

# THE EXPERIENCES OF FINNISH NURSES IN MULTICULTURAL WORKING ENVIRONMENT IN CENTRAL FINLAND

Viivi Häyrinen  
Marianne Pirskanen  
Salla Soppi

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JYVÄSKYLÄN AMMATTIKORKEAKOULU  
JAMK UNIVERSITY OF APPLIED SCIENCES



JYVÄSKYLÄN AMMATTIKORKEAKOULU  
JAMK UNIVERSITY OF APPLIED SCIENCES

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<p>Abstract</p> <p>This thesis studied multiculturalism in the field of nursing. The aim of the study was to examine the experiences that Finnish nurses had gained while working in a multicultural team in Central Finland and also to collect information about the true feelings and attitudes of the Finnish nurses toward non-native nurses. The purpose of the study was to provide information that could be exploited in the development of a multicultural working environment.</p> <p>The study was carried out with a quantitative research approach during the winter 2014-2015. The questionnaire used in the study was structured, and the Likert scale was used in collecting the responses. 83 persons answered to the questionnaire and the response rate was 34.4%.</p> <p>According to the results, the Finnish nurses found working in a multicultural team occasionally challenging. However, they had positive attitudes towards multiculturalism and non-native nurses. Half of the respondents stated that they needed education with regard to both language and multiculturalism. Misunderstandings in interactions were seen as a threat for occupational safety in a multicultural environment. Finnish language skills were also deemed to be a requirement for working as a nurse in Finland. The respondents also found managerial support as a significant resource in a multicultural working community. The Finnish nurses appreciated their colleague's professional competence regardless of their cultural background and regarded all the members of the multicultural working community as equal.</p>		
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<p>Tiivistelmä</p> <p>Tämä opinnäytetyö käsittelee monikulttuurista työympäristöä hoitoalalla. Tutkimuksen tavoitteena oli selvittää suomalaisten hoitajien kokemuksia monikulttuurisesta työympäristöstä Keski-Suomessa sekä hankkia tietoa suomalaisten hoitajien todellisista tunteista ja asenteista ulkomaalaisia hoitajia kohtaan. Opinnäytetyön tavoitteena oli saada tietoa jota voidaan hyödyntää monikulttuurisen työympäristön kehittämisessä.</p> <p>Tutkimus toteutettiin kvantitatiivisena tutkimuksena talven 2014–2015 aikana. Kyselylomake oli strukturoitu ja vastaukset kerättiin Likert-asteikkoa käyttäen. 83 ihmistä vastasi kyselyyn ja vastausprosentti oli 34.4 %.</p> <p>Tutkimuksen johtopäätöksenä suomalaiset hoitajat kokevat monikulttuurisen työyhteisön ajoittain haasteelliseksi, mutta ovat myönteisiä monikulttuurisuutta ja ulkomaalaisia hoitajia kohtaan. Tutkimukseen vastanneista hoitajista puolet kokevat tarvitsevansa koulutusta monikulttuurisuuden sekä kielitaidon suhteen. Vuorovaikutukselliset väärinkäsitykset koetaan uhkana työturvallisuudelle monikulttuurisessa työympäristössä. Opinnäytetyöhön vastanneet kokevat suomen kielen taidon vaatimuksena työstä selviytymiseen ja esimiehen tuki koetaan tärkeänä voimavarana monikulttuurisessa työympäristössä. Suomalaiset hoitajat kunnioittavat kollegojensa ammatillista tietämystä riippumatta kulttuuritaustasta ja kokevat työyhteisön jäsenet tasavertaisiksi.</p>		
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## 1 Introduction

At the end of the year 2010, 2.8 percent of the nurses in Finland were non-native. This equals 2805 nurses (THL, 2013.) Multiculturalism is increasing in Finland and especially in the nursing field, therefore Finnish nurses need to adapt to the international working environment. Nurses have to reflect on their feelings in order to promote and develop the working environment to be suitable for everyone. They also need to be unprejudiced, understanding and interactive while working in the multicultural health care field. Multiculturalism being part of the strategy of the future, the aim is at increasing the work community's ability to work in a multicultural environment (Heinänen-Child, 2008.)

There is no quality care without expertise, which includes ethical skills and the preparedness to interact and to work in community. The health care professionals are considered as being positive towards immigrants, yet the nurses with immigrant background have experienced racism while working in the health care field (Heinänen-Child, 2008.)

An international degree in nursing does not always correspond to a Finnish degree which may hinder the employment opportunities of an immigrant. Adequate Finnish language skills of nurses with immigrant backgrounds are seen as a prerequisite to the patient safety. In Finland nursing profession is subject to a licence. The National Supervisory Authority for Welfare and Health (Valvira) issue these licenses. In 2010 Valvira gave over 17 600 licensed rights to practice nursing profession which is nearly 1500 more than in 2009 (Tehy, 2012.)

The importance of this study was to define the attitudes and feelings towards the non-native nurses by Finnish nurses. The possible prejudices and their expression at the nursing field lower the quality and well-being of the working environment. On the other hand, the positive feelings and attitudes towards non-native nurses improve the quality of the working environment. The subject is an important part of the nursing today and in the future.

The non-native nurses in this study are defined as nurses or nursing students, who are originally citizens of a foreign country who are staying in Finland for a long time. The hospitals where the research was carried out are located in Jyväskylä, Central Finland. The idea for this research came from the challenges the international students have faced while doing their practices in Finland.

## 2 Multiculturalism and Nursing in Finland

### 2.1 Multiculturalism

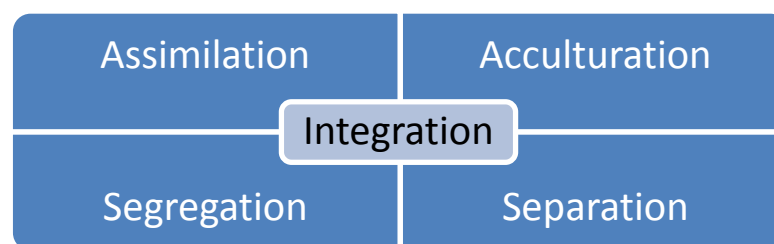
Multiculturalism is multifilament phenomenon which has political, social and cultural aims and consequences. At its best the pluralism and diversity of different cultures are fulfilled and the dissimilarity is seen as richness not deviancy or being wrong (Wallin, 2013.) Defining multiculturalism is difficult due to the fact that the concept of 'multiculturalism' changes all the time. Even though the term 'multiculturalism' is being discussed all over the world it has not yet been able to be universally defined. The term 'multiculturalism' consists of many sectors such as self-image, values, world view, history, roles and communication. It is always based on peoples' own personal experiences and history. Multiculturalism can be looked as a system of beliefs and behaviors. Values that are important for multiculturalism are for example that it respects the presence of various groups in a society or an organization, it recognizes and appreciates their socio-cultural differences and it allows them to continue their participation in the cultural context which then empowers all who are part of the society (Rosado, 1996.)

Multiculturalism is old as phenomenon but new as a concept (Abdelhamid, Juntunen & Koskinen, 2010). Multiculturalism can be defined as people from different cultures living together as equals. Hence, multiculturalism means interaction between different cultures. It is a part of a revolution of human rights which involve racial and ethnic diversity (Kymlicka, 2012.) Multiculturalism can also be seen as different people or group of people who live in the same time and space. The word's meaning connects several cultures and refers to the society where positive cultural spectrum and inter-cultural liberality and diversity of services prevail (Abdelhamid, Juntunen & Koskinen, 2010.)

In order to understand the difficult concept of multiculturalism, one has to understand also the concept of culture. Culture can be defined as everything that people and nations have learned to do, believe and appreciate within the history. It is a way of experiencing things and life. Culture is something that has been learned and it moves from generation to generation with the help of

language and different symbols. Culture can be connected to, for instance, high culture such as art exhibitions, theaters, operas, literature and movies. On the other hand it can be defined as a combining factor between different societies and communities. Culture is a way of living (Tampereen Yliopisto, 2014.)

Wallin (2013) sees the concept of multiculturalism as socialization process. (Figure 1) Assimilation and acculturation refers to adaptation where minority gives up their own culture and integrate to the new or stronger culture. In assimilation the majority is active and dominant; in acculturation minority adjust by their own aims. Separation and segregation are cultural dividing voluntary, compulsory or by means of convenience. Integration most commonly refers to adaptation of main culture and particularly creating of new identity, although the cultures try to contain their own special characteristics.



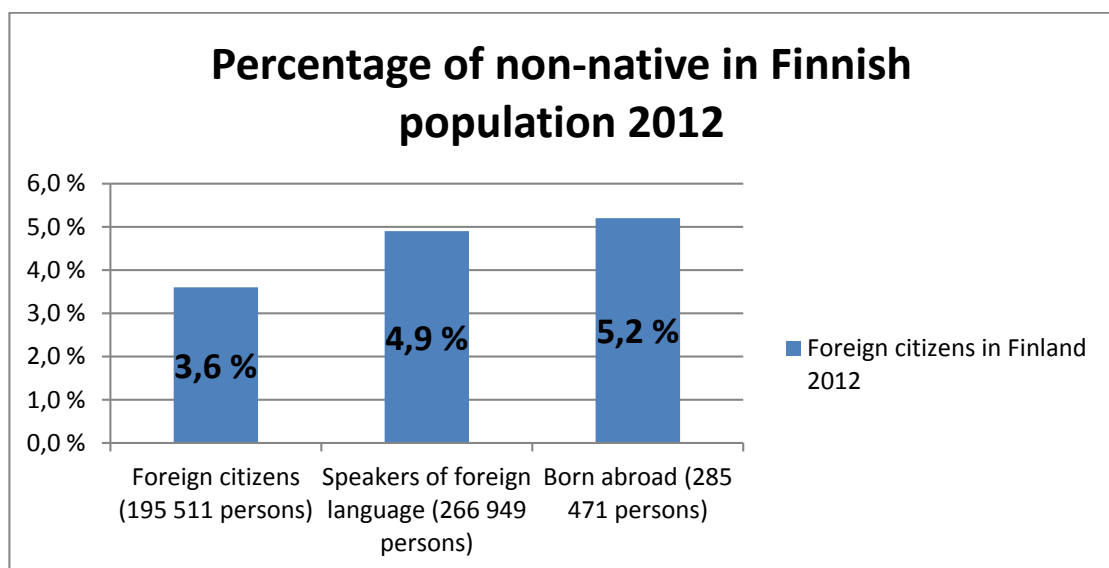
**Figure 1. Cultural socialization process (Wallin, 2013)**

Wallin (2013) also claims that multicultural knowing is national education capital. By increasing the knowledge it may prevent issues that easily arise when cultures meet. This means that everyone is responsible for the forming of multicultural Finland as the multiculturalism increases in the future. In her opinion Finland has always been more or less multicultural. Before independence the Finnish multiculturalism has been strongly attached to the subservience and to the trade. Nowadays multiculturalism in Finland is way more extensive than in those days. For instance global business and free labor markets have brought people from different cultures in Finland and they have brought their own habits with them. Today's challenge is to adapt in these manners and integrate them in Finnish society. Wallin (2013) reminds, though, that one need to remember that multiculturalism is not a synonym of indulgence. Thus this adaptation-integration process is not ready instantly.



## 2.2 Immigrants in Finland

In the statistics and researches the word immigrant refers to a citizen from a foreign country that has moved to Finland and intends to live in the country for a long time (Väestöliitto, 2014). At the end of the year 2012 the population of Finland was 5 426 674. From this number the amount of foreign citizens were 3.6 percent which equals 195 511 persons. 4.9 percent (266 949 persons) of the Finnish population was speakers of foreign language and 5.2 percent (285 471 persons) were born abroad (Figure 2) (Statistics Finland, 2013.)



**Figure 2: Percentage of non-native in Finnish population 2012 (Statistics Finland, 2013)**

According to Wallin (2013) the persons moving to Finland can be divided into three categories by the cause of the move; relationship, work or humanitarian reasons. The relationship based migrations are usually caused by a marriage with a citizen who lives in Finland. In the work based migration a person comes to Finland to study, to work or to look for a job. By the humanitarian reasons Finland takes asylum seekers, refugees and their relatives by the means of family reunion. During the last years, Finland has been popular destination for humanitarian immigration and university studies (Wallin, 2013.)

Statistics Finland states that 31 280 persons moved to Finland during the year 2012. 16 340 of those people came from EU countries. The amount of moving

individuals has increased with 1800 people when comparing to the year before (Suomen virallinen tilasto (SVT), 2013.) For this increasing trend of population coming in Finland, our society aims to integration. In other words Finland aims to be pluralist, liberal and safe society which increases its international competitiveness by multiculturalism. In real life these aims are not achieved and there occurs problems among immigrants. The major part of foreign citizens are highly segregated, they lack of Finnish language skills, and the original population seems to be critical towards immigration (Wallin, 2013.) Also the employment of immigrants is often slow because of the difficulty to learn Finnish. For instance there is hardly any possibility to work in the field of nursing if the employee does not speak Finnish or Swedish. (Abdelhamid, Juntunen & Koskinen, 2010, 26.) In Finland there is much potential international expertise that is yet unrecognizable by the employers (Demos Helsinki, 2013).

### **2.3 Multiculturalism in the field of nursing**

The basis of multicultural nursing is the same ethical values that give the justification to all professional nursing. (Abdelhamid, Juntunen & Koskinen, 2010, 78). Multicultural nursing refers to nursing done with different cultures or nursing community whose employees and patients are from different cultures and ethnic groups. The skill of multicultural nursing is respected all around the world and nurses should strive to develop their own skills. In the field of nursing there are rules, agreements, values, principles and functions that are mostly equivalent in every country. Yet every country, organization and unit has their own cultural characteristics (Abdelhamid, Juntunen & Koskinen, 2010, 9-17.)

In their results, Laiti and Liuksiala (2014) found out that the nursing staff felt working in a multicultural environment is more challenging compared to working in non-multicultural environment. It is easy to understand, since the multicultural meeting of the health care requires the absence of prejudice, sensibility, understanding, interaction and work community preparedness from the nurses. The health care professionals who have gained their education outside of Finland need support in their work community in Finland. The help that might be needed could relate to the Finnish values or to the action of health care system.

The solving of problems and conflicts promotes the working environment's welfare and satisfaction which are factors for improving the goal of good care of the patient (ETENE, 2004.)

In the ETENE's "Multiculturalism in the Finnish Health Care" publication (2004) it is displayed that multiculturalism is part of the strategy of the future since the aim is to better the readiness of the workers and work community to work in a multicultural working environment. The amount of non-native nurses in Finland will increase in the future. The threat of labor shortage of nurses has brought up the interest towards foreign nurses in politics, media and individual employers (Nieminen, 2010.) The increase of the nurses coming from different cultures raises the need of the development of nursing staff's multicultural skills. When working in a multicultural setting the employee have to expand one's own ideology and pluralism (Abdelhamid, Juntunen & Koskinen, 2010, 7.)

The internationalization of Finnish education is the aim that universities and universities of applied sciences try to invest in. (Abdelhamid, Juntunen & Koskinen, 2010, 24). In Finland there are eight Universities of Applied Sciences that have English Degree Programme in nursing starting in autumn 2014 (Opintopolku.fi, 2014). The best ways to better the multicultural education of health care professionals would be to increase the cultural preparedness of the teachers and increase the amount of students' professional practices in multicultural work environments. The learning of multicultural skills is a long-lasting process that does not end after school but continues throughout the nursing career (Abdelhamid, Juntunen & Koskinen, 2010, 27-55.)

#### **2.4. Leininger's and Campinha-Bacote's cultural competence models**

The models of cultural nursing strive to describe cultural nursing and develop the interaction of the health care professionals and individuals from different cultural backgrounds. Two of world-wide known models are Madeleine Leininger's and Josephina Campinha-Bacote's cultural competence models (Tortumluoglu, 2006.)

Madeleine Leininger started to research and develop transcultural nursing in the 1950's. She recognized that the cultural knowledge and understanding is the link to the complete support, recovery and health of the patient. The observations she made activated the research and development of transcultural nursing. She developed the Model of Transcultural Nursing (The Sunrise Model) which central purpose is to find and explain diverse and common transcultural nursing and the culture's influence on health, safety, diseases or death. The model makes the transcultural, safe and meaningful care possible for individuals with different cultural backgrounds. The model is wide and thorough and focuses on individual, family, group, institutions and communities' special needs in health care. It intends to increase the understanding of multiculturalism (Sitzman & Eichelberger, 2011.)

The development of the Process of Cultural Competence in the Delivery of Healthcare Services model by Josepha Campinha-Bacote began in the 1960's. The model is a combination of transcultural nursing, the study of human and their lifestyles and multicultural guidance and counseling. The health care professionals can use the model as a tool to develop their own cultural competence. The model also assists the health care professionals to evolve more open-minded and receiving among different cultures. The process includes the integration of five concepts mentioned in the next paragraph (Transcultural C.A.R.E Associates, 2014.)

There are five basic hypothesis for the Campinha-Bacote cultural competence model. First two of these are that the cultural competence is a process not an event and that the cultural model of processing includes the five concepts "cultural awareness", "cultural knowledge", "cultural encounters", "cultural skill" and "cultural desire". The next two of the hypothesis are that there is more variations inside the cultures than between cultures, and that there are direct contacts between cultural competence of the health care professionals and cultural nursing. The fifth hypothesis is that cultural competence is essential component when giving culture-based and cultural care to individuals with different cultural backgrounds (Campinha-Bacote, 2002.)

## 2.5 Welfare of the multicultural working environment

Good workplace is defined as productive and profitable enough. Persons such as employees and managers need adequate information, willingness and skills to achieve the goals of good working environment and welfare. Improved welfare at work is dependent on the actions done in working places. These actions should provide health, safety and wellbeing. Employers are responsible to ensure equal treatment for all their employees (Sosiaali-ja terveystieteiden ministeriö, 2011.) In the broader scene it is stated in the Constitution of Finland (731/1999) that *"No one shall, without an acceptable reason, be treated differently from other persons on the ground of sex, age, origin, language, religion, conviction, opinion, health, disability or other reason that concerns his or her person."* In that manner, in multicultural workplaces the employers need to take into account a few more factors (compared to completely native workplaces) in order to ensure the equal treatment, such as the parts of former citation: origin, language and religion (The Constitution of Finland, 1999.)

Immigrants' and other foreign labor's integration to Finnish working life is affected by managers and working community's attitudes. Also new worker's behavior and attitude is relevant part of integration to working community (Vartia, 2007.) Organization must implement internal change in the working culture and to develop new methods that develop multicultural work community (Aalto, Elovainio, Heponiemi, Hietapakka, Kuusio & Lämsä, 2013).

It has been recently noticed that attitudes have changed more positive and sympathy has increased towards immigrants in working communities and non-native job applicants. There is, though, quite a bit research information about social relations between original population of Finland and foreigners or immigrants. Cultural background, religion, habits and language skills have an effect to form social relations and maintain them in working community. Social relations are perceived to cause stress which impairs welfare of the work and well-being in general. Problems with social intercourse complicates interaction and communication in working community which dilute the quality of the work (Bergbom, Kinnunen & Väänänen, 2007.)

Bergbom's et. al (2007) research also shows that people from the same country or cultural area experience social relations much positive than from others. The closest perceived colleague was also from the same cultural district. This result refers to earlier mentioned result of Laiti & Liuksiala's (2014), meaning that although there is positive attitudes to different cultures, the most comfortable work environment is the one including a lot of personal from same cultural district. Thus, the objective in multicultural work environments is to narrow the cultural differences and therefore make the one, universal organization culture where all the employees coming from different backgrounds are feeling the same safety and acceptance (Bergholm, Kinnunen & Väänänen, 2007.)

A healthy working environment is not only managerial issue, since the employees in the field has the major impact on how everyone experiences the workplace. Work should promote health, work- and functional ability. Employees should take care their own health and also develop their working conditions. Good and healthy working environment support wellbeing of the employees. It is even a societal concern since the Ministry of social affairs and health have aimed to reduce 20 percent of mental stress of the work by the end of the year 2020 (Sosiaali -ja terveystoimi, 2011.)

### **3 Aims and Purpose of the study**

The aim of this study was to find out the experiences that Finnish nurses have gained while working together with non-native nurses in health facilities in Central Finland. Another aim of the study is to gather information about the true feelings and attitudes of the Finnish nurses toward non-native nurses. The purpose of the study is to provide information that can be used to develop multicultural working environment. This study can also raise awareness for discussions and for further studies about the subject.

The research question for this study is:

1. What are the experiences of the Finnish nurses working in a multicultural team?

## **4 Methods and implementation of the study**

### **4.1 Research methodology**

The thesis was carried out as quantitative research. The quantitative research was chosen because the aim is to find out extensively about the experiences of Finnish nurses working with non-native nurses in different health centers in Jyväskylä. Quantitative research is one of the trends of scientific research which is based on the study object being described and interpreted by the statistics and numbers. The interest in this kind of research is mostly on the different cause-effect relationships, classifications, comparisons and numerical results that can justify the phenomenon studied (Jyväskylän yliopisto, 2014b.)

The current research is based on the wide study of theory which includes the conclusions of previous researches, previous theories and definition of concepts. In this study the reliance between different issues, questions concerning numbers and percents and the changes in the phenomenon being studied are figured out (Hirsjärvi, Remes & Sajavaara, 2009, 139-186.) This kind of research also strives to generalize matters. When gathering information from a small group of people, the people who gave the information are required to be representatives of the whole population. (Kananen 2011, 17.)

Collection of material relating to the plan, the selection of persons investigated, as well as the drawing of conclusions of the observation data for statistical analysis are also in a central role in this research trend (Hirsjärvi, Remes & Sajavaara, 2008.) In this research the material was collected, the possible participant candidates selected and conclusions about the gathered data analyzed.

### **4.2 Recruitment of Participants**

The research was organized at the health centers located in Central Finland. For this research the Finnish health care professionals such as practical nurses, registered nurses and head nurses related to the care were needed to respond the questionnaire. At first the permission from the chief nursing officer of

hospitals was asked. After having the permission from chief nursing officer, the researchers applied a permission from the city of Jyväskylä to carry out the research. After the permission was cleared the researchers contacted and informed the wards and gathered the contact information by themselves.

Emails that contained information about the research were sent to the ward managers. The ward managers were kindly asked to place them in the coffee room where all the employees can read them. The letter (Appendix 1) had information concerning the research. The actual questionnaire (Appendix 2) was sent by email to all the potential participants. The email had a cover letter about the questionnaire and a link to the questionnaire. There was no exclusion criteria for the participants, every person who were using the official group email of health center wards in Jyväskylä was contacted. According to a good scientific practice (Tampereen Yliopisto, 2013) all the researchers were obligated to maintain the professional secrecy. The identities of the participants were kept as a secret and they did not get to third parties in order their sayings not to affect their work as nurses. A link to the questionnaire was sent to 241 email addresses. The amount of nurses taking part in this research was 83. Because this thesis was about Finnish nurses' experiences of working in a multicultural environment the questionnaire was only for the Finnish nurses. The questionnaire was open for the respondents for eight weeks from the 2<sup>nd</sup> of December 2014 to 31<sup>st</sup> of January 2015.

### 4.3 Methods for data collection

Questionnaire was used as a data-collecting method. In questionnaire the information is gathered from the selected group of individuals with the set of questions (Kananen 2011, 17). In this study the researchers used a questionnaire that have been previously used in a research. A good questionnaire is clear and includes precise, not sweeping questions, and is suitable for its length. The researchers wanted to refrain from sweeping questions since they are more open to interpretations than precise questions. Also the short questions or statements were used since they are easier to understand than long and complicated ones. (Kankkunen & Vehviläinen-



Julkunen 2009, 102.) In the statements or questions no technical terminology was used and the words were as unambiguous as possible. The clear questionnaire is logically structured and the common and easy questions are in the beginning, the specific at the end (Hirsjärvi et al. 2009.) This practice was used in this thesis.

The questionnaire used in this study was put on an electrical form and uploaded into the Webropol online survey application. Webropol is an international online survey application that also gives a survey report and visual results. In the program the quantitative analysis can be done (Webropol, 2015.) The numerical data of this study was analyzed by the program.

Choosing a research sample is significant step in any quantitative study, since the quantitative sampling aims that the sample represents the population and the results of the study can be generalized back to the population (Marshall, 1996). In this research the whole study population was chosen.

The research is also always based on a numeral observation matrix in which the material is summarized. The most essential thing in quantitative research is the truthfulness of the literature. In order to the survey based on this literature can be observed as valid (Tilastokeskus, 2014.) The researchers sent a covering letter by e-mail to the participants which followed up by an online questionnaire. Thus the researchers were not in a direct contact with the participants. In this manner the researchers did not interfere with the respondents and due to this the opinions of the participants were not influenced. This is how the research gets its objectivity. The study will be looked as from outside which will make it neutral (Tilastokeskus, 2014.)

A suitable and good questionnaire for our research has already been used once in another thesis wrote by Laiti and Liuksiala (2014) from Lahti University of Applied Sciences. A permission to use the questionnaire was asked from the authors. The questionnaire had multiple choice statements and answering to the multiple choice statements happened by using the Likert scale. The options were from 1-5 and the meanings were as follows;

1. I strongly disagree
2. I partly disagree
3. I cannot say
4. I partly agree
5. I strongly agree

An example of a statement could be “I experience working in a multicultural environment challenging” and the participants answered from 1-5 how one feels. The example question of the questionnaire is shown in the figure 3.

	1 Täysin eri mieltä	2 Osittain eri mieltä	3 En osaa sanoa	4 Osittain samaa mieltä	5 Täysin samaa mieltä
1. Koen, että monikulttuurisessa työyhteisössä työskentely on haasteellista.					

**Figure 3: Example of the questionnaire**

The plan was that the questionnaire was held online so that it was easy to the nurses to answer it anonymously. The questionnaire was available online for almost two months (60 days). The researchers sent notification emails to the participants who had not answered to the questionnaire once a week as a reminder about the research. The notification emails were sent 6 times. Participation for this data-collecting questionnaire was voluntary.

#### **4.4 Data analysis**

Analysis for a quantitative research is based on interpreting the material with the help of statistics and numbers. A quantitative research aims at solving different cause-effect relationships, connections between different phenomena as well as their prevalence and appearance. Statistical and computational methods are included in a quantitative research. Usually the analysis is started with a statistical analysis which is then followed by the analysis of dependence

and time series or by making different classifications. (Jyväskylän yliopisto, 2014b.)

In this research the data was analyzed by the frequencies and the percentages. The research process is good to have planned well beforehand when using a quantitative research due to the fact that problem setting, gathering the material and choices related to analysis method all affect each other. (Jyväskylän yliopisto, 2014b.)

## 5 Results

### 5.1 Background of the responders

5 respondents (5.7 %) said they are not from Finland and 83 (94.3 %) respondents replied to be Finnish. Since the research is about Finnish nurses experiences, the answers from the 5 respondents are removed from the data. Due to this removal, the amount of respondents was 83 persons.

From the respondents about 4.8 percent (n=4) were male and 95.2 percent (n=79) were female. The age was figured out by dividing age into six age groups where a respondent chose the age group one belongs to. About 2.4 percent of the respondents were under the age 20, 9.6 percent were between the ages 20-29, 25.3 percent between the age 30 to 39 and between the ages 40 to 49 were 32.5%. Between the ages of 50 to 59 there were 26.5 % of respondents and over 60 years there were 3 persons (3.6 %).

The respondents divided by their professional title as follows. 58 (62.7%) persons were registered nurse, 25 (30.1%) persons practical nurse, 5 persons (6%) head nurse and one respondent (1.2 %) other staff member. All these statistics can be seen in figure 4.

		No (%)	No (n)
<b>Nationality</b>	Finnish	94.3	83
	Non-Finnish	5.7	5
<b>Gender</b>	Female	95.2	79
	Male	4.8	4
<b>Age</b>	<20 years	2.4	2
	20-29 years	9.6	8
	30-39 years	25.3	21
	40-49 years	32.5	27
	50-59 years	26.5	22
	60< years	3.6	3
<b>Professional title</b>	Registered nurse	62.7	52
	Practical nurse	30.1	25
	Head nurse	6	5
	Other staff	1.2	1

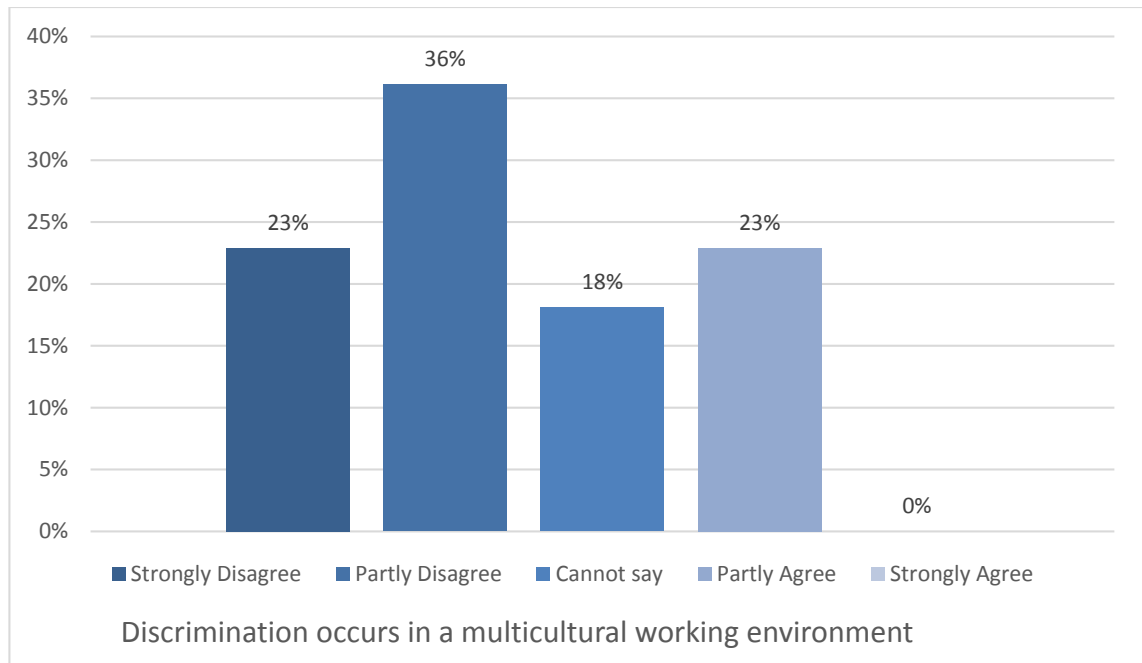
**Figure 4: Background of the respondents**

When asked if there were persons with immigrant background in the working environment. 69 persons (83.1%) said yes, 13 persons (15.7%) said no and one respondent (1.2%) replied not to know. When asking about the previous experience of multicultural environment 68.7% (n=57) admitted to have experience and 31.3% (n=26) denied to have experience.

## **5.2 Experiences of multicultural working environment**

On the question if working in a multicultural environment is challenging. 67.5% (56 persons) of the respondents agreed that working in a multicultural environment is challenging, 28.9% (n=24) denied working to be challenging in a multicultural environment and 3.6 % (n=3) did not know. Also when asked if working in a multicultural working environment is demanding. 31.3% (n=26) did not find working in multicultural environment demanding, 10.8% (n=9) did not know and 57.8% (n=48) said it is demanding.

Majority (59%, n=49) of the respondents did not experience to have discrimination in the multicultural working environment, 18.1 percent (n=15) did not know if discrimination occurs and 22.9 percent (n=19) agreed partly that discrimination in a multicultural working environment happens. (Figure 5)



**Figure 5: Discrimination at the work place**

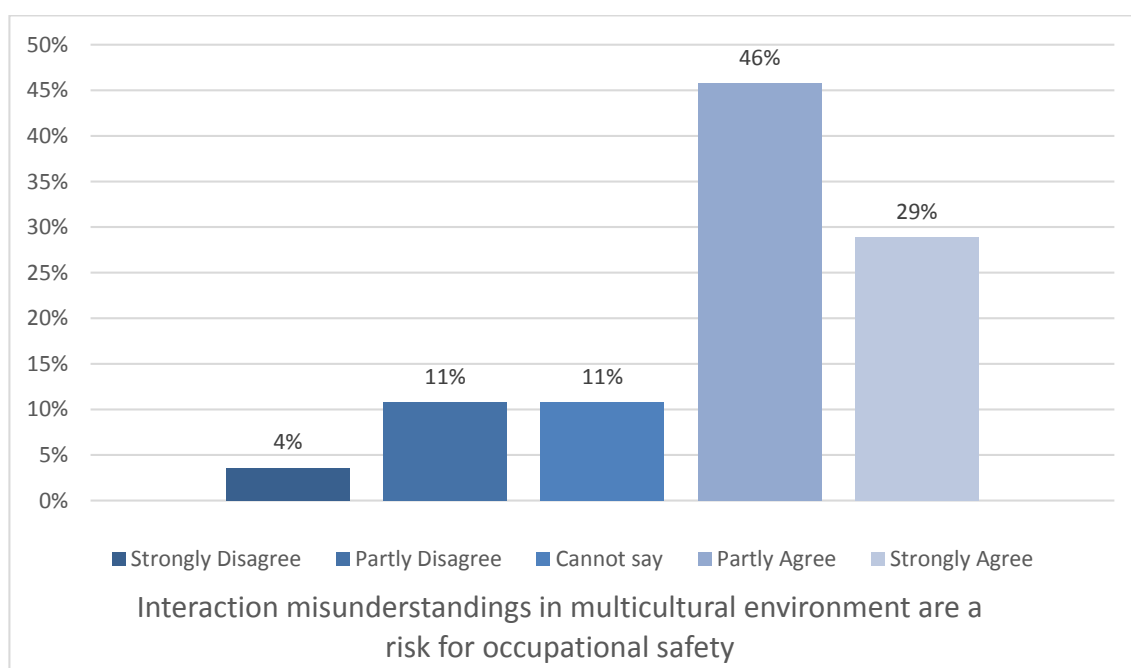
Majority of the respondents (84.4%, n=70) experience the members of multicultural working environment equal, minority (8.4%, n=7) did not know and 7.2% (n=6) disagreed with the statement.

When asking about how the manager's positive attitude towards multiculturalism serves an example for the working environment. 90.3 percent (n=75) thought that it serves an example, 4.8 percent did not know and 4.8 percent disagreed with the statement. 2.4% of the respondents disagreed that manager's support has significant role in the functionality of multicultural working environment while majority (89.2%, n=74) agreed with this thought. 8.4% could not say the answer to this question.

When asked if immigrant colleague has brought good new methods to work. 48.2% respondents (n=40) agreed with the statement, 38.6 % (n=32) could not

say and 13.2 % (n=11) disagreed with the statement. 14.5% (n=12) fully agreed with the thought that nurses with immigrant background have brought good aspects to the nursing. 48.2% (n=40) agreed partly, 25.3% (n=21) did not know and 12% (n=10) disagreed. 80.7% agreed that working colleagues with immigrant background have diversified the working community. 15.7 percent could not say and 3.6 percent disagreed with the statement.

3.6% (n=3) disagreed strongly and 10.8% (n=9) partly disagreed with the thought that interaction misunderstandings in multicultural environment are risk for occupational safety, when 45.8% (n=38) agreed partly and 28.9% (n=24) agreed strongly. From the respondents 10.8% (n=9) could not say. (Figure 6)

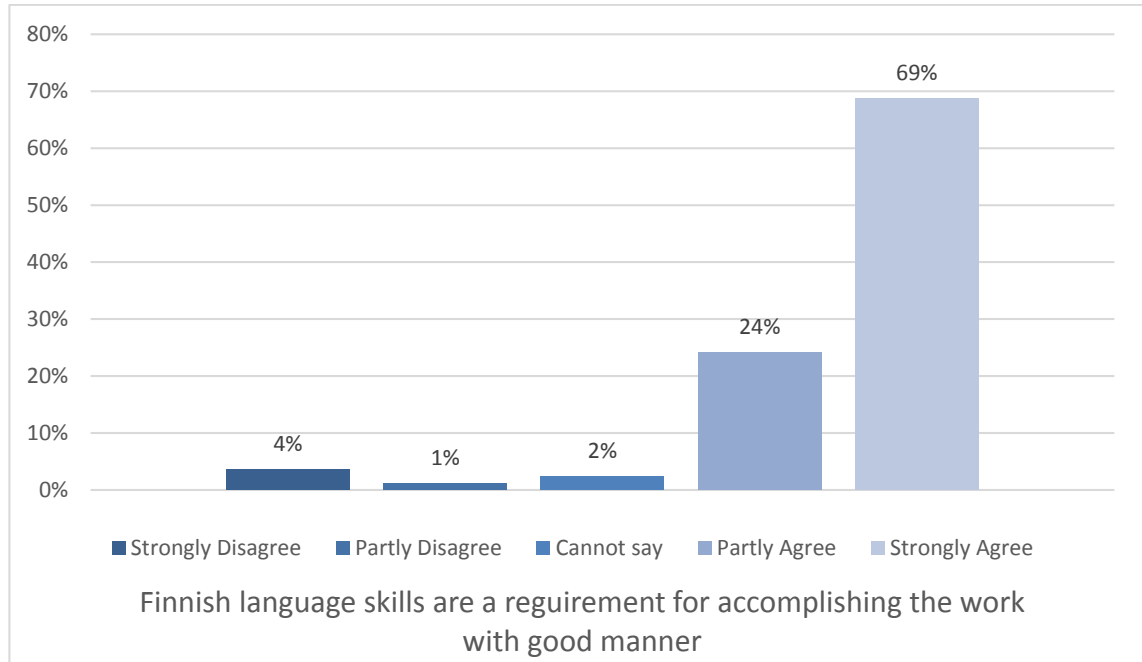


**Figure 6: Interaction misunderstandings and occupational safety**

10.8 % agreed strongly and 42.2% agreed partly that there are more misunderstandings between colleagues in multicultural environment. 18.1 percent disagreed partly and 6 percent disagreed strongly that with the statement. 22.9 percent did not know.

On the question if good Finnish language skills are requirement for accomplishing the work with good manner. 68.7% (n=57) of the respondents

agreed with this statement fully, 24.1% (n=20) agreed partly and 2.4% (n=2) did not know. 3.6% (n=3) disagreed strongly and 1.2% (n=1) disagreed party with the statement. (Figure 7)



**Figure 7: The need of Finnish language skills**

From the respondents 6% (n=5) agreed strongly and 36.1% (n=30) agreed partly with the statement that immigrant nurses are able to document sufficiently with Finnish language. 7.2% (n=6) of respondents disagreed strongly and 41% (n=34) disagreed partly. 9.6 % (n=8) could not say.

25.3% of the respondents thought that nurses with immigrant background are more hard-working employees than their Finnish colleagues. 43.3% disagreed with the statement and 31.3% could not say. When asked if nurses with immigrant background are as competent in their work as Finnish nurses. 69.9% agreed with the statement, 10.8 percent could not say and 19.3 did not find immigrant nurses as competent as Finnish nurses. 26.5 percent (n=22) did not know if different cultural ways have increased their work amount. 41 percent (n=34) disagreed and 32.5 percent (n=27) agreed that the work amount has increased due to different cultures and their ways.

When asking if the multicultural working environment has had a positive influence in one's coping at work in question number 15, 28.9% said it does not have a positive influence, 33.7 % could not say and 37.3% gave an affirmative answer. 45.7 percent of the participants experienced that multicultural working environment has a good working moral, 37.3% could not say and 16.9 percent disagreed.

### 5.3 Attitudes towards multicultural working environment

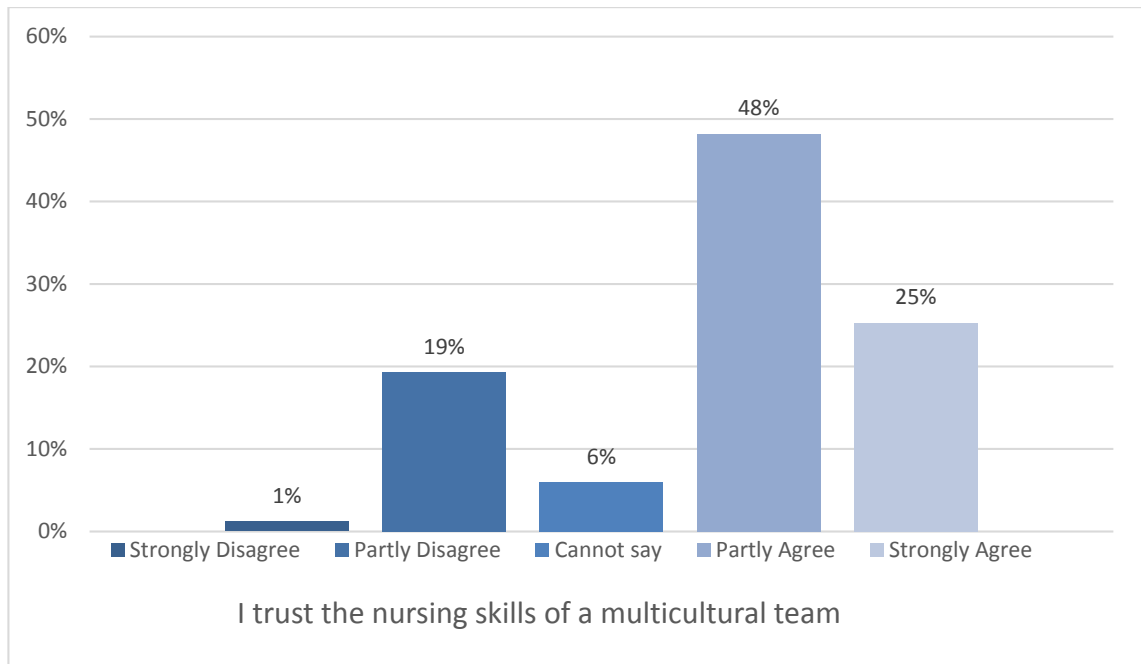
76 (91.5 %) out of 83 people who took part in the questionnaire believes that a multicultural working environment increases the tolerance of diversity. Six (7.2%) respondents chose the alternative "I cannot say" and only one person (1.2%) chose the alternative "I strongly disagree".

The statement "I believe that the work community needs nurses with immigrant backgrounds" was not unanimous. 46 respondents (55.5%) partly or strongly agreed with the statement. "I cannot say" alternative was chosen by 22 respondents (26.5%) and 15 respondents (18.1%) chose the alternatives "I partly or strongly disagree".

When asked if the participants accept the different working methods from the nurses with immigrant backgrounds, 13 respondents (15,6%) did not accept them. Five (6%) of the participants did not have a clear opinion and 65 respondents (78,4%) partly or completely accept the different working methods from the nurses with immigrant backgrounds.

Majority of the respondents (73.5%, n=61) trusts the nursing skills of a multicultural team. Six percent (n=5) did not have a clear opinion and 20.5% (n=17) partly or strongly disagreed. (Figure 8)





**Figure 8: Trust for nursing skills in a multicultural team**

One statement went as followed: “It is harder to work in a multicultural working environment than in a non-multicultural working environment.” When looked at the answers only three respondents (3,6%) completely disagreed, 13 respondents (15,7%) partly disagreed and 11 respondents (13,3%) could not say. 40 respondents (48,2%) out of 83 respondents partly agreed and 16 respondents (19,3%) strongly agreed with the statement.

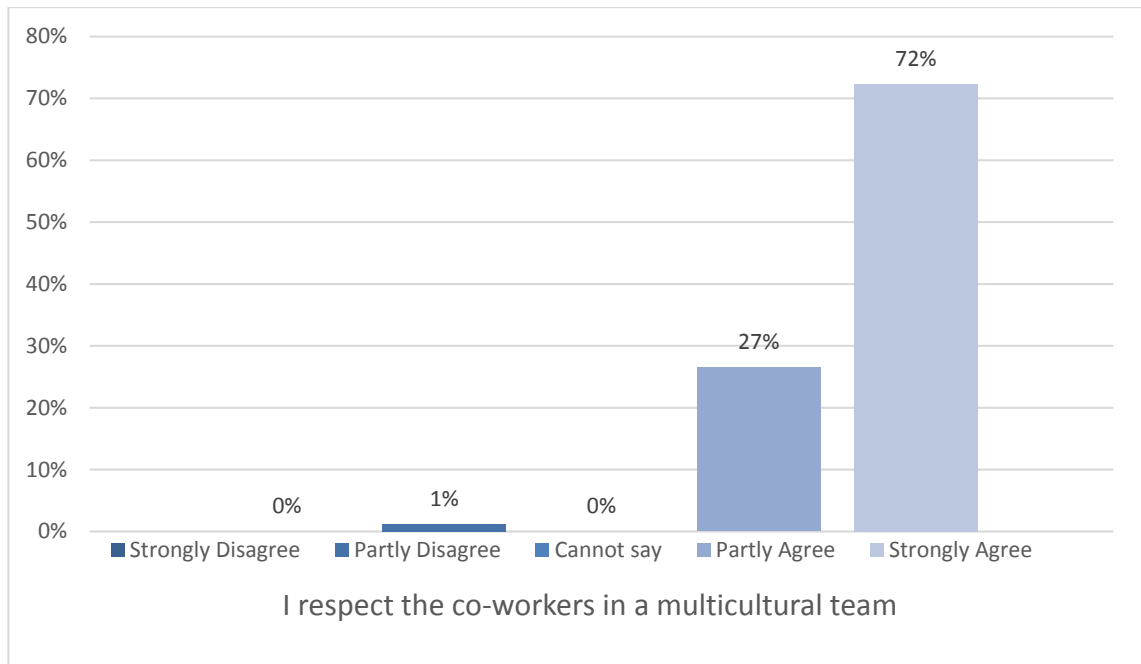
When asked if the nursing skills of a member from a multicultural working environment were appreciated, majority (n=73, 87.9%) do appreciate them. Six respondents (7.2%) chose the alternative “I cannot say” and four respondents (4.8%) partly disagreed. The alternative “I strongly disagree” was not chosen by anyone.

12 respondents (14.5%) out of 83 who took part in the questionnaire believes that a multicultural work community is not as professional than a non-multicultural work community. 20 respondents (24.1%) did not have a clear opinion and 51 respondents (61.4%) believes that a non-multicultural work community is not any more professional than a multicultural work community.

When asked if the respondents were ready to change their understandings about a multicultural working community, five respondents (6%) were not ready to change their understandings, 28 respondents (33.7%) could not say and 50 respondents (60.3%) were ready to change their opinions and understandings about a multicultural working community.

The answers show that majority (n=78, 94%) of the respondents are open towards a multicultural work community, 4 four respondents (4.8%) could not say and only one person (1.2%) is not that open towards a multicultural work community. The answers to the questionnaire show that 78 respondents (93.9%) are not pessimistic towards a multicultural work community. Three of the respondents (3.6%) could not say and two respondents (2.4%) feel a bit pessimistic towards a multicultural work community.

According to the answers majority of the respondents (n=70, 84.4%) are open to new working methods from the nurses with immigrant backgrounds while seven respondents (8.4%) could not say and six respondents (7.2%) are not open to them. When asked if the respondents respect the members of a multicultural work community as coworkers, 82 respondents (98.8%) say they do respect their coworkers and only one person (1.2%) chose the alternative “I partly disagree.” (Figure 9)



**Figure 9: The respect of colleagues in a multicultural team**

When asked if a negative attitude towards a multicultural work community control the respondents' actions in a multicultural working environment 62 respondents (74.7%) answered that if there is any negative attitudes towards a multicultural work community it still does not affect or control their actions. 13 respondents (15.7%) could not say and eight respondents (9.6%) said that the negative attitudes do affect or control their actions.

One statement in the questionnaire went as followed "Nurses with immigrant backgrounds enrich the work community." 73 respondents (87.9%) agreed with the statement, seven respondents (8.4%) could not say and three respondents (3.6%) disagreed.

When asked if the participants accept that different ways of working can be seen in the multicultural work community 61 respondents (73.5%) do accept the fact that different ways of working can be seen in the multicultural work community. 10 people (12%) out of 83 participants could not say and 12 respondents (14.5%) do not accept that the different ways of working can be seen in the multicultural work community.

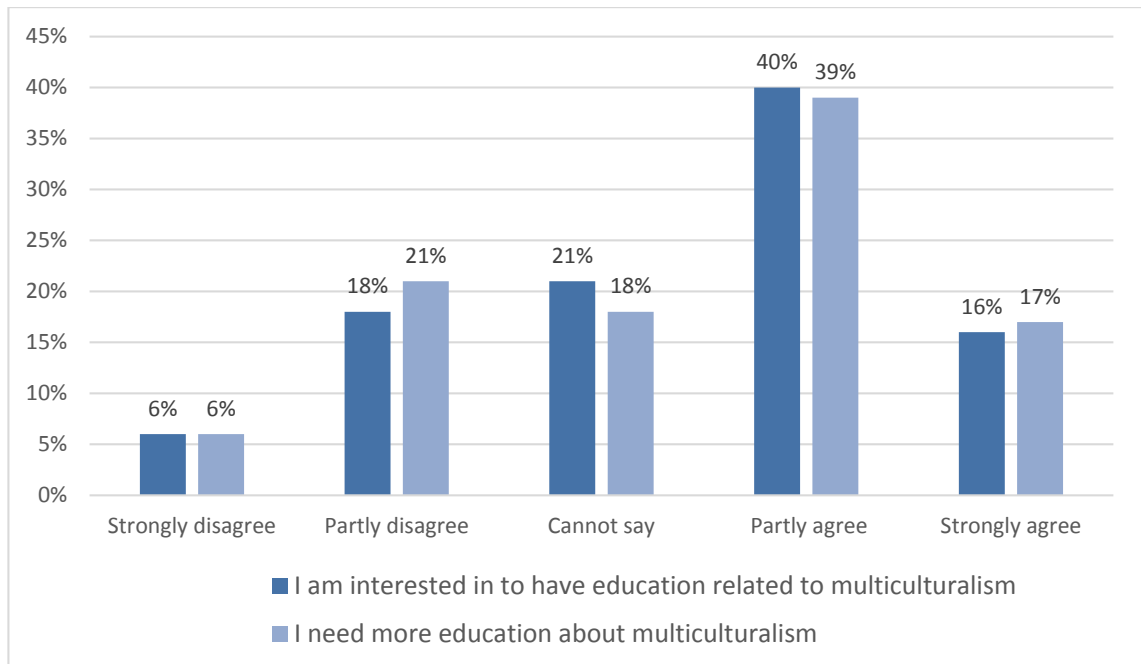
Majority of the respondents (n=79, 95.1%) answered that they are open about nurses with immigrant backgrounds, two respondents (2.4%) could not say and two respondents (2.4%) chose the alternative "I partly disagree" which means that they are not so open about the nurses with immigrant backgrounds.

#### 5.4 Multicultural knowing

Majority of the respondents 37.3% (n=31) agreed and 36.1% (n=30) partly agreed that the manager supports enough their multicultural working community, 19.3% (n=16) did not know and six persons (7.2%) thought the manager is not enough supportive. 38.5 percent (n=32) of the participants found out they need manager's support to work in multicultural working community but then also 40.9% (n=34) disagreed with the need of support. 20.5 percent (n=17) did not know do they need support or not.

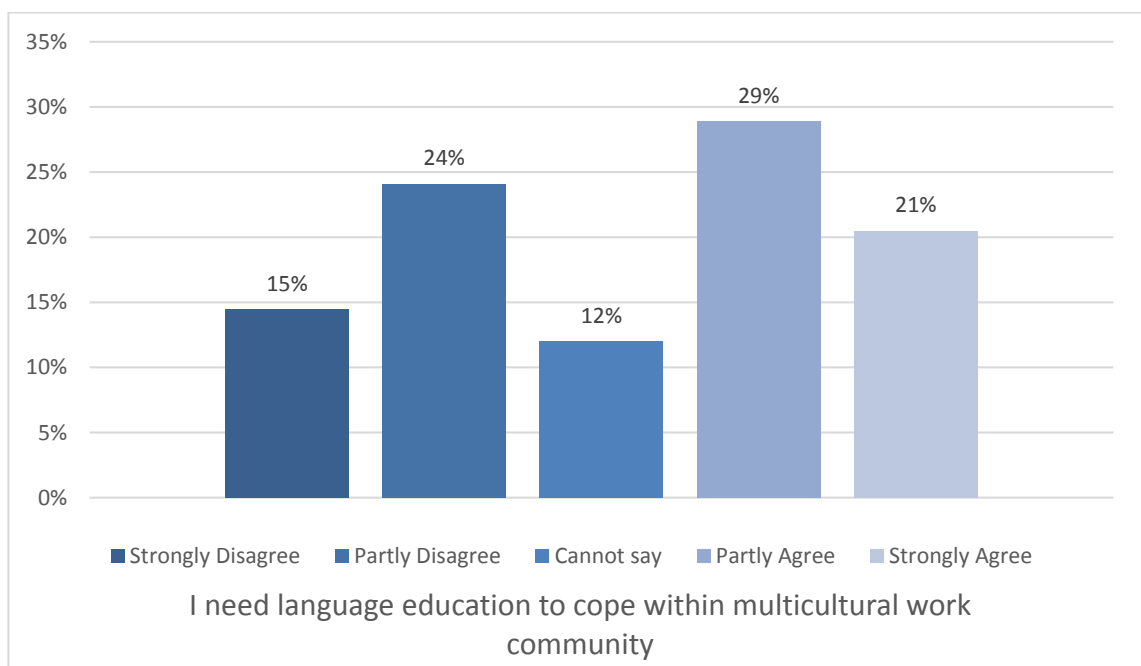
When asked sufficient competence to work in multicultural environment, 21.7% (n=18) felt they have sufficient competence and 48.2% (n=40) agreed partly with the statement. Nine participants (10.8%) did not know their competence and 16 persons (19.3%) experienced lack of competence.

Majority of the nurses (55.5%, n=46) were interested in education related to multiculturalism. Five (6%) persons disagreed and 18.1 % (n=15) partly disagreed with the statement. 20.5% (n=17) could not tell their opinion. Also the same number of nurses (55.5%) wanted to have more education about multiculturalism. 20.5% partly disagreed to have more education and five (6%) of the participants did not want the education. 18.1% (n=15) did not know do they want more education. (Figure 10)



**Figure 10: Interest and needs for multicultural education**

20.5 percent (n=17) agreed fully and 28.9% (n=24) agreed partly that they need language education to cope within multicultural work community. Ten respondents (12%) did not know, 24.1 percent (n=20) partly disagreed and 14.5% (n=12) strongly disagreed with the statement. (Figure 11)



**Figure 11: The need for language education**

It was asked if the respondent need education about other cultures to cope in multicultural work community. 42.2% (n=35) partly disagreed to have education and 9.6% (n=8) did not wanted education about other cultures. 16.9% (n=14) did not share their opinion and 31.3% (n=26) partly or fully agreed to have education to cope in the multicultural work community.

38.5% (n=32) of the nurses felt they need more education to work with nurses with different cultural background. 21.7 (n=18) percent did not know, 26.5% (n=22) partly disagreed and 13.3% (n=11) strongly disagreed that they need to have education to work with nurses with different cultural background.

In questionnaire was asked if participant is interested in to apply information about the other cultures. 14.5% (n=12) and 51.8% (n=43) were fully and partly interested in to look for information. 14.5% (n=12) were not interested in to search for information, 16.9% (n=14) did not know and two (2.4%) were not interested to apply for information at all.

When asked about sensitivity to understand different cultural backgrounds of the nurses who has immigrant background, 2.4 percent (n=2) felt they do not have sensitivity to understand different cultural backgrounds. Respondents (21.7%, n=18) could not answer the question. 61.4% (n=51) partly agree and 14.5% (n=12) strongly agreed that they have sensitivity to understand different cultural backgrounds.

At the end of the questionnaire there was a section where respondents had an opportunity to tell their educational needs related to the multicultural knowing. Answers were not directly related to the educational needs of the respondents. 50% of the comments were concerning the language skills of the nurses with immigrant backgrounds. Especially worry towards patient safety and misunderstandings due to language came to prominence. One respondent experienced communication and mentoring hard because of insufficient language skills. Two of the respondents wished more education related to the multicultural knowledge. One of the participant suggested that nurses with

immigrant backgrounds could tell their culture at the working places and this way increase the transparency and understanding among the Finnish nurses.

## **6 Discussion and Conclusions**

### **6.1 Discussion**

The research was carried out during December 2014 and January 2015. The link to an online research was sent to 241 participant email addresses. 88 persons answered to the questionnaire but 5 of the participants replied to be non-Finnish. Since the research was about the feelings of Finnish nurses, the answers of those 5 respondents were removed from the data. The response percent was 34.4 percent with the majority (95.2 percent) of being female. Most of the respondents (32.5 percent) replied to be 40 to 49 years old. Second most there were 30 to 39 (25.3 percent) years old and 50 to 59 (26.5 percent) years old respondents. Minority of the respondents were under the age of 20 to 29 years old and over 60 years old. About two thirds (63 percent) of the participants were registered nurses, one third (30 percent) practical nurses and the rest were under other title (7 percent) such as ward nurses. Majority of the participants replied that they have experience from working in a multicultural environment.

When analyzing the data, some statements made the researchers wonder if the respondents have answered to the questionnaire with honesty. These statements were concerning issues such as discrimination and immigrants. The researchers thought that the answers might be more neutral and socially more accepted than the truth is. Also there might have been some external factors that have an influence on the respondent as one was answering the questionnaire. These factors could have been for instance the restlessness of the answering environment, the vitality level of the respondent and the unwillingness to answer to the questionnaire. Also it is not known if the participants have understood the statements or the Likert scale completely in order to trust their answers.

Laiti and Liuksiala (2014) found out in their research that Finnish nurses experience working in a multicultural environment challenging and demanding. In this study we got similar results since majority of the respondents shared the opinion. In the figure five is shown how the respondents replied to the question about discrimination at the work place. Majority experienced that discrimination does not occur in a multicultural working environment, however, about one fifth of the respondents agreed that discrimination occurs. Laiti and Liuksiala (2014) got the similar results according to discrimination. When asked about the equality of a multicultural working environment, the respondents experienced multicultural environment to be equal. The better the collaboration and mutual respect is in health care, the better and more human is the care and its results. (ETENE, 2004).

As Abelhamid and others (2010) have said, the increase of nurses coming from different cultures increases the need of development of nursing staff's multicultural skills. As working in a multicultural setting the employee must expand one's own ideology and pluralism. (Abelhamid et al, 2010.) Majority of the respondents in this research thought that an immigrant working colleague has brought new good aspects and working approaches to nursing. The Finnish nurses experience that working environment has been diversified by the immigrant nurses. From these answers an immigrant nursing colleague can be seen as a positive matter. The question that dealt with the working methods of a nurse with immigrant background was seen challenging since about two out of five could not answer to this question. At their best, the new working ways and aspects develop nursing and the working environment in the unit.

Tehy's account (2012) states that the non-native nurses struggle with Finnish language skills and the importance of verbal and written Finnish language skills are emphasized due to patient safety (Koivuniemi, 2012). Also in this study the nurses experienced Finnish language skills as a requirement for accomplishing the work in a good manner and this can be seen in a figure seven. Without a decent skills in Finnish there might be misunderstandings and communication errors which cause harm to the occupational safety. The lack of Finnish language skills seems to be the most problematic issue in the multicultural work



environment. Responses were distributed evenly for and against when asked the need for language education to cope within multicultural working community (Figure 11). The figure six shows that the Finnish nurses experience interactional misunderstandings as a threat for occupational safety. This is understandable, since misunderstandings and communication errors in a nursing field might harm the patient. Also when concerning the misunderstandings between the colleagues in a multicultural working environment the most of the Finnish nurses agreed that more misunderstandings occur in a multicultural environment, nevertheless almost one fourth did not agree with the statement. The failure of interaction complicates the functionality of working environment (Taskula, 2012).

In the National Institute for Health and Welfare's report "Foreign doctors and nurses in Finnish health care" the foreign staff found documentation and phone conversations in Finnish especially challenging (Aalto et al., 2013). In this study one statement dealt with the foreign nurse's ability to document in Finnish. 48 percent of Finnish nurses experienced that nurses with immigrant background are not capable enough to document in Finnish and 42 percent thought they are capable. The statement did not take into account the possible stage of language skills which might explain the diversity of opinions.

Over 90 percent of the participants think that when working in a multicultural working environment it increases the tolerance of diversity. This is good due to the fact that multiculturalism is increasing in Finland and especially in the field of nursing. This means that nurses need to adapt to the international working environment and at the same time be unprejudiced, understanding and interactive (Heinänen-Child, 2008.) According to Nieminen (2010) the threat of labor shortage is being noticed and the amount of non-native nurses in Finland will increase in the future. According to the answers when asked if a work community needs nurses with immigrant backgrounds, a bit over half of the respondents believe that nurses with immigrant backgrounds are needed in work places. However, almost 20 percent of the respondents do think that the work place does not need nurses with immigrant backgrounds.

Multicultural nursing skills are being respected all around the world and developing the nurses' own skills in this field is something that every nurse should strive for (Abdelhamid, Juntunen & Koskinen, 2010, 9-17). The participants were asked if they trust the nursing skills of a multicultural team. As the figure 8 shows over 70 percent do trust the nursing skills of a multicultural team but then approximately 20 percent do not trust the skills of a multicultural team.

Laiti and Liuksiala (2014) found out in their research that the nursing staff felt that working in a multicultural environment is more challenging when compared to working in a non-multicultural environment. In our research we came up with similar results. Over two out of third respondents feel that it is harder to work in a multicultural working environment than in a non-multicultural working environment. One out of ten respondent could not say and one out of five believes that it is not any harder to work in a multicultural working environment than in a non-multicultural working environment.

When the participants were asked if they feel that a multicultural work community is not as professional as a non-multicultural work community the answers show that approximately 61% of the respondents feel that a multicultural work community is not any less professional than a non-multicultural work community. However, a bit over 14% of the respondents feel that a multicultural work community is not as professional as a non-multicultural work community. According to Tehy (2012) an international degree in nursing does not always correspond to a Finnish degree and all the nurses with immigrant backgrounds are obligated to have an adequate level in Finnish language skills. Since in Finland nursing profession is subject to a license, all the nurses working in Finland should have the same level of skills and professionalism. Valvira grants these licensed rights to practice nursing profession. Even though all the nurses working in Finland are obligated to get a certificate from Valvira and have the same level of professionalism still a bit over 14% of the respondents feel that a multicultural work community lacks professionalism when compared to a non-multicultural work community.

Over three out of five of the respondents are willing to change their understandings about a multicultural working environment. Less than 10 percent are not willing to change their understandings and the rest chose the alternative “I cannot say”. The statement does not tell researchers what the participant’s original idea of the multicultural working environment is, thus it is not known if the idea is positive or negative. This makes the question neutral and it is unreliable to interpret the answers without knowing the original idea of respondent.

The questionnaire had two questions which concerned if the participants are open or pessimistic towards a multicultural working environment. The statements were formed a bit differently and went as followed: “I am open towards a multicultural work community.” and “I am pessimistic towards a multicultural work community.” According to the answers to both questions over 90 percent are open towards a multicultural work community. The rest did not have an opinion and only few respondents were pessimistic towards a multicultural work community. Even though the results show that over 90% are open towards a multicultural work community still the nurses with immigrant backgrounds have experienced racism while working in the health care field (Heinänen-Child, 2008). Majority of the participants were open to different working methods coming from the nurses with immigrant backgrounds.

As the figure nine shows almost 99 percent of the participants who took the questionnaire do respect the members of a multicultural work community. Only one person said he/she does not have much respect towards the members of a multicultural work community. According to the answer Finnish nurses are reaching the objective of multicultural work environment. The objective in multicultural work environments is to narrow the cultural differences and therefore make the one, universal organization culture where all the employees coming from different backgrounds are feeling the same safety and acceptance (Bergholm, Kinnunen & Väänänen, 2007.)

Some work communities may have a negative attitude and it may control the employers’ work and actions. Immigrants’ and other foreign labor’s integration

to Finnish working life is affected by managers and working community's attitudes. New worker's behavior and attitude is a relevant issue when looked at the integration to working life (Aalto, Elovainio, Heponiemi, Hietapakka, Kuusio & Lämsä, 2013.) Almost 75 percent of the respondents said that if there is any negative attitudes towards a multicultural work community it still does not affect their work and actions in the work community. Approximately one out of ten of the respondents said that their actions are controlled by the negative attitudes. The rest of the participants did not have a clear opinion about the issue. Laiti & Liuksiala's (2014) results for their research show that the most comfortable work environment is the one including a lot of personal from the same cultural district even though positive attitudes to different cultures do exist.

Integration of the immigrant and foreign nurses is affected by attitudes of the manager and the working community (Vartia, 2007). As previous research shows (Laiti, Liuksiala, 2014) the positive attitude and the support of a manager towards multicultural working environment was experienced as a factor that improves the functionality of a multicultural working environment. Majority of the respondents experienced that manager supports enough their multicultural working community. When asked from the participants their need for managers' support to work in a multicultural working community, two out of five thought they do not need support but also the same amount of respondents report that they do need managers' support. The diversity in answers can be interpreted that the nurses experience the need for manager's support differently. Some nurses need less support than the others. The amount of need for the support is also dependent for the nurse's knowledge and experience about multiculturalism.

It appears that most of the nurses felt they have sufficient competence to work in a multicultural environment and 20 percent experienced lack of competence. While the amount of foreign nurses working in Finland is increasing, development of the nursing staff's multicultural skills is needed. This development should be continuous through the nursing career (Abdelhamid, Juntunen & Koskinen, 2010, 7.) Organization must implement internal change in

the working culture and to develop new methods that develop multicultural work community (Aalto, et al., 2013).

A bit over half of the nurses were interested in to have more education related to the multiculturalism and experienced that they need more education about multiculturalism. When asked the need for education about other cultures to cope in multicultural working community, over half of the respondents experienced they do not need education. Also majority of the nurses did not know or want more education to work with non-native nurses. After all majority of the nurses were ready to apply information about other cultures. Referring to Wallin (2010) increased amount of multicultural knowledge may prevent the issues which are arising when cultures meet. According to these answers some of the Finnish nurses need more education about multiculturalism but it should be voluntary since not everyone wants or needs it.

Questionnaire results showed that three quarters of the respondents have sensitivity to understand different cultural backgrounds of non-native nurses. This shows that Finnish nurses are sensitive and approving towards non-native nurses. According to Bergbom, Kinnunen and Väänänen (2007) attitudes have changed more positive and sympathy has increased recently towards immigrants in working communities.

## 6.2 Ethical considerations

Ethical principles can be divided into three different parts. First is to respect participant's autonomy, second is to avoid causing harm during the research and third is to guarantee the privacy of the participants and data protection (Tampereen yliopisto, 2013). The research ethics aim to keep the research professional, high-quality, reliable, open and honest. The literature and other material was used by respecting of the copyrights and the researchers followed the professional secrecy.

In this research participants' autonomy and privacy was carefully under the consideration. The aim was to do research which provides only necessary information without identifying individual participants. The participants answered

the questionnaire anonymously. This method ensured there were no harmful situations for persons who participated in this study (Tampereen Yliopisto, 2013).

All the participants took part voluntarily. All the data was analyzed confidentially and possible items where the person can be recognized were left out. The participants' privacy was protected. Research permit was asked from the hospital district and from the selected health center hospitals (Tampereen Yliopisto, 2013).

Participants received a cover letter (see Appendix 1) as enclosure in the beginning of questionnaire. The cover letter explained necessary information of the research which may have affected the participation. Self-determination was implemented and respected. In other words the participants could have decided if they answered the questionnaire or not. The cover letter motivated the participants to be honest and bring forward their real opinion without fear of identification (Tampereen Yliopisto, 2013).

The cover letter was written so that the information was understandable and this way possible misunderstandings were avoided. The cover letter was sent to the ward managers who then presented them at the ward meetings. Verbal and written information was given early enough for the participants which disclosed the possible occurring risks when taking part in the research (Royal College of nursing, 2011).

Research data which includes identifiable information about the participants must not be used or handed over for purposes other than research. The research has to present results the way it does not cause harm for participant's assessment, treatment or position. Collected data will be analyzed, deposited and destroyed without endangering participant's privacy (Finnish Advisory Board on Research Integrity, 2014.)

Researchers were responsible for collecting, processing, depositing and destroying the research data properly. In practice all researchers (3) were able

to process data in any phase of the research. The research data was collected using an internet-based questionnaire Webropol. The questionnaire collected the personal information about; age, gender, professional title and cultural background. Information was collected only to help processing and analyzing the data. The respondents did not see questionnaires or the answers in any phase of the research. In this way mutual identification among the participants was avoided (Tampereen Yliopisto, 2013.) All the information was stored in Webropol database to which only the researchers had access to. The data will be destroyed in an appropriate way at the latest at the end of the year 2015 from the Webropol database. Results of the research are public and available for anyone.

### 6.3 Validity and reliability

The research meets its validity if it measures the exact problem that the research is supposed to measure. Validity of the research measures the ability of the method to get the desired results. Methods do not always reply the reality which researchers are expecting. In this study no suspicions arose concerning that the respondents might have understood the questions differently than the researchers who constructed the questions of their own original model of idea. If this would have happened it would have led to a situation where the results would have not been real and valid (Hirsijärvi, Remes & Sajavaara, 2009.) In this research the questions were divided into three different segments, that all observed the research problem in different points of view.

Validity can be divided into internal and external validity. Internal validity observes whether the research measures theoretically defined concepts. External validity refers to the generalizability of the results (Kananen, 2008.) Research method (questionnaire) was found out to be functional. The questionnaire was implemented earlier by nursing students in Lahti University of Applied Sciences. Permission was asked to use and modify the already made questionnaire. Since the questionnaire is already once tested, its validity is in a decent level.

The research fulfills its reliability if the research is repeatable by other researchers. The research should not give random results even if the research is carried out with the target group (registered nurses, practical nurses, ward managers etc.) but in a different time frame (Hirsijärvi, Remes & Sajavaara, 2009.) The reliability of this research was fulfilled since it gave similar results as Laiti and Liuksiala's (2014) study. A theoretical base was found to support the reliability of the research (Laiti & Liuksiala, 2014).

Since the response rate was 34.4 percent, the results are not well generalized. However, the researchers received some error notifications as some of the participant email addresses were not working. Therefore the response percent is not fully reliable. As the questionnaire was sent to email addresses, it might have influenced on the research responds. When using email as a tool between researcher and possible participant there might be associated some problems. These critical points of email communication include the interest of participant, the email-addresses that might not be updated, the email system might recognize the email as a junk mail, and the receiver might delete the email without reading it (Kananen, 2014.)

## 6.4 Conclusion

The Finnish nurses experience working in a multicultural team occasionally challenging, yet are positive towards multiculturalism and non-native nurses. Half of the Finnish nurses experienced a need for language education and education about multiculturalism. Misunderstandings in interactions are seen as a threat for occupational safety in multicultural environment. Finnish language skills are experienced as a requirement for working as a nurse in Finland. From the nurse's aspect, manager's support is experienced as significant resource in multicultural working community. Finnish nurses appreciate their colleague's professional knowing despite of one's cultural background and experience the multicultural working community to be equal to everyone.

As proposal for future research, the research could be implemented for non-Finnish nurses in the same units. It would provide comparable information about



the subject. The future researches could also explore the issue from the superior point of view. It would be interesting to know how multicultural education and language education affect to the experiences of the nurses. The research could be also implemented in different parts of Finland. The results could differ geographically. When wanting to gain more specific information about the subject, a qualitative methods could be used.

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## APPENDICES

### Appendix 1: Covering letter

Hyvä vastaaja,

Olemme kolmannen vuoden hoitotyön opiskelijoita Jyväskylän ammattikorkeakoulusta. Teemme opinnäytetyötämme aiheesta ”Suomalaisten hoitajien kokemuksia monikulttuurisessa työympäristössä työskentelystä” (”The experiences of Finnish nurses in multicultural working environment in Central Finland”). Opinnäytetyötämme varten teemme kyselyn Keski-Suomen terveyskeskuksien osastojen sairaanhoitajille sekä perus- ja lähihoitajille. Kyselyn tavoitteena on kartoittaa suomalaisten hoitajien kokemuksia monikulttuurisessa työympäristössä työskentelystä sekä hoitajien suhtautumisesta monikulttuuriseen työyhteisöön.

Käytämme kyselyssä termiä monikulttuurinen työyhteisö. Termillä tarkoitetaan yhteisöä, jossa työskentelee hoitajia/harjoittelijoita, jotka ovat syntyneet muualla kuin Suomessa ja näin ollen omaavat erilaisen kulttuurisen taustan. Lisäksi kyselyssä käytetään termiä maahanmuuttajataustainen työtoveri/hoitaja. Tällä tarkoitamme hoitajan pätevyyden suorittanutta henkilöä, jolla on maahanmuuttajatausta.

Kysely koostuu yhteensä neljästä osiosta. Kolme ensimmäistä koostuu väittämistä, joihin vastataan valitsemalla omaa mielipidettä lähinnä oleva vaihtoehto. Esimerkki väittämästä ja siihen vastaamisesta:

Väittämä	1=	2=	3=	4=	5=
	Täysin eri mieltä	Osittain eri mieltä	En osaa sanoa	Osittain samaa mieltä	Täysin samaa mieltä
Kesä on mukavampi vuodenaika kuin talvi.			X		



Kaikki vastaukset käsitellään luottamuksellisesti eikä vastaajan henkilöllisyyttä ja mielipiteitä pysty tunnistamaan tutkimustulosten raportoinneista.

Olethan ystävällinen ja vastaat kyselyymme, näin autat meitä tutkimuksessamme.

Kiitos!

Viivi Häyrinen, Marianne Pirskanen ja Salla Soppi

## Appendix 2: Questionnaire

### Kokemukset monikulttuurisesta työyhteisöstä

#### Osio 1: Taustatiedot

1. Sukupuoli ☐ nainen ☐ mies
2. Ikä ☐ alle 20  
☐ 20-29  
☐ 30-39  
☐ 40-49  
☐ 50-59  
☐ 60 vuotta tai enemmän
3. Ammattinimike ☐ sairaanhoitaja  
☐ lähi- tai perushoitaja  
☐ muu, mikä? \_\_\_\_\_
4. Oletko kotoisin Suomesta? ☐ kyllä ☐ en
5. Onko työyhteisössäsi maahanmuuttajataustaisia henkilöitä?  
☐ kyllä ☐ ei ☐ en tiedä
6. Onko sinulla aiempaa kokemusta monikulttuurisesta työyhteisöstä  
☐ kyllä ☐ ei

#### Osio 2: Kokemukset monikulttuurisesta työyhteisöstä.

Tässä kysymysosioissa kysytään kokemuksiasi monikulttuurisesta työyhteisöstä omassa organisaatiossasi.

Väittämä	1 = Täysin eri mieltä	2 = Osittain eri mieltä	3 = En osaa sanoa	4 = Osittain samaa mieltä	5 = Täysin samaa mieltä
1. Koen, että monikulttuurisessa työyhteisössä työskentely on haasteellista.					

2. Koen, että monikulttuurisessa työyhteisössä tapahtuu syrjintää.					
3. Koen, että esimiehen positiivinen suhtautuminen monikulttuurisuuteen toimii esimerkkinä työyhteisölle.					
4. Koen, että eri kulttuurien erilaiset tavat ovat lisänneet oman työni määrää.					
5. Koen, että maahanmuuttajataustainen työtoveri on tuonut uusia hyviä toimintatapoja työhön.					
6. Koen, että vuorovaikutukselliset väärinkäsitykset monikulttuurisessa työyhteisössä ovat työturvallisuusriski.					
7. Koen, hyvän suomen kielen taidon olevan vaatimus työstä hyvin selviytymiseen.					
8. Koen, että maahanmuuttajataustaiset hoitajat ovat tuoneet hyviä näkökulmia hoitotyöhön.					
9. Koen, että maahanmuuttajataustaiset hoitajat pystyvät kirjaamaan riittävän hyvin suomen kielellä.					
10. Koen monikulttuurisen työyhteisön jäsenten olevan tasavertaisia.					

11. Koen, että maahanmuuttajataustaiset hoitajat ovat ahkerampia työntekijöitä kuin suomalaiset kollegansa.					
12. Koen, että työskentely monikulttuurisessa työyhteisössä on vaativaa.					
13. Koen, että esimiehen tuella on merkittävä rooli monikulttuurisen työyhteisön toimivuuteen.					
14. Koen, että maahanmuuttajataustaiset työtoverit ovat monipuolistaneet työyhteisöä.					
15. Koen, että monikulttuurinen työyhteisö on vaikuttanut positiivisesti työssä jaksamiseen.					
16. Koen, että monikulttuurisessa työyhteisössä vallitsee hyvä työmoraali.					
17. Koen, että maahanmuuttajataustaiset hoitajat ovat yhtä päteviä työssään kuin suomalaiset hoitajat.					
18. Koen, että monikulttuurisessa työyhteisössä on enemmän väärinkäsityksiä työtovereiden kesken.					

## Osio 2: Suhtautuminen monikulttuuriseen työyhteisöön.

Tässä kysymysosiossa kysytään suhtautumistasi monikulttuuriseen työyhteisöön.

<b>Väittämä</b>	<b>1 = Täysin eri mieltä</b>	<b>2= Osittain eri mieltä</b>	<b>3 = En osaa sanoa</b>	<b>4 = Osittain samaa mieltä</b>	<b>5 = Täysin samaa mieltä</b>
19. Monikulttuurinen työyhteisö lisää erilaisuuden sietokykyä.					
20. Mielestäni työyhteisössä tarvitaan maahanmuuttajataustaisia hoitajia.					
21. Hyväksyn maahanmuuttajataustaisen hoitajan erilaiset toimintatavat työympäristössä.					
22. Luotan monikulttuurisen työyhteisön jäsenten hoitotyön osaamiseen.					
23. Monikulttuurisessa työyhteisössä on vaativampaa työskennellä kuin ei-monikulttuurisessa työyhteisössä.					
24. Arvostan monikulttuurisen työyhteisön jäsenten hoitotyön osaamista.					
25. Mielestäni monikulttuurinen työyhteisö ei ole yhtä ammattitaitoinen kuin ei-monikulttuurinen yhteistyö.					
26. Olen valmis muuttamaan käsitystäni monikulttuurisesta työyhteisöstä.					

27. Suhtaudun avoimesti monikulttuuriseen työyhteisöön.					
28. Asennoidun kielteisesti monikulttuurista työyhteisöä kohtaan.					
29. Olen avoin maahanmuuttajataustaisten hoitajien uusille toimintatavoille.					
30. Kunnioitan monikulttuurisen työyhteisön jäseniä työtovereina.					
31. Kielteinen asennoituminen monikulttuurista työyhteisöä kohtaan ohjaa toimintaani monikulttuurisessa työyhteisössä.					
32. Maahanmuuttajataustaiset hoitajat rikastuttavat työyhteisöä.					
33. En hyväksy, että eri kulttuurien tavat näkyvät monikulttuurisessa työyhteisössä.					
34. Suhtaudun myönteisesti maahanmuuttajataustaisiin hoitajiin työtovereina.					

### Osio 3: Monikulttuurinen osaaminen

Tässä kysymysosiossa kysytään monikulttuurisesta osaamisestasi ja koulutustarpeistasi.

<b>Väittämä</b>	<b>1 = Täysin eri mieltä</b>	<b>2 = Osittain eri mieltä</b>	<b>3 = En osaa sanoa</b>	<b>4 = Osittain samaa mieltä</b>	<b>5 = Täysin samaa mieltä</b>
35. Esimies tukee riittävästi monikulttuurista työyhteisöämme.					
36. Minulla on riittävä osaaminen monikulttuurisessa työyhteisössä työskentelyyn.					
37. Minua kiinnostaa monikulttuurisuuteen liittyvä koulutus.					
38. Haluan saada lisää koulutusta liittyen monikulttuurisuuteen.					
39. Tarvitsen esimiehen tukea monikulttuurisessa työyhteisössä työskentelyyn.					
40. Olen kiinnostunut hakemaan tietoa eri kulttuureista.					
41. Tarvitsen koulutusta eri kulttuuritaustaisten työtovereiden kanssa työskentelystä.					
42. Tarvitsen kielikoulutusta pärjätäkseni monikulttuurisessa työyhteisössä.					
43. Tarvitsen koulutusta eri kulttuureista selviytyäkseni monikulttuurisessa työyhteisössä.					
44. Koen, että minulla on herkkyys ymmärtää maahanmuuttajataustaisten erilaisia kulttuuritaustoja.					

Halutessasi, voit seuraavassa kohdassa kertoa lisää omista koulutustarpeistasi liittyen monikulttuuriseen osaamiseen:

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**Kiitos vastauksestasi!**