

Riikka Lähde

CONCEPTS OF HEALTHY LIFE AND STRESS AMONG
RECENT IMMIGRANTS –A FOCUS GROUP STUDY

Degree Programme in Physiotherapy
2013

CONCEPTS OF HEALTHY LIFE AND STRESS AMONG RECENT IMMIGRANTS –A FOCUS GROUP STUDY

Lähde, Riikka

Satakunnan ammattikorkeakoulu, Satakunta University of Applied Sciences

Degree Programme in Physiotherapy

January 2013

Supervisor: Kangasperko, Maija

Number of pages:

Appendices: 2

Keywords: Immigrant, stress, health behaviour

In this thesis topics under investigation were immigrants' views of healthy life, stress and their strategies of coping with stress. The number of immigrants is growing in Finland, and it is known in many countries that immigrants' health care needs are different to those of the majority of the population. Immigration is a great risk factor for having stress, which in turn is a risk factor in many problems in both physical and mental health. Interest in the well-being of our immigrants and their acculturation is rising. An increasing number of studies are being conducted in Finland. Yet, not a lot of qualitative data is available regarding the life situation of recent immigrants and what is topical in their lives.

A qualitative research approach was chosen. In this thesis a focus group method was used for collecting data. Focus group studies have become increasingly popular in health and social studies. The method draws its strength from communication between people who have similar life experiences. It is often used to study minorities and vulnerable people groups. Winnova educational institute collaborated in this study, especially in the accumulation of volunteer participants.

Results of the study were along the lines of previous studies of immigrants. Many stressing factors in immigrants' lives concentrated around the issue of language and communication problems. Learning Finnish was seen challenging, and the society not well prepared to encountering people with limited language skills. Identity crisis that may follow immigration was among noticeable stress risk factors. Some surprising findings were the perceived attitudes of Finns, that can be prejudiced and the extent that language difficulties can be a hindrance to participation.

INDEX

1	INTRODUCTION.....	5
2	PURPOSE OF THE STUDY	6
3	HEALTH AS A CULTURAL CONCEPT, HEALTH INFORMATION AND HEALTH BEHAVIOR	6
4	IMMIGRATION	8
	4.1 Migration globally	8
	4.2 Immigration to Finland	8
5	STRESS.....	9
	5.1 Physiological effects of stress.....	9
	5.2 Coping with stress.....	10
	5.3 Stress caused by immigration	10
6	FOCUS GROUP METHOD	11
7	THESIS PROCESS	12
	7.1 Selection of participants.....	12
	7.2 Description of participants.....	13
	7.3 Description of the study situation	13
	7.4 Compensation	14
8	RESULTS.....	14
	8.1 Concepts of healthy life	14
	8.2 Experienced risk factors for a healthy lifestyle	16
	8.3 Experienced stress, risk factors and coping methods	17
	8.4 Other results	20
9	DISCUSSION	21
	9.1 Ethics and reliability of this study	21
	9.2 Observations regarding the study situation.....	22
	9.3 Considerations over this thesis	24
	9.4 Suggestions	24
	REFERENCES.....	26
	APPENDICES	

1 INTRODUCTION

The health of immigrants has become a subject of increasing interest in Finland in recent years. The fact that immigrants' health and well-being has become an important feature in national health and social politics in many European countries has surely played its role. Also, only since 1990's the number of immigrants in Finland has been significantly increasing. It can be estimated that by 2025 population with foreign background will have doubled from what it is now. Research in other countries clearly states that a significant number of immigrants have health and well-being problems as well as difficulties integrating. Finnish research has picked up the need for information, and lately studies have been carried out among immigrants; to mention a few, the Migrant Health and Wellbeing Study (aka Maamu) (Castaneda, Rask, Koponen, Mölsä & Koskinen 2012), and Immigrants and Physical Exercise (Zacheus, Koski, Rinne & Tähtinen 2012). (Koskinen, Castaneda, Rask, Koponen & Mölsä 2012, 13-14)

Health and social sciences adopted focus group method from market research. Focus group method belongs under the umbrella of qualitative research. A group of people with a common denominator, for example a shared experience, is gathered to discuss a topic that is being studied. Information is gathered from these conversations. The focus group for this Bachelor's Thesis was found in co-operation with Winnova educational institution. (Liamputtong 2011, 3-4)

Immigration is a great life change for many. Adapting to new situations can cause huge stress. Stress is closely linked to both physical and mental well-being and therefore has an impact on a person's ability to deal with everyday situations in both areas. (Narchal 2007) It is also a well-known risk factor for multiple illnesses. Immigrants were asked their perceived components of stress in this study.

Prevention and health promotion are elements of the physiotherapy profession (Satakunta University of Applied Sciences 2011, 6,10; American Physical Therapy Association 2009). In order to plan effective health promotion campaigns it is vital to understand the target audience (Kreuter, Lukwago, Bucholtz, Clark & Sanders-

Thompson 2003). Data similar to what was collected in this Bachelor's Thesis could be used in planning a campaign. Furthermore, understanding of immigrants' life situation helps in meeting the specific needs of this client group that is increasing in our country.

2 PURPOSE OF THE STUDY

The purpose of this study is to find out immigrants' experiences and ideas on healthy life and stress. A focus group discussion was organized to five recent immigrants in order to research these issues. These people are planning on staying in Finland. Study questions are:

1. What is immigrants' view of a healthy life?
2. What are the perceived risks for living a healthy life from an immigrant's point of view?
3. Which stress factors exist in an immigrant's life?

3 HEALTH AS A CULTURAL CONCEPT, HEALTH INFORMATION AND HEALTH BEHAVIOR

Culture affects the way we see the world and interpret life around us. Culture influences in implicit and explicit ways and is absorbed within a particular society through enculturation. Relations with others, emotions, the understanding of natural and supernatural as well as norms are governed by culture. It is typical that cultures categorize people into social groups, for example adult and child or ill and healthy, rich and poor. Culture and subculture are expressed through language, behavioural manners, dress and property for example. Most cultures in the world are in process of adaptation and change for being influenced by surrounding cultures. (Koskinen 2009, 16; Giger & Davidhizar 2004, 3; Helman 2002, 2-3)

In modern societies cultural subgroups or social strata increase in growing numbers. Examples of these are religious minorities, political refugees, tourists and recent immigrants all of whom have their unique culture. When these groups incorporate some of the cultural qualities of the larger society, acculturation takes place. This, nevertheless, does not always happen. Living in between cultures can be stressful for an individual. Culture affects people's daily lives, including their diet, family structure and body image (Helman 2002, 3). As an example, food can be used to express group identity. Local foods and national dishes have a strong sense of continuity and cohesion of the community. A modern day example of culture influencing dietary choices is the "whole food" movement that exists in the UK and USA. It draws a line between junk food and good food. Whole foods are seen pure and natural. Junk food, such as ready-made and fast food, is viewed as artificial, unclean, and dangerous because of additives and preservatives. (Helman 2002, 34, 38)

Humanistic philosophy is the basis for health promotion as a health strategy. According to it an individual has the capacity and the human right to make possible a better health for himself. This is possible with the requirement that the individual has the correct social environment and networks and the required knowledge. Health behavior is predicted by rational consideration, thoughts and beliefs, which in turn are the result of threat perception and behavioral evaluation. Health behavior has been explained also as results of perception of the subject norm, attitude towards behavior and perceived behavioral control (self-efficacy) as well as external variables (such as personality and environment). Knowledge and information are one component in health behavior and in considering a person's possibilities to have a healthy lifestyle. (Yuill, Crinson & Duncan 2010, 75, 89, 91)

A healthy lifestyle is not only based on health knowledge but also on routines of everyday life. These are influenced by social position and cultural conventions (Yuill et al 2010, 97). For example, immigrants are less active in sports than the majority of the population and immigrant men are more active, where Finnish women are more active than men in general (Zacheus, Koski, Rinne & Tähtinen 2012, 277-278). Material conditions and social circumstances impact on health behavior; it is not simply dependent on free will (Yuill et al 2010, 94).

Understanding of health and illness by the ordinary people is strongly influenced by personal experiences, beliefs, culture and generation among other things (Yuill et al 2010, 98). A health professional should have the skill and understanding to meet these views in order to reach successful health intervention. It should not be forgotten that sometimes lay people have utterly wrong ideas about the treatment or causes of illnesses (Yuill et al 2010, 98). Nevertheless, Helman (2002, 3) brings up that generalizations made based on an individual belonging to a group can be dangerous and prejudiced. People should always be treated as individuals, who sometimes go against cultural rules and norms.

4 IMMIGRATION

4.1 Migration globally

Anyone who has relocated to a new place can be called an immigrant regardless of the reason for immigration. Yet typically the word immigration is used when people have moved to another country. The receiving country calls them immigrants and their original country calls them emigrants. The term that entails both aspects is migration. (Website of Finnish Immigration Service 2013; Abdelhamid, Juntunen & Koskinen 2009, 267)

Reasons for migrating differ: voluntary migration is often based on work, studying or marriage. Refugees enter the country through a different process. They may suffer from traumatizing and violent experiences and require more health care services, although immigrants in general use less health care services than the majority of population (Gissler, Malin, Matveinen, Sarvimäki & Kangasharju 2006, 5).

4.2 Immigration to Finland

In 2011 there were 183 133 citizens of foreign countries (Statistics Finland a) and 266 148 people born abroad (Statistics Finland b) living in Finland. It is estimated

that by 2030 the number of foreign citizens would be half a million (Website of Ministry of employment and the economy 2012). The number of foreigners living in Finland increases by 12 000-15 000 people per year, which is interesting when compared to 1986's number of non-Finnish inhabitants roughly 16 000 (Annual Report of the Immigration Service 2010 3, 18). Recently the efforts for integrating immigrants have increased, as the making of a Government integration programme for the first time in 2012 suggests (Website of Finnish Government 2013).

5 STRESS

5.1 Physiological effects of stress

Stress is a difficult thing to define and diagnose, and the professional and lay opinion of stress may differ greatly. It is both physical and psychological, resulting from the "fight of flight" -reflex. Stress is understood as a negative emotional and tension inducing state arising from a situation that is experienced too demanding to cope with. Stress can also be defined as a state experiencing that the available resources cannot meet the perceived demands of a situation (transactional model). This view emphasizes the person's own evaluation of the situation. An additional view is that stress occurs when an individual's stress tolerance level is exceeded resulting in physical and psychological impact on the person. It should not be forgotten that positive stress exists as well, and the tipping point where positive stress (eustress) turns negative, is individual. (Website of the American Institute of Stress; Yuill et al 2010, 109, 110)

Stress causes many changes in the body's systems. The nervous system releases adrenaline and cortisol (using the endocrine system) which causes the heart rate to increase (changes in the cardiovascular system), blood pressure to raise, and changes in digestive system and blood glucose level. Changes in respiratory system include increased rate of breathing which may lead to hyperventilation. The body reacts to stress also by changes in the musculoskeletal system in the form of tension. This may result in tension head ache, migraines, and musculoskeletal conditions. Repeated stress may harm the cardiovascular system by causing inflammation of coronary ar-

teries. Gastrointestinal system may suffer from heartburn and acid reflux, nausea, pain in stomach, vomiting can occur in severe stress as well as diarrhea or constipation. Stress and prolonged stress play a role in the development of many diseases and conditions, both physical and psychological. To mention a few, these include, depression, stroke, increased risk of infections, rheumatoid arthritis, worsening of skin conditions, insomnia. Not all effects of stress are yet known. (Website of the American Stress Institute)

5.2 Coping with stress

Roth and Cohen (1986) present two patterns of coping with stress. They are avoidance and approach. The avoider denies the problem, postpones its resolution and initially he might feel less stress. Nevertheless, because of the avoidance behavior the situation is prolonged. The other option is presented in a more positive light. Quick action means stressor might be resolved faster. Yet, if the situation continues despite the efforts of the approacher, for example if it cannot be changed, it may result in increased worry and distress. (Roth & Cohen 1986)

Another way to define stress coping methods is emotion-focused and problem-focused. The prior deals with emotional and physical consequences of stress using behavioral (such as distraction techniques: visiting friends, reading a book or excessive alcohol intake and using drugs) and cognitive attempts (for example positive thinking, denial). The latter consists of making a plan or delegating work. There are maladaptive and adaptive coping strategies, and the intention in stress management is to increase the adaptive ways. (Yuill et al 2010, 112)

5.3 Stress caused by immigration

Many changes are taking place in the life of an immigrant simultaneously. Especially for an immigrant originating from a traditional slow changing cultural environment, life in Western hectic world can be seen chaotic. The immigrant may suffer from events or experiences of the past that are undercutting his cultural identity. Criticism of the immigrant's origin may also contribute to this. Also, changes brought by cross

cultural encounters induce stress. Information about the stage of acculturation is important in the health care of an immigrant. It imparts knowledge regarding available resources and potential risks of becoming marginalized. (Abdelhamid 2009, 112,113)

Aroin and Norris (2003) discuss in their study on Depression Trajectories in Relatively Recent Immigrants that the immigrants' expectations and how they are met in reality may predict risk of depression. Therefore accurate information deliverance in an early phase to support realistic expectations would support coping in the new environment and culture. A correlation between stress level and depression can be found (Kim, Han, Shin, Kim & Lee 2005, 222). Kim et al (2005) highlight identifying and strengthening existing social support resources and promoting the restoration of self-confidence in challenging environment in the care of immigrants.

6 FOCUS GROUP METHOD

Focus group method is a qualitative research method, and it was selected for the making of this thesis. The decision was influenced by the author's personal interest in this method. It is current and increasingly used in health and social sciences. Focus groups are often used together with other research methods. Basically the idea is to select a group of people that have some common experiences or interests to converse about a given subject. The focus in the name of the method reflects that often prompts like magazines, videos, items or simply the topic is given as a focal point for the group to discuss. From the discussion the aim is to learn the group's view and understanding of the given topic. Not only what they think, but how and why. Group interaction is considered the value of this method and studying it is an important factor in the analysis of the data (Kitzinger 1994). It is based on a holistic approach to understanding humans and making science. Crinson and Leontowitsch (2006) explain that qualitative data is rich and complicated and therefore a challenge to analyze. They contend that comparing results of qualitative and quantitative research is fruitless due to difference in the nature of epistemological assumptions. (Liamputtong 2011, 3-5)

Historically the focus group method has evolved from market research in the 1920s. Anthropology and the social sciences utilized it in the 40's and 50's, where group discussions were employed to clarify motivations and reasons for simple "yes or no" - questions. It continued to develop in huge leaps in the 60's when the commercial world adopted this method in finding out customer preferences. In the 80's focus group study was in use for the first time in health and social sciences in pure qualitative research, and from there onwards this method has been used in many fields from political sciences to health promotion and feminist research. In health and social sciences focus group method is often used e.g. in researching and empowering minorities and marginalized people groups and when studying cross-cultural issues. (Liamputtong 2011, 10-11)

7 THESIS PROCESS

7.1 Selection of participants

It is vital for the success of a focus group that the participants share a similar background or have similar experiences because it helps in making a group at ease with each other and have a fluid discussion, although this depends on the purpose of the study (Liamputtong 2011, 34, 35). Using an existing group for making this study was an aim from early on. Some important benefits were seen in the formulation of the group in this way. For instance the researcher's low level of experience in conducting focus groups gave good reason to choose to study an existing group. It can be assumed that in a group where people are familiar with each other the moderator is required to direct the conversation less and less effort in getting the participants to open up is needed. In favor of constructed groups is the assumption that members of existing groups are less likely to express different or challenging views because they will have to meet again after the study is over.

Deciding on the study questions was challenging. Topics and some questions were prepared in advance; nevertheless room for meandering was left intentionally. "*Giv-*

en that the social world is an open rather than a closed entity, qualitative methods cannot (nor should not attempt to) limit the range of variables being investigated” (Crinson & Leontowitsch 2006).

7.2 Description of participants

With the intention to protect the anonymity of the participants of the focus group, summarized information is given. The group consisted of 5 participants, 2 of whom were male, 3 female. Participants were categorized by age groups as follows: 2 were between the ages 36-45, two in the group 26-35 and one participant in the age group 18-25. Cultures that were presented were Soviet background, Western culture (for instance Europe or USA) and Russian. All had immigrated voluntarily, many out of family reasons. A majority of the group had lived in Pori for less than 1 year. The longest time lived in Finland was 3 years. Most reported having family in Finland and all but one had personal experience of the Finnish health care.

7.3 Description of the study situation

The venue of the study was at an institute where the participants study. It is recommended that the venue is an easy access place that is nearby the natural routes of everyday life (Liamputtong 2011, 55). Implementation was during the work day. An invitation to take part in the study with explanation of the purpose of the study was personally presented to a class of people two days before the focus group was held. Part taking in the study was voluntary, and teacher of the class took enrollments and was left to decide how the participants would be selected if too many enrolled. Language abilities may have restricted participation in the focus group. Also a possibility of organizing two separate focus groups was offered if a large number of volunteers signed up. In the end 5 people volunteered to take part in the study, one of whom in the very last moment when beginning the session. The number is acceptable, as the recommended number of participants varies from 4-8 or 6-10.

The session was recorded with two appliances. One was a Zoom Handy Recorder H4n, which records in stereo. The quality of the recording was high and listening to

it in stereo assisted in transcribing sound into text and making out who is talking. A SwissSonic Pocket Recorder was used as a back-up recorder.

The session's duration was altogether approximately 2 hours. Coffee or alcohol free mulled wine and biscuits were offered in the beginning of the focus group. In addition to the participants there were two people present: a moderator (the author) and a note-taker. A computer was not used for note taking, as the sound and appearance of working on a computer could have been disturbing for the group.

7.4 Compensation

The issue of compensation is emphasized by Liamputtong (2011, 55-57). It is seen important to value the time and effort people put into taking part in a focus group. The compensation does not always have to be monetary; gift certificates, groceries, bus tickets and gifts are good alternatives. Due to lack of resources in this study it was agreed that the researcher will offer the class from which the group was formed an exercise session as thank you.

8 RESULTS

8.1 Concepts of healthy life

Note to reader: Quotes of the focus group session are given in this text. To express who is talking, the participants have been named as follows: M is the moderator or the author of the study, participants are numbered P1-P5, from person 1 to person 5.

When asked to describe a person living a healthy life, some universal ideas and some personal views were expressed. It was presented that a person that lives a healthy lifestyle eats healthily; greens and vegetables were underlined especially. When consumed in moderation smoking and drinking was thought to be acceptable and a part of healthy living. An active lifestyle and physical activity was seen as an important

factor in healthy life. Especially male participants shared their own sport activities reporting feeling good after training. One participant explained how a busy time in personal life disturbs own activity in sports.

This was followed by listing mental happiness and accepting oneself and one's life. It was emphasized that having only bodily health is not enough, but having spiritual or mental balance and positive relationships is as important. One shared a story that healthy lifestyle does not guarantee a long and healthy life, and it can develop into an obsession as well, and become stressful. Moderation was endorsed.

When asked to compare Finnish and the respondents' (cultural) concepts of health most replied that they have not lived in Finland long enough to have noticed differences. Four out of five participants have lived less than a year in Finland. Majority concurred that it depends on the individual. When comparing one's own life between original country and now, one participant expressed feeling healthier in Finland after losing weight. In this case the Finnish dietary culture was seen healthier than at the country of origin. One participant shared that in Finland there seems to be a strong monoculture regarding health. Whatever is said on TV or newspapers everybody believes. The same person felt Finns are stuck in their beliefs and not willing to discuss them open to other opinions. It was seen as contradictory in the Finnish health culture that even though typically appreciated for love of outdoors and walking, a strong culture of excessive drinking coexists. Having the opportunity to walk in the fresh outdoors was also seen as a representation of wealth:

"P4: I think there's, umm, yksi erilainen että suomalaiset pitää kävelestä

M: Kävelemisestä

P4: Kävelemisestä ja pidä luonnos.. luonnosta ja... se on hyvä koska eastern Europe, ex-kommunisti maa ei, ei paljon hyvä ilma tai aika urheilua koska täällä on paljon stressi ja paljon työ ei me työmme ei vain how do I.. I cannot speak any Finnish, sorry.

P2: Ei hätä.

P4: You know, in eastern European countries you don't go to work to have a vacation or to have a healthy life, you go to work to survive. You work more

than 8 hours a day or 12 hours a day there is. työ on työ paljon, kaksi työ kaksikymmentäneljä..

P2: ..Tai viisi tuntia

P4: Tunti.. so here you can afford if you work I think..."

"P4: I think suomalaiset on hyvä hyvä mielipide on healthy, because it's not just about eating healthy, they are working, they are being in the nature they take care of the nature. They have enough money to do that maybe all people think this is good but they cannot afford it. And here it's affordable to have this."

Regarding health information females perceive they have enough. Men express not feeling the need to have new information. Sources of health related information were listed: own family, internet pages in own language, consulting health professionals (doctors), articles written by professionals in credible journals, newspapers, circular emails. In discussion it was pointed out that not everybody trusts doctor's opinions as it is seen as a pill selling business. Yet articles written by health professionals were appreciated for their balanced content. Newspapers, circular emails and lighter press were experienced to sometimes scary.

8.2 Experienced risk factors for a healthy lifestyle

As the study was made in early winter, the anticipation of experiencing what was for many their first Finnish winter was topical and influenced the discussion about activities. The respondents felt coming up with and finding activities as difficult, especially in the winter. One reply was that they do not know where to look for things to do. Presumably language difficulties play a major role here. In addition many experienced tiredness and lack of energy that was linked with the dark cold season. Also financing activities was seen as a challenge by the interviewees.

8.3 Experienced stress, risk factors and coping methods

Identity crisis that arises from losing status that a person is used to having in “previous life” as a working professional and active participator in discussions. Finnish people are found to be untrusting towards the abilities of people with limited language skills.

"Lots of people treat us, I feel, and look at us as if we were lesser able and I think we get treated like children. And don't necessarily get told what's gonna.. what's happening or whatever. And it bothers me because I can't really show that I'm really intelligent and I'm you know, I'm worthy of information. And it just feels wrong. And it might be just in my head that I interpret this situation that I'm in like that, like emotionally."

Being held back in social situations by inadequate language skills can be very trying for outgoing persons. Building a new network of friends also takes time and Finnish peers make friends slowly. Getting a place on the Finnish course was beneficial in many ways:

"P2: nyt on hyvä mieli, joka päivä me tuu kurssi ja paljo keskustelemme

P4 joins in: telemme

M: mhm?

P4: mm

P2: tosi hyvä. koska, aa, kurssi, kolme kuukautta kurssi?

P4: me olemme kaveri

P2: viisi kuukautta minä istu istu istun kotii..

M: kotona?

P2: vain kotona, no ulkona pojan kanssa leikitään, sama pieni lapsi. nyt on parempi."

Some may experience identity crisis also because they feel having lost the identity as a provider for the family for not being able to work. In family situations where one of the adults speaks English or Finnish better, the status of the one taking care of official business e.g. going to the bank may be lost from the other. This may result in a feeling of inadequacy or having just one adult in the family.

"P4: well, like P5 I went thru this period, this difficult time, because.. I was working for about 10 years as a, a legal adviser, and now I'm at the beginning of my life again

P5: like a child"

P2: venäjä minä tyijössin

P4: olen työssä

m: olit töissä? olen, olin töissä?

P2: minä työ

M: joo-o

P2: ja minulla on hyvä palkka mutta ei hyvä paika. minä osta kaikki kotiin, ruokaa, vaatteita, mutta suomessa minä työhön joo?, työhön.

P4: työtön.`

P2: ee, ja minä

M: työtön?

P4: työtön.

P2: työtön!"

For some participants the feeling resembles learning independence in one's youth.

"I felt angry that I need to be dependent because I already did this when I was 18 when I had to detach myself from my parents and understand that I can do things on my own. And now I go back to that stage when I feel dependent and I can't even say stuff. It just feels wrong, it feels horrible, and I can't wait to be able to, you know, do my own sort of business how it used to be."

Even though this next theme is linked to identity crisis as well, it is so vital that it should be examined individually. Studying Finnish is slow and difficult. Some group participants had a long gap since they last studied. Not coping independently in Finnish speaking environments causes frustration. It is experienced stressful getting into situations when strange people talk in Finnish; not knowing what is said in shops, banks and busses. Also, the some participants explained being so stressed out in situations that they forget how to say "I don't understand" in Finnish, even though they normally can. It was pointed out how stressful it is having to run errands with someone who doesn't speak English. To some it has even caused hindrance in participation:

"If I know someone at a store that speaks English I will plan going to a store around that person that speaks English being there -I can not go to the store when they are not there."

Even the research situation was stressful to a participant due to lack of understanding:

"M: P2

P2: Mitä?

M: anything to say about stress, onko mitään sanottavaa stressistä?

P2: nyt minu iso stressi, minä en ymmärrä ja..ja minä haluan mennä."

In the group discussion about stress it was noted that little stress is normal. It was also pointed out that there are many types of stress, and not all stress is bad. Language induced stressful situations are reported above. The reason for stressing about entering the work market is the perceived attitude of Finns towards immigrants; Finns do not trust the capability of foreigners if they can not prove themselves in Finnish. A fear of not learning Finnish well or fast enough and it posing difficulties in the work market was the most discussed worry for the future.

"P2: Mutta minä asun Porissa ja Suomessa on... noin 8 kuukautta ja vielä ei tule stressi. minä ajattele stressi tule myöhemmin koska, kos, kun, kun, ee, minun tarvitsee valita työpaikka.

M: mhm

P2: minä pelkää, koska minä (hih) en tiedä suomen kieli

M: mm.

Techniques that were listed as stress coping methods by the respondents were: (behavioral) spending time with friends (separately mentioned getting to know Finns and exchanging experiences), cooking (especially traditional food of one's original culture), blogging, and returning to old interests and (cognitive) positive thinking, humor, thinking about the goals, acceptance, sharing concerns with others.

One respondent shared that stress increases smoking and induces bad eating habits.

Although talking about these stressors with a family member that might be going through the same things was considered possibly adding to their burdens and something to avoid. This is how one participant described her hobby of blogging about flea market finds:

" ..So that was a big outlet, and also it hooked me up with virtual friends so I didn't feel like it was just myself and my boyfriend and his crazy mother (laughter...)"

"No speaking required, no listening required..."

8.4 Other results

When asked about problematic issues relating to moving to Finland female participants' first and most discussed topic was food. It was explained that initially it takes long time to find food stuffs; not only the packaging but also the selection of goods and quality is different. Especially vegetables were seen as expensive by European and American respondents, but similar to Russia's in the opinion of a Russian participant.

A respondent had experienced conflicts with Finnish relatives regarding dietary customs. It was experienced that Finns only eat potatoes, ignoring the well-known plate model of having half of the plate just vegetables. It was particularly sensitive, because the issue was not what is being offered on the participant's plate, but a wider matter of raising a child. Also, weather conditions were against one who had accustomed to growing some of their own greens and salads, which proved impossible in the dark Finnish winter.

This topic probably arose simply out of the fact that it was current at the time of the focus group session was held. Three out of five participants were expecting to experience their first cold and different winter. Some reported not feeling stressed about winter yet, as it is not cold yet. Those who had arrived in Finland in the spring time reported having experienced lower moods linked to the weather turning to winter. The group felt that others scare immigrants with Finnish winter, both their friends back home and Finns. On a positive note regarding winter Finnish homes are perceived as cosy and warm in comparison to Romania or England. That statement continued with an expectation:

"Your Finnish home is warm and nice and no wind inside so I think we gonna be able to get ill less in Pori."

In addition difficulty in finding information related to environmental issues was pointed out. When water changes color in the domestic water system, no information is issued in English about what is going on. When one is new to the area and wanting to find out what is the smoke coming out of a nearby industrial chimney, where look for information?

"It bothers me little bit that I'm in the dark."

9 DISCUSSION

9.1 Ethics and reliability of this study

The topic of this study is not considered very sensitive. This offers the participants the opportunity to take part in the discussion quite freely. It was easy for the participants to self direct regarding how much experiences they wanted to disclose.

Language within the group was a challenge, not everybody was able to take part equally. This was unfortunate, but very descriptive of the life situation the participants are in at the moment. For researcher it was unfortunate as well, because at some points it was clear that everybody did not know what was being said. That can have influenced the topics, the flow of conversation, and some data may be lost because of this. Similar results, in the opinion of the author, could have been made from using different interview techniques, such as deep interview. Perhaps more opening up about health worries could happen in a more private interview situation.

It is also possible that the moderator influences the participants in the way the questions are presented or in the way discussion is directed. Effort was put into preventing this, but assessing the success is beyond the skills of the author.

As cited earlier in this report, the focus group data collection should be carried out for as many times as there is new data to collect. The only way to make sure of this, in the author's opinion, is to have one final session when the participants conclude they have nothing more to say. Due to limited time resources in the making of this study, only one focus group session was arranged. Based on that it is difficult to analyze whether this point of squeezing the last drop of data was reached. I believe at least one other session would have been needed in order to conclude this. However, the participants had a couple of days to mentally prepare to say what they wanted between the advertising and the session. I believe the participants came at least to some extent more prepared because of this.

Another critique is due to dismissing one important matter well stressed by literature regarding the analysis of focus group data. It is said that what makes focus group study so unique is studying the interaction between group members. In this report no results or conclusions were really derived this way, which is a consequence of lack of experience on the behalf of the author.

In retrospect, a much needed addition that would have helped in analyzing the data accurately would have been an inquiry of the participants' existing level of stress or anxiety. Some type of stress index could have been utilized for this. It would have been important to see if those respondents who expressed more negative or anxious feelings and thoughts would have had higher scores in an index. Furthermore, when going through the literature used in this study, it came up that immigrants do have higher incidence of mental health issues, for example depression. The life situation is undoubtedly a risk factor for stress. How to take this into account when analysing the results, and when organizing the study session?

9.2 Observations regarding the study situation

The possibility of the moderator not being able to facilitate everyone's participation equally due to different cultural backgrounds must be considered. A friendly atmosphere was present in the study situation, with participants explaining to those who did not understand and also reminding each other of issues they knew of each other

they believed to be relevant. No one challenged the others' opinions. This may result from lack of trust between participants, or out of the realization that they would be spending a lot of time together in the future and no risks of conflicts were taken, or out of the fact that no conflicting opinions existed. The level of agreeing with one another differed from time to time.

Men did not take part in the discussion regarding food stuffs and their availability in Finland. Supposedly it is still more common that women in households are responsible for the groceries and cooking. This could explain the lack of interest in this topic.

It was stated during the discussion that group member even plans a trip to a shop according to having a familiar English skilled sales person present, and if they are not there the participant would not do shopping there. When truly considering this, it can be a hindrance in participation. For the author this was eye opening. On one hand that the sales people do not have the skills to put people at their ease despite lack of common language but more importantly that the nervousness of going into these situations really does prevent someone from performing everyday tasks.

Quite a negative perception of the Finnish peoples' attitudes towards the abilities of immigrants was presented. It was surprising that even still humans with decreased communication skills are treated as stupid. Another issue to consider is the possibility of misinterpretation. Finns are stereotypically not very expressive in their communication.

When discussing the difficulty of coming up with activities and things to do, language is a main component. Moreover, the information about happenings is often in news papers that are not a part of everyday life for recent immigrants. Another consideration is the culture of hobbies that is quite strong in Finland; it is typical to have a certain day to take part in a certain activity, for example aerobics, yoga, most sports, cooking classes, adult education etc. From a young age Finns have hobbies on weekly bases. If this culture of activity is foreign to immigrants, it may be difficult to incorporate the Finnish style of activity to one's everyday life.

9.3 Considerations over this thesis

The topic for this thesis was formulated during a long period. Firstly the idea that I want to learn about focus group method came, and then everything else was built on this. Immigrants are a people group that have been researched a lot, including acculturation and health issues. A lot of attention has been given to refugees and foreign students in research. Especially in Finland voluntary immigrants have not been noticed that much.

It took quite a long while to come up with the correct key words to use when gathering the theory. The best ways for finding appropriate information is going through reference lists in articles and books that were found useful. Also governmental institutes were a vital source of information. In what comes to cultural issues in particular, sometimes it is difficult to determine whether some data is relevant in the case of this study. In research about Korean immigrants in USA there are such different experiences, that results may not be applicable among e.g. Spanish immigrants in Finland.

There is a lot of material available for transcultural nursing. Why do nurses get ownership of this? It should be for all health care professions. All the more in physiotherapy which often deals with changing health behavior or training which both are very dependent on motivation, thus requiring understanding of cultural aspects.

9.4 Suggestions

Many projects come to mind, that would answer to needs that have come up in this study. Home economics or cooking classes aimed at using local affordable products, and getting to know Finnish culinary culture. Co-operation with for instance the Martha Organization could be done, as they have organized such classes for immigrants in Finland previously. I can see how this could be beneficial for both the organizers and participants in sharing culture, increasing participation and activity, reducing prejudices, increasing nutritional information, bringing friendship and language opportunities for both parties. All in all I believe any program that offers plenty of

chances to mingle with Finns could benefit immigrants. Some of them had not accumulated many positive encounters with Finns during their stay (other than within their family). Meeting locals would bring a wider perspective to this country and its occupants.

Second project suggestion is translating sports and activity opportunities in the region, or collecting similar information from sport clubs and associations of many kinds and publishing it. Someone should work as a mediator and enabler between clubs and non-Finnish speaking public. Some clubs and organizers may have worries regarding their language skills and on the other hand that a large group of foreigners would come and confuse the way things have always been. However, many immigrants would like to practice their Finnish, and often activities are all about action, not so much about discussion.

Another suggestion is stress management or a coping with stress- course for immigrants. Not everyone in the group had good strategies. This could be also done as a physiotherapy thesis –project. Possible organizations to co-operate with are the Multicultural Association in Satakunta region, or schools and courses aimed for immigrants.

Further study could be done with a virtual focus group. Or more studies along the same lines as this thesis could be done with immigrants who have spent more time in Finland, who have more experience with cultural differences and similarities, how would the topics and results differ then?

REFERENCES

- Abdelhamid, P., Juntunen, A. & Koskinen, L. 2009. Monikulttuurinen hoitotyö. Helsinki: WSOYpro.
- Abdelhamid, P. 2009. Potilaan kulttuuriset taustatiedot. In Abdelhamid, P., Juntunen, A. & Koskinen, L.(eds.) Monikulttuurinen hoitotyö. Helsinki: WSOYpro. 108-121.
- American Physical Therapy Association 2009. Health Promotion and Wellness by Physical Therapists and Physical Therapist Assistants Position. Referred on 8.2.2013 available at www.apta.org
- Annual Report of the Immigration Service. 2010. Finnish Immigration Service. Referred 3.1.2013 http://www.migri.fi/about_us/publications
- Aroian, K.J. & Norris, A.E. 2003. Depression Trajectories in Relatively Recent Immigrants. *Comprehensive Psychiatry*, 44: 5, 420-427. Referred 24.11.2012. www.sciencedirect.com
- Castaneda E., Rask S., Koponen P., Mölsä M. & Koskinen S. 2012. Maahanmuuttajien terveys ja hyvinvointi. Terveysten- ja hyvinvoinninlaitos Raportti 61/2012. Juvenes Print- Suomen Yliopistopaino
- Crinson, I & Leontowitsch, M. 2006. In the article: Section 1: Qualitative methods in Health Research: An Introduction referred on 31.12.2012 <http://www.healthknowledge.org.uk>
- Giger, J. N. & Davidhizar R. E. 2004. Transcultural nursing: assessment and intervention 4th ed. St. Louis: Mosby.
- Gissler, M., Malin, M., Matveinen, P., Sarvimäki, M. & Kangasharju, A. 2006. Maahanmuuttajat ja julkiset palvelut. Työpoliittinen tutkimussarja: 269. Helsinki: Stakes. Referred on 18.1.2013 www.mol.fi
- Helman, C.G. 2002. Culture, Health and Illness. London: Arnold. Kim, M.T., Han, H., Shin, H.S., Kim, K.B. and Lee, H.B. 2005. Factors associated with depression experience of immigrant populations: A study of Korean immigrants. *Archives of Psychiatric Nursing*, 19/5, 217-225.
- Kitzinger, J. 1994. The methodology of focus groups: The importance of interaction between research participants. *Sociology of Health and Illness* 16/1 103-121. <http://scholar.google.fi/...>
- Koskinen, L. 2009 Kulttuuri, monikulttuurisuus, monikulttuurinen hoitotyö ja maahanmuuttaja käsitteinä. In: Abdelhamid, P., Juntunen, A. & Koskinen, L.(eds.) Monikulttuurinen hoitotyö. Helsinki: WSOYpro. 16-19
- Koskinen S., Castaneda A.E., Rask S., Koponen P. & Mölsä M. 2012. Johdanto. In: Castaneda, A.E., Rask, S., Koponen, P., Mölsä, M., Koskinen, T. (eds.) Maahanmuuttajien terveys ja hyvinvointi. Terveysten- ja hyvinvoinninlaitos Raportti 61/2012. Juvenes Print- Suomen Yliopistopaino, 13-16

Kreuter, M.W., Lukwago, S.N., Bucholtz, D.C., Clark, E.M., Sanders-Thompson, V. 2003. Achieving Cultural appropriateness in Health Promotion Programs: Targeted and Tailored Approaches. *Health Education and Behavior* 30, 133-146.

Leask, J., Hawe, P & Chapman, S. 2001. Focus group composition: A comparison between natural and constructed groups. *Australian and New Zealand Journal of Public Health* 25/2, 152-154.

Liamputtong, P. 2011. Focus group methodology, principles and practice. London: Sage Publications.

Narchal, R.2007. Migration: Destruction and Reconstruction of the Self. *E-journal of Applied Psychology* 3(1),55-64 Referred 7.2.2013 accessed through Nelli-portal

Satakunta University of Applied Sciences: Curriculum of the Degree Programme in Physiotherapy 2011. referred on 8.2.2013 Accessed at www.samk.fi

Statistics Finland a. PX-database: Country of birth according to age and sex by region 1990 – 2011. 2012. PX-Web-databases. Statistics Finland. Referred 24.11.2012 www.stat.fi

Statistics Finland b. PX-Web-databases: Nationality according to age and sex 1990 – 2011. 2012. Statistics Finland. Referred 24.11.2012 www.stat.fi

Roth, S and Cohen, L. J. 1986. Approach, avoidance and coping with stress. *American Psychologist* 41/7, 813-819.

Rotko T., Aho T., Mustonen, N. & Linnanmäki, E. 2011. Kapeneeko kuilu? Tilannekatsaus terveyserojen kaventamiseen Suomessa 2007-2010. Helsinki: Työn ja hyvinvoinnin laitoksen julkaisu 8/2011.

Yuill, C., Crinson, I., & Duncan, E. 2010. Key Concepts in Health Studies. London: Sage publications.

Website of the American Institute of Stress. Referred on 4.2.1013. www.stress.org

Website of Ministry of employment and the economy. Referred on 20.12.2012. www.tem.fi

Website of Finnish Immigration Service. Referred on 11.1.2013. www.migri.fi

Website of the Finnish Government. Referred on 11.1.2013. www.valtioneuvosto.fi/ajankohtaista/tiedotteet

Zacheus, T., Koski, P., Rinne, R. & Tähtinen, J. 2012. Maahanmuuttajat ja liikunta. Turku. Turun yliopiston kasvatustieteiden tiedekunta.

Take part in a physiotherapy bachelor's thesis study

Osallistu fysioterapian opinnäytetyö –tutkimukseen

You are invited to take part in a qualitative study done by physiotherapy student Riikka Lähde in Satakunta University of Applied Sciences. The purpose of the study is to find out experiences about moving to and living in Pori from the perspective of an immigrant to Finland. The focus of the study is in health issues, finding health information and dealing with possible stress that moving countries causes. The study is carried out as a group conversation.

Tervetuloa osallistumaan kvalitatiiviseen tutkimukseen, jonka tekee fysioterapian opiskelija Riikka Lähde Satakunnan Ammattikorkeakoulusta. Tutkimuksen tarkoituksena on selvittää Poriin muuttamisen ja Porissa asumisen kokemuksia maahanmuuttajan näkökulmasta. Tutkimuksen pääpainopiste on terveysasioissa, terveystiedon löytämisessä ja mahdollisen maahanmuuton aiheuttaman stressin kanssa pärjäämisessä. Tutkimus toteutetaan ryhmäkeskusteluna.

Agreement on focus group interview and using the collected data

Sopimus ryhmähaastatteluun ja kerätyn aineiston käyttämisestä

The person taking part in this focus group is agreeing that all recorded audio material and notes made from the study situation can be used in the making of this Bachelor's Thesis. The person taking part in the study has full autonomy to not answer to any question or to leave at any point without having to give any reason. All participants are advised that the data collected from this study will be handled only by those involved in the making of this Bachelors Thesis with confidentiality. The data will be presented so that the participants cannot be identified.

Ryhmätutkimukseen osallistuva henkilö suostuu siihen, että kaikkea tutkimustapah- tumassa nauhoitettua audio materiaalia sekä muistiinpanoja voidaan käyttää tämän opinnäytetyön tekemiseen. Osallistujalla on täysi itsemääräämisoikeus olla vastaa- matta mihin tahansa kysymykseen tai poistua paikalta, joutumatta kertomaan syytä, niin halutessaan. Kaikille osallistujille kerrotaan, että tällä tutkimuksella saatuja tie-

toja käsittelevät vain tämän opinnäytetyön tekemiseen osallistuvat henkilöt salassapito-velvollisina. Tutkimus esitetään siten, että osallistujan henkilöllisyyttä ei voi tunnistaa.

Päivämäärä ja nimi Date and name

Background information

Taustatiedot

This information will assist in analysing the data received from the group discussions.

Nämä tiedot auttavat ryhmäkeskustelussa kerätyn informaation analysoinnissa.

Name

Nimi _____

Where are you originally from?

Mistä olet alunperin kotoisin? _____

Profession /education

Ammatti /koulutus _____

1.

Age group

Ikäryhmä 18-25 26-35 36-45 46-55 56-65 66-75

2.

How many years have you lived

Montako vuotta olet asunut

A) In Finland? *Suomessa?* _____

B) In Pori? *Porissa?* _____

3.

Do you have family living

Onko sinulla perhettä

A) In Finland? *Suomessa?* Yes. *Kyllä* _____ No. *Ei* _____

B) In Pori? *Porissa?* Yes. *Kyllä* _____ No. *Ei* _____

4.

Have you used health care services while living in Finland? For example seen a doctor or a nurse?

Oletko käyttänyt terveydenhoidon palveluita kun olet asunut Suomessa? Esimerkiksi käynyt lääkärillä tai sairaanhoitajalla?

Yes. *Kyllä* _____ No. *Ei* _____

