teachers had helped to find solutions to some of the problems.

"...I am used to them in school than a mentor that I just met at my guided practice place ...I feel more comfortable to discuss with my teachers...they talk to my mentors or head nurses in my practice places about my problems..."

There was a better understanding between the teachers and the students which made it easier for the students to tell them about the problems they were facing in their practice places.

The students said that they did not get adequate information about their practice placements. Some of them who had found for themselves practice placements reported redundancy on the part of the teachers to make inquiries about their placements; therefore they had to find out the information about their practical places by themselves.

“...I have not really had any information about the guided practice places where I am going...”

A student said: *“I have chosen my own places, therefore it has been up to me to just go on and find out about the ward before I start”*

They said they had had no adequate knowledge about the patients they would meet in the wards. There were occasions in which the teachers only made phone calls to the wards to find out that the students were present on the first day of their guided clinical practice. The students were told by their teachers to contact them if they had any problems in those places. They were not visited by the teachers and the evaluations were made on phone.

“... I do not think that our teachers have a very big role in our guided practice...we are on our own after they have come and gone...”

Teachers' visit was a good experience which provided help and encouragement. The negative experience was inadequate information about guided clinical practice places which resulted to inadequate preparation on the side of the students.

5.5 Living and studying in Finland

Immigrant nursing students reported that they had enjoyed their stay in Finland. They described Finland as a beautiful and peaceful country.

“...Finland is a very peaceful country for me...it is a beautiful country...”

There were reports of difficulty of Finnish language, not being able to integrate into Finnish society, being stared at by the society because of different look and feelings of discomfort.

“...the biggest problem outside the healthcare settings is always the language problem...I try my best to integrate into the society though it is very difficult...some people may look at me because I am different...sometimes I feel little bit discomfort...”

Positive experience was a peaceful atmosphere which was a very important factor that promoted students' wellbeing. Poor integration and insults had negative effects on students' mental health; this was a negative experience.

5.6 Coping skills

Immigrant nursing students reported that they tried to improve their nursing skills by themselves by reading about some illnesses and medicines at home.

“...I try to improve my nursing skills... I always try to read my books...”

A student said: *“When I was in the health centre, there were a lot of patients coming for diabetes. I tried to read up on why there are so many people in Finland with diabetes and is there any better way to treat the people? Unfortunately, there was not, but I tried to learn about the illness.”*

Another student said: *“Sometimes if I don't know some illnesses or medicines, I check the names using the dictionary and study them at home.”*

Some of the students tried to learn Finnish language.

“...I also try to learn Finnish...”

One of the participants had this to say: *“I also try to learn Finnish language, because I need it in my guided practice and in my everyday activities in Finland.”*

The students said that they sought help from their mentors when they encountered difficulties in guided clinical practice.

“...I stop and call for help... I always call my mentors and ask them what to do...”

Outside the healthcare setting, some students said that they had friends who helped them with some problems that they found difficult to deal with. They also said that that they tried to integrate into the Finnish society.

“...my friend had to help me... If there is something I cannot deal with, I seek help...”

“...I try to integrate into the society...”

One of the participants said: *“Sometimes my friendship with my mentors, nurses, and student nurses do not end at my guided practice places.”*

The participant continued: *“We always have group work in school and that has made me to work with different nationalities and we always have student events where all the students from all the units in our school come together. It gives me better understanding about our cultural differences. Most importantly, as a nursing student I have to accept peoples’ culture because very soon I will graduate and start working as a registered nurse and I will meet patients and staffs with diverse cultures at my work place.”*

Adequate coping skills helped immigrant nursing students to adapt in Finland.

6 CONCLUSION

The themes found in this study verified the results of previous studies of the experiences of immigrant nurses in Finland. More importantly, the themes put more light on how these experiences impacted on the learning outcomes of the immigrant nursing students in guided clinical practice in Finnish healthcare setting. Immigrant nursing students in Finland had positive and negative experiences in their guided clinical practice in Finnish healthcare setting. Positive experiences enhanced better interaction with staffs and patients, and created conducive atmosphere for better learning outcomes (Grossman 2007, 4, 7).

Immigrant nursing students faced communication difficulty as their major obstacle in Finland. Due to poor communication (Jirwe & Gerrish & Emami 2010, 436), immigrant nursing students faced rejection and poor guidance from the nurses and mentors respectively (George 2005, 61–63; see also Jeong & Hickey & Levett-Jones & Pitt & Hoffman & Norton & Ohr 2010, 239–241), and as a result, the goals and aims of guided clinical practice were compromised. In addition to communication difficulty, immigrant nursing students had negative experiences such as discrimination, cultural shock and inadequate information about their guided clinical practice placements. Even in situations where the immigrant nursing students tried to cope on their own (Jirwe & Gerrish & Emami 2010, 436), it was expected of the teachers and the mentors to provide adequate information and psychological support to those students, since such measures would create better learning outcomes and better coping skills for the immigrant nursing students (Grossman 2007, 4, 7).

Students were more familiar with their teachers and therefore were more comfortable to discuss issues with them. Teachers should try to facilitate good understanding between the mentors and the immigrant nursing students since they are two parties of different cultures. The result of this study can be used to improve the learning outcomes of immigrant nursing students in Finland. It can also be used to provide conducive environment for immigrant nurses and potential immigrant nurses so that they can work to their full potential. It is recommended that guided clinical practice should take place

in a supportive environment (Brown & Herd & Humphries & Paton 2005, 84). Since there is an increasing number of immigrant nurses and nursing students in the developed countries (Kingma 2007, 1281-1282; see also Kingma 2007, 1283), this study can be applied to the healthcare institutions in Finland and in other countries around the world.

7 RIGOUR AND TRUSTWORTHINESS

Moule & Goodman (2009, 188), stated that data collection in qualitative nursing research can involve the participants and part of co-inquiry methods, and the researcher is involved with participants rather than being detached. Data was collected using a number of methods that were neither standardized nor necessarily structured. The aim was to demonstrate how the interpretations presented in the data and conclusion drawn reflects participants' experiences. Four key components were developed to figure out the rigour and trustworthiness of this study and they were: credibility, dependability, confirmability, and transferability. The data presented in any qualitative research report, such as this study, has to be credible such that the readers believe that the data presented is a 'true' representation of the participants view, experience or belief. Dependability in research refers to the ability of the research done to stand the test of time. Qualitative data cannot be seen as credible unless its dependability is known. Confirmability is a measure of the objectivity of the data. To confirm the objectivity, the researcher presents an audit trail of the methods, presentation of the data and analytical processes presented as a decision trail which are subjected to external audit by a reviewer introduced towards the end of the study. Transferability refers to the extent to which the research findings can be transferred from one context to another. (Moule & Goodman 2006, 188–190; see also Polit and Hungler 1999, 426–431.)

The authors believed this study to be a true representation of the participants view as they had asked the participants to review the analysis and interpretation which the participants had agreed to be true. Moreover, the authors had always followed the advice and reviews given by their research advisors. Additionally, they spent plenty of time in the field and had lengthy engagement with participants; therefore they believed that they had generated trust in participants which in fact added credibility to this research. The authors compared the result of this research to similar researches done in other places which generated similar result. This research was presented to external audit and they verified its dependability and confirmability. The research design and methods used in it was widely discussed which gave an aid to the transferability of this research.

8 DISCUSSION

The result of this study revealed, not only the challenges faced by immigrant nursing students in healthcare setting in Finland, but also those factors that promoted their learning outcomes. It was interesting for the authors to relate their own experiences in guided clinical practice in Finland with the participants' experiences.

8.1 Authors' experiences

The authors are immigrant nursing students in Kemi-Tornio University of Applied Sciences. They have been in guided clinical training in various healthcare institutions in Finland. The greatest challenge that the authors experienced, especially in the early stages of guided clinical practice placement, was communication difficulty. They were not able to communicate effectively with mentors, nurses and patients in Finnish language. In Finland, the language used in healthcare setting is Finnish. Many Finnish nurses and patients have English language skills, but most of them are not comfortable with speaking English with immigrant nursing students. The authors were able to overcome communication difficulty by learning Finnish language; they were able to communicate and get along better with patients and nurses. The authors agreed that immigrant nursing students who possessed better Finnish skills had better experiences in the Finnish healthcare setting. The authors therefore suggested that immigrant nursing student in Finland should endeavour to improve their Finnish language skills to a certain level that would enable them to communicate with patients and nurses.

8.2 General discussion

Communication between students and patients, nurses and other staff are very important while in guided clinical practice (Jirwe & Gerrish & Emami 2010, 437). This study revealed that students with comparatively better Finnish language skills had better interaction with patients and staffs of the institution. Communication difficulty was a major obstacle to immigrant nursing students in their guided clinical practice (see Communication in nursing, p. 9). Students with poor Finnish language skills had

communication difficulties which gave rise to poor interaction within the healthcare setting (Jirwe & Gerrish & Emami 2010, 436). However, the English language skills of mentors and other staff also had huge impact on the learning outcome of the students (see *Communication in nursing*, p. 9). Good communication resulted to encouragement, good care to the patients and good learning outcomes, while communication difficulties gave rise to lack of understanding, being neglected and feelings of rejection, poor care to the patients and poor learning outcomes.

Mentor's guidance was equally important in achieving the goals and aims of the guided clinical practice. According to Andrews & Roberts (2003, 474), mentorship is a supportive mechanism; main vehicle for the activities associated with learning, teaching and assessment of practice for students. Some units of health institutions in Finland could not accept to guide international nursing students with inadequate Finnish language skills (see *Guidance*, p. 10–13). A good mentor from the students' perspective was someone who had a genuine concern and had the student's interest at heart (Andrews & Roberts 2003, 476). In the beginning of the guided clinical practice, students were supposed to get oriented of the place. They were also supposed to carry out all the nursing activities under their mentors' supervision and get assistance and feedbacks.

Some immigrant nursing students got good guidance from their mentors. These students described their mentors to be friendly and respectful while guiding them which enhanced their achieving the goals for the guided clinical practice. According to Åstedt-Kurki & Isola (2001, 452), humour provided a channel for relieving anxiety, tension and insecurity. The unwelcomed attitudes experienced by international nursing students and the mentor's reluctance to speak English led to lack of guidance and compromised opportunity to learn (see *Guidance*, p. 10–13). International nursing students experienced this in the form of rejection by their mentors, inadequate or no orientation of the practice place, not getting explanation for many nursing procedures and not getting feedback from their mentors.

Teamwork is working cooperatively to achieve shared goals; and patients also should co-operate with nurses in order to get the best care (Phillips 2009, 1; also see Co-operation, p. 10). Cooperation from patients, nurses and other nursing students was found to be good by few students and it was experienced in the form of trust, support and being allowed to contribute in patients care plan and performing nursing activities. Good cooperation promoted conducive environment and sense of belonging which helped the students to work to their full potential during their guided clinical practice. According to McDermott-Levy (2010, 268) staff and patients in Finland commented on the international nursing students' skin colours and refused handshakes from the students. Some students reported of being excluded from the teamwork and this gave them the feeling of isolation, worthlessness and inferiority in comparison to Finnish nursing students.

Teachers played a great role in students' guided clinical practice (see Guidance p. 10–13). The number of meetings between the students and the nurse teacher during placement correlated with the students' level of satisfaction (Saarikoski & Warne & Kaila & Leino-Kilpi 2009, 597). Teachers visited students for evaluation and they also made sure that mentors understood the goals and aims of the students for every guided clinical practice. The role of the teacher during clinical practice included giving continuous guidance to mentors, with respect to what students could participate in, the pace at which they should be learning and the giving of feedback on student progress. The students preferred to talk to the teacher if they were experiencing problems in clinical areas. (Brown & Herd & Humphries & Paton 2005, 87–88.) It was easy for students to talk about the problems in practice places with their teachers because of the understanding that existed between the two parties. However, some students did not get proper information about the practical places and evaluations were made by phone, not by hospital visit.

Living in Finland as a whole had been good for almost all the students. They found Finland to be a beautiful and peaceful country. Finnish language was difficult to learn, it hindered their integration into the Finnish society. It was not found if change of climate had any effect on the learning outcomes of the immigrant nursing students in Finland;

this can be further studied in the future. Further research is needed on how to improve the quality of nursing education for immigrant nursing students in Finland.

Students developed certain coping skills to manage the problems faced in health care settings and in their day to day living. Students read more about the illnesses and medications to increase their knowledge on them. Some of them concentrated on learning Finnish language to be able to do the nursing activities in health care setting and in everyday life. Also, they asked help from their mentors and nurses when needed. Outside the healthcare setting, students sought help from friends. They worked in groups which consisted of many nationalities and participated in different social events which enhanced their integration into the Finnish society. (see Coping methods, p. 13.)

8.3 Ethical discussion

Ethics refers to the moral practices and beliefs of individuals. Research that involves human beings as participants always involves ethical issues. According to Moule & Goodman (2006, 56), ethical principles that are usually associated with research include: veracity, justice, non-maleficence, beneficence and confidentiality. An approval letter was secured from the concerned institution before the commencement of this research. Prior to the interview, the authors got the consent of every participant. The participants were told about the study prior to their participation in the study and they were also made to understand their free-will to withdraw from the study at any time. Veracity is the ethical principle of telling the truth. Participants were informed well about our research, they were given right to decide whether to participate in the research or not, without any coercion, and to withdraw at any time. Justice was maintained as all participants were treated fairly and nobody was given special preference or discriminated over other participants. Non-maleficence principle was well applied as no participants were harmed physically, psychologically, emotionally, socially or economically. The principle of beneficence guided this research as the outcome would be beneficial to nursing faculty in universities, teachers, hospitals and staffs in improving the quality of guided clinical practice of immigrant nursing students.

Similarly, confidentiality is the ethical principle of safeguarding the personal information which has been gathered in the study. (Moule & Goodman 2006, 57.)

The participants were assured of anonymity and confidentiality and their individual data was not reported without the explicit permission from them. Ethically sound research guaranteed the protection of participants' human rights. (Moule & Goodman 2006, 45–49.) All data collected was stored and handled in accordance with the ethical regulations and legislation. In addition, anonymity was achieved as names and addresses of the participants were not used, instead a unique code was assigned to them while being addressed. Ethical issues in this research arose at different stages; therefore they were discussed under different stages (Moule & Goodman 2009, 132).

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INTERVIEW QUESTIONS

1 Describe the experiences of being in guided practice in Finnish healthcare setting.

1.1 Communication: Verbal and non-verbal communication with

- nurses
- patients/clients
- other student nurses

1.2 Co-operation

How do immigrant student nurses work together with

- mentors
- nurses and
- other student nurses?

1.3 Mentor's guidance and feedback

1.4 Teachers' role in guided practice

1.5 General feelings of

- equality
- safety
- respect

2 Describe the everyday experiences outside the healthcare settings in Finland.

3 Describe some special events that happened in and outside the healthcare settings that you would always remember and feelings attached with these experiences.

4 Describe the coping skills with the possible problems in and outside healthcare settings.

DATA ANALYSIS

Authentic quote	Simplified quote	Lower category	Upper category	Unifying category
<p>...I have not really faced any communication problem...</p> <p>...we use English to communicate with nurses and other nursing students...</p> <p>...we try to talk to each other in English and in Finnish at the same time and we learn from each other...</p>	<p>Communication has been good</p> <p>Communication with these nursing students has been very good</p> <p>Speaking Finnish with the students has helped improve my Finnish skills</p>	<p>Immigrant nursing students communicated well with nurses and Finnish nursing students in English and Finnish</p>	<p>Communication helped immigrant nursing students to interact with patients, nurses and other nursing students</p>	<p>Positive experience of communication</p>

<p>...the obvious problem is with the patients or clients...</p> <p>...I find it more difficult to communicate with patients...</p> <p>...the main problem is the language barrier...</p> <p>...I think it is a big problem...</p>	<p>Many of the patients in Kemi central hospital are old and they do not understand English</p> <p>Inability to communicate with the patients in Finnish is a barrier</p> <p>Communicating with the patients is very difficult because of the language barrier</p>	<p>Many immigrant nursing students, during their clinical practice, found it difficult to communicate with the patients in Finnish, while some students had no Finnish skills at all</p>	<p>Language barrier between nursing students and patients did not foster good care and learning</p>	<p>Negative experience of communication</p>
<p>...most of them are shy to speak English with me...</p> <p>...sometimes during my practice some nurses can't speak good English...</p> <p>...she does not like to speak English with me...</p> <p>...she did not</p>	<p>I and three Finnish students went to one ward, but my mentor spoke only Finnish to us and I did not get any information about that ward from her</p> <p>She did not talk with me and did not communicate with me</p> <p>When the doctor comes around the ward, she goes</p>	<p>Nurses reject immigrant nursing students with a reason that they do not understand good English</p>	<p>Poor interaction between nurses and nursing students deprived students of their opportunity to learn</p>	

ask someone to take me and did not talk with me...	with the him without taking me along			
... I cannot guide you because I cannot speak good English...				

<p>...when I came here, they showed me around and translated all information for me....</p> <p>...my mentors were willing to guide me well...</p> <p>...my mentors in the wards all want to help...</p> <p>...they would point out the mistakes in a very nice way...</p>	<p>It was clear for me what I can do and what I cannot do</p> <p>My mentors guide me very well</p> <p>I get more opportunity to practice my nursing skills.</p> <p>I have always achieved my goals when I have good mentor, it is easy for me to practice, I mean, if the mentor should be friendly</p>	<p>It was easier for the immigrant nursing students to achieve their goals when they have good mentors</p>	<p>Good guidance promoted learning</p>	<p>Positive experience of mentors' guidance</p>
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<p>...the nurses were very busy that they could not carry me along sometimes...</p> <p>...it is quite difficult for my mentor to give me much guidance...</p> <p>...my mentor cannot explain to me why they are doing things...</p> <p>...there are situations in which my mentor will just go to do something without asking me to go with her...</p>	<p>It was due to busy days in that unit, especially in the operating theatre</p> <p>I had to be active and ask what I should do</p> <p>I was like standing there and watching what they are doing without doing anything myself</p>	<p>Immigrant nursing students were not actively involved in nursing activities in some wards</p>	<p>Inactive participation in nursing activities hindered learning new nursing skills or improving already acquired nursing skills</p>	<p>Negative experience of mentors' guidance</p>
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<p>...all want to help...</p> <p>...with my mentors, it has been very good...</p> <p>...I have not had any problem with cooperation between me and the patients and nursing students...</p> <p>...patients are friendly...</p>	<p>They have been very supportive and ready to help me in my studies</p> <p>They trusted me and gave me the opportunity to practice and learn many nursing skills</p> <p>I have had very positive experiences with the patients and clients</p>	<p>The patients, nurses and Finnish nursing students cooperated with immigrant nursing students</p>	<p>Good cooperation between nursing students, nurses, and patients promoted conducive environment during guided practice</p>	<p>Positive experience of cooperation</p>
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<p>...there were some cases where the nurses did not talk to me at all throughout my guided practice in those wards...</p> <p>... I feel that I am being isolated...</p> <p>...the nurses give the Finnish nursing students more priority...</p> <p>...some nurses do not care...</p> <p>...there is no equality...</p>	<p>Sometimes I feel like I don't belong here and I feel like an outsider</p> <p>Finnish students first get information and the nurses ask them if they can do some tasks</p> <p>Sometimes the nurse says, you can follow the Finnish students</p> <p>Sometimes, in some wards I would have nothing to do</p>	<p>There was little or no value accorded to immigrant nursing students</p>	<p>Devaluation created feelings of worthlessness and alienation</p>	<p>Negative experience of cooperation</p>
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<p>...my teachers have been very supportive during my guided practice...</p> <p>...the teachers usually come to see or visit me once every 2 weeks to discuss with me how my practice is and how I achieve my goal...</p> <p>...they talk to my mentors or head nurses in my practice places about my problems...</p> <p>...I feel more comfortable to discuss with my teachers...</p>	<p>They also help me to achieve my goals and aims in guided practice by explaining to my mentors about my goals and aims in Finnish language when these mentors do not understand very good English</p> <p>I am used to them in school than a mentor that I just met at my guided practice place</p>	<p>There was a better understanding between the teachers and the students in guided practice</p>	<p>Teachers' visit to students during their guided practice places provided help and encouragement</p>	<p>Positive experiences of teachers role</p>
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<p>...we are on our own after they have come and gone...</p> <p>... I do not think that our teachers have a very big role in our guided practice...</p> <p>...I have not really had any information about the guided practice places where I am going...</p>	<p>I have chosen my own places, therefore it has been up to me to just go on and find out about the ward before I start</p>	<p>Students did not get enough information about their guided practice places from the teachers</p>	<p>Inadequate information about guided practice places resulted to inadequate preparation on the side of the students</p>	<p>Negative experiences of teachers role</p>
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<p>...the biggest problem outside the healthcare settings is always the language problem...</p> <p>....I try my best to integrate into the society though it is very difficult...</p> <p>...some people may look at me because I am different...</p> <p>...sometimes I feel little bit discomfort...</p>	<p>I can see for people who do not have any family or friends when they come to Finland it can be a very difficult place to be</p>	<p>It is difficult to be integrated in Finland</p>	<p>Poor integration and insults had negative effects on students' mental health</p>	<p>Negative experiences outside the health care settings</p>
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...Finland is a very peaceful country for me... ... it is a beautiful country...	I have really enjoyed my life in Finland	Immigrant nursing students liked their stay in Finland	Peaceful atmosphere was important in promoting students' wellbeing	Positive experiences outside the health care settings
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<p>...I try to improve my nursing skills...</p> <p>...I also try to learn Finnish...</p> <p>...I stop and call for help ...</p> <p>...I always try to read my books...</p> <p>...my friend had to help me...</p> <p>...I try to integrate into the society...</p>	<p>If there is something I cannot deal with, I seek help</p> <p>I always call my mentors and ask them what to do</p> <p>Sometimes if I don't know some illnesses or medicines, I check the names using the dictionary and study them at home</p> <p>I have a friend who helps me to deal with some specific problem that requires good Finnish skills</p>	<p>Immigrant nursing students coped by improving their nursing and Finnish skills. They also sought for help when they could not cope alone</p>	<p>Adequate coping skills helped immigrant nursing students to adapt to their host country</p>	<p>Coping skills</p>
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RESEARCH TIMETABLE

Time	Plan
February – July 2011	Working on the research question, literature search and overview
November-December 2011	Finalizing research questions, acquiring permission (see Attachment 4), gathering contacts, Sending request
December 2011	Doing interviews
December 2011 – November 2012	Analyzing data, writing, submission and presentation

APPROVAL TO CARRY OUT THIS RESEARCH

KEMI-TORNION AMMATTIKORKEAKOULU
Sosiaali- ja terveysala

32/2011

OPINNÄYTETYÖN AINEISTON KERUUN LUPA-ANOMUS

1. Luvan anoja	Kemi-Tornion ammattikorkeakoulun terveysalan koulutusyksikön opiskelija/t <i>Kiran Pokharel</i> <i>Onyekachi Anichukwu</i>
2. Opinnäytetyön aihe	<i>LIVED EXPERIENCE OF IMMIGRANT NURSE STUDENTS^{NURSES} IN FINLAND</i>
3. Opinnäytetyön tarkoitus	<i>To describe experiences of immigrant student nurses in Finland.</i>
4. Opinnäytetyössä tarvittava aineisto	<i>Interview Material</i>
5. Aineiston keruumerelmät	<i>Interview of ⁵ immigrant student nurses.</i>
6. Aineiston keruun suunniteltu ajankohta	<i>December - January (2011/2012)</i>
7. Opinnäytetyön arvioitu valmistumisaika	<i>Spring 2012</i>
8. Opinnäytetyön suunnitelma on hyväksytty	KEMI-TORNION AMMATTIKORKEAKOULU, terveysalan koulutusyksikkö <i>15</i> päivänä <i>Joulukuun</i> kuuta 20 <i>11</i>
9. Allekirjoitukset	Opinnäytetyön ohjaaja <i>Leena Levasvirta</i> Opinnäytetyön tekijä/tekijät, osoite ja puhelinnumero <i>Kiran Pokharel</i> <i>Onyekachi Anichukwu</i> <i>Meripuistokatu 25B23</i> <i>Sammankatu 4 B1,</i> <i>94100, KEMI</i> <i>94100, KEMI</i> <i>+358453479443</i> <i>+358443078587</i>

Lupa tutkimustyöhön

myönnetty hakemuksen mukaisena
myönnetty korjauksin
hakemus hylätty

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päiväys

19.12.2011

allekirjoitukset

Leena Levasvirta
LEENA LEVASVIRTA
DEAN, TUTKIMUSOHJAAJA