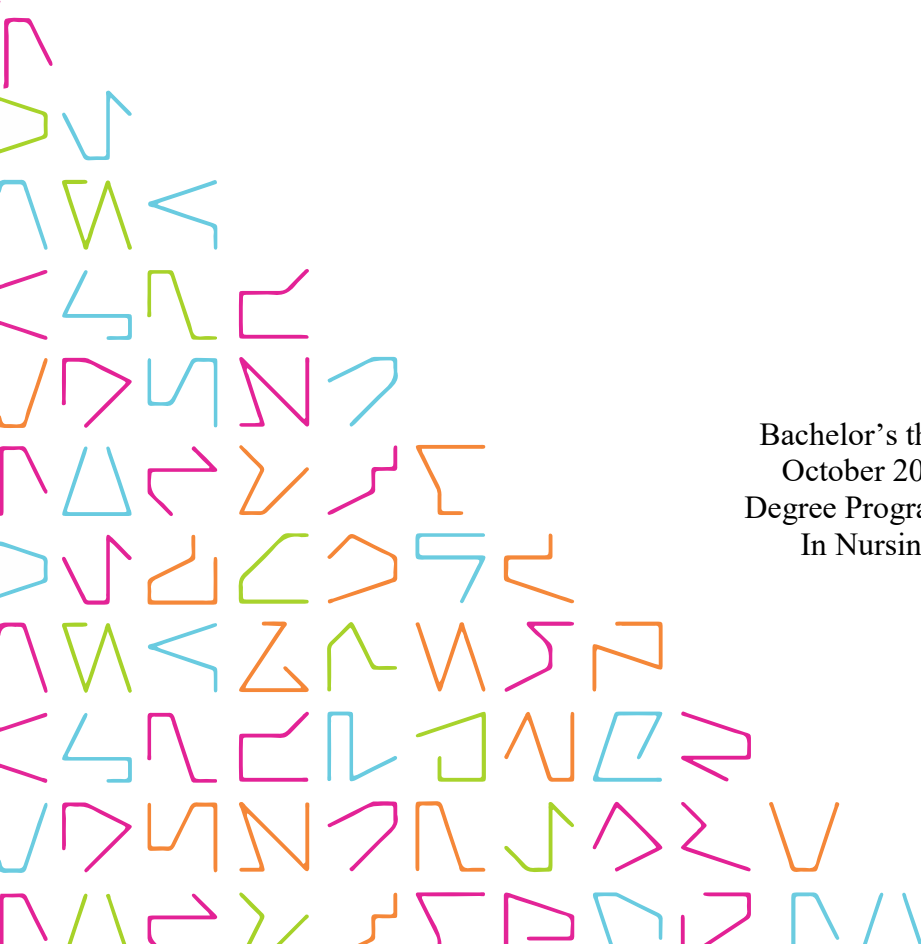


AN IMMIGRANT NURSE IS OUR COLLEAGUE

How to develop the language and culture in
multicultural nursing

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Bachelor's thesis
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Degree Programme
In Nursing

ABSTRACT

Tampereen ammattikorkeakoulu
Tampere University of Applied Sciences
Degree Programme in Nursing and Health Care

HEVOR, PERCY & OJALA, LASSE:
An Immigrant Nurse Is Our Colleague -
How to Develop Language and Culture in Multicultural Nursing.

Bachelor's thesis 42 pages, appendices 4 pages
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The number of personnel of foreign origin working in Finnish healthcare has tripled when comparing the year 2000 to 2012. In the future, there is also a need of increased working force in Finnish healthcare, caused by the retirement of the baby boomer generation.

The purpose of this thesis was to create an educational video about increasing cultural competence when working with immigrant nurses. The target audience was Finnish nursing students studying at Tampere University of Applied Sciences. The objective of the thesis was to raise awareness and cultural competence of future nurses, when they are working with immigrant nurses.

This study was executed in a form of a functional bachelor's thesis. A literature review was conducted to acquire information regarding the theoretical starting points of the thesis. The theoretical starting points were; challenges of an immigrant nurse, professional interaction, collegiality in nursing, language and cultural differences in nursing and foreign nurses' experiences in Finland.

The results indicated that the main challenge the immigrant nurses face is the Finnish language. Immigrants need support from their colleagues and resources for familiarisation from the employer. Other main difficulties are cultural differences, discrimination and lack of social networks. Increase in the education of nurses and nursing managers' cultural competence as well as open discussion is needed in the working communities to confront these issues.

The educational video has three main themes concerning language, culture and interaction. Each of the themes are presented with three scenes that elaborate the subject by the means of drama. The video can be seen at the address <https://youtu.be/Hkp30u0aidc>.

Key words: collegiality, cultural competence, interaction, immigrant nurse, language

TIIVISTELMÄ

Tampereen ammattikorkeakoulu
Tampere University of Applied Sciences
Degree Programme in Nursing and Health Care

HEVOR, PERCY & OJALA, LASSE:
Maahanmuuttajahoitaja on Kollegamme -
Kielen ja Kulttuurin Kehittäminen Monikulttuurisessa Hoitotyössä.

Opinnäytetyö 42 sivua, joista liitteitä 4 sivua

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Suomalaisessa sosiaali- ja terveydenhuollossa työskentelevien ulkomaalaistaustaisten työntekijöiden määrä on noin kolminkertaistunut verrattaessa vuotta 2000 vuoteen 2012. Maahanmuuton sekä työvoiman tarpeen lisääntyessä eläköitymisestä johtuen on tulevaisuudessa yhä todennäköisempää, että useammalla suomalaisella sairaanhoitajalla on ulkomaalaistaustainen työtoveri.

Tämän opinnäytetyön tarkoitus oli tehdä opetusvideo työskentelystä monikulttuurisessa työyhteisössä Tampereen ammattikorkeakoululle. Kohdeyleisönä videolle olivat suomalaiset sairaanhoitajaopiskelijat. Opinnäytetyön tavoitteena oli lisätä tietoisuutta ja kulttuurista osaamista tulevaisuissa sairaanhoitajissa, jotka työskentelevät ulkomaalaistaustaisten työtovereiden kanssa.

Opinnäytetyö tehtiin toiminnallisena opinnäytetyönä, jonka tuote oli video. Videon käsikirjoittamista varten tehtiin kirjallisuuskatsaus teoreettisista lähtökohdista, jotka olivat maahanmuuttajahoitajan haasteet, ammatillinen vuorovaikutus työyhteisössä, kollegiaalisuus, kieli- ja kulttuurierot hoitotyössä sekä ulkomaalaistaustaisten hoitajien kokemukset Suomessa.

Kirjallisuuskatsauksen tuloksista oli nähtävissä, että maahanmuuttajien suurin vaikeus työyhteisöön sopeutumisessa olivat ongelmat suomen kielen osaamisessa. Maahanmuuttajat tarvitsevat tukea ammattikielen oppimiseen sekä kollegoiltaan että työnantajaltaan. Muita suuria ongelmia olivat kulttuurierot, syrjintä ja sosiaalisten tukiverkostojen puute. Avoin keskustelu kulttuurieroista sekä kulttuurisen kompetenssin kohentamiseksi lisäkoulutuksen tarve niin sairaanhoitajille kuin hoitotyön johtajille nousivat esiin.

Valmiissa videossa on kolme teemaa: kieli, kulttuuri ja vuorovaikutus. Jokaisesta teemasta on videolla kolme lyhyttä kohtausta, jotka draaman keinoin valaisevat maahanmuuttajahoitajien jokapäiväisiä ongelmia. Video on nähtävissä osoitteessa <https://youtu.be/Hkp30u0aidc>.

Asiasanat: kieli, kulttuuri, maahanmuuttaja hoitaja, vuorovaikutus, kulttuurinen kompetenssi

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ABBREVIATIONS AND TERMS

BT	Bachelor's thesis
CINAHL	Cumulative Index to Nursing and Allied Health Literature
EBSCOhost	Academic Search Premier
RN	Registered nurse
TAMK	Tampere University of Applied Sciences
TEHY	The Union of Health and Social Care Professionals in Finland
THL	Finnish National Institute for Health and Welfare

1 INTRODUCTION

According to recent research, there will be an increase in the demand for educated healthcare professionals in Finland in the future. From the people that were working in 2012 in Finnish healthcare, 18,9 percent will be in the age of at least 65 years in the year 2020. This means that almost every fifth worker can retire. (Ailasmaa 2015b, 10.) Niemi et al. (2015, 108–111) stated in their research report that in the year 2030 there will be 97 000 increase in labourers in Finnish healthcare compared to year 2012.

In the year 2012 there were 16 204 people in Finland from foreign origin that were working in health and social service. The amount had almost tripled from the year 2000. A rising trend is visible in the number of people with foreign background working in Finnish health care system. (Ailasmaa 2015, 46–52.)

Reflecting on these figures, the amount of needed workforce in Finnish healthcare system is increasing. There will therefore be more need for workers from foreign origin. Foreign originated workers cannot however fill this need alone, but they can be part of the solution. (Koivuniemi 2012, 43.)

A report published by Finnish National Institute for Health and Welfare (THL) that discusses foreign doctors and nurses in Finnish healthcare, stated that 25 percent of foreign originated workers were discriminated by co-workers, 14 percent by superiors and 26 percent by patients (Aalto et al. 2013, 71). Even though majority had not experienced discrimination, there is a clear need for improved multicultural competence and tolerance in Finnish healthcare working environment (Koivuniemi 2012, 42).

In Tampere University of Applied Sciences (TAMK) healthcare education there is teaching about multicultural nursing between a patient and a nurse, but teaching about multicultural relations between nurses in the working life has been absent. Our functional thesis that provides a teaching video for TAMK about multicultural working environment, will respond to this need.

2 PURPOSE AND OBJECTIVES OF BACHELOR'S THESIS

The purpose of the bachelor's thesis (BT) is to make an educational video for TAMK that serves as a teaching material for professional interaction course. The subject of the video is multicultural teamwork in nursing.

Video raises awareness on the following questions:

- What is the relationship among workers in multicultural working environment?
- How to support immigrant nurses' integration?
- How does poor integration of immigrant nurses affect their work contribution?

Objective of the thesis is to raise thoughts in native Finnish nursing students and help them to develop multicultural teamwork and support immigrant nurses in their future working communities.

Ultimate goal of the thesis is to increase cultural competence in healthcare by promoting knowledge and understanding in future native Finnish nurses about multicultural working environment and immigrant nurses. This will further improve care, safety and well-being of the patients.

3 THEORETICAL STARTING POINTS

The main theoretical starting points to this study are presented in figure 1. In this thesis, the authors identified professional interaction in working community and nursing, language and cultural differences, and collegiality in nursing as the main issues that challenge the immigrant nurse in a new working environment. The authors also did a review on immigrant nurses' experiences in Finland to obtain a more localised view concerning the issues. Solving the previously mentioned issues will go on to develop the language and working culture in a multicultural working environment. This will improve the care, safety and wellbeing of the patient based in our findings in the review of literature. Video as a teaching tool was researched to obtain background information for the making of the product. The concepts and findings are explained in more detail in the following paragraphs.

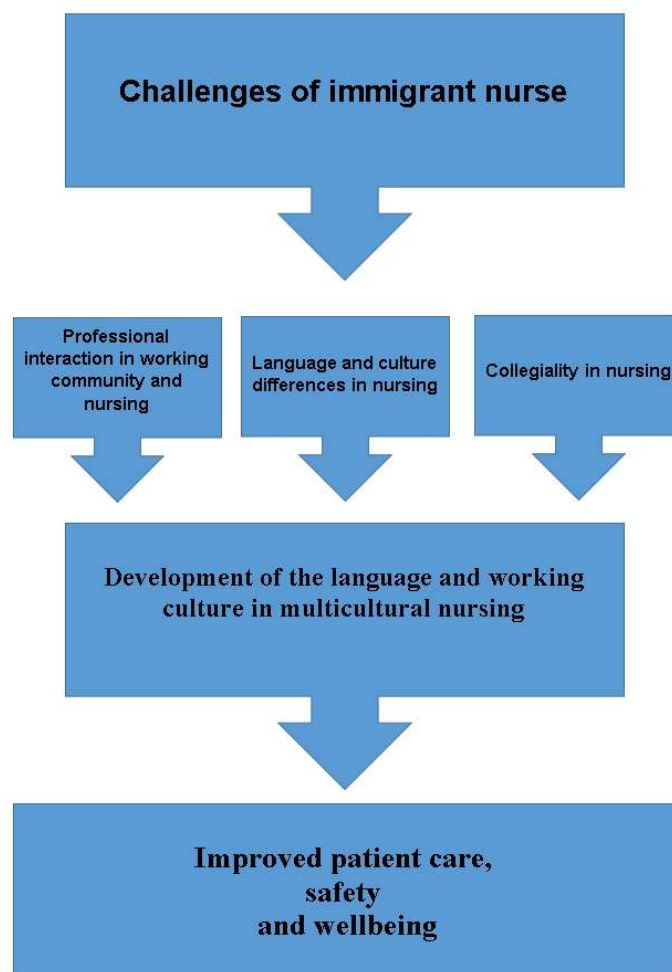


FIGURE 1. Theoretical starting points

3.1 Challenges of immigrant nurse

The immigrant nurse faces many challenges in adapting to practice in the host country. This can be as a result of the variations in nursing practice, language or communication difficulties and/or cultural differences. (Xiao, Willis & Jeffers 2013, 3.) There can be much evidence seen in interpersonal conflicts, cultural clashes, communications problems and discrimination towards immigrant nurses. The aforementioned challenges may further affect collegiality and workforce integration. Positive workforce integration among colleagues is hampered by lack of knowledge of each other's cultures, the existence of ethnocentrism and racial discrimination. (Allan, Larsen, Bryan & Smith 2004, 120; Dreachslin, Weech-Maldonado & Dansky 2004, 963; Pololi, Cooper, & Carr 2010, 1367.)

Immigrant nurses prior to their work exhibit initial excitement and expectation and this can be overshadowed by feelings of uneasiness and nervousness as they become aware of the complexities of living and working in a different culture (Thomas 2015, 347). They face hurdles such as dealing with the cultural shock, conflict resolution and inter-cultural communication while adapting their nursing knowledge and practice to the host culture (Yi & Jezewski 2000, 722; Xu 2007, 248). This could lead to job dissatisfaction and frustration (Daniel, Chamberlain & Gordon 2001, 256; Withers & Snowball 2003, 278).

Professional nurse-nurse interaction has been found to be important for the retention of the immigrant nurse in the new working place (Hwang et al. 2009, 313). This subject is further elaborated in the next section.

3.1.1 Professional interaction in working community and nursing.

Professional interaction among nurses are encouraged to strengthen the nursing workforce. Effective communication between professionals is critical to information transfer and patient safety. (Mann, Lloyd-Puryear & Linzer 2006, 315; Nadzam 2009, 184.) Nurses are therefore, expected to master multiple interaction skills (Apker, Propp, Zaba-va Ford, & Hofmeister 2006, 180). Even though there is a lot of awareness of professionalism of health workers to their clients in order to achieve excellence in a patient-centred

care, little research on the level of professionalism of nurse practitioners has been published (Adams & Miller 2001, 203).

Professionalism in nursing is a reflection on the manner in which nurses view their work and it serves a guide to the behaviour of the nurses' in practice to assure patient safety and quality care (Hwang et al. 2009, 314). Professionalism, is defined by Fantahun et al. (2014, 2) as the conceptualization of obligations, attributes, interactions, attitudes, and role behaviours required of professionals in relationship to individual clients and to society as a whole. Hughes (2012, 198) states that professionalism develops over time and is fluid rather than fixed. He stressed that professionalism is importantly about attaining the highest quality of care by maintaining standards and demonstrating good judgement and competence at all times.

Ways of achieving professionalism include being accountable for one's actions and omissions, promoting and upholding the service user's privacy and dignity, maintaining the rights and wellbeing of clients, communicating effectively, respecting confidentiality and working in collaboration with colleagues (Stonehouse 2015, 455). Having a professional attitude towards one's work is essential to make one's professionalism evident to people around. A professional attitude requires taking things seriously, always working to one's best abilities for the clients and good communication with colleagues. (Stonehouse 2015, 456.)

Professionalism has been found to be an influencing factor in job satisfaction among nurses. An increase in the professional behaviour of nurses increases their job satisfaction (Hwang et al. 2009, 313). Professionalism is an indication of how committed a person is to a profession. Highly committed nurses are more satisfied in their job. (Sourdif 2004, 61; Lu, While & Barriball 2007, 576.) This influences the longevity of the nurse in the nursing field thereby retaining experienced nurses (Blegen 1993, 36; Hampton & Hampton 2004, 1042; Lu, While & Barriball 2005, 213).

Unprofessional acts such as bullying, gossiping, insulting and negative or non-supportive collegial relationships are some of the major causes of new nurses leaving their units or quitting the nursing profession. These acts have the potential of further worsening the shortage of nurses. (Frederick 2014, 587.) According to Almost (2006, 983), the main

causes of conflicts among nurses are interpersonal issues such as a lack of trust and negative emotions, along with individual characteristics such as differences in individuals' values and educational backgrounds.

3.1.2 Collegiality in nursing

Positive and supportive collegial relationship among workers is one of the ways of achieving professionalism in the workplace. Nurses who work in hospital settings are more likely to work in groups compared to other professionals. There is therefore a greater necessity of collegiality among nurses in order to accomplish tasks by improving the quality and safety of care in their work. (Padgett 2014, 221.) Collegiality, which can be considered as the relationships of colleagues working together, is essential for establishing and maintaining the standards of professionalism in nursing practice (Padgett 2014, 221). Hansen (1995, 11) defines collegiality as “a unique condition among definable, often formally organised professional work groups”.

Collegiate presence, defined by Broadbent and Moxham (2014, 226) as a “mutual connection between two or more professional individuals or groups who share a common work focus and who are mindful of cultural differences” is essential in nursing practice. The presence and adverse outcomes of non-supportive collegial relationships among nurses has been well documented, however; positive peer relationships have received little attention in nursing research (Menard 2014, 5).

Positive working relationships among nursing colleagues and supervisors has therefore become fundamental in the training of nurses to ensure the availability of high quality care for patients and their families (Laschinger 2010, 875). In today's rapidly changing high-paced healthcare environment, positive peer relationships are the key success factor. A team of health care professionals, who value each other's contributions to the patient care process and work together with each other, are required for high quality patient care. (Laschinger 2010, 875.)

3.1.3 Language and cultural differences in nursing

Professionalism and supportive collegial relationship are crucial for easy adaptation of an immigrant nurse in a new work place. The two other obstacles are the language and cultural differences. Language and cultural differences are the main difficulties immigrant nurses face when they experience a new culture. Nursing practice shares a lot of similarities across countries, but it must be noted that it is also socially, culturally and politically constructed. (Xiao et al. 2013, 5.)

The linguistic competence of the immigrant nurse has to be addressed to facilitate good and understandable nurse-nurse communication. Without competency in the host language, the nurse cannot perform their task efficiently. (Yi & Jezewski 2000, 724; Xu 2007, 247.) For a host country to facilitate successful workforce integration, it has to tackle the variations in nursing practice and communication difficulties immigrant nurses encounter. While adapting their nursing knowledge and practice to their host culture, immigrant nurses face multiple challenges in dealing with cultural shock, intercultural communication and conflict resolution. (Xiao et al. 2013, 5.)

3.2 Immigrant nurses' experiences in Finland

Immigrant nurses' experiences in Finland is a topic that has received a rise in the amount of studies in recent years. The authors' found in their literature review several studies that were discussing the experiences that nurses' with foreign background had encountered in Finland. Most of these studies were done as a master's or a doctoral thesis. In those studies, there were several different themes where immigrant nurses faced difficulties. In this thesis, the authors concentrated on the themes used for the educational video: Language, culture and interaction.

3.2.1 Difficulties with Finnish Language

In the studies concerning immigrant nurses' experiences in Finland, difficulties with Finnish language was raised as one of the most important issues when working in Finland (Kiljunen 2010, 28; Baumgartner 2012, 37; Koivuniemi 2012; 39-40; Niinihuhta

2012, 50; Aalto et al. 2013, 95; Lehtonen 2014, 55; Pentinmäki 2014, 56). In order to maintain patient safety at all times, it is crucial that immigrant nurses in health care have sufficient level of Finnish language (Niinihuhta 2012, 75). Because language is one of the most important tools of a nurse, it is employer's responsibility to provide needed language education and resources for it (Koivuniemi 2012, 40).

The use of jargons, use of difficult words and abbreviations, fast pace of speech and different dialects can be issues that are making communication more challenging for immigrant nurses (Niinihuhta 2012, 50). Inferior understanding and ability to communicate with Finnish language made the adaptation during first few months very difficult for the nurses. Immigrants felt that they were more uncommunicative, because they cannot normally talk and interact with their patients and colleagues. (Baumgartner 2012, 48.)

According to Mustajoki (2011, 3) when people are talking in person, up to 60-80 % of information received comes through eyes and visual stimuli. Based on this information it is understandable why immigrants reported that interaction on the phone and documenting were even more difficult than talking in person (Baumgartner 2012, 48). Hospital equipment and technology was perceived as a good helping tools in nursing, but the lack of English manuals and instructions in addition to Finnish one's was observed as problematic (Baumgartner 2012, 40).

Immigrant nurses have faced preconceptions made from the basis of their language skills. These conjectures might be such that, their nursing skills are inferior when they do not master the language perfectly. Because of these biased assumptions, immigrants might feel that they have to prove their professional abilities to get acceptance of their colleagues. Immigrants felt that all of their mistakes, even human errors, were thought as a result of their poor Finnish. (Niinihuhta 2012, 47-48.)

Learning the professional language is not only an independent task of the immigrant. The support, encouragement and participation of the colleagues is crucial for the learning process (Sunni 2009, 19). If their colleagues do not want to speak Finnish with them, it can make the learning process longer and harder (Niinihuhta 2012, 50). Immigrant nurses' can be very dependent to their mentors, because of the language obstacles. However, with time and improved language skills they had a better chance to integrate to the rest of the working community. (Pentinmäki 2014, 43-44.) Some of the immigrant nurses perceived

showing physically the task at hand instead of just verbally describing it as a good learning method for language (Aalto et al. 2013, 68). Active participation to the language teaching, for example through conversations or verbally describing their nursing interventions as they do it, requires courage also from the Finnish colleagues of the immigrant nurse (Lehtonen 2014, 55-56).

Nursing administrators felt that immigrant nurses' language difficulties were adding their workload and of the whole working community (Aalto et al. 2013, 68). In Niinihuhta's (2012) study concerning male immigrant nurses' experiences in Finland, this was also noted by immigrant nurses too. A male immigrant nurse that spoke Finnish fluently, felt that immigrant substitutes that did not speak Finnish at proper level were adding to workload and making the work shifts more difficult. (Niinihuhta 2012, 51.) Good familiarisation in the working place can lower this burden to other workers (Lehtonen 2014, 56). Familiarisation is a part of working culture and it is discussed more in the next section of this thesis about Finnish nursing culture.

3.2.2 Finnish nursing culture

Finnish culture as well as Finnish nursing culture differs from many other countries. These differences are experienced individually by the immigrants, some of them might experience for example differences in nursing culture when others do not feel them as meaningful. (Pentimäki 2014, 55.) For example, in many other countries registered nurses (RN) job description does not include basic care, unlike in Finland, where this is very common. This difference in nursing culture can be a stress factor for a nurse coming for example from Estonia. The more overall approach in nursing where the RN participates in the basic care can be experienced also as a positive matter depending on the RN's own perspective. (Aalto et al. 2013, 69-71.)

Another good example of nursing culture differences is cited from previous studies in an article that discusses Filipino nurses working in Finland. The Filipino nurses' pride oneself on taking good and loving care of their patients. The Finnish rehabilitating approach for care where the patients are encouraged to do themselves as much as possible, might feel frigid to Filipino nurses at first. (Vartiainen et al. 2016, 40.)

In Pentinmäki's (2014, 57) study it is stated that in addition to the immigrant nurses, also the Finnish nurses and nursing leaders need more cultural education to increase their cultural competence. By increasing the cultural competence of the native workers, they can better understand and support the immigrant colleagues. Through education, the negative effects of cultural differences can be reduced. (Pentinmäki 2014, 58.) The cultural differences should be discussed in the working community to avoid misunderstandings. The experience, knowledge and skills that immigrant nurses have developed in their home countries, can also be beneficial to the working community. (Aalto et al. 2013, 69.)

Kiljunen (2012) discusses in her Master's thesis Estonian RN's experiences in Finnish healthcare. In the study, participants were surprised how little difference there is between practical nurses and registered nurses work assignments in Finland. Despite of the difference in nursing culture, the participants in this study did not see it as a problem. (Kiljunen 2012, 36–39.) The similarities in Finnish and Estonian general working culture as well as previous work experience, good familiarisation and small work unit helped them in the adaptation process (Kiljunen 2012, 43).

It is stated in the Finnish Occupational Safety and Health Act that employer has to give the employee adequate familiarisation before starting a new job or work assignment. This familiarisation has to be given concerning working conditions, procedures, instruments and safe working methods. (Occupational Safety and Health Act 738/2002.) Familiarisation in health care environment is also regulated by other laws to ensure patient safety.

The Finnish Health Care Act section eight states that each health care unit should have a plan to ascertain patient safety and quality management (Health Care Act 1326/2010). Requirements of this plan have been described in a decree by Ministry of Social Affairs and Health. One part of the plan is adequate familiarisation of the workers to ensure safe quality care for the patients. (Decree of the Ministry of Social Affairs and Health 341/2011.)

The Union of Health and Social Care Professionals in Finland (TEHY) made a study in 2012 about foreign originated healthcare personnel in Finnish working communities. According to that study, half of nursing leaders (53%) answered that they do not have any specialised familiarisation program in their organisation for foreign originated personnel.

Half of the nursing leaders responded that their organisation lacked mentors, support persons or any mentoring program that was directed to immigrant nurses. (Koivuniemi 2012, 40.)

Policies on how the familiarisation is implemented differs greatly between organisations. If the new immigrant nurse does not have a named mentor who is responsible for the familiarisation, it might become shattered and it will be difficult to get overall image of the job and its requirements. Good familiarisation is the basis for the immigrant nurse's integration. Also looking from the point of view of developing familiarisation, it would be crucial that the immigrant nurses could give feedback on their mentoring and familiarisation. (Lehtonen 2014, 56-57.)

Lehtonen (2014) states in her study that it takes 1,5-3 times more time to familiarise an immigrant nurse that it takes to familiarise native Finnish nurse. When the familiarisation is done properly, it is an investment that pays for itself. That is because the immigrant nurse can perform their duties safely and independently more quickly on the level that they are expected to. (Lehtonen 2014, 56.) The familiarisation should be individual and it should originate from the needs of the immigrant nurse (Baumgartner 2012, 45). Specialised familiarisation and mentoring should be organised to immigrant healthcare personnel, also the mentors should receive training for their task. In addition, keeping in mind the risk of exhausting the mentors, it is important to take care that the workload of them does not rise too high. (Koivuniemi 2012, 44.)

Laurén & Wrede (2008) stated in their study that often in health care the dirty or unpleasant work is handed down to the lower level of the professional hierarchy. Depending on the culture of the institution, the immigrant might be perceived to be lower in the professional hierarchy regardless of their skills or professional abilities. If the unequal work distribution in a certain workplace is based on the foreign background of the worker, this culture can be perceived as institutional racism. (Laurén & Wrede 2008, 23.) If there is no will or ability in management of the organisation to change the practices of the working organisation to more equal direction, it can give room for manifestations of racism in individual level (Laurén & Wrede 2008, 29). The challenges of multicultural working environments should be taken more into consideration by the employers and in future leadership trainings (Koivuniemi 2012, 43-44).

The experience of a new culture outside the healthcare setting and the lack of knowledge on Finnish customs was also challenging to the immigrant nurses. Foreign nurses did not want to abandon their own culture and preserving it was important. The nurses migrating from neighbouring countries had fewer difficulties to adapt than nurses migrating from further away did. (Baumgartner 2012, 54–55.) The culture of the specific working community has a great effect on how the immigrant nurse integrates to the working society (Lehtonen 2014, 57). Interaction is a crucial part of working culture and in the next section of this thesis, the interaction is discussed in more detail.

3.2.3 Interaction

Interaction is a very significant part of the nurse's work. Interaction can be between the patients and their family members, co-workers and other members of the multidisciplinary team. Overall atmosphere in the working community has a considerable effect on how immigrant nurse can adapt to the working community. Respecting others, equality among workers, teamwork and freedom of speech are matters that promote good working atmosphere in the working society. Demoting factors are discrimination, hostility, harassment, the feeling of being left out, poor distribution of information in the workplace, bad behaviour and colleagues not speaking to the immigrant nurse. (Baumgartner 2012, 42–43.) Discrimination in the workplace is a very severe and current issue and it is discussed in more detail later in the next section.

Absence of social networks outside workplace and the missing support of family and friends is a matter that can make the adaptation process harder for the immigrant nurse. Immigrant nurses desired more interaction with their colleagues outside workplace. (Baumgartner 2012, 51.) Immigrant nurses felt offended when their colleagues did not greet them for example, when seeing them outside work (Niinihuhta 2012, 49).

In Niinihuhta's (2012) study, collegiality and appreciation towards other workers were stated as a feature's of a good colleague. A good colleague is someone who can guide and give feedback in a constructive manner and does not talk about others behind their back. Good colleague treats others, as they want to be treated. (Niinihuhta 2012, 45–46.) Professional interaction should be equal, correct and respecting among workers as well as

with the patients (Lehtonen 2014, 38). Immigrant's own positive and helpful attitude is a matter that helps the interaction with patients and colleagues (Koivuniemi 2012, 41).

3.2.4 Discrimination in the workplace

Harassment or bullying can be defined as a situation where a person or persons are at the focus of systematic negative conduct from other or others in the community. The object of negative attention cannot assert to themselves and this behaviour continues for a period of time. On a personal level, these negative acts can be gossiping, spreading rumours, social exclusion and isolation or offensive remarks. Work related harassment could manifest as for e.g. giving unmanageable workloads. (Einarsen 2005, 2–3.)

One significant issue in working culture of a specific workplace and immigrants is institutional racism. This subject is brought up in an article about ethnic hierarchies and work distribution in Finnish health care. This is a phenomenon where discrimination is built in the structures and practices of an institution and rises from the blindness and neglect to power differences between workers. This is in contrast to individual open racism where the discrimination is a conscious act of an individual that emerges personal contacts. (Hugman 1991:148–149, 158–159, according to Laurén & Wrede 2008, 21.)

In a study concerning working conditions in Finland over the last three decades, in 2008 40% of the Finnish participants agreed completely and 37% somewhat agreed to the statement stated that immigrants are met with equality in their workplace. (Lehto & Sutela 2008, 91). A report from TEHY stated that 26% of foreign originated healthcare personnel have encountered discrimination in their work place because of their background (Koivuniemi 2012, 41). Another study from THL reports that 25% of foreign originated workers in healthcare were discriminated by co-workers, 14 percent by superiors and 26 percent by patients (Aalto et al. 2013, 71). Based on these studies it can be seen that approximately every fourth immigrant encounters discrimination by their colleagues in Finnish healthcare. Despite that majority of immigrants had not faced discrimination in their workplace, any kind of discrimination, harassment or bullying should not be allowed in any form (Koivuniemi 2012, 44).

Finnish legislation prohibits discrimination unambiguously and it is stated in the Finnish Non-discrimination Act (1325/2014) section eight clearly:

No one may be discriminated against on the basis of age, origin, nationality, language, religion, belief, opinion, political activity, trade union activity, family relationships, state of health, disability, sexual orientation or other personal characteristics. Discrimination is prohibited, regardless of whether it is based on a fact or assumption concerning the person him/herself or another.

Employers have a duty to evaluate how equality is fulfilled in their workplace and an employer that has at least 30 workers on a regular basis has to have a plan concerning their actions on equality promotion in the workplace. The measures and their efficacy have to be also discussed with the personnel. (Non-discrimination Act 1325/2014.) Employers are also obligated to use all means necessary to intervene if the employees are met with inappropriate treatment or harassment (Occupational Safety and Health Act 738/2002).

3.3 Video as a teaching tool

Using videos or films as a teaching aid is not a new invention. As early as in 1940's the soldiers going to war were shown educational films. For decades' different educational institutes have used them as tools for teaching. Technological advancements, especially during recent decades have brought the abilities of showing educational videos to almost every classroom. (Cruse 2006, 1-2).

Technology can be a very good aid in nursing education. For example, Grady's (2011) study tested video teleconferencing technology to give nursing students' access to clinical experience that are not accessible with other means. Students received a case study about the patient's condition and history. The patient was a soldier in Iraq suffering burn wounds after an explosion. There was a virtual two-way video connection between students and the nurses in Iraq. The students could see and hear everything in the patient's room and they were able to participate and communicate throughout the 3.5-hour case. (Grady 2011, 189–190.) The experience was very well received by all the participants to the project, and shows the possibilities of utilising the use of different kinds of technology in nursing education (Grady 2011, 193–194).

In Mayer's (2009) writing about cognitive theory of multimedia learning, he explains multimedia principle as a process where people learning more from pictures and words than just merely words. These combinations of pictures and words can be anything from books with illustrations to animations with spoken words. These combinations of visual and verbal stimulation can improve student's learning results. (Mayer 2009, 31–32.) Cruse (2006, 2) states that educational videos can for example be used to support other means of learning, such as lectures and reading, cultivate students common base of knowledge, increase motivation and raise discussion and comprehension.

According to Aaltonen (2002), before choosing a video as tool to deliver the message, it has to be researched why video is a good choice to deliver the information. Good reasons for choosing a video can be for example that it is a good method for giving education for large number of people and it can be distributed easily. In addition, the cost-effectiveness of the distribution method should be evaluated. The benefits and disadvantages should be evaluated against other formats of knowledge distribution, for example written material. (Aaltonen 2002, 16–17.)

4 METHODOLOGY

This section provides information and description of the bachelor's thesis process in general and this thesis. Following sections of this part give out information about functional thesis as a method, methodology of this particular study and different stages of this bachelor's thesis.

4.1 Methodology in this study

The purpose of a functional thesis is to combine theoretical knowledge, practical implementation for that knowledge and written report of the entire process. The end product for functional thesis can be for example instructions, guidance, familiarisation or learning material. Some examples of the forms that the product can be executed are a written book or pamphlet, video, website or teaching event. The form of the end product is chosen to best suit the target audience. (Vilkka & Airaksinen 2003, 9.)

When the functional thesis is done as a part of a bachelor's degree programme, the end product is merely one part of the whole process. This part is the concrete manifestation of the student's ability to bridge the theoretical knowledge into convention and the ability to cultivate their own profession with the theory, which is put into practice. (Vilkka & Airaksinen 2003, 41–42.) In this functional thesis, the authors constructed an educational video as the end product.

Theory is founded on source material, which can be gathered through research. Gathering of information can be done through quantitative or qualitative research, such as questionnaires or interviews, or from literature review. (Vilkka & Airaksinen 2003, 56–57.) Theoretical base for this study in question is gathered through literature review.

Polit & Beck (2012) describe research as usage of disciplined methods to conduct an organised examination of evidence to give answer to questions or solve problems. As an ultimate goal of research, they give refinement, expansion and development of knowledge. (Polit & Beck 2012, 3.) This functional thesis consists of two segments, the

written part and the final product. The written part and the final product are both based on the literature review conducted by the authors.

Review of the theoretical starting points and foreign nurses' experiences in Finland were done as separate searches. This was done to achieve more accurate results concerning the areas in question, because majority of the studies that were about immigrant nurses in Finland, were in Finnish databases and in Finnish Language. The purpose of the nursing research is portrayed by Polit & Beck (2012, 3) to give credible and authentic evidence on issues relating nursing profession. Literature review was divided between authors in a manner that the native Finnish speaker did the review concerning the immigrant nurses' experiences in Finland and native English speaker the theoretical starting points. This was done to prevent any errors coming from translations and to ensure trustworthiness of this study. The results of the review were processed and discussed between the authors.

Search for the literature concerning theoretical starting points was done with such search words as "professionalism in nursing", "language differences in nursing", "cultural differences in nursing", "collegiality", "foreign nurse", "immigrant" and "nursing" in Cumulative Index to Nursing and Allied Health Literature (CINAHL), Academic Search Premier (EBSCOhost) and PubMed databases. As an inclusion criterion for the literature are Finnish or English language, full text, peer reviewed articles and the relevance to the study in question. There is no limitation in the year of the article, but the relevance is reviewed before inclusion. Articles and studies concerning exchange students were excluded. In addition, some articles were found through hand search.

Medic, TamPub and Julkari databases were used to find Finnish studies concerning immigrant nurses' and their experiences in Finland. Finnish search words such as " Ulkomaalainen ammattihenkilökunta", "maahanmuuttaja" and "sairaanhoitaja" were used. As an inclusion criterion, for the studies were the relevance of the study concerning immigrant nurse's about working in Finnish healthcare and that they were full text. There were no limitations to the year of the study, as long as the text was relevant. Majority of the studies found were in Finnish language and in a form of a master's or doctoral thesis. Even though they are not considered as peer-reviewed articles these studies were used. This was because they gave descriptions about the immigrants' working experiences in Finnish healthcare. In addition, some studies were found through hand search.

4.2 Journey through this bachelor's thesis process

4.2.1 Beginning of the process

This bachelor's thesis process started in the fall of 2015 by choosing the subject for the study. The authors of this thesis have been studying nursing in English language nursing program. In addition, one of the authors is an immigrant in Finland, so choosing a bachelor's thesis subject that concerns developing multicultural working environment was natural. The topic came from TAMK and the working life connection was a nursing teacher, teaching professional interaction course. There was a need for education material that discusses multicultural working environment, more specifically in the point of view of Finnish nurses having immigrant colleagues.

This education material was suggested to be in a form of a video by tutoring teacher and the working life connection. This might be because the authors participated in making a video concerning nursing ethics as a seminar work during the first year of the studies. After reviewing the advantages of video as a form of an educational material, the authors decided to choose it as the form for the final product.

This bachelor's thesis was done according to the TAMK bachelor's thesis process guidelines presented in figure 2 acquired from TAMK study guide. Research plan was written during the fall 2015, after the meetings with the working life connection and tutoring teacher. The research plan was approved in January 2016. The research plan has been used as a basis for the thesis. Literature review was done during the spring 2016 by the authors as described in the previous section.

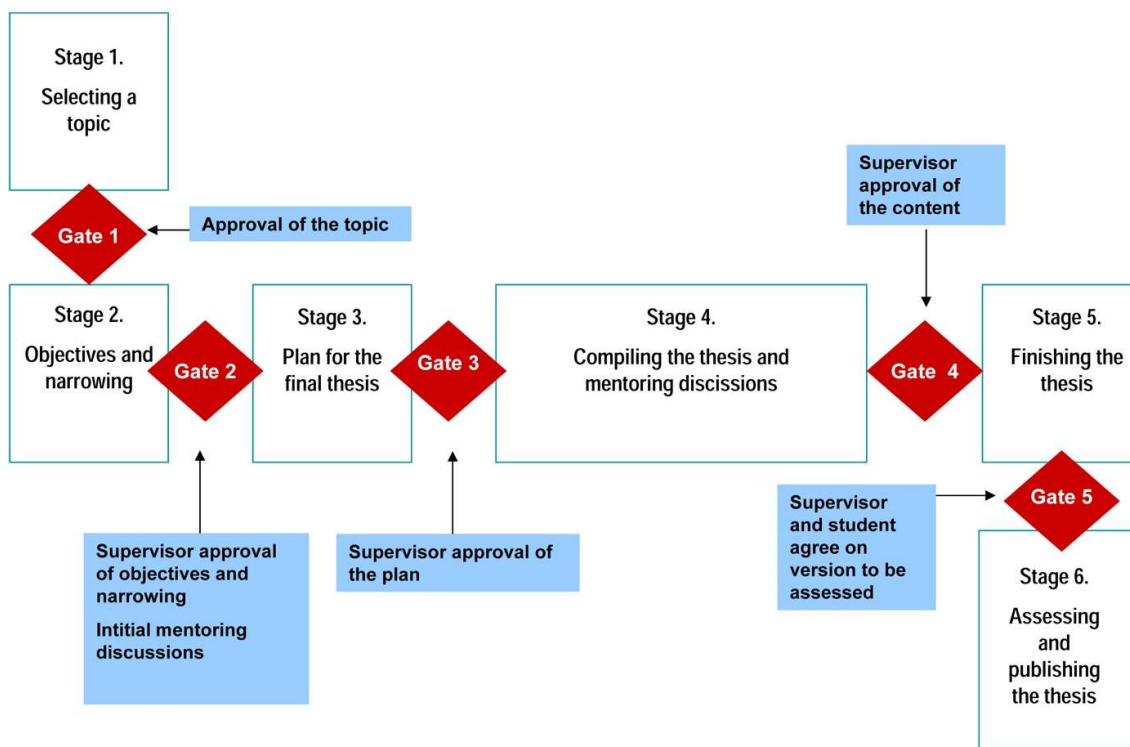


FIGURE 2. Gate model for the thesis (Tampere University of Applied Sciences 2016)

4.2.2 Manuscript

Aaltonen (2002) describes making a movie or a program as a three-phase project. The project is launched from an idea, starting point or a vision. These are then transformed into a manuscript by collecting the little pieces of the story into an entirety. In the filming phase, the story is cut into little pieces again and they are recorded as separate parts. In the editing phase, the separate parts produced in the filming phase are joined together again to obtain a complete unified entity. The viewer experiences the original idea when seeing the final product. (Aaltonen 2002, 14.)

Manuscript is a plan of the video's outcome and how the filming it will be executed. Manuscript has different functions in video production. It helps the writers perceive the body of the work and refine the content. It can be a tool for communication between the workgroup in the production and the subscriber of the work or other parties outside the workgroup. It is also a tool for communication within the workgroup for passing ideas. The manuscript is also a tool for estimating the needed resources for the video, for example, time, money and the settings. (Aaltonen 2002, 12–14.)

The authors wrote the manuscript during the summer 2016, based on the findings from the literature review. The idea of the manuscript was to form a structure for filming the video. The video is divided into three subjects, language, culture and interaction. Before each subject, there is an info screen about the subject. Each subject has three drama scenes concerning the matter at hand and after each scene, there is a discussion screen. In the discussion screen there is additional information concerning the scene. The process of the video is presented in figure 3. Approval for the manuscript and permission for starting the video shoot was acquired from the working life connection at the end of August 2016. The manuscript is attached as Appendix 1.

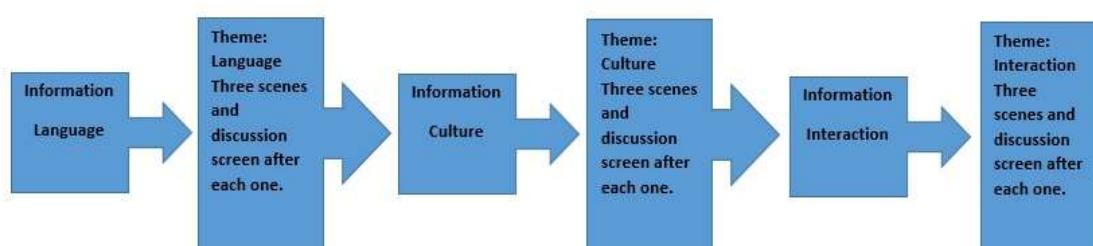


FIGURE 3. The process of the video

4.2.3 Filming and editing

After getting the approval from the working life connection, the video was shot during three separate days in September. Video and audio were recorded with one of the authors' older Sony HDR-SR11 camera. The camera was able to record high definition video with the resolution of 1920*1080. The language used in the video was Finnish, because the target audience for the video was Finnish nursing students. Video was shot in TAMK premises, in one nursing classroom and one conference room. The settings were staged for different scenes with the material available in the rooms. The settings were a bit problematic, as the air-condition and big space gave some interference to the audio track. These problems were corrected to some extent in the editing phase using free Audacity audio editor.

The authors received help from their fellow students in a form of playing different roles in the video. Inge Varusk, Sointu Laaksonen, Tiffany Salo and Sara Piironen acted in different roles in the video in addition to the authors. The actors gave their approval and

permission to use their contribution in the final video. The actors did their part pro bono and did not receive any salary from their efforts.

As the video editing software, authors used trial version of Sony Vegas Pro 9 editing software. This is an older version of professional level video editor, but the authors felt that it was suitable for this project, also logical and quite easy to use. The editing of the video was done at the end of September after collecting the raw video material. As the background music for the video, the authors used a royalty free music acquired from www.bensound.com. Music from this website can be used in video projects, as long as it is credited in the material. The edited video was sent to the tutoring teacher and the working life connection for evaluation and feedback.

4.2.4 Writing the report

The authors started writing the report in the beginning of the bachelor's thesis process after getting the research permission in January 2016. The writing has been in continuation throughout the thesis process. The authors wrote the report separately concerning the theoretical starting points and then reviewed together to ensure the continuity of the text to make it seem like it is written by one author. The other parts of the work were written together.

The authors participated in idea seminar during the fall 2015 and manuscript seminar during the spring 2016. In addition to those seminars, there were tutoring seminars in spring and fall 2016. In the seminars, the authors presented their work to the other students and the tutoring teacher and had discussions concerning the work done. In addition, the authors had two individual tutoring sessions with the tutoring teacher, one during spring and another in the fall 2016.

During the seminars and tutoring, the authors attained a great deal of good constructive feedback from the assigned opponents, tutoring teacher and other fellow students. According to Hirsjärvi, Remes and Sajavaara (1997) getting the feedback in every phase of the written work from outside readers is important. Writers can develop tunnel vision

very quickly concerning their own work and feedback helps the writer to get new perspectives on the writing process. (Hirsjärvi, Remes & Sajavaara 1997, 32, 49.) The writing process for this thesis was finished during October 2016.

5 DISCUSSION

In this chapter, the authors discuss the overview of their product, ethical considerations, trustworthiness and evaluation of their bachelor's thesis.

5.1 Overview of the product

Research from our review of literature has shown that there is an increase in the number of immigrants in Finland. Additionally, there will be an increase in the need of healthcare professionals in the future resulting from the aging of the population. These factors will eventually increase the number of immigrants in the Finnish health care system. The problems immigrants face in terms of adaptation to the Finnish working culture in the nursing field and the language difficulties cannot therefore be overlooked. Effective methods of helping the immigrant nurse to more easily adopt to working life can be cost effective for the employer, help keep the nurse at the work place and will improve the patient care, safety and wellbeing.

The authors of this thesis focused on one way of solving this problem, which involves teaching of the Finnish nurse students about the awareness of the problem, and ways of helping the immigrant nurse easily adopt to working life culture and language. This will improve the cultural competence of the Finnish nurse when working with immigrant nurses in the future.

The themes used in the video are some of the examples of main challenges the immigrant nurse faces in Finland. The three main themes; language, culture and interaction were found during the preliminary literature review done for the research plan. The ideas for scenes written to each main theme came from the actual literature review done for the thesis.

Concerning the language theme, the first scene shows how using jargons and slangs can be difficult for the immigrant nurse to understand. This will make the immigrant nurse more nervous and more prone to errors in performing regular tasks. The second scene emphasized on the giggling and laughing at immigrant nurse because of mistakes in trying

to speak the language. This situation can discourage the immigrant nurse from trying to speak on issues in the future or learn the language by practicing how to speak. The last scene under language showed an example of how the mentor can help improve the language of the immigrant nurse by explaining patient history and the procedures to be done. The mentor can in this case also help the immigrant nurse in the documentation process, which can be very challenging, because of the use of difficult professional words.

The first scene under culture theme, focuses on the importance of the whole working staff taking on the responsibility of helping the immigrant nurse adjust to working conditions and should not be limited only to the assigned mentor. The second scene points out the need for discussion about different work descriptions and responsibilities in the working community. In addition, it points out that the immigrant nurse is not to be assigned only to jobs outside the work description because of the lack of excellent Finnish language skills. The third scene under culture focused on the overall cultural differences. This scene presented the importance of taking into consideration the different cultural habits that people might have and discussing them. Two examples of these kinds of situations were presented in the video, such as different concepts of punctuality and the need for greetings or conversations with fellow workers outside the workplace.

The first scene under interaction theme discusses discrimination and bullying and it showed how the immigrant nurse might be excluded in conversations due to background or inability to speak the language fluently. The second scene shows the importance of giving constructive feedbacks or corrections to immigrant nurses by fellow Finnish nurses rather than concentrating in accusing or blaming. The last scene under interaction shows how to extend the hospitality given to immigrant nurse from the work place to outside the work place by helping them to build up social networks. This can improve the immigrant nurses' sense of belongingness in Finland and the society as a whole. This may reduce loneliness, depression and anxiety experienced when living in a foreign land. Interaction with native Finnish speakers also gives opportunities to improve language skills.

5.2 Ethical considerations in this study

Both nursing and research are considered as areas where ethics must have high standards. Vilkka (2015, 41) describes research ethics as general rules for research that are commonly agreed within the research society. Finnish Advisory Board on Research Integrity (2013, 30) states about research ethics the following: “In order for research to be ethically acceptable and reliable and for its results to be credible, the research must be conducted according to the responsible conduct of research”. Vilkka (2015, 41–42) defines the responsible conduct of research is when the researcher bases the knowledge acquirement to their own fields literature and professional literature, observations, adequate laboratory results and analysing their own study. The authors of this study have adhered to the responsible conduct of research. In addition, the authors have not received any kind of funding for this research.

There are several different types of research misconducts that can happen, for example fabrication, falsification, misappropriation and plagiarism. Hirsjärvi et al. (2009) define plagiarism as a theft. The theft happens when the writer presents study results, phrases or ideas of someone else as their own. Plagiarism might also appear as missing, incomplete or inaccurate referencing when using sources. Plagiarism is unethical conduct in all scientific research and highly reprehensible. (Hirsjärvi et al. 2009, 122.) The authors of this thesis assure that they have not willingly conducted any plagiarism, and all the sources used in this are accredited accordingly. The format for referencing used was from TAMK report guide from autumn 2015, written by Heleena Virikko (TAMK Report Guide 2015, 21–35). This work has been sent to Swedish anti-plagiarism service Urkund to be checked against plagiarism (Mäkinen 2006, 158).

The authors of this thesis have created an educational video that can be described as artwork that is covered by copyrights according to section one in Finnish copyright act (404/1961). The authors will keep these copyrights to themselves, but will give the Tampere University of Applied Sciences a right to use the video for educational purposes. All other material used in the video, except the music, has been created by the authors. The music used in the background of the video is royalty free and it is credited to the author in the end credits of the video according to their wishes (Bensound.com 2016). In addition to the authors, also four of their student colleagues participated to the video as actors.

They have given their permission to use their contribution to the video and they have been credited in the video, as well as this written report of the thesis.

5.3 Trustworthiness in this study

The authors used credibility, validity and authenticity, which are part of Lincoln and Guba's, five criteria for evaluating the trustworthiness in the process of writing this thesis. Credibility, which refers to confidence in the truth-value of the findings, is sometimes said to be the qualitative equivalent of internal validity. Authenticity refers to the extent to which researchers fairly and faithfully show a range of different realities and convey the feeling tone of lives as they are lived. (Polit & Beck 2012, 176.)

Bias, described by Polit and Beck (2012) as an influence that produces a distortion or error in the study results, was reduced as much as possible. A researcher's job is to reduce or eliminate bias to the extent possible, to establish mechanisms to detect or measure it when it exists, and to take known biases into account in interpreting study findings. (Polit & Beck 2012, 176.) Bias was reduced in this thesis by the use of triangulation, which involved the use of multiple sources of information or points of view that can help counterbalance biases and offer avenues to identify them. (Polit & Beck 2012, 176.) The authors are from different cultural background one of which is an immigrant who offered his point of view as an immigrant and the other a native Finnish speaker who concentrated on research in Finland.

Trustworthiness was ensured in this thesis by using mainly peer-reviewed articles that are relevant to the study in question. The authors used correct citations for the information gathered from reviewed articles. Plagiarism, personal opinions, emotions and preference is avoided in this thesis.

Limitations in this thesis are the fact that the authors are not researchers and have little knowledge in video making. This is therefore evident in the time and difficulty taken to complete the work. Another limitation is that the themes for the manuscript used to make the video were gathered from localized experiences of immigrant nurses in Finland and therefore the results may not be generalized.

5.4 Evaluation of the process

The idea of the thesis was to study immigrant care personnel's difficulties in Finland and find out ways to ease their integration to the working society. Based on these findings an educational video directed to Finnish nursing students was to be created on how they can as future nurses help immigrants better to adapt the working society. If looking at the idea critically, one educational video might not be enough to change people's preconceptions and ideas, if they have been living with them for years. The idea of this educational video is not to give out readymade models to students, but to raise thoughts about cultural differences, immigrants as colleagues and their difficulties. People that have might not been working with immigrants before, might not understand their difficulties coming into a new country, a new culture and to a new language.

During the process of this bachelor's thesis, the authors gained a significant amount of information and understanding concerning the immigrants' difficulties in foreign country and cultural differences. In addition, the fact that one of the authors is an immigrant and another is a native Finnish, gave the for the work valuable two points of view. The ultimate goal of the thesis was to increase cultural competence of the workers in healthcare by promoting knowledge and understanding. The authors feel that the key issues that affect the immigrant nurses' integration are brought up in the written work as well as the in the video.

The video structure was made according to the working life connections wishes, in a form that the video can be shown in the classroom and it can be stopped after each subject to have a reflective discussion about it. The video succeeded in bringing up the issues concerning the subject. The video was originally to be 10-12 minutes in length, but the final version was about 14 minutes. Even though this video exceeds the optimal length of an educational video, this disadvantage can be overlooked because the idea is to pause in between the subjects for discussions.

One other disadvantage is that during the filming of the video, the authors were blinded with the multicultural theme and did not pay enough attention to the aseptic working methods in the filming phase. This led to aseptic errors, such as having bracelets and jewellery showing in the video. The authors did not have enough time to shoot all the scenes again and therefore these errors can be seen in the video.

The original timetable made in the study plan for the thesis was unfortunately delayed due to practical trainings, problems with scheduling and making the manuscript. Overall, the authors are satisfied with their work, because they have little experience in video production and scientific research.

6 CONCLUSION

This thesis explores the difficulties faced by the immigrant nurse in the Finnish health care working community. The results from research has shown that, language and cultural differences has been the main reasons for the difficulties immigrant nurses face. Finnish nurses play an important role in helping the immigrant nurse easily adopt to the culture and improve the professional language and communication skills. It is important for this problem to be solved from the classroom level by teaching Finnish nursing students the relevance and awareness of this issue, before they go into working life. Having a teaching material in the form of the video made by the authors will help in raising awareness about how the Finnish nurse can help the immigrant nurse easily adopt to working life in Finland.

During this study, the authors raised many ideas for further study suggestions. These suggestions are listed below:

- Exploration of Finnish nursing students and nurses' attitudes towards immigrant nurses.
- Effects of this educational video to nursing students' knowledge and attitudes towards immigrant nurses to make a more effective teaching material.
- Discrimination towards immigrant nurses in the working community.
- Best ways to educate nurses in the workplace to increase cultural competence.

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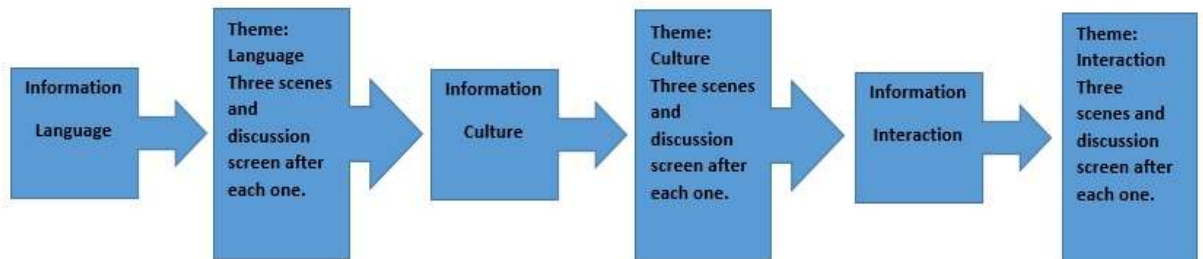
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APPENDICES

Appendix 1. Manuscript

1 (4)



Script: Three subjects that are divided each into three scenes. Before each subject an info screen about the subject and after each scene a discussion screen where the main point of the scene is narrated by text.

IMN = immigrant nurse

Introduction text

General information about the immigrant situation in Finland over the decade.

Increase in need of nurses in the future, because of the change in age distribution and “baby boomer” generation retirement.

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First scene:

Language

INFO:

- Difficulties with the Finnish language is a main problem with integration of IMN.
- Difficulty of Finnish language to a foreigner, and importance of good supporting atmosphere for learning Finnish language.
- Lack of professional language teaching.
- The teaching is given often in official written language. Therefore, spoken professional language can be problematic with immigrants.
- Active participation in helping in Finnish learning requires courage and willingness from co-workers.

1. Nursing slang or jargons used by Mentor nurse leading to difficulty of understanding by IMN.

-Beside patient bed mentor tells the IMN in to get supplies for IV fluid therapy and medication: "Kipaseppas kuule hakemassa tonni nakkelia, letkut, parit kroonarit suojaksi ja siihen vielä pari milliä morkkua". IMN goes to medicine room and while IM is having difficulties to find all the supplies, the words start echo in his head.

Discussion: *The importance of avoiding jargon, usage of clear language and ensuring that instructions are understood.*

2. Other nurses giggling or laughing when IMN tries to explain something in Finnish.

-IMN gives a rapport to the next shift. IMN can say e.g. "Tytär tuli lounaalla auttamaan ja söi äidin" Other nurses are giggling and laughing after wards for documentation.

Discussion: *Supporting environment for language learning is crucial, discouraging environment can slowdown and at worst case prevent learning.*

Level of language skills does not tell anything about immigrant nurse's professional skills, bad language skills does not automatically equal bad nursing skills!

3. Supporting the learning

-Mentor goes through the next patient coming to practice, the patient's history and the things that should be done and discussed during the appointment. Mentor also gives tips of polite ways to address the patient. After the mentor has given the instructions, IMN will take the responsibility for the appointment and mentor will be as backup.

Discussion: *Language learning is not only an individual task, giving guidance and support to IMN can help them with the language learning process*

Second scene:

Culture

INFO:

- Equality among workers, good familiarisation.
- Importance of discussion of nursing culture difference and duties that vary from country to country.
- Importance of IMN preserving their own culture also.
- Importance of cultural competence of native nurses.

1. Support of the working society. Wrong and the right way.

-IMN comes to ask for help. Finnish nurse refuses, because he is not the mentor and tells IMN to go for his mentor for help.

-IMN comes to ask for help. Finnish nurse gives the assistance needed.

Discussion: *Immigrant nurse should have a named mentor, but It is important the whole working society participates into the helping of the immigrant nurse. It should not be limited only to the named mentor.*

2. Culture of equality and open discussion. Putting the IMN to do inferior tasks / IMN is not willing to do basic care because of different nursing culture in their home country.

-IMN is put to do cleaning the bathrooms, because colleagues think because of lack of language skills IMN does not have the nursing skills. IMN feels underrated.

-IMN tells the colleagues that he is not doing basic care, because he is RN and does only RN jobs. Mentor discusses and explains the Finnish nursing culture where basic care is commonly a part of RN's job.

Discussion: *Discussion about differences in working and nursing cultures are important to avoid misunderstandings. Different kinds of work descriptions have to be discussed among working society. Inferior language skills do not mean inferior nursing skills, and immigrant nurses should not be used to do just the "dirty work"!*

3. Finnish culture, cultural differences and preserving own culture?

-Mentor is waiting the IMN who comes late to work and did not call about being late. Mentor informs the IMN about Finnish being punctual about their timetables and communication.

-Mentor says goodbye when leaving the ward to the IMN, but when meeting the IMN later that same evening in the street, seems not to recognize him anymore.

Discussion: *Differences in culture outside working society might be stressful to the IMN. Finnish people might be more introverted, interaction might be more focused around nuclear family, very strict on timetables, traditions like sauna, mustamakkara and mämmi might be shocking for the IMN.*

Third scene:**Interaction:****INFO:**

- Bullying and discrimination at workplace
- Importance of giving constructive feedback
- Importance of professional interaction
- Collegiality, standing for the rights of immigrant colleagues.

1. Exclusion from group conversations, meetings, bullying

-IMN is coming to the break room and everyone else leave.

-IMN is trying to say something in ward meeting, but is ignored.

Discussion: *Every member of the working society should have fair opportunity to express their views, no matter what their background is. Discrimination is not acceptable in any situation.*

2. Giving feedback. The wrong and the right way.

-IMN is going to do procedure to a patient, and forgets to disinfect the hands before putting gloves on. Finnish nurse goes to complain to the head nurse about the IMN. WRONG.

-IMN is going to do procedure to a patient, and forgets to disinfect the hands before putting gloves on. Finnish nurse goes directly to the IMN about the mistake and tells the right procedure in constructive manner.

Discussion: *Open environment where constructive feedback can be given and taken without blaming and accusing is important.*

3. Extend the hospitality outside the ward.

-Finnish nurse asks IMN to join him for activities outside work + dinner and drinks.

Discussion: *Living in a foreign country away from friends and family can be stressing for IMN. Including IMN in activities outside working place and helping them to build up social networks can help to ease the stress. Interaction also gives opportunities to improve language skills*