



Cultural diversity and Multicultural leadership

Designing a MOOC to support leadership in Healthcare

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Master's Thesis

Leadership for Nordic Healthcare

2024

Degree Thesis

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Cultural diversity and Multicultural leadership. Designing a MOOC to support leadership in healthcare.

Arcada University of Applied Sciences: Leadership for Nordic Healthcare, 2024.

Commissioned by:

Arcada University of Applied Sciences

Abstract:

The global shortage of skilled nursing professionals together with an aging population and less young people choosing a nursing career have been estimated to lead to a more diverse and multicultural nursing workforce. The cornerstones of successful inclusion are open and authentic communication and respect. Nursing managers have a key role in creating an atmosphere of trust. Many nursing leaders and managers are faced with a new situation and don't have enough tools to lead a diverse and multicultural team. The purpose of this thesis is to provide material and education about "How to lead a multicultural team in healthcare organization?" in the form of an online course for leaders and managers in healthcare organizations.

This thesis is a functional thesis with evidence-based research. The articles in this study were solid and united in conclusions, that diverse teams perform better and increase innovations. Promoting diversity has shown to have a positive impact on overall performance, decision making and innovations. Diverse teams have doubled their chance of finding the right solution, but they are also more likely to have conflicts and longer discussions. Based on the conducted content search a massive open online course (MOOC) was created as a result of this thesis. The MOOC consists of an introduction, module 1. Cultural diversity in Finnish healthcare, module 2. Practical solutions for leading a culturally diverse team in healthcare and a workshop.

Keywords: MOOC, cultural diversity, multicultural leadership in healthcare, Arcada University of Applied Sciences

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1 Introduction

The Finnish nursing workforce has been relatively homogenic, until recent years. In 2021 only 4% of Finnish registered nurses were born outside of Finland (Suomen sairaanhoitajat, 2021), but the statistics are changing rapidly. In Norway 19% of care workers were born outside of Norway in 2019 (Munkejord & Tingvold, 2019). The situation is similar in other western countries as well, but Finland comes a few years later in the progress. Elderly care and other nursing positions tend to be low paid and challenging workplaces, which has led to young people choosing other careers (Ministry of Education and Culture, 2023). Global nurse shortage is a result of many factors, such as retirement rates among nurses and less young students choosing nursing careers (Wallin et al., 2022). Demographics in western countries are changing due to decreased birth rates and rising life expectancies. These reasons have led to an imbalance between the nursing workforce and increased demand for care. (Cheng et al., 2022; Tevamäki, 2021).

At the moment, the Finnish healthcare system is in the middle of structural changes transforming to welfare areas and facing more diverse patients. The teams are underrepresented in the culturally diverse workforce even though vacancies are empty and safe patient-centered care would benefit from a variety of language and cultural competencies. Estimates vary, but there is a consensus that nursing shortage will continue to worsen in the close future (Ministry of Economic Affairs and Employment of Finland, 2023). The Finnish government is taking actions to increase nursing student intake, supporting continuous learning, and increasing recruitment through immigration. (The Ministry of Social Affairs and Health, 2023a, p. 15; Finnish Government, 2023, p. 25). Statistics show that from the year 2014 to the year 2021, there was an increase of 1,2% in the amount of foreign health associate professionals. During the same time period, the amount of foreign Personal care workers showed an increase of 4,2%. (Statistics Finland, 2023).

The biggest export country of nurses globally is the Philippines. Around 10 million nurses work outside of their country, in over 200 different countries, most of them in the Persian Gulf countries and in English speaking countries. The nursing education of the Philippines is based on the American model and is offered in English. Due to this, around 85% of all nurses educated in the Philippines work at least some time abroad. (Vartiainen et al., 2018). Recruiting

nurses from different cultural backgrounds means both migrated nurses and those with a foreign background who have gained their nursing education in Finland. The nursing managers are in a key role to implement diversity, equity and inclusion (DEI) strategies into practice, and they need tools and education in this mission. This progress is a huge change in nursing workplaces, where employees have been used to working with colleagues from similar backgrounds. The flawless integration of nurses from diverse backgrounds requires strong leadership and change management knowledge from the nursing executives and frontline leaders. (National Academies of Sciences, Engineering and Medicine, 2021).

This study focuses on the inevitably multicultural future of nursing in Finnish healthcare organizations, the benefits and challenges of a culturally diverse workforce and suggests practical solutions and tools in a form of a massive open online course for nursing managers who are in position to implement diversity strategies in practice. Organizational viewpoint includes consideration of different cultural and educational backgrounds. From an employee's point of view, there are issues with being heard in an unfamiliar environment and met respectfully as an individual with personal features and skills. A diverse workforce does not only benefit the society and organizations, but also diverse patients. To overcome challenges and reach for practical solutions, this thesis focuses on online learning in healthcare leadership education and describes in detail the process of designing and creating a massive open online course, with all the choices and decisions made during the process. The MOOC provides material and education for leaders and managers about How to lead a multicultural team in healthcare organizations.

2 Aim of the study

The aim of this thesis is to provide evidence-based knowledge and practical suggestions for leaders and managers in healthcare organizations about the benefits of a culturally diverse workforce in healthcare, and to effectively lead the organization towards successful inclusion and integration international nurses.

The purpose is to produce a massive open online course (MOOC) about how to lead a multicultural team. The MOOC provides practical tools to enable fluent integration. This will have a societal impact, as fluently integrated international nurses will more likely stay and attract more international nursing workforce to Finland. This could offer a partial solution to

our nursing shortage crisis. Cultural diversity is an under researched topic in nursing sciences and our study brings value to the field. It will benefit working life, as a more tolerant atmosphere will increase all nurses' occupational well-being. In addition, our thesis will benefit nursing science researchers and our society.

We have limited our research to cultural diversity and multicultural leadership in Finnish healthcare sector. This study aims to offer practical solutions for nursing leaders as an online course. For this reason, we have left out for instance the relation on self-awareness education and cultural intelligence, which would also be important to research. Also, the phenomena of nurse migration and global politics in this regard are left out, although it is presented shortly as background information. We have focused on hands-on practical solutions for nursing leaders, but of course we offer background information and research behind our course.

The research questions for this study are:

1. What are the common stumbling blocks in leading a multicultural team in healthcare organization?
2. Which actions can the management take to improve the integration of a multicultural team in healthcare?

3 Concepts

The concepts are briefly explained in this chapter to bring clarity to the meaning of how they are related and used in this thesis.

Culture - is learned and it includes shared attitudes, values, languages, beliefs, traditions and ordinary behavior and habits of a certain group of people: a nation, organization, or a generation for instance. (Cambridge dictionary: culture, 2024.) In this thesis culture describes national culture.

Multicultural leadership – Culturally sensitive approach to supporting, influencing, guiding, and motivating a team of followers, which includes members from different geographical regions, speak different languages or represent various ethnic minorities. (e.g. Saleh et al., 2018).

DEI – Diversity, Equity, and Inclusion. Some literature also uses EDI as Equity, Diversity, and Inclusion, but in this thesis more common DEI is used. Also, some literature adds letter B for belonging and A for accessibility as combinations DEIB and IDEA. (e.g. Hogan et al., 2023; Mullin et al., 2021; Aldosary et al., 2023).

MOOC – a massive open online course (Bates, 2022).

Nurse leader – A person whose position is a head nurse, manager, leader, or officer in a healthcare organization, and who is responsible for a team of registered nurses. A nurse leader's task description normally includes scattered tasks and is focused on day-to-day management (Terkamo-Moisio et al., 2021).

Culturally diverse nursing workforce or culturally responsive nursing workforce – nursing team which includes members of different cultural backgrounds, languages and cultural competences and expertise. (Stamps, 2023.)

Migrant nurse – Licensed professional, whose job is to take care of the ill, elderly or injured and who was born outside of the country where they are currently working. (Cambridge dictionary: migrant, 2024: Cambridge dictionary: nurse, 2024.)

4 Online learning

Online education supports skill development and affects career advancement (Hasegawa, 2022). People are increasingly online to learn and gain new skills and with that demand the online education's quality standards have risen (Diaz-Infante et al., 2022). Flexible and job-related opportunity to develop individuals' expertise enables career advancement for more demanding tasks and can increase the quality of services (The Ministry of Social Affairs and Health, 2023c, p. 16). According to Diaz-Infante et al. (2022) online education can provide individual skills to improve their career and at the same time provide an employer the filling of vacancies in fields that are craving qualified employees.

4.1 Healthcare leadership education

Kamau et al. (2023) researched Finnish nursing leaders' experiences of leading a multicultural team. The participants also highlighted the importance of education. This education includes a formal leadership education, but also additional cultural and diversity training. Babitsch et al. (2020, p. 2) shows in their study the essence of identifying competence requirements to find targeted proficiency training that creates the foundation in online learning platforms. The need for education is to answer the demand of the changing needs of the service systems and working life. Suggestions to support this demand are to provide education targeted to organizations' special needs and to develop the education environments and platforms. (Leveälahti, 2019, p. 6).

In individuals' professional development it's important to recognize the broad perspective of the work environment's educational needs that support professional growth. (Leveälahti, 2019, p. 6). In designing the education partnerships with working life as well as acknowledging the nationwide and industry-specific information are to be considered. As nurses advance into leadership positions educational programs and courses offered online provide a path for the needed professional growth. According to Marstio (2020, p. 29) assignments move the learning process forward in online education. Learning objectives are transformed into action through carefully planned assignments. The online format allows nurses to access education remotely, providing flexibility in scheduling and location.

Online platforms allow us to design certain assignments. Arcada University of Applied Sciences (later Arcada) has Itslearning as their online education platform. Itslearning has its roots in Norway since 1999 and in 2019 Sanoma Group purchased it. Itslearning is still operating as an independent large international company in the group but with the funding and long-term visions has made it possible for Itslearning to strengthen its further development. (Itslearning, 2024a). They have active research to modern and simplify their product in the navigation, information architecture and user interface (Itslearning, 2024b). To answer the flexible access to education, Itslearning has cloud based learning management system that can be used with any device. In the learning management system, the resources and activities are file upload, multimedia upload, cloud integration and interactive resources including discussions, surveys, assignments, tests, quizzes, and external links. The reflection and

development are in the system as blog, e-portfolio, learning plans and student 360° report. (Itslearning, 2024c).

4.2 MOOC

Online learning has many forms and one of those open educational possibilities is MOOC. (Bates, 2022, p. 296). A massive open online course (MOOC) is aimed at an unlimited number of students. It's an open course provided online, where anyone can participate. MOOC is structured with content modules like other online courses, but assessment usually occurs through automated grading or peer assessment. MOOC is suitable for a topic that will interest a wide audience. The tasks and structure in MOOC must be made to support mass learning without face-to-face interaction. (Huhtanen, 2019, p. 15). Features of MOOC are openness and massiveness. Enrolling in the online course is accessible to every learner and courses may have students with different backgrounds and cultures. (AlDahdouh & Osório, 2016, p. 48). Participating in the MOOC requires internet and a device to reach it. (Bates, 2022, p. 305).

MOOCs differ in their characteristics. The two most typical types are xMOOC (extended MOOC) and cMOOC (connectivist MOOC). (Pekkarinen & Tolonen, 2022). The original MOOC was cMOOC. It highlighted interaction and collaboration instead of content. The newer version of MOOC is xMOOC, where the content and self-learning are in key role. MOOCs history starts from 2008 and a lot of development has occurred during that time. Different elements of MOOC can be combined. (Downes, 2018.)

The variety of courses in different subjects has remained relatively constant over the years. The share of the technology courses is 20,2%, Business 20,9% and Health & Medicine 7,3% of all courses. This data included 19 400 courses and was collected from 950 universities worldwide. From this data Chinese universities were left out due to missing data. (Shah, 2021.) For working professionals MOOC provides skills update and educational knowledge (Lu et al., 2019, p. 106). Compared to teaching face-to-face online teaching has different success factors (Hasegawa, 2022). The MOOC developed in this thesis consists of an introduction, module 1: Cultural diversity in Finnish healthcare and module 2: Practical solutions for leading a culturally diverse team in healthcare and a workshop. Learning experience is vital in inspiring students to complete the course and to gain the learning outcomes this course is meant to

provide. According to Pekkarinen and Tolonen (2022) a challenge in MOOCs is a higher dropout rate than in traditional teaching.

The features of MOOC require special consideration in designing the assignments and as mentioned in the earlier chapter assignments move the learning process forward. Marstio (2020, p.32) provides a format to create assignments to support the learning process online. The format includes five steps:

- 1) Considering the purpose and objectives of the assignment
- 2) Breaking down the assignment into different phases
- 3) Writing instructions for each phase
- 4) Assessing the time required for completing the assignment
- 5) Developing the assessment criteria

Assignments should make it possible for the student to reflect on previous skills and experiences. Marstio describes the importance of similarity in assignments. Keeping the assignments structure in similar order, the student can focus on the topic and assignments support the learning process also by allowing the student to use all the energy in the topic and not to reread new instructions in every turn.

4.3 Pedagogical choices

Our mission is to provide educational material for free use to improve the competence of Finnish nurse leaders. At the same time, we are creating an online course for Arcada's use and provided for other universities in Finland. In this setting our course must follow the pedagogical philosophy of Arcada and furthermore respect the assessment criteria of Arcada. This course will offer three credits at EQF 7 level, which is equivalent to 81 hours of work. To gain these credits, the student is required to study the materials of this course, complete examinations, write a reflective reading diary and write a report of a workshop arranged at workplace. The workshop report can be fictional if needed. We highly recommend the students to get familiar with the extra reading material, which consists of scientific articles also used in this course. We wish this course to inspire the students for life-long learning and gaining new insights into their field. The course is meant to be supportive, inspiring, and even challenge the previous assumptions that the student might have. In addition, it will offer up-to-date, evidence-based knowledge. The target group are university students in nursing, but also the nurse leaders who already have a long experience in the field. We have considered these two groups and designed

the course to be easily approached even if the student has a limited timeframe and a long period out of student life. The course includes relatively short elements, which are possible to complete in limited time and continue to the next task next time available.

The Arcada pedagogical policy encourages students to answer further important questions (Pedagogisk policy, 2022). In this MOOC, this idea is answered by guiding the student to consider different aspects of cultural diversity in various levels and show interest and respect to cultural competencies and sensitivity. The student understands that culturally diverse healthcare is reality and increasing in the future, as stated in the study of Uman et al. (2023). Every individual makes the effort to live in the change process. Every student who completes this course as passed can handle their own stumbling blocks and prejudices and has tools on how to lead a multicultural team in healthcare.

Arcada's education is focused on digitalized teaching, so our MOOC will fit well to the course selection of our university (Pedagogisk policy, 2022). In the design of our MOOC, we have targeted to match Arcada's pedagogical policy as well as possible with the limitations of having no face-to-face interaction. Collegial learning in a realistic environment is encouraged with reflection of how to implement our suggestions to work life and with a conversation forum at the course platform. Our course aims to challenge students' attitudes, previous knowledge and improve skills. This is done to respect Arcada's competence-based approach. Our course is self-directed and requires active learning. There is no possibility for particular mentoring, but we have designed the course structure to be as supportive and discussing as possible. This has been done by offering automatic feedback to students' answers and designing the examinations to be a learning event rather than a critical test. The questions include no tricks or ambiguous interpretations.

5 Methods

This thesis is a functional thesis grounded in evidence-based research. The method was chosen based on the research questions and the goal to understand the problem and to implement a solution to it. A functional thesis consists of two parts: the output and the project report (Salonen, 2013, p. 18). The report describes the project which has resulted in the output. The report consists of elements that present the overall description. (Salonen, 2013, p. 25). The

structure of this report is designed to provide a detailed description of the project. The output is the MOOC.

This thesis has many dimensions and several factors to consider in the process. To ensure pedagogically reasonable courses with the best possible information and impact on individual, healthcare sector and societal level, careful consideration was used in selecting the methods. This chapter presents the methods used to design and create this MOOC. The methods were chosen based on the multidimensional character of the MOOCs development and topic. This combination of methods made it possible to create an up-to-date online course for leaders and managers in healthcare. In the subchapters below is a detailed description of the use of the methods.

5.1 Literature search and review

According to Grewal et al. (2016, p. 636) methods to use in literature search can be protocol driven, snowballing or personal knowledge and a combination of these. Literature search of the topic and, to create the content to the MOOC, was gathered in combination of the above-mentioned methods to ensure the search is comprehensive. In the literature search we used a combination of protocol driven search in electronic search of databases, snowballing in citation tracking and personal knowledge about existing theories and basics as well as offhand discovery. In addition, an information specialist at Arcada was contacted for personal guidance in information retrieval.

Searches were done with guidance in Academic search complete EBSCO, Sage Journals, Science Direct and PubMed. Arcada's data search portal Finna was used to search publications to support the chosen method. The found articles and case studies subjects operated as ideas for other search terms. The MOOC was designed to provide evidence-based content and that is the reason for the use of key international databases provided by Arcada library. The articles used in the review were searched from trusted, international nursing science databases: Cinahl, PubMed, Science Direct, Academic search complete (EBSCO) and Sage Journals. The literature search was conducted in January 2024. Search terms were (multicultural OR diverse OR diversity) AND (leader OR manager) AND healthcare. The search was limited to years 2014-2024 in English and with access to full text. Table 1 presents the search from each database.

Table 1. List of the databases used in the literature search and the amount of found results

Search terms: (multicultural OR diverse OR diversity) AND (leader OR manager) AND healthcare		
The search was conducted between 25.-28.1.2024 as shown below		
Database	Articles	Articles chosen for a deeper screening based on the title
Science Direct	38	3
Academic Search Complete (EBSCO)	248	24
Sage Journals	289	26
CINAHL	252	32
PubMed	41	9
Total	868	94

The total result of the literature search was 868 articles. Of that amount 94 articles were chosen for a deeper screening based on the title. Broad inclusion criteria were utilized to include results that had titles discussing either cultural issues or diversity perspectives or a combination of these in healthcare leadership. It's more than possible that literature related to this theme would be provided in other results as well but as Booth et al. (2016, p. 247) states that title is written for the reader to find specifically what the content is about. Booth et al. recommends for a writer to put into title the keywords of the paper's focus. From 94 articles 15 duplicates were found and removed and in total 79 articles were screened by abstract. This number of found articles highlight sufficient sample of the research literature because the idea in the search strategy is to identify a sample from the previous research to provide basic information and content to MOOC about multicultural leadership and provide answers to research questions. Tullu (2019, p. 14) confirms the importance of the title and includes keywords in it. Tullu writes about the importance of the abstract as well. Based on the previous arguments, the preliminary analysis was done based on titles and analysis to identify literature was continued based on abstract.

The articles included were chosen with excluding and including criteria. The limitation of language was English because the search was done from international databases to find evidence-based knowledge and gather tools to provide solution to our problem and building the MOOC. The literature that caught special interest was added to the MOOC as suggestions

for further reading. The limitation to 10 years or more recent was a choice that was made according to the worldwide changes in leadership because of Covid-19. Hogan et al. (2023, p. 1) states the Covid-19 and the Black Lives Matter movement were a starting point in health care for diversity, equity, inclusion and belonging (DEIB). Corbie et al. (2022, p. 4120) continue that in healthcare, resources are directed towards diversity, equity, and inclusion (DEI) more than before the pandemic. A lot of research has been conducted about the effects of the pandemic on leadership. According to Ameel et al. (2022) the pandemic accelerated remote work and hybrid leadership model was discussed. Ahlqvist et al. (2022, p. 6) confirm that the pandemic affected leadership work and led to new ways of working. Wymer et al. (2021, p. 485) provide similar findings. According to Tevameri (2021, p.84) the pandemic increased the future demand for workforce in healthcare as since that patients have required more care, and the well-being of nurses is an issue affecting both turnover and possible sick leaves. Institutional barriers were identified during COVID-19 and National Academies of Sciences, Engineering and Medicine (2021) suggests actions to support nurses' possibilities to work as their competencies enable and to provide tailored care that meets the diverse patient's needs. This thesis focuses on practical tools and to only have a deeper look to academic search in recent years would limit the information gained only to the time of the pandemic. Expanding the limitation beyond recent years the evidence-based literature findings support both times of working mainly face-to-face and times of working mainly remote. At this precise moment face-to-face, hybrid way and remote work are present in working environments and this MOOC is designed to provide tools to all those working ways.

Geographically our particular interest was in Finland and the Nordic countries, but we chose to include research broadly from other countries as well, as Finnish organizations have relatively short experience of multicultural nursing workforce compared to other western countries. The healthcare sector is culturally diverse around the world and the shortage of nurses is an issue on a global scale. Not too many countries educate nurses about their own needs. Based on these aspects we included wide geographical inclusion criteria. We acknowledge that the Nordic welfare model, the Nordic nations and the Nordic healthcare sectors are quite different from Northern America for instance, and all the findings are not transferable straight-forward. These findings can be seen as lessons learned and when reviewed critically, they offer good knowledge about functional practices and avoidable stumbling stones to develop a Nordic way to lead multicultural teams. Due to the specific features of MOOCs,

literature with open free access and permits to use unrestricted, distribute and to re-use in any form or by any means when the original work and source is cited were preferred.

The electronic database search resulted in 16 articles that were included in the analysis. The remaining 33 articles used in course modules were found using a combination of methods that is mentioned before. All articles were read several times to get familiar with the content and receive impression of the contexts. We wrote notes of the initial thoughts and impressions of the articles. Further reading was more focused on the research questions and combining the different articles perspectives, results, and key findings. Our own assumptions and generalizations were made and different formulas about bigger context were formed. The theoretical framework was discussed relating to the articles. Content analysis provided an interesting combination of theory and insights of research articles. In the results chapters 7 and 8 the modules and subsections were created to present the literature reviews results in readable and reasonable order. Although the specific context of each article differs, they all mention the good effects and practices cultural diversity brings and challenges that are overcome. The articles consist of qualitative interviews, literature reviews and quantitative research. The Functional method of this thesis itself affected the result. The selected articles highlighted cultural diversity. The articles that had finding about leadership were in specific focus.

5.2 Creating the MOOC

The name of the MOOC is important in capturing the student's attention. It's a factor that gives the student the first impression and possibly encourages to explore the courses preview and content more closely. Besides the name of the MOOC, the preview is also distinctive in inspiring the student to start studying the course. (Hartikainen & Partanen, 2022, p. 2). The design and construction phases involve many factors that impact the student's commitment during the course and completion of the course. The course design affects the student's user experience and the learning process. Creating a meaningful and pedagogically reasonable course means multiple choices in the design process. (Hartikainen & Partanen, 2022, p. 4). To ensure that different learning styles are taken into consideration, this MOOC provides a logical structure with texts, images, assignments and further reading suggestions. The purpose is to support the student to reflect on one's own learning, understand the topic at a professional and societal level and to create ideas how to implement it in healthcare working environments. In this MOOC Arcada's pedagogical policy was used as the pedagogic framework and the process

of design and production of this MOOC was created according to the example provided by Huhtanen (2019, p. 10). The process is divided into seven phases.

The first phase consisted of analysis and ideation. The target groups are healthcare leaders, managers, and supervisors. The topic will potentially benefit the individuals attending the course by increasing their knowledge and awareness about cultural diversity. These outcomes can be implemented on an organizational level. The MOOC is in English, and aimed for English speaking students, both native and secondary speakers. There are no prerequisites even though the course structure and content are designed and created for individuals currently working or having special interest in multicultural leadership in healthcare. Core content and learning objectives are cultural diversity and practical solutions for leading a culturally diverse team in healthcare. Ideation in this MOOC involves creative thinking and generating and clarifying ideas that have risen from the articles found in the literature search.

The second phase is course outline and structure. The course structure is clear and visually interesting. Images were chosen from stock image websites Unsplash and Pixabay that provided a variety of inspiring and encouraging photos for open use free of charge that supported the text content. Activities and formats are designed to support achieving personal and professional goals. Workload estimation is planned together with principal lecturer of Arcada, Jonas Tana. Completing the whole course, the ECTS's gained is three. Both modules 1 and 2 are one ECTS and workshop is one ECTS. One credit equals 27 hours of work. The workload is designed to support and inspire learning of the subject and the amount of work corresponds to the course credits obtained from completing the course. The estimated workload is designed to be used in reading the materials, reflecting and writing valuable thoughts, insights and raising questions to the obligatory learning diary, discussion forums, and the exams. Reflection and feedback for both modules and Course survey are marked as voluntary but is also calculated in the working hours. Further reading tips are voluntary but highly recommended to deepen the subject.

The third phase includes creating modules. Storyboarding involves creating visual representation of the course including content, structure, and activities. It helps to ensure the MOOC is logically organized and the content is in proper order with elements and texts placed in a specific way to support the students' progress and learning in the course. The storyboard

was made with PowerPoint, and it was shared for preview and comments with fellow students before receiving access to the actual and final platform, Figure 1.

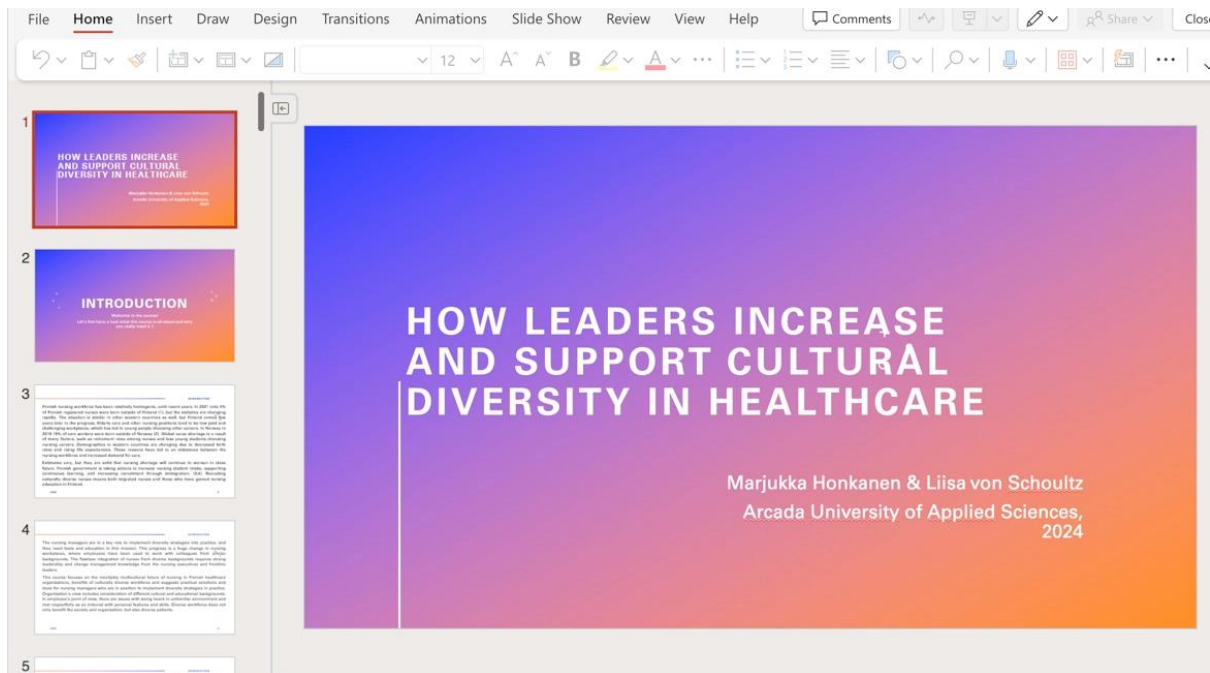


Figure 1. The storyboard in PowerPoint

The Modules and workshop are independent but support each other. The student can choose to study one, two or three ECTS's of the topic. The course is possible to perform despite the time and location and all the progress can be made at the student's own speed with any device. On the course Overview the student can see four plans: Introduction, Module 1, Module 2 and Workshop (Figure 2). Learning experiences of the topic are wide, so the MOOCs modules are divided into themes that are presented in chapters six and seven. The purpose is to help multicultural teams to understand each other better and consider each other's cultures more respectfully and to provide valuable insights to companies and organizations. After successful completion of the course individuals have a basic understanding of the various aspects and levels of the topic. Individuals get practical tools to promote diversity in their organizations and to prevent unwanted consequences by getting familiar with stumbling blocks.

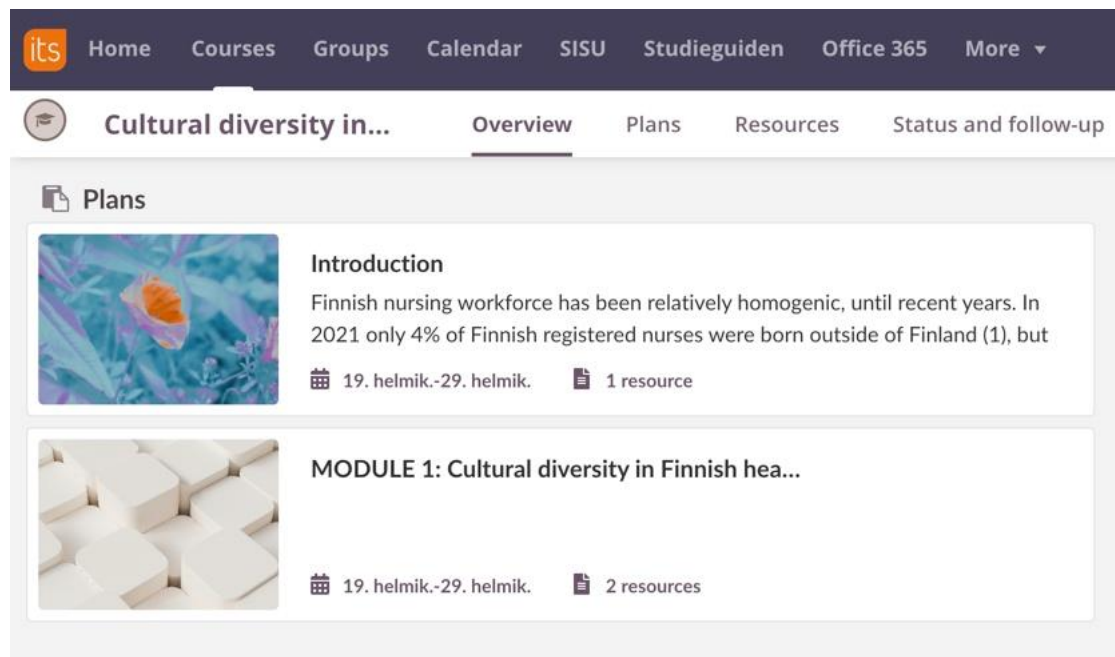


Figure 2. The course overview

Phase four is content creation and environment setup. This MOOC is produced as part of this thesis, so the content creation is based on conducted literature search and the theoretical framework presented in it. The materials of this MOOC focus on research-based knowledge of multicultural leadership and completing the MOOC supports addressing the issues from a leadership perspective. The learning environment is chosen based on Arcadas' wishes. Introduction to using the platform was in February 2024 by principal lecturer Tana and additional search of the platform's uniqueness was made in the platform's webpages. Itslearning as an online environment is clear to use. The structure consists of navigation tree on the left, work area in the middle and above it the main menu. Well-organized folder structure is mentioned in best practices in creating a good course structure. The chosen method to organize the content was Functional structure. The structure aligns with the logical order of the course. (Itslearning, 2024d). Figure 3 shows the structure in MOOC. The content was placed in folders using page option and rich content. The font choice was Times new roman and size 12. The background was automatically white, and the text was black. Those automatic choices were kept supporting the feeling of reading a book. Subchapters were planted as individual pages with a small coloring in the beginning to highlight the change of the sheet. The text content pages were kept simple to ensure easy update for Arcada in the future. Using special features in the beginning would require more material to update when editing the content. This

phase was limited and narrowed by the possibilities provided by the learning environment Itslearning.

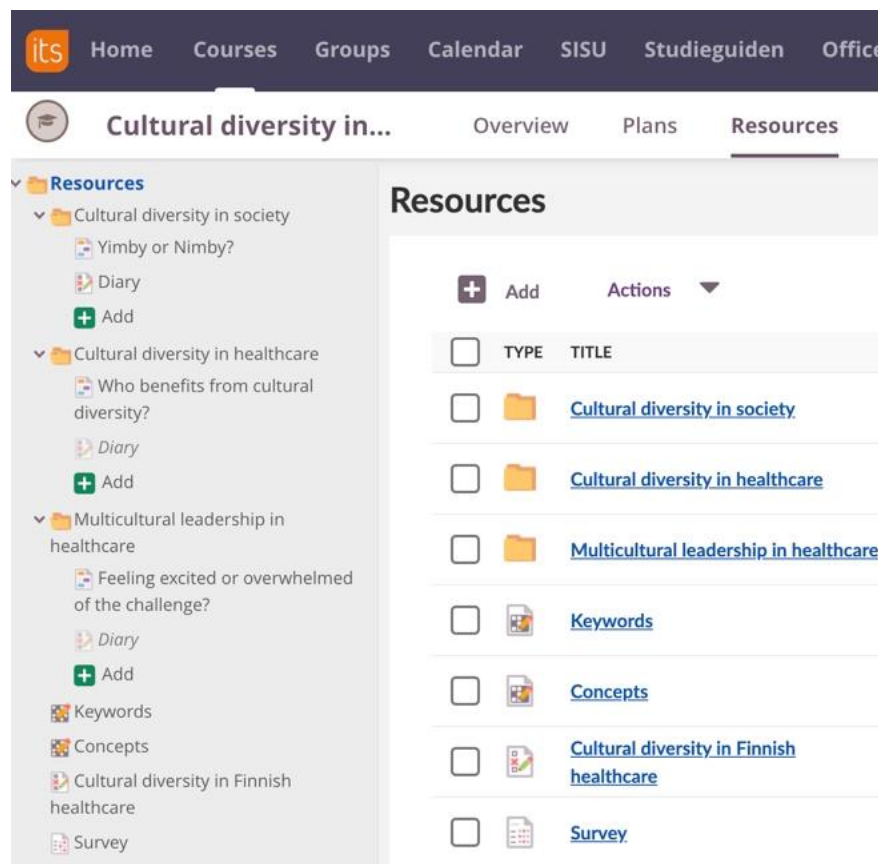


Figure 3 The content structure

According to Marstio (2020, p. 29) in online learning the students learn through assignments. The most important thing in online education is the planning of those assignments and to provide detailed instructions to perform those. Student's growth to an expert can be supported by linking the assignments to actual challenges and to guide students to use expert knowledge. Arcada's pedagogical policy encourages to plan learning activities where students can practice the learning outcomes (Pedagogisk policy, 2022). The MOOCs first plan is Introduction. It provides a description of the topic and learning outcomes that are possible to gain by completing the course. Detailed learning outcomes follow in Modules, workshop and assignments provided in them. In the introduction the assignment is designed to inspire and awake the imagination of the student. Students can find the concepts of the course placed in a crossword. The gaming method is chosen in the introduction to motivate students at the beginning of the course. Elzeky et al. (2022, p. 10) found in their study the positive effect that

gaming has on students' competence and motivation. Abdulmajed et al. (2015, p. 27) identified positive outcome of gaming in learning and teaching process.

As mentioned before, the dropout rate of MOOCs is relatively high. Because of this, a lot of focus was directed to produce memorable, captivating, and informative course design. Every part was designed to encourage the student to proceed further. The assignments were designed functional and brief to support implementing the learning outcomes to work life. Figure 4 illustrates two kinds of assignments in MOOC. To maintain the student's motivation and provide inspiration for new ideas throughout the course the different parts in the modules of MOOC start with leading questions about the subject area to encourage students to think of the topic before reading and absorbing new information about it. A small reflection exercise follows each subsection. The small reflection exercises are designed to promote learning and to enable the student to consciously stop to think about the topic. In the course a discussion forum provides peer support and additional insights from colleagues anonymously.

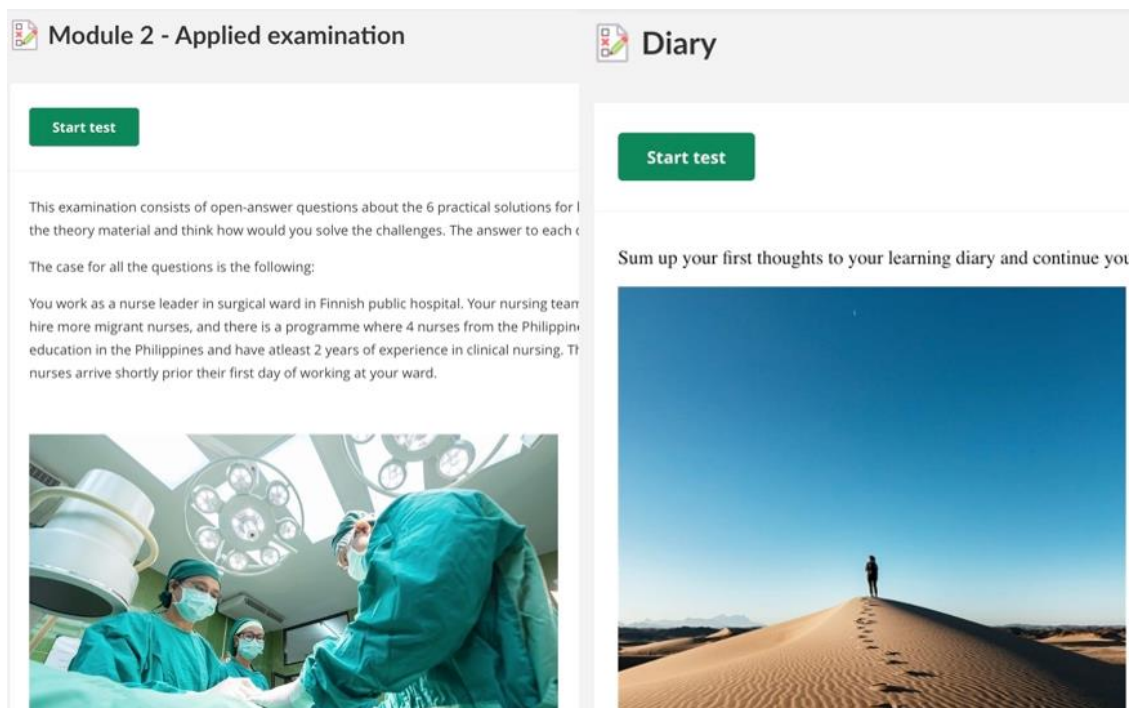


Figure 4: MOOC reflective assignments

Module 1 consists of a learning diary and discussion forum. The learning diary is your biggest project that continues throughout the whole module, and you can use your real-life cases in it.

Reflection and feedback are voluntary but highly recommended. Module 2 includes multiple choice examination, applied examination with case example and course reflection and feedback survey. After modules 1 and 2, the student continues to the workshop, which is designed to be done in co-operation with working life. The final step is Arcada's survey.

Learning diaries have a significant role in life-long learning and the learning results with learning diary are promising. Hyttinen and Suhonen (2022, p. 446) recommend in their study to combine learning diary and flipped classroom approach. In the learning diaries students are advised to write their own conclusions of what they have just learnt in that precise part of the module. Of the content just read and absorbed the student is guided to think what affected the most and what was learnt. Those thoughts linked to previous experiences are meant to be written in students' own words in the learning diary to help the student to choose the relevant and best fitting practical solutions to student's own work environment. In the best case, students can develop the ideas further that has risen from the course content and with their own analysis elaborate the solutions provided. In module 1 the diary was created using a test tool with an open answer possibility. The same idea of reflection and combining theory with student's own experiences is behind the applied examination in module 2. The feedback is automatically built in feature, and it relies on keywords the student uses in the text. The questions and assignments are designed to perform as guidelines and students are encouraged to think and try how the theories would benefit individuals own work and the organization. Both modules consist of different parts with assignments, and in the end, there is a test that supports the student to assemble all ideas and thoughts of the whole course. The course is open so there is an unlimited number of attempts to perform the assignments and test. After completing every module, students can receive the result of the course. Modules have a reflection and feedback survey that is created using AI tool in Itslearning. In the end there is a voluntary but highly recommended Arcada course survey.

Phase five consists of peer-commenting and iteration. The phase is presented in Chapter 5.3 more deeply. Checklists include psychology, usability, and technology. Phase six is implementation and teaching the course and phase seven is evaluation and analysis. This MOOC is published in summer 2024 and the implementation process continues from there on as part of Arcada curriculum. The MOOC has open access to everyone. In this thesis evaluation and analysis focuses on the process of producing this MOOC and launching it. A future research area could be to evaluate and analyze it further.

5.3 Product development process

The online course was designed as described in previous chapter 5.2. and further development process was performed using spiral model. This is an application of the model Lewin presented originally in 1948, and is cited widely since (Toikko & Rantanen, 2009; Carr & Kemmings, 1986; as cited in Salonen, 2013). Figure 5 shows the product development process. We piloted the course with our friends, family, and fellow students.

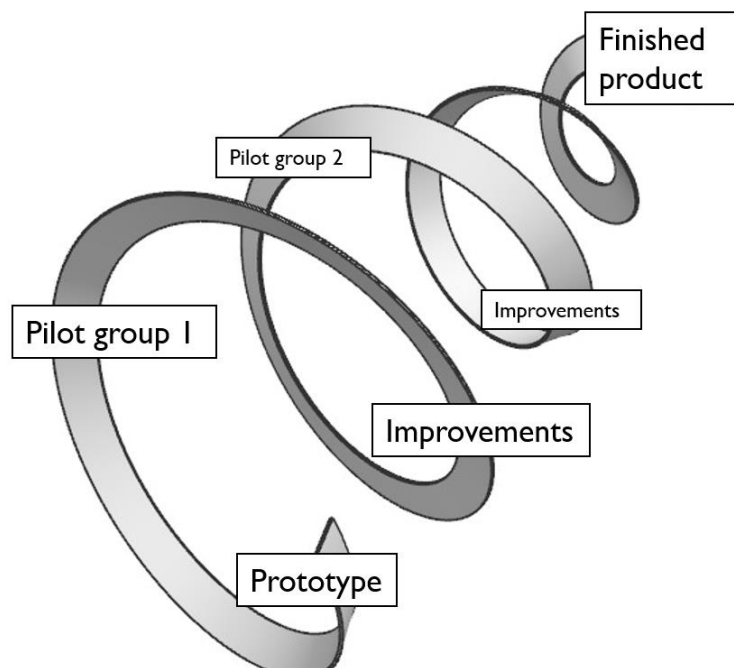


Figure 5: The product development process

The piloting phase with the prototype started February 2024 with a storyboard on PowerPoint and continued in March with Itslearning. The focus in the first cycles was in course navigation and intuitiveness, and the later phases focused on the learning experience, readability, and accurateness of the material. Each circle provided comments that affected the process. The feedback of the design, clarity, and relevance were valuable as well as the experience of the time that was needed to complete parts of the course. The feedback assured us the course will produce the desired result and reach the target audience it was meant for. Especially when the piloting phase started with Itslearning the development process showed its importance in the course design. The assignments were designed to deepen the understanding of the text content of the course. As the evaluation and grading of the assignments is automatic, piloting was vital to ensure the assignments are graded accurately and fairly. In addition, the artificial intelligence tool ChatGPT was a part of piloting group as it was asked to generate answers to our open

questions, and these were taken into consideration when listing the required keywords, same as other piloting group answers.

The MOOC was designed to inspire students of the course and feedback and suggestions were taken into consideration when placing the texts and choosing supporting images. The feedback on the written descriptions was important because the assignments were meant to be done independently. The descriptions had to be completely clear, without any room for interpretation, as the assignment was meant to move the students' learning process towards the course's learning outcomes.

As part of this thesis, we hosted two 3-hour-online lectures at Novia University of Applied sciences for bachelor level nursing students. This was a great opportunity to pilot our teaching strategies and educational choices. This part of the process was also an opportunity for us to learn from the students and teachers in Novia. The dialogue with the pilot groups about the topic showed us the importance of the practical solutions and stumbling blocks we created in the MOOC. The discussions, written comments and hearing nursing students and teacher's thoughts and ideas about online lessons effected in the process of creating this MOOC.

The process encountered several limitations as ideas had to be settled in the form that was possible to produce in the learning environment. That challenged the creation process, but improvements were made in the frames it was possible to optimize the learning experience. The product development process operated as a spiral and according to piloting several improvements were made to ensure the aim and purpose of this MOOC is possible to gain.

6 Ethical considerations

Our responsibility as researchers includes providing knowledge, understanding, solutions, and applications to improve society. Therefore, we chose a topic which is under researched and will have a societal impact. The education we offer in the MOOC will not only help the Nordic healthcare sector to become more equal and ethical but has a potential of reaching broader audiences globally. This study followed certain steps and took actions to ensure the content is accurate, precise, and trustworthy. We based our literature search and the course on trusted, published research. We used high-quality academic databases Cinahl, Science Direct, Academic search complete (EBSCO), Sage journals and PubMed. Snowballing brought wider

perspectives to the topic and other sectors besides healthcare were examined to explore best practices in working life. The database search and article selection served the purpose of this thesis and defined the information to bring clarity and deeper understanding. The principles and strategies were useful for this study and this thesis represents an effort to critical evaluation of the previous research regarding the research questions. The approach is narrow because we wanted to investigate strictly the topic through research questions. All data was observed objectively and with honesty. Both of us were involved in the analysis and reviewing the findings.

The chosen references provide an overview of the topic and were a combination of different fields as mentioned in the thesis before that good practices should be multiplied from different sectors. Healthcare was the focus of the references but also research from other fields was included as well. We present the results as they are in the cited research. The personal expectations and opinions did not guide the data search, collection, and analysis. We have made conclusions in the last chapter, but they are clearly marked as a result of our personal inference. We have used APA7 citation style to fully respect the work of other researchers and give credit to the owners of the papers. This was also done to spread knowledge and guide our readers to further reading. The same idea was used with images. The photographer was mentioned after images. This thesis will include an online course for free use. For this reason, we have carefully reviewed the copyright issues. We have used only articles with permission to be used for academic purposes. For some articles we have a special license if their use was not permitted otherwise. Images were also gathered from web resources that are open and free to use. We were also suggested in early stage to consider copyright issues regarding this MOOC How to lead a multicultural team in healthcare.

In the product development process, we asked our fellow students, family members, teachers from our university and colleagues to give feedback on our course in different phases of the project. Those who gave comments were orally informed about the use of their views: this course is part of our master's thesis and will be used at Arcada. This course is not commercial and will be offered free of charge for academic and educational purposes. No names or other identifications of those who gave comments were collected nor stored. Also, a written foreword was placed to Itslearning announcement for the Master thesis group. The comments were collected mainly orally in non-recorded Teams meeting and some comments were given written. In these cases, we as researchers knew the names behind comments, but the

information was not stored. All the conversations and commenting occurred in closed online-environment. It was voluntary to give comments and feedback. The benefits of giving comments for our course are to improve the usability of the course and therefore promote knowledge about multicultural leadership in healthcare. There were no expected risks of giving comments, as the participants were not identified in any way and we as researchers and product developers had no authority over those who gave comments. The ones giving comments were aware of the schedule, and that we might ask them to comment again in later phases after improvements, but it was totally voluntary to respond again, and responding once didn't include any commitments of participating again.

One potential harm of our work in larger scale would be that if Finnish healthcare sector becomes too attractive for foreign nurses, it can potentially worsen the nurse shortage in other countries. Furthermore, according to Vartiainen et al. (2018) demands of western countries for qualification has an impact on contents of the nursing education in the Philippines. This leaves the needs of the healthcare sector of the Philippines for less attention.

Our thesis is conducted with functional methods and literature review. As we did not interview anyone, there is no expected psychological stress regarding the data collection. There is not likely identified or expected harm to any participant of our research and course, which is produced based on the thesis. We expect our research to foster open discussion about the status and reality of multiculturalism, discrimination prejudices in Finnish healthcare. Our research and education aim to prevent discrimination and racism in every form. This thesis did not receive any financing or support from third parties. This thesis is part of our master's studies, and the topic was chosen due to our personal interest. We received guidance from lecturers and information retrieval specialist of Arcada. This guidance was objective and included no other interests from the commenters. The fellow students who gave comments and feedback didn't receive any compensation for their help.

7 Module 1 - Background

7.1 Cultural diversity in society

Research shows that nations with strong multicultural policies tend to have a more positive attitude towards cultural diversity among citizens. This can be seen for example in Canada,

where 62% of citizens had supportive feelings towards minorities, whereas only 20% of Italians felt the same (Safdar et al., 2023). Statistics from different questionnaires are not completely comparable, but the Ministry of Justice's report from 2017 indicated that two thirds of Finns felt positively about their neighborhood getting more multicultural. The result varied by area, and in general citizens in urban and multicultural areas had more positive feelings than citizens living in rural and culturally homogenic environments. (Jauhola et al., 2017).

This indicates that Finland has good base to succeed in global fusion and integrating more culturally diverse workforce to our workplaces. In Finland, the biggest immigration groups in 2022 were Russians, Arabic people, Somalis, and Estonians (Statistics Finland, 2022). Immigrant people are underrepresented in Finnish nursing workforce as well, as in 2022 11% of people living in Finland had something else than Finnish, Swedish or Samish as their mother tongue (Statistics Finland, 2022), but only 4% of Finnish nurses were born outside of Finland (Suomen sairaanhoitajat, 2021). This means, that there is a huge potential in immigrant people, if the society is ready to support inclusion effectively. Promoting diversity has shown to have positive impact in overall performance, decision making and innovations in every field of business, and healthcare is not an exception (Miller, 2023). The benefit of diversity is gained through promoting inclusion (Debesay et al., 2022, p. 11).

7.2 Cultural diversity in healthcare

In healthcare perspective, diversity among nursing staff and other healthcare professionals increases quality of care and improves patient satisfaction (Le, 2021, p. 1). According to Erdsiek et al. (2022, p. 2) minorities bring up their healthcare expectations and by addressing them affect the effectiveness of the service. In the study of Claeys et al. (2018) the increase of culturally diverse patients was identified, and they suggested further observation to professionals' cultural competences. Healthcare providers who understand this connection, have the advantage of offering familiar services to diverse patients. According to the Ministry of Social Affairs and Health (2023b, p. 19) the adequacy and availability of health care personnel have weakened in Finland in recent years. The measures available to address this challenge include innovative operating models, utilizing technology and removing barriers from labor coming from abroad. In healthcare, respecting diversity guarantees that individuals appreciate one another and have equal access to all opportunities (Le, 2021, p. 1).

Chua et al. (2023, p. 639) and Kerfoot (2022, p. 38) discuss the escalating shortage of employees and its impact on leadership. Chua et al. (2023, p. 639) highlights the need for leaders to focus on making sure their work environment remains appealing. Nurse managers ability to facilitate a harmonious environment is an essential role (Koesnell et al., 2019, p. 5). The benefits of integrating nurses from different cultural backgrounds into Finnish nursing workforce does not only limit to increasing the number of nurses. Kamau et al. (2023) interviewed Finnish nursing leaders, and their research states that diverse nursing workforce enriches workplaces and care culture and improve the care of patients from different cultural and linguistic backgrounds. Uman et al. (2023) had similar findings in their study that was performed in Sweden. The participants of Kamau et al.'s study felt like more actions could be done to attract more international nursing workforce and make Finland a considerable choice for skilled nurses from other countries. The benefits of cultural diversity in healthcare concerns multiple actors. To provide a clear categorization of the benefits, the following two subsections present more particularly the subject: Organizational benefits and Benefits for nurses and patient care.

7.2.1 Organizational benefits

The benefits of a diverse workforce compared to a homogenic one is convincing. Wills (2023) presents that working in a diverse team can inspire creativity and drive innovations, increase understanding of the market, foster cultural sensitivity, and promote opportunities for personal and professional growth. Miller (2023) writes that when employees feel valued for their unique contributions and met respectfully, they are more likely to feel safe and engaged in their employer. When employees have equal opportunities, it inspires them to perform better. Kamau et al.'s (2023) study also shows that positive collegial relations help integration and adapting.

Employees are seen as investments and diversity has become a significant component of nurses. The component is seen as a strength when leaders have succeeded in DEI-strategies. (Debesay et al., 2022 p. 2). Leaders are also mentioned as investments as organizations make commitments to DEI. Leaders' development is crucial in advancing DEI. (Corbie et al., 2022, p. 4128). Leaders are seen in a central role to enable inclusive work environment for organization to function efficiently. Leaders working way was seen to affect the safety of the work environment and in the service the patients received. (Debesay et al., 2022, p. 10). Kerfoot (2022, p. 39) confirm organizational benefit in engagement and skills when seeing workers as

investments and when supporting and educating them. In the study of Corbie et al. (2022, p. 4120) DEI was included in medical education curriculum and committees at institutions promote the issue.

Organizations that have invested in diversity strategies and truly committed to supporting diversity and multiculturalism, have succeeded better in the market than organizations that have not. (Miller, 2023). Cultural diversity could enhance organizational profitability, leading to positive societal transformation (Le, 2021, p. 9). Diversity sensitivity ensures that healthcare meets the needs of entire population (Erdsiek et al., 2022, p. 5). Munkejord and Tingvold (2019) discovered that elderly care homes with long experience of hiring multicultural nurses in Norway, had low turnover and low sick leave rates. The settings, focus and research questions vary, but the literature is united and solid with findings supporting the benefits of diversity in healthcare organizations. When the market is competitive, organizations seek ways to promote their characteristic features. They try to stand out with exceptional services and extraordinary organizational structures, that are better than what other stakeholders in the market have. The correlation between financial performance and prioritizing in diversity has shown to be strong, but the most remarkable benefits are improved work culture and job satisfaction (Miller, 2023).

Organizations are in the middle of maintaining sustainable competitiveness and making sure their culturally diverse employees feel included and belonging to the workplace (Chua et al., 2023, p. 636). Better performance of multicultural teams is widely accepted and there is strong research evidence behind it. Still the reality in the grassroots often seems different, states Wills (2023). Sometimes it is hard for the team to believe that this principle applies in their specific situation and unique dynamics as well. This is the point where the leader must take a strong and visible role and convince the team of the urgency of change in organizational culture. Kamau et al. (2023, p. 2) found in their study that culturally diverse teams in healthcare benefit all levels meaning organization, workforce, and patients. As benefits they mention new knowledge, a combination of talents that put together innovate and create better team performance. Kiviniitty et al. (2023, p. 6485) shared similar findings highlighting open, dialogical teams where cultural diversity enables sharing competencies.

To enhance quality and patient satisfaction cultural competences effects positively (Claeys et al., 2018). In the ability to produce innovations and new thinking, diversity plays a key role.

Miller (2023) writes that diverse teams have the potential to offer innovations, fresh ideas, and challenge conventional thinking. Diversity in this regard includes multiculturalism and ethnicities, but also different backgrounds, genders, sexual orientation, and disabilities. Team members can learn from each other and end up in conclusions that they would not have reached separately. Narayan et al. (2021) confirm that diverse organizations have higher profits, reduced turnover, increased innovations, and better decision making. A similar perspective is shared by Le (2021, p. 4) who writes, that diverse personnel enhance the potential to achieve goals by gathering input from individuals with different ways of thinking.

7.2.2 Benefits for nurses and patient care

Physicians and nurses of different ethnic, religious and socioeconomical backgrounds have deeper understanding about diverse patients (Argueza et al., 2021; Claeys et al., 2018). Authors state that care provided by diverse physician teams leads to improved physician-patient relationships, quality of care and patient satisfaction. This can also be seen to apply to nursing teams as well, as Cineas and Schwartz (2022) confirm. Narayan et al. (2021) report similar findings: diverse patients are more likely to experience high-quality care featuring effective communication, patient satisfaction, adherence with medical recommendations and improved outcomes, when they receive care from health care professionals representing the same minority as themselves. Authors suggest that ethnicity is the strongest predictor regarding whether the physician is able to see the vulnerability of special patient groups. It is notable, that Narayan et al. (2021) executed their studies in US, a nation with loads of historical burden and mistrust between minorities and authorities, even healthcare providers, so their findings may not be completely transferable to Finnish society.

Miller (2023) writes that diversity increases innovations, and therefore diverse teams have a key role in important disruptive innovations equally in clinical care, education, and scientific research in healthcare sector. Narayan et al. (2021) research point out that during the Covid-19 pandemic, black individuals died more likely than other ethnicities. This finding indicates the urgency of diversity and inclusion in radiology departments, to better understand the special health related features of minorities. Argueza et al. (2021) suggest that increasing the support for physicians of color in scientific research may lead to expanded research goals, increase the efficiency of information, and help better understand medical conditions among diverse demographic groups. DEIB strategies focus both on employees and patients (Hogan et al.,

2023, p. 2). Migrant nurses themselves have reported reasons for moving to Finland, such as better career opportunities, better income, desire for adventure and relatives living already in Finland. (Vartiainen et al., 2018). Other interaction factors were free education, free language courses offered in home country and seeing Finland as a western welfare country.

The patients are diverse, and so should the nursing workforce be as well. We all end up being patient at some point in our lives and usually that point is the one when we are at our weakest. During these times, it is preferable to have a caregiver with whom we feel safe. Sometimes it can mean having a nurse from a similar cultural background, but according to research this is not always the case. Munkejord and Tingvold (2019) claim that some Norwegian-born residents in a Norwegian nursing home preferred foreign-born nurse. This was explained with respecting culture and behavior towards elderly people and using more time to listen.

7.3 Multicultural leadership in healthcare

Multicultural leadership has been under research especially in business, engineering, and education, but in healthcare the topic has been lacking research to the same extent. (Teixera et al., 2023). Uman et al. (2023) confirms the understanding of how to lead a multicultural team in healthcare perspective is limited. According to Miller (2023), leading a multicultural team is based on leading by example, like any other leadership. This inspires others to execute DEI strategies in practice. Increasing multiculturalism among employees includes recruiting and maintaining multicultural workforce. In the recruitment process leaders can widen the candidate pool, utilize different channels, and hire employees from minorities. The Ministry of Social Affairs and health, the Ministry of Economic Affairs and Employment of Finland and the European Institute for Crime Prevention and Control, affiliated with the United Nations (2023, p. 1) provides responsibility recommendations for international recruitment in the social and healthcare sector to promote the considerations of responsible aspects. Fundamental principles in acting responsibly include equal treatment, non-discrimination of employees and respect for human rights and principles of the workplace.

Roughly estimated, one person leaving their job will cost around one year of lost productivity. Not to mention all the recruitment costs and introduction. When an employee has decided to leave, their motivation will drop dramatically and for the last 6 months they do the bare minimum. The new person may be highly motivated but lacks silent knowledge of the

organization and needs 6 months to adapt to the team. In this regard, promoting diversity in organizations is crucial. According to Debesay et al. (2022, p. 9) success in collaboration and co-operation in a work environment was seen when experience working in a culturally diverse team grew and team members got familiar with different backgrounds. All activities in work environments that aroused collective practices and united shared values helped integrate all team members into the organization's culture. Kerfoot (2022, p. 39) raises the issue of nurse leader's turnover where one reason is shortage of team members. DEIB-strategies need leadership to perform the implementation process according to plan (Hogan et al., 2023, p. 2). Mullin et al. (2021) confirm the importance of those strategies in leadership to keep team members and draw in more talents to the team.

According to Kamau et al. (2023) research, the nurse leaders' leadership competence enables the leader to adapt new strategies and leading methods to manage leading a multicultural team. Although the nurse leaders may have little or no experience in leading a diverse team, their formal leadership education helps them to successfully change their leading style. Leaders are in key role showing appreciations and cultural sensitiveness with humility. The benefit of diversity is gained through promoting inclusion (Debesay et al., 2022, p. 11). Kamau et al. (2023) state that nurse leaders' competence in multicultural leadership supports the integration of culturally and linguistically diverse nurses. As suggested in Houston et al. (2023) diversity management is gaining significance in leadership skills. They continue that despite the widely acknowledged challenges of leading a diverse team, the understanding of the factors behind the success or failure of leaders is still limited. Chua et al. (2023, p. 636) continue that increasing awareness of diversity affects the necessity for organizational leadership to reconsider the way they lead their culturally diverse team. According to Mullin et al. (2021) change will last when inclusion, diversity, equity, and accessibility (IDEA) are fundamental skills in leadership.

7.3.1 Change leadership

When the workforce is getting more diverse and multicultural, there is a change process going on. This requires commitment and vision from the leader and pushes them to convince others about it as well. WalkMe (2024, p.19) finds that organizations and employees face changes that are needed for success. Change management is an answer to both adaptive and transformational changes and best performed with a change management strategy. Different

models of Change management combine practice and theory and provide framework for leaders to overcome most common obstacles. John Kotter's eight-step model for change combines theory and practice. (WalkMe, 2023). According to Kotter's (2006) change leadership theory, the understanding the need for change and clear vision are key factors to success. Vision in this regard means a picture of the future, which gives signs of what people should do to achieve it (Kotter, 2006, p.60). We have all been to meetings and projects which seem irrelevant and apart on a larger scale. When the vision is clear and effectively communicated, the smaller projects link naturally to the common goal and employees know why they are being done (Kotter, 2006, p.8).

A modern leader is not authoritarian or micromanaging but inspires employees to work autonomously towards common goals. WalkMe (2023) suggests pairing Kotter's model to another change management model to bring the most to all participants the change affects. As Kotter's eight-steps focuses on strategy and the development on organizational level employee's side could benefit the pairing. Prosci's ADKAR Change Management Framework consists of five stages and with awareness, desire knowledge, ability and reinforcement focus on the people and begins with individual change. Leaders in healthcare carry a heavy burden when trying to navigate in the changing work field. Nurse leaders oversee the patients care, nurses working possibilities and they perform their task in the guidelines and with the tools provided by their organization. It's important for leaders in culturally diverse healthcare to be aware of the principles of change leadership. As Corbie et al. (2022, p. 4121) state that for a future change leaders' attitude and skills make new system structures with equity possible.

7.3.2 Qualification acknowledgement

According to Vartiainen et al. (2018), it is common that migrant nurses work as care assistants and practical nurses in private nursing homes. This is caused by the bureaucratic and long process of certification. Migrant nurses from the European Union have an advantage in this regard, as their education is compared to the European framework, and usually acknowledged as such, with language exams. Nurses coming from outside of EU/ETA countries, on the other hand, are compared to the Finnish nursing qualifications. In practice this means, that nurses from outside of EU/ETA-region, must always supplement their education in Finland. (Vartiainen et al., 2018, p.31). Their degrees are evaluated in Finnish universities of applied sciences, on behalf of Valvira National Supervisory Authority for Welfare and Health (2024).

This is based on the Act on Health Care Professionals (1994). The alternative path is to apply to Finnish nursing education and accredit previous studies partly. In Laurea university of applied sciences for instance, this path takes two years. (Laurea, 2024). After completing required education and supplementary training, healthcare professionals apply for the certification from Valvira. This must be done regardless of the educational path. (Valvira, 2024.)

In 2011, the new profession of care assistant was launched in Finland. Care assistants receive an 8-month training and work in elderly and disabled care. They assist residents with nutrition, hygiene, and daily activities. Care assistants get paid 200-300 e/month less than practical nurses and are not allowed to work alone in a shift. (Vartiainen et al., 2018, p.32).

7.3.3 Stumbling blocks of multicultural leadership

According to Wills (2023) the common stumbling blocks in multicultural teams include insecurities about equal opportunities, misunderstandings, slower communication due to language barriers and using enough time to integrate international team members with authentic encounter and avoiding stereotypes. Wills also reminds that even when the performance gets better and results are good, working in a diverse team is usually considered harder and uncomfortable. Diverse teams have doubled their chance of finding the right solution, but they are also more likely to have conflicts and longer discussions. Debesay et al. (2022, p. 12) have similar findings in their research that leaders are in an important role in fostering effectiveness and inclusive culture in their organization. They confirm that multicultural teams may encounter conflicts and longer discussions. Koesnell et al. (2019, p. 2) also found workplace diversity can be a one source of conflict in healthcare and Uman et al. (2023) mentions challenges in team work besides possible benefits.

According to Le (2021, p. 8) leaders in healthcare who fail to address diversity issues can affect their workplace efficiency. Leaders' emotional intelligence is essential (Koesnell et al., 2019, p. 2). Aseery et al. (2023, p. 2) confirm emotional intelligence's positive effect on leaders' ability to resolve challenges. Koesnell et al. (2019, p. 6) highlighted the leaders' need for self-awareness, work experience and the possibility of professional growth. Aseery et al. (2023, p. 8) approached education aspect by its' possibility to improve and develop emotional intelligence, that has important role in leadership and in organizations intercultural

competence. They suggested also continuing education of conflict management (Aseery et al., 2023, p. 11). Corbie et al. (2022, p. 4120) found the need in leadership development on DEI to perform system changes in healthcare. Diversity strategy should not aim in just recruiting workforce of color, but professionals with various backgrounds and assets. On the other hand, it is also crucial to understand the structural barriers that only minority students and professionals face, such as lack of support and unequal career opportunities. In other words, minorities may need targeted support and consideration and the management must understand the special struggle they face, but at the same time they must not be reduced to just a representative of their group.

The stumbling block includes the future demand for care that is related to changing demographics and the escalation in shortage of nurses. Cultural diversity is evident reality in healthcare. (Debesay et al., 2022, p.1; Kamau et al., 2023, p. 2; Kiviniitty et al., 2023, p. 6480). The shortage of staff was one issue that made nurse leaders struggle with the demand of their managerial duties because they had to attend to basic nursing duties to answer the needs of the ward (Koesnell et al., 2019, p.6). Kamau et al. (2022) discovered that nurses from different cultural backgrounds tend to have difficulties in integrating into Finnish nursing workforce. They can even have intentions to leave their job due to these challenges. When multicultural nurses feel that they belong to the working community and can practice their profession properly, they feel more engaged to the employer (Kamau et al., 2022). Teixeira et al. (2023) note, that if the leader is not willing to adjust their leading style to respect their diverse nurses' culture, the nurses do not feel comfortable around the leader and may end up avoiding the manager when they have problems.

7.3.4 Racism and discrimination in healthcare

Racism and discrimination in health care has been under research especially in Northern America. In a report released in 2020, 92% of black nurses in US reported that they had experienced racism. Majority of Asian-born and Hispanic reported these experiences as well. (National Commission to address racism in nursing, 2020, as cited in Cineas & Schwartz, 2022.) Although already since 2009 medical schools have been required to implement systemic efforts to maintain diversity among physician workforce, still in 2019 ethnical minorities such as black people, Latinx and native Americans remained underrepresented (Lett et al., 2019). The statistics vary by the specialty, but there are some fields such as radiology, where people

of color and even women have remained seriously underrepresented, and the workforce doesn't indicate the diversity of whole population (Narayan et al., 2021).

Trainees of color have reported discrimination and obstacles in medical school and hospital training. Osseo-Asare et al. (2018) researched the role of race and ethnicity in physician training in Northern America. They found out that the three major experiences included daily barrage of microaggressions, being seen as ambassadors of their race and ethnicity and being seen as "others". Cineas and Schwartz (2022) offer examples of these micro aggressive statements: "She is colored but she is nice" or "It's good to have someone represent African American culture, but smart too". This is very important for management and educators to understand: people of color want to be seen as who they are as an individual with skills and knowledge, professionalism, and personal features. Moreover, systemic racism in the US has claimed to prevent black nurses from being promoted as leaders (Cineas & Schwartz, 2022). In the study of Corbie et al. (2022, p. 4120) a structural racism in healthcare is seen in health inequities.

Cineas and Schwartz's (2022) participants reported that even worse than being called by insulting names was the lack of support from the community. They report recent case from 2019 where the management blamed the victim and refused to take any actions to state that racist behavior was not accepted. The nurse, who experienced discrimination was forced to swallow their pride and rights, if they wanted to continue in the organization.

Munkejord and Tingvold (2019) researched the experiences of migrant nurses in a Norwegian nursing home which had a long history with diverse workforce and had opposite findings. These nurses didn't report discrimination from colleagues. They reported that the working community supported each member if someone was insulted with racist names by residents or their families. Often these reported insults were from residents suffering from dementia, and these residents insulted also native nurses in different ways. According to Debesay et al. (2022, p. 8-9) both workers and ward nurses reported harassment, prejudices, and racism from older patients and their relatives. The patient's view was not reported. Leaders and team members showed emotional support to worker after been experiencing racism and discussed with the causing patient and their relatives about it. Also, Antón-Solanas et al., (2022, p. 362) reported prejudices and stereotypes as challenges in care.

The Finnish legislation has laws that goals for equity and prohibit discrimination. The purpose of the Non-discrimination Act (2014) is to promote equity, prevent discrimination and enhance the legal protection of people who have encountered discrimination. In the Constitution of Finland (1999) everyone is equal in front of the law, and no one is to be placed in a different position without an acceptable reason. The Act on equality between Women and Men (1986) aims to prevent gender-based discrimination and promotes equality between genders. The Employment Contracts Act (2001) states fair treatment and prohibits discrimination.

8 Module 2 – Practical solutions for leading a multicultural team in healthcare

8.1 Prepare for the change

Integrating team members from another culture usually takes more time than expected, and it feels challenging in the beginning (Wills, 2023). When this is noted, it is easier to believe in the process and not to fear the struggle and give up too early. Leader has a key role in understanding this aspect and helping others to understand it too. According to Kotter's (2006) 8 steps model for change leadership, leader's first step in change process is to convince others of the urgency of the change. Everything new requires time and effort, even struggle, but when the expected benefits are inevitable, the process is worth the trouble. Most people are comfortable in stable situations (status quo): even if there are problems, it is still better to maintain familiar circumstances than work towards something unknown. This can be the case especially in organizations which have succeeded in the past (Kotter, 2006, p.36). Our Nordic welfare model experienced its golden era in the 1980's, and it is still globally known for offering equal, affordable, and high-quality care for all citizens. Finnish people and nurses still want to be proud of the system, even though we all know that there are major problems with financial sustainability and provided care. It is urgent for the leader to understand, that no matter how clear the vision is for themselves and how hard they work, they must give time for the whole organization and all employees to come to the same page with the leader and to see the need for the change (Kotter, 2006, p.5). Without the support of the team, the leader cannot improve practices.

One solution for communicating the urge for change is to allow all levels of employees to receive customer and patient feedback (Kotter, 2006, p.37). As healthcare professionals we

tend to be proud of the evidence-based high-quality care our department offers, but sometimes we forget the customer experience and patients' point of view. If the head nurse or manager receives all the feedback from the executives and customers and thinks that it is better to save the trouble from the employees and responses to them themselves, the manager prevents the staff from getting crucial information. The nurses may feel that everything is fine, and they are providing good care, if they never get the brutal and honest, critical comments. Hearing these unpleasant comments enables the nurses to develop an accurate understanding of the situation.

According to Pitkänen et al. (2017, p. 225) adapting to diversity is a challenging and time-consuming process but at its best diverse personnel can be an asset and a positive force for change. In recent Finnish research article, the authors discovered, that some nursing leaders had insecurities with hiring nurses from different cultural backgrounds. Some nursing leaders had negative experiences of multicultural workforce's influence in teamwork. (Kamau et al., 2023). Clubb and Fan (2021) remind, that change, and new practices should be accepted and embraced as a part of life, not just something to cope with and hope that the project will end soon. Hiring multicultural workforce is an inevitable part of the future of nursing in Finnish healthcare organizations, and as any other disruptive for status quo, it needs to be considered as progress. When it is accepted, planned, and prepared with a positive attitude, the results are expected to be convenient.

Kamau et al. (2023) note that the leader should prepare themselves, their existing team and the newcoming nurse for fluent inclusion. This can be done by offering workplace education and creating a supporting environment. Leaders must review newcomers working competence and design their role to meet their skills. Leader will set clear rules and mechanisms for the workplace to prevent racism and discrimination, from team members and patients and their families. The participants in Kamau et al.'s (2023) study felt that when a hospital or organization has an international workforce, it increases staff members' awareness. Therefore, the crucial point is when the organization hires its first diverse nurses, and leaders and staff members are not familiar with working in a multicultural team. Kamau et al. (2023) also found out that leaders with less competence in languages and cultures, were less likely to hire international nurses.

8.2 Evaluate the competence

According to Leveälahti et al. (2019, p. 53) in addition to language, good communication and interaction skills are emphasized along with the ability to understand cultural issues. They state that it's important to know how to work in a multicultural environment. Kamau et al. (2022) found out that migrant nurses felt like they needed to work harder to prove their competence. They felt that their competence was not completely acknowledged due to unpolished language skills. Kamau et al. (2023) study confirmed the finding. This can be stressful and overwhelming for newcoming international nurses, and Cineas and Schwartz (2022) confirm the issue also among nurse leaders. Black nurse leaders often felt they were the only person of color among managers and felt like they had to prove their selves time and again.

Although it is common that culturally diverse nurses' professional competence is underestimated, Munkejord and Tingvold (2019) discovered that if the unit has a long experience in hiring foreign nursing workforce, they are more aware of the competence in migrant nurses and had fewer challenges. This supports the importance of an open-minded attitude if the nurse leader has little experience in leading multicultural teams.

Munkejord and Tingvold (2019) present that the Norwegian nursing homes with long experience in hiring migrant workforce evaluated the competence with following factors:

- 1) Good professional knowledge on elderly care
- 2) Good language skills or improving them actively
- 3) Genuine interest in working in elderly care
- 4) Good prioritizing skills

None of these criteria is related to background or culture and are accurate with both native and migrant nurses. It is important to require the same skills equally as well as an open-minded attitude (Kiviniitty et al., 2023, p. 6485). It's valuable to cherish the culture of that attitude and giving and receiving constructive feedback. It's possible for a new team member and for a senior team member to hear their colleagues' voice and to realize and understand different working methods. In the best case the team's working methods improve in those four competence factors with discussion and learning from each other and all personalities in the team can perform their work in the best possible way.

On the other hand, some cases where native nurses had unrealistic expectations towards international nurses were also reported (Kamau et al., 2023). In this regard it is crucial to use time and effort in the beginning, and openly communicate the educational and experimental issues. Newcoming international nurses should be welcome with their personality and full capacity they have, but not expected to be more. The competence requirements must be the same for all nurses, not depending on the background. This includes nursing competence, language skills and being licensed to practice. The language skills must be at a level where working is safe but do not have to be perfect. In comparison with newly arrived nurse trying to adapt to the new work culture and work language Leveälahti et al. (2019, p. 5-6) writes about continuous internationalization of professional fields and teams imposes to demands of language skills and especially the proficiency in multiple languages is seen beneficial. Leveälahti et al. continues that healthcare sector and managerial role are found as examples where the language proficiency requirements are the broadest.

It is important that the leader has trust in multicultural nurses' competence and can assure native colleagues of that too. The leader should be able to support professional autonomy for all staff members. (Kamau et al., 2023). International nurses themselves reported insufficient induction and being assigned tasks that didn't match their competence and experience (Kamau et al., 2022). Munkejord and Tingvold (2019) confirm that it is common for migrant nurses to be underestimated regarding their professional competence. Therefore, the induction should not focus on the basic nursing skills the nurse already is qualified to do, but more on the routine and habits of the unit.

8.3 Support the newcoming migrant nurse

Kamau et al.'s (2023) nurse leaders reported that they support international nurses' competence by offering rotation onto different wards and opportunities to obtain medication and safety licenses. Participants felt it important that newcoming international nurses felt that the organization is willing to invest in them and their training. Overall, the nursing leaders felt that the induction process tends to be longer for international nurses than natives and needs to be tailored to their education and experience. Koesnell et al. (2019, p. 5) found cultural awareness helped nurse managers to understand the team members' perspectives in challenging times. In the study of Debesay et al. (2022, p. 4) awareness, experience, respect, and understanding were highlighted as important issues in working in a culturally diverse environment. Special effort

to show attention to aspects of internationality affected positively among nursing teams. Cultural diversity affected preferences in working days and vacations in a positive way as it created more flexibility because the needs were different according to culture or religion. (Debesay et al., 2022, p. 6).

As cultural diversity showed positive effects on diversity it brought up the importance of knowledge and experience and the team members' assistance and advice when challenges arose. The leader's communication and guidance showed importance in ensuring traditions and manners were taken into consideration. Especially during holiday times. (Debesay et al., 2022, p. 7; Kiviniitty et al., 2023, p. 6485). Nurse leaders have strategies to support nurses, such as mentoring. It can be a good idea to assign a mentor for new nurses from different cultural backgrounds. The mentor can be an experienced fellow nurse, who has a welcoming attitude and willingness to help. The shifts can be designed to enable the new nurse – mentor pair to work together in the beginning. The mentor offers also important cultural guidance and helps the newcoming international nurse to adapt to society outside of work. (Kamau et al., 2023). The international nurses also found the mentoring system important and hoped it to be long enough. They reported that usually the induction and mentoring period was two weeks, and it was experienced too short. (Kamau et al., 2022). Vartiainen et al., (2018) remind, that mentoring is more than just guidance for the work. Migrant nurses are usually relatively young and far from their families. For these reasons the mentor is preferably a bit older person with life experience. Mentors need education for this task, and the most demanded skills are communication, social skills, patience, kindness, and empathy. Cultural knowledge in this regard was not as important as basic human interactions. (Vartiainen et al., 2018).

Furthermore, it is also notable that the personal features and attitudes of the newcoming nurse are at least as important as the support from the organization. Clubb and Fan (2021) underline the importance of one's mindset as the major factor in successful integration. The key idea is to understand that if a person thinks something is just temporary, and will be over soon, they tend to prevent their own possibilities of success. Kamau et al. (2023) confirm that resilience, flexibility, and positive attitude helps a lot when adapting to a new working community. The newcomer must have an open mind and willingness to communicate and handle conflicts respectfully. The importance of common language was recognized (Kiviniitty et al., 2023, p. 6482; Antón-Solanas et al., 2022, p. 361). Miscommunication was raised as increasing conflicts in the study of Koesnell et al. (2019, p. 4).

Kamau et al.'s (2023) study states that international nurses should be allowed to independently communicate with patients and their families. Patients do sometimes have cognitive challenges and racist beliefs, but majority of the interactions increased patient satisfaction and nurses' adaption. Language skills were on a level of satisfactory to carry out the work in ward nurses' opinion. It was minority background workers who felt less confident about using the language. (Debesay et al., 2022, p. 7). Koesnell et al. (2019, p. 4) found in their study that unresolved conflicts increased nurse's turnover. The nursing culture and job assignments vary in different countries, so it can be surprising that nursing in Finland is quite hard work, language is harder to learn than expected, pay level may not be as high as expected and weather conditions are not always pleasant.

8.4 Language training

In bedside nursing, linguistic competence is crucial, and the recruited international nurses must have proper language skills for safety reasons. These skills include spoken and written skills. This does not mean they should be able to speak like a native speaker, but to increase patient safety and fluent communication, international nurses would benefit from offered education in healthcare specific vocabulary. Babitsch et al. (2020, p. 2) confirm communication between team members affects patient safety. In Kamau et al.'s (2023) study the nursing leaders reported a lack of language education in organizations, but the international nurses were encouraged to attend language courses in their free time. The participants reported that language skills are the most important part of successful inclusion.

In Kamau et al. (2022) study, the focus was on experiences of international nurses themselves. They reported that when they couldn't completely express themselves in Finnish, they felt looked down upon. International nurses experienced isolation, feelings of incompetence and negative social experiences due to the language barrier. They reported a lack of language training at work, poorly scheduled courses, which didn't support their work-life balance and impractical content on courses. Munkejord and Tingvold (2019) report that even those migrant nurses whose language skills were fluent, felt that their foreign accent brought challenges to the work. Moreover, the authors claim that the accent issue was easier in units with many culturally diverse nurses. Even though not all international nurses were from the same origin, it was experienced helpful, that it was normal to hear various accents at workplace. Leveälahti

et al. (2019, p. 51-52) agrees that Finnish is required of all employees in certain field but continues that more rare languages are also needed. They raise the benefit of language proficiency in languages spoken in Asian, Middle Eastern and African countries. According to Leveälahti et al. the skills in rare languages are needed in healthcare and management roles.

Offering language education is one concrete action, how organizations could really support their nurses from different cultural backgrounds and allow nurses to attend language classes during worktime and even arrange education. When the education is arranged by the organization, it will better match the specific needs of the work. Language class that gathers nurses from different parts of the organization can bring more possibilities to innovating and developing work environments by bringing good practices and fresh ideas visible. In addition, language course can be designed to provide induction to the organization and can support in various ways integrating nurses to the organization, society, and culture in a foreign country by using methods like mentoring and coaching as part of the course. New nurses knowing better their colleagues around the organization can provide a low threshold tool to gain support in their profession also in the future.

Both nurse leaders in Kamau et al. (2023) and international nurses in Kamau et al. (2022) felt that the fastest way to learn Finnish was working: international nurses learned by working with a Finnish colleague and doing daily tasks. In this regard, it could be beneficial not to review the linguistic competence too harsh in the beginning, but to recruit otherwise competent nurses and allow them to improve their language skills on the ward. Munkejord and Tingvold (2019) describe the same: the linguistic requirements tend to be quite strict for being licensed as a nurse in Norway, but the best way to learn would be to practice while working. They remind that there are no linguistic requirements for assistants, and it is a good and commonly used path for migrant nurses who have entered the country recently. During the assistant contract, the nurses were expected to make an effort to learn the language.

Furthermore, Munkejord and Tingvold (2019) suggest that it is not the migrant nurses' responsibility alone to learn the language. The whole team should support them in the learning process. This means that native colleagues act tolerantly and take time to explain things with basic vocabulary. It also helps to use common phrases frequently when working together, so that the newcomer can get familiar with the professional language.

International nurses in Kamau et al. (2022) study had even intentions to leave nursing career in Finland due to the language. This finding supports the idea of an understanding approach to the language learning process. Safdar et al. (2023) discuss the deeper meaning of language in different cultural contexts. They claim that in Europe, where we have a lot of different languages in geographically small area, the language is seen mainly as a tool for communication, whereas for example in Canada it is mainly a part of one's identity. This is a key aspect in multicultural teamwork: there is no need to divide colleagues to "us and the others" as long as the communication works. Different accents and grammar mistakes play a minor role, and the language requirements should be reasonable. Furthermore, Safdar et al. (2023) state that European interculturalism allows one to form a flexible and developing identity, whereas Canadians see the identity as more permanent. In Finland this may not be completely the whole truth, because we as a nation are not used to as multicultural environment as continental Europe, but this conclusion leads to the right direction, when we ponder things like who is a Finn and who belongs to our working team. European interculturalism allows people to adapt to new regions and cultures, learn languages and become a full member of the new community.

8.5 Create a DEI committee

Diversity structures lack implementation from organizations ideational level to actual service (Erdsiek et al., 2022, p. 6). To increase diversity and improve engagement of diverse workforce, it is beneficial to set up a committee whose mission is to implement Diversity, Equity and Inclusion (DEI) strategies in the organization. In the study of Corbie et al. (2022, p. 4125) some participants joined hospital committee and used their DEI competencies to develop policies in organizational level towards diversity. Narayan et al. (2021) present practical tips for creating a DEI committee. Their research focuses on radiology, but their findings can be generalized to other fields in academic medicine as well.

To be successful and able to implement changes to organization, the DEI committee, or "guiding coalition" as John Kotter (2006) says, must be strong and committed. Kotter underlines that the guiding coalition must have actual power. In large organizations it is not enough that the HR manager is the only officer in the team and tries to implement practices with heads of departments and employees. To success, the guiding team must include higher officers, who really believe in the urgency and commit to them. Narayan et al. (2021) suggest

that DEI committee should include members with different roles and have strong support from both leaders and fellow staff members. The committee must have a clear strategy to achieve its goals. Every level of the organization must be engaged in the process and have an opportunity to participate in planning. It is beneficial to carefully consider the long-term goals and strategies together. This requires time and effort, but to achieve good results, the planning is crucial. When views of different stakeholders are heard, the strategy is more likely successful, and all members commit to it. Teixeira et al. (2023) suggest that the committee could consist of nurse leaders alone.

Another point is, whoever the committee includes, they must be willing to participate and commit to the goals. Many times, in healthcare organizations there are teams and tasks, which are assigned to nurses who didn't volunteer to them. In these cases, the nurses are most likely not committed to the process and can even hinder the work. To prevent this scenario, Kotter (2006) suggests teambuilding events. They are based on the idea of trust and authenticity. The team must trust in each other and feel safe and heard in the work. This usually cannot be achieved in irregular one-hour meetings in the negotiation room. Without successful teambuilding, the members are likely to prioritize the meetings low and by time forget why they are in the team. Traditional teambuilding starts with a weekend meeting with well-planned workshops and socializing. This increases trust between team members. In the time of hybrid work environment this kind of face-to-face half professional, half social events seem to have become even more important. When team members know each other more personally, the work will be easier and more effective. To achieve common trust and effective teamwork, Kotter (2006, p.55) reminds that the events should be arranged outside of the organization and likely include outdoor and sports activities.

The goals of the committee should be designed to fit the specific needs of the organization, not copied from other successful teams. The bigger target is to prevent xenophobia and discrimination (Teixeira et al., 2023), but the lower level and more specific goals must be tailored to the department. DEI initiatives can be designed to match the existing functions and practices of the organization. This does not mean that the organization's DEI committee should work alone separately from others. Although the special goals are designed to fit the needs of a particular department, the issues and stumbling stones are similar in many academic medical departments. The committee should participate in discussion and DEI forums at hospital wide, national, and international level to gain information of the best practices in the field and share

their proven practices. (Narayan et al., 2021). Kamau et al. (2022) suggest that the success of DEI initiatives depends on the organizational structure as well. When the whole organization has a positive atmosphere, the DEI committee becomes a natural part of the organization and can bring value and collaboration at all levels.

The initiatives and tools of DEI committee are often more or less overlapped with other initiatives in the organization (communication, education, quality metrics, workforce development), and for this reason it is important to proceed diversity issues in co-operation with other committees and functions of the department. This increases the committee's chances of success. (Narayan et al., 2021). When the DEI strategy can be integrated to existing roles and teams, it becomes a natural aspect of the working culture, and will no longer be something that personnel need to consider actively.

8.6 Educate the leader and the team

Miller (2023) suggests that organizations should offer education and training about multicultural teamwork and Antón-Solanas et al. (2022, p. 362) suggests the same in cultural competence. Corbie et al. (2022, p. 4124) shows a professional can gain the growth in competencies from a targeted education of DEI. Teixeira et al. (2023) state that education should aim in increasing staff member's understanding of the cultural norms, values, health practices and beliefs of patients and fellow nurses. The better prepared the organization, leaders and employees are, the easier and more fluent the collaboration is. Wills (2023) underlines the same: being aware of the expected benefits and challenges increases the team members' willingness to engage in the change process and multicultural team.

Huang (2016) describes that some leaders of multicultural teams haven't had education about multicultural leadership or cultural intelligence. Therefore, they tend to focus on professional, regulatory, and structural frameworks, but might lack understanding of cultural management. When cultural education is seen as an important advantage for the whole organization, it should be offered by the organization during working hours. If it is left for the employee, there is a good chance that they do not participate in the education during their free time. As in Debesay et al. (2022, p. 8) managers in the study raised the need for skills development in leading a culturally diverse team. Corbie et al. (2022, p. 4126) continue the leader's development need

skills to find solutions to societal issues and advancing equity in health. To address the current situation, change management and diversity and inclusion were mentioned.

The education offered for nursing leaders and staff members should include self-awareness and emotional skills as well. The impact of self-knowledge and understanding one's own prejudices and expectations is huge. This should be openly considered personally and as a team. Prejudices and fears do not fade when they are not communicated. A leader's perhaps the most important job is to create an atmosphere of trust among the team. This includes authentic communication and respectful conflict management. When conflicts and debates are managed openly and properly, members will feel safe to voice their ideas, fears, and suggestions also in the future. It takes time and effort, but if the little conflicts are left unhandled, they will cause friction in every project and communication.

Argueza et al. (2021) remind of the importance of antiracism training in medical schools and training periods. This applies also for nursing education, practical training, and workplaces. Training should cover situations in leadership, collegial relationships, nursing student mentorship, patient care, and interactions with families. Argueza et al. (2021) suggest that antiracism training can be offered in workshops and include practical examples and solutions. Munkejord and Tingvold (2019) describe how discrimination can take forms such as taking one for granted, assuming things and questioning one's competence. They argue, that in most cases the most competent nurse according to management, colleagues and patient families is still white female nurse. Moreover, migrant nurses may have lower positions in the hierarchy than their professional qualification would indicate. Although this may often be the situation, literature presents opposite findings as well. In other cases, migrant nurses were seen as equally or more committed and skilled than natives. (Munkejord and Tingvold, 2019). The issue of racism in healthcare is sometimes downplayed, and it has been claimed that racism is caused by minority patients' mistrust of staff members. This idea should be considered critically and admit that there is a need for antiracist training among all groups in medical institutions. (Argueza et al., 2021.)

8.7 Examples of multicultural leadership in healthcare

The leader should be interested in the cultures and backgrounds of their employees. Each nation and culture have its characteristic features and work-related habits. These examples show well

how the manager needs to be aware of the former working culture of their team members. The characteristic features of different cultures can be learnt, and learning the background of employees enables the leaders to be aware of the special features of our culture and help employees adapt. (Huang, 2016). Trying to build an inclusive and respectful healthcare unit has shown to increase awareness of cultures and their impact on nursing and relationships. This goal can be supported by collecting feedback from patients to improve practices, investing in interpreter services, getting to know each other's cultures, and arranging social events. (Teixera et al., 2023.)

The misinterpretation of the ward nurse's role can cause a possible challenge that the management is not aware of the minority workers' work-wellbeing (Debesay et al., 2022, p. 10). Minority nurses showed respect to ward nurses by not contacting them when they faced problems but when accustomed to working in a new environment the employee-leader relationship reached a lower threshold. Ward nurses replied to the respect as keeping office door open, attending meetings and spending time in the ward. (Debesey et al., 2022, p. 8) This behavior is important for a leader to recognize to support the newcoming nurse from beginning to current work culture. Kiviniitty et al. (2023, p. 6486) and Koesnell et al. (2019, p. 6) raises the importance of nurse leader's individual characteristics. Self-awareness of EDI principles were found to increase the ability to unleash the very best of every team member in the study of Corbie et al. (2022, p. 4126). In the study of Uman et al. (2023) the previous was achieved with inclusive leadership. Aseery et al. (2023, p. 1) describes leaders need to have multiple abilities to perform multiple tasks. Leaders' personality is seen affecting the work and require skills and knowledge to succeed in their work. According to Hogan et al. (2023, p. 3) healthcare leadership enables fluent implementation as leaders succeed in motivating and affecting team members.

The management team in Huang (2016) noticed that Germans were strict to the schedule and worked independently. The Germans wanted to use time for proper planning, and weren't excited about modifications later, whereas Americans were more flexible. Americans also appreciated planning in advance and considered uncontrolled changes harmful but were more open for customer-based modifications. They wanted to stay active and were satisfied even with less-perfect results. The Chinese team members were the most flexible. They saw the original plan as a guideline but accepted its changing nature. Chinese expected strong and even authoritarian leadership and were used to hard work and long hours. (Huang, 2016). Moroccan

nurses appreciated louder and expressive speech and wanted direct communication, whereas Filipinos also wanted to be spoken directly to, but used softer tones (Teixera et al., 2023).

Vietnam has a history of nursing education, where nurses were educated by physicians, weren't encouraged to critical thinking, and didn't work independently. This perspective has changed since then, and nowadays Vietnamese nurse education relies on evidence-based knowledge. (Hawks et al., 2020).

Teixera et al. (2023) encourage all nurses to be creative in problem solving. They offer an example, where a nurse asked patients and their families to bring Zamzam water (from the holy well in Mecca) to the ward to be used in nursing care. This was done to increase trust for healthcare workers and commitment to the care. Of course, there is no scientific evidence of the benefits of Zamzam water, but neither are there any disadvantages, and it can still be important for the patient. This is a clear and concrete sign for the patients and their families that nurses respect their culture and make an effort in enabling them to practice their religion. Another action is to assign a room for Muslim patients for praying and adjust the mealtimes to fit respect Ramadan (Teixera et al., 2023).

9 Discussion

This functional master's thesis aimed to provide evidence-based knowledge and practical suggestions for leaders, managers and other stakeholders in healthcare about the benefits and challenges of culturally diverse workforce in healthcare, and to effectively lead the organization towards successful inclusion and integrate international nurses to Finnish healthcare organizations and nursing teams. Purpose of this thesis was to provide material and education about "How to lead a multicultural team in healthcare organization?" in the form of a massive open online course for leaders and managers in healthcare organizations and healthcare students. The research questions were regarding the common stumbling blocks in leading a multicultural team and in the actions the management execute to improve the integration of a multicultural team in healthcare organizations.

Key findings are related to cultural competencies, educational interventions, and attitudes towards diversity, which suggests that improving skills and knowledge, as well as changing attitudes and behaviors towards diversity, are important factors in meeting the needs of all

actors in healthcare which supports the theory built in the MOOC. Our principal findings that are discussed with the theoretical frame were related to the inevitable diverse and multicultural future of nursing in Finnish healthcare organizations. The research highlighted the importance of every professional and supported the various features of promoting DEI. Two categories were identified: individual and structural. Table 2 shows the principal findings separated into the two categories.

Table 2 Principal findings

Individual	Communication	Language and interaction
	Competence and skills	The right person working for the right place
	Open-minded attitude	Respect
	Resilience and adaptability	Avoid turnover
Structural	Opportunities	Career opportunities Education and training opportunities
	Leadership roles	Change leadership Fostering the inclusive culture
	Diversity strategy	Being prepared and ready to evaluate the current and the past Mentoring and coaching: integration into workforce Plan to prevent discrimination and racism and to promote DEI
	Time	Universal issue that is needed Inclusion

Our research questions were well taken into consideration during the process and the literature found supported mainly each other. The articles in this study were solid and united in conclusions, that diverse teams perform better and increase innovations. An interesting discrepancy was found between findings from Kamau et al. (2022) and Munkejord and Tingvold (2019). It seems that Munkejord and Tingvold had a lot more positive results, and their participants felt that they were treated equally, and their competence had never been questioned due to their background as migrant nurses. It seems that this discrepancy can be explained by data collection: Munkejord and Tingvold gathered their data from one nursing

home from Norway and described that this unit had 15-20 years of experience in hiring migrant nurses, whereas Kamau et al.'s (2022) participants were from various Finnish primary and tertiary healthcare units. This seems to indicate that units with more experience in multicultural work tend to have functional policies and be able to offer a better working environment. Furthermore, this finding encourages healthcare providers to be confident about getting more multicultural. When the department has the right attitude and willingness to execute new policies together, they will likely develop efficient practices that improve the culture and performance of the organization. As found in this thesis the literature about leadership in healthcare including multicultural and diversity issues is wide and perspectives are most interesting and raises more questions to be answered. An interesting point is that leaders must focus on keeping their workplace attractive because individuals have the option to choose where and to whom they prefer to work. Employees are found to be resources to serve the purpose that the specific organization has as well as employees are seen as investments made by the organization.

The common stumbling blocks in leading a multicultural team in healthcare organizations were insufficient knowledge, communication including common understanding, change leadership education, tolerance and adapting to new thinking. In designing the MOOC these issues were answered in Module 1, focusing on the change leadership and Module 2, focusing more on the practical solutions to overcome the common stumbling blocks. The workshop allows the students to implement the learning outcomes in practice.

In improving the integration of a multicultural team in healthcare the management can learn from the past and from different fields. In designing the MOOC these issues were answered throughout Modules 1 and 2. Module 2 provides hands-on tools for fluent integration. Leadership is discussed in this study from a healthcare perspective, but sector-specific good protocols can be multiplied. Communication is an issue that arises on several occasions. Communication refers to language as well as interaction among teams. Language barriers and misunderstandings should be discussed and develop models and methods that support everyone's way to speak and to be understood, whether it is a basic language just been learned or a specific dialect or a speech disorder.

Despite we differ a lot from Northern America regarding racism, we must still listen carefully to their experiences and knowledge. It is remarkable finding, that black nurses experienced the

lack of support from management more insulting than the racist behavior itself (Cineas & Schwartz, 2022). This is crucial to understand in management. Leaders can't always affect the whole society and patients, but they can affect their own leadership and stand strong with their employees, and it really makes a difference. The Finnish government is taking actions to improve the availability of trained healthcare personnel, promoting expertise and good leadership. (Finnish Government, 2023, p. 21). A leader must remember that they cannot work alone, and their actions fail if they are not trusted and supported by the team. The leader must treat the team equally and respectfully to gain trust and increase adherence to co-operation. If they fail in culturally sensitive leadership, they should not expect the staff members to be open and transparent. This thesis discusses diversity and multiculturalism in healthcare multidimensional perspective to assist leaders in the current and future transition process to lead a multicultural team in healthcare.

A wide co-operation and collaboration between ministries and government shows in several plans to solve the shortage of healthcare personnel. Diversity strategies should aim to employ professionals with various backgrounds and assets to avoid turnover that has both high costs and effects on the sustainability planning. The government will launch a Good Work Program to ensure the sufficiency and availability of personnel in healthcare. (Finnish Government, 2023, p. 25). International recruitment has many sides to be considered and responsibility is in key role. The issue is recognized and one example that was mentioned before was The Ministry of Social Affairs and health, the Ministry of Economic Affairs and Employment of Finland and the European Institute for Crime Prevention and Control, affiliated with the United Nations (2023, p. 1) who provides responsibility recommendations for international recruitment. Movement among nurses has occurred around the world and it's one factor that affects the shortage of personnel. Some countries provide nurses' education over their own current need and some countries don't have enough resources to provide enough education. Less children are born, and people live longer. The number of new professionals won't succeed in filling the amount of people retiring from nursing. International recruitment involves ethical considerations because the movement of nurses affects both the nurse's original country and the new country.

Statistics show that in year 2021 in total 113 346 Health associate professionals were employed in Finland and of those professionals 3 968 (3,5%) were from abroad. In the same year in total 195 896 Personal care workers were employed in Finland and of those workers 16 468 (8,4%)

were from abroad. In year 2014 in total 102 942 Health associate professionals were employed in Finland and of those professionals 2 392 (2,3%) were from abroad. In the same year in total 170 019 Personal care workers were employed in Finland and of those workers 7 173 (4,2%) were from abroad. (Statistics Finland, 2023). Solving the shortage of healthcare personnel that threatens availability of services of the welfare society calls for both short-term and long-term measures. (The Ministry of Social Affairs and Health, 2023a, p. 7). Practical measures are described in the Implementation plan 2024-2027 in accordance with strategic priority areas. These areas include expanding recruitment and increasing the intake of students and developing the structure of education and training. (The Ministry of Social Affairs and Health, 2023a, p. 8). In the area of increasing the intake of students and developing the structure of education is mentioned improving the opportunities for skill development, supporting the implementation of continuing education and developing the content of education in a way that meets the competency needs of the working life. (The Ministry of Social Affairs and Health, 2023a, p. 15; Finnish Government, 2023, p. 25). In the area of expanding recruitment, labor migration in sectors that are facing labor shortage and identifying international talents and providing support in recruitment. (The Ministry of Social Affairs and Health, 2023a, p. 27; Finnish Government, 2023, p. 25).

This thesis was commissioned by Arcada, and it focuses on multicultural leadership in healthcare. The idea was to design and produce the first thesis -MOOC that Arcada has ever had with evidence-based research to support leaders in healthcare organizations. MOOC represents the basic knowledge for students in the online course about the topic and teachers can in their lessons focus more on discussions, deepening the subject and reflect individuals and groups learning outcomes. This MOOC supports the Flipped Classroom approach. The flipped learning relies on the learning material is provided and studied beforehand and the actual interaction in the lessons are more discussions and assignments based on the content that has already been studied (Marstio, 2020, p. 13). We have familiarized ourselves with online education to provide the path as smooth as possible for every learner to process their own learning. The tool to produce the MOOC was chosen by Arcada. After familiarizing ourselves with the tool, the impression of Itslearning is on a solid foundation working company with long-term plans to promote education and maintain updates.

The thesis provided us as researchers the possibility to experience wide content management, regular reflection, professional development and addressing several challenges. Creating and

designing a MOOC showed us the importance of every detail in the process. This process brought us closer to life-long-learning possibilities and taught us how online variations are available in our professional field. We learned how those experiences are achievable when there is enthusiasm for innovation, curiosity, open-mindedness, imagination, and courage.

9.1 Societal impact of this thesis

Cultural diversity in healthcare has been of interest in public conversation during the past decade. Currently the conversation has accelerated, and during the last year we have read almost weekly news about it. (e.g. Hannula et al., 2005; Seppälä, 2023; Parmala, 2023; Jokinen, 2023.) The conversation in media refers also to recent research such as the doctoral study of Ndomo (2024). We are happy to see how many comments and public arguments it has received. Our thesis is up-to date and clearly answers a need. The societal impact of promoting diversity in healthcare workplaces is remarkable. We are in a crisis with too few nurses and an increased demand for care. In 2022 Finnish immigrants' employment rates (78.3%) were the same level as EU average, but immigrant women in Finland had higher rates (68.3%) than EU average (60.4%) (Statistics Finland, 2022).

Especially among working aged immigrant women there is potential to attend Finnish nursing workforce, if our society is capable of and willing to support it. It is also notable, that immigrant people are less likely to have job, where they have an education for. 20% of immigrants reported, that they have done more demanding work before moving to Finland but were unable to find similar job here (Statistics Finland, 2022). Sari Koivuniemi (2020), the Chief of international affairs of Tehy, reminds, that Finland needs to be cautious with preventing job related abuse among nursing. There have been cases, where registered nurses from the Philippines have been recruited as care assistants, and not as registered nurses. Koivuniemi (2020) underlines, that Finland needs to standardize an education path for migrant nurses, so that they can get acknowledging from their nursing education and experience.

9.2 Limitations and strengths

As mentioned in Chapter 2 – Aim of the study, we limited our research to cultural diversity and multicultural leadership in Finnish healthcare sector. The phenomena of cultural diversity, importance of communication and leadership in healthcare are broad and require education, but in this thesis, we have focused on practical implementations. As mentioned in chapter 5.1

we included wide geographical inclusion criteria in the literature search. The studies we included had participants representing both native and culturally diverse leaders. Research supported our effort to find practical tools that courage, motivate and hopefully enable leaders to perform their work in the changing healthcare sector.

Limitations of this thesis were lack of resources, such as larger research group. Furthermore, this thesis was conducted in a short timeframe. As a strength we mention the support and guidance of our university, and the comments we got in the process. Our dedication and thoroughness regarding the sourcing and scientific process strengthen our research. Our clear focus has been a strength from the very beginning, which was framed in our first research plan in December 2023. These factors allowed us to proceed at a fast pace and produce this thesis on schedule. We planned the schedule individually and followed our research plan well. We attended group guidance sessions and got personal guidance from a principal lecturer from Arcada, but the actual work was done autonomously by writers. Our process followed a planned schedule, and we managed to stick to it. We started this thesis in December 2023, and finished in May 2024. Data was collected and theory was written during January and February. The MOOC was created in March, and April – May was about finishing the work, seminars and opposing peer student's thesis.

9.3 Future research considerations

As the focus was on practical solutions, we left out for instance the relation on self-awareness education and cultural intelligence but suggest these issues to be researched in future. In chapter 5.2 Creating the MOOC the process of design and production of this MOOC was discussed phase by phase according to the example provided by Huhtanen (2019, p. 10). In this thesis phase consisting of evaluation and analysis focused on the process of producing this MOOC and launching it. A future research area could be the phase where to evaluate and analyze it further. Also, at the end of the course there is a voluntary course survey. The survey results could form a starting point to future research. This thesis and online course focus on cultural diversity among nursing workforce, but we see the urge for diversity training for disabilities, neurodiversity, and personal features as well. Our findings and solutions apply to these circumstances to a certain extent, but we are eager to widen this educational material to diversity in larger perspectives in the future.

A critical approach in multiculturalism marks the power structures, both visible and hidden in the multicultural discussion. The fact that we found a need to consider cultural diversity as a phenomenon reveals that cultures are not being seen and treated as equal. In multicultural team there is diversity within national cultures, but there is a possibility to create one united organizational culture, where all employees bring their personality and working habits to the table, and everyone commits to the commonly agreed rules and respectful behavior. There are always power structures in teams where some members know the majority language better, have more knowledge about the culture and are being seen more familiar and trustworthy by patients. This power structure might not be intentional, but it must be acknowledged and not pretended that it is not there.

10 Conclusions

This functional thesis provides background of cultural diversity and multicultural leadership in healthcare. Cultural diversity is studied from different points of view to support the common understanding of the benefits cultural diversity has in societal, healthcare sector, organizational, professional, and individual level. All aspects are discussed related to evidence-based knowledge. Our thesis aimed to provide tools and practical solutions for leaders and managers about the benefits and challenges of culturally diverse workforce in healthcare, and to effectively lead the organization towards successful inclusion and integrate international nurses to Finnish healthcare organizations and nursing teams. The result of this thesis was a MOOC about cultural diversity and multicultural leadership in healthcare.

Our MOOC provides tools to support leaders in healthcare and to bring awareness of the practical and societal impacts of the topic at an organizational level. Technology acts as an enabler. Digital tools in healthcare are expanding and a lot of variety is available. To provide an efficient way to gain needed results this MOOC was designed to meet healthcare leaders' educational needs. MOOC is always available, so students can reach it regardless of the time or location. Healthcare leaders are responsible for the quality of service and cost efficiency has an important role. Resources and competences are in key role. Online learning in multicultural leadership in healthcare supports long-lasting and future-oriented ways to gain personal and professional goals in the form of providing leaders solutions that respond to changing needs in healthcare sector.

Finland does not have the same historical burden of colonialism and racism as some other countries, but we can still learn from their experiences. Finnish society stands in front of a new and unknown situation with rapidly increasing immigration, confrontations in political field, and our position as a small nation in the middle of global crises. Our native population is aging fast, and working generations are shrinking. Work-based immigration is growing fast, and asylum seekers join the workforce by time. It is said that Finland experiences the same phenomena as Sweden, but 5-10 years later. In this regard, we should have a close look at global development and atmosphere: other countries' success points and struggles. Finland needs immigration, and we should learn to be a country where everyone can feel safe, heard, and respected. The changing work environments requires nurses and managers to possess skills in collaboration and the ability to create and operate in the new working culture.

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