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# EXPERIENCES OF FOREIGN NURSES IN FINLAND.

- Barriers.



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EXPERIENCES OF FOREIGN NURSES IN FINLAND, BARRIERS AND HOW TO HELP THEM

The field of nursing has seen a rising demand in the past decades. Nursing immigration and migration over the decades has been phenomenal. There is increased number of nurses emigrating from developing countries to developed countries in search of better working environments, better working motivations, better skills and so fort (Tregunno et al 2009).

The research is contracted by KYKY. The KYKY project was developed by Salo region adult education center and Turku University of applied science. KYKY stands for Kansainvälistyvät työyhteisöt osaaviksi ja kilpailukykyisiksi, which translates as (International work community to be competent and competitive). The objective of the project is to help sustain and retain international qualified skilled and competitive workers for example in the social and healthcare field in Salo. Southwest Finland Centre for Economic Development, the European Social Fund (ESR), Turku University of Applied sciences and Salo region adult education center funds the project.

The aim of the research is to find the experiences of foreign nurses in Finland. The purpose is to create a piece of work that will be available to future aspirant of nursing education in Finland, workers, teachers and all interested.

The results indicates that Foreign nurses experience cultural discrimination, language, and communication barriers amongs many others.

KEYWORDS: Nurses. Migration, Immigration Culture Communication Language barriers Multicultural nursing Multinational Nursing International nursing.

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# LIST OF ABBREVIATIONS (OR) SYMBOLS

EEA European Economic Area

EU European Union

USA United States of America.

UK United Kingdom

IEN Internationally educated Nurses

TUAS Turku university of Applied Sciences

ESF European Social Fund

# 1 INTRODUCTION

Nursing today is one of the most pursued jobs around the world. It is of no doubt that nurse deficit is a global crisis. The high demand of nurses to occupy the various health care facilities around the globe is predominant (Newton et al 2012). Internationally, nursing is attracting a lot of interest even though the profession is facing a lot of obstacles due to lack of staff, language and culture barriers as well as changes in the health care system (Vehvilänen-Julkanen et al 2011). Changes in medical technology and assumption of new responsibilities by nurses which were previously performed by doctors, is also a factor in the high demand of nurses (Griffith et al 2004). Nurses leave their home countries to seek better wages, favorable and conducive work environments, for personal safety and also to explore professional opportunities that may not be available to them in their home countries. (Tregunno et al 2009). During the past couple of years, the nursing profession has experienced changes and reforms in the way of care giving globally, including the Scandinavian area (Hedegaard et al, 2010).

KYKY is a project under EU that has the objectives of helping the retention and sustention of qualified skilled workers for example in the social and healthcare field in Salo. This is the reason why this thesis work is important because it is aimed at finding the experiences of the foreign nurses in Finnish health care society in order to create awareness of possible barriers or challenges. These findings will also enable the creation of a document that will serve future nurses, current nurses and also to assist in developing culturally competent nursing environments (SSKY 2013).

The purpose of the research is to find the experiences of foreign nurses in Finland. The aim is to create a piece of work that will be available to future aspirant of nursing education in Finland, workers, teachers and all interested.

# 2 LITERATUE REVIEW

# Culture

The word culture is a complex concept that has been defined in many different ways and forms. It is a way of expression, understanding, way of life, and a perception of life to certain people. Culture can be classified as high or low culture. It may be perceived as an art of music, dance, theatre, food, clothing, and etcetera (Duffy, 2001). Culture is a way of interaction, intergration, way of up bringing and way of expressing onself (Taylor 2004).

Since culture is a delusive concept that can affect a person's way of life and understanding, it therefore has its crucial effects on communication as well. Many aspects of the healthcare field have tried to define culture as other researchers have also over the years tried to understand or identify the basic concepts of culture (Välipakka, 2013). In the master thesis of Välipakka, she found out that as the search into what culture really means is still ongoing, she recognized that many definitions have popped out and therefore culture has been defined in a variety of ways for example intercultural communication, anthropological culture which for instance refers to different kinds of customs, language, kingship systems, social organizations and so on and so forth (Duffy 2001).

It is in this respect why it is important to be culturally aware of other who people who might be different from oneself. Cultural factors are widely acknowledged to be an important aspect of therapeutic relationship and so health care professional who make assumptions based on stereotypical attitudes towards different cultures may stand a chance of risking care delivery as well as total well being of their patients (Giacomo 2009). While language and communication systems are part of culture, and language has often been used as a stand-in for culture, the overlap between language and culture is only partial. For example, Spanish speakers come from a variety of countries with distinct cultures. Indeed, the Spanish that is spoken varies by country of origin. The same applies to Asian immigrants who speak a variety of Asian languages, such as

Chinese, Vietnamese, Korean, Tagalog, Hindi, etc., and who grew up in different cultures. It is important, therefore, to recognize diversity within language groups and within broad statistical categories such as "Asians" or "Hispanics" when thinking about communication barriers (Lee, 2003).

### Globalization

Globalization and immigration has its own effects on the development of nursing education and presently, cultural competence has been integrated into the curriculum of nursing education in Finland and other EU member states (Kokko, 2011). The nursing education in Finland is according to the directives of the European Union law (2005/36/EU), (Kilpeläinen 2010). Nursing has become a very popular profession and studying nursing abroad has become a basic phenomenon (Hedegaard et al, 2010). Finland has earned a good reputation in nursing education, in combination to the wide variety of programs offered in English, which is the motivation for many international students, choosing Finland as the number one place of study (CIMO, 2003).

Today, about 24 university of applied sciences have course in English for foreign students and according to statistics Finland, in 2007 there were about 725 international students enrolled to health and social services degree programs in university of applied sciences (stat.fi) (see Mariani, G thesis, 2009). As a quest to satisfy the global need of nurses, many developed countries like Canada, United Kingdom (UK), United States (US), Australia and others have adapted the culture of recruiting nurses from overseas as a means to combat the crisis and approximately there were about 425 foreign nurses working in their profession in Finland which represented 0.8% of the entire nursing population in Finland as at 2010, (Välipakka, 2013). Nurses leaving the shores of their home countries to developed nations face a number of difficulties. Available evidence based on previous reaches indicates that nurses face a lot of difficulties in order to attain their full potentials in their host countries.

# Interntional nurses

Aside facing language and communication issues, internationally recruited nurses go through initial difficulties to obtain licenses and access to international work (Tregunno et al, 2009). Requirement for licensure registration may vary for internationally educated nurses (I.E.N), depending on where they received their training. Usually, in most industrialized countries, recruited overseas nurses may be deemed to undertake an assessment to show clinical competence (Gerrish et al 2004). In Finland, only a person with a degree in nursing can work as a nurse. A nurse who has earned a degree of professional competence in nursing in a country other than Finland within the EU/EEA may be granted the right to practice the nursing profession, provided that certain prerequisites are met.

In the case of nurses coming from outside EU/EEA, the process of recognition of professional qualifications is different. The national supervisory authority for welfare and health (Valvira) is responsible for licensing and authorizing nurses. (Kilpeläinen 2010). The effects of cultural differences on health care use are similar to those of language: cultural differences often translate into cultural barriers that lower access to health care. However, the research on cultural barriers on access or use of health care is not as extensive as research on language barriers. (Lee, 20013).

# Communication.

Communication is a significant element of cross-cultural care encounters. Nurses on regular basis encounter communication difficulties where by they do not share common language with co-workers. Communication difficulties due to language barriers usually results in insufficiency of information and this may have adverse effects on care delivery (Gerrish et al, 2009). Language among the many challenges facing the health care in recent times is an essential barrier in health communication that has a negative impact on health access and quality (Lee 2003). Most participants affirmed to the findings of previous researches that language could hinder communication between foreign nurses,

colleagues or event patients. Several papers describe the general problem of language barriers and communication in health care. Various studies show that language barriers are associated with lower access to health care. In a report by the Institute of Medicine, language barriers were ranked among the top three barriers, along with lack of health insurance and transportation problems that prevented minorities and the poor from receiving necessary care (Lee, 2003).

This is what a participant says about her experience:

Language barrier- this is the most challenging aspect for me working as a nurse in Finland. It affects my ability to do my work efficiently. I cannot give a good report after work, even though I know what to say in my mind. It affects teamwork if I work with a colleague who does not speak or understand English. It affects interaction with residents. Sometimes it's frustrating especially when you have a solution to something but you do not just know how to discuss it. However, I have only worked in one nursing home and so far, this is the only barrier I have there, maybe the more I gain more experiences, the more I will figure out more.

# 3 THE PURPOSE AND AIM OF THE RESEARCH

The aim of the research is to find the experiences of foreign nurses in Finland. The purpose is to create a piece of work that will be available to future aspirant of nursing education in Finland, workers, teachers and all interested.

Research question:

What are the barriers foreign nurse experience in Finland?

# 4 EMPIRICAL IMPPLICATIONS

The research is contracted by KYKY. The KYKY project was developed by Salo region adult education center and Turku University of applied science. KYKY stands for Kansainvälistyvät työyhteisöt osaaviksi ja kilpailukykyisiksi, which translates as (International work community to be competent and competitive). The objective of the project is to help sustain and retain international qualified skilled and competitive workers for example in the social and healthcare field in Salo. Southwest Finland Centre for Economic Development, the European Social Fund (ESR), Turku University of Applied sciences and Salo region adult education center funds the project.

The sample composed of foreign nurses who are currently working at Finnish health care settings in various hospitals and nursing homes. Others have worked continuously for over five years period at same working place whiles others have worked at least one or two different healthcare settings in Finland.

The sample will be collected from 2011 nursing group of TUAS and 12 foreign nurses working in various places in Finnish health care society. A questionnaire will be sent to this people and it will be requested of them to answer the questions accordingly. The responses will be analysed and presented as results. Content analysis will be used to analyse the data obtained from the students. Close and open questions will be initiated to assist student to elaborate on their experience, both negative and positive as well as their opinions about how things could have been done differently.

# 4.1 Data collection

Data was collected by means of a questionnaire. A brief description of the project was sent to the NNURSS11 year group of the TUAS, English

department, alongside an open end question, which requested of the nurses to kindly and sincerely write down their experiences over the years, the problems the faced at various work place, how they wish to be help and what kind of barriers they faced at work in relation culture, language, communication and so fort. A message was sent to the NNURSS11 group of TUAS to answer a question; what are the barriers of foreign nurses in Finland and how to solve them? The response was very low. Only one out of eighteen students responded so the author decided to use external sources. Four foreign nurses who are currently employed full time in various Finnish hospital settings were asked to write down their experiences and how they wish to be helped as a nurse/student nurse. The results were analysed and group into different categories of barriers.Language, communication, liences, culture, t eamwork. This various themes were depicted from comments/responses obtained from the nurses who answered to the question. The decision to use this form of data collection was identified as the favorite after considering other methods of data collection. It was solely the author's decision to use this method. The question was sent through email. A group and individual emails were sent to participants and a maximum amount of time was allocated to enable participants have enough time to think about the question and answer it accordingly.

# 4.2 Search method

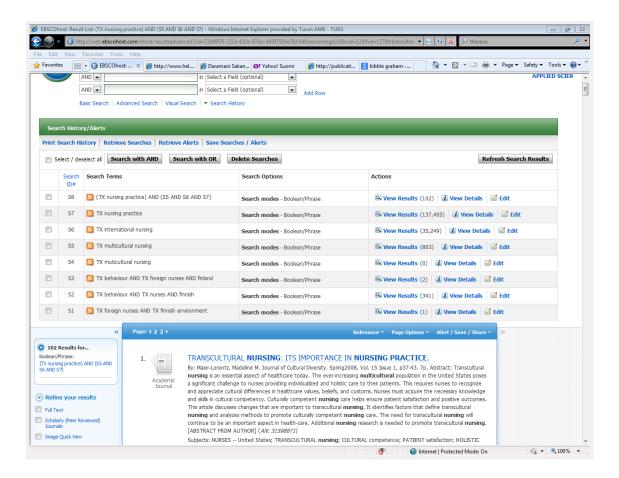
The first step in finding articles was to search about five peer review articles that take different aspects of nurse migration and global shortage into considerations. The search was hectic since there was a lot of researches that seemed to talk about the global nurse crisis but only a few literally answer the research question the author had at hand. In this regard, I had to do a detailed search with the help of the school Liberian to narrow down to exclusive articles. The search begun as soon as the thesis topics were given which is around December of 2012 through out summer months, June 2013, July and September 2013.

CINAHL (EBSCO host) and MEDLINE (Ovid) among the many databases were identified as the most effective and therefore via the webpage of the Turku University of applied sciences, searching was done. These databases has been recommended by most researchers who claim it is easy to use, full text articles available, and peer reviewed journals.

The searches were conducted in English and the results were limited to include articles written solely in English language. The results were further more limited by inclusive and exclusive criteria. Inclusion criteria for the accepted research articles were, written in English, published in academic journal between, full-text available, peer reviewed articles.

Exclusion criteria for the research articles were:

the search was primarily focused on international nurses.



Picture 1. screenshot during a search

# 5 RESULTS

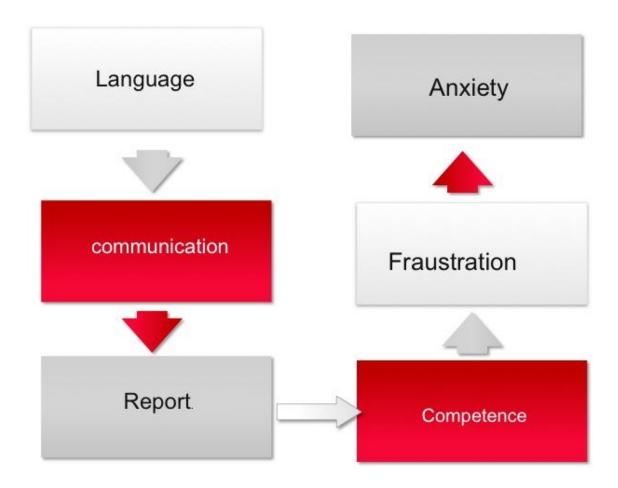
The results indicates that almost all participants had at least one problem at the work place what was related to language barrier, communication, culture, information giving, mentoring, work load, patient client relationship, personal difference with colleagues and lack of motivation from management. The authors hopes that the result of this project will be beneficial to up coming nurses, students, nursing staffs, nurse managers, patients, clients, service users and the society as a whole. The respondents stated how language barrier affected daily activities.



picture 2. Language as a barrier

The picture above was developed from participants responses. It show how language barrier was directedly linked to communication, information, competence, care giving and patient safety.

The only problem I had at work was language. I realized that because I did not know the language so well, I usually missed out vital information which some how turns to limit my competency because I could not give efficient services if I did not understand fully what information is given to me.

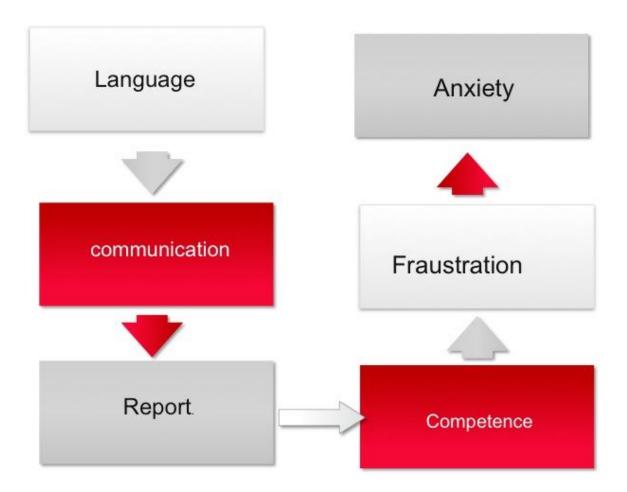


picture 3. Language effects on competence.

The picture 2 is formatted from a response given by a responsedent. It explains how language barrier affected her daily activity. Below is a phrase from the response.

Language barrier- this is the most challenging aspect for me working as a nurse in Finland. It affects my ability to do my work efficiently. I cannot give a good report after work, even though I know what to say in my mind. It affects teamwork if I work with a colleague who does not speak or understand English.

It affects interaction with residents. Sometimes it's frustrating especially when you have a solution to something but you do not just know how to discuss it.



picture 4. Anxiety

The picture 3 is formatted to describe how language proficiency affects one respondent.

My biggest barrier at work has always been Finnish language. It is quit frustrating how much limitation there may be because of a language. I have realized that because I do not have a good command of Finnish language, my competence is at stake and it frustrates me a lot. In the end I'm just anxious and feel like I need to move to an English speaking country in order to be able to do my work efficiently without interference.

Municipality	Number of foreign nationals	Population	Proportion of foreign nationals %
Helsinki	44,461	588,549	7.5
Espoo	16,699	247,970	6.7
Vantaa	13,201	200,055	6.6
Turku	8,900	177,326	5.0
Tampere	7,879	213,217	3.7
Oulu	3,501	141,671	2.5
Lahti	3,437	101,588	3.4
Vaasa •	3,214	59,587 130,816	5.4 2.4
Jyväskylä	3,175		
Kotka	2,665	54,824	4.9
Lappeenranta	2,477	71,982	3.4
Salo	2,203	55,235	4.0
Kouvola	1,863	88,072	2.1
Kuopio	1,663	96,793	1.7
Porvoo	1,577	48,768	3.2

Picture 5: foreign nationals living in Finland.

The image obtained from statistics Finland indicates that over the years there has been a rise in the number of foreigners moving to settle at various places in Finland and in this regard, the nursing and health care has to be culturally competent enough to contain this new cultures. Dealing with other cultures can be frustrating therefore nurses are supposed to be aware of other cultures and be able to deal with them accordingly.

Furthermore, as far as migration and globalization of nurses is involved, it is important that nurse's managers be able to assist foreign nurses through transition processes in order to be able to retain them.



Picture 6. Nurse manager

This picture describes the relationship between a nurse manager and foreign nurses, leading to retention of nurses as researches have suggested that nurses managers can affect nurses retention.

# 6 DISCUSSION

### 6.1 Limitation

The limited number of sample does not allow generalization. The first email that was sent received no response at all. Then another email was sent which yielded a response of (N=2) out of anticipated (N=20). A third email was sent to other participants outside the NNURSS11 group which saw answer coming from persons who have worked longer and others who have work for short periods at least six months. Other participants had also done at least two practical placement trainings and other had also done full time summer jobs at various health care settings in Finland. However, all participants live and reside permanently in Finland, have worked in a health faicility for six months to five year period, at one or two different facilities. In certain cases, participants have worked in two or more different facilities.

### 6.2 Ethical issues

The only ethical issue was about confidentiality and anonymity. Some participants had requested that information given would be held in high confidentiality and anonymity. Participants were well informed about anonymity and protection of their information. That information they give will be presented as it is without any form of bias. Honesty and integrity was highly considered. Participants had the opportunity to read and re-confirm information that was written to assure them that information would be kept as it was given. Participants names are withheld and work places withheld as well in other to protect their rights of anonymity. Openness about the whole process and research was made know to participants and they voluntarily participated to ensure that a successful piece is produced.

### 6.3 Conclusions

Due to the fast pace of health care needs surpassing the availability of nurses, nursing migration has been on the rise and it contributes to the growing of heath care labor segments in most countries. The emergence of nursing migration has had a major global impact on most countries on both international and national agendas. Majority of migrant nurses are employed in high income or developed countries mainly Europe, America, Canada. Nursing migration has both negative and positive impact on foreign countries they migrate to. There are positive aspects of nursing migration, they contribute vastly to the economy development in the country in they are employed. On the other hand migrant nurses face challenges, which include lack of foreign language proficiency, culture shock, diversity of conflicting nursing practices between their homeland and host country in which they are employed. Whiles migrating of nurses from one country the other has become a global issue, relevant regulatory barriers for migration of foreign nurses varies form country to country, this includes passing of professional examination in the domestic country. For example according to Arunanondchai and Fink 2007, in Thailand, foreign nurses are required to pass in Thai language which deters foreign nurses. Also, domestic authorities require foreign nurses to hold same qualifications as domestic healthcare care workers. However, in the US recruiting nurses from the United Kingdom and the Canada is advantageous to the US health care organization due to minimal potential language barriers, (Finkler et al. 2007). Finkler et al. 2007, emphasizes that recruiting foreign nurses adds additional cost to the recruitment process especially in the United States once foreign nurses are recruited they are taken through lengthy process of practicing as a registered nurse according to the US requirements. Migrant nurses rights to legal residence by meeting strict visa and working permit requirement is key hindrance, (Ruhs, 2013) restricting migrants' residency status in host countries.

YI and Jezewski conducted a ground research about 12 Korean nurses to hospitals in the USA. The initial 2-3 years was based on adjusting to the language barrier, accepting the U.S.A nursing and relieving the psychological stress. The next 5-10 years, the used in adopting the USA way of solving problems and international relationships. Those who managed to adjust successfully felt proud and satisfied and most importantly described it as a miracle. There was another study by DiCicco-Bloom and this was about some five Indian born and educated nurses working in the USA, racism and marginalization was noticed and their experiences were described as unhappy, the main finding depicted professional negation, lack of support by colleagues, cultural separateness and silencing were very common. In 2001 Hawthrone from Australia conducted an interview with the foreign nurse from non-English speaking background and they experienced major barriers (Magnusdottir, 2005.).

The research indicates that almost all participants had at least one problem at the work place what was related to language barrier, communication, culture, information giving, mentoring, work load, patient client relationship, personal difference with colleagues and lack of motivation from management. It is therefore very important that the area is giving a maximum attention. A lot of research is ought to be done on this topic to find ultimate means of solving the barriers and problems faced by international nurses.

The authors hopes that the result of this project will be beneficial to up coming nurses, students, nursing staffs, nurse managers, patients, clients, service users and the society as a whole.

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# **LETTER TO STUDENTS**

Dear Student,

It is with great pleasure that I write to you in request to participate in a research I am conducting. My bachelor's thesis titled "Barriers of foreign nurses in Finland is an insight into the experiences of foreign nurses in Finland and how to help them.

The aim of my thesis work is to dig a little further into the experiences of the foreign nurses and find out the best possible means of helping them. I hope in high esteem that this research work will be a very useful piece of work to all working staff as well as students in multicultural, multilingual and multinational environments.

A content analysis will be used as a core method in this research. The target group, which comprises of 2011-year group of turkuAmk of which you are a part of, will receive a blank paper on which they will write down their experiences and how they wish to be helped. The final thesis work will be available on thesius.fi and also at the school's library.

Lecturers Heikki Ellilä (<a href="mailto:heikki.ellilä@turkuamk.fi">heikki.ellilä@turkuamk.fi</a>) and Bergfors Tarja (<a href="mailto:tarja.bergfors@turkuamk.fi">tarja.bergfors@turkuamk.fi</a>) will be instructing this research.

I wish to thank you in advance for you participation. For further information, do not hesitate to contact me via 0443373115 or the address bellow.

Regards,

Pratt Godson Jojo

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TURKU UNIVERSITY OF APPLIED SCIENCES THESIS | Godson Pratt

QUENTION	SENT TO	STUDENTS.

1. Write down your experiences and how you wish to be helped as a nurse/student nurse.

# THESIS COMMISSION AGREEMENT 1

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THESIS					
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