



LIVED EXPERIENCES OF IMMIGRANT NURSES IN FINLAND

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ABSTRACT

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The immigration of healthcare workers is constantly increasing all over the world, as well as in Finland. The experiences of immigrant nurses in Finland have not brought up much attention, and very few studies related to that topic have been conducted.

The purpose of this thesis was to study immigrant nurses' experiences of the nursing culture and working environment in Finland. The objective was to provide the needed knowledge about immigrant nurses' experiences in order to make improvements possible.

The qualitative research method was used in this study. Semi-structured interviews were conducted with four immigrant nurses during the spring of 2013. The immigrant nurses were from four different countries with different backgrounds, all of them currently working in Finnish hospitals. Qualitative content analysis was used to analyze the data collected through the interviews.

Five themes were created based on the data analysis: language barrier, orientation, support, difficulties in the daily routine and working culture. Further studies could be conducted to gain knowledge about the experiences of Finnish nurses who work alongside foreign nurses. In addition, the patients' experiences could be studied also in order to understand their view of the care delivered by foreign nurses.

Key words: immigrant nurse, foreign culture, experience, acculturation, ambivalence.

TIIVISTELMÄ

Tampereen ammattikorkeakoulu
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Maahanmuuttajasairaanhoitajien kokemuksiin ei ole vielä kiinnitetty paljon huomiota Suomessa. Aiheeseen liittyviä tutkimuksia löytyy hyvin vähän.

Tämän opinnäytetyön tarkoituksena oli tutkia Suomessa työskentelevien maahanmuuttajasairaanhoitajien kokemuksia hoitotyöstä ja –kulttuurista sekä työyhteisöstä ja näin lisätä tietoutta heidän kokemuksistaan ja mahdollistaa epäkohtiin puuttuminen tulevaisuudessa.

Opinnäytetyössä käytettiin laadullista tutkimusmenetelmää ja aineisto kerättiin haastatteleamalla neljää maahanmuuttajasairaanhoitajaa kevään 2013 aikana. Kaikki haastateltavat olivat kotoisin eri maista ja työskentelivät sairaaloissa Suomessa. Aineiston analysoinnin tuloksena muodostui 5 teemaa: kielimuuri, perehdytys, tuki, vaikeudet päivittäisissä rutiineissa sekä työkuulttuuri.

Tulevaisuudessa olisi hyödyllistä tutkia suomalaisten hoitajien kokemuksia maahanmuuttajasairaanhoitajien kanssa työskentelystä. Potilaiden näkemyksiä maahanmuuttajasairaanhoitajilta saamastaan hoitotyöstä voisi myös tutkia jatkossa.

Asiasanat: maahanmuuttajasairaanhoitaja, vieras kulttuuri, kokemus, akkulturaatio, ambivalenssi

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1 INTRODUCTION

Finland is rapidly turning into a multicultural society. The immigration of foreign workers is increasing constantly. Just in the year of 2008 there were 36,424 nurses employed in Finland. (Kilpeläinen 2010, 4.) The Finnish health care sector experiences a shortage of nurses, which stimulates the hiring of nurses from other countries. According to Buchan (2006, 458), factors like “relatively low pay, poor career structures, lack of opportunities for further education, and in some countries, the threat of violence” attract nurses from developing countries “to cross national boundaries”.

It has become evident from the studies of Heikkilä (2012) that the amount of elderly people, above the age of 65 is increasing while the number of people in other age categories is going to decrease. The working population will diminish especially as a result of the baby boomers retiring (Heikkilä 2012, 2). This will lead to a greater amount of people to be taken care of in the health care facilities and the diminished number of health care professionals to do it. Therefore, in the future, the immigration of the working force to Finland will most likely grow even more rapidly.

The Finnish Union of Health and Social Care Professionals (Tehy) conducted a study to gather information on the working conditions and work-related issues of immigrants working in the social and health care sector in Finland. The survey identified issues such as language skills and cultural differences as possible problems. Discrimination and equality in the working community also came up in the survey. The immigrant workers had experienced discrimination coming mostly from their co-workers. The immigrants working in the health care sector experienced a lack of information and guidance, wished for appreciation for their professional skills, and brought up the need for mentoring and help with the Finnish language. (Koivuniemi 2012.)

Furthermore, studies conducted on the subject abroad have also brought up many difficulties immigrant nurses face. Lack of support, lack of direction, otherness, loneliness, and language and communication issues are just some of these difficulties. (Omeri & Atkins 2002.)

It is important to assess the needs of immigrant nurses and gather the needed information about their experiences. This information can be used to assess and utilize the

strengths they have and to find out the challenges they face when functioning at their fullest potential. (Dicicco-Bloom 2004, 32.)

In this study, the experiences of foreign nurses working in Finland will be investigated to gain more understanding of their perspectives of the Finnish nursing culture and working environment. Knowledge about the challenges immigrant nurses are facing in their everyday working life is needed to provide appropriate approaches on how to deal with the problems. This study aims to bring up those issues immigrant nurses are facing in Finland and to form possible suggestions for improvement in the future. The topic for this study was suggested by a Finnish hospital, and the personal interests of the authors promoted the decision to implement a research concerning immigrant nurses' experiences.

2 THEORETICAL STARTING POINTS

2.1 Previous studies on immigrant nurses' experiences

Immigrant nurses' experiences have not been studied much in Finland; however a few international studies on the subject were found. This chapter will introduce these studies and their findings.

Magnusdottir (2005) conducted a study on the lived experiences of 11 foreign nurses from seven countries working at hospitals in Iceland. He concluded that the language problem is inevitable and this should be considered during the integration period. It was also highlighted that nurses from the neighboring countries had easier adaptation due to the similarity in culture and also in the linguistic aspect. (Magnusdottir 2005.)

DiCiccio-Bloom (2004) studied the experiences of 10 Indian nurses working in the United States. The participants' experiences involved the following aspects; cultural displacement, racism, and ethnic inequality. In the UK, Taylor (2005) shed light on the differences foreign nurses faced in the nursing profession, including responsibilities, decision-making, and accountability. They also had experienced that their clinical expertise was not recognized, as they were treated like newly qualified staff – yet they had many years of experience. (Taylor 2005.)

In a study by Jose (2010), the experiences of foreign-educated nurses working in the USA were discussed. Six themes were brought up from the 20 interviews; dreams of a better life, a difficult journey, a shocking reality, rising above the challenges, feeling and doing better, and being ready to help others. Other issues brought up by the study include difficulties in adapting to the language, the culture, lifestyle, and the new ways of living. In addition, the immigrant nurses experienced some surprising workplace realities such as high patient acuity, demanding patients, and expanded nursing responsibilities. According to the study, inadequate orientation is a concern for most immigrant nurses. Social support is also mentioned to be important, because it provides stress relief and enhances the immigrant nurses' self-confidence. (Jose 2010.)

Omeri and Atkins (2002) studied the experiences of five multinational nurses working in Australia. The findings of the study highlighted the experiences of professional nega-

tion, lack of support, otherness, cultural separateness and silencing, and experiences in language and communication difficulties. The experiences of foreign nurses were described as mostly unhappy, isolated and negative. (Omeri & Atkins 2002.)

2.2 The concept of immigrant nurse

An immigrant is “a person moving from one country to another” (The Finnish Immigration Service 2012). The migration of health care workers has been increasing worldwide during the past decades (World Health Organization, Health workforce). According to the WHO, the need for health workers has grown in high-income countries due to the lack of local health worker education and the ageing of the existing working population. People are aging and the rise of chronic illnesses is leading to the increasing need for health services. (WHO 2010, Migration of health workers.)

For Finland, the year 2010 was an exceptional turning point in terms of population, because of the decline in the number of working age people. This decline will continue throughout the whole review period despite anticipated immigration. (Labour Force 2025.)

According to Magnusdottir (2005, 267), “[i]mmigration to a foreign country displaces people from their culture and places them in unfamiliar environment”. Immigrant nurses face many challenges that can cause stress when they are adapting to the new culture and working environment. It has been found that a high level of occupational stress reduces the quality of nursing care, and the importance of organizational support as a factor that associates with occupational stress has been highlighted. (Nabirye, Brown, Pryor & Maples 2011, 762.)

2.3 The concept of foreign culture

“Culture refers to the learned, shared, and transmitted values, beliefs, norms, and life ways of a particular group that guides their thinking, decisions, and actions in patterned ways” (Leininger 1991, 47).

According to Sullivan and Decker (2001, 5), prejudice can be defined as a strongly held opinion about a group of people and it often leads to differential treatment. In order to avoid cultural conflicts and misunderstandings that can lead to discrimination, it is important that not only immigrant nurses, but also other hospital staff respects and understands the foreign culture (Spector 2004).

The Act on the Status and Rights of the Patient (785/1992) states that in order to provide good quality health care for patients, their mother tongue, personal needs and culture must be taken into account. This right of the patients can become problematic to fulfil, if an immigrant nurse caring for the patient has difficulties in communicating with them and adjusting to the foreign culture.

The recruitment of nurses from abroad has recently increased worldwide, which makes it important for also the employers to have an understanding about the foreign nurses' experiences and the means of how to improve the quality of their adjustment to the working culture and to provide the needed support (Taylor 2005).

2.4 The concept of acculturation

The term acculturation is seen as a process that immigrants go through before they assimilate to the culture of the host country. An integrated immigrant has been shown as someone who has assumed the traits, behaviors, and attitudes of the host culture. However, some individuals cannot fully integrate to the new culture; they settle and live a productive life, but some parts of their original culture are still kept and maintained. These people have learned how to successfully navigate some of the cultural differences between their original and foreign cultures and have adopted some of the attitudes and behaviors of the host culture, for example communication skills. Therefore, these kinds of individuals are more successful in maintaining balance and harmony between two different cultures. (Emerson 2008, 47, 49.)

The immigration of nurses should have an impact on both the home and host countries. The process of adaptation to another culture is shown to have a significant influence on foreign nurses' personal and work-related outcomes. Both international and native nurses need a so-called "transition period" to adjust to the new working environment.

There is evidence in literature that those who have successfully gone through acculturation are more satisfied with their work and personal lives. (Itzhali 2010.) Researchers have found that nurses that are satisfied with their jobs have a tendency to stay longer and contribute to better patient outcomes (Bae 2011).

Furthermore, it has been shown that there are several factors influencing acculturation, such as the length of residency in host countries, age on arrival to host countries, generational and socio-economic status, and ethnic identification. The main areas of challenges include communication, marginalization, differences in nursing practice, and cultural displacement. Those challenges are playing an important role in adaptation and also affect the quality of patient care. (Emerson 2008, 47.)

Lack of communication skills, differences in medical terminology, abbreviations, jargon, and medication names can all lead to frustration for the nurse, other staff members, and patients. The inability to properly communicate can threaten the patient's condition, cause a delay in care, or even cost a patient's life. This concerns also the unsuitable written word selection that may cause a wrong interpretation. Although the nurse may be experienced and skilled, the language barrier is often a source of anxiety. (Bola 2003.) Cultural competency training is suggested as one of the solutions for both the foreign nurses as well as the other hospital staff to guarantee operative communication between colleagues and patients (Carney 2005).

2.5 The concept of ambivalence

The term ambivalence is used in everyday speech to refer to personal conflict or being torn into two directions, especially when it comes to emotions. In relation to immigrants, the term ambivalence describes the situation when the immigrants simultaneously hold contrasting emotions on their experience of immigration, which are created from opposing social circumstances. (Zhou, Windsor, Coyerb & Theobaldb 2010, 188.)

According to Zhou, Windsor, Coyerb and Theobaldb (2010, 187), bringing up the concept of ambivalence is in a key role when talking about immigrants' experiences. In the study findings, the sources of ambivalence included conflict between expectations and reality, contradictory social and cultural norms, conflicting interests within families, and

a sense that it is hard to go back even though the experience is not satisfactory. These sources of ambivalence are closely related and emphasize one another in the everyday lives of Chinese immigrant nurses. (Zhou et al. 2010, 188.) According to Diccicco-Bloom (2004, 28), nurses who come from India experienced cultural displacement (“a foot here, a foot there, a foot nowhere”) as well as alienations in the workplace and at home.

3 PURPOSE OF THE STUDY AND RESEARCH QUESTIONS

The purpose of this study was to investigate the immigrant nurses' experiences of the nursing culture and working environment in Finland, as well as to map the issues they are facing and to provide the possible tools for improvement.

The objective of the study was to provide the needed knowledge about immigrant nurses' experiences in order to make improvements possible. The ultimate goal was to provide suggestions of possible interventions if needed, and that way to improve the immigrant nurses' job satisfaction, which relates to patient care and safety.

The research tasks were to answer the following questions:

1. How do immigrant nurses experience the Finnish nursing culture and working environment?
2. What are the recurring areas for improvement in the working life that the immigrant nurses consider important to be paid attention to?

4 METHODOLOGY

4.1 The qualitative research method

The qualitative study method was chosen as a research method in order to find out immigrant nurses' experiences of the Finnish culture and working environment. It is typical for the findings in an in-depth qualitative research to be grounded in the experiences from the real life of people who have personal knowledge of the phenomenon. (Polit & Beck 2010, 18.)

Qualitative research can be defined as “the investigation of phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative materials using a flexible research design” (Polit & Beck 2010, 565). The strength of qualitative research method is in its ability to study people in their natural environments, and the advantages of using this method have become evident when there is not so much pre-existing knowledge or the issues are sensitive (Bowling 2002, 352).

In qualitative studies, the development of tasks is closer to a circle rather than a straight line. The researchers examine and interpret data constantly, as well as make decisions on how to proceed based on the things already discovered. (Polit & Beck 2008, 68.)

4.2 Data collection

Semi-structured interviews were chosen as a tool in this qualitative study, since they have quite often been used in the research conducted by health professionals (Whiting 2007). According to Whiting (2007, 36), these types of interviews should be in person, and “open, direct, verbal questions are used to elicit detailed narratives and stories” (DiCicco-Bloom & Crabtree 2006). A topic guide (Appendix 1) was prepared beforehand to list the areas to be covered in the semi-structured interviews (Polit & Beck 2008). The job of the interviewer is to encourage the participants to talk freely about the topics presented on the guide, and also to tell in their own words (Polit & Beck 2012).

The purposive sampling method was used to sample a specific group of people with certain characteristics. The criteria needed to be changed during this study because of the lack of participants who would have received their education abroad. Initially, the participants had to be foreigners, have a nursing degree completed outside of Finland, and be currently working in a Finnish hospital. In the end, the criteria were similar otherwise, but the participants' degree could also be received in Finland. The head nurses contacted the possible participants chosen by the working-life connection. The maximum number of participants was six people. In the end, the number of interviewees was four people. When conducting a qualitative, in-depth interview, the sample sizes are unavoidably small due to the complex nature of the data and also because the data are supposed to provide rich insights rather than statistics. (Bowling 2002, 380.)

The interview questions were both in English and Finnish, in case some participants would prefer to see them in Finnish. The participants were asked to share their experiences by answering open questions. In the interviews, the discussion was not very structured, which allowed the expression of beliefs and feelings (Polit & Beck 2008, 70.) The interviews were recorded, which allowed the authors to make the data permanent, in order for it to be analyzed meticulously away from the place of interview. The length of the interviews varied from forty to sixty minutes. The time reserved for every interview was one hour, which was not exceeded in any of the interviews.

4.3 Data analysis

The first step to be implemented in the data analysis process was the transcribing of the data collected during the interviews. Once transcribed, the data were printed and analyzed. Careful readings and listening to the interviews were performed in order to ensure that the transcription was accurate. (Macnee & McCabe 2008, 260.) The researchers checked each other's transcriptions in order to ensure that errors in the transcribing process were minimized and corrected (Polit & Beck 2004, 594).

After transcribing the interviews, the data analysis was performed, using a qualitative content analysis method. However, in this qualitative study, the data analysis and interpretation were on-going actions that guided choices about the types of questions to ask next and the types of people to interview next. Polit and Beck (2012) describe the pur-

pose of data analysis to be to “organize, provide structure to, and elicit meaning from data”. According to Boeije (2009), raw data alone cannot be presented, such as a transcribed interview. Instead, the authors needed to re-interpret the information and to decide what to use in order to convey the message to the reader.

The transcribed interview data were read through over and over in order to find the meaning and to reach understanding. The data were transcribed as a Microsoft Word document and consisted of 50 pages with 1.5 line spacing. In order to analyze the large amount of data, the method of data reduction had to be applied by breaking down and labeling large amount of information into meaningful units (Macnee & McCabe 2008, 70). In this study, in order to use the qualitative content analysis, the data were broken down into smaller units, which were then coded and named according to their content. An inductive data analysis approach was used to reason from specific observations to general rules. In this approach, the themes arose from raw data when they were examined and compared repeatedly. (Polit & Beck 2008, 573, 576, 713.) The results of the study describe what was found by organizing the data into five themes and by providing examples of certain sentences used by participants to support and clarify the meaning of those themes (Macnee & McCabe 2008, 69).

The authors focused on creating the category scheme based on the different phases in a chronologic unfolding of the participants’ experiences (Polit & Beck 2004, 573). The participants were asked to share their experiences on different events in order to understand the experience they had when they first arrived to Finland and then started their work at the hospitals, and then their current situations on those topics. For example, the participants were asked or mentioned themselves about the support they had received from their ward managers, so their answers about this topic were placed together in a subcategory called “support from the ward manager”, under the category of “support”.

5 FINDINGS

5.1 Language barrier

One of the biggest difficulties the interviewees had faced while working in Finland was the language barrier. They found it very challenging to learn Finnish. It was pointed out by a number of participants that learning the language took a longer time than expected. Moreover, even though the nurses had general knowledge of the language, they found their language skills inadequate to apply to the working life. The language was said to be a problem in communicating with the colleagues, patients, and their relatives. The participants felt like they did not have enough vocabulary to be able to explain themselves, for example when giving details about a patient's condition to a relative.

...The biggest challenge was then to learn the language because I thought maybe in six months I'll be able to start to work... which is not at all possible. I didn't know what to talk it was like scary in the beginning. How can it be that I'm almost one year studying Finnish and now I don't understand still anything?

The inability to accurately express themselves had triggered the foreign nurses to feel unconfident and anxious about their communication skills. They had experienced sadness, frustration, and embarrassment. The issue of patient safety was brought up by the participants as they shared their experiences on documenting and reporting information related to the patient's condition correctly. Furthermore, the participants always received help from their colleagues in correcting the language mistakes, which was stated to be something very beneficial.

...But for example my written reports quality... But long time it was like really low, very low like quality writing.

It took a long time for the immigrant nurses to feel comfortable and confident in the daily routines with patients and colleagues. However, once they had reached better language skills they began to feel more accepted and trusted. It was also mentioned that the slang appears to be used much more in the Finnish language than the foreign nurses expected.

5.2 Orientation

The foreign nurses faced bureaucratic issues as they arrived to Finland to start their work. According to the participants, it took time to resolve these issues, although the help from their ward managers made the orientation process easier. These issues appeared mostly when participants were filling some documents for the new job in Finland, and then had to acquire some papers in order to provide the information required in the contracts.

...They for example send the application and I must fill and then when I start to fill them then I understood I can't fill them, because so I don't have this, this and this...

Based on the research conducted through the interviews with different participants belonging to the group of foreign people working in the health care field, it was found that most of the workers were introduced to the ward and the working environment during their exchange period or studies in Finland. This allowed them to acquire basic knowledge and become used to common practices experienced in the field of nursing care in Finland.

Another issue that was encountered when foreign nurses started their work was the language barrier; the issue that aroused in this case was about the usefulness of the initial orientation and the language it should have been provided in for receiving the optimal advantage out of it. Most of the participants indicated that they had a mentor for the first few weeks of their work, and this turned out to be useful for them, easing them into the daily routines and allowing them to find out if there were some differences in delivering the nursing care.

...No, not really... I mean they show you around and tell you about how things go on the ward. But an actual orientation, no I don't think so.

5.3 Support

The feedback received from the participants on the level of support they received at the workplace from co-workers varied from case to case. However, the most recurring perception among the participants was found to be the role of the ward manager as an important source of support. The foreign nurses described the ward managers as friendly and helpful. Most of the participants were not completely satisfied with the support from their colleagues, and wished that they would receive more help or consideration especially during the starting period of their work. On the other hand, it was mentioned that sometimes Finnish people try too hard to make foreigners feel welcomed and supported, leading them to feel more isolated, estranged and awkward.

...You think it would be nice if somebody could stand up for you every now and then.

Additionally, the opportunity to consult their co-workers about work-related issues was identified as being very important for the foreign nurses. By having helpful colleagues among them, they felt that there was always someone to guide them and help them. However, sometimes they had to work out the solutions to the problems on their own, as their colleagues were too busy to help them. Patience from the colleagues was something the interviewees regarded worthwhile, as it made them feel comfortable knowing that they can ask the same questions many times without irritating their colleagues.

...Yea they helped a lot but... They tolerate me a lot.

5.4 Difficulties in the daily routine

Answering the phone was named as one of the initial challenges for the foreign nurses, as they were scared to pick up the ringing phone as well as feared that they would not understand what was said and how to respond. It was also mentioned that their imperfect language skills prevented the nurses from explaining the patient's condition comprehensively. This sometimes left the relatives wishing for more information when the nurse only told them the basics. They referred to their experiences when talking to pa-

tient's relatives as receiving the feeling of distrust coming from the relatives due to the nurses' foreign accent.

... Maybe the one thing I was scared was the phone. The phone is ringing, and you must to answer... So is like no I don't want to because I was afraid maybe I don't understand something... But day by day it was a little better.

Another issue regarding the daily routine turned out to be some patients not approving the foreign nurse to care for them, or patients asking for a Finnish nurse. One participant gave an example where the patients sometimes refuse to let a foreign nurse help them in the bathroom, and therefore they asked for a Finnish nurse. The participants also faced difficulties with their co-workers giving them directions that were not clear enough, leaving them unaware of what they should actually do.

... They are like you must go on and then phone is there and number is there, and I was like okay... Where I call, what to say, what they can ask me... Sometimes I get this kind of information.

The Finnish health care system was also mentioned to be one of the issues, which appeared to be a difficulty in the daily routine. They were often unfamiliar with the parts of Finnish health care system – for example it was confusing for the foreign nurses to understand how exactly the home care works and how to transfer the patient to another hospital.

5.5 Working culture

The immigrant nurses spoke about how the range of nurse's responsibilities differs between Finland and their home countries. A portion of the participants saw it being much wider, while others believed that the responsibilities of the Finnish nurse are clearer and narrower. According to the interviewees, the differences in responsibilities of the registered nurses and practical nurses are much bigger in other countries compared to Finland. However, the participants felt like the Finnish system where the tasks are overlapping is good and gives them an opportunity to learn more and also to have a more holistic view of the patient's condition.

...The amplitude of the responsibilities of the nurse... It's more like clear, the line and much more limited and much more like... technical that way...

The process of adaptation to the working environment was relatively smooth for all the participants, and the significant role in that process was played by the ward manager. By dealing with the paper work, receiving a permanent position and providing the support in working life, the ward manager helped the foreign nurses to feel valued and an important part of the team. As part of the adaptation process, another challenge that the foreign nurses faced was the degradation of their professional stature, i.e. the undervaluing of previous work experience in their home countries.

...Every osastonjohtaja (ward manager) was very friendly, they explain things.

The foreign nurses' perception of the working environment is molded by the relationship between the colleagues, their commitment to work, and the patients' feedback on the given care. All these aspects affected the way they see themselves as a part of the working team and the way they fit into the working culture. The interviewees had experienced their co-workers intentionally giving them simpler tasks and patients that are not very challenging to take care of.

...Finns are very self-conscious, and if you don't join them, they immediately think you don't like them.

The participants also mentioned that they worked slower than Finnish nurses due to the language problems in the start, but on the other hand they explained that by scrutinizing all the details so that there were no misunderstandings due to the language barrier, which anyways is an important factor in the patient safety aspect. Additionally, the interviewees had experienced a lower level of professional hierarchy compared to their home countries. As an example they mentioned how in Finland the doctors can be called by their first names and the professional hierarchy in general was not so apparent.

6 DISCUSSION

6.1 Discussion of the findings

This thesis studied the experiences of foreign nurses working in Finnish hospitals. The participants shared their experiences on the adaptation to the working environment and working culture. The main issues appeared around the subjects of language barrier, support, orientation, difficulties in daily routines, and working environment.

Language problems seem to be a major issue in the recruitment of nurses from other countries. In the experiences of the participants of this study, the language barrier was highlighted and said to affect all aspects of their work. These findings correlate well with previous studies from Iceland, USA, UK, and Australia (see section 2). This study also brings up the patient safety aspect in relation to the communication difficulties, and similar issues were also brought up in the study conducted in Iceland (Magnusdottir 2005).

The support from ward managers was perceived as a very important factor according to the findings of this study, correlating to the finding presented by Magnusdottir (2005). The participants of this study were mainly satisfied with the support coming from their colleagues, and, as was also found in the study in the UK (Taylor 2005), they received help and instructions from their co-workers.

The aspect of orientation was not brought up in any previous studies conducted on the immigrant nurses' experiences. This study emphasized the importance of having a mentor during the beginning of their nursing career in Finland.

According to this study, most of the problems in the daily routines were caused by the inability of the nurses to communicate fluently in Finnish. Answering the phone was found out to be one of the initial challenges that caused negative feelings in the foreign nurses. This phenomenon was also present in the study conducted in Iceland (Magnusdottir 2005). In the present study, some of the participants faced situations where the patients did not want to be taken care of by a foreign nurse. This experience was shared by their colleagues in the other studies in the UK and Iceland. The responsibilities of the nurses in Finland were seen either wider or narrower than in the participants' home

countries. The participants of the study in the UK brought up the differences in the nurse's role between countries as well (Taylor 2005). In the beginning of their working career in Finland, there were nurses who were not recognized as registered nurses, but instead they had to work as practical nurses for some time. Also the experience of being assigned easier tasks was pointed out by the participants of this study. These findings are consistent with the studies from the UK and Australia (Taylor 2005, Omeri & Atkins 2002).

6.2 Reliability of the findings

The reliability of the data should be demonstrated in qualitative studies in order to confirm that the findings reflect accurately the experiences of the participants, rather than the viewpoints of the researchers (Polit & Beck 2004, 57). In this study, all the participants showed interest in the subject and were willing to share their experiences and feelings in an open discussion (Macnee & McCabe 2008, 170). One nurse mentioned by the head nurse refused to participate in this study and another nurse did not reply after many contact attempts. These nurses' choices to refuse to participate were respected.

Polit and Beck (2010, 539) refer to Lincoln and Guba's framework for quality criteria in their book. The criteria for developing reliability include credibility, dependability, confirmability, and transferability (Polit & Beck 2010, 539).

The other criterion, dependability means that the data have to be reliable and stable through time and different conditions. To achieve conformability in this study, the findings reflect the voice of the participants, instead of the researcher's motivations. The findings of this study have similarities with other studies conducted abroad, making this study transferable. (Polit & Beck 2012, 584-585.)

This Bachelor's thesis was supervised throughout the process, as well as peer-reviewed frequently. This enhances the quality and provides transparency to the study. Before conducting the interviews, the topic guide as well as the plan of the thesis was sent to the working life connection for feedback and approval. The data gathered during the interviews were read through many times before and during the transcribing process, as

well as after it, if there was any doubt about the interpretation. Reflexivity, as recommended by Polit and Beck (2012), was achieved during this process by the researchers analyzing their own possible prejudice and biases, which could affect their interpretations. (Polit & Beck 2012, 596-597.) In this study, the technique of data triangulation was used to improve credibility. According to Polit and Beck (2004, 434-435), the credibility of a study can be achieved by the use of multiple data sources. This criterion was fulfilled by interviewing four foreign nurses from four different countries about their experiences of the Finnish nursing culture. In the findings of this study, quotes from the audio tape transcripts are included, in order to illustrate the main points that are made and to allow the “voice” of the interviewee to reach the reader (Cormack 2000, 294-295). According to Denzin (1989), the use of more than one investigator increases the credibility of findings, when multiple sources of data all lead to the same conclusions (Macnee & McCabe 2008, 172). To ensure dependability, a research group of two people performed individually the analysis of the data collected during the interviews, and then the data were compared. The ongoing regular communication between the researchers was an important part of this procedure for the research to be successful. (Polit & Beck 2004, 435.) Findings were discussed and then similar findings were included in the research.

The small group of participants could be implicated as a limitation of this study. Another limitation of the study could be the misinterpretation of the questions or answers due to neither the interviewees nor interviewers being native English speakers.

6.3 Ethical considerations

When using humans as study participants, it is important to ensure that their rights are protected. According to Polit and Beck (2012), there are three principles on which to base the standards of ethical conduct; respect for human dignity, beneficence, and justice. Beneficence is a term used to describe the duty of researchers to minimize harm and maximize benefits, to produce benefits for participants or others. (Polit & Beck 2012, 152.)

Before conducting the interviews, the interviewees were provided with information about the purpose and the phases of the study. Furthermore, an informed consent was

obtained in writing after the participants had received written information about the aims of the research, confidentiality and anonymity. (Polit & Beck 2012, 157.) The rich quality of data in many studies has only been possible to be reached because of assured confidentiality and anonymity (Cormac 2000, 57). The participants were informed about their right to withdraw at any time and about the opportunity to ask questions about the study (Bowling 2002, 157). Also the permission to record the interviews was obtained from each participant. In order to provide confidentiality and anonymity, the participant's nationalities, names, gender, place of work and educational background were not mentioned at any point. As one of the steps to ensure confidentiality, each participant was assigned an identification number in order to avoid the use of any identifying information of the participants (e.g name, country) (Polit & Beck 2008, 180). The interviews were held in person, considering all the aspects of privacy. Therefore, it was assured that the data received from the interviews would not to be revealed to any other party and only the researchers would have access to the data. (Macnee & McCabe 2008, 150.) All the identifying information was maintained in a locked file (Polit & Beck 2008, 180). This file will be destroyed, after the thesis is approved, by deleting from the authors' storages. The interviews were carried out in the nurses' workplaces, in private rooms.

7 CONCLUSION

In this study, four immigrant nurses working in Finnish hospitals were interviewed. The purpose of the research was to investigate the immigrant nurses' experiences of the nursing culture and working environment in Finland.

The present study shows the language barrier as a fundamental aspect in the adaptation of foreign nurses to the Finnish working culture. The ability to communicate in Finnish needs to be taken into account when recruiting foreign nurses, because one of the findings of this study indicates that a successful orientation period is important, and ward managers should develop effective initial orientation. In order for orientation to be more beneficial, it could be provided in English for those nurses whose Finnish language skills are still insufficient. To make the immigrant nurses to feel more valued and equally treated, the Finnish nurses on the wards should take into consideration that the immigrant nurses are experienced nursing professionals in their home countries and their skills should not be underestimated. The experiences of Finnish nurses and other healthcare professionals working alongside foreign nurses should be studied in order to acquire a multi-professional perspective. In addition, it would be beneficial to conduct a study about patients' experiences of the care delivered by foreign nurses in Finnish hospitals. Despite the fact that the study findings correlate with previous studies conducted abroad, more research should be done in Finland about the immigrant nurses' experiences.

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APPENDICES

Appendix 1. Topic guide

1. Background questions

- a. How long have you been working as a nurse in Finland?
- b. How would you describe the orientation you got?
- c. Would you like to explain why you chose to come to Finland? Are you planning to stay?

2. The experiences of Finnish nursing care and culture

- a. Would you like to describe your feelings when you first started working in a Finnish hospital?
- b. Have you been working as a nurse in your home country? How was it different from your experience in a Finnish hospital?
- c. What kind of cultural phenomena have you experienced while working in a Finnish hospital?
- d. Do you think, if you got more knowledge about the Finnish culture or care beforehand, it might have helped to adapt faster? What kind of information would you have wished to get?

3. The experiences of the working environment

- a. How do you feel around your colleagues?
- b. Please describe how you feel as a part of the team.
- c. How do you feel in daily working routines like for example answering the phone, communicating with patients, family members or participating in doctor's rounds?

Appendix 2. Teemarunko

1. Taustatietoja

- a. Kuinka kauan olet työskennellyt sairaanhoitajana Suomessa?
- b. Kuinka kuvailisit saamaasi orientaatiota/perehdytystä?
- c. Haluaisitko kertoa, miksi päätit tulla Suomeen? Oletko suunnitellut jääväsi Suomeen?

2. Kokemukset Suomalaisesta hoitotyöstä ja kulttuurista

- a. Kuvailisitko kokemiasi tunteita, kun aloitit työskentelyn suomalaisessa sairaalassa?
- b. Oletko työskennellyt sairaanhoitajana kotimaassasi? Millä tavalla kokemuksesi suomalaisessa sairaalassa eroavat kokemuksistasi kotimaassasi?
- c. Minkälaisia kulttuuriin liittyviä ilmiöitä olet kokenut työskennellessäsi suomalaisessa sairaalassa?
- d. Luuletko, että olisit sopeutunut nopeammin, jos olisit saanut enemmän informaatiota esimerkiksi suomalaisesta kulttuurista tai hoitotyöstä? Minkälaista tietoa olisit toivonut saavasi?

2. Kokemukset työyhteisöstä

- a. Miten kuvailisit tunteitasi työtovereidesi seurassa?
- b. Miten kuvailisit asemaasi osana tiimiä?
- c. Minkälaiseksi tunnet olosi päivittäisissä työrutiineissa, kuten puhelimeen vastaaminen, potilaiden ja omaisten kanssa kommunikointi, tai lääkärinkiertoihin osallistuminen?



TIEDOTE

07.03.2013

Hyvä sairaanhoitaja !

Pyydämme Teitä osallistumaan opinnäytetyöhöemme, jonka tarkoituksena on selvittää maahanmuuttaja sairaanhoitajien kokemuksia hoitotyöstä, suomalaisesta hoitokulttuurista ja työyhteisöstä. Osallistumisenne tähän opinnäytetyöhön on täysin vapaaehtoista. Voitte kieltäytyä osallistumasta tai keskeyttää osallistumisenne syytä ilmoittamatta milloin tahansa.

Opinnäytetyölle on myönnetty lupa Tampereen kaupungilta. Opinnäytetyö toteutetaan haastatteleamalla enintään kymmentä maahanmuuttaja sairaanhoitajaa. Osallistujat valitaan satunnaisesti vapaaehtoisista maahanmuuttaja sairaanhoitajista. Haastattelut tullaan toteuttamaan yksityisessä paikassa, joka sijaitsee mieluiten osaston ulkopuolella. Haastattelut tullaan nauhoittamaan. Haastattelulle varataan aikaa noin tunti/haastattelu.

Opinnäytetyön valmistuttua aineisto hävitetään asianmukaisesti. Aineisto on ainoastaan opinnäytetyön tekijöiden käytössä. Aineisto säilytetään salasanalta suojattuina tiedostoina, kirjallinen aineisto lukitussa tilassa.

Teiltä pyydetään kirjallinen suostumus opinnäytetyöhön osallistumisesta. Opinnäytetyön tulokset käsitellään luottamuksellisesti ja nimettöminä, opinnäytetyön raportista ei yksittäistä vastaajaa pysty tunnistamaan. Opinnäytetyö on tarkoitus julkaista elektronisessa Theseus – tietokannassa.

Mikäli Teillä on kysyttävää tai haluatte lisätietoja opinnäytetyöstämme, vastaamme mielellämme.

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NOTICE
07.03.2013

Dear Nurse!

We are asking you to participate in our Bachelor's thesis. The purpose of our thesis is to learn about immigrant nurses' experiences working in nursing, as well as your experiences of Finnish nursing culture and work environment. If you choose to participate in our study, please know that you can withdraw at any point in the process.

The City of Tampere has granted us a research permit to carry out this thesis. We will interview a maximum of ten immigrant nurses for this study. The interviews will be held in a private setting, preferably outside the ward. The interviews will be recorded and the time reserved for each interview will be about one hour.

We must obtain your written consent in order to confirm your participation in the thesis. After the thesis is finished all the material will be appropriately destroyed. No one outside of our research team will have access to the interview material. All results and findings will be handled confidentially and anonymously. The thesis will be published in an electronic database called "Theseus".

Please feel free to contact us with questions. If you would like, we are also happy to provide you with additional information about the thesis.

We appreciate your consideration.

Kind regards,

Anna Jaanisalo and Yulia Ageeva

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