



Job Satisfaction Challenges of Filipino Nurses in Fenno-Swedish Healthcare Services:

A qualitative study

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Abstract

There is a nursing shortage in the developed countries due to the increase of their older population. Similarly, Finland has been recruiting internationally educated nurses, such as Filipino nurses, to resolve staff shortages in healthcare services. The study aimed to describe Filipino nurses' job satisfaction challenges and to know the role of leaders in enhancing job satisfaction and well-being in the Fenno-Swedish healthcare services. The study used two data collection methods: integrative review and semi-structured interviews. Ten articles satisfied the selection criteria in the integrative review, applying comprehensive search literature and evaluation. On the other hand, 14 Filipino nurses volunteered for semi-structured interviews. Moreover, the study used thematic content analysis to analyse the data, and the theoretical framework used was salutogenic theory.

Comparatively, there is a significant fraction of similarities and few differences between the results of these two data collection methods. After the analysis, the study formulated three themes: Personal, Professional, and Leadership support. The Personal theme emphasised Filipino nurses' motivation to come to Finland, feeling away from home, and perception of cultural differences and deskilling. The professional theme examined workplace language and communication, relationship dynamics, and work-related stressors.

Moreover, the role of leadership is pivotal in enhancing Filipino nurses' job satisfaction and well-being. The result showed that the leadership support theme discussed improving language and communication skills, applying cultural competence, and implementing anti-discrimination policies.

Language: English

Keywords: Filipino nurses, job satisfaction, multicultural work environment, foreign-born nurses, Fenno-Swedish healthcare

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1. Introduction

Delivering efficient, high-quality care relies heavily on nurses (Needleman & Hassmiller, 2009). However, the World Health Organization has projected a global shortage of nurses by 2030 and thus calls for an urgent need to increase the production of nurses to meet the growing demand for nursing services. (World Health Organization, 2020). Changing demographics and nearing-to-retirement nurses are some factors that exacerbated the nursing shortage (Calenda, 2016; OECD & European Union, 2022).

Due to an increasing lack of nurses, more healthcare organisations are using global nurse recruitment as a component of their workforce planning (Sherman & Eggenberger, 2008). Some developed countries address the nursing shortage crisis by recruiting nurses from other nations as a seemingly cost-effective solution. Previously, nurse migration was typically opportunistic, but now, large-scale international recruitment planning by employers or agencies is becoming more common (Buchan, 2001). Hence, the average proportion of foreign-born nurses in the nursing workforce increased from around 11% to 16% between 2000 and 2016 across (Organization of Economic Co-operation Development) OECD countries, with the countries having the highest percentage of immigrants also having the highest proportions of foreign-born nurses (FBNs) (Socha-Dietrich & Dumont, 2021).

Although many developed countries heavily rely on FBNs to maintain their workforce capacity, inadequate transition experiences that involve deskilling and discrimination as significant factors usually result in suboptimal benefits to the FBNs (Newton et al., 2012). Calenda et al. (2019) identify additional challenges relating to sociocultural factors, such as poor language skills of foreign-born nurses, workplace biases and discrimination, and differing understandings of roles and responsibilities among nurses from diverse cultural backgrounds.

The nurse leaders' role is significant to enhance the job satisfaction of FBNs with their sociocultural challenges. A systematic review by Specchia et al. (2021) discussed that in enhancing job satisfaction and healthcare quality indicators, leaders in challenging environments must focus on promoting technical and professional competencies and improving staff satisfaction and morale. Additionally, bolstering the function of diversity management is necessary to facilitate the professional integration of FBNs (Calenda et al., 2019).

The number of Filipino nurses in Finland has been increasing steadily since 2008, with many arriving in the country through study programs or recruited by international recruitment agencies (Vaitinen et al., 2022; Vartiainen et al., 2016). Despite the growing numbers of these FBNs, there is a lack of

research that explores their job satisfaction. This study aims to fill this gap by describing job satisfaction challenges among Filipino nurses in Fenno-Swedish healthcare services in Finland.

2. Background

The background section highlights the shortage of nurses globally, specifically in Finland, and the high demand for more healthcare support due to changes in demographics. Additionally, recruiting internationally educated nurses to address the staffing shortages will lead to cultural diversity challenges among the nursing staff. The background section also emphasises the importance of job satisfaction and the responsibility of leaders in supporting FBNs to ensure high-quality healthcare services.

2.1 Global nursing shortage

Nursing is a fundamental component of healthcare delivery, and nurses play a crucial role in ensuring patients receive high-quality care. However, the world faces a shortage of nurses, impacting the quality of care provided to patients globally. Shortage of nurses and understaffing are significant concerns in many countries; moreover, the demand has increased, but the supply is decreasing worldwide (Buchan, 2001; Li et al., 2011).

The estimated global nursing shortage was 6.6 million in 2016, primarily affecting low- and lower-middle-income countries, where the population outnumbered healthcare professionals. On the other hand, American and European regions are affected by the ageing health workforce, which jeopardises their nurses' availability (World Health Organization, 2020). The WHO and the World Bank predicted the world needed to generate 40 million new health and social care jobs by 2030 to continue providing quality care (World Health Organization, 2016).

The demand for nurses will continue to rise. The inequitable distribution of healthcare professionals, anchored with the change in demographics, new diseases and conditions, new technological innovation, and improved social welfare models, has increased the need for more new healthcare professionals worldwide – which resulted in the domestic and international movement of healthcare professionals (Calenda, 2016). The ageing population and old nurses nearing retirement age will exacerbate the need for new nurses in many countries, prompting a boost in the number of students studying for nursing programs or relying on international recruitment of foreign-educated nurses. However, they will aggravate the shortage in those countries where nurses are recruited (OECD & European Union, 2022).

2.2 Finland's nursing shortage

Finland, like many other countries, is currently facing a nursing shortage. The shortage results from various factors, including an ageing nursing workforce and increasing demand for healthcare services due to an ageing population. Finland's ageing population, particularly those in the 65-69 age group, is expected to result in a labour shortage across various industries, particularly in the social and healthcare sectors. The Ministry of Labor projects a potential shortage of 20,000 employees in the social and healthcare sector by 2025 due to the increasing number of retired individuals. (Vartiainen et al., 2016).

By 2030, an anticipated death rate that exceeds the birth rate will result in a more significant proportion of retired people in Finland, leading to an increased demand for social and healthcare services, which will pose a challenge due to the existing labour shortage in many areas, particularly in the eastern and northern regions of the country. Therefore, international recruitment and work-related migration will be required to address the workforce deficit (Calenda et al., 2019).

2.3 Growing life expectancy and the need for healthcare support

The chronic disease prevalence among seniors has increased over time, but medical progress has reduced the severity of the consequences, leading to a longer but less complicated time with disease and healthcare treatment. Advances in assistive technology and building accessibility have also contributed to the postponement of functional limitations and disabilities. As a result, the ageing population assumes to require healthcare for a more extended period than previous generations, but elderly care for a shorter duration (Lindgren, 2016)

Moreover, life expectancy has increased in all Nordic countries due to various factors such as better healthcare, living standards, and education. However, the ageing of the population, particularly the post-war baby-boom generation, has retired and led to a decline in the number of working-age individuals providing social services for seniors. This demographic shift underscores the need for increased healthcare support to address the demands of an ageing population (Normann & Nørgaard, 2018).

2.4 Overcoming Staffing Shortages with International Nurse Recruitment

The world is expecting to face a shortage of 15 million health workers by 2030 due to the global demand for health workers doubling to 80 million, while the number of health workers is predicted to reach 65 million over the same period, with upper middle-income countries facing the highest

growth in demand driven by economic and population growth and ageing (Liu et al., 2017). Therefore, the shortage of nurses has justified recruiting foreign-born individuals to these countries.

Calenda (2016) stated that several developed countries, including Australia, the USA, Canada, and the United Kingdom, recruit health professionals from developing countries to fill domestic shortages resulting from demographic factors and changes in the labour market orientations of native workers. Hence, this has led to the growth of international recruitment agencies that facilitate migration. Finland, for instance, is recruiting nurses from Spain and the Philippines (Vaittinen et al., 2022; Vartiainen et al., 2016). The lack of job opportunities, low wages, and unfavourable working conditions in low-income countries contribute to many health professionals seeking to move to high-income countries (Calenda et al., 2019).

The number of FBNs and their share in the nursing workforce has increased in most (Organization for Economic Co-operation and Development) OECD countries, despite increased investment in domestic nursing training. During the COVID-19 pandemic, several OECD countries implemented measures to facilitate the entry and recognition of professional qualifications of migrant nurses. The proportion of foreign-born nurses is highest in countries with a high share of immigrants. The number of foreign-trained nurses has also risen in most OECD countries, with the highest proportions in Australia, Switzerland, and New Zealand. Many foreign-born nurses working in OECD countries come from within the OECD area or upper-middle-income countries. The Philippines, India, and Poland are the top countries of origin for foreign-born or foreign-trained nurses (Socha-Dietrich & Dumont, 2021).

2.5 Cultural diversity challenges stemming among nursing staff.

A systematic review was published between 2000 and 2019 to identify the challenges internationally educated nurses (IENs) face in adapting to cultural differences while working in foreign countries. It identified four common themes: IENs often feel like outsiders, encounter intercultural communication issues, face challenges adapting to different nursing cultures, and struggle with ethnic identity challenges. The review underscores the need for a better understanding of the cultural challenges faced by IENs to promote a more culturally sensitive workplace (Balante et al., 2021)

An integrative literature review evaluated 24 articles using the Joanna Briggs Institute appraisal form and identified themes such as challenges with orientation, professional development barriers, communication difficulties, and discrimination and marginalisation. In helping international nurses

adapt to their new environments, culturally sensitive transition programs and buddy systems are recommended to promote better communication and successful adaptation (Pung & Goh, 2017).

A German study using qualitative content analysis explored work-related barriers between local and migrant nurses, finding that regardless of their backgrounds, nurses perceive time pressure, patient lifting, lack of appreciation, and clients' life conversations as burdensome. Poor communication and divergent understandings of behavioural patterns and nursing care hinder collaboration in a diverse nursing workforce, while migrant and minority nurses experience prejudices and harassment. Coping with these stressors can be supported by interacting with colleagues and supervisors and by a sense of purpose in being a nurse, and supportive team collaboration and appreciative supervision are crucial for managing stressors (Schilgen et al., 2019)

2.6 Job Satisfaction

Job satisfaction refers to the sense of happiness and gratification that an individual experiences in their job. It can be affected by multiple factors such as work type, working environment, relationships with colleagues and superiors, salary, and chances for career advancement. Job satisfaction is vital in determining an individual's welfare, drive, and efficiency at work (Spector, 1997).

In recent years, healthcare organisations have recognised the critical importance of job satisfaction, especially in nursing, due to potential labour shortages, their impact on patient care, and associated costs. Nurses' job satisfaction is a significant factor in retention and delivering high-quality care. However, the fast-paced changes in healthcare services have imposed more demands on nurses, thereby increasing the need for organisations to consider ways to sustain and improve nurses' job satisfaction (Maqbali, 2015).

A literature review that examined the job satisfaction of qualified general nurses working in acute care hospitals and its associated factors found that job satisfaction has an impact on sickness absence, turnover intention, and various influencing factors, such as working shifts, leadership, organisational commitment, job stress, and patient satisfaction. The study revealed that nurses' job satisfaction relates to the work environment, structural empowerment, social capital, evidence-based practice, and ethnic background. In addressing the nursing shortage and enhancing patient care quality, it is crucial to develop effective strategies to improve nurses' job satisfaction (Lu et al., 2019).

2.7 Foreign-born nurses and their job satisfaction

A cross-sectional study in South Australian public hospitals about job satisfaction among overseas-qualified nurses showed that a supportive work environment, good interpersonal relationships, communication in English, and salary-related benefits were associated with job satisfaction. Non-English-speaking nurses faced additional challenges related to communication and discrimination. In improving job satisfaction, early support for communication skills and cultural education for local staff is recommended (Timilsina Bhandari et al., 2015).

A descriptive study in Saudi Arabian hospitals conducted semi-structured interviews to examine the impact of expatriate status on job satisfaction and compared the factors affecting job satisfaction between Saudi and other nurses. Retaining nurses is crucial; few know how job satisfaction varies between local and expatriate nurses. They identified five themes that distinguished the perceptions of expatriates from home nurses regarding their job satisfaction. These themes were separated from family, language and communication, fairness of remuneration, moving into the future, and professionalism. Thus, improving job satisfaction for expatriate nurses can lead to a healthier work environment and excellent retention (Almansour et al., 2022)

2.8 Job satisfaction challenges

This chapter discusses how FBNs face various challenges that can impact their job satisfaction, including difficulties with language and communication, discrimination, disorientation to a new environment, deskilling and occupational disparity, and acculturation. These challenges can affect their ability to provide quality patient care and contribute to a hostile work environment. Addressing these can help improve job satisfaction among FBNs.

2.8.1 Language and Communication

All nurses should be competent in delivering safe patient care, especially in language and communication (Salami et al., 2018). In contrast, poor language skills hamper FBNs' ability to demonstrate professional competence to co-workers and patients. Furthermore, FBNs' participation in organisational activities, such as team meetings to discuss work tasks and schedules, is linked to language proficiency. Additionally, language skills are required for FBNs to receive updates on work tasks and rights (Calenda, 2016). The acquisition of new communication skills is essential to the immigration process. It is well-accepted that in the western countries' healthcare system, FBNs who lack sufficient language and communication skills may face challenges in meeting their patients' physical, social, spiritual, and emotional needs (Lum et al., 2016).

Language barrier reduces the sense of autonomy between local and migrant nurses, with migrant nurses facing challenges conversing with patients who only speak the local language (Almansour et al., 2022). A systematic literature review in Japan mentioned that IENs faced communication difficulties with colleagues, patients, and their families at work due to limited proficiency in Japanese. Understanding medical charts, telephone conversations, and expressing themselves in meetings was also challenging. These experiences made the nurses feel like outsiders and emphasised the importance of language proficiency (Abuliezi et al., 2021). Moreover, a lower level of language proficiency among IENs leads to an increased burn-out climate, a high perception of workload, and poorer work-life balance (Roth et al., 2021)

Another thematic analysis study in New Zealand stated that 60% of the respondents agree that language issues, including jargon or slang, posed communication barriers between cultures. Host nurses recognised the importance of listening carefully and addressing language mistakes when migrant nurses used the host vernacular. However, poor language skills led to misunderstandings that had significant and costly patient outcomes. The study also found that nurses did not have forums to come together and develop strategies as a team to improve Communication, resulting in covert attempts to address challenges and fear regarding safety and loss of confidence in colleagues.

2.8.3 Work-related discrimination

Work-related discrimination can be a workplace stressor among IENs. A study in the United States about IENs indicates that workplace discrimination limits career advancement and professional recognition. The physical and psychological well-being of IENs, quality of patient care, and healthcare organisational costs are affected by this discrimination (Baptiste, 2015). Moreover, a study in Canada comparing internationally educated nurses and physicians who migrated to Canada in the past ten years shows that physicians experienced discrimination within their professional group, while nurses reported discrimination from patients, families, and colleagues (Neiterman & Bourgeault, 2015).

A systematic review by Schilgen et al. (2019) states that foreign nurses who experienced discrimination and bullying in the workplace, including insufficient orientation and disregard for their requests for days off by supervisors, tended to express dissatisfaction with their jobs and experience significant distress, which may harm their health. Also, an integrative review by Montayre et al. (2018) among FBNs working in New Zealand discussed that work-related discrimination was observed and experienced by Filipino nurses in different ways, including the need to constantly prove themselves through demonstrating professional competency and gaining

trust from colleagues and patients, feeling watched and observed by other staff due to stereotyping, experiencing negative discrimination when using their own language with other Filipino colleagues, encountering non-acceptance and a sense of uneasiness in the workplace as newcomers, and feeling like outsiders who do not share the same beliefs and culture as colleagues and patients in the host country.

2.8.4 Disorientation to the New Work Environment

A study in the United States using the Life Pattern Model among IENS's acculturation identified challenges when moving to the United States. These challenges include adapting to new roles at work and in their personal lives, building relationships, maintaining their self-esteem, and managing their time effectively. IENs must adjust to family dynamics and healthcare practices, learn new nursing interventions, and develop relationships with colleagues and interdisciplinary teams. They may also feel isolated and struggle to fill their non-work hours, so providing resources and opportunities for engagement can be beneficial (Rosenkoetter et al., 2017).

FBNs often struggle to adapt to new nursing roles that require a patient-centred approach and independent decision-making, which lead to uncertainty, indecision, and difficulty managing work-related stress. Failure to communicate their uncertainties and lack of confidence can impact teamwork, collaboration, and patient safety. To mitigate these risks, FBNs require better preparation, more extended orientation periods, and continual clinical supervision and support from nurse managers. It will help ensure the inclusion of FENs, provide appropriate working conditions, and contribute to a better quality of care for patients (Viken et al., 2018).

IENs in disorientation to a new environment stem from a lack of communication skills, culture shock, and confusion in the new place. IENs face communication barriers that hinder them from assuming professional nursing roles and responsibilities. These barriers can lead to frustration for the nurse, staff members, and patients and can cause delays in care or injury due to the inability to communicate changes in a patient's condition. Misinterpreting nonverbal communication differences is a challenge for foreign nurses assimilating into a new culture. FBNs face additional challenges, such as differences in nursing practice and training and cultural shock, which can adversely affect job function. To successfully integrate foreign nurses into a new culture, effective diversity leadership must appreciate different perspectives, serve as a unifying force, and strengthen positive aspects of work group diversity (Bola et al., 2003).

2.8.5 Deskilling among foreign-born nurses

The study conducted in Canada discovered that internationally educated nurses often experience a decline in occupational status, leading to deskilling and an inability to utilise their skills in clinical practice. The nurses face limited growth opportunities and often opt for registering as licensed practical nurses instead of pursuing registration as registered nurses (Salami et al., 2018). Obtaining licensure and registration is a significant challenge for foreign-born nurses, leading to delays and deskilling, forcing them to work at lower-level jobs until their credentials are recognised (Newton et al., 2012).

IENs may face deskilling due to inadequate language proficiency, which became a discriminatory tool based on race and ethnicity in countries where language proficiency is considered a legitimate hiring criterion. Filipino nurses recruited to Finland, for example, had their skill levels reduced due to language limitations. As a result, they could not communicate effectively with patients and colleagues, leading to frustration and further deskilling in some cases (Calenda et al., 2019; Näre & Cleland Silva, 2021).

To enable FBNs to practice safely at their trained level, nurse educators must create accessible and flexible educational programs. Employers and recruiters can assist by providing information on the nursing registration process, offering opportunities for career advancement, and supporting initiatives such as flexible scheduling and financial assistance for educational programs to improve FBNs' integration and career mobility in destination countries (Salami et al., 2018).

2.8.6 Acculturation

When internationally educated nurses relocate to a new country, they must familiarise themselves with the work environment and the culture of the destination country (Moyce et al., 2016). However, due to increasing variances in communication and language, the feeling of being an outsider and divergences in nursing practices create cultural displacement (Newton et al., 2012).

Before they completely integrate into their host countries, immigrant nurses face significant hurdles and obstacles, such as language barriers, changes in their professional roles, disruptions to their personal lives and routines, and feelings of isolation caused by cultural differences. Several factors, such as the length of residency, age at arrival, generational and socio-economic status, and ethnic identity, influence acculturation (Ea et al., 2008).

Distinct dissimilarities make it possible to recognise specific sectors of the professional nursing workforce that require a significant focus during orientation or adaptation programs for foreign-trained nurses. As migrant nurses continue to hold a growing share of the nursing job market

worldwide, it is critical to establish a robust professional acculturation program that addresses safety, communication, documentation, and efficient translation of nursing practices (Montayre et al., 2018).

2.9 Responsibility of Leaders to Support Foreign Nurses

Nursing leadership plays a crucial role in fostering the growth and development of staff, especially in facilitating the successful transition of foreign-born nurses (Sherman, 2007). However, a study in New Zealand shows that managers consistently struggle to manage the intersection of organisational culture and cultural diversity, sometimes worsening the distance between cultural groups and leaving nurses feeling isolated and distressed. Respondents also expressed disappointment with the lack of managerial interest beyond an efficiency-driven organisational culture (Brunton et al., 2020).

A study in Australia focused on foreign-born nurses (FBNs) and their challenges adapting to the healthcare system, highlighting the importance of organisational support and leadership in FBN integration. Managers should create a safe and positive work environment for FBNs by implementing programs and social gatherings that promote inclusivity and cultural diversity. Encouraging FBNs to join social groups and providing counselling services can also support their well-being. Strong leadership is essential in promoting anti-racism and equal treatment of FBNs in the healthcare system. It is necessary to investigate strategies to create meaningful policies that prioritise the fair treatment of FBNs (Zanjani et al., 2021).

3. Aim and Research Statement

This study aims to describe Filipino nurses' job satisfaction challenges in Fenno-Swedish healthcare services. Moreover, the intention is to identify the factors that affect Filipino nurses' job satisfaction and well-being and provide an effective support system for nurse leaders in addressing these challenges.

This study sought to answer the following:

1. What factors affect Filipino nurses' job satisfaction in Fenno-Swedish healthcare services in Finland?
2. What is the role of leaders in enhancing the job satisfaction and well-being of Filipino nurses working in Fenno-Swedish healthcare services?

4. Methodology

The methodology chapter employs a combination of integrative review and semi-structured interviews to generate a comprehensive content analysis and facilitate an in-depth interpretation of the data.

4.1 Integrative Review

Integrative reviews are a type of research review that enables researchers to simultaneously incorporate both experimental and non-experimental research to gain a deeper understanding of a phenomenon of interest. Furthermore, these reviews can synthesise data from theoretical and empirical literature to achieve diverse objectives such as conceptual definition, theoretical review, evidential review, and methodological analysis concerning a particular topic (Whittemore & Knafl, 2005; *see also* Broome, 2000).

Integrative reviews offer a valuable tool for synthesising available investigations related to healthcare. Utilising mixed methods or qualitative research techniques can help reduce bias and errors, ultimately strengthening the role of integrative reviews in evidence-based practice initiatives and nursing (Souza et al., 2010; Whittemore & Knafl, 2005).

The methodology utilised in this study adheres to a comprehensive step-by-step process that involves problem identification, literature search, data evaluation, data interpretation (including techniques such as reduction, display, comparison, conclusion drawing, and verification), and presenting synthesised ideas that focus on implications for practice (Hopia et al., 2016; Whittemore & Knafl, 2005).

4.1.1 Literature Search

In order to conduct an integrative review effectively, the method section should provide a clear and detailed account of the literature search process, which includes information on search terms, databases utilised, additional search strategies, and inclusion/exclusion criteria used to identify relevant primary sources (Whittemore & Knafl, 2005).

A thorough academic literature search uses University license electronic databases, including PubMed, CINAHL, Medline, Academic Search Elite, and ProQuest, with the search "job satisfaction" OR "work well-being" OR "work experience" OR "work-related barriers" AND "immigrant nurses" OR "migrant nurses" OR "foreign-born nurses" OR "internationally educated nurses" OR "expatriate nurses" OR "Filipino nurses" OR "overseas qualified nurses". Inclusion criteria for the search will

include peer-reviewed articles from academic journals written in English, available in full text, and published between January 2012 and onwards—Table 1 shows the integrative review's inclusion and exclusion criteria. Boolean operators (AND and OR) will facilitate the search.

Table 1 Inclusion and Exclusion criteria for integrative review

Inclusion Criteria	Exclusion criteria
Peer-reviewed articles	Not peer-reviewed articles from academic journals
Written in English	Not written in English
Available in full-text	Cannot access full-text
Published from January 2012 and onwards (10 years)	Published before January 2012

PRISMA or Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) is utilised in this study for data evaluation; however, it is essential to note that the PRISMA does not comprehensively assess a systematic review's quality (Moher et al., 2009).

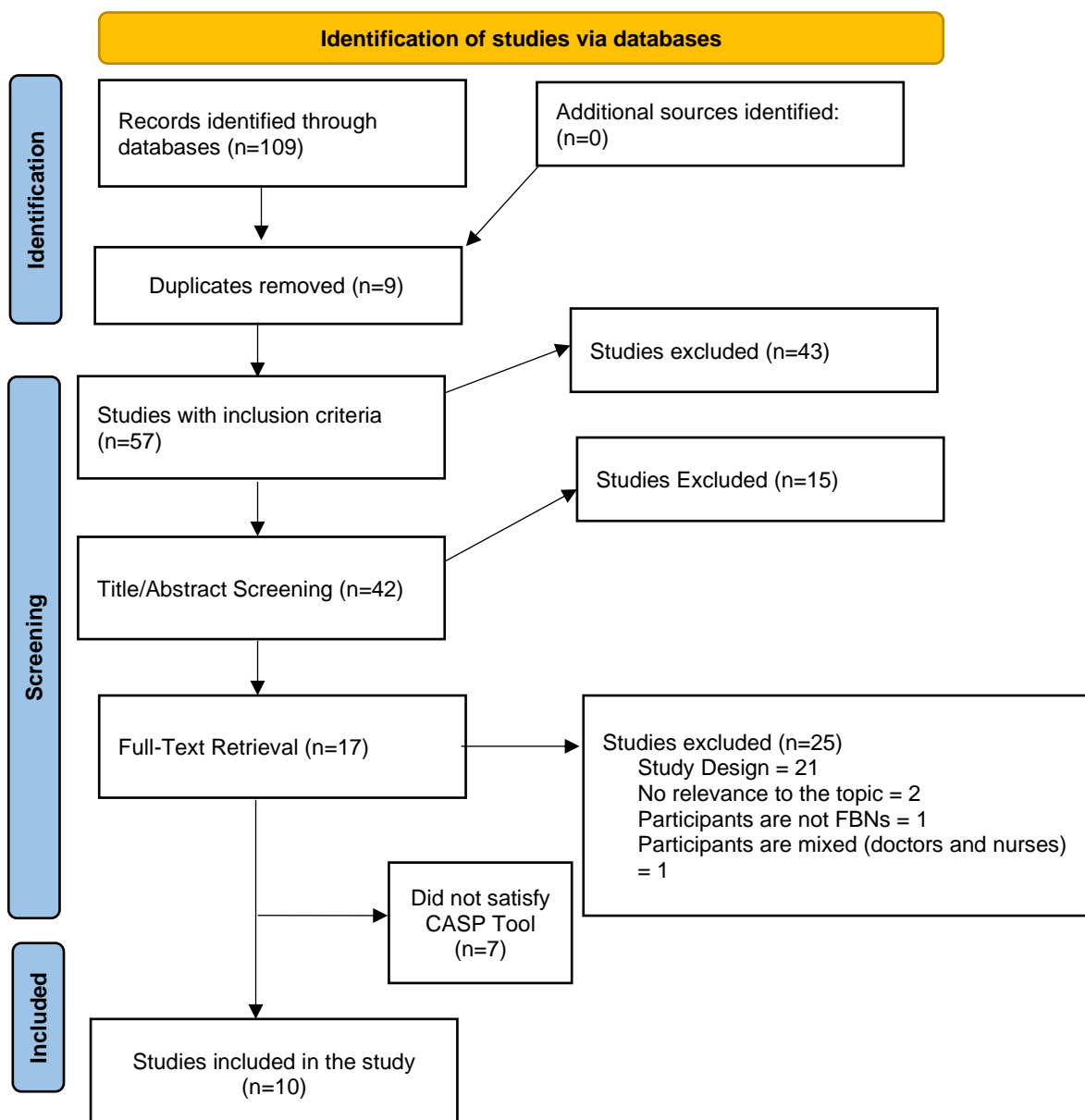


Figure 1 PRISMA 2020 Literature flow chart

The initial online database search commenced from January to March 2023. Figure 1 (see above) shows the PRISMA Literature flow chart to illustrate the process of comprehensive database searching. One hundred nine academic articles were identified in the identification stage, and no additional sources were found. Duplicates were removed (n=9), and removing articles that did not pass the inclusion criteria (n=43), the result is n=57 articles. In the screening stage, the articles are screened by their titles and abstract if they answer the aim of the study sought, removing (n=15) articles, and perform full-text retrieval by excluding (n=25) articles that show no relevance to the study, participants are not FBNs and mixed with others, the study design does not match to the aim of the study. With full-text retrieval, the included studies gathered is n=17. Critical Appraisal Skills Program of 2018 is used to appraise the qualitative research of the studies with high eligibility, and the included articles are n=10. See (Appendix I) for the included articles for integrative review.

4.1.2 Data Evaluation

In an integrative review, the researchers evaluate the included studies' research design, methodology, and rigour to appraise their methodological quality; hence, it is an essential step in assessing the quality of the articles (Whittemore & Knaf, 2005). All of the literature used the 2018 CASP checklist for evaluation, a tool designed for assessing the quality of qualitative research studies, and each article received high eligibility based on this assessment (Critical Appraisal Skills Program, 2018). See (Appendix II) for the CASP checklist evaluation.

4.1.3 Data Interpretation

The process of data analysis in research reviews entails organising, coding, categorising, and summarising data from primary sources to arrive at a cohesive and comprehensive conclusion about the research problem and to achieve an impartial interpretation of primary sources and novel synthesis of evidence (Cooper, 1998; Whittemore & Knaf, 2005). Additionally, researchers initially compare extracted data item by item to similar group data. Then, they compare the resulting coded categories to advance the process of analysis and synthesis, a technique consistent with data from different methodologies (Whittemore & Knaf, 2005). The study used the Windows 10 Excel Application for the integrative review's thematic analysis.

4.2 Semi-structured interview

The study uses qualitative semi-structured interviews for the FBNs currently working in Fenno-Swedish healthcare services in Finland. According to Polit and Beck (2010), researchers use semi-

structured or focused interviews to address a specific list of topics or broad questions during an interview. To cover all areas, they use a written interview guide. The interviewer's primary role is to encourage participants to speak freely and facilitate discussion on all the topics listed in the guide.

4.2.1 Study Participants

This study's participants are 14 Filipino nurses working in Fenno-Swedish healthcare services in Finland. Categorically, Filipino nurses in Finland are either Registered nurses (Swedish: Sjukskötare), Practical Nurses (Närvårdare), or Care Assistants (Vårdare) (Calenda et al., 2019). Registered nurses and Practical nurses are given professional rights by the Central Administrative Department of Social Affairs and Health (VALVIRA), while care assistants do not have professional rights but are on apprenticeship contracts by the company. The inclusion criteria for the study participants are licensed professionals by the National Supervisory Authority for Welfare and Health (VALVIRA), Filipino nurses who have worked for more than a year and are currently working at the time of the study formulation. Two registered nurses and 12 practical nurses participated in the study.

4.2.2 Data Collection and Sampling

First, identify the Filipino nurses working in the Fenno-Swedish healthcare services in Finland within the Filipino community, using two sampling methods, namely purposive and snowball sampling. Purposive sampling aims at handpicking the right participants on a particular topic based on the researcher's knowledge since this cohort had more specific information on the subject matter (Polit & Beck, 2014). In snowball sampling, on the other hand, the researcher asks those participants who volunteered for the interview to identify another participant/s that satisfies the study subject criteria, and this procedure is subsequently replicated (Parker et al., 2019). These identified new study participants are invited for an interview via social media (Facebook Messenger) and repeat the process.

Then, in the second part, the researcher utilised social media technologies such as Facebook Messenger to provide an informal message and then proceed to formal communication with the thesis supervisor's signature. The first formal letter is the invitation letter for an interview, which shows the purpose of the study, the introduction of the researcher, and specifics of the interview process and shows that the interview is voluntary and invokes confidentiality (see Appendix III). The second formal letter is the consent form reflecting the agreement to participate in the study, that the interview is recorded and transcribed, that it is voluntary to participate, and that personal information is confidential (see Appendix IV). After their approval, request an appropriate time

based on the interviewee's timeframe and for the interview that will take place via Webex Meetings to process video recording. In data collection, the study utilized semi-structured interviews. The questionnaire has open-ended questions; participants can answer questions in their own words, and the interviewer records and transcribes them verbatim (Polit & Beck, 2014). See (Appendix V) for the semi-structured interview questionnaire formulated for this study.

4.3 Data Analysis

The study imposes qualitative content analysis to interpret the data derived from the integrative review and the semi-structured interview. Qualitative content analysis is a widely used method for analysing narrative data to identify significant themes and patterns. This technique typically involves employing a template or an editing analysis approach to organise and integrate qualitative information according to emerging themes and concepts. Statistical analysis is unsuitable for interpreting qualitative data obtained through interviews, open-ended questions, and visual materials because these data are in words. As a result, content analysis serves as an alternative analysis method for such data (Bengtsson, 2016; Polit & Beck, 2014).

To process qualitative content analysis, the researcher follows several steps. First, identify academic articles relevant to the study and thoroughly read them. Then, the content analysis process is applied by identifying information based on emerging themes and concepts. Second, transcribe video and audio recordings verbatim and identify data codes to produce themes. The researcher directly translates in English the language used by the interviewees. The language used in the interview is a mix of English and their mother tongue (Tagalog or Visayan), both of which the interviewer is fluent in. Third, organise the emerging themes from the integrative review and the semi-structured interview, merge them based on similarities, and then interpret the results. The tools the researcher used for the interview's transcribing are Windows 10 Note Application and Windows 10 Excel Application for thematic analysis.

4.4 Ethical Consideration

The study applies the ethical research standard set by the Finnish Advisory Board on Research Integrity (TENK) by the Ministry of Education and Culture in Finland in responsible conduct of research (RCR guideline) and the ethical principles of research with human participants.

The researcher upholds the principles of the research community endorsed, including conducting research with integrity, meticulousness, and accuracy and presenting and evaluating the results

similarly. The study adheres to scientific criteria and ethical standards when acquiring data, conducting research, and evaluating. Additionally, the study appropriately credits other researchers' work and accomplishments and complies with established scientific standards for planning, conducting, and reporting research (TENK, 2021).

Moreover, in research involving human participants for interviews, respecting their dignity and rights is essential to maintain their trust in the researcher and the scientific community. Informed consent is a crucial ethical principle that must be abided by allowing participants to voluntarily agree to participate and withdraw their consent without negative consequences. Participants have the right to receive clear and understandable information about the research, including potential risks and benefits, and to have any questions answered. The researcher must ensure that participation is voluntary, especially when the participant is in a dependent relationship with the research organisation or someone else is making decisions on their behalf (TENK, 2019).

Overall, these ethical principles in nursing research are rules that guide the professional nursing practice. Applying ethical principles, whether planning or reading research, is essential in producing reliable evidence that can be applied effectively in healthcare settings (Heale & Shorten, 2017). The discussion method of this study reflects the ethical considerations in doing this research.

5. Theoretical Framework

The theoretical framework used in the study is Aaron Antonovsky's salutogenic theory, which centres around identifying the factors and processes that foster health and well-being rather than concentrating on the origins of disease (Antonovsky, 1996). Furthermore, the theorist formulated the *"sense of coherence (SOC)"*, which sees the health continuum as comprehensible, manageable, and meaningful; hence, these SOCs are valuable in moving towards health (Antonovsky, 1996).

The theory asserts that the world is naturally fraught with stressors and chaos. Therefore, the theory guides individuals by focusing on their strengths and utilising adequate resources to manage personal or collective stress, which remains omnipresent. This approach employs a sense of coherence, comprising three dimensions: comprehensibility, manageability, and meaningfulness. Consequently, it significantly impacts personal health, quality of life, and overall well-being, with potential applications at both individual and societal levels (Sagy et al., 2015).

Antonovsky's salutogenic theory can help interpret the challenges FBNs face in job satisfaction when working in another country. FBNs face significant changes and adjustments when moving to a new country, and SOC plays a crucial role in adapting to the new environment and maintaining their well-being.

With *comprehensibility*, one sees that the stimuli are predictable and understood; hence, one sees the world as ordered and precise when faced with problems. (Sagy et al., 2015). Cultural, linguistic, and social challenges pose difficulty when moving to another country. Nevertheless, understanding and making sense of these new environments, healthcare systems, and cultural norms contributes to a positive SOC through easy access to information, cultural orientation and language support.

Manageability is another SOC concept that tackles the availability of resources to cope with stressors, and it depends on one's disposal (Antonovsky, 1996; Sagy et al., 2015). It can overwhelm the FBNs in managing the demands of the new job, integration into the new social norm and system, and personal life changes. Therefore, leaders should provide support and resources to manage FBNs' new lives to ensure a strong SOC.

The final concept is the sense of *meaningfulness*, the emotional connection of these FBNs in finding their purpose in doing their work, and their motivation in moving to another country. To heighten meaningfulness, one must see the logical reason to live and survive despite problems experienced and that it is worth investing energy and providing commitment (Sagy et al., 2015).

Moreover, Antonovsky stated that to manage stressful life situations, one must have these factors that are called *generalised resistance resources* or GRRs; such factors are: "*material resources, knowledge and intelligence; ego strength; mastery of flexible, rational, and farsighted coping strategies; social supports; commitment to one's social group; cultural stability; a stable system of values and beliefs derived from one's philosophy or religion; a preventive health orientation; and genetic or constitutional strengths*" (Sullivan, 1989). Likewise, experience continually refines, tests, reinforces, and modifies the sense of coherence throughout life. As a result, the sense of coherence influences behaviour that maximises consistency and stability (Sullivan, 1989).

6. Results

This chapter is divided into two main sections: one presenting the results of the integrative review and the other focusing on the interview findings.

6.1 Results of the Integrative Review

Using thematic content analysis, the researcher analysed ten articles on the job satisfaction challenges of foreign-born nurses (FBNs) in an integrative review. The review identified three main themes and nine sub-themes to describe the challenges FBNs face in achieving job satisfaction (see Figure 2). The three main themes were personal, professional, and leadership support. The personal

factors included the motivation and expectations of migration, the feeling away from home, marginalisation, stereotyping and cultural differences, the deskilling of Internationally Educated Nurses (IENs) and the opportunity for career development. The Professional factor encompassed language and communication in the workplace, Work-related discrimination, work-related stressors, and workplace relationship dynamics. The leadership support factor discusses the nurse leaders' role in enhancing foreign-born nurses' job satisfaction and well-being.

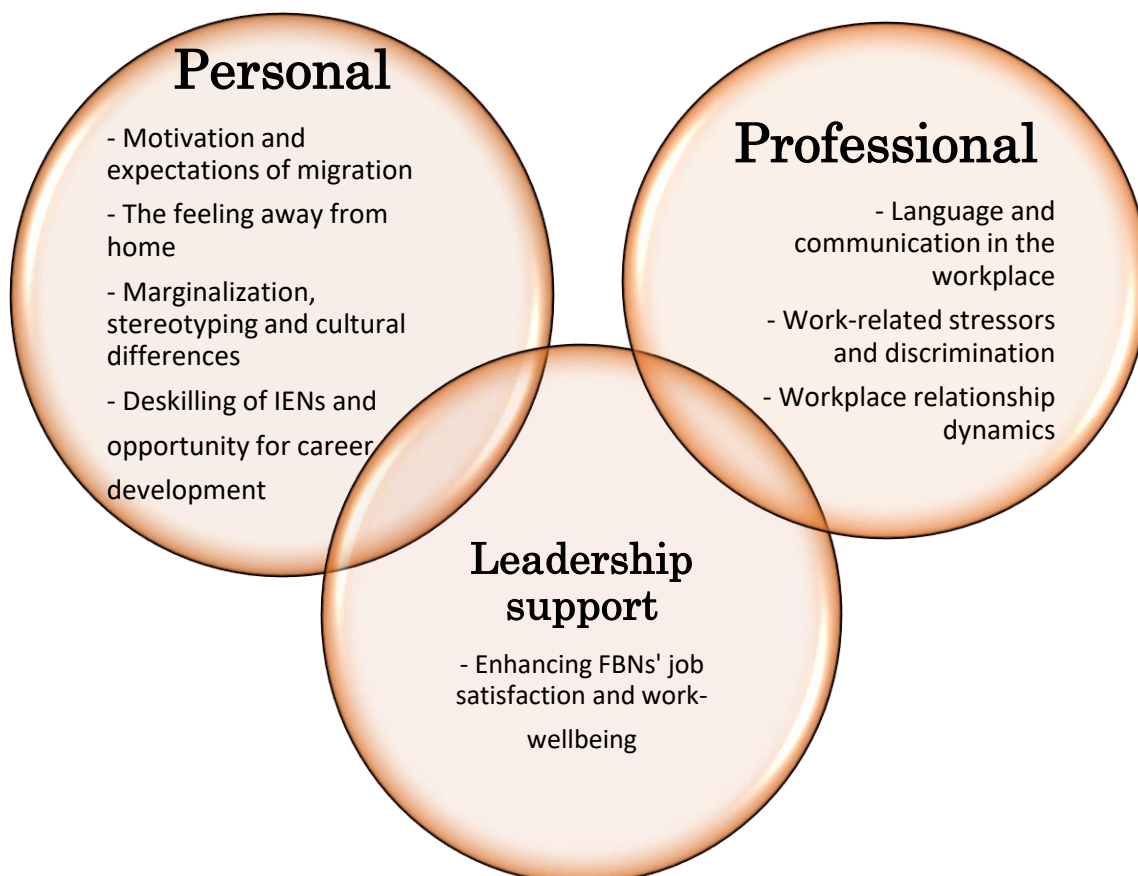


Figure 2 Foreign Born Nurses' (FBNs) Personal and Professional Job satisfaction Challenges and the role of leadership support.

PERSONAL

The personal theme focused on the personal experiences of FBNs in their life moving abroad and their different motivations. Moreover, it tackles their perspective about reducing their work skills despite being internationally educated, cultural differences, and future opportunities. The sub-themes in the personal theme are motivation and expectations of FBNs' migration, the feeling away from home, marginalization, stereotyping, cultural differences, the deskilling of IENs, and opportunities for career development.

Motivation and expectation of FBNs' Migration

The Motivation for Spanish nurses to migrate to the United Kingdom is rooted in factors such as a lack of job opportunities, income stability, and the desire for new experiences in working abroad. Participants identified Spain's poor working conditions, including the absence of job permanency and limited vacancies, as contributing factors to their migration decision. Many participants desired to step out of their comfort zone, face new challenges, and achieve more excellent life stability by migrating (Rodriguez-Arrastia et al., 2021).

“The main triggers for emigration that emerged from the participants’ answers were lack of job opportunities, the need for stability and having new experiences through living abroad” (Rodriguez-Arrastia et al., 2021, p. 5).

The Latvian nurses working in Norway expressed their intention to remain in the host country, motivated by career advancement expectations, job security, and higher salaries. The study revealed that the nurses believed they could overcome language barriers and be recognised as colleagues by local nurses during an extended stay. Additionally, they anticipated higher pension benefits, which they could utilise in their home country upon retirement (Knutsen et al., 2020). The interviewed expatriate nurses in Saudi Arabia expressed their desire to stay due to the possibility of performance-based promotions (Al-Nusair & Alnjadat, 2022). Likewise, Spanish nurses in the United Kingdom sought more excellent life stability and anticipated better job opportunities upon returning to Spain after gaining experience in their host country (Rodriguez-Arrastia et al., 2021).

“Most explain that they will not return to Latvia for work due to the low wages and tough working conditions, but some intend to return once they have a pension (Knutsen et al., 2020).”

“They expressed willingness to stay expecting a performance-based promotion, thinking that conditions will improve and will receive a high salary; a few of the participants are frustrated and want to leave” (Al-Nusair & Alnjadat, 2022, p. 8).

The feeling away from home

In a study in the United Kingdom, FBNs experience apprehension towards leaving their familiar surroundings as they are uncertain about the new location. They perceive a compulsion to relocate from their environment and face the challenge of adjusting to an unfamiliar world, which can be exhausting even in the adaptation phase (Alexis, 2013). In the Kingdom of Saudi Arabia, migrant nurses also experience stress from their separation from family and friends. They have reported that this anxiety can affect their work performance, as they often have concerns about their loved ones back home that can distract them from their duties (Almansour et al., 2022; Al-Nusair & Alnjadat, 2022).

"Informants are experiencing different worlds they are ill-prepared for. They felt that they were removed from their environment and thrown into an unfamiliar world. Adapting to a new world is tiring (Alexis, 2013, p. 965)."

"Stressors outside work: It is hard to work effectively when they think of their family way back home and wished that they can be with their family after work" (Al-Nusair & Alnjadat, 2022, p. 8).

Marginalisation, Stereotyping and Cultural Differences.

A study among migrant nurses in England has experienced marginalisation and inequality in the clinical environment, leading to feelings of isolation and being outcast. They are often viewed as the ones from overseas and have reported disillusionment with the people they work with, as some have become hostile and discriminatory as time goes by. It has resulted in alienation and feeling alone in a crowd (Alexis, 2013).

"Encountering marginalization and inequality: Encountering marginalisation in the form of separation created feelings of alienation and, to a certain extent, being alone in a crowd" (Alexis, 2013, p. 965).

Näre & Cleland Silva (2021) stated that Filipino nurses are racially stereotyped as feminised caring and family-oriented, with a greater focus on patient care than their Finnish colleagues. The UK study revealed that black African nurses experienced racism from patients and colleagues, with some managers also stereotyping different groups of overseas nurses. Additionally, older adult patients with less contact with black people and exposure to negative stereotypes are more likely to exhibit racist attitudes (Likupe et al., 2014).

"They are racialised as keen, caring and family-oriented people" (Näre & Cleland Silva, 2021, p. 516).

Migrant nurses experience stress due to cultural differences, according to a study in Saudi Arabia. Participants reported difficulty coping with the host culture and perceived prejudice based on their cultural background (Al-Nusair & Alnjadat, 2022). Cultural differences may hinder inclusion, causing migrant nurses to feel ambivalent, anxious, and indifferent. They must navigate these challenges to function in the host society effectively but often struggle to reconcile their beliefs with those of the host country, resulting in a cultural dilemma (Alexis, 2013; Hamrin, 2019).

"They assumed that they had assimilated what they believed was best in the host culture and that was also different from their home culture, i.e., the freedom to express themselves - but they still prefer the values from their home country" (Hamrin, 2019, p. 468).

Deskilling of IENs and Opportunities for career development

Migrant nurses are often internationally educated and registered nurses in their home country. However, they are frequently deskilled upon arriving in their host country, leading to job

dissatisfaction. It can erode their confidence in pursuing their desired career, resulting in limited job satisfaction and a lack of opportunities for career advancement (Adhikari & Melia, 2015).

“Working in long-term care as a care worker or even as a registered nurse, migrant nurses are gradually deskilled. Despite the fact that they are RNs in their country's hospitals (Adhikari & Melia, 2015, p. 364).”

The lack of language skills is a significant factor in deskilling migrant nurses. In Finland, a study by Näre & Cleland Silva (2021) found that Filipino nurses often experienced deskilling due to language limitations; it was used to justify downgrading their work status and not increasing their compensation. Despite this, Filipino nurses complied with deskilling instead of returning to the Philippines.

“Nurses to Finland, lacking language skills, were used as a legitimation to deskill Filipino nurses from registered to practical nurses (Näre & Cleland Silva, 2021, p. 520).”

Latvian internationally educated nurses in Norway are often deskilled and assigned to work in the home care and nursing home sectors, representing a form of occupational downgrading, yet their Swedish nurses' counterparts are placed in Norwegian hospitals. Despite this, Latvian nurses did not perceive this as discrimination and expressed satisfaction in their current positions; they understood their limited job opportunities due to language barriers (Knutsen et al., 2020).

Career and professional development are essential factors in job satisfaction for migrant nurses in host countries. However, in Saudi Arabia, migrant nurses face challenges compared to their local counterparts in pursuing higher education due to limited access to public universities. The difficulty of obtaining permanent residency further complicates their ability to retire in the country, showing a lack of long-term security (Almansour et al., 2022). Similarly, black African nurses in the United Kingdom faced challenges in advancing their careers and had to work hard to prove themselves for upward mobility (Likupe et al., 2014).

“Moving into the future: Expatriate nurses indicated more difficulties than local nurses in pursuing higher education and identified a lack of long-term security (Almansour et al., 2022, p. 5).”

“Discrimination and equal opportunity: This charge nurse explained that black nurses had to prove themselves if they wanted to move up the career ladder (Likupe et al., 2014, p. 119)

PROFESSIONAL

The professional theme discussed FBNs' workplace experiences that significantly impact job satisfaction and identify workplace challenges. The sub-themes under the professional central theme are language and communication, work-related stressors, and work relationship dynamics.

Language and Communication in the Workplace

The language barrier significantly impacts the job satisfaction and work performance of FBNs. It leads to misunderstandings among colleagues and patients and increases workplace stress, mainly when working with non-English speakers, as stated by FBN participants in a study in Saudi Arabia (Almansour et al., 2022; Al-Nusair & Alnjadat, 2022).

“Language and communication: Language barriers were cited by some nurses as a fundamental factor influencing their job satisfaction (Almansour et al., 2022, p. 4).”

It is a leading stressor that hinders collaboration with colleagues in a culturally diverse team, and it becomes burdensome since it will affect their way of working (Schilgen et al., 2019). Migrant nurses stated that language training is not enough, and most are attempting to continue studying the host country's language at their own expense, at home or between shifts (Knutsen et al., 2020).

“A leading stressor that hindered the collaboration of colleagues from different origins were differences in language. Experiencing communication difficulties with their migrant colleagues is burdensome as this negatively affects their way of working (Schilgen et al., 2019, p. 62).”

A study of Latvian nurses in Norway struggles to learn the Norwegian language, making it even more challenging to learn their local dialects. Reflectively, this language problem barred them from social communication and the risk of occupational downgrading. Latvian nurses even worry that their Norwegian colleagues are talking behind their backs, making it difficult to grasp what is happening. However, becoming proficient enough to participate in general social conversation takes time (Knutsen et al., 2020). IENs in the United Kingdom also struggle with the British language, which is quite confusing, and local staff has to repeat abbreviations with migrant nurses. They also have difficulty expressing their thoughts due to a lack of language (Alexis, 2013). Additionally, an immigrant nursing assistant in Sweden felt inferior in the workplace due to a lack of language competence (Hamrin, 2019). In Finland, a lack of proficiency in the Finnish language can be an easy target for discrimination against Filipino nurses (Näre & Cleland Silva, 2021).

Work-related stressors and discrimination

FBNs' job satisfaction is affected when they experience work-related stress, attributed to factors such as discrimination in terms of pay and power of struggle, professionalism, work treatment, workload, time pressure, and cultural differences in the workplace.

The study found that migrant nurses in Saudi Arabia were dissatisfied with their salaries due to unequal pay based on nationality. Although initially contented with their salaries, they later discovered that others in similar positions but of different nationalities received higher pay (Almansour et al., 2022). Additionally, thirteen out of twenty migrant nurses in a study reported feeling discriminated against in terms of salary compared to other nationalities, treated as servants, and culturally undervalued by patients and their families. These factors contribute to occupational stress among migrant nurses in Saudi Arabia (Al-Nusair & Alnjadat, 2022).

“Feeling of discrimination as cause of stress: Differences in salaries and benefits compared with other nurses from other nationalities, being look upon as servant and treated as such, being culturally discounted by the patient and their family. (Al-Nusair & Alnjadat, 2022, p. 8)

Migrant nurses face work-related discrimination, which includes struggles for power and promotion at the workplace. Most migrant nurses interviewed reported being affected by these struggles and described favouritism towards certain nationalities or groups, such as local Saudi nurses, Western nurses, and nurses from other Middle Eastern countries. Discrimination based on stereotypes and wages contributes to the power struggles experienced by migrant nurses (Al-Nusair & Alnjadat, 2022).

The migrant nurses in Saudi Arabia reported job dissatisfaction due to the unprofessional behaviour of newly employed Saudi nurses, including tardiness, avoidance of night shifts, going under time, laziness, and lack of compassion at work (Almansour et al., 2022). In Sweden, FBNs reported that Swedish-born staff members exhibited disregard for general rules, such as smoking during working hours and being covered up by colleagues. This behaviour was perceived as unfair by migrant nursing assistants, who felt that their direct supervisor did not adequately address the issue (Hamrin, 2019).

Experiences of unfair treatment at work of FBNs are also job dissatisfaction factors. FBNs in the United Kingdom reported unacceptable treatment and lack of recognition for their hard work, with one participant accused of lying and failing to perform their job correctly. Another participant mentioned frustration at work that having to be alone several times with a healthcare assistant became a regular occurrence and an everyday survival (Alexis, 2013).

“Surviving in an everyday world: A number of informants indicated that to survive in their everyday world, they had to tolerate unacceptable treatment and a lack of recognition for their hard work - the migrant nurse did his job, but he was accused of lying and not doing his job properly (Alexis, 2013, p. 965)

Similarly, work-related stress factors for FBNs in the workplace are workload, time pressure, and cultural differences. The workload is a source of stress for migrant nurses, including nurse-patient ratio, documentation requirements (Al-Nusair & Alnjadat, 2022), physical labour such as handling heavy clients and time pressure (Schilgen et al., 2019). Cultural differences are a significant factor in FBNs' job satisfaction. The feeling of being an "outsider" is due to differences in nursing practice deemed unacceptable to FBNs (Knutsen et al., 2020). The assumption is that they have assimilated into the host country's culture but still prefer the values of their home country (Hamrin, 2019); additionally, FBNs find it challenging to work in the host country when they are not used to having greater responsibility at work, giving them a significant autonomy when making decisions in the workplace (Knutsen et al., 2020).

“Work in General: Among migrant nurses, the topic ‘Handling of heavy clients’ turned out to be very prominent. 15 out of 24 nurses voiced out that they feel burdened from transferring a heavy client from e.g. the wheelchair to the toilet (Schilgen et al., 2019, p. 61).”

Workplace relationship dynamics

Working relationships between FBNs, local colleagues, and direct supervisors in culturally diverse teams can significantly impact job satisfaction in the workplace. Also, working relationships with patients and their families with FBNs can affect their work well-being.

a. Workplace relationship with local nurses as colleagues

In FBNs' everyday work in the clinical environment, they must constantly prove to other local colleagues that they are there to help. They also experience stress from gossiping and racial stereotyping, leading to exclusion and discomfort in conversations (Alexis, 2013; Hamrin, 2019; Schilgen et al., 2019). Bullying and being subject to name-calling are also experienced by black African nurses in the United Kingdom, as mentioned by their managers in a study (Likupe et al., 2014). FBNs may experience feelings of isolation and a sense of "us" versus "them" within the workplace, which can lead to exclusion in both formal and informal communication settings (Hamrin, 2019). Hence, most FBNs exhibit greater ease and rapport in collaborating with fellow

migrant nurses due to shared experiences, which fosters a sense of mutual reliance and support among immigrant peers (Hamrin, 2019; Schilgen et al., 2019).

“All the migrant workers interviewed complained about their non-immigrant colleagues, because they would bond by gossiping during breaks. For these participants, the native-born workers’ behaviour contributed to exclusion because immigrants felt uncomfortable taking part in conversations and were also afraid of being left out and becoming the subject of the gossip (Hamrin, 2019, p. 468).”

Notwithstanding the issues (Schilgen et al., 2019) posited that collaboration with local nurses is advantageous. The direct verbal communication exchange with colleagues mitigates and resolves impediments and strains. Providing support to one another, such as covering shifts for those absent or exchanging shifts, cultivating mutual respect and amity, can positively influence collaboration among nurses. FBNs engage in dialogue with their peers to discuss burdensome problems or issues, allowing for reflection and the development of solutions or acceptance.

“Nurses report that they converse with their colleagues about problems or issues that burden them. This exchange of views helps them to reflect the situation and to find a way to solve it or to accept the situation (Schilgen et al., 2019, p. 63).”

b. Workplace relationship with direct supervisors

FBNs exhibit communication avoidance by doing night shifts and weekends due to inadequate mutual trust with their direct supervisors (Al-Nusair & Alnjadat, 2022). Additionally, they refrain from sharing their issues with their supervisors because of uncertainties regarding their supervisors' loyalty and confidentiality (Alexis, 2013). In a Saudi Arabian study, 25% of FBNs felt unsupported by their direct supervisors despite communicating constructively (Al-Nusair & Alnjadat, 2022). Also, migrant nurses experienced a burden from supervisors who demanded complete commitment without valuing their effort (Schilgen et al., 2019).

“Seldom they talk with managers about problems, and they don’t know how loyal they are. They don’t know if they can keep information (Alexis, 2013, p. 966).”

According to the accounts of migrant nurses, there is a perceived disparity in treatment regarding their requests for time off and holiday leave (Schilgen et al., 2019). Additionally, they perceive a lack of involvement by management in their daily activities within the ward (Näre & Cleland Silva, 2021). Conversely, Likupe et al. (2014) stated that Black African nurses in the United Kingdom contend with racial stereotyping from managers, which manifests in inappropriate scrutiny and racial bias. It is demonstrated through comparative measures with other overseas nurses portrayed

as superior to them, resulting in the absence of professional development discussions and limited promotion prospects. Consequently, this experience has reduced motivation and capability among Black African nurses.

c. Workplace relationship with patients and their families

FBNs may encounter stressors in their daily interactions with patients and their families, particularly in instances of death and dying where they must console relatives, as reported by migrant nurses in Saudi Arabia (Al-Nusair & Alnjadat, 2022). Migrant geriatric nurses in Germany have reported instances of discomfort on the part of clients when being attended to by a foreign nurse. Disturbingly, 3 out of 21 female nurses in this migrant cohort have experienced sexual harassment from male clients (Schilgen et al., 2019). In the United Kingdom, managers overseeing black African nurses have reported racism being directed towards their nurses by patients (Likupe et al., 2014). Conversely, migrant nurses and their patients engage in positive interactions. Patients express appreciation for the care provided, which fosters a sense of value among the nursing staff. Moreover, migrant nurses help clients cope by conversing with them (Alexis, 2013).

“Racism from patients was manifested in various ways, but mainly through racist comments and attitudes (Likupe et al., 2014, p. 117).”

LEADERSHIP SUPPORT

The role of leaders is pivotal in supporting FBNs in the workplace. The leadership support theme discusses initiatives that nurse leaders can provide to enhance the FBNs job satisfaction and well-being.

Nurse leaders' role in enhancing foreign-born nurses' job satisfaction and work-wellbeing.

Nurse leaders must assist new migrant nurses in adjusting to their new working environment through cultural training, support, and an introduction program (Alexis, 2013). Moreover, compensatory measures, such as an adaptation period, additional training, aptitude tests, or a combination thereof, can be implemented to address potential barriers. These measures aim to aid the nurses in becoming acquainted with their new host working environment, bolster their confidence in their practice, facilitate their transition process, and guide them in their professional development (Rodriguez-Arrastia et al., 2021).

“It is important to say that cultural training, support and an introduction programme are necessary as these will prepare them for a new environment (Alexis, 2013, p. 967).”

Nurse leaders must prioritise language, communication, equality, cultural awareness, and inclusion to improve FBNs' job satisfaction and well-being. It involves creating strategies to enhance language competence, cultural awareness, and social relations at work (Hamrin, 2019). Nurse managers should receive cultural awareness training to understand the experiences of overseas nurses and implement anti-discriminatory policies and practices that are locally relevant and owned. Nurse leaders receive training in awareness of unconscious bias, which can affect decision-making related to professional development and promotion (Likupe et al., 2014). Nurse leaders must consider the socio-economic aspects of their staff and ensure equality among all members (Almansour et al., 2022).

“The practical implications of this study can be seen in the commitment to help create strategies that improve language competence among immigrant employees and cultural awareness in the workplace by investing in and facilitating social relations at work (Hamrin, 2019, p. 472).”

Effective Communication between immigrant workers and their colleagues is as important as their relationship with their immediate supervisors and should be explored further to promote inclusiveness and healthy employees. Managers must be actively involved in daily activities to facilitate encounters among staff members and prioritise finding solutions that benefit the well-being of all employees in situations of bullying and unfairness (Hamrin, 2019).

6.2 Results from Interviews

A total of 14 Filipino nurses voluntarily took the semi-structured interviews using purposive sampling and snowball sampling. Most are female participants (n=10), and only (n=4) are males. The average mean age is 36.9 years. Most of them work as practical nurses, with (n=12) and only (n=2) working as registered nurses; all currently work in Fenno-Swedish 24-hour elderly care facilities.

Table 2. A total of 14 Filipino nurse participants volunteered for the interview.

		Frequency (n)
Participants	Male	4
	Female	10
Age	30-39 years old	11
	40-49 years old	2
	50-59 years old	1
Current Work Position	Practical Nurse	12
	Registered Nurse	2

Internationally Educated Nurses	Yes	13
	No	1
Years living in Finland.	7-9 years	2
	10-15 years	12
Have studied in Finland		14
Working years in Finland.	3-9 years	5
	10-12 years	8
Geographical Location	Uusima	8
	Ostrobothnia	6

Moreover, only one Filipino-born nurse participant did not study previously as a nurse in the Philippines, and the rest are internationally educated nurses (n=13). The participants' average years living in Finland is 11.9 years while working in Finland's mean average is 9.4 years. Finally, most are from the Uusima region (n=8) and (n=6) from the Ostrobothnia region.

After using content analysis of 14 Filipino nurses who took the interviews, it identified ten main themes that were extracted: motivation to come to Finland, the feeling away from home and their initial thoughts of Finland, personal perceptions of cultural differences and Filipinos' assimilation, professional deskilling, career development and plans, language and communication challenges, working relationship with co-workers, working relationship with clients and their relatives, working relationship with direct supervisor, workplace environment: workload and work-related stress, and suggestions from Filipino-born nurses to nurse leaders. Table 3 (see below) shows the content analysis process of the interviews among Filipino nurses who took the interview.

Table 3. Thematic Content Analysis of the Interviews

Codes	Sub-Themes	Main Themes
Invitation from friends and relatives	Motivation to come to Finland and intention to stay	PERSONAL
Financial reason		
Feeling of Adventure and growth		
Fallen in-love with a local		
Security and better system		
Got homesick, but brief	The feeling away from home and their initial thoughts of Finland	
No prior knowledge of Finland		
I didn't know that Finland is bilingual		
I thought Finnish is the only language		
That they speak English	Personal Perceptions of cultural differences and Filipinos' Assimilation	
Cultural differences with caring for the elderly		
You got self-time in Finland		
Finns are liberal, while we are conservative		
Vacations are taken seriously.		
Filipinos are malleable when abroad	Professional Deskilling, Career Development and Future Plans	
Filipinos can easily adjust		
Felt fine about it, working in elderly care		
Sometimes I feel low, but felt dignified		
No plans to leave yet, maybe sooner		
Studying to be a Registered Nurse		

Cannot talk and froze	Language and communication challenges in the workplace	PROFESSIONAL
I felt I was commanded due to language problem		
Later you will grow with the language		
Difficult to learn but worth it		
Language is a hindrance before, now it's better		
Co-workers avoiding you due to language		
Studying hard for the language		
Gossip against foreign workers	Working Relationships with co-workers	
Bullied by giving all the work to you		
I set boundaries since I don't trust them		
Some Finns are hardworking		
They are welcoming and kind		
We have harmony even though we are different		
Feeling of similar experiences	Working relationships with clients and their relatives	
Foreign co-workers, you feel close		
Some clients can be aggressive due to their dementia		
Racist experience when still a student		
Relatives are amazed of Filipino compassion	Working relationship with the direct supervisor	
Clients feel the FBNS' sense of care		
She felt of racism and favouritism in previous boss		
My boss is talkative, so I don't overshare		
My boss only speaks Finnish		
Responsive, Fair, and direct		
Boss is kind, easy to ask about queries	Workplace Environment: Workload and Work-related Stress	
My boss is approachable		
Its emotionally taxing, it also hurts my back		
I felt burn out		
Sometimes, I wanted to take less workload		
Low energy after night shift		
I feel calm at work, at peace	LEADERSHIP SUPPORT	
Break in routine to help me mentally & physically		
Language should be a top priority		
Learning the language is an integration process		
Foreigner should be treated equal		
Recognition of prior education		
There should be salary increase		

PERSONAL

The personal theme discusses the interviewed Filipino nurses' perspectives on their experiences living and working in Finland. The sub-themes in this personal theme are the motivation to come to Finland and the intention to stay, the feeling away from home and their initial thoughts of Finland, their perceptions of cultural differences and their assimilation, and professional deskilling, career development, and plans.

Motivation to Come to Finland and their intention to stay.

Participants interviewed mentioned several reasons for their motivation to come to Finland. Most of their reasons are invitations from their friends and siblings who have been living in Finland. Some are for financial reasons to help the family, have fallen in love with the locals, and have the feeling of adventure and growth.

"Since my schoolmates are already here and they told me about coming to Finland, so I became interested." (P1) (own translation)

"When I was in Hong Kong working, my sister called me because she was alone in Finland. She offered to study in Finland as a practical nurse. I was originally planning to go to Canada. Luckily, I got accepted by the school and grabbed the chance". (P5) (own translation)

"I was very interested since it will also help the family. I am the eldest, so I wanted to do it... for financial reason." (P11) (own translation)

"It was actually for love." I married a Finnish guy. I went here primarily because of it" (P2)

"The strongest point I wanted to come here is doing it alone. I wanted to do it with my own two feet and the feeling of adventure." (P3) (own translation)

Interviewed Filipino nurses are asked about their intention to stay in Finland. The answer varies individually; the most important for them is that security and a better system felt in Finland, built a family, and for financial reasons.

"For security... I have a child now, and my wife is on maternity leave for nine months with benefits. Even in child daycare, you do not need to pay a big amount." (P6) (own translation)

"Safety, education, activities, there are so many things that Finland can offer. Finland is something for the family." (P13) (own translation)

"I feel at home... I can support my family back home and myself. The government system is good. Medical facilities are convenient and provided. I am happy here in Finland." (P14) (own translation)

The feeling away from their homeland and their initial thoughts of Finland

Filipino-born nurses mentioned missing home when they came to Finland, but the loneliness was not long since they were a group when they arrived in the country.

"I always live with my parents back at home, which is common in the Philippines. It was not that bad compared to others since I came here with other Filipinos, too. We were a group of Filipinos and Indians in one program. In a way, it cured my homesickness because many countrymen surround me." (P3) (own translation)

"When I was about to fly to Finland, I cried since I left someone. However, there were 20 Filipinos in one building when I arrived here. I did not feel homesick since we enjoyed our time together. New friends, they are Christians, and we have the same mindset." (P11) (own translation)

Their initial thoughts of Finland are that it is an English-speaking nation and not bilingual.

"I thought Finland was like the USA, with many people and buildings. When I first saw Finland, I only saw trees. I was expecting that the people here were speaking English. I thought they had their language and could speak English since it is in Europe. Somehow, I was disappointed that it is not English." (P10) (own translation)

"During that time, I did not know that Finland is bilingual. I thought that they only spoke Finnish. Before 2011, social media was not that good and researching something was difficult. I did not know

that Swedish was the place that I would be entering. Because, prior to coming to Finland, I studied the Finnish language.” (P8) (own translation)

Some mentioned that they do not have prior knowledge of Finland.

“Apart from Nokia, I do not have any idea about Finland.” (P3) or “I do not have any idea where Finland is at first, but I only knew it through their popular brand Nokia since it is popular in the Philippines.” (P1) (own translation)

Personal Perceptions of cultural differences and Filipinos’ Assimilation

Interviewees discussed cultural differences between a family-oriented approach and an individualist society when caring for older people.

“At first, I knew already what care is because I studied in the Philippines, but here in Finland, it is different. In our country, the children and the grandchildren are the ones who take care of the grandparents. However, it gives me a new perspective in caring for the elderly.” (P1) (own translation)

“Honestly, it is more physical in Finland to think about it since it is quite hands-on. Compared to Philippine hospitals, patients’ families are more likely to care for them until they get discharged. So, we tried to delegate the task to them in the Philippines. Nevertheless, you cannot do that here (in Finland). They cannot stay in their families’ homes anymore, and they are sent to elderly homes and handled more by us.” (P3) (own translation)

Participants in the study mentioned their observations about the Finnish people and their way of life—the state of solitude, the importance of holidays, and the comparative perception of being liberal.

“Here, you get much self-time. Much time for yourself. I guess that was difficult for me when I started moving here”. (P3) (own translation)

“Cultural difference such as when doing holiday (vacation), we are here in Finland, they are taking it seriously, compared in our country.” (P6) (own translation)

Finns are liberal, and we are conservative; for example, when we call our elderly, we call them not by name but with a term of endearment to give respect, while the Finns only call them by their names, but it does not mean there is no respect. I got weirded out, but I got used to it later.” (P8) (own translation)

They have observed that the tides have changed after many years in Finland.

“When we arrived in 2008, they were not open about us and were not used to it. However, today, it is getting better since there are many young people.” (P5) (own translation)

“11 years ago, not all shops could speak that much English, and it is not that common when they see foreigners. (P8)” (own translation)

"Finland is not ready to have foreign workers back then. Having foreigners working in the healthcare sector is still shocking for them. (P12)" (own translation)

The malleability of Filipinos when they live and embrace other cultures was mentioned in the interviews.

"That is why Filipinos are malleable when going abroad; we treat it as going to someone's house, and in some way, you have to respect their culture and adjust to it. Eventually, you learn their culture, and in some way, you adapt it to yourself." (P3) (own translation)

"I think most of us, we can easily adapt just like the water. Everywhere we go, we are soluble." (P4) (own translation)

"Filipinos are very happy, enthusiastic, and always singing. However, you have to consider that Finnish people do not do so much, consider that part that they like tranquillity and a calm environment." (P13) (own translation)

Professional Deskilling, Career Development and Future Plans

Most Filipino-born nurses interviewed had obtained bachelor's degrees in nursing and practical nursing qualifications in the Philippines before relocating to Finland. The issue of deskilling has been a significant concern among internationally educated nurses working in Finland for a considerable period. The interview participants expressed diverse perspectives on this matter, with some initially unwilling to accept it but eventually embracing it.

"Before I felt that it was low, compared to what I do previously. But in Finland, I felt the dignity of labour (...) that everyone is important in the society." (P2) (own translation)

"When I arrived in Finland, working as a personal nurse, I felt degraded, had low self-esteem, and was demoted. I told myself while crying, "I am a licensed nurse in my country and have hospital experience!" I later accepted it and told myself, "I am here to work!" (P4) (own translation)

At first, it was difficult to accept since being a practical nurse is menial and routinary, far from my previous work in the Philippines. Nevertheless, as time passes, I have accepted that this is my level of work. (P9) (own translation)

"Somehow, I felt fine about it. Here in Finland, there is still a lot to learn and integrate." (P7) (own translation)

"I felt fine with it and did not feel low about it. I did not feel bad, even though my position here was different." (P12) (own translation)

Furthermore, most Filipino-born nurses stated during the interview that they have not yet developed specific plans. Some expressed aspirations to advance in healthcare, while others considered transitioning to different careers. The rest of the participants discussed their working life plans.

“At the moment, I am just chilling. I have experienced great calmness working for ten years as a practical nurse.” (P3) (own translation)

“I do not have plans related to my career now, and I do not want to step up the ladder.” (P9) (own translation)

“I do not have plans but tried to shift to another career. I cannot answer it yet, since I am satisfied now with the kind of work I have right now.” (P11) (own translation)

“Since my brother finished his bachelor’s degree, I am now taking my bachelor’s degree in nursing and trying master’s degree afterwards.” (P12) (own translation)

“I wanted to study culinary. I wanted to be a multi-knowledgeable person that will benefit me in the future” (P13) (own translation)

“I want to work as long as my body can... If my body cannot work anymore. I will stay in Finland and find a less stressful job.” (P5) (own translation)

PROFESSIONAL

The professional central theme tackles Filipino nurses’ personal experiences at work and job satisfaction challenges. The sub-themes of professional main themes are language and communication challenges, workplace relationships with co-workers, clients and relatives, working relationships with the direct supervisors, and their workplace environment: workload and work-related stress.

Language and communication challenges in the workplace

Filipino-born nurses faced difficulties in their work environment, especially with workplace language and communication challenges. They felt local nurses could control them due to their low communication skills, experienced freezing moments and were reluctant to answer phone calls when they started working. They attributed these challenges to the stress caused by the language barrier between themselves and their Fenno-Swedish colleagues.

“When I was still not confident in my Swedish language, I felt that they were commanding me, and I just did what I was told and followed what they were saying. Due to the language barrier, I cannot defend myself.” (P10) (own translation)

“When I was a student, I just froze and could not talk when I did not understand what they were saying, and I even refused to take calls. Fenno-Swedish are avoiding you since they see you as a hassle (P1) (own translation)

"I understand the feelings of the Finns since it is stressful at work wherein you are communicating, but nobody understands you." (P2) (own translation)

Nevertheless, most interviewees emphasised the time-consuming nature of language acquisition and actively engaged in discussions about their personal learning experiences to mitigate challenges posed by the language barrier.

"It has been a journey, ... difficult but worth it. It feels free when you finally connect with people using their language." (P3) (own translation)

"Until now, I am still learning. That is the good thing about conversing with the clients. I can learn more in speaking Swedish." (P9) (own translation)

Now, I can speak spontaneously and get better. If I speak with Swedish speakers, I can speak straight. Moreover, my husband is Fenno-Swedish, and we speak Swedish in the house, so I am at ease using it. My Swedish is even better than English since I use it constantly." (P8) (own translation)

"As time goes by while learning the language, it will be easier and easier in the care part" (P1) (own translation)

"The language, you have to study hard. In some places, they use dialects you cannot understand. Moreover, you have to ask, and you have to be persistent and brave. "I can do this!" (P4) (own translation)

Working Relationship with Co-workers

Filipino-born nurses must adjust to a new environment, particularly in a multicultural workplace. Establishing a dynamic relationship with co-workers from different backgrounds, including Fenno-Swedish and other foreign nationalities, presents challenges and positive aspects. Some of the challenges they encountered included bullying, trust issues, and gossiping.

"Before, I felt bullied by them like talking behind my back, and some Filipinos told me they have experienced it too. I do not take it personally; but now, their attention is not on me anymore." (P7) (own translation)

"I felt bullied when I started working. I realised that when co-workers see you as hardworking, they will take advantage and give everything to you (most clients)." (P5) (own translation)

"I do not talk about personal matters because I do not trust them. They might gossip me to the boss." (P6) (own translation)

"At work, I think they do not like it if you cannot get the instructions immediately. You can get their trust if you have initiative at work. Asking questions is not a problem, but you should not ask the same question often. It can also irritate them." (P12) (own translation)

Otherwise, positive aspects such as being hardworking, welcoming, and harmonious despite the differences are those observed by Filipino-born nurses.

“Some Finns are hardworking, even those who are old and have been in the workplace for a long time.” (P2) (own translation)

“Very welcoming, very kind. So, I did not feel I was a foreigner in that place. (P8) (own translation)

“I am very blessed because I have great workmates. We have harmony even though we have different personalities. It was from my old place where I worked for seven years in Central Finland. My communication with them is excellent, and we understand each other very well. (P14) (own translation)

Filipino-born nurses actively discuss their work relationships with other foreign nationalities, highlighting their shared experiences and sense of closeness.

“We share a common thing with them, and we are in a foreign land. We have had similar experiences with them. I do not see any differences, honestly.” (P3) (own translation)

“You feel close. Right now, I have a co-worker that is from India; she is the one who guides me at work and even told me not to resign, and just stay here.” (P5) (own translation)

When I started, some foreigners I was working with, such as substitutes, also had the same struggle, such as the language. We understood each other's problems due to the similarity of our issues.” (P8) (own translation)

Working relationships with clients and their relatives

Nurses play a vital role in delivering top-quality patient care. They serve as the link between doctors and advocates for clients' families. Various challenges and positive aspects emerge in a multicultural setting where nurses come from different nationalities. In the interviews, various positive feedbacks from Filipino-born nurses emerged when caring for clients and communicating with relatives.

“A client's relative once told me that despite being small, I can respond quickly; and was impressed with the Filipinos' level of compassion compared to others” (P8) (own translation)

“They like it when Filipinos work because they can feel the care. Some workers told me that clients are happy when I am coming to work.” (P9) (own translation)

“A client's relative approaches me about a certain pain medication. I was able to explain properly and was thankful for the information. I felt good that I comfortably expressed myself in Swedish and felt they trusted me.” (P4) (own translation)

Filipino-born nurses also experienced challenges in the multicultural environment. Various issues with their clients and their relatives that they felt were racial discrimination, client aggression, work toxicity and doubt of their expertise.

“There is one client that is aggressive and will not listen to women carer, and he almost punches me. I was traumatised and refused to take care of that client.” (P7) (own translation)

“When I was a student. One client told me I am unhygienic since my hair is not coiled.”(P11) (own translation)

“I experienced racism when I was administering medication. One relative entered the medicine room (only nurses are allowed there) and asked if I knew about the medication, we were giving his/her mom, not even saying politely.” (P12).

“Sometimes, I encounter toxic clients and relatives. Those clients are strict and specific, and relatives are too perfectionist and demanding. Some clients will challenge your Swedish language, yet it was basic then.” (P14) (own translation)

Working relationship with the direct supervisor

Direct supervisors are crucial in nurses' daily work life and career development. The effectiveness of their working relationship with these supervisors significantly impacts nurses' job satisfaction levels. Most of the interviewed Filipino-born nurses have more favourable opinions about their supervisors than challenges.

Their direct supervisors are accommodating, approachable and more open to new cultures.

“Accommodating (...) listens to concerns and is competent. Very driven and finds ways to make the workplace work. I can open up, and if there are mistakes, I can talk to my supervisors and try to be as neutral as possible.” (P13) (own translation)

“Approachable (...) our relationship is excellent. I am not shy with my boss. If I make mistakes, my boss will personally message me.” (P11) (own translation)

“Kind (...) easily ask for queries. My boss is young, and I think this new generation is more multicultural compared to old ones.” (P5) (own translation)

“With the boss, I like our boss, and if you need her, she is quick to respond” (P2) (own translation)

Other interviewed Filipino nurses also discuss challenges.

“I felt favouritism and racism from my previous boss. I was not given a permanent contract after working more than one year, yet they had given it right away to newly hired Fenno-Swedish caregivers.”(P4) (own translation)

“My boss is talkative, so I do not overshare, like not sharing my personal life situation.” (P6) (own translation)

“My boss only speaks Finnish, so she does not contact us that much.” (P7) (own translation)

“I was not given a permanent contract after working for 5.5 years. The boss told me that I needed to get a Swedish test score of 4. I felt no hope, so I resigned” (P12). (own translation)

Workplace Environment: Workload and Work-related Stress

The workplace environment significantly influences nurses' job satisfaction. In particular, the workload and work-related stress shape nurses' perceptions of their workplace and impact their

performance. A competent and high-quality workplace environment remains crucial for enhancing nurses' overall work experience, even in multicultural settings.

Filipino-born nurses' interviews mainly mentioned challenges when there is a nursing shortage, feeling burned out and mentally draining.

"If the substitutes are mostly students, it will be heavy since I am responsible for all clients' medicines while helping clients that sometimes are heavy. I feel burned out when there is a nursing shortage. Although physically I am fine, my mind is not" (P4) (own translation)

"This week, we got new workers who need help with the workarounds, but you still have to assist clients. These situations increase my workload, and it will be heavy sometimes." (P6) (own translation)

"I went burn out in the Covid time. Co-workers always talk negatively about it." (P10) (own translation)

"Night shift is psychologically heavy when clients are in palliative care, or when clients walked at night when they confused." (P8) (own translation)

"I am a night shifter, and it is exhausting when morning comes. The effect is that I cannot do chores even on days off due to low energy, but it is not stressful. Sometimes, I feel tired doing routine work." (P11) (own translation)

The interview mentions the positive experiences of Filipino-born nurses who participated.

"Flexible time (...) having own time (...) I like my new place having two shifts only, compared to three before" (P1) (own translation)

"It is not heavy compared to working in hospitals" (P7) (own translation)

"With my new workplace, I am satisfied since I am not alone working in the night shift, compared to before. It is perfect for me. I do not have any complaints." (P11) (own translation)

These Filipino-born nurses are most likely to experience stress at work. They have identified strategies to combat work-related stress in the workplace environment.

"I spend my days off doing my hobbies to preserve my mental health" (P2) (own translation)

"I do break in the routine by working in other places or find hobbies or going to Filipino community support group to protect my mental and physical health." (P6) (own translation)

"I connect with my Filipino community once a week, so that is why my social life is fine." (P11) (own translation)

LEADERSHIP SUPPORT

The leadership support theme focuses on the interviewed Filipino nurses' suggestions for nurse leaders to support them in coping with the challenges experienced in a multicultural work environment.

Filipino nurses offer collated suggestions to nurse leaders and organisations to improve the conditions for Filipino nurses and other foreign nurses. The most important thing for them is to improve their language and communication.

“Work with language, since it is a priority. Since most Filipinos are internationally educated nurses already, then the language should be a top priority.” (P7) (own translation)

“Employers should have patience and encourage Filipinos to learn the language. It would be good if employers can provide intensive language training programs for their foreign workers:” (P8) (own translation)

“They should focus more on internationally educated foreign workers and focus more on language.” (P11) (own translation)

“Before they hire, they have to learn the language first so that it will be easier for the employer. I heard that those who work recently had language training, but it is just basic.” (P9) (own translation)

Interviewees mentioned cultural competence and discrimination prevention.

“There is a chance that some foreigners in Finland will experience racism. Hopefully, employers should listen; not all foreigners are liars. They should provide importance to zero tolerance on racism since they wanted foreign workers.” (P8) (own translation)

“They should not train internationally educated nurses in the hospital settings again but focus more on the language. They can also filter foreign workers may be a thorough examination for their competence since Finland now needs more nurses in the hospitals.” (P11) (own translation)

“Fewer people are now interested in this kind of work. I think they should give incentives to those who are interested in studying nursing. Perhaps, due to economic reasons, fewer people wanted to study nursing.” (P3) (own translation)

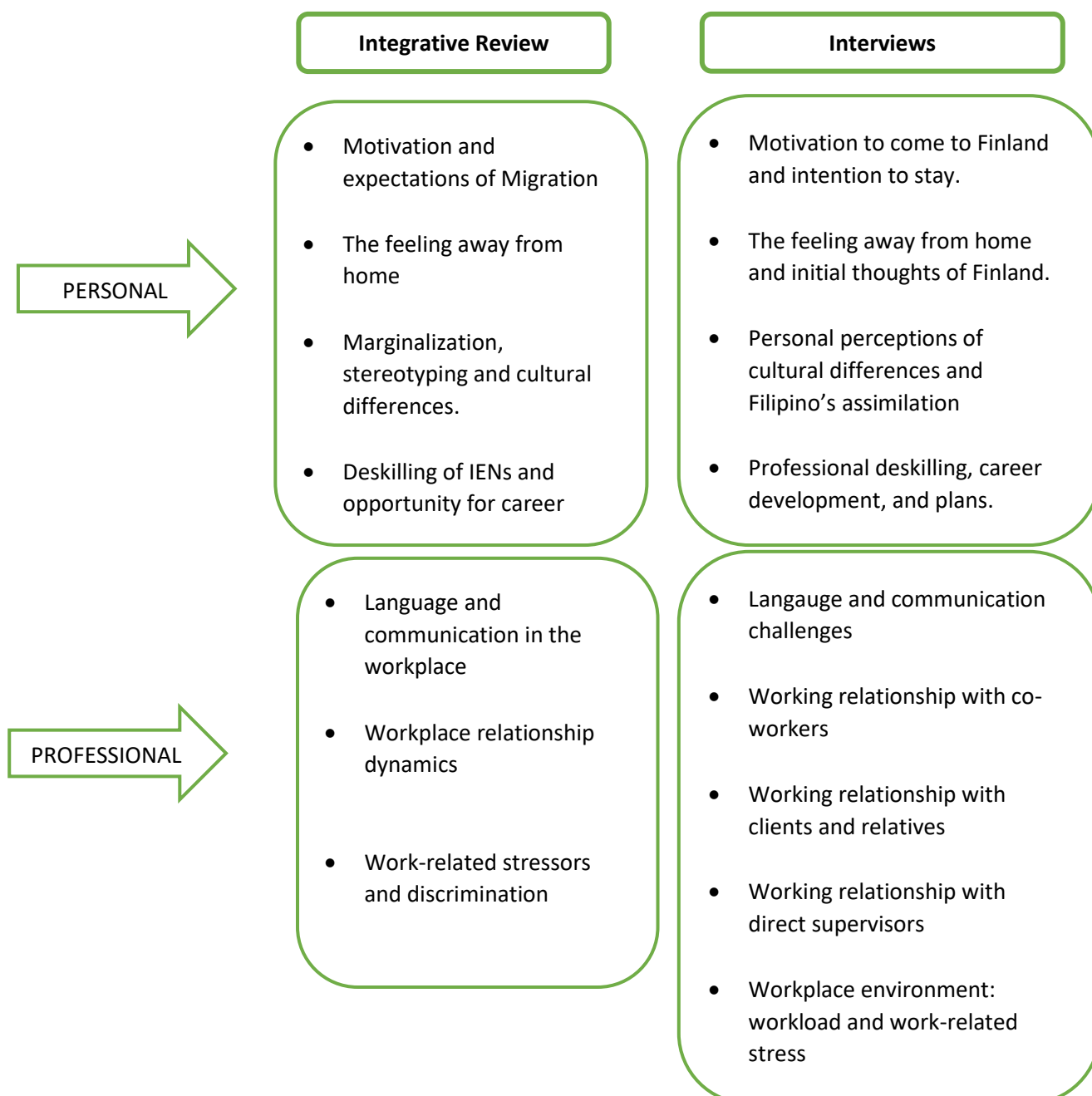
“If they wanted to be competitive in other Nordic countries, like Norway, they should increase their (salary). Hopefully, Finland will listen to the burden we experience since the older population keeps increasing.” (P8) (own translation)

7. Discussion

This study aims to elucidate the job satisfaction challenges encountered by Filipino nurses in Finnish healthcare services, specifically those within the Fenno-Swedish context. Additionally, it seeks to identify factors influencing Filipino nurses' job satisfaction and well-being while proposing an efficient support system for nurse leaders to address these challenges. This chapter discusses the study's results, methods, trustworthiness, and limitations.

7.1 Discussion of the results

There is a significant fraction of similarity and some differences between the results from the integrative review and the interviews performed. In the integrative review, the data collected was from the FBNs' experiences of their job satisfaction challenges and work well-being in a multicultural work environment and their personal view of their life outside of their homeland, and these studies were from different countries. Likewise, the Filipino nurses who took the interviews also had almost the same experience in Finland working in the Fenno-Swedish healthcare service; moreover, most participants mentioned challenges and positive experiences. Figure 3 (see below) shows the graphical flow of the findings between the integrative review and the interviews, reflecting the congruences of sub-themes from three main themes: personal, professional, and leadership support.



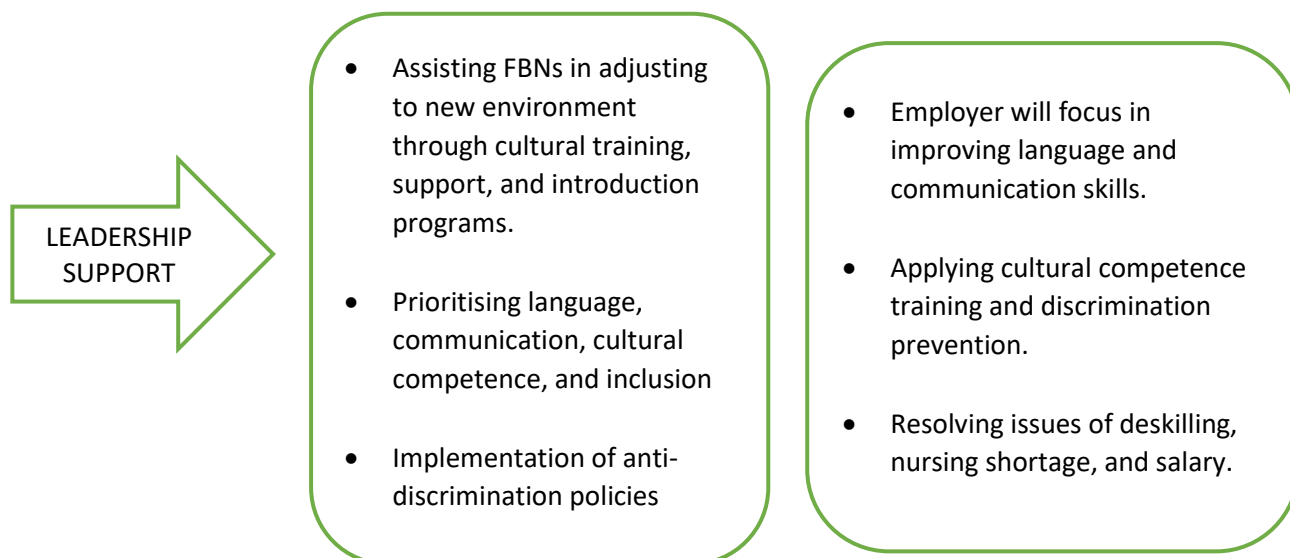


Figure 3 Results between Integrative Review and Interviews

PERSONAL

A study in the United Kingdom among Spanish nurses found that their motivation to move to another country is due to financial reasons, lack of opportunity, and just wanting to leave their comfort zone (Rodriguez-Arrastia et al., 2021). However, interviewed Filipino nurses spoke about their motivations for coming to Finland. Their friends and family swayed them to come to Finland. Others are due to financial reasons, falling in love with a local, and a sense of adventure. Their intention to stay in Finland also varies individually. These factors are security, a better governmental system, family building, and financial reasons. FBNs intends to stay in most first-world countries due to socio and economic opportunities for their children and families, better future for their children and educational opportunities, high salary, safe environment, and highly advanced medical care (Abuliezi et al., 2021; Salami et al., 2018).

Almansour et al. (2022) and Al-Nusair & Alnjadat (2022), in their separate studies, stated that most of the IENs who worked in Saudia Arabia significantly affect their happiness when being away from their families and friends, and it is difficult to work when they thought of their families. The interviewed Filipino nurses mentioned missing home, but it was not that long since most of them came to Finland as a group; the support from each other provided them with a net for emotional stability. Additionally, interviewed participants initially thought Finland was bilingual and English-speaking; some had no prior knowledge of the country. In support, Alexis (2013) stated that IENs are left in an unfamiliar world, unprepared for it, and feel removed from their known environment.

The interviewees discussed cultural differences concerning the care of the older population. In the Philippines, due to its family-oriented nature, older generations are cared for at home by their family members, compared to Finland, an individualistic society, where professional care is provided to the ageing population. Calenda et al. (2019) affirmed the authenticity of this notion in their interviews with Filipino nurses, where they observed a reflection of the Philippine tradition of caring for elderly family members; nevertheless, this practice can lead to conflicts when these nurses fulfil their professional duties, potentially resulting in instances where they excessively empathise with patients and provide care reminiscent of familial roles. Furthermore, interviewed Filipino nurses discussed their experience of adapting to the Finnish way of life, like tranquillity and time for self. Some Filipino nurses who took the interview mentioned that Filipinos exhibit high adaptability to new environments and cultures over time.

Filipino nurses tackled professional deskilling in Finland. Initially, they had difficulty accepting it but eventually embraced it. Based on the article of Näre & Cleland Silva (2021), recruited Filipinos in Finland accept deskilling rather than going home to the Philippines due to differences in work opportunities. Similarly, a study among Latvian IENs stated that they have not felt discriminated against despite being deskilled and downgraded in Norway's elderly care homes, compared to Swedish nurses who can transfer anytime to any hospital (Knutsen et al., 2020). Furthermore, most of the interviewed Filipino nurses have not decided on their career development or plans despite their long years working in Finland. Some interviewees wanted to develop their careers, and some wanted to move to another career path. A study in the United Kingdom about IENs working in hospitals, if the main purpose of recruitment is to solve the nursing shortage and not the IENs professional development then it will lead to these nurses to opt for a more technical practice or a better pay; otherwise, supporting the IENs need for professional fulfilment then it could commensurate to nurse's longer retention (Leone et al., 2020)

PROFESSIONAL

The language barrier and communication challenges in the workplace significantly impacted Filipino nurses. The language barrier intensifies workplace stress, detrimentally influencing work methods, and is crucial in diminishing job satisfaction among FBNs (Almansour et al., 2022; Al-Nusair & Alnjadat, 2022; Schilgen et al., 2019). Additionally, Näre & Cleland Silva, (2021) mentioned that in Finland, the insufficient proficiency of Filipino nurses in the Finnish language served as a convenient basis for discrimination against them. During the interviews, the Filipino nurses reported instances where local nurses took advantage of them due to their limited language proficiency. They also

discussed situations where they avoided answering phone calls and felt uncertain when faced with communication they could not comprehend. However, as time passed, they mentioned that they could communicate and express themselves well in the local language at work but suggested further improvement.

Filipino nurses discussed their experiences with local nurses and other foreign-born nurses in a multicultural work environment, with positive and challenging factors. They observed positive aspects of being hardworking, welcoming and creating a space for harmonious work. In reflection, Schilgen et al. (2019) stated that mutual respect and friendliness begets positive influences on nurses' collaboration, and mutual support and verbal exchange among colleagues minimise barriers and work stress. Challenging factors are expressed by interviewed Filipino nurses, like bullying through talking behind their backs, having trust issues, and gossiping. A study among immigrant nursing assistants in Sweden stated that local nurse's group together and gossip during breaks, leaving immigrant nurses out. Hence, immigrant nurses felt uncomfortable taking part in conversations and scared that they would be subject to gossiping (Hamrin, 2019).

On the other hand, interviewed Filipino nurses are asked about their work relationship with other nationalities, and they have observed shared experiences and a sense of closeness. This statement is true based on a study by Schilgen et al. (2019), who stated that they felt comfortable working with other nationalities because they shared similar experiences. Moreover, immigrant nurses felt they could only count on the support and help from other FBNs (Hamrin, 2019).

Filipino nurses discussed their work relationships with their clients and relatives. Various challenges and positive traits emerge from the interview. Some clients and relatives are impressed and appreciate how compassionate Filipino nurses are. Some clients are even happy when they come to work, and the level of trust the relatives give to Filipino nurses. Likewise, in a qualitative study in England among interviewed migrant nurses, some clients appreciated the care given; hence, it contributes to the feeling of being valued and helps them to cope with work stress (Alexis, 2013). Other interviewees also mentioned challenges: racial discrimination, client aggression, and doubtfulness of their expertise. Similar issues based on the study in Germany among interviewed FBNs in a geriatric ward also mentioned that clients feel uncomfortable being taken by foreign nurses and reports of sexual harassment by male clients (Schilgen et al., 2019).

Filipino nurses in the study interview asked about their working relationship with their direct supervisors. Most interviewees observed that their supervisors are accommodating, approachable, and open to new cultures. Schilgen et al. (2019) stated that an appreciative supervisor motivates, supports nurses, and visualises commitment during challenging times or organisational changes. Moreover, managers who promote inclusivity are those who support a positive work environment that is safe and less stressful as they adapt to new environments (Zanjani et al., 2021). Otherwise, some Filipino nurses expressed challenges with their direct supervisors, mainly when starting work in Finland. Favouritism among workers, supervisors that engage in gossiping, discrimination and avoidance of communication due to lack of language skills are some challenges that Filipino nurses encounter with their direct supervisors. In the existing literature, migrant nurses felt that the managers were distant to them in daily activities (Näre & Cleland Silva, 2021); they also felt unequally treated, such as wishing for days off or holidays among migrants, as well as not giving appreciation for their work and not protecting them from offences (Hamrin, 2019; Schilgen et al., 2019); and often they do not communicate with their managers since they cannot determine their manager's level of loyalty and there is no assurance if managers can keep sensitive information (Alexis, 2013).

Workplace environment shapes job satisfaction among Filipino nurses regarding workload and work-related stress. Interviewed Filipino nurses mainly stated their challenges when there is a nursing shortage, the feeling of burnout, and it is mentally draining. In a study in Saudi Arabia among migrant nurses, the main factor of their occupational stress is the workload they have experienced, having a high nurse-patient ratio, writing detailed documentation, and time pressure (Al-Nusair & Alnjadat, 2022). Additionally, handling heavy clients turns out to be a burden when transferring from one place to another, and another nurse expressed that it could be stressful when one cannot distance oneself from work (Schilgen et al., 2019). On the other hand, Filipino nurses also revealed their strategies to protect themselves from work-related stress. Some strategies include finding hobbies while on a day off and connecting with the Filipino community. Al-Nusair & Alnjadat (2022) stated that coping mechanisms include physical activities like going to the gym or walking, communicating with families through video chat or calls, praying, making friends, or even self-appeasement to minimise the effects of work-related stress.

LEADERSHIP SUPPORT

Filipino nurses were interviewed about their suggestions to nurse leaders and organisations to calibrate the job satisfaction level of these nurses. Most of the interviewees proposed an

improvement in their language and communication skills. Employers should prioritise providing training and programs to improve language and communication skills among foreign nurses. In coherence, a study in Sweden stated that employers should commit to helping in creating strategies to develop competence in language and communication among migrant nurses together with cultural awareness in the multicultural workplace environment through capitalising on social relations through interactions, not just in meetings, in order to produce space for discussion and reflection (Hamrin, 2019).

Cultural competence and discrimination prevention are also highlighted by interviewed Filipino nurses. A study in the United Kingdom recommended cultural training and introduction programmes for newly hired foreign workers to prepare them for the new environment (Alexis, 2013); moreover, proposing a support program for foreign nurses to help them know their host working environment, support them in the transition process, and guide them in their professional development (Rodriguez-Arrastia et al., 2021). Moreover, the managers need to be aware of foreign nurses' experiences, and it is on this awareness that they can formulate an anti-discrimination policy that is relevant to them (Likupe et al., 2014).

For policymakers, Filipino nurses who took the interview also mentioned other challenges, such as the deskilling of IENs in Finland. In the United Kingdom, a study among deskilled Nepali IENs who worked in long-term care resulted in their lack of professional development and low job satisfaction. Hence, the study recommended that there should be a policy for migrant workers aligned with the broader workforce policy in supporting nurses that match their expertise and career pathways; likewise, nurse managers and policymakers need to discover ways to use their talents in a better way (Adhikari & Melia, 2015). Filipino nurses also mention the nursing shortage in Finland. They observed that only a few people nowadays are taking nursing careers. The third factor they highlighted is the salary, which they should make remuneration competitive so that many will take the nursing career path.

The study uses the salutogenic theory by Anton Antonovsky to interpret the result. The theory assumes that the human environment is stressful in all aspects and that applying the "sense of coherence (SOC) in this social and physical problem continuum can progress towards a healthy end. It has three components: comprehensibility, manageability, and meaningfulness. Additionally, to manage stressors in life, one must have generalised resistance factors or GRRs.

Leadership support is crucial in applying the salutogenic component in strengthening Filipino or foreign nurses when moving into a new environment. The interviews and the existing works of literature had expressed comparatively the strengths and weaknesses of their personal and

professional challenges that determine their level of job satisfaction. Applying these components will bolster them from the friction of work and personal-related stress.

When Filipino nurses comprehend their new environment, they see order and clarity when facing personal or work problems. Problems such as linguistics and embracing a new culture pose problems when moving to another country; hence, leaders should initiate language support cultural orientation and provide easy access to information. Another component is manageability; Filipino nurses can be overwhelmed by the demands of society and work. Hence, direct supervisors have a significant impact as their resource to cope with stress, and leaders can provide necessary support and resources to Filipino nurses to manage their new lives in another country. Lastly is the sense of meaningfulness. Leaders provide support and understanding in the emotional connection of Filipino nurses' purpose, meaning, and motivation for coming to another unfamiliar environment despite the problems experienced. Thus, it will heighten their commitment and loyalty towards work.

7.2 Discussion of the Methods

The methodology used in the study are integrative review and semi-structured interviews, thus showcasing the differences and similarities of the included literature reviewed compared to the interviews gathered. The integrative review follows a step-by-step process of analysing data for the review of related literature: literature search, data evaluation, and data analysis (reduction, display, comparison, drawing and verification). The first step is the literature search, applying search terms and inclusion and exclusion criteria to identify relevant primary sources in the database. In assessing the data collected, the researcher evaluated the research design, methodology, and rigour to check the methodological quality of the articles using the CASP checklist for evaluation. Hence, ten articles are included after the second step is performed. The third step is data interpretation (analysis). The ten articles are organised, coded, categorised, and summarised using content analysis to extract data that answer the study's problem statement.

A semi-structured interview among Filipino nurses was initiated to produce a comparative analysis of the collected literature. The researcher used purposive and snowball sampling to identify the study participants. Facebook Messenger delivered the invitation and the consent letter to the target participants. Fourteen Filipino nurses in the Fenno-Swedish healthcare service volunteered to take the survey. After setting the date and time of the interview, the WebEx meeting app was used as the platform for the interview and recorded. The interviews were transcribed and translated into English. The collected data were organised into codes, then categories, and themes and concepts were produced using content analysis. Finally, identifying the similarities and

differences between the articles collected and the interviews gathered to produce a concrete result.

Ethical principles in conducting the study are applied transparently. Appendices II and III showcase the invitation letter and the consent form sent to the target participants of the study. The content is clear and concise, showing the study's aim and purpose, the manner of the interview process, the researcher's information, informing that the study is voluntary and invoking the confidentiality clause, that they can cancel any time in the middle of the interview, and that there is no disclosure of personal information. The consent form is read and agreed upon prior to the interview. Hence, the research implies that the welfare of the participants comes first, that the study strives for society's benefit, and that the research is conducted without favour and does not seek to exploit or disadvantage participants.

7.3 Trustworthiness of the study

The “*golden standard*” in assessing the quality of the qualitative study follows the criteria set by Lincoln and Guba. In assessing the trustworthiness of the study, there are five criteria: credibility, dependability, confirmability, transferability, and authenticity (Polit & Beck, 2014). The researcher's findings are worthy of the audience's attention, which is the main aim of trustworthiness in a qualitative inquiry (Elo et al., 2014). Credibility is a vital facet of trustworthiness; it is reachable when the research method imposes a sense of confidence in both the accuracy of the data and the understanding of the researcher of the data (Polit & Beck, 2014). Establishing credibility is when several sources of information are repeatedly mentioned, creating a similar pattern (Stahl & King, 2020).

This study utilised an integrative review and semi-structured interviews to address the research goals effectively. The review carefully analysed ten peer-reviewed articles, bolstering the existing knowledge base. Furthermore, in-depth interviews were conducted with 14 Filipino nurses, and an intensive inductive analysis of these interviews unveiled recurring patterns and shared viewpoints. This methodological synthesis facilitated a comprehensive exploration of the research subject, thereby enriching the findings' depth and validity.

Dependability refers to the evidence that is stable over time (Polit & Beck, 2014). Moreover, peers have reviewed the data utilised in the study, and it has remained stable over time across varying conditions (Elo et al., 2014; Stahl & King, 2020). Compared with the interviews, the data used in the study are all peer-reviewed as part of the inclusion criteria. Thus, replication of the study and copying inquiry is allowed if the participants and the context are the same. The third perspective is confirmability; the study's objective is to analyse the extracted results from the participants'

interpretation and the study context, not the author's biases (Polit & Beck, 2014). Therefore, to ensure the study's objectivity, it is necessary to include direct quotations from integrative reviews and interviews. Transferability, also known as generalizability, in which the findings can be used or applied in other settings or cohorts (Polit & Beck, 2014). The study results are the product of different peer-reviewed articles used in the study, transferring the information gathered in this research context. Hence, it is possible to use the results of this study in different settings and cohorts. Lastly, authenticity refers to the extent to which the researcher accurately represents the perspectives, experiences, and voices of participants or subjects in the study (Elo et al., 2014; Polit & Beck, 2014). Writing the words in quotations mentioned in the interviews among Filipino nurses proves the study's authenticity and captures those study subjects' genuine and live experiences.

7.4 Limitations of the study

This study qualitatively described the job satisfaction challenges of Filipino nurses working in Swedish-speaking healthcare services in Finland, identifying the factors that affect their job satisfaction and well-being at work and providing an effective support system for nurse leaders in addressing these challenges. While the study provides valuable insights on the topic, it is also essential to recognise and consider several limitations when interpreting the results.

For the sample size, only 14 Filipino participants voluntarily took the interview. The study can gain more diverse perspectives if the volunteers are many. However, the number of participants is few due to time constraints and financial capacity. The study cannot be generalised from the perspective of all the Filipino nurses working in Finland since it only covers the nurses working in the Fenno-Swedish healthcare services. The data collection follows a non-probability purposive sampling to deliberately select specific individuals since the researcher identified and believed they could provide the information and insights needed in the study. Moreover, ethical considerations, such as ensuring participant confidentiality and obtaining informed consent, have constrained our study's scope. Our inability to delve deeper into certain sensitive aspects of the job satisfaction challenges of Filipino nurses in Swedish-speaking healthcare might limit the comprehensiveness of our findings.

In conclusion, it is crucial to interpret the findings within the context of these limitations. By acknowledging these constraints, the researcher aims to provide a transparent assessment of the study's scope and potential impact on the field.

8. Conclusion

The study aims to qualitatively describe the challenges that affect job satisfaction and well-being among Filipino nurses working in the Swedish-speaking healthcare services in Finland. Consequently, to identify the role of leaders in enhancing the job satisfaction and well-being of Filipino nurses. Comparatively, there are many identified similarities and few differences in describing the challenges that affect job satisfaction and well-being among Filipino nurses. This study generated three themes: Personal, Professional, and Leadership support.

Understanding the personal perspective of Filipino nurses has a notable impact on their job satisfaction. Motivations for moving to Finland vary, including invitations from contacts, financial considerations, and the desire for new opportunities. Socio-economic security and the appeal of a more advanced society influenced their position to stay in Finland. Group support mitigates homesickness, and adaptation to Finnish culture improves over time. Initially, some nurses struggled with the perceived devaluation of their education, but they eventually accepted the situation. Few felt discriminated against due to role adjustments, considering their opportunity to practice in Finland a significant achievement. Lack of career support from leaders, however, affects their professional fulfilment.

From the professional perspective, Filipino nurses working in the Swedish-speaking healthcare service face both positive factors and challenges. Initially, language limitations led to perceived discrimination, though this improved over time with language enhancement efforts. Interactions with Fenno-Swedish colleagues were positive, marked by harmony and diligence, yet gossip-driven bullying and trust issues posed challenges. Collaboration with colleagues from various nationalities was comforting due to shared experiences. Client interactions brought an appreciation for the nurses' compassion, contributing positively to their well-being. However, they also encountered challenges such as racial bias, client aggression, and doubtfulness. Most supervisors fostered inclusivity and positive environments, but some can be challenging, like favouritism, gossip, and trust-related communication issues. Work-induced stress arose from nursing shortages, burnout, and emotional exhaustion, resulting in occupational stress. Coping strategies included engaging in hobbies and connecting within the Filipino community.

Leadership support is pivotal in enhancing Filipino nurses' job satisfaction in Swedish-speaking healthcare by prioritising ongoing language and communication skills improvement, cultural competence training, and discrimination prevention efforts. Policymakers can mitigate the issues of nursing shortages through competitive remuneration and resolve the issue of deskilling among internationally educated nurses, as suggested by Filipino nurses interviewed.

Overall, this study emphasises the congruencies of other literature related to FBNs' job satisfaction challenges and work well-being from other countries and the interviewed Filipino nurses in Finland working in the Fenno-Swedish healthcare service. Therefore, leaders can replicate recommendations from other studies to enhance Filipino nurses' job satisfaction and work well-being.

This study significantly impacts the burgeoning knowledge of nursing, specifically in nursing leadership, job satisfaction, and work well-being. Additional exploration and future studies are needed to fully grasp the job satisfaction challenges of all Filipino nurses and other nationalities in Finland.

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APPENDIX I Included studies for the integrative review.


Included Studies of the Integrative Review

No.	Title and Author, (Year)	Location	Sample Size	Design	Method	Results
1	Home and expatriate nurses' perceptions of job satisfaction: Qualitative findings. Almansour, H., Gobbi, M., & Pritchard, J. (2022).	Saudi Arabia	26 IENS	Descriptive Qualitative Study	Semi-structured interview	Five themes were identified: 1. Family, 2. Language and communication, 3. fairness and remuneration, 4. moving into the future, and 5. professionalism.
2	Investigation of the Experience of Immigrant Nurses in a Diverse Cultural Setting. Al-Nuair, H., & Alnjadat, R. (2022).	Saudi Arabia	246 IENS - survey, 20 IENS - semi-structured interviews	Mixed-methodology approach	Quantitative Survey and Semi-structured interviews	The study found out that: 1. Immigrant nurse are stressed, 2. Receiving high pressure from work, 3. Struggling to get cultural skills, while, 4. Meeting the demands of their patients' cultural and spiritual needs, and sustainable high level standard of care.
3	The (mis)management of migrant nurses in the UK: a sociological study. Adhikari, R., & Malla, K. M. (2015).	United Kingdom	21 Nepali IENS	Qualitative: Multi-sited ethnographic approach	In-depth interviews	The study found out that IENS lack career choices and professional development opportunity, that leads to frustrations and job dissatisfaction.
4	Work-related barriers and resources of migrant and autochthonous homecare nurses in Germany: A qualitative comparative study. Schilgen, B., Handtke, O., Nienhaus, A., & Mösko, M. (2019).	Germany	24 IENS and 24 German nurses	Qualitative Content Analysis	Semi-structured interview	In the study, overall the nurses in the study experienced time pressure, lifting patients, and lack of appreciation are burdening. While, the IENS suffers prejudices, verbal and sexual harassment from their clients, and they don't approach much their supervisors and colleagues even for concerns.
5	Internationally educated nurses' experiences in a hospital in England: an exploratory study. Alexis, O. (2013).	United Kingdom	24 IENS	Qualitative: Hermeneutic Phenomenology	Semi-structured interview	Six themes identified: 1. Leaving a familiar world, 2. Thrown into an unfamiliar world, 3. Experiencing marginalisation and inequalities, 4. Surviving everyday, 5. Living in an everyday world, and 6. Making a new world
6	Integration and exclusion at work: Latvian and Swedish agency nurses in Norway. Knutsen, H. M., Katrine, F., & Zábko Oksana. (2020)	Norway	11 - Latvian nurses, 20 - Swedish nurses, 2 - Latvian and 2 - Norwegian agencies representative, 4 - managers in Norwegian Health Interprise, 1 - Latvian and 1 - Swedish union representative	Qualitative empirical and explorative study	Semi-structured interview	Latvian nurses accepts work below their qualifications and easily loose than the Swedish counterpart in access to work. Latvian nurses have problems in terms of language, cultural differences and it blocks them the sense of inclusion.
7	The global bases of inequality regimes: The case of international nurse recruitment. Näre, L., & Tricia, C. S. (2021).	Finland	Filipinos recruited to Finland = 25, Recruited Filipino nurses = 20, Filipino nurses working in Finland = 9	Qualitative multi-level analysis	Qualitative interviews	The study shows the inequality organizational practices affects Filipino nurses. The deskilling of Filipino nurses due to their command in the Finnish language, and their legal status issue that renders them to be compliant at work.
8	Nursing emigration in the united kingdom: A qualitative exploration of the spanish nursing community. Miguel Rodriguez-Arrostia, Carmen Ropero-Padilla, Cayetano Fernández-Sola, & Portillo, M. C. (2021).	United Kingdom	371 Spanish nurses	Descriptive Qualitative Study	Open-ended Questions	Four themes emerged from the study: 1. Motivation to move: running away from job insecurity and unemployment, 2. Professional recognition, 3. seeking life stability, 4. Future readiness: between rock and hard place.
9	Managers' perspectives on promotion and professional development for black african nurses in the UK. Baxter, C., Archibong, U., Likupe, G., & Jogi, M. (2014).	United Kingdom	10 = ward managers	Exploratory Qualitative Study	Semi-structured interview	Managers reported that black African nurses experienced racism from patients and colleagues, and discrimination and lack of opportunities. Managers stereotype black African nurses as lacking of motivation for professional development and promotion.
10	Constructions of inclusion at two senior nursing home units in sweden: immigrants' perspectives. Solange Barros de, A. H. (2019).	Sweden	9= immigrant nursing assistants	Qualitative content analysis	Semi-structured interview	Experiencing inclusion in communication arenas, cultural differences and language competence, and organisational conditions affecting inclusion.

APPENDIX II Critical Appraisal Skills Programme Checklist

Sample page of the 2018 CASP (Critical Appraisal Skills Programme) Checklist

Click on the link for a copy: [Critical Appraisal Skills Programme](#)



Paper for appraisal and reference:

Section A: Are the results valid?

<p>1. Was there a clear statement of the aims of the research?</p>	Yes Can't Tell No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p style="color: #c00000; font-weight: bold;">HINT: Consider</p> <ul style="list-style-type: none"> what was the goal of the research why it was thought important its relevance
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Comments:

<p>2. Is a qualitative methodology appropriate?</p>	Yes Can't Tell No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p style="color: #c00000; font-weight: bold;">HINT: Consider</p> <ul style="list-style-type: none"> If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants Is qualitative research the right methodology for addressing the research goal
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Comments:

Is it worth continuing?

<p>3. Was the research design appropriate to address the aims of the research?</p>	Yes Can't Tell No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p style="color: #c00000; font-weight: bold;">HINT: Consider</p> <ul style="list-style-type: none"> if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)
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Comments:

2

APPENDIX III Invitation letter for the participants in the study



INVITATION TO PARTICIPATE IN A MASTER'S THESIS

Dear Participant,

I am pleased to inform you that you meet the requirements to participate in this study, and therefore, you have been selected to receive this letter.

I am a master's student at Novia University of Applied Sciences and conducting research for my thesis project. My research aim is to describe the job satisfaction of Filipino nurses in the Swedish-speaking healthcare service, and I believe your insights and experiences are valuable in this study.

I invite you to participate in a semi-structured interview, which will take approximately 20-25 minutes to complete, depending on your answers. I will conduct the interview online using a WebEx meeting and send you the invitation link.

During the interview, we will discuss your experiences and thoughts related to job satisfaction and well-being at work, and I may ask follow-up questions to gain a deeper understanding of your perspectives. You can speak English, Tagalog, Bisaya, or Swedish. Please note that I will video record the interview for accuracy, but I will keep your responses confidential and only use them for academic purposes. All the material will be kept and destroyed three months after the thesis presentation.

Your participation is entirely voluntary, and you can withdraw from the study at any time without penalty. If you agree to participate, please let me know your availability, and I will arrange a suitable time for the interview.

Thank you for your time and consideration. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Researcher/Student

Rene Genotiva
Master's degree in healthcare/Social Services
Novia University of Applied Sciences
Vaasa Finland

Supervisors:

Rika Levy-Malmberg
Lecturer
Master of Healthcare/Social Services
Novia University of Applied Sciences

Camilla Strandell-Laine
Head of the Degree Program
Master of Healthcare/Social Services
Novia University of Applied Sciences

APPENDIX IV Consent Form



CONSENT FORM

Title of Study: Job Satisfaction Challenges of Filipino Nurses in Swedish-speaking Healthcare Services: A qualitative study

I agree to participate in a master's degree program research entitled: "*Job Satisfaction Challenges of Filipino Nurses in the Swedish-speaking Healthcare Services: A qualitative study*". I understand that the research is entirely voluntary, and I can withdraw anytime in the interview without penalty; hence my participation is completely anonymous. No identifying information will be included in any publications and presentations resulting from this study.

Additionally, the semi-structured interview will last approximately 20-25 minutes, depending on my answers, and all information is kept confidential and used for research purposes only. I understood that no risk was associated with my participation in this study. The only benefit is my contribution to burgeoning knowledge by sharing my insights and experiences related to Filipino nurses' job satisfaction and well-being.

I agree that my interview is video recorded, transcribe, and securely stored safely at the Department of Health and Welfare at Novia University of Applied Sciences, and I am aware that it will be deleted three months after the final presentation. Also, I permit the results to be published in the master's thesis and future studies.

By signing below, I indicate that I have read and understood the information presented in this consent form, that I have had the opportunity to ask any questions, and that I voluntarily agree to participate in this research.

Participant's name, signature, and date

Researcher's Information

Rene Genotiva
Master's degree in healthcare/Social Services
Novia University of Applied Sciences
Vaasa Finland

APPENDIX V Semi-Structure Interview Format for Filipino Nurses

Semi-Structure Interview Format for Filipino Nurses

1. Tell me about yourself (age, how long you have been in Finland, education in the Philippines, current position, and region where you work in Finland).
2. Tell me about your decision to move to Finland. What is good about it and what is difficult?
3. Tell me about the nature of your work, and your workplace environment. What is best about it and what is challenging?
4. Tell me about your relationship with others (co-workers and boss) at your work. What is best about it and what is challenging?
5. At work, what is challenging before, and now its better?
6. What is your plan for the future of your career?
7. Do you have any suggestions to make things better?