



LAUREA
UNIVERSITY OF APPLIED SCIENCES
Together we are stronger

The Integration of Immigrant nurses into the Finnish Nursing society & culture

Nalungwe, Charity Janet

2016 Laurea



Laurea University of Applied Sciences

The Integration of Immigrant nurses into the Finnish
Nursing society & culture

Charity Janet Nalungwe
Degree Programme in Health
Promotion
Master's Thesis
November, 2016

Charity Janet Nalungwe

The integration of immigrant nurses into the Finnish nursing society and culture

Year	2016	Pages	79
------	------	-------	----

Lack of nurses in healthcare sectors has become a global issue leading to recruitment of foreign nurses. In Finland, the number of immigrants working in the health care sectors has increased during recent years. Immigrant nurses are likely to face a number of challenges as they integrate into the Finnish working culture. The purpose of this thesis was to explore and investigate the integration of immigrant nurses' into the Finnish nursing society and Culture, and the issues that should be paid more attention to. The aim was to provide the needed knowledge about immigrant nurses integration and experiences and develop good nursing skills and good working environment.

The thesis methodological approach was qualitative and it was conducted by implementing semi-structured interviews as well as open ended questions in Espoo Municipal area in two hospitals. The participants of the study were all together Ten (10), Finnish nurses, foreign nurses and head nurses of the wards. The interviews were conducted individually as well as in groups. The data was analyzed through inductive content analysis and the main themes, which require more attention in the foreign nurse integration process, are: the Finnish language, orientation, experience, nursing culture, support and trust.

The results provided a clear information on how nurses perceive to immigrate nurses integration into the Finnish nursing society and culture. The results also shows what makes it hard for them to integrate. More studies are needed to increase awareness of immigrant integration into Finnish nursing society.

Key words: Immigrant, Nurses, Immigrant nurses, Integration and Nursing culture.

Charity Janet Nalungwe

Maahanmuuttajanustaisten Sairaanhoidajien Sopeutuminen Suomalaisen Hoitotyön Yhteisöön ja kulttuuriin.

Vuosi

2016

Sivumäärä

79

Pula hoitohenkilöstöstä on muodostunut globaaliksi ongelmaksi, joka on johtanut työvoiman hankkimiseen ulkomailta. Suomessa maahanmuuttajatyöntekijöiden määrä terveydenhuollon sektorilla on kasvanut viime vuosina. Maahanmuuttaja-sairaanhoidajat kohtaavat hyvin todennäköisesti sopeutumisprosessissaan monenlaisia haasteita suomalaiseen hoitotyön kulttuuriin liittyen. Tämän opinnäytetyön tarkoitus oli kuvata ja tutkia maahanmuuttaja-sairaanhoidajien sopeutumista suomalaiseen hoitotyön yhteisöön ja tavoitteena oli tuottaa tietoa maahanmuuttajahoitajien sopeutumiseen liittyvistä haasteista.

Laadullinen tutkimus toteutettiin haastatteluina puoli-strukturoitujen ja avointen kysymysten avulla Espoossa kahdessa eri sairaalassa. Haastateltavia oli yhteensä kymmenen; suomalaisia sairaanhoidajia, maahanmuuttaja-sairaanhoidajia sekä osastonhoitajia. Haastattelut toteutettiin yksilöhaastatteluina tai ryhmähaastatteluina. Aineisto analysoitiin induktiivisella sisällysanalyysillä, ja analyysin tuloksina muodostuneet teemat, joihin tulisi kiinnittää huomiota sairaanhoidajien sopeutumisprosessissa, ovat: Suomen kieli, orientaatio, kokemus, sairaanhoidon kulttuuri, vertaistuki ja luottamus.

Tuloksissa tulee selkeästi esille se, miten maahanmuuttaja sairaanhoidajat integroituvat suomalaiseen sairaanhoidoyhteisöön ja kulttuuriin. Tulokset myös osoittavat sen, mikä tekee sopeutumisen hoitotyön kulttuuriin vaikeaksi. Lisätutkimusta tarvittaisiin, jotta tietoisuus maahanmuuttaja-sairaanhoidajien sopeutumisesta suomalaiseen hoitokulttuuriin lisääntyisi.

Avainsana: Maahanmuuttaja, Hoitaja, Maahanmuuttajanhoitajat, Hoitajaintegraatio ja Hoitokulttuuria.

Acknowledgment

Foremost, I would like to express my gratitude to God the Almighty, for his mercy and grace. My Ebenezer, the far I have come, it is him who has taken care. My sincere thanks also goes to my beloved parents The late Mr. Richard Silungwe and Mrs. Mary Silungwe for giving birth to me at the first place and supporting me in many ways as well as spiritually throughout my life. Dad, I know you are proud of me, in heaven where you are.

I would like to say thank you to my advisor and a great supervisor who has been a constant source of knowledge and inspiration through the learning process of this master's thesis. Besides my advisor, I would to thank all my tutors for help, support, patience and understanding. Furthermore, I would like to thank the two hospitals that allowed me to conduct my research as well as the participants in my survey, who have willingly shared their precious time during the process of interviewing.

Last but not the least, my lovely son Wankunda, thank you for your patience and support, the school work is over now, as you had put it. We will have all the time to ourselves. Thank you to my pastors, River church Helsinki, God used you mightily. My darling sisters and all my loved ones who supported me throughout entire process, both by keeping me harmonious and helping me putting pieces together. I will be grateful forever for your love.

Table of Contents

Acknowledgment	5
1 Introduction.....	8
2 Theoretical background.....	10
2.1 Immigrant.....	12
2.2 Nurses	18
2.3 Immigrant nurses	23
2.4 Integration.....	25
2.4.1 The integration process into a foreign working culture	25
2.5 Nursing culture	28
2.5.1 Aspect of nursing culture.....	29
2.5.2 Nursing culture education.....	30
3 Working life partner	31
4 The purpose of the thesis.....	31
4.1 Research question.....	31
4.1.1 Theme questions to methodology.....	31
5 Methodology	32
5.1 Qualitative research approach	32
5.2 Interview as the data collecting method	32
5.3 Participants of the study.....	33
5.4 Data analysis	34
6 Findings.....	37
6.1 Finnish Language	37
6.2 Orientation	38
6.3 Experience.....	40
6.4 Culture	43
6.4.1 Cultural awareness	43
6.4.2 Cultural differences.....	44
6.5 Support.....	46
6.5.1 Trust	48
7 Discussion	50
7.1 Ethical considerations	55
7.2 Trustworthiness.....	56
7.3 Discussion of the findings	58
7.4 Future development	62
8 Conclusion.....	65
References.....	68
Figures.....	73

Tables.....	74
Appendices.....	75

1 Introduction

The study has explored and investigated the nurse's perception of the immigrant nurses' integration into the Finnish nursing society and Culture and the issues that should be paid more attention to. It has provided the needed knowledge about Immigrant nurses integration and experiences for the good nursing skills and good working environments. The interest for this study was because of the multitude number of foreign nurses working in Finland using totally different language and in a different culture from their own . The purpose of this thesis was to explore and investigate the integration of immigrant nurses' into the Finnish nursing society and culture, and to know what issues that should be paid more attention to. And the aim of the study was to provide the needed knowledge about Immigrant nurses integration and experiences in order to develop good nursing skills and good working environments. The research question was how the nurses perceive the immigrant nurses' integration into the Finnish nursing society and Culture, and what are the issues that should be paid more attention to?

Over the past decade, a number of foreign nurses have visited Finland from abroad and a number of qualified nurses from polytechnics in Finland have increased. In Finland it has been estimated that shortage of nurses will grow in the future. Nevertheless, the experiences and integration of foreign nurses in Finland have not been discussed much and even less is known on how they manage in working life, despite the increase of immigration of healthcare workers and shortages of nurses in hospitals .In the 1980's Finland went from being a sending country to a country of immigration, but still, most immigrants were Finnish returnees at the beginning of 1990's implied a rapid increase in the number of arriving immigrants' .However, comparison with the other European countries the rate of increase in the immigration to Finland is among the highest especially in the Helsinki metropolitan area, with inhabitants of foreign origin constituting about 9 percent of the population in Helsinki. (City of Helsinki Health Centre 2008).

The shortage of nurses has become a globe issue leading to recruitment of foreign nurses. Despite Finland being a developed country is also facing this crisis, the number of immigrants working in the health care sectors has increased. This is due to the increase of aging population and lack of enough health care workers; hence a high rising demand in nursing field has lead integration of immigrant nurses into the Finnish nursing society. In the last 20 years, statistics showed that the number of immigrants will increase even higher in the coming decades. Nurses come from different parts of the world in search of good quality working places where there is much more motivation and proper skills. (Tregunno at Al. 2009).

Shannon (2016), states that, the population projections reveal shocking future trends that the number of pensioners will exceed the number of 18-40 years old working aged adults, by as early as 2029 which will continue for at least two decades that follow. The change is due to

population structure, the births are really down and focus on Finland's births are at their lowest number in history, baby boom generation is living longer due to improved medical services and native born Finns are moving away due to free movements of labors, since Finland joined the EU in 1995. Laurén & Wrede (2008) talk of the threatening shortage of labor in care work and in care work has become suitable solutions to the problem in Finnish public debate. The theory suggests that it is of important to understand the current emerging society for instance where being dark-skinned or speaking Finnish with foreign accent may bring about negative responses. According to Korpela (2007), in recent years it is said that hospitals all around Finland have actively encouraged Finnish expatriates in Sweden to return home, the numerous countries arranged for recruitment fairs such as Poland, Slovakia, the Czech Republic and Hungary.

Santamäki (2004) and Wrede (2008), both states that the recruitment of foreign care workers is raised in Finnish public debates as a solution to threatening care labor shortages, which is well known from other countries. Kathleen (2001), the researcher on social work with immigrants and refugees, says that their research was the first in two-part series, concerning with the experience of health work with immigrants and refugees in Finland. According to Schumacher (2010), the shortage of nurses have been an issue in the healthcare sector for more than 20-30 years, in hospitals. He claims that the problems within the sector can bring a lot troubles, and maybe the critical one being the hinderous for the patients to access the care. In Finnish research on immigrants and work, the emphasis has often been on largely quantitative analyses of immigrants' positions in the labor market. Concerning immigrants' paths to employment, difficulties in the entrance phase have received attention (Valtonen 2001). While recent research has highlighted the diversification of Finnish workplaces from the organizational point of view (Juuti 2005, Sippola & Hammar-Suutari 2006), studies centered on immigrants experiences in their workplaces are considerably fewer although Marja-Liisa & Trux (2000 & 2005) pay attention to these. With the exception of a recent anthology (Martikainen & Tiilikainen 2007), the gender aspect on immigrants in working life has also been neglected.

In Finland research shows that nearly half of nurses are considering changing jobs. Young nurses in particular are dissatisfied with their working environments, management and their capacity to influence their own work. By 2020 some 23 per cent of nursing positions will be vacant due to the rate of retirement. The Finnish Nurses Association ensures that there is a high level of knowledge and further training specifically to meet the needs of nurses. They provide members with professional support from training to employment by bring nurses together to boost professional skills and expertise, nursing and wellbeing in the workplace as well as to offer joint activity, networking, and community, and professional support from training to working life. In order to develop nursing practice, provide professional support and

promote the position of nurses as specialists. They make nursing work visible to all the nurses, public health nurses and midwives. (Ministry of social affairs 2013)

The results of this study will not only help the immigrant nurses rather it will also produce an in depth theoretical understanding of the phenomenon rather than just a description of the experience and integration. It will as well help the human resource professionals, educators; labor activists in the public work force system to seek and develop solutions to real life challenges of integrating immigrants in work places in order to help foreign nurses to integrate and lender effective orientation to them. No single project is able to fill the gap between knowledge and how foreign born workers are integrated successfully into the work place, the issues are extraordinarily complex.

2 Theoretical background

According to Korpela (2007) In future many of nurses will retire and there will be need to employ new workers in order to provide health care services. That issue has made foreign nurses to be more and hospitals have created work related to immigration. Rules have been established concerning the employment of foreign nurses in Finland to improve the status of employees and make Finland a more attractive alternative to a foreign job applicant, showing commitments to acting ethically and legally. Rautakoura (2012) reported to Helsingin sanomat that employing foreigners is one way of reducing shortage of health care workers. People working in Finnish economy have increased gradually over the years but still the number of foreign nurses are very low to cover the shortage. She noted that Aschan the manager of nursing at Helsinki University Central Hospital (HUCH) stated that Finnish healthcare has gone multicultural and the demand for nurses is still growing leading the institutions to be accepting a large number of workers from outside Finland making it more international workforce.

Finnish employers have participated in job fairs across Europe. Healthcare is one sector where demand is greater than Supply. There is a clear need to recruit people from abroad in coming years, mostly in the healthcare sector; moreover taking job in Finland is not as extraordinary as it was 10-20 years ago. Skilled hands are needed in many fields in Finland hence immigrants are given a warm welcome including good working conditions and high employment security, whereby even the Finnish language brings no hindrance to those willing to make effort through it though it just slows them down. The political programme of the second government of Prime Minister made a clear transition from a policy on aliens to a policy of immigration, Outlined by Korpela. (2007)

FINNISH HEALTH SYSTEM: CHALLENGES

- Structure and funding of health care – reform in progress
- Prioritization – can we afford to treat all?
- Changing needs and expectations, growing costs of health care -> huge challenges to the promotion of the nation's health.
- Ageing population and work force – shortage of health care professionals in future
 - Finland is ageing as the first country in Europe
 - Approximately one in four persons over 75 years is in need of regular services because of reduced functional capacity, such as home service, home nursing, support for informal care, or 24-hour caring.
 - OECD estimates: by 2020 there is a lack of 1 000 000 health personnel in EU area – this means that 15% of the needed care can not be taken care of

16.5.2016

15

Figure 1: Finnish Health System: Challenges. (Sipilä. 2016)

The figure above proves what the Current affairs news (2007) stated, that in 2006, 22,500 people migrated to Finland. The country is now aware that when aged group retire it will have a labor shortage of which the young generation will not be able to cover it if the jobs that will be vacated in nursing over the next two decades will have to be taken with Finnish only. It means that one in four of Finland's young people will have to train as nurses but that is a nonstarter thing and labor mobility has increased especially with the EU in place. (Korpela,2007)

Self-assessments of integration, experience, competence of registered nurses working in wards, emergency/outpatient or intensive care units or in operation rooms is very important to maintain high standards of care and the demands may vary between work environments. Most overseas nurses have a largely negative experience of working in another country. Some of the contributing factors include language barriers, cultural issues, disliking, and working relationship difficulties .These problems are exacerbated by lack of support, a sense of isolation and alienation, experiencing racism and exploitation adapting to new expectations of the RN role and unequal opportunities. The organization of nursing work encourages some degree of autonomous care, and nurse managers are generally not pre-occupied with directly governing the nurses. (Thomas.2001)

Transnational nurse migration is a growing phenomenon. One feature of this phenomenon is the global nurse shortage that is particularly dire in developed countries. International recruitment is seen as one strategy for addressing this problem because of its large labor pool. Although overseas-born nurses constitute one third of the nursing workforce in many countries and that percentage is expected to increase relatively little is known about the experiences of immigrant nurses among the consequences of downsizing and cost containment in hospitals are major changes in the work life of nurses. As hospitals become smaller, patient acuity rises, and the job of nursing becomes more technical and difficult. (Key 1997)

Changes in health and illness of individuals create a process of transition, and patients in transition tend to be more vulnerable to risks that may in turn affect their health. Uncovering these risks may be enhanced by understanding the transition process. As a central concept of nursing, transition has been analyzed, its components identified, and a framework to articulate and to reflect the relationship between these components has been defined. The emerging middle-range theory of transitions consists of types and patterns of transitions, properties of transition experiences, facilitating and inhibiting conditions, process indicators, outcome indicators, and nursing therapeutics. The diversity, complexity, and multiple dimensionalities of transition experiences needs to be further explored and incorporated. (Meleis et al. 2000)

2.1 Immigrant

Forced or involuntary migration is a general term that includes a number of legal or political categories, all referring to people who are coerced or compelled to migrate due to conflict, violence, persecution, natural or environmental disasters, chemical or nuclear disasters, famine, or development projects. Included in this category are refugees, asylum-seekers, internally displaced persons, smuggled people, and victims of trafficking. Voluntary migration, sometimes also called economic migration refers to all other migrants who are motivated to migrate for personal reasons or financial gain. Although immigration rates have slowed in recent years due to the economic downturn, Finland still regularly admits thousands of labour immigrants who are able to secure job contracts with Finnish employers. There is no system or recruitment plan regarding future labour immigration and the flow of economic migrants to Finland has consistently been sparser than that of other prosperous Western countries. (Tanner 2011)

Foreign nationals in Finland 2001-2011

Source: Statistics Finland, 2011

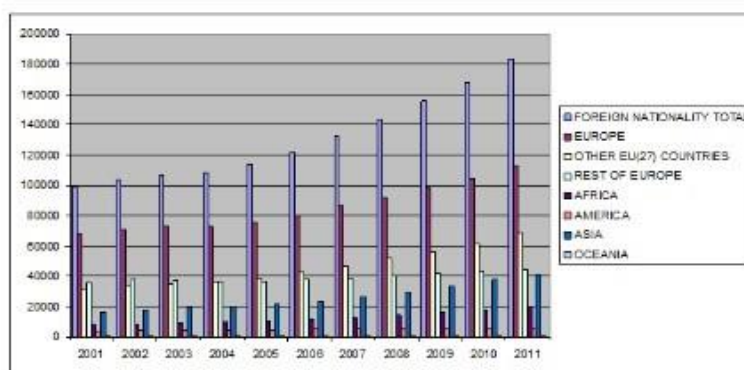


Table 1: Foreign Nationals in Finland 2001-2011 (Statistics Finland 2011)

Statistics Finland (2011) states that immigration to Finland is the process by which people migrate to reside in the country and some become Finnish citizens. The source of population growth and cultural change of history in Finland is immigration. Hence its economic social and political issues have brought controversy concerning ethnicity. According to Wikipedia's Finland demographic page, the number of foreign born people residing in Finland is very out of date, the numerous polls in 2010 indicated that majority of the Finnish people wanted to limit immigration to the country in order to preserve regional cultural diversity.

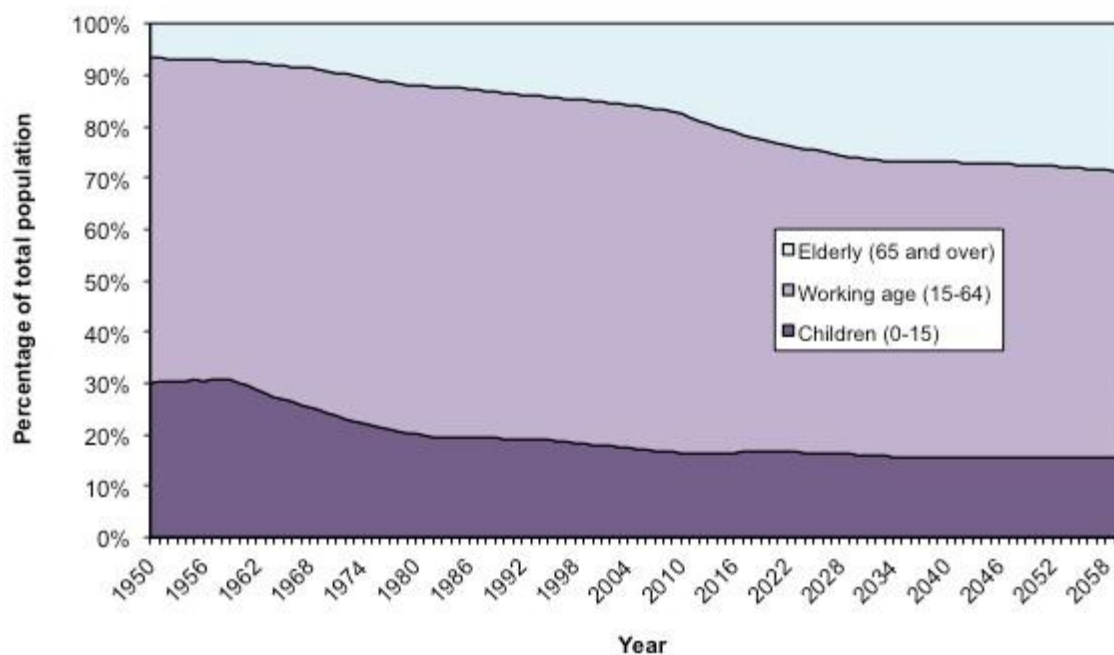


Table 2: Proportions of Elderly, Working-age, and Child Populations, Actual and Estimated; 1950-2060 (Statistics Finland 2014)

Finland has woken up to the fact that when the post-war baby-boom age groups retire, it will face a labor shortage that its own younger generation will be unable to fill. If all the jobs that will be vacated in healthcare services over the next few decades had to be filled by Finns only, then one in four of Finland's young people would have to train to be nurses. Since that situation is obviously a non-starter, there is a clear need to recruit people from abroad in the coming years, especially in the service and healthcare sectors. (Korpela, 2014).

The immigrants have also been seen as one solution to fix the coming lack of labor force of the Finnish labor markets. A large proportion of the current Finnish labor force will be retiring during the coming years. The foreign graduates would thus be needed in the Finnish markets and society both to benefit the Finnish and international companies with their fresh ideas and thinking but also to fill the coming gap in the labor force caused due to the massive, near-future retirements. (Ministry of the Interior 2006).

Coming to Finland requires a certain spirit of enterprise and an open mind but the biggest issue is the language which is the reason of occupational safety alone. It is important to be able to communicate therefore immigrants are provided with language training by gratis or at a very low cost. The levels to learn the language differ, within six months of intensive effort, one should be able to learn enough for the average workforce. The integration services for immigrants are offered by law with local authorities and employment offices carrying the responsibilities for organizing them. Immigrants are provided with high quality working conditions, secure status, and their children get good education and public services run smoothly. (Korpela 2014).

According to Iredale (2002), highly skilled migration involved the movement of professionals due to political problems, followed by the emergence of the “brain drain” in the 1960s. Currently, it is an increasingly large component of global migration streams. The current state of theory in relation to highly skilled migration is far from adequate in terms of explaining what is occurring at the high skill end of the migration spectrum. The increasing globalization of firms and the internationalization of higher education are encouraging professions to internationalize.

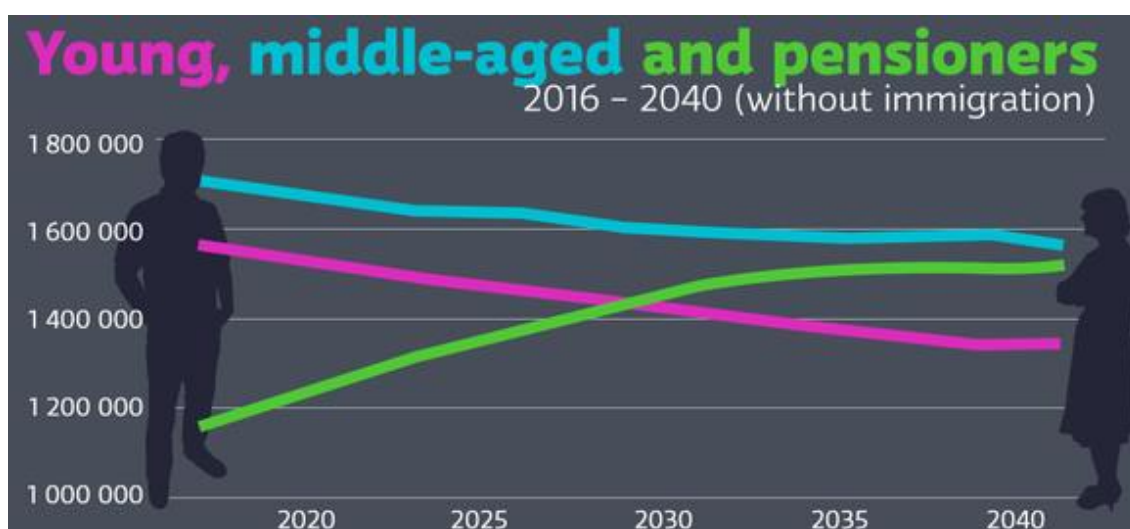


Table 3: The number of pensioners will exceed the number of 18-40 years old (Statistics Finland, 2014)

As early as 2029 continuing for at least two decades that follow, the number of people retiring will be more corresponding by a long term decline in the number of young and middle-aged workers. 31,940 people immigrated from different countries within 2013. The number is 660 more than the other year and even more than the time Finland got independence. Emigration from Finland also increased slightly and was 13,890 persons. During 2013, net immigration totaled 18,050 persons, which are 620 up on the year before. Net immigration by foreign citizens increased somewhat, or by 530 persons. (Statistics Finland 2014).

Migration has brought growth in Finland, within January and June 2016, 14,737 people have moved to Finland and only half of that emigrated making the total of more than 1.100 immigrants increasing compared to the starting of 2015. The area has largest growth more than 10.000 people was Uusimaa which is of the four biggest cities, Helsinki, Espoo and Vantaa. Most of the growth in urban area is due to immigrants from abroad. (Roberts 2016)

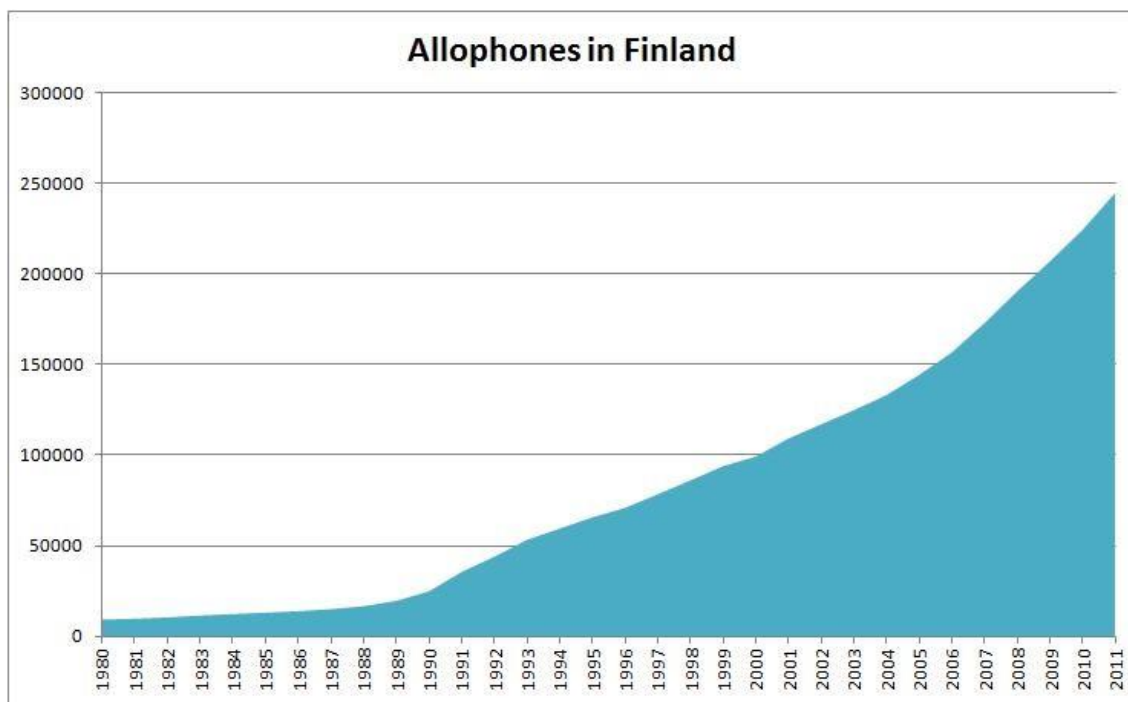


Table 4: Residents with another native language than Finnish, Swedish or Sami, in Finland, 1980-2011. (Statistics Finland 2011)

In 2011 there were 140,000 foreigners living in Finland corresponding to 2.7% of the population 244, 827 people speaking other languages beside Finnish, Swedish or Sami covering 4.5% of the population and the biggest groups were the Russians, Estonians and Somalis but those from Sweden reduced in the areas of Swedish speakers. (Statistics Finland 2016).

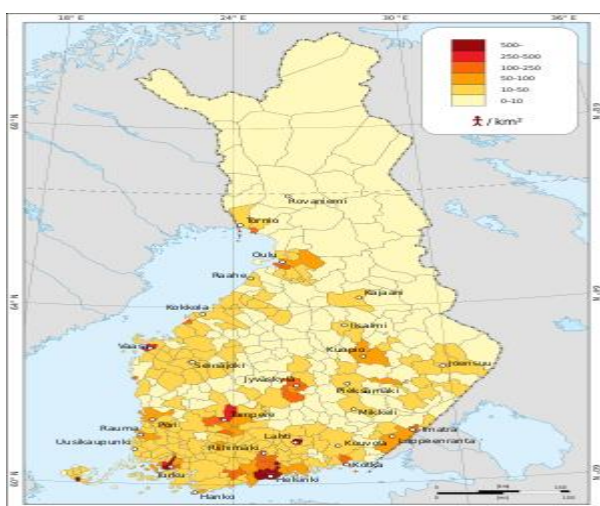


Figure 2: : Population densities in Finland, inhabitants per square kilometer. (Statistics Finland 2016)

Finland's population is 5.5 million people and average population density of 17 inhabitants per square kilometers, but the density of the population is unstable. About 85 % of people are in the cities of which one million are in the Helsinki metropolitan area only. The country's dominant ethnicity are Finnish people and its official languages being Finnish and Swedish which is the native language of about 5% of its population. The Sami people who were once called the Lapps are found in the North Lapland and they are the minority. Finland was part of Swedish Kingdom as from the 13th to the beginning of 19th century. The biggest change to the country's demographic structure is ageing, over-65-year-olds comprised 19.4 per cent of the population in 2013 Finnish women have an average of 1.8 Children, which is above the European average 1.5. Life expectancy among Finns has increased by about 25 years in less than a century. Life expectancy is 78 years for men and 84 years for women. Health care spending in Finland amounted to EUR 17.5 billion in 2012. Health care expenditure in relation to GDP was 9.1 %. (Statistics Finland 2016).

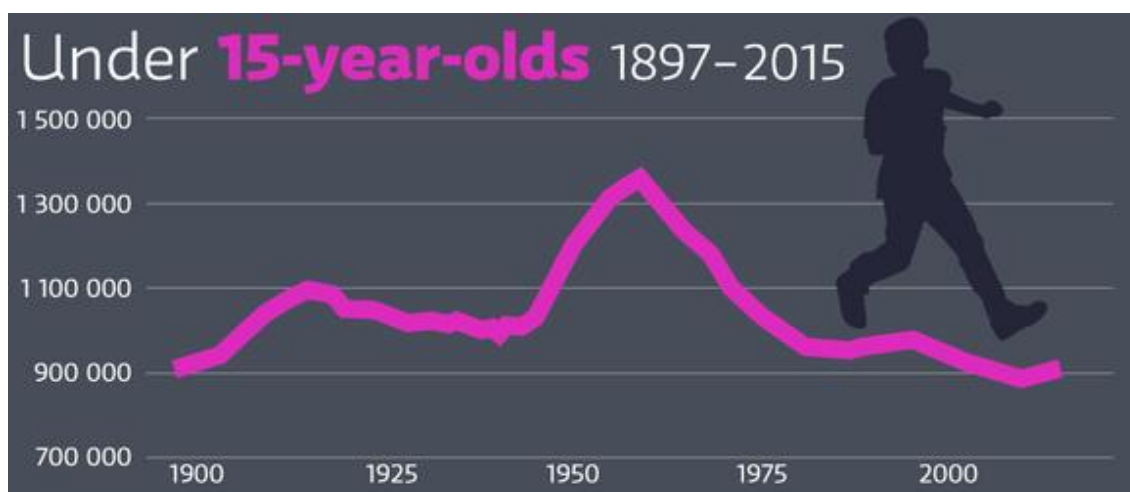


Table 5: Children under 15 years old (Statistics Finland 2016)

Some 120 years ago, the number of children under the age of 15 was as high as it is today though the population was just 2.5 million Finns. In 1896, birth average was 4.6 children but today the figure shows 1.65 children. Statistics Finland reports that the birth rate has been below the population regeneration rate which is 2.1 children per woman. So far no changes recorded since 1970s, the data shows that this year 2016 the first six months 26,517 children were born which is the lowest number in history of Finland from the independence. However this shows how the future will be. The number of births was 753 lower than that of deaths which leads to mortality rate overtaking the birth rate. (Statistics Finland 2016).

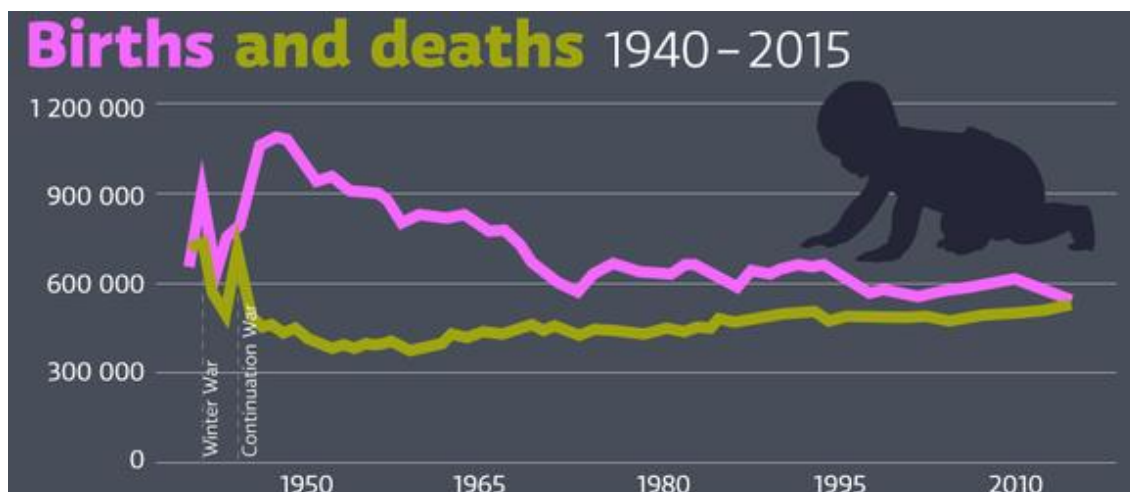


Table 6: Death rates are expected to surpass birth rates. (Statistics Finland 2016)

The graph above shows how the mortality and natality rates have been approaching each other since the wars. In 2015 there were only 2,980 more births than deaths and to make matters worse Finns are presently moving abroad at a rapid pace that the country's current population of 5,493,577 would have stopped increasing had it been not for immigration. If immigration was to be removed and not considered as one of the reasons growth is increasing they would not be an increase in only 36 municipalities by the year 2040. Senior actuary Matti Saari of Statistics Finland attributes the low birth rate to the economic uncertainty. (Statistics Finland 2016)

2.2 Nurses

A nurse is a person who has completed a program of basic, generalized nursing education and is authorized to practice in the country by the right regulatory authority. The authority authorized the nurse to engage in the general scope of nursing practice, including the promotion of health, prevention of illness and care of physical ill, mentally ill and disabled people of different ages in all health care and other community places. A nurse carries out health care teaching, participates fully as a member of the health care team, supervises and trains nursing and health care auxiliaries and is involved in research. Nurses share with others the function of planning, implementation and evaluation for the adequate of health system. (ICN, 2002). According to Henderson (1977) the function of nurses in caring is to assess for the individuals, sick or well, and assist them in the performance of activities for health or recovery as well as to dignified death.

RIGHT TO PRACTICE

- The National Supervisory Authority for Welfare and Health (Valvira) grants upon application the right to practice as a licenced or authorised professional and authorises the use of the occupational title of healthcare professional



Picture Finnish Nurses Association

Figure 3: Right to practice as a Nurse (Sipilä. 2016)

The above figure illustrates the authority that grants nurses the right to practice in Finland. Working as a nurse in Finland you have to have a license to practice as a nurse, which is given by Valvira, the National Supervisory Authority for Welfare and Health as seen in the above figure. Therefore, when planning to come to Finland to work as a nurse for those coming from other countries, the best place to start from is Valvira. Valvira grants, upon application, the right to practice as a licensed or authorized professional and authorizes the use of the occupational title as healthcare professional. The information of all registered nurses is maintained by Valvira and they register all those given the right to practice as nurses are being registered in the register called Terhikki. Therefore a person found working without a license in healthcare sectors may be given a charge or imprisonment. The right to practice as a nurse is regulated by the Act on health care professionals. In addition, all medical or health care professionals working in Finland must be able to speak good enough Finnish or Swedish. (Ronkainen 2014).

BACKGROUND OF NURSING EDUCATION

- Nursing education in Finland go back to the early 19th century
- Since the beginning of 1990s registered nurses (RNs) have been educated at Universities of Applied Sciences (UAS, also called Polytechnics)
- It takes 3,5 years to complete bachelor level degree, which is worth 210 ECTS. (*ECTS is a standard for comparing the study attainment and performance of students of higher education across the European Union and other collaborating European countries. One academic year corresponds to 60 ECTS credits that are equivalent to 1500–1800 hours of study).*)
- National legislation closely regulates the education and professional practice of health care personnel.
- Also based on the European Union's Directive 2013/55/EU amending Directive 2005/36/EC. The requirements in Finland are similar to those of elsewhere in the European Union and other collaborating European countries.

Figure 4: Background of Nursing Education. (Sipilä. 2016)

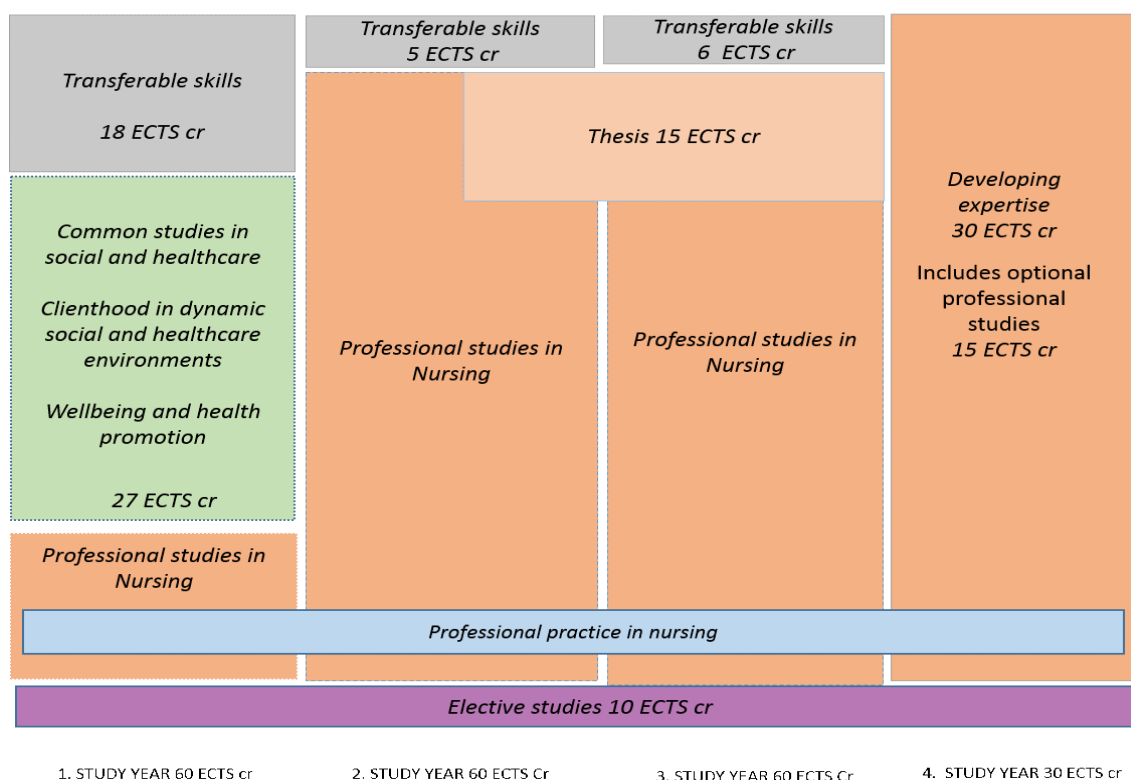



Figure 5: The Structure and completion of studies (Jamk 2015)

The above two images shows the system how nurses receive their education at universities of applied sciences Public health nurses, in Finland. Midwives and paramedics also qualify through the same schooling. (Tuas 2016). The degree includes the registered nurse's qualification as shown, completing the studies consisting of 210 - 270 ECTS credits, lasts from 3.5 to 4.5 years. Registered nurses require 210 credits, public health nurses and paramedics 240, and midwives 270. (Jamk 2015)



Picture Finnish Nurses Association

WHERE DO THE NURSES WORK?

16.5.2016

- A nurse can be employed in different operational environments in the public, private or third sector.
- The most typical jobs are within the public sector, i.e. social and health care services owned and organised by municipalities or the state. The maintenance and provision of these services are funded primarily by tax revenues.
- Other opportunities e.g.:
 - health care facilities within social welfare, such as home help service, assisted living residences, old people's homes or substance abuse units.
 - the private sector: private clinics, care homes, care enterprises and patient transport.
 - pharmaceutical companies, e.g. as pharmaceutical representatives or product demonstrators with manufacturers of treatment supplies and assistive devices.
 - the third sector, e.g. Finnish Heart Association, Finnish Diabetes Association, welfare and volunteer work conducted by the church.
 - to found own company and work as a self-employed care entrepreneur.
 - to work as planners, specialists and consultants within different health care development projects.

11

Figure 6: Where Nurses work. (Sipilä. 2016)

The above figure shows the background of nursing education in Finland. Upon completing the 210 ECTS in 3.5 to 4.5 years, the national legislation regulate the education and professional practice of health care works and their training depend on the EU directive 2005/36/EU. Valvira makes sure that high quality service patient safety and legal protection are carried out in practice and the Finnish Ministry of Social Affairs and health takes care of the functioning of social and health care services, health care professionals, hospitals and health centers by supervising and directing. (Finnish Nurses Association 2016).

The above figure points out the places where nurses work. The nurse's job consists of professional nursing, maintaining and promoting the health of the population and the individuals as well as taking care of the patients. As a nurse, one has to work as independent specialists and

be able to carry out medical orders given by doctors. In addition one has to be able to participate in development of nursing care together with other health care workers as well as to bring nursing expertise into societal decision making and discourse. Nursing expert, need to have special knowledge of nursing care which includes ethics, health promotion, decision making within nursing, guidance and teaching, collaborations, research and development work, management, multicultural nursing, societal activities, clinical nursing and pharmacological treatment. (Finnish Nurses Association 2016).

According to Laurea University of Applied Sciences (2016), a nurse expert is based on scientific evidence. A nurse works for the holistic wellbeing of the individuals, their families and others by promoting and maintaining good health, preventing and treating illnesses, advising and support and possessing a theoretical knowledge to practical skills. Ability to develop ones work plays an important role in nursing as well as good interaction skills and communication. A nurse requires multilayered know-how, intellectual, competence, and strength of character. It is only a person with a degree can work as a nurse. A nurse voluntary apply for the membership of the Finnish Nurses Association and of Tehy, as soon as one has registered as a nurse in Finland by Valvira the Finnish Union of Health and Social Care Professionals. 90% of nurses belong to the union of health and social care professional (Tehy) which is the largest trade union in Finland for people with a degree in health and social care as well as student. Tehy supports the representation of interests and professional development of nurses. Tehy's member organization is the Finnish Nurses Association which provides professional development opportunities for nurses; it offers its member chances for collegial interaction and networking as well as to support professional career development. (Finnish Nurses Association 2016).

Nursing is one of the most esteemed professions among Finns. Highly educated nursing professionals perform independent and responsible work based on nursing science. In Finland nurses work independently caring for patients and in performing medical treatment according to physicians' instructions as part of comprehensive patient care. Only people who have a bachelor's nursing degree and who are registered with the National Supervisory Authority for Welfare and Health can practice nursing. Finnish nurses are highly educated nursing professionals who have a good grasp of what is usually the best for patients. The Finnish Nurses Association ensures that their experiences and viewpoints influence decision-making related to nursing. As an association, they have an active influence in society and contribute expertise and partnership in developing social and health care, education, scientific research, and labor policy. Issues related to wellbeing at work in the area of health care are of critical importance for Finland. (Finnish Nurses Association 2016).

STATISTIC IN FINLAND

In 2011

- 102 800 degrees of nurses, midwives, public health nurses
- 21 300 of them were retired
- 81 500 were of working age: 77 200 (94,7%) employed and 1 100 unemployed (1,3%)
- 3 200 on study leave or maternity leave ect

(Ailasmaa THL/ Report of statistics 8/2014)

- 28 862 worked in the public sector, of which 91,5% were women
- 10,3 nurses per 1000 inhabitants
- 4 nurses per 1 physician
- 63,7 graduated nurses per 100 000 inhabitants in 2011
- 0,8% of the nursing workforce from abroad
- Not re-registration

29.4.2016
Sipilä Marianne

9

Figure 7: Nurses Statistics in Finland. (Sipilä.2016)

The nurses statistics in Finland on the above figure shows how many nurses are need per each physician, how many have retired, and the nursing workforce of the foreign nurses. Therefore the terms of employment and work safety requirements are the same to both foreign and Finnish workers. The nurse's work covers extensive areas and requirements of responsibilities vary from depending on the type of the unit. Working in hospital wards is different from working at the health care unit or emergency unit, but the key issue is orientation. The employer must put much effort orienting the employee and giving all the conditions needed, occupation health measures and occupation health care arrangements. Orientation is necessary to all workers starting or leaning to work at a particular place even though one has occupational skills needed, in order to make sure that patient's safety and realization are right. Good planning orientation transfers the message to a new worker that she is welcome and enhances job satisfaction and provides the excellent and safety of patients care. (Finland in facts 2016)

2.3 Immigrant nurses

According to Rautakoura (2012) the study done by Tehy describes that employing foreigners is one way of reducing shortages in health care workers. People working in Finnish economy have gone high gradually over the years but still foreign nurses are very low. Aschan (2007)

stated that qualifications to foreign workers has not been a problem especially those trained in EU countries but cultural differences, familiarity with legislation and language skills have been much more difficult. Nurses with basic qualifications are provided with supplementary trainings to qualify to work in Finland which is very challenging. Their supervisors also require more training and skills in managing an increasingly international work community. Harmanen (2012) points out that when dealing with patient's safety, there is no room for risks. Finnish skills are demanding and some foreign nurses do not have enough of those skills and they do not learn fast, therefore making it hard to transfer such works to other tasks.

Language is a safety factor in healthcare; it plays a critical role especially to those communicating with patients directly. Under Finnish law, patients must be able to receive services in their own language because lack of proper communication oral, reading and writing in patient's language can lead to compromising patient's safety in today's nursing culture. With time even Swedish language will be a requirement for foreign employees as well as knowing other languages in dealing with patients. Cultural differences are visible at work places, workers may have different ways of keeping time, hygiene, temperament and how to talk about various issues including religious and traditional ways which may bring some restrictions or differences in doing or performing things especially with foreigners from outside the western cultural sphere because they face a lot of challenges with Finnish way of life. Lot of things matter when working in a multicultural place and can be challenging for both patients and employee of different ethnic backgrounds, such as dressing, and diet. (Aschan 2007).

In Finland a clear need exists to recruit people from abroad in the coming years, especially in the healthcare and service sectors. (Korpela, 2014). Despite low salaries and high housing costs especially in the Helsinki area, Finland's perceived attraction to foreigners depend on the country the person is coming from and Finland gives safety, clean environment, good social benefits, expertise and nature all around that is why a lot say, In Finland the sky is blue compared with grey everywhere else. Foreigners are supported in many ways, a lot would like to stay in Finland as long as their basic needs are in order and if their work is appreciated, their salary is good enough and there is good place to live with family. Working in Finland one need some spirit of enterprise and an open mind but the most important thing that is on demand is the language. Therefore for occupational safety, it is important to communicate especially in health care and other fields. Because there are few jobs where it is possible to work without Finnish skills, hence knowing Finnish is an advantage. (ASchan 2007)

Finland has been a culturally, ethnically and linguistically homogeneous country nevertheless the attitude towards new comers has been one of the caution among both officials and the population in general. But now Finland has decided to give immigration a warm welcome, in early 2007, the political programme of the second government of the prime minister made a clear transition from a policy on aliens to a policy of immigration. Nurses are professional and highly qualified people, their work is independent and responsible based on nursing science.

Nurses have their patient's needs foremost at heart. In treating the sick, they are also promoting the population's health, preventing illnesses, treating and rehabilitating. Nurses must have a thorough theoretical knowledge of both nursing and other relevant sciences. Nurses must be able to apply the knowledge to their work in practice and have capabilities in conducting research, acquiring information and management.

2.4 Integration

Integration is the free association of people from different racial, religious or ethnic backgrounds. It is a goal of the civil rights movement to overcome policies of segregating. And to integrate is to bring together or incorporate parts into a whole. To make up, combine or complete to produce a whole or a large unit as parts do, or the process of combining into completeness and harmony. (The American Heritage 2002).

Integration is a goal many nurse executives share, as they increasingly oversee patient care across multiple, diverse care settings, including hospitals, ambulatory clinics, and home health. Leaders must ensure timely, high-quality care in the lowest-cost setting—without unnecessary duplication of services across the care continuum. (The Advisory Board Company 2015).

In order to integrate nurses need patient-Centered Care to provide quality, safe and ethical care that is person-centered, rooted in partnership, and is mutually beneficial for individuals and families in all care settings across the life span. Evidence-Based Practice because it Integrates clinical practice evidence to improve the health outcomes for individuals, families, and communities. Safety, promotes safe health care environments, systems and initiatives to minimize risk of harm to individuals, families, communities, and providers. Teamwork and Collaboration, promotes respectful communication and working relationships among intra-and inter-professional teams to deliver evidence-based, safe, quality, and person-centered care. Informatics in order to use patient care technologies and clinical information systems to facilitate decision-making necessary for delivery of evidence-based, safe, quality, and person-centered care. Quality for improvement through leadership skills, clinical reasoning, and use of evidence and leadership as a transformational nurse clinician, to model professional communication, responsibility and accountability to promote self-awareness, life-long learning, and civic professionalism in the health care environment and other complex systems. (Lannelli 2016).

2.4.1 The integration process into a foreign working culture

Everyone benefits from a warm and welcoming corporate culture. On the one hand, it will help international staff adapt to their new jobs and facilitate their smooth integration as well the workforce will also benefit from a friendly and open corporate culture. As they interact with their new international colleagues, they will acquire intercultural skills which are crucial to a company's long-term success in an increasingly globalised world. Companies

which have already established a welcoming culture as part of their corporate philosophy use various different strategies and measures to help their international staff integrate and make sure they stay with the company in the long term. It makes sense to support international staff with mentors in order for new members of the team to know who to turn to with questions about their new job and the country they live in. These measures should not be temporary, though: even after the new staffs have settled in, continuation of supporting them by offering language courses or intercultural team building activities is always needed. (Werner 2015).

According to La Brack (2000) One's culture and facing new ones of the foreign country, can cause life difficult experiences and differences. Such as manners, beliefs, customs, laws, language, art, religion, values, concept of self, family organization, social organization, government, behaviour, etc. which combine to form culture. The introduction to new and foreign cultures greatly benefits new workers, it can also be overwhelming. Because cultural differences can be so great that people may need extra time to adjust. The reaction of feeling shocked by a culture's attributes can manifest itself in mood swings ranging from anger, to depression, to panic. It can be difficult to explain culture shock, especially if you have never been through it. When workers are not free at work, they cannot put or involve themselves fully as the team or any work given to them hence less staff morale, a lot of absentees, reduce production and retention difficulties. It is important to have a good welcome for new workers such as the place, flexibility, and good communication. When a new worker is provided with good information of the above including culture information that can help him or her to integrate easily. (The Advisory Board Company 2015).

Managers are responsible and play a vital role in creating the tone for the shifts towards increasing diversity and inclusiveness in the unit. If there is freedom of communication and effective clear way for feedback it brings chances for discussing things involving inclusion and discrimination. Every organization has different context and always start from somewhere different and come to an improvement. In order to take away the fear that a lot of workers have when dealing with diversity, a good educational approach is a key. Diversity trainings are important in any organization in order to create awareness and increase workers knowledge and sensitivity to diversity things and as well as allowing them to have a set of skills that allow them to deal with working environment diversity effectively. In most cases both leaders and workers have fear that maybe they are saying wrong things, that is why the diversity awareness skills and the support of the organizational to promote the diversity is very important. (The Advisory Board Company 2015).

Workers need to be aware that focusing on diversity is not about being perfect for the standard and expectations for good behavior at work but diversity and inclusion are nurtured in an open working environment where by mistakes are taken as a way of learning and not a way of embarrassing or putting someone to shame. All workers should be considered to be participating

and contributing to the progress and success of the unit or organization despite the disabilities, gender, color, ethnic etc. Leaders should lead by example demonstrating respect to all employees, communicating openly to all and offering knowledge on each one's rights of all the workers. Mentoring is an important aspect to develop and retain the employees in order to integrate into the working society and culture (The Advisory Board Company 2015).

It is very important to effectively integrate foreign workers into their workforce. Apart from orientation at workforce it could be a plus if there personal needs are also noticed, for instance finding housing, teaching them on local transit system and help them get settled into a new community, it is always good to create a helpful environment for new foreign workers and introducing them to other workers and in the community and many more in order for them to feel comfortable and at home just like other workers. When such things are considered thoughtfully and attentively, they will contribute in helping foreign workers to retain and successfully integrate. (Tourism HR Society 2016)

There are many ways of helping new team member integrate into the daily work routine of the company. To introduce new team member to their new responsibilities, one can create a "job manual" and then discuss it with them. This manual should contain all relevant information on workflows and procedures involved in the job. It is also useful to include corporate policies, rules of conduct, contact persons, tasks and mutually agreed performance targets. It is also important to make sure that the employee have enough time to conduct dealings with authorities and attend language or further training courses. Consider providing key policies or rules in English or other foreign languages. Also inform new staff about informal rules, such as dress codes. This way it will be easier for them to adapt to the norms in your company. Introduce important contact persons to new employee in person. For the initial induction period it is also advisable to appoint a person to act as a primary contact for the new team member. Ideally this should be an experienced member of staff who will guide their new colleague through their first steps in the company as a kind of mentor. Provide further training opportunities. (Portal 2015).

Young qualified professionals from other countries often have little professional experience, especially if their professional training did not involve any practical work. By offering further training, you will be able to train your new employee according to the particular needs of your company. Provide in-house training or facilitate participation in an external course. Check how the integration process is progressing. Valid instruments for checking on the progress of integration are feedback discussions or your "job manual". This should provide both parties with insights on which targets have been reached and where there is still room for improvement. (Portal 2015).

Organize welcome and/or team building events so that your new employee gets to know and interact with their colleagues. This way any reservations that might exist between your existing staff and the new team member can be reduced. Point out development perspectives. This

will increase your new employee's loyalty to the company and your chances of retaining them on a long term basis. For this goal, formal recognition of the equivalence of their professional qualification may be necessary. Support the formal recognition process. The recognition of foreign professional qualifications is far more than a well-founded assessment of qualifications. It also a way of appreciating an achievement and fosters integration as well as long term loyalty to the company. Establish a welcoming culture in your company. (Portal 2015).

2.5 Nursing culture

It is important to understand culture first in order to understand and acknowledge nursing culture. Therefore culture is defined as: "The actor developing the intellectual and moral faculties especially by education. It is enlightenment and excellence of tastes acquired by intellectual and aesthetic training. Culture acquaintance with and taste in fine arts, humanities, and broad aspects of science as distinguished from vocational and technical skills. It is the integrated pattern of human knowledge, belief and behavior that depends upon man's capacity for learning and transmitting knowledge to succeeding generation. It is the customary beliefs, social form, and material traits of racial, religious or social group and is the set of shared attitudes, values, goals and practices that characterizes a company or corporation. (Merriam-Webster.2005).

A postmodern lens contextualizes nursing culture as an activity and discipline based which clarifies how societal and cultural changes have shaped the culture of nursing. (Lister 1997) And according to Puzan, (2000), nursing culture comes from dispersed, adoptable and relational position of power through close connections with families and communities and with other health care providers. Therefore, when culture is looked into without considering context and process, the exercise becomes barren and meaningless, hence is viewed using different kind of lens in order to be analyzed and the cultural shaping of nursing in preparation of the future. (Kaminski.2005).

Nursing culture is a notion appearing to be very easy to define but if gone researched it is found to have a lot of definition. Nursing culture consists of history, traditional, rituals, myths, routines, stories and values. Nursing culture is made of a lot of inside factors including obstacles like poor communication among leaders and the nurses and lack of respect, there is always a problem of creating an excellent culture when nurses are not respected by colleagues. Hence leaders play a crucial duty in affecting culture within the sector, for instance a leader who just has punitive way of managing things that makes the place unpleasant for the staffs getting scared of being punished of accountability and fears leading to affecting the ward in a lot of ways whereby nothing becomes positive. (Kaminski.2005)

2.5.1 Aspect of nursing culture

According to Locsin (2002) the aspect of culture of nursing is to take into consideration the profession as a knowledgeable practice and cultivate an intention to nurse. The lens of the intention to nurse is the unifying concept underlying nursing practice and culture leading to promote nursing values, facilitating health and inspiring a positive human health experience to patients. Two things to the intention to nurse are the ethical morals of beneficence, to perform well and of no malfeasance, to perform harm. In order to be able to carry out those two issues successfully within the nursing culture one need to be able to negotiate and re-negotiate an economy of performance despite the audit culture that usually prevails with a personalized, professional ecology of practice. Benner (1984) states that it is important being just being with clients instead of doing for them, to meet their needs within the practice context. And Stonach et al 2002 pointed out that the metaphor for professional is pulse rather than push and the teleology of the utopian professional self and the ontology of vocationally oriented human being works in a pulse like also the accommodation between the actual and the ideal, the possible and desirable must happen.

Holland (1993) looked into nursing culture by using Beal's' description to describe with a certain eye for ritualistic expression which happens in response to the goals and values of nursing as well as of the hospital context. These two explain a lot including the nursing shifts changes, report and uniforms. Nurses perform and then ritually work to give care to the patients then the hospital or leaders retain the power to approve and organize the overall of the nurses' and patients' days. The rituals of caring and healing the sick takes place in ritual time and ritual space.

Hall (1989) examined how culture influences perceptions of time. He stated that most of western culture work using monochromic time (M time) which tells about timetables, promptness and it operates linearly but other nonwestern cultures operate using polychromic time (P time) where by all the things happen at the same time during interaction and relatedness of people involved in a flexible way and not in a linearly way. Therefore the M time is mostly used in health care settings influencing the way nursing culture operate and how patients care is well organized but there is very little room for flexibility care as in the P time leading to loss of involving in true holistic client centered care.

As a leader, it is very important to be behind nursing and its vision in order to go forward as professional culture and in a positive image of nursing. It is the duty of the leader to make the place to be cultural professional with excellence, respective and inspires values. There are a lot of things that can help to change culture in an organization, such as defining the present nursing culture of the unit both positives and negatives, the dislike about nursing culture in that particular unit, the things needed to be changed as well as the barriers that may hinder such changes. When the leader notices the things which are needed to be changed to

improve professional culture despite that it takes time for some changes to occur but there should be policies or changes that can take place there and then, therefore it is always good to start with the changes one can make now and Make implementation over the changes that are effective. As a leader always remember keep a blog for every change that takes place and communicate with your nurses also praise when changes happen all year round. Come up with a nursing vision and mission and let the nurses know about it, this will help the leader to guide and provide structure for the nurses. (Harrington 2010).

2.5.2 Nursing culture education

Nurses have their own cultural heritage and cultural philosophical way of education in the professional places but it is vital that they understand that nurse's-patient encounters involves the interaction of three cultural systems which are the Culture of the nurse, culture of the client and culture of an environment in order to be able to improve the way to care culturally relevant and responsive services. Each person require to choose how to give or offer to seek health care and nurses should use their knowledge of cultural diversity to create and fulfill culturally sensitive nursing care, keeping always in mind that their role is to be clients advocates.(Census 1990).

Right from nursing schools, nurses are taught many ways on how to know themselves well as a personal knowing, in order to plan things in a holistic way and give effective clients care. Personal knowing is obtained through retrospective accounting of an interaction and it is very hard to teach because it is the way of seeing something from the perspective of another and be able to notice that other person as the subject but not as the object hence it is the way of knowing of yourself as well as others coming up to reflection, synthesis of perceptions and connecting to what is known, also a person becomes genuine, authentic, real and whole. (Jacobs 1998).

According to Carper (1987), the personal knowing brings about integrity and wholeness in health care workers. Personal knowing is central to nursing because sickness is radically subjective therefore; the workers perform a therapeutic caring culture that is holistic and salient to patient's situation throughout recovery. This makes patients and their families know that nurses their world and can explain the decisions made and experiences in there conditions that will help promote growth and understanding in times of hard situations.(Holmes & Gas-taldo, 2004).

It is very challenging to know how to get in the overwhelming sea of tasks, rules and interpersonal deep waters of the average hospital ward culture. But the easiest way to be able to navigate is through socialization and the process involve enculturation, how to assimilate selected aspects of the professional culture. Enculturation is a process which neophytes acquire a collection of cultural lens' or the way of seeing the world and this process happens when

people from one culture interact with others from different culture groups within the area and this makes changes to happen in both groups and at a collective level. (Hong, 2001)

3 Working life partner

The working life partners of this thesis were Espoo city and Helsingin & Uudenmaan Sairaanhoidopiiri (HUS). The city of Espoo gives care and treatment in different areas of lives of the entire residents from babies to the aged over 100 years. The city deals with rehabilitation and mobility help services in unit bed wards and outpatient units due to injuries, disabilities or illness to help maintain client's physical, mental and social ability to function and for possible independent management of everyday activities. The city deals with telephone services as well and gives some home services at client's places. The Espoo city rehabilitation terms includes, Doctors, nurses, physiotherapist, speech therapist, occupational therapist. (Espoo 2016). Hus is the hospital district of Helsinki and Uusmaa which has 24 municipalities. It offers patients a timely and equal access to specialized medical care. Every year, about 500,000 patients receive treatment at Hus Hospitals and every patient is given a high quality care on time. (HUS 2016)

4 The purpose of the thesis

The purpose of this thesis was to explore and investigate the integration of immigrant nurses' into the Finnish nursing society and culture. And the aim of the study was to provide the needed knowledge about Immigrant nurses integration and experiences in order to develop the good working environments.

4.1 Research question

How do the nurses perceive the immigrant nurses' integration into the Finnish nursing society and Culture: what are the issues that need more attention?

4.1.1 Theme questions to methodology

The theme questions were; What feelings/reactions do immigrant nurses have on the first working day? How are the colleague's reactions towards immigrant nurses? What is your perception on how the working life orientation of Finnish nurses differs from immigrant nurses? What are the culture differences? What kind of support is given to immigrant nurses? And, Is there anything that does not promote immigrant nurses integration process?

5 Methodology

5.1 Qualitative research approach

A qualitative research is a generic term for Investigative methodologies described as ethnographic, naturalistic, anthropological, field, or participant observer research. It talks of the vital of the variables in the natural way in which they are found. The integration of qualitative research into clinical research in the 1970's and 1980's introduced many distinct formats of qualitative interviews that greatly expanded the process of data collection and the depth of information being gathered. Qualitative research different from quantitative research which tries to collect data by objective methods to provide information about relations, comparisons, and predictions and attempts to remove the investigator from the investigation (Key. 1997) .

In this study a qualitative approach was used as a research method in order to gather the meaning from different kinds of participants as a message and the communication piece, to be able to understand how nurses perceive the immigrant nurses' integration into the Finnish nursing society and Culture. This approach allowed the researcher to better understand the meaning of the data, the feelings, values and perceptions that underlined and influence the behavior as well as identify foreign nurse's needs in order to integrate. It also enabled the researcher to capture the language and imagery of the participants in order to be able to describe and relate to the nurses perception of the immigrant nurses' integration into the Finnish nursing society and Culture. As well as allowing the researcher to attain the goals and free capture possible themes which were really important and require more attention to the integration of foreign nurses, not only to focus on the subject influenced the theoretical observations as to what would be relevant.

5.2 Interview as the data collecting method

Interviews are among the most familiar strategies for collecting qualitative data. The different qualitative interviewing strategies in common use emerged from diverse disciplinary perspectives resulting in a wide variation among interviewing approaches. Unlike the highly structured survey interviews and questionnaires used in epidemiology and most health services research, we examine less structured interview strategies in which the person interviewed is more a participant in meaning making, than a conduit from which information is retrieved. (Barbara & Benjamin, 2006)

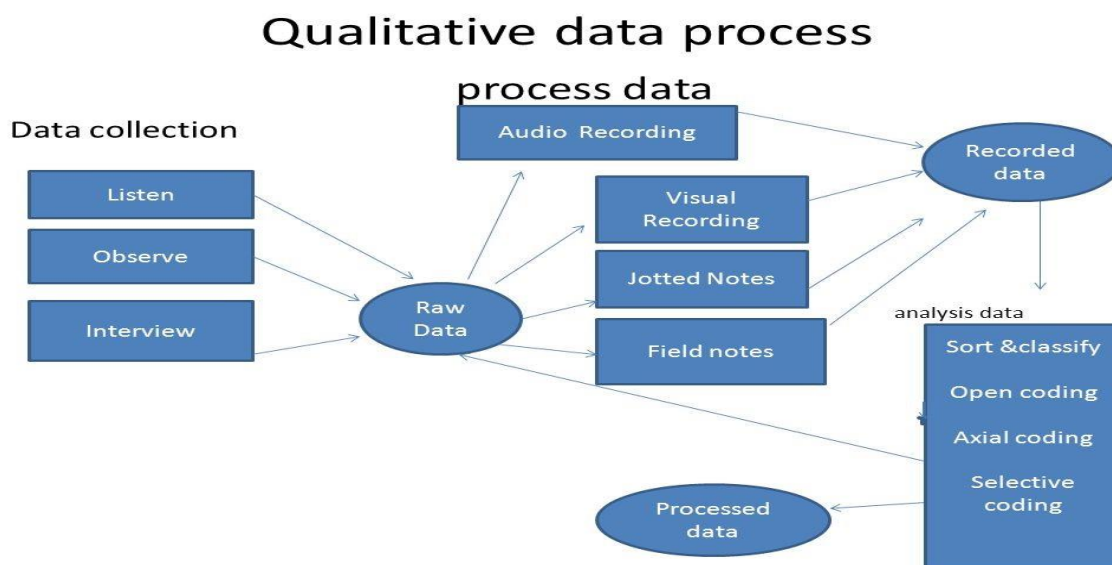


Figure 8: The qualitative data process (Ramadan, 2014)

According to Bernard (1988) interviews are mainly taken by observation, informal and unstructured interviewing in order to allow the researchers to develop a keen understanding of the topic of interest necessary for developing relevant and meaningful semi-structured questions. And Key, 1997 state that the more detailed data is collected through open ended questions that provide direct quotations; the Interviewer is an integral part of the investigation.

Semi structured interviews in this study were used since they provide a clear set of instructions for interviewers and can provide reliable, comparable qualitative data. (Elliot & Gillie 1998) The figure above shows the process of gathering qualitative data which was used on this study. Data was collected in order to receive comprehensive information on the integration of immigrant nurses into Finnish society. The interviews questions were in English, recorded and few questionnaires to those who did not have time to be interviewed orally. The researcher used the interview guide from the list of the questions in a sequence and engaged with the participants in a formal interview. The participants had freedom to express their views in their own terms, which made it possible for a series of follow-up questions and the researcher was able to get certain types of information from the participants.

5.3 Participants of the study

Hirsjavi and Hurme (2006) state that the sample too small does not allow any statistical generalizations or testing between the groups of participants. On the other hand, they say, if there are too many participants, it is difficult to make any in depth analysis of their experiences. It is also possible to use the data-saturation method, where acquiring the participants ends when there is no relevant additional data to be obtained. The participants were chosen according to the purpose of the study and they were recruited from two hospitals which have

foreign nurses working in different wards, within Espoo city and Helsinki and Uudenmaan Sairaanhoidopiiri (HUS), in order to have information from two hospitals on how nurses perceive the immigrant nurses' integration into the Finnish nursing society and Culture in three perspectives.

In this study the participants were all together ten (10), all female and between the age of 20 to 60. Four (4) of the participants were head nurses, four (4) foreign nurses and two (2) Finnish nurses. The length of the interviews was between 30-40 minutes and they were implemented in groups or individually. The foreign participants were from Africa, Asia and Cuba and they were chosen amongst nurses trained in Finland.

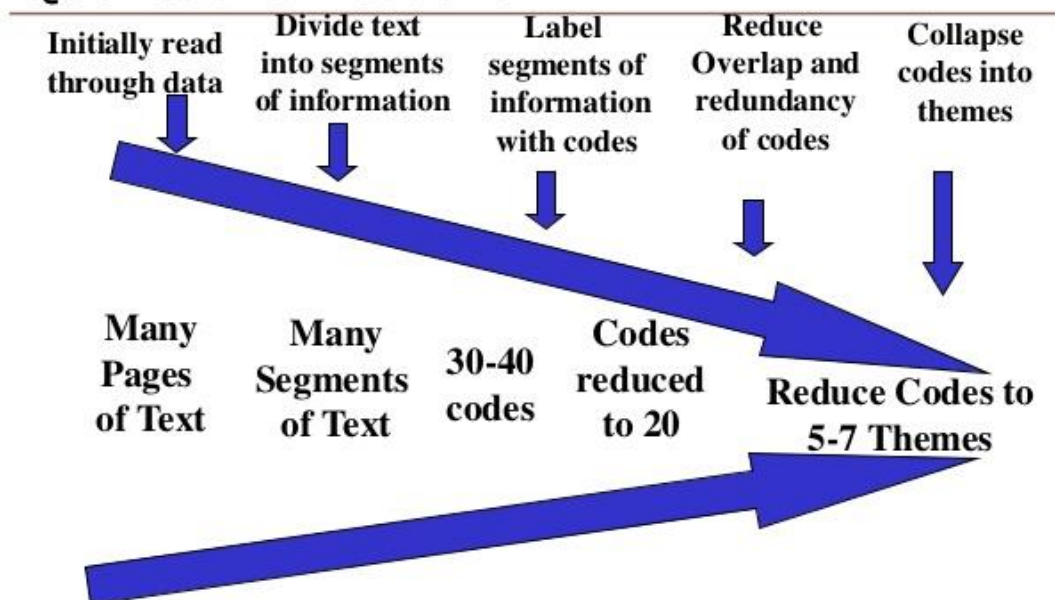
5.4 Data analysis

According to Lescroel et al (2014) Analysis is the breaking of a whole into different components from individual examination and data analysis is the method of collecting raw data and converting it into information useful for making decision. The inductive content analysis provides an easily used and systematic set of procedures for analyzing qualitative data that can produce reliable and valid findings. (Thomas 2006).

According to Thomas (2006) Inductive approach reflects frequently reported patterns used in qualitative data analysis. The approach provides a convenient and efficient way of analyzing qualitative data for many research purposes and the outcome can be differentiated from those derived from a grounded theory approach. Thomas (2003) also state that the inductive approach is a systematic procedure for analyzing qualitative data where the analysis is guided by specific objectives, mainly used in health and social science research. Inductive approach analysis is straight forward than other traditional approaches of qualitative data analysis (Miles & Huberman, 1994)

The Inductive content analysis method was used to analyze the data in this study. The inductive content analysis is suitable for a qualitative study when the data is derived from the empirical resources. The reason for using an inductive content analysis approach was to condense the raw textual data into a brief summary format, establish clear links between the evaluation or research objectives and the summary findings derived from the raw data, to ensure that those links are both transparent and to develop a framework of the underlying structure of experiences or processes that are evident in the raw data. (Elliot & Gillie 1998) The inductive content analysis was implemented and the original statements were first transformed into minor categories and then into major categories through the abstraction-process until they manage to answer the research question in a clear way by the themes that they formed.

A Visual Model of the Coding Process in Qualitative Research



MRC/CSO Social and Public Health Sciences Unit, University of Glasgow.

Figure 9: A visual model of the coding process in qualitative research (Maycock 2015)

Segmentss of infor- mation	Segments with codes	Redundancy of codes	Reduced codes into themes
<i>Feelings and reaction, same as everyone, there could be more if there is problem with language. The only challenging thing is the language. Main problem is language. The working skills are good and they have good knowledge. they are confident. Frustrating to all if they cannot speak</i>	Language, Finnish, Frustrating, Problems Feelings Reactions Challenging, knowledge Confident	Language, Finnish, Frustrating, Problems	The Finnish language
<i>Orientation is given for five days to everyone some need more time. After that they are expected to work independently. Orientation for foreign nurses is the same as</i>	Orientation same. Finnish nurses, not Well planned, waste orientation	Orientation Planned Waste ori-entation.	Orientaa-tion

<i>for Finnish nurses. Orientation is not well planned. waste orientation</i>			
<i>Time is not enough. It varies from place to place. Some days can really be good and some bad. I had a Personal experience. I was just a month old in the ward. One day it happened that there were only foreign nurses on duty. Bosses do not see the positive</i>	Time not enough, varies places, good ,bad, Experience Do not see positive	Time experience Bad Good Positive	Experience
<i>Not integrated, culture is different. Need to accep & embrace us. Finnish culture is different. Culture is there. adopt working with foreigners. Difference communicate Male nurses face of culture difficulties</i>	Culture difference. Finnish culture. Culture is there. Male face culture difficulties, adopt, embrace	Culture Difficulties Finnish Difference Adopt	Culture

Figure 10: Data Analysis

The above figure shows how data was analysed using Inductive approaches which helped to understand the meaning in complex data through the formation of summary themes or categories from the data reduction. The interviews questions were in English, recorded and few questionnaires to those who did not have time to be interviewed orally. The recorded data was heard several times and the written one was read many times to ensure reliable information from all the participants in order to identify themes. The subsamples were obtained first and read through as well many times, emerging to codes frame in which those new codes were changed and the transcripts were re-read according to the new structures emerged. After further reading of transcripts and no new themes comes up, proves that the main themes are identified, because reading and coding of the transcript of interviews allow major themes to emerge (Elliot & Gillie 1998)

6 Findings

6.1 Finnish Language

Language was found to be one of the major theme according to the inductive content analysis, it is critical and crucial aspect that hinders or slows the integration of foreign nurses into Finnish nursing society and culture. All the three groups of the participants had the same view about the language. People have problems to open up even to associate due lack of the language. Nurses with good language skills adopt and integrate easily unlike those with only basic language skills, they have problems and difficulties. Even in any other community, it is hard to adopt and integrate without the language because it is the key. But it is also good to have different kinds of languages because of different kind of patients from other countries speaking different languages. Below is what the participants talked about the language problem as a barrier to integration of foreign nurses into Finnish nursing society and culture. It is said that foreign nurses are hard working, willing to work, have good skills, and they are more confident which makes them not to panic. This is a positive sign but still the language is the only challenging aspect as stated by the participants:

“What I can say, foreign nurses are hardworking, excited and willing to learn because they also worked somewhere else but the only challenging thing is the language. Some even ask if they will be speaking Finnish all the time”

“Newly qualified nurses too find it easy to work because of the placements they do as students but it all comes back to the language”

“Main problem is language. The working skills are good, they have more knowledge and they do not stress or panic like Finnish nurses, they are confident. New qualified foreign nurses trained in Finland find it easy to go to work because of work placements they have had but it all comes to language problem. But if you compare Finnish nurses to foreign nurses who just graduate, it is easier for Finnish nurses than foreign nurses.”

It has been said that some foreign nurses use google translator but it is not accurate in most cases, therefore the text is known when written by the help of google because it tells different meaning and the all thing means something else. Frustrations, nervousness and anxiety arise when there is language problem at work to both workers, others are challenged and others can not just take it, making the working environment hard. The comments below illustrates participants answers:

“The most problems are coming from that language skills, and you can tell because sometimes they use Google translator and the translation is not accurate, one ends up with wrong information”

“It is frustrating to all if they cannot speak good Finnish. It is a pity because language is the most important thing to become part of Finnish society. If I were a foreigner I would go to Swedish side because it is much easier to learn Swedish than Finnish

“Nerves, anxious, like you are out of the ring. But it depends; when you are only foreign it is very different. It is very challenging especially when working in different wards. It is hard to integrate really because you have to learn a lot of new things all the time in a different language.

“Some nurses get irritated when you ask all the time, this is all because of the language and they have negative feelings about the immigrant nurses.

In most cases, for some people they feel nervous being to a new place but when there are other issues then the situation becomes waste. For instance if language skills are not good definitely the feeling and the reaction being at that particular place is different to those with good language skills. Sometimes it feels easy when there other foreign nurses in the same department, following what the participants pointed out.

“Feeling and reaction of immigrant nurse at work is the same as everyone who is going to a new place, but there could be more if there is problem with language. In our ward we have to make sure that one has enough Finnish, there is no exception that one can understand some no! And we need to understand you as well. Therefore without good skills in language it is not easy to integrate but it is also a plus if you speak another language than Finnish”

“Sometimes it is easy because we do have a lot of foreign nurses already in the ward and immigrants know that it is not easy to get job or work so they make sure they work hard”

6.2 Orientation

The orientation between foreign nurses and Finnish nurses is said to be the same, again the only problem is language skills. It shows as well that it also depends with a particular nurse, they may give the same orientation but some do not. Unlike when one is a student in practical's, they give more information to Finnish students than foreign students that is why they

want foreign nurses to speak and understand the language for easy integration. Commenting on orientation, this is what the participants said.

“Orientation is given for five days to everyone coming to start working but it depends with a person, some need more time and some learn very quickly just like Finnish nurses”

“In those five days they work with someone and after that they are expected to work independently, but if five days is not enough we still find someone to guide them in order to make sure they are ready to work on their own. For those trained outside Finland, the time of orientation is different”

“Orientation for foreign nurses is the same as for Finnish nurses; the only difference is that we are to make sure that the mentor who is orienting non Finnish nurse speaks English”

A variety of perspectives were expressed, showing that Finnish speakers do not feel comfortable as well giving information in English, it is very difficult on their side, they are open the only hindrance is the Finnish language. Time is another problem during orientation, it is never enough, very limited. They do not learn much until they get used to the system which is very hard because they learn by themselves.

“No English during orientation ooh no, no, no! Orientation is not well planned, who are you?”

“Sometimes the orientation is disturbed due to lack of nurses, instead you find yourself working alone during the second day of orientation”

“That makes it hard to integrate because you have to learn new things all the time and there is no time. Also some Finnish nurses get irritated when you ask all the time and they have negative feelings about the foreign nurses.

“You learn by yourself a lot by self-encouragement, self-motivation, asking all the time even if someone is not friendly because you will still have to know anyway”

“Orientation is not well planned, who are you?”

There were some negative comments about orientation, it was said that, the orientation for foreign nurse is not enough, it is not well planned, they have no trainings, no meetings and they do not even get that kind of material for orientation, only the guidance for patients. This view was echoed by other participants who thought that the five days orientation

is enough for the foreign nurse too to be able to work independent but it depends with an individual and the ward manager has to make sure that one is ready to work on her/his own. Some need more time and others learn very quickly just like Finnish nurses. If, the five days are not enough nurses are given chance still to be guided for more few days. Those coming to work in Finland for the first time have different days of orientation, it is not the same as those trained in Finland and have been to work placements and have ideas. Below are the views of the participants:

“The waste orientation was only to have two days and a weekend for that matter, third day I started working on my own without knowing much of what was happening in the ward”

“It varies from place to place and person to person. Time is also limited which makes it hard even for the person guiding you, despite having a lot to let you”

Mentoring is an important aspect to develop and retain the employees in order to integrate into the working society and culture. When a new worker has a good mentor, it helps him or her to be able to learn things easily.

“We make sure that they are ready to work on their own.”

“Time is not enough for orientation, very limited, you do not learn much until you get u get used, it is as well very hard for the person guiding you, she may have a lot to tell but time is limited, we have to learn by ourselves”

“Only two days can you really learn and being a weekend? There is too much responsibilities for one to be oriented on a weekend and just two days”

6.3 Experience

Working in Finnish nursing society is difficult in the beginning but when one gets used then things become easier. It depends with the mentor one had during orientation and the place, especially the first working place. Sometimes one may chance to be in a place where they are being welcomed nicely despite they do not speak good Finnish, they really want to help and make someone to learn faster because of this one feels relaxed and accepted making her to start adopting and integrating easily. But in most cases foreign Nurses try to help themselves by being self courageous, self motivated and ask all the time despite someone is not friendly. The time is not enough as well despite a lot of responsibilities.

“Time is not enough for orientation, very limited, you do not learn much until you get u get used, it is as well very hard for the person guiding you, she may have

“It varies from place to place and person to person. Time is also limited which makes it hard even for the person guiding you, despite having a lot to let you”

“Feeling and reaction of immigrant nurse at work is the same as everyone who is going to a new place, but there could be more if there is problem with language”

Some foreign nurses pointed out that they have fear to ask because they are scared on how the host nurses will react. It is good never to turn down request for help and advice from anyone. Helping others is as a way to give back for all the support one has received. A nurse has to bear in mind to lose his/her ego. Some people think they know all and do not need to learn more from others, ending up destroying themselves. In life there is nothing important than learning and improving in order to change ones behavior in order to improve in a particular place, one need to be open. It does not mean that one is a failure; it is just one way to help one particular person to grow.

“Some days can be really good but some days not good at all”

“Some people are willing to give information fully but others still think that this nurse is telling too much, but I ask because I still have to ask, it is a bad experience when co-workers are not willing to support, it is all about your own orientation”

Foreign nurses strongly feel not being integrated into Finnish nursing society because they do not fit very well because of language, cultural backgrounds. Finnish nurses show some friendly ways sometimes at work but the moment they leave work that is it. They do not like to hang out with foreigners which could have been helpful for them to learn the language easily and integrate. They have conversation at work and when they meet outside work Finnish nurses pretend not to know each other. It could as well help if they accept foreigners and be one. Good Finnish skills is needed but foreign nurses think that the Finnish society should appreciate even a little that they know because they are trying as it is not easy to learn the language especially with the age, there is no motivation to learn but they are trying and on top of that they speak three or four other foreign languages.

“We are not integrated because culture is different, they do not like to hang with you as a foreigner after work”

“Maybe if we could speak good Finnish it can help us to be closer and joke together”

“How can you like your work if you cannot even smile, we are humans and we are to do things like humans, not like robots?”

In case of mistakes, the participants reported, things turn to be very bad when foreign nurses make some mistakes unlike when Finnish nurses do so. Hence foreign nurses are forced to ask despite they do not feel free asking as the co-workers are not open enough but they still do so to avoid being double checked and talked about. Asking as well was said to be a problem according to foreign nurses because the co-workers still find something to talk about but still they go ahead to ask, after all they will still talk about them whether they ask or not. In the other hand, there is lack of trust to immigrant nurses in the fear of making mistakes because of the language, this is what participants talked about:

“They always want to double check if you really did what you said you did sometimes if we make mistakes, of which everybody does, it comes to be a big issue than when a Finns does. They exaggerate everthing easily thinking that you do not know anything while themselves make a lot of mistakes”

“Thus why I have learnt too that if someone makes mistakes, I make sure that I report. Before I used to just tell the person about it but now no! Because even a small one they rush to report”

“I had a Personal experience, in school we are taught how to insert the NGT then of course if you do not practice we forget! So I asked a Finnish nurse to remind me on how to insert, then the following day it happened that a patient needed that, as I was preparing one nurse from the other side came fuming that why you cannot put? I sent her away that I was putting. So I have forgotten does not mean I do not know, I just needed someone to remind me”

“There is unsureness how you accept immigrant nurses, there are possibilities to make mistakes, Finnish nurses make mistakes too but we do not want language to be the reason to making mistakes”

After the analysis, it shows that, foreign nurses think that there is no equality sometimes between them and Finnish nurses. It is said that foreign nurse usually report late to work but foreign nurses think that even some Finnish nurses report late and leave early in order to catch buses. Their bosses do not see any positive side but only concentrate on negative side. Foreign nurses are being generalized as long as a Finnish nurse uncounted a bad experinece with other foreign nurse. It makes some nurses unhappy sometimes when nurses on duty are foreigners to the point of wanting to change the arrangements made by head nurse. Participants views are as follows:

“I do not think that there is too much difference but sometimes yes. But it is not personal issue; they have general ideas about all foreign nurses”

“I was just a month old in the ward, my boss called me that she got the report that I go early to go and change! But I always see Finnish nurses do that, those who want to catch the bus. And some come late but all they say is “am sorry am late” which is ok for them but as its joka paiva!”

“One day it happened that there were only foreign nurses on duty on both sides then one a secretary who is just a practical nurse was not happy and decided that they change to put one Finnish nurse to be on duty, this is lack of trust”

“They need to accept us and embrace us in order for us to integrate”

6.4 Culture

Culture is another issue that goes hand in hand with language skills to help foreign people to adopt and integrate easily in the society. If, one has lack of Culture diversity it is not easy to integrate. Finland culture is said to be different from other EU countries and time is considers as a cultural issue, stated by some of the participants.

“Finnish culture is different from other cultures and from other EU countries like Sweden, Estonia, and Norway etc. They are warm and outgoing than Finns”.

“Yes a lot is different, people are different than other EU people e.g. Swedish are more open minded”

“Culture is there sometimes you are to fight for yourself but they would want you to do the work in the field”

6.4.1 Cultural awareness

It is very important for foreigners to be cultural aware even before one's goes to a foreign country. It is necessary to know cultural differences between ones country and foreign country so that in case one identifies differences that are too hard to follow then it is easy to make decisions as to whether and to what level the home country excises can be adopted to the foreign country. Sometimes the differences are not understood but they can be learnt knowingly for example, ways of greeting people. It is really difficult to create a cultural awareness but once done it helps one to work efficiently, adopt and integrate well in a foreign country.

“They need to accept us and embrace us in order for us to integrate”

Culture awareness can help foreigners to integrate well into the Finnish society. So in as much as language is the most common problem in health care sector, culture awareness too, should be taken into consideration, hence foreign nurses should be willing to learn the language well to avoid misunderstanding and misinterpretations, by learning the language it will be easy for one to be culture aware and be able to communicate or interact in many ways because communication is the best way for one to integrate into the society so without language skills one can end up missing the cultural values of the foreign country. This is what one of the participants pointed out;

“Finnish nurses need to accept and adopt working with foreigners. When they embrace the foreign community and work together that can help people to integrate”

Therefore, despite that courses are given for a short period of time still one has to make an effort to find ways of learning more and more and make it an ongoing process as long as one is still leaving and working in a foreign country in order to have better communication skills and to avoid those misunderstandings. All those working globally, need to have the same level of cultural awareness. Finland is working globally as it is receiving different kinds of nurses or people from different kinds of the world, therefore nurses need to be cultural aware. Hospitals too, need to understand the cultural differences as long as it is involved with different kinds of foreign nurses, same applies to foreign nurses, and they need to do likewise because they are involved in a foreign environment.

“It is important that Finnish nurses embrace the foreign community and work together. That can help people to integrate”

6.4.2 Cultural differences

As stated earlier on, one has to study the culture of foreign country even before visiting the foreign country to avoid confusion and challenges. Time is also considered to a culture aspect, the way Finnish nurses appreciate time differs a lot with the foreign nurses do. The way of talking and handling this differ too. Finnish nurses like to prepare everything, they know that this particular thing happens at a particular time, if work starts 07:00 they make sure they are on time but foreign nurses tend to report two or ten minutes late and their time schedule is different. Proved by the participants below:

“It is really different the way foreign nurse communicate, patients or relatives may think that the nurse is in polite or rude”

“Even Finnish nurses get late and leave early. I was just a month in the ward and my boss called me that she got the report that I go early down to change but I always see Finnish nurses do that, those who want to catch the bus and always they say am sorry am late, it is fine we understand you but when foreigners do that, then it is a big thing”

There is race request in the nurse’s environment as explained by one of the participants where by some patients would not want to be treated by foreign nurses.

“Some patients refuse to be taken care, by foreign nurses”

As one participant put it: It is a big challenge because Finnish culture, values and way of communicating are not the same as other foreign countries. On the other hand, foreign nurses may think that Finnish nurses are rude to them, the way they speak openly without minding who is present or how the other person will feel. In most cases foreigners prefer to be told in privacy whatever one has to tell them even mistakes done it is better one calls the other person and discuss in privacy otherwise such causes differences. Another participant from Head nurses said that some male nurses find it hard to be oriented by female nurses due to culture differences. Such creates a cultural problem since a large number of nurses in Finland are female and the foreign male nurses take it rather same way it is in their culture that men are higher than women.

Finnish culture is different from other cultures and from other EU countries like Sweden, Estonia, and Norway etc. They are warm and outgoing than Finns”.

“Yes a lot is different, people are different than other EU people e.g. Swedish are more open minded”

“Male nurses face a lot of culture difficulties hence they are not willing to work in the ward, usually they feel not right to be oriented by a female nurse, and they prefer a fellow man, it is also more personal because not only male immigrants fill that way”.

6.5 Support

The Finnish language is the only support given to foreign nurses which seem not to be enough. Foreigners think that despite having level three, learning the language should be ongoing process as long as it takes. But in that case they have to pay for the course which most of them think they cannot do that on their own expense. Immigrant nurses think that they should be allowed to be doing the course for example about the working Finnish language, it has to go on as long as one is still working because the other one is just for daily living. Especially the writing, when one uses google it does not tell exactly the same meaning or what is needed but it diverts somewhere else. But the talking seems to be much easier. It has come out that foreign nurses are sociable, active with positive minds, soft warm heart even patients confirm that and they move to it, hence Language is a very important aspect which has to be taken into consideration because without it one cannot integrate. Therefore it shows that more support to the language is needed to motivate and promote integration. The participants views about support:

“We also offer language education to foreign nurses”

“Only Finnish language course but if you have already done level three, you do not get the course but I think even with level three we still need to continue learning”

“When you ask for more of learning the language, they would say yes you go on your own expense. But then who will pay? I will not use my money to pay for the course, level three still is not enough; still they expect us to be like Finns”

“They should allow nurses to go for the course despite having level three”

It was said that during orientation, foreign nurses are given a mentor who speaks English in order for them to ask where they are not clear and not sure but it is not granted that they would speak English all the time, it is one way supporting them into understanding so that they be able to integrate. This kind of support is very helpful to immigrants. All nurses are treated equally and they all do same kind of duties. In terms of working independently and motivation towards working, immigrants are also trusted just like Finnish nurses. Participants points:

“Foreign nurses too are given 1-4 days of orientation and we try to find someone who speaks English”

“No English during orientation ooh no, no, no! Orientation is not well planned, who are you?”

It is not only the co-workers who are supportive and but foreign nurses are not being motivating even by the head staffs .Some Finnish nurses do not even smile at work, which makes the foreign nurses not to like the work.This is little what was said:

“We trust foreign nurses too since they have papers to practice as nurses, of course when they are new, we watch closely and guide them. I do not think we have to motivate them, they have motivation already and really want to work”.

“There is no motivation, heheheheheheheh no way! Ok to be honest if u check who is coming tomorrow, if the nice nurse coming you are like yeyeyeyeye! But if it is those kind of nurses oooh!

“Some nurses are so much on our nerves that you cannot even smile at work, how can you like your work if you cannot even smile? We are human; we are to do things like humans not like robots”

Finnish nurses reactions towards immigrants especially for the first days of work seem to positive, but foreigners think that they do not get support from co-workers because some Finnish nurses are not that open in some places, maybe it is due to the language. They feel like foreign nurses are after them of which is not the case but seeking help or any kind of support. But to those who are open minded and willing to help, they really do so and that makes foreign nurses learn faster and have a free mind at work as well as being relaxed.

“Finnish nurses are friendly in the sense that they are used to work with immigrant nurses, no sign of racism. But should they be noticed, then action has to be taken immediately”

“There is no support from coworkers not at all it is all about your own orientation”

“It could be good and helpful if Finnish nurses too learn to accept foreign nurses and know that they should be the one”

“May be if we could speak good Finnish, it could help us to be closer and joke with together”

“They want the language to be so good but I think they should appreciate even the little we have”

“If they ask me, I speak more than four languages, we are trying. Especially with this age, we do not have motivation to learn the language but we are trying”

“We are not free to ask from Finnish nurses but we still ask because they will still talk about you behind your back that she does not know, weather you ask or not but

that is ok as long as you have asked and you are sure of what you are doing whatever the answer will be, and that is what keeps us going”

6.5.1 Trust

Trust was discussed a lot by both participants. Foreigners do not feel trusted at all especially by co-workers, they always want to double check the work done by foreigners. This aspect also depends on some particular nurses mostly, though it is a general issue. People who seem very bad towards foreign nurses are practical nurses, known as ‘Perushoitajat /Lahihoitajat’ in Finnish language. It is said that, they always check to see what foreign nurses are doing but they do not do that to fellow Finns, causing frustrating to foreign nurses, as said by some of the participants :

“We are not trusted at all, especially work partners, they always want to go and double check if really you did what you said you did which is frustrating.”

“Sometimes if we make mistakes of which it is like everybody does, to us it turns to be so big issue than when a Finnish nurse does. They exaggerate and easily think that you do not know anything but they do also and a lot of mistakes”

“There is unsureness how you accept immigrant nurses, there are possibilities to make mistakes, Finnish nurses make mistakes too but we do not want language to be the reason to making mistakes”

“We trust foreign nurses too since they have papers to practice as nurses, of course when they are new, we watch closely and guide them. I do not think we have to motivate them, they have motivation already and really want to work”.

It is said that mistakes taken seriously when foreign nurses do so but not with the Finnish nurses. It also shows that ward sisters trust Finnish nurses more than foreign nurses. Finnish nurses are given to be the acting ward manager despite not having a master’s degree leaving the foreign nurse who has been in ward longer and with master’s degree. It was said that they lack trust to foreign nurses but one thing they have to know is that in coming 10 years there might be only foreign nurses working in health care sectors because most Finnish nurses like changing their career and some are moving out of the country to other countries. It was also said that meanwhile Finnish nurses do not think that foreign nurses too, went to rather same school and have rather same qualifications.

“There is unsureness with foreign nurses, Finnish nurses make mistakes too but we do not want that there is possibility to make mistakes because of the language.”

“Ward sisters trust the Finnish nurses more than the foreign nurses. For example if she is not going to be around and there is a foreign nurse with masters education with good Finnish, they leave that one and give just a nurse to be the in charge of the ward, we do not know why? Even if the foreign nurse has been in the ward for a long time even longer than that Finnish nurse, It is not motivating in any ways.

“If the ward sister is not around and there is a foreign nurse with good Finnish skills and a master’s degree they leave her and give just a Finnish nurse to be the in charge, we do not know why? No motivation in anyways!

“Bosses do not see the positive things but they concentrate on negative things mostly. People who are really bad, are the practical nurses, they always check to see what you are doing so they lack trust to foreign nurses though it is not a personal issue because Finnish people have general idea about all foreign nurses as long as they uncouncted a bad experience with one foreign nurse that’s it. But they do not think that we all human, we went to same school and have same qualifications”

In some places or wards, foreign nurses are not well trusted because of the language as this can lead to making mistakes and for that reason foreign nurses have to be tested for the language skills so that the language should not be the reason for mistakes. There is no exception that one can understand some things otherwise some orders can be omitted hence the need to understand all and the other workers too should be able to understand the foreign nurses. This is how some of the participants put it;

“ There was one time we were all foreign nurses on one wig, then the secretary was not happy and decided that change should be done showing lack of trust. They think that in 10 years’ time Finnish nurses will still be interested in work. But Finnish people change work places and go aboard if they do not adopt so it will be more of foreign nurses working in the hospitals”

“If you do not ask and make mistakes, still they will talk about it and take it very big so the best way is to ask. I had a personal that in school we have learnt how to insert the NGT then of course if you do not practice we forget. There was a Finnish nurse who showed us so we did. Another day I was on duty and the same nurse who showed us how to insert too was on duty. But she went and asked another nurse from another wig to come and

insert while the patient was mine and we were preparing. There came another nurse with a student, very furious because she was really busy at her own wig! She was like, why you cannot do such simple thing and she ordered us to leave the room. Then I told her that we have prepared and we are inserting we do not need her, then she said ok and left. So it was kind of negative. I do not remember does not mean that I do not know!"

"And that is why I have learnt that if someone makes mistakes, I also make a report, before I used to just tell the person but now no! Because when we make even a small one they rush to report.

7 Discussion

The purpose of this study was to explore and investigate how nurse's perceive the immigrant nurse's integration into the Finnish nursing society and culture, and the issues that should be paid more attention to, in order to provide the needed knowledge about Immigrant nurses integration and experiences to develop good nursing and good working environments. Semi structured Interviews and open ended questions as the data collecting method was applied ,the data was analyzed through inductive content analysis and five main themes arose, which required more attention in the foreign nurse integration process, namely; The Finnish language, orientation, experience, culture, support and trust. These themes are clarified above in the findings by the participants. The purpose and the aim of this study has been achieved, Finnish language and culture being the main things hindering the integration of foreign nurses into Finnish nursing society and culture. It could have been good to interview more Finnish nurses too because they are the ones who work and found with foreign nurses all the time than the head nurses but it was very difficult even to get the two who participated. Having three (3) groups of the participants was a very good sample in order to obtain data from three perspectives because if data was just collected from foreign nurses or head nurses only or Finnish nurses only, the information was not going to variable hence it was good to hear from all three angles.

According to City of Helsinki Health Centre (2008) The shortage of nurses has become a global issue leading to recruitment of foreign nurses. A number of foreign nurses have visited Finland from abroad and a number of qualified nurses from polytechnics, making the number of immigrants working in the health care sectors to increase during recent years, but still it shows that then shortage of nurses will be more in the near future and Immigrant nurses are likely to face a number of challenges as they work into the Finnish working society and culture. And Thomas (2001) states that, Self-assessments of integration, experience, competence of registered nurses working in wards, emergency/outpatient or intensive care units or in operation

rooms is very important to maintain high standards of care and the demands may vary between work environments. In everyday life integration is very important and it helps people to do things with a free open mind, Therefore integration of immigrant nurse into the Finnish nursing society and culture is very important and has to be taken into consideration by all health care sectors and find ways of helping immigrants to integrate. This should be both to nurses trained in Finland and those coming from other countries to come and start working here.

International recruitment is seen as one strategy for addressing the nurses shortage problem because of its large labor pool. Although overseas-born nurses constitute one third of the nursing workforce in many countries and that percentage is expected to increase relatively little is known about the experiences of immigrant nurses among the consequences of downsizing and cost containment in hospitals are major changes in the work life of nurses. As hospitals become smaller, patient acuity rises, and the job of nursing becomes more technical and difficult. (Key. 1997) Migration has brought growth in Finland, within January and June 2016 14.737 people have moved to Finland and only half that emigrated making the total of more than 1.100 immigrants increasing compared to the starting of 2015. (Roberts, 2016) Finland population is increasing due to a number of immigrants coming from different countries, if there was less immigrants coming, today the population was going to be less than 5.5 million, This proves that the foreign recruitment and immigrants at large one way of solving nurses shortage in the country, despite the problem is still there but it is much better than without the immigrants.

The immigrants have also been seen as one solution to fix the coming lack of labor force of the Finnish labor markets. A large proportion of the current Finnish labor force will be retiring during the coming years. The foreign graduates would thus be needed in the Finnish markets and society both to benefit the Finnish and international companies with their fresh ideas and thinking but also to fill the coming gap in the labor force caused due to the massive, near-future retirements (Ministry of the Interior 2006) And According to Helsinki times 2012, Rautakoura reported the study done by Tehy that employing foreigners is one way of reducing shortage of health care workers. Rautakoura (2012) said people working in Finnish economy have gone high gradually over the years but still foreign nurses are very low. There are a lot of foreign nurses working in different areas in Finland, especially in healthcare sectors which proves exactly what the theory talks about and it shows that in the near future they will be a lot more foreign nurses working in hospitals because there a lot of foreign students in the universities of applied sciences all over the country and the good part is that Finnish language is considered as one of the requirements when applying to most of nursing

schools. This will reduce language problems in the near future because nurses upon graduation, they will be able to speak the language and be able to encounter problems at work places.

Laurén & Wrede (2008) talked of the threatening shortage of labor in care work and in care work has become suitable solutions to the problem in Finnish public debate. The theory suggests that it is of important to understand the currently emerging social and, being dark-skinned or speaking Finnish with an accent brought about negative responses. And according (Korpela.2007), in recent years it is said that hospitals all around Finland have actively encouraged Finnish expatriates in Sweden to return home the numerous countries arranged for recruitment fairs such as Poland, Slovakia, the Czech Republic and Hungary. Therefore foreign graduates would thus be needed in the Finnish markets and society both to benefit the Finnish and international companies with their fresh ideas and thinking but also to fill the coming gap in the labor force caused due to the massive, near-future retirements. (Ministry of the Interior 2006). Definitely foreign nurses will replace the retired Finnish nurses in the future because of the that most young Finnish nurses have gone outside the country and by the time they will be coming back they will have retired or near to retire. And it has shows from the theories that the birth late too is low making it hard to expect the country to have more newly qualified Finnish nurses only to cover the shortage in the future.

Aschan (2015) states that qualifications to foreign workers has not been a problem especially those trained in EU countries but Cultural differences, familiarity with legislation and language skills have been much more difficult. Nurses with basic qualifications are provided with supplementary trainings to qualify to work in Finland which is very challenging. Their supervisors too require more training and skills in managing an increasingly international work community. There are about 10% foreign nurses nowadays and the number is increasing all the time which is good because most of the wards have foreign patients too from other parts of the world and the number too is increasing especially in the metropolitan area, Helsinki, Espoo and Vantaa. But in one particular unit, they have never had a permanent worker from Africa, only those who do part time job; this is because of the language difficulties and the work is challenging. The things to put into consideration as a foreign nurse in order to integrate into the Finnish society and culture are to be able to learn the language hence getting to know the culture.

Time is considered as part of culture, therefore time has to be taken seriously, follow all the schedules, reporting on time at work and get used to Finnish culture. It does not matter where one comes from because even in Finland people come from different parts of the country and there is little difference where one comes from for example those coming from Helsinki differs in cultural diversity with those coming from the north Lapland. It takes some

time for one to learn new this but it is always good to start from somewhere and from the basic and then go for more. It makes the ward managers to feel happy for those who are eager curious to learn more and read more in nursing science because it also develops the nursing skills. Integration is a goal many nurse executives share, as they increasingly oversee patient care across multiple, diverse care settings, including hospitals, ambulatory clinics, and home health. Leaders must ensure timely, high-quality care in the lowest-cost setting—without unnecessary duplication of services across the care continuum (The Advisory Board Company 2015) Therefore everyone benefits from a warm and welcoming corporate culture. On the one hand, it will help international staff adapt to their new jobs and facilitate their smooth integration as well the workforce will also benefit from a friendly and open corporate culture. As they interact with their new international colleagues, they will acquire intercultural skills which are crucial to a company's long-term success in an increasingly globalized world.

According to Korpela (2010) all medical or health care professionals working in Finland must be able to speak good enough Finnish or Swedish. Qualifications to foreign workers has not been a problem especially those trained in EU countries but Cultural differences, familiarity with legislation and language skills have been much more difficult. Language is a safety factor in healthcare; it plays a critical role especially to those dealing with patients direct. Under Finnish law, patients must be able to receive services in their own language because lack of proper communication oral, reading and writing in patient's language can lead to compromising patient's safety in today's nursing culture. She also reported that, with time even Swedish language will be a requirement for foreign employees as well as knowing other languages in dealing with patients. Foreigners are supported in many ways and working in Finland one need some spirit of enterprise and an open mind but the most important thing that is on demand is the language. Therefore for occupational safety, it is important to communicate especially in health care and other fields. Because there are only few jobs where it is possible to work without Finnish skills, hence knowing Finnish is an advantage. (Aschan,2015)

Therefore if Finnish courses are given to foreign nurses as long as it takes, it would be very helpful and beneficial. Foreigners do not want to pay for the expense of learning the language after level three which is not good for both the workers and the employees. The things that need to be taken into consideration in teaching the language after one has level three could be the work language, the Finnish needed at work mostly especially the writing. It is said that when foreigners use google translator the meaning is not the exactly the same, it diverts to something else making it hard for others to understand and makes the foreign nurses work hard and they end up using more energy. Apart from the language, culture is another thing that can hinder one to integrate into the Finnish nursing society and culture

therefore accepting Finnish culture can promote integration. Finnish language is the most important aspect to become party of the Finnish society despite other Finnish people like speaking English because it does not in the long term. If one is a Christian it is good to mix with other groups in order to be able to integrate just like the Muslims, they are fully integrated which shows no problem in the future.

According to Korpela (2007)) In future many of nurses will retire and there will be need to employ new workers in order to provide health care services. That issue has made foreign nurses to be more and hospitals have created work related to immigration. Rules have been established concerning the employment of foreign nurses in Finland to improve the status of employees and make Finland a more attractive alternative to a foreign job applicant, showing commitments to acting ethically and legally. Foreign nurses feel that they are not integrated into the Finnish nursing society and culture because they do not fit well due to Finnish language, culture background. The culture is different; Host nurses do not like to found with foreign nurses after work which could be helpful for the foreign nurses. They could have the conversation at work with the colleagues but after work no more, even when they meet they pretend not to know them.

In Finnish research on immigrants and work, the emphasis has often been on largely quantitative analyses of immigrants' positions in the labor market. Concerning immigrants' paths to employment, difficulties in the entrance phase have received attention (Valtonen 2001). While recent research has highlighted the diversification of Finnish workplaces from the organizational point of view (Juuti 2005; Sippola & Hammar-Suutari 2006), studies centered on immigrants' own experiences in their workplaces are considerably fewer, although Trux (2000 & 2005) pays attention to these. With the exception of a recent anthology (Martikainen & Tiilikainen 2007), the gender aspect on immigrants in working life has also been neglected. The introduction to new and foreign cultures greatly benefits new workers, it can also be overwhelming. Because cultural differences can be so great that people may need extra time to adjust.

The reaction of feeling shocked by a culture's attributes can manifest itself in mood swings ranging from anger, to depression, to panic. It can be difficult to explain culture shock, especially if you have never been through it. When workers are not free at work, they cannot put or involve themselves fully as the team or any work given to them hence less staff morale, a lot of absentees, reduce production and retention difficulties. If there is freedom of communication and effective clear way for feedback it brings chances for discussing things involving inclusion and discrimination. Useem, J. & Useem, R. (1963) pointed out that, Culture is defined in so many ways and different ways, it is a learned and shared behavior of community of interacting human beings. It is derived from a French word then Latin "Colere" meaning to

tend the earth and grow or cultivation and nurture. Below are lists of few more definitions of culture: Culture is the characteristics and knowledge of a particular group of people defined by everything from language, religion, cuisine, social habits, music and art. (Kim, 2015) Culture is all the historically created designed for living, explicit and implicit, rational, irrational, and no rational, which exists at any given time as potential guides for the behavior.

7.1 Ethical considerations

Ethical issues in this study were taken into consideration, they are discussed as follows; Anonymity refers to concealing the identities of participants in all documents or tape recorded resulting from the research, while confidentiality is about determining who has the right of access to the data provided by the participants. The anonymity and privacy were respected by the researcher through the decisions on whether or not sensitive information should be recorded, and also by keeping identities and research records confidential regardless of whether or not an explicit pledge has been given. Identities and research records were kept confidential whether or not an explicit pledge has been given. The right to remain anonymous were respected. Researchers have the obligation to guarantee appropriate precautions to protect the confidentiality of participants' data. For example removing names and any information from which identities could be figured out, the names and identities of the participants were not included in the research. (Wiles et al. 2006).

When dealing with confidentiality and privacy the place to conduct the interviews should be considered, the interviews can be conducted in the hospital, or in a place otherwise convenient. By doing so, it helps to prevent other outsiders to over hear the interviews therefore only the researcher and the interviewee are the ones to be present during the interviews. In this research, participant's rights were respected and protected throughout the process. Human rights are the common norms that help to protect all people everywhere from severe political, legal, and social abuses. Examples of human rights are the right to freedom of religion, the right to a fair trial when charged with a crime, the right not to be tortured, and the right to engage in political activity. The philosophy of human rights addresses questions about the existence, content, nature, universality, justification, and legal status of human rights. (Cohen 2012)

According to Tuomi and Sarajärvi (2013) to preserve the right of the participants, the researcher should, first explain the purpose and methods of the study to the participants as well as disclosing the possible risks to their person. The potential participants of this study received a written information sheet, which is found in appendix number two (2), explaining the purpose of the thesis as well as the method, which was the interviews. They were also given the opportunity to contact the researcher prior to the interview. Although, Bourgeault et al. (2010) points out that, obtaining consent in this way may affect the way the

participants choose to behave during the interviews. That is also the nature of the qualitative approach in general according to Polit & Beck (2010).

Leino-Kilpi & Välimäki (2004) also point out the importance of giving the participants opportunity to have information about the research process for the whole duration of it. The participants of this particular study were given the contact information of both the researcher and the person who signed the research permit. During the initial meeting the time and location for the interview was set at the convenience of each participant. This protocol supported the anonymous nature of the interview, as the interviewer never disclosed the names of the interviewees. (Hirsjärvi & Hurme 2006).

Tuomi & Sarajärvi (2013). States that it is good also to ensure that the participants have appropriate information about the purpose of the study and their part in it. The participants ought to give a voluntary consent and they should be able to refuse or discontinue their participation at any time, as well as withdraw their part and data even after its collection. Therefore, the participants were given a consent form in which they signed voluntarily, it also mentioned that the participants had rights to withdraw or cancel the agreement at any time without penalty. The invitation letter is found in appendix number two (2) and the consent form is found in appendix number Four (4). One should make sure the participants understand the information for example by providing them with information sheets written in their own language. Also ensure that the participation is voluntary for example by requiring written consent. To ensure anonymity, names and other identifying information should be concealed, limit access to recordings to involve only researchers. (Silverman, 2005)

The participants should face no harm, physical or otherwise and their wellbeing should be the first priority of the researcher. Should any participant express any discomfort for example emotional distress or discontent, they will be offered a chance to rethink their participation or continue the interview at another time. The matter of confidentiality consists of the sharing the information collected during the interview process and using it only for the purpose previously agreed (Tuomi & Sarajärvi 2013). Personal information, such as names or contact details, from the participants were not collected. The data was handled in the privacy of my own home and individual interviews were not disclosed to outsiders. The recorded information and written information will be destroyed immediately the study is accepted.

7.2 Trustworthiness

Trustworthiness is an important concept in qualitative research because it allows researchers to define the virtues of qualitative terms outside of the constraints typically applied in quantitative research. Therefore, concepts of generalizability, internal validity, reliability, and objectivity are reconsidered in qualitative terms. The alternative terms for these concepts

include transferability, credibility, dependability, and conformability. Trustworthiness can be understood as methods by which researchers conducting a qualitative research make sure that transferability, credibility, dependability, and confirmability are apparent in their research. The research is worthless, loses its utility and become fiction if it is without rigor (Given, 2008).

Alternative Criteria for Judging Qualitative Research
credibility
transferability
dependability
confirmability

Table 7: Four criteria for judging the soundness of qualitative research (Lincoln and Cuba, 1985).

According to Lietz, Langer & Furman (2006) Trustworthiness is proven when the findings reflect as closely as possible, the meanings as described by the informants. They continue to explain that trustworthiness does not naturally occur, but is instead a result of the researcher using defined procedures or methods to ensure this. According to Lincoln & Guba (1985) Threats to trustworthiness can include problems such as reactivity and biases on the part of the researcher and the participant. Credibility is the confidence in the 'truth' of the findings. They also explain a number of methods that can be used to conduct qualitative research that achieves the criteria they outline. hence the Findings have be reported confidently and truthfully. Secondly, transferability which is the extent to which the findings of one study can be applied to other situations. (Shenton 2004) in this case the findings may change the integration process of the immigrants.

Thick description is described by Lincoln and Guba (1985) as a way of achieving a type of external validity, by describing a phenomenon in sufficient detail, one can begin to evaluate the degree to which the conclusions drawn are transferable to other times, settings, situations, and people. Where by the Dependability is addressed in research by employing techniques to show that the work is repeated in the same context with the same participants and methods, obtaining similar result. Confirmability steps need to be taken to ensure that the works findings are as a result of the participant's experiences and ideas and not of the researchers' characteristics and preferences. (Shenton 2004) Therefore all these concepts' were taken into consideration.

7.3 Discussion of the findings

The data was derived from the empirical resources and condensed as a raw textual in a brief summary way. The data established a clear link between the research objectives and the summary findings which shows that both the objectives and the findings are transparent and have developed a framework of this study. Therefore the findings of this study through a semi structured interviews and Inductive content analysis provided a clear set of instructions for interviewers and can provide reliable, comparable qualitative data, showing the description on immigrant nurses' integration into the Finnish nursing society and Culture. All the participants described their perception of the immigrant nurses' integration into the Finnish nursing society and Culture. The original statements were first transformed into minor categories and then into major categories through the abstraction-process

The research question of the study was, How do the nurses perceive the immigrant nurses' integration into the Finnish nursing society and Culture: what are the issues that need more attention? The purpose was to explore and investigate the integration of immigrant nurses' into the Finnish nursing society and culture and the issues that need more attention from the participants perspectives in three (3) angles. The aim of the study was to provide the needed knowledge about Immigrant nurses integration and experiences in order to develop the good nursing and good working environments. Therefore the six (6) themes through the way they formed, managed to answer the research question in a clear way and fulfilled the purpose and the aim of the study. The themes were: The Finnish language, orientation, experience, nursing culture, support and trust.

Korpela (2014) stated that coming to Finland requires a certain spirit of enterprise and an open mind but the most important issue and the biggest, is the language which is the reason of occupational safety alone. It is important to be able to communicate therefore immigrants are provided with language training by gratis or at a very low cost. The levels to learn the language differ but Oinonen points out that within six months of intensive effort, one should be able to learn enough for the average workforce. She also reported that the integration services for immigrants are offered by law with local authorities and employment offices carry the responsibilities for organizing them. The theory confirm the need for language, therefore language has to be taken into account seriously, every foreigner should be able to learn and be able to communicate effectively. All the participants were concerned about the language problems, therefore, One of the participants said that, the best way and the easiest way is for foreign nurses to start working in primary sectors doing basic care before they could think of going to critical wards because it is easy to learn the language from that area unlike in critical wards where there are a lot to do and no time to speak many times the same things so that one learns.

According to (Schumacher 2010), The shortage of nurses in health care sector has been a problem for more than 20-30 years now, mainly in hospitals leading to critical issues that can hinder the access of patients care. This literature supports the finding. Hence to avoid such problems there is need for foreign nurses to learn the language. Some of the problems faced or caused by foreigners is when writing in the database of the patients and taking care of the patients come using Finnish language. The participants reported that the way of writing in the database can be seen on how the report is being written as many use Google translator which is not even reliable coz one may end up with wrong information. Therefore it is for the benefit of the patients, hospital and foreign nurses to learn the language very well and know how to use the unit programmes for example Effica, Miranda, Pegasos and other computer programmes. But the study shows some positive ways on immigrant nurses, Despite the language problems and other challenges at work, foreign nurses work extra hard and be able to get accustomed to the working ways of foreign country and they are into developing of the nursing care.

According to Korpela (2010) all medical or health care professionals working in Finland must be able to speak good enough Finnish or Swedish. Qualifications to foreign workers has not been a problem especially those trained in EU countries but Cultural differences, familiarity with legislation and language skills have been much more difficult. Language is a safety factor in healthcare; it plays a critical role especially to those dealing with patients directly. Under Finnish law, patients must be able to receive services in their own language because lack of proper communication oral, reading and writing in patient's language can lead to compromising patient's safety in today's nursing culture. She also reported that, with time even Swedish language will be a requirement for foreign employees as well as knowing other languages in dealing with patients. Foreigners are supported in many ways and working in Finland one needs some spirit of enterprise and an open mind but the most important thing that is on demand is the language. Therefore for occupational safety, it is important to communicate especially in health care and other fields. Because there are only few jobs where it is possible to work without Finnish skills, hence knowing Finnish is an advantage. (Ashan, 2015)

The orientation given to immigrant nurses was said to be the same as the one given to foreign nurses. The only difference is that, foreign nurses are supported by given a mentor who speaks English in order for them to ask where they are not clear and not sure as one way of supporting them into understanding so that they be able to integrate. But the foreign nurses were against that information; no English is used during orientation or any time. Foreign nurses feel that few people are willing to give information fully and sometimes others

may want to give more information but the other fellow Finnish nurses feel like they are giving too much information or they are too active towards the foreign nurses, therefore it also depends with a particular nurse, they may give the same orientation but some not. This is due to the language too, for example Finnish students get more information and learn a lot from work placements because they are using Finnish throughout but for foreign students are given less information, that is why they want all foreign nurses to speak and understand Finnish. Finnish nurses too feel uncomfortable to give information in English which makes them not open people to foreigners but in the actual sense they are.

On the other hand, foreign nurses do not see that way that the orientation is enough for one to be able to integrate in the work place. They feel that it is very hard to integrate because one has to learn a lot of new things all the time and sometimes the orientation gets disturbed due to lack of nurses; instead foreign nurses find working by themselves even during the second day of their orientation, without even knowing what happens that day. There are too many responsibilities for one to be oriented only for few days and some orientated on a weekend. Time is not enough for orientation, very limited, they do not learn much until they get used, it is as well very hard for the person guiding them, she may have a lot to tell but time is limited, there is much of self-learning. There are no trainings given to foreign nurses, no meetings for them, and no materials for orientations only the patients guidance papers. To make matters worse some Finnish nurse's get irritated when foreign nurses ask them all the time and show negative feelings about foreign nurses.

Therefore, orientation depends on what kind of the person is orienting the foreign nurse and it varies from person to person and place to place. The difference feels when one is with a difference Finnish nurse and at a different place as well. Even those who do part time jobs feel that it depends with whom you have worked with that day. Some days can be really good and smooth and some days can really be bad and rough such that one would feel like lost. This is as well as the cultural thing not only because of different personality. Foreign nurses are said to be more sociable, active with positive minds, soft warm hearts and more to it such that even the patients notice.

Thomas (2001) stated that most overseas nurses have a largely negative experience of working in another country. Some of the contributing factors include language barriers, cultural issues, deskilling, and working relationship difficulties. These problems are exacerbated by a lack of support, a sense of isolation and alienation, experiencing racism and exploitation and cost containment in hospitals are major changes in the work life of nurses. As hospitals become smaller, patient acuity rises, and the job of nursing becomes more technical and difficult Key (1997). The perception of Finnish nurses orientation concerning culture differs from the origin of people, for instance those foreigners coming from EU countries it is easy as the

orientation with Finnish nurses. It is said that Finnish nurses like to prepare everything, they know that this particular thing happens at a particular time, if work starts 07:00 they make sure they are on time but foreign nurses tend to report two or ten minutes late and their time schedule is different. The Finnish nurses like to plan for the whole day and follow the plan tightly and accurately. But foreign nurses do not do the same and the reason is unknown. But on the other hand foreign nurses think that even host nurses report late but to them it is not a big deal, showing that they are not treated equally.

According to some of the participants, Finnish people are different people than other EU people for example Swedish, Estonians and Norwegians, who are more open minded and they have warm hearts too making them more outgoing than Finnish people. Because of the Finnish nurses not being open, foreign nurses try to fight for themselves, learning through self-encouragements, self-motivation and asking all the time despite the other person is not friendly because they will still have to know. But to those who are open minded and willing to help, they really do so and that makes foreign nurses to learn faster and have a free mind at work as well as being relaxed. It is always good to ask when one is not very sure especially where there are language problems. Therefore, foreign nurses are on the right track of asking even when they know that the host nurse gets upset about it. By doing so it will help them not to lose the opportunity for learning and surviving modern health care and be adopted and integrate in the Finnish nursing society and culture.

Finnish nurses are said to be honest in everything they do and they are free to tell or say what they cannot do and what they can do but foreign nurses just smile and no problem making it hard for head nurses to know which is which and what is the reality. It is very hard in that case to know what that particular nurse knows and what she/he does not know and making it hard on how to help them. Hence things are more difficult dealing with foreign nurses than Finnish nurses, It was said that maybe the reason why some foreign nurses are not honest as Finnish nurses is because, foreign nurses want to succeed or are eager to succeed thus why they do not tell what they can do and not do which is not good. One has to be free and be open to say what they do not know and seek help as well as learn, to avoid making mistakes and creating big problems. This is more of a cultural thing than education because even those trained in Finland behave the same way.

Some wards managed are proud of foreign nurses, starting from students they are all professional and that makes them to become good nurses and shows maturity. Also that they have courage to work in the foreign country using different language especially in Finland because Finnish language is not an easy language and the culture as well is too different. They proved that it is true there are more foreign nurses in wards as they have noticed an increase because most of Finnish educated nurses are leaving the country from this job and a lot change their

careers and go somewhere else because they think that this job is stressful so that is why they need people to work in those areas.

According to Laurén & Wrede (2008) Effective integration at the workforce level requires a playing field for all workers, and as it is known that the number for immigrant nurses is growing, the integration needs to be a major component of an area of work force strategy. If the integration of immigrants to the nursing labor force follows the well-established levels or rank then, division of the care work labor market according to ethnicity is a likely outcome, expressed in the formation of specific enclaves or “dirty work” positions where immigrant care workers are placed rather than being integrated on equal basis with native Finns. The study shows things that does not promote integration therefore, the findings will illuminate policies, practices and processes that will lead to the successful integration of immigrant workers.

By Collecting new information from different types of foreign nurses on working and adaptation to working life in Finland based on their experience, and from Finnish nurse as well as the head nurses on how foreign nurse adopt to Finnish working system, has brought possible solutions to improve the working lives of immigrants. These findings will help to make improvements for the immigrant nurses’ integration process, for it has provided suggestions of possible interventions in order to promote the satisfaction of immigrant nurses and nursing job at large in order to have quality nursing care of the patients. Hospitals will be able to understand and know how to handle and treat immigrant nurses of which will encourage them to develop resources, policies and programs that can support better integration of immigrant nurses.

7.4 Future development

There could be a lot of data collected It would be profitable, if the same kind of study to be done in Finnish language because if the interviews were in Finnish the researcher could have gotten alot of the information, again this was because of language barriers. Most of the problems at work that hinder integration of foreign nurses into Finnish nursing society and Culture were related to lack of Finnish skills, Culture, not enough time for orientation, type of mentors, lack of trust and motivation from the managements as well as lack of good relationship among the coworkers. Hence it would be beneficial for both the Finnish nursing and the foreign nurses to pay more attention on such things that does not promote integration and take proper action on them. This study will help all the nurses Finnish and foreigners and the entire healthcare sector but still a lot of research has to be done on this area to find ways of solving such kinds of issues encountered.

Language barrier seem to be the most challenging aspect for foreigners working in Finland and it affects the ability to work efficiently, nurses are not able to give good report even

when they know what to say, it affects teamwork, interaction and it is frustrating especially when one has the solution to a particular issue but does not know how to discuss it. Therefore, It would be helpful and beneficial for Finnish courses to be given to foreign nurses as long as it takes, because Foreign does not want to pay for the expense of learning the language after level three which is not good for both the workers and the employees. Things to concentrate in teaching the language after one has level three could be the work language, the Finnish needed at work mostly especially the writing. It is said that when foreigners use google translator the meaning is not the exactly the same, it diverts to something else making it hard for others to understand and makes the foreign nurses work hard and they end up using more energy.

Foreign nurses should be willing to learn the language well to avoid misunderstanding and misinterpretations, by learning the language it will be easy for one to be culture aware and be able to communicate or interact in many ways because communication is the best way for one to integrate in the society so without language skills one can end up missing the culture values of the foreign country. Therefore, despite that the courses are given for short period of time still one has to make an effort to find ways of learning more and more and make it an ongoing process as long as one is still leaving and working in a foreign country in order to have better communication skills and to avoid those misunderstandings

Apart from the language, culture is another thing that can hinder one to integrate into the Finnish nursing society and culture therefore accepting Finnish culture can promote integration. Finnish language is the most important aspect to become party of the Finnish society despite other Finnish people like speaking English because it does not in the long term. If one is a Christian it is good to mix with other groups in order to be able to integrate just like the Muslims, they are fully integrated which shows no problem in the future. There is needs for cultural diversity training, it would be helpful during the orientation period of new comers as well as having it once in the while so that all the workers should be able to learn more of cultures. Despite that the trainings maybe costly, managements can consider to partner with same kind of organizations to share a workshop. Other culture issues that affect communication in the workplaces are roles and status, personal space and body languages such as eye contact therefore to be taken into consideration. It could be good as well to be having group information in small chunks. Limiting the amount of information one is trying to convey at one time is a helpful practice for everybody.

Managers should choose Mentors who could be willing to mentor with an open heart, be assigned to employees so that integration can be facilitated and employees can turn to someone who can be a personal support and resource. It would be helpful for managers to set up the relationship between the mentors and employees as well as help to facilitate it but it has

to be only for mentoring to work and it has to be safe and confidential. More studies should be done as well to increase awareness of immigrant integration into Finnish nursing society. The employer to put much effort in orienting the employee and give all the conditions needed, occupation health measures and also occupation health care arrangements. Orientation is necessary to all workers starting or leaning to work at a particular place even though one has occupational skills needed, in order to make sure that patient's safety and realization are right.

It is good always to ask about ones progress from ward manager and how they feel about ones progress and what can be done to improve skills and ask for recommendation as well as if you need new knowledge. And as foreign nurses it is helpful to read news, magazines, etc. in Finnish language to improve the language skills which is the crucial thing in the nursing society. It is also important to be read on things which are not related to nursing too for example current, economics, politics and global issues because they have an tremendous effect on healthcare system and it helps one to broaden the understanding and put things in context, as well as achieve professionalism in nursing. Time orientation is considered as part of culture, therefore time has to be taken seriously, follow all the schedules, reporting on time at work and get used to Finnish culture. The things to put into consideration as a foreign nurse in order to integrate into the Finnish society and culture are to be able to learn the language hence getting to know the culture.

8 Conclusion

To sum up, this study was designed to explore and investigate the integration of immigrant nurses' into the Finnish nursing society and Culture and the issues that need more attention. The aim was to provide the needed knowledge about immigrant nurses integration and experiences. Therefore the results provide a clear information on how nurses perceive immigrant nurses integration into the Finnish nursing society and culture and pointed out the issues that need more attention. The results also show what makes it hard for immigrant nurses to integrate. There is a clear need to recruit people from abroad in the coming years, especially in the healthcare sectors. The immigrants have been seen as one solution to fix the coming lack of labor force of the Finnish labor markets because a large proportion of the current Finnish labor force will be retiring during the coming years. Hence the foreign graduates would thus be needed in the Finnish markets and society both to benefit the Finnish and international companies with their fresh ideas and thinking but also to fill the coming gap in the labor force.

The shortage of nurses has become a globe issue leading to recruitment of foreign nurses. Despite Finland being a developed country is also facing this crisis, the number of immigrants working in the health care sectors has increased. This is due to the increase of aging population and lack of enough health care workers; hence a high rising demand in nursing field has lead integration of immigrant nurses into the Finnish nursing society. In the last 20 years statistics shows that the number of immigrants will increase even higher in the coming decades. , the population projections reveal shocking future trends that the number of pensioners will exceed the number of 18-40 years old working aged adults, by as early as 2029 which will continue for at least two decades. The next chapter, therefore moves on to discuss the the more significant findings.

One of the more significant finding emerged from this study is the language barriers, it is critical and crucial aspect that hinders or slows the integration of most foreign nurses into Finnish nursing society and culture. People have problems to open up even to associate due to lack of the language. Nurses with good language skills adopt and integrate easily unlike those with only basic language skills, they have problems and difficulties. Even in any other community, it is hard to adopt and integrate without the language because it is the key. Having skills of other languages is also good because of different kind of patients from other countries speaking different languages. Culture differences are also major contributing factors for foreign nurses difficulties in integrating well into Finnish nursing society and culture. Immigrant nurses are facing a number of challenges as they integrate into the Finnish working culture and there is need to provide the knowledge and help immigrant nurses to integrate into Finnish nursing society.

The introduction to new and foreign cultures greatly benefits new workers, it can also be overwhelming. Because cultural differences can be so great that people may need extra time to adjust. When workers are not free at work, they cannot put or involve themselves fully as the team or any work given to them hence less staff morale, a lot of absentees, reduce production and retention difficulties. The integration of all new employees should include efforts to create a welcoming, including the environment, flexibility, and clear communication of job expectations. If there is freedom of communication and effective clear way for feedback it brings chances for discussing things involving inclusion and discrimination.

It also shows that there has not been much discussion on the experience and integration of immigrant nurses in Finland and even less is known on how they manage in their working life, despite the increase of immigrants in health care sectors and shortage of nurses in hospitals. In everyday life integration is very important and it helps people to do things with a free open mind. Therefore the themes retrieved should be taken into consideration by all health care sectors and find ways of helping immigrants to integrate: Finnish language is a major, critical and crucial issue then orientations which should be adequate and if possible given in English for the start because foundation is the key, experience, culture, support and lack of trust these too has to be considered well.

Highly educated nursing professionals perform independent and responsible work based on nursing science. In Finland, nurses work independently in caring for patients, and in performing medical treatment according to physicians' instructions as part of comprehensive patient care and issues related to wellbeing at work in the area of health care are of critical importance therefore, self-assessments of integration, experience, competence of registered nurses working in wards, emergency/outpatient or intensive care units or in operation rooms is very important to maintain high standards of care and the demands may vary between work environments. Most overseas nurses have a largely negative experience of working in another country. The nurse's work covers extensive areas and requirements of responsibilities vary from depending on the type of the unit. Working in hospital ward is different from working at the health care unit or emergency unit, but the key issue is orientation.

Good planning orientation transfers the message to a new worker that she is welcome and enhances job satisfaction of the unit and provides excellent and safety of patients care. Mentoring is an important aspect to develop and retain the employees in order to integrate into the working society and culture. Therefore, integration is a goal many nurse executives share, as they increasingly oversee patient care across multiple, diverse care settings, including hospitals, ambulatory clinics, and home health. Leaders must ensure timely, high quality care in the lowest cost setting without unnecessary duplication of services across the care continuum

(The Advisory Board Company 2015) Therefore everyone benefits from a warm and welcoming corporate culture. On the one hand, it will help international staff adapt to their new jobs and facilitate their smooth integration as well as the workforce will also benefit from a friendly and open corporate culture. As they interact with their new international colleagues, they will acquire intercultural skills which are crucial to a company's long-term success in an increasingly globalized world.

References

- Alitolppa-Niitamo & Säävälä. 2013. Culture awareness. Ageing immigrants and health care in Finland. Accessed 20 September 2015. <http://www.theseus.fi>
- Aschan, H. 2007. The demand for skilled healthcare professionals is growing, and Finland is welcoming more staff from abroad. Accessed 16 August 2016. <http://www.finland.fi/facts-stats-and-info/finnish-healthcare-goes-multicultural>.
- Bernard, HR. 1988. Research methods in cultural anthropology.
- Benner. 1984. Conceptual bases of professional nursing. Accessed 10 June 2015. <http://books.google.fi/books>.
- Bruce La Brack. 2000. The Missing Linkage: The Process of Integrating Orientation and Reentry.
- Bourgeault et al. 2010. The SAGE Handbook of Qualitative Methods in Health Research. Cornwall: MPG Books Group.
- Bourgeault et al. 2010. Integration into registered nursing workforce in Canada. Obtaining consent forms. Library, tools.hhr.rhs.ca/index
- Carper. 1987. Fundamental patterns of knowing in nursing. [Journal.lww.com/advancesinnursing](http://www.lww.com/advancesinnursing).
- Census. 1990. Retired position statements: cultural diversity in nursing practice. American Nurses Association.
- Cohen, J. 2012. An ethical duty to protect one's own information privacy. Scholarship. law.upenn.edu/cgi
- Creswell, J. W. 2007. Qualitative inquiry and research design: Choosing among five traditions (2nd Ed). Thousand Oaks, CA: Sage, page 37.
- City of Helsinki Health Centre. 2008. Integrated primary Health center. www.hel.fi/wps/wcm/connect.
- D Martino Maze, C. 2005. Registered Nurses' personal rights vs. professional responsibility in caring for members of underserved and disenfranchised populations. JCN Journal of Clinical Nursing Vol. 14.
- Dicicco-Bloom, B. & Crabtree, B. 2006. The qualitative research interview. The journal of medical education Vol. 40.
- Espoo. 2016. Accessed 02 October 2015. <http://www.espoo.fi>
- Elliot, SJ. & Gillie, J 1998. A Qualitative analysis of health and migration. accessed 10. November 2015. <http://www.researchgate.net>.
- Finnish Nurses Association. 2016. Working as a nurse in Finland. Accessed 20 June 2016 www.nurses.fi/nursing-and-education-in-f/working-as-a-nurse-in-finland/
- Finland in facts. 2016. The terms of employment and work safety requirements
- Freeman, M., Bauman, A., Fisher, A., Blythe, J. & Akhtar-Danesh, A. 2012. Case study methodology in nurse migration research: An integrative review.

Gennie, A. & Chappell, L. 2010. Why skills people leave home and why they sometimes return. <http://www.migrationpolicy.org/article>

Harrington, L. 2010. How can I improve the nursing culture on my unit? Strategies for nurse managers.com, copyright 2016 strategies for nurse manager.

Hall, Edward. T. 1989. Beyond culture. Estudiosespanol.eu

Henderson. 1977. Definition of Nursing. International council of nurse (INC) copying 2015

Hirsjävi, S. & Hurme, H. 2006. Capturing, analyzing and managing word- of -mouth in the digital market place.

Hofstede, G. 1984 and Dammen, L. 1987. What is culture? Accessed 14 April 2016. Carla.umn.edu/culture/definitiins.html

Hofstede, G. 1997. Cultural Awareness and Extent of Global Involvement. Accessed 14 April 2016. Carla.umn.edu/culture/definitiins.html

HUS. 2016. <http://www.hus.fi>

Iredale, R. 2002. The migration of professionals: Theories and Typologies. Immigrants and foreign workers. 2016. Integrating foreign workers into your workforce. Copyright 2016 go2 Tourism HR society. <https://www.go2hr.ca/articles/integrating-foreign-workers-your-workforce>

ICN, 2002. Definition of nursing. International council of nursing. Accessed 05 March 2016. <http://www.icn.ch/who-we-are/definition-of-nursing>

Jacobs, L. 1998. Personal knowing in cancer nursing, nursing forum p 23. Copyright 2008 Nursing pedagogy.com

Jamk. 2015. Registered nurses require 210 credits. <http://www.jamk.fi/en>

James, E.A., Slater, T. & Buckman A. 2012. Action Research for business, nonprofit & Public Administration. London: SAGE Publications, Inc.

James P. Key. 1997. Research Design in Occupational Education. Oklahoma State University. Module R14, qualitative research.

Cohen. J. 2012. Human Rights.

Kaminski, J. 2005. A postmodern lens contextualizes nursing culture. accessed 10 January 2016. VisibleNurse.com

Kluckhohn, C., & Kelly, W.H. 1945. Culture personality based affective model. Accessed 24 January 2016. <http://www.masc.hw.ac.uk/~ruth/papers/agents>.

Korpela, S. 2007. The demand for skilled healthcare professionals is growing, and Finland is welcoming more staff from abroad. Accessed 16 December 2015. <http://www.finland.fi/facts-stats-and-info/finnish-healthcare-goes-multicultural>.

Korpela, S. 2014. Vacancies in healthcare, service sector and more, and working life rules in Finland. Accessed 16 December 2015. <http://www.finland.fi/facts-stats-and-info/how/about-getting-a-job-in-finland>.

Korpela, S. 2015. The country will face a labor shortage in the future-have you ever considered working in Finland? Accessed 16 December 2015. <http://www.finland.fi/facts-stats-and-info/how/about-getting-a-job-in-finland>.

Laurén, J. & Wrede, S. 2008. Immigrants in Care Work: Ethnic Hierarchies and Work Distribution. *Finnish Journal of Ethnicity and Migration*, Vol. 3.

Laurea University of Applied Sciences. 2016. A nurse expert is based on scientific evidence. Accessed 01 October 2015. www.laurea.fi

Lescroel et al. 2014. Seabirds and climate: Knowing, pitfalls and opportunities. Accessed 25 February 2016. Journal.frontiersin.com

Leino-Kilpi & Välimäki .2004. The implications of autonomy. *International journal of qualitative studies on health and well-being*.

Lietz, Langer & Furman (2006) Establishing Trustworthiness in qualitative research in social work implications from a study regarding spirituality. *Sage journals, qualitative social work*.

Locsin, R. 2002. Culture of nursing, preoccupation with predication and intention. *Holistic Nursing practice*. Accessed 03 June 2016. Nursing pedagogy.com

Lietz, C., Langer, C., & Furman, R. Implications from a Study Regarding Spirituality Establishing Trustworthiness in Qualitative Research in Social Work: SAGE Publications, Inc. Accessed 02 November 2014.

Lincoln, YS. & Guba, EG. 1985. *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications. Accessed 02 November 2014.

Marikainen, T. & Tiilikainen. 2007. Immigrants in care work: Ethnic Hierarchies and Work Distribution. *Nordic Migration- Past and Present. The 4th Etmu Days in Turku? Abo*. Accessed 13 May 2016.

Martin. 2015. How to onboard and integrate new employees effectively.

Maycock, M. 2015. The analysis of qualitative data. Slideshare.com/

Meleis et al. 2000. Translating chronic illness research into practice.

Miles, M. B & Huberman, M. A. 1994. *Qualitative data analysis. A methods source book*, third edition. Copyright 2014 Sage publication.inc

Mireille Kingma, 2002. *Nursing migration: Global treasure hunt or disaster-in-the-making*. Vol. 8 Onlinelibrary.wiley.com

Ministry of social affairs and health. 2013. Health care in Finland/National institute for health and welfare/statistics Finland. Accessed 07 August 2016. <http://www.stm.fi/en>

Ministry of the interior. 2015. Immigration to Finland. Accessed 13 December 2015 <http://www.intermin.fi/en/migration/immigration-to-finland>.

Ministry of the Interior. 2006. Act on the Integration of Immigrants and Reception of Asylum Seekers. Accessed 13 December 2015. <http://www.intermin.fi/en/migration/immigration-to-finland>.

Portal. 2015. Integrating and retaining international staff. The information portal for foreign professional qualifications. <https://www.bq-portal.de/en>

Polit & Beck 2010. Appraising qualitative research in health education. Accessed 08 May 2016. <http://www.ncbi.nlm.nih.gov>.

Ramadan, A. 2014. The qualitative data analysis. Accessed 05 May 2016. Documentslide.com

- Rebecca H. et al 2001. Immigrant Nurses' Experience of Racism. *Journal of Nursing Scholarship* Volume 33, Issue 4.
- Roberts, M. 2016. Moving to Finland. <http://www.migri.fi>
- Rautakoura, A. 2012. Foreign nurses in Finland face difficulties .Helsinki Times. Accessed 16 September 2016.<http://www.helsinkitimes.fi...../working...>
- Scand J Caring Sci; 2010; Student nurses' experiences of communication in cross-cultural care encounters.
- Schumacher. 2010. Nursing shortages have been an issue in the healthcare industry: foreign-born nurse in the US labor market.
- Sellman, M.2008. Health for the Residents of Helsinki. Helsinki Health Centre Annual Report. Accessed 20 February 2016.<http://www.hel.fi/wps/wcm/connect/...../>
- Shenton,A. 2004. Strategies for ensuring trustworthiness in qualitative research project. *Journal,IOS press content library.*
- Sipilä, M. 2016. Nurses in Finnish Health Care System. Accessed 14 October 2016
- Statistics Finland. 2011. Foreign Nationals in Finland 2001-2011. Accessed 06 July 2016.<http://www.stat.fi/statistics>
- Statistics Finland. 2014. Population of Finland. Accessed 06 July 2016.<http://www.tilastokeskus.fi/til/kans/tau-en.htm>
- Silverman, D. 2005. *Doing Qualitative Research*. SAGE Publications, Inc. Accessed 02 November 2014
- Tanner, A. 2011.Finland's Balancing Act: The Labour Market, Humanitarian Relief, and Immigrant Integration.
- Tregunno, D., Peters, S., Campbell, H., & Gordonn, S. 2009. International nurse migration: U-turn for safe workplace transition.
- Trux,M. 2002. Immigration and Economy in the Globalization Process. The Case of Finland. Accessed 17 March 2016.[Hhttp://www.sitra.fi/en/publications/web/web.htm](http://www.sitra.fi/en/publications/web/web.htm)
- Tuomi, J. & Sarajärvi, A. 2013: Laadullinen tutkimus ja sisällönanalyysi. 10th, revised edition. Vantaa: Hasaprint Oy.
- The Advisory Board Company. 2013. Building the integrated nursing enterprise.
- The Advisory Board Company 2015.Building the integrated nursing enterprise.
- The American Heritage. 2002. Define Integration at dictionary.com. New dictionary of cultural literacy, third edition.
- The Current affairs news.2007. Finland needs immigrants to ward off a nascent labor shortage.
- Tuas. 2016. The primary subjects of study and minimum credits. <http://www.tuas.fi/en/news>
- Thomas, RD. 2001. A professional approach to ethic diversity
- Thomas, RD. 2006. A general Inductive analysis. *International journal of management re-vviews.*

Thomas, RD. 2006. A general Inductive approach for analyzing qualitative evaluation data. American journal of evaluation. Vol.26 no.2

Useem, J. &Useem, R.1963.Effectively understanding cultural relations. Accessed 04 September 2016.<http://www.daysofdialogue.org/pdf>

Vanhala-Harmanen, M. 2012.Foreign nurses in Finland face difficulties-Helsinki Times. Accessed 18 May 2016.<http://www.helsinkitimes.fi/themes/>,<http://www.lehtiluukku.fi/read-preview>

Valtonen, K. 2001. Social Work with Immigrants and Refugees: Developing a Participation-based Framework for Anti-Oppressive Practice.

Valtonen, K.2010. Immigrants' paths to employment, difficulties, cracking monopoly: Immigrants and employment in Finland.

Webster, M. 2005. The challenges of cultural competency among expatriate nurse. Accessed 02 February 2016.<http://www.researchgate>.

Wiles et al. 2006. Visual ethics.<http://www.eprints.ncrm.ac.uk/421/1/methodsreviewpaper>.

Figures

Figure 1: Finnish Health System: Challenges. (Sipilä. 2016)	11
Figure 2: : Population densities in Finland, inhabitants per square kilometer. (Statistics Finland 2016)	16
Figure 3: Right to practice as a Nurse (Sipilä. 2016)	19
Figure 4: Background of Nursing Education. (Sipilä. 2016).....	20
Figure 5: The Structure and completion of studies (Jamk 2015).....	20
Figure 6: Where Nurses work. (Sipilä. 2016)	21
Figure 7: Nurses Statistics in Finland. (Sipilä.2016).....	23
Figure 8: The qualitative data process (Ramadan, 2014)	33
Figure 9: A visual model of the coding process in qualitative research (Maycock 2015)	35
Figure 10: Data Analysis	36

Tables

Table 1: Foreign Nationals in Finland 2001-2011 (Statistics Finland 2011)	13
Table 2: Proportions of Elderly, Working-age, and Child Populations, Actual and Estimated; 1950-2060 (Statistics Finland 2014).....	14
Table 3: The number of pensioners will exceed the number of 18-40 years old (Statistics Finland, 2014)	15
Table 4: Residents with another native language than Finnish, Swedish or Sami, in Finland, 1980-2011. (Statistics Finland 2011).....	16
Table 5: Children under 15 years old (Statistics Finland 2016).....	17
Table 6: Death rates are expected to surpass birth rates. (Statistics Finland 2016)	18
Table 7: Four criteria for judging the soundness of qualitative research (Lincoln and Cuba, 1985).....	57

Appendices

Appendix 1: Application to conduct interviews.....	76
Appendix 2: Participants' invitation letter and consent form.....	77
Appendix 3: The research question and the theme questions to the Participants.	78
Appendix 4: Participants Consent Form.....	79

Appendix 1: Application to conduct interviews

Charity Janet Nalungwe

Laurea University of Applied Sciences

Otaniemi

RE : Application for permission to conduct interviews

Dear sir/ Madam.

I am a student at Laurea University of Applied Sciences, am hereby applying to conduct the research on your institution about the integration of immigrant nurses' into the Finnish nursing culture. In this research, am going to explore and investigating the integration of immigrant nurses' into the Finnish nursing society. The objective/aim of the study is to provide the needed knowledge about Immigrant nurses integration and experiences in order to develop the good nursing skills and good working environments.

The qualitative study method will be used as a research method by conducting semi structured interviews and Analysis will be by inductive content analysis method. The number of participants will be 10 altogether; foreign nurses, Finnish nurses and head nurses, from Espoo city and HUS.

The research results can be later used in order to make possible improvements for the immigrant nurses' integration process. This research intends to provide suggestions of possible interventions if needed and that way to improve the immigrant nurses' job satisfaction, which relates to patient care and safety. The findings of this study will be reported to working life partner, on occasions that are convenient and useful for them as well at provide a version of published thesis for their representative. This thesis will be also published online in the The-seus. Copies of published thesis will be distributed to all the two hospitals.

Your consideration will be highly appreciated.

Yours faithfully,

Charity Nalungwe.

Appendix 2: Participants' invitation letter and consent form

Dear Sir/Madam

You are invited to join a research study to look at the integration of immigrant nurses' into the Finnish nursing culture. In this research study, am going to explore and investigating the integration of immigrant nurses' into the Finnish nursing society. The objective/aim of the study is to provide the needed knowledge about Immigrant nurses integration and experiences in order to develop good nursing skills and good working environments.

The qualitative study method will be used as a research method by conducting semi structured interviews and Analysis will be by inductive content analysis method. The number of participants will be 10 altogether; foreign nurses, Finnish/host nurses and head nurses, from Espoo city and HUS.

The research results can be later used in order to make possible improvements for the immigrant nurses' integration process. This research intends to provide suggestions of possible interventions if needed and that way to improve the immigrant nurses' job satisfaction, which relates to patient care and safety. The findings of this study will be reported to working life partner, Laurea on occasions that are convenient and useful for them as well at provide a version of published thesis for their representative. This thesis will be also published online in the Theseus. Copies of published thesis will be distributed to all the three municipalities.

Your acceptance to participate in this thesis will be highly appreciated.

Yours faithfully,
Charity Nalungwe.

Appendix 3: The research question and the theme questions to the Participants.

Dear Participants,

The topic of the thesis: The integration of immigrant nurses into the Finnish nursing society

The purpose of this thesis is to explore and investigate the integration of immigrant nurses' into the Finnish nursing society. The objective/aim of the study is to provide the needed knowledge about Immigrant nurses integration and experiences in order to develop good nursing skills and good working environments. Over the past decade, a number of foreign nurses have visited Finland from abroad and a number of qualified nurses from polytechnics in Finland have increased. There is a nursing shortage in Finland that has been estimated to grow in the future. Nevertheless, the experiences and integration of foreign nurses in Finland have not been discussed much and even less is known on how they manage in working life, despite the increase of immigration of healthcare workers and shortages of nurses in hospitals.

A qualitative research will be used by constructing semi-structured interviews for three groups; Finnish nurses, foreign nurse and Nursing administration especially the head nurses in order to have enough and reliable information. My working life partner in this thesis process is Laurea University of applied sciences. The prompt for this thesis arose due to a great number of nurses and nursing students in Finland who are working in a foreign country and using foreign language. In the 1980s Finland went from being a sending country to a country of immigration, but still, most immigrants were Finnish returnees but in the beginning of 1990s implied a rapid increase in the number of arriving immigrants' .However, comparison with the other European countries the rate of increase in the immigration to Finland is among the highest especially in the Helsinki metropolitan area, with inhabitants of foreign origin constituting about 9 percent of the population in Helsinki (City of Helsinki Health Centre 2008) hence need to do the research in this area.

This research (project) will not only help the immigrant nurses rather it will also produce an in depth theoretical understanding of the phenomenon rather than just a description of the experience and integration. The information provided by this thesis could help the human resource professionals, educators; labour activists in the public work force system to seek and develop solutions to real life challenges of integrating immigrants in work places. No single project is able to fill the gap in knowledge in how foreign born workers are integrated successfully into the work place, the issues are extraordinarily complex.

The research question of this thesis:

- How do the nurses perceive the immigrant nurses' integration into the Finnish nursing Culture: what are the issues that need more attention?

Theme questions

The theme questions applied in the interviews will be as follows:

- What feelings/reactions do immigrant nurses have on first working day?
- How are the colleagues' reactions towards immigrant nurses?
- What is your perception on how the working life orientation of Finnish nurses differs from other cultures?
- What kind of support is given to immigrant nurses?
- Is there anything that does not promote immigrant nurses integration process?

Appendix 4: Participants Consent Form

Participants Consent Form

I volunteer to participate in a research project conducted by a registered nurse Charity Nalungwe at Laurea University of applied Sciences, Otaniemi, and Department of Health care. I understand that the project is designed to gather information about the integration of immigrant nurses' into the Finnish nursing society. I will be one of approximately 10 people being interviewed for this research.

I understand that this project is voluntary; I will not be paid for my participation. Participation involves being interviewed by a researcher. The interview will last approximately 30-45 minutes. Notes will be written during the interview. An audio tape recorder will be used and if I don't want to be taped, or if I feel uncomfortable in any way during the interview session, I have the right to decline to participate or at any time without penalty.

I understand that the researcher will not identify me by name in any reports using information obtained from the interviews, and that my confidentiality as a participant will remain secure. Subsequent uses of records and data will be subject data use policies which protect the anonymity of individual or institution.

I understand that this research study has been approved by Laurea University of applied sciences, spoon City and HUS.

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I have been given a copy of this consent form. Therefore, I voluntarily agree to participate in this study.

My signature	Date	Place
--------------	------	-------

My Printed name

For further information, please contact me;

Researches Signature	Date	Place
----------------------	------	-------

RN.Charity Nalungwe

Kylavainionkuja 2D 37, 02770, Espoo, Finland. Phone # 00358456099663