



TAMPEREEN
AMMATTIKORKEAKOULU

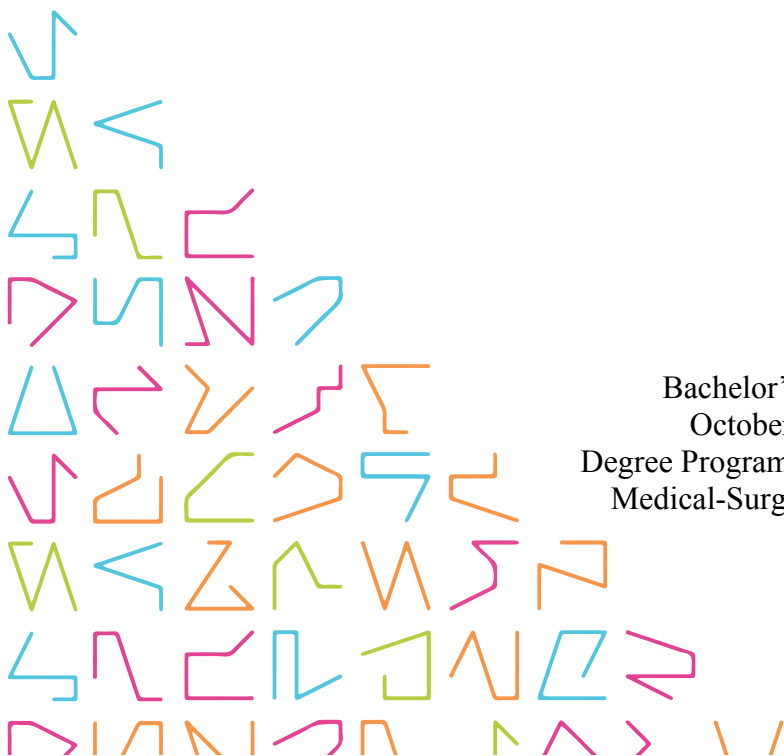
WELLBEING & HEALTH PROMOTION OF EXCHANGE STUDENTS AT TAMPERE UNI- VERSITY OF APPLIED SCIENCES:

An Orientation Booklet on Health Promotion

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Bachelor's Thesis
October 2015
Degree Programme in Nursing
Medical-Surgical Nursing



ABSTRACT

Tampereen ammattikorkeakoulu
Tampere University of Applied Sciences
Degree Programme in Nursing
Medical-Surgical Nursing

KOIVUROVA, HANNA & RUOTSALAINEN, PAULA:

Wellbeing and Health Promotion of Exchange Students at Tampere University of Applied Sciences:
An Orientation Booklet on Health Promotion

Bachelor's thesis 45 pages, appendices 12 pages
October 2015

Exchange students are most likely to encounter challenges while adapting to the Finnish community and utilizing the varied infrastructure of health care services, therefore it is important to pay attention on how to meet their needs. Environment change can affect many dimensions of health, the most important aspects being mental, social and physical.

The purpose of this study was to produce an orientation booklet on health promotion for exchange students studying at Tampere University of Applied Sciences. The aim of this study was to provide exchange students with a preferable basis to adapt and function in the Finnish society. The aim was also to provide health related educational material for exchange students and guidance on how to use the student health care services. This was achieved by preparing a booklet in English in an electronic form. The ultimate goal of this study was to promote and develop exchange students' self-care skills and enhance their knowledge on health care services in Tampere. The theoretical starting points of this study are exchange student, health and health promotion. These subjects were studied through a literature review and expert interviews.

For future research, a recommendation could be to study the cultural differences and knowledge on health and health promotion among exchange students in Finland. Another future recommendation could be to study how exchange students consider the use of Finnish health care services and possible problematic situations within the provided services.

Key words: exchange student, student health care, health promotion, orientation booklet

TIIVISTELMÄ

Tampereen ammattikorkeakoulu
Hoitotyön koulutusohjelma
Sisätauti-kirurginen hoitotyö

KOIVUROVA, HANNA & RUOTSALAINEN, PAULA:

Vaihto-opiskelijoiden Hyvinvointi ja Terveiden Edistäminen Tampereen Ammattikorkeakoulussa:

Perehdytysviikko Terveiden Edistämisestä

Opinnäytetyö 45 sivua, joista liitteitä 12 sivua

Lokakuu 2015

On todennäköistä, että vaihto-opiskelijat kohtaavat vaikeuksia sopeutuessaan suomalaiseen yhteiskuntaan ja käyttäessään erilaiseen infrastruktuuriin kuuluvia terveystalvueluuta. Sen vuoksi on tärkeää kiinnittää huomiota siihen, kuinka vaihto-opiskelijoiden tarpeisiin pystytään vastaamaan. Ympäristön muutokset voivat vaikuttaa useisiin terveyden osa-alueisiin, joista tärkeimmät ovat mielenterveys, sosiaalinen terveys, sekä fyysinen terveys.

Tämän toiminnallisen opinnäytetyön tarkoituksena oli tuottaa perehdytysviikko terveyden edistämisestä Tampereen Ammattikorkeakoulussa opiskeleville vaihto-opiskelijoille. Tavoitteena oli tarjota vaihto-opiskelijoille paremmat perusedellytykset sopeutumiseen ja toimimiseen suomalaisessa yhteiskunnassa. Tavoitteena oli lisäksi tarjota opetusmateriaalia terveyteen liittyen, ja opastusta siitä, kuinka opiskeluterveydenhuollon palveluita hyödynnetään. Opinnäytetyön tuotteena valmistui englanninkielinen perehdytysopas elektronisessa muodossa. Tärkeimpänä tavoitteena opinnäytetyössä oli edistää ja kehittää vaihto-opiskelijoiden itsehoito taitoja, ja lisätä tietoisuutta Tampereen opiskeluterveydenhuollon palveluista. Opinnäytetyön teoreettisissa lähtökohdissa käsiteltiin vaihto-opiskelijoita, terveyttä ja terveyden edistämistä. Näitä aiheita tutkittiin kirjallisuuskatsauksen ja asiantuntija haastattelujen avulla.

Tulevaisuuden jatkotutkimuksena ehdotamme tutkimusta siitä, kuinka suomessa olevien vaihto-opiskelijoiden kulttuuriset erot vaikuttavat tietoon terveydestä ja terveyden edistämisestä. Toisena ehdotuksena olisi tutkia vaihto-opiskelijoiden asenteita suomalaista terveydenhuoltoa kohtaan ja mahdollisia ongelmatilanteita palveluiden käytössä.

Asiasanat: vaihto-opiskelija, opiskeluterveydenhuolto, terveyden edistäminen, perehdytysviikko

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ABBREVIATIONS AND TERMS

CINAHL	Cumulative Index to Nursing and Allied Health Literature
CLINT	Club International Tampere
DOAJ	Directory of Open Access Journal
ESN	Erasmus Student Network
EU	European Union
SAD	Seasonal Affective Disorder
Tamko	Student Union of Tampere University of Applied Sciences
WHO	World Health Organization

1 INTRODUCTION

The word “Erasmus” stands for “European Community Action Schema for the Mobility of University Students” and the programme was established in 1987 (Cowan 2007, 40-41). The European student exchange programme Erasmus is the largest student association in Europe that includes 430 institutions in 37 countries, including Tampere University of Applied Sciences (TAMK) (ESN Finland 2015). There is a growing amount of students studying abroad every year, and therefore it is important to pay attention on how to meet their needs (Nilsson 2013, 183). Exchange students are most likely to face challenges while adapting to a foreign community and environment. Due to environment change, exchange students may experience negative stress and lack of social support, which could lead to mental health disorders such as depression. (Miller & El-Aidi 2009, 28-29, 31.)

The information presented in the TAMK International Student Guide and Practical Instructions for Incoming Exchange Students and Trainees -guide was studied, and was noted that the current Student Healthcare section only provided a brief introduction and contact information details on healthcare services (Practical Instructions for Incoming Exchange Students and Trainees 2014, 8-10; TAMK International Student Guide 2014, 26-27). After consulting the working life connection International Services of TAMK they expressed a need for a more detailed orientation guide on health promotion for incoming exchange students (Tolvanen 2014). The booklet aimed to increase the exchange students’ awareness and knowledge on health related challenges they may face while studying in Finland, and enhance their knowledge on health care services in Tampere.

Exchange students were provided with an orientation booklet that offered more detailed knowledge on Finland on a general level, health related challenges while living in Finland and the importance of health insurance. In addition, first aid instructions on how to treat minor winter related injuries for example sprains and frostbite were provided. (Talven Ensiapuohjeet 2015; Julkunen 2015; Merikoski & Onduso 2015.) Clear instructions were prepared on what health care services to contact in need of guidance or care.

2 STUDY EXCHANGE

In order to understand the context of this thesis we will define the concepts related to exchange student in the following chapters. These concepts include both global and environmental points of view on the topic.

2.1 Exchange student

An exchange student can be defined as a person temporarily studying abroad for one or two semesters (Thurber & Walton 2012, 415-416). The typical exchange student is 22 years old and is usually studying his/her bachelor's degree. Gender distribution within exchange students is 44% male and 56% female. (Garam 2013, 24.)

Exchange students gain many enriching skills during their exchange, for example problem solving, adaptability, organizational skills and curiosity towards other cultures and countries (The portrait of the typical Erasmus student 2014). Studies have shown that students who participate in an exchange programme also become more creative, self-aware and self-confident (Feyen & Krzaklewska 2013, 9-10).

2.2 Erasmus programme

The mobility of exchange students within Universities of Applied Sciences (UAS) in Europe has begun to focus on three specific exchange agreements, which are the Erasmus programme, "University to University" agreements and "free mover" agreements arranged by students' themselves. In this thesis we are focusing on the Erasmus programme because TAMK receives 70 percent of exchange students via this specific programme. (Garam 2015, 4, 20, 22.)

The Erasmus programme is one of the largest and most popular exchange programme in Europe, which aims to promote the mobility of students. The most common countries that Finnish Universities receive students from are Germany, France, Spain and Italy. Although, the number of exchange students from European countries to Finland has

decreased lately, there is an increasing amount of exchange students departing from Asian countries. (Garam 2015, 4, 26.)

The duration of exchange varies from three to twelve months depending on the university and the type of exchange. The typical length of an exchange period in Finnish UAS is approximately five months. (Garam 2014, 4, 26.) Students admitted to the Erasmus programme will receive an Erasmus grant, which helps to cover part of the living expenses and travel costs. The size of the grant depends on the destination country and duration of the exchange, but the average monthly rate exchange students received is 272€. (Erasmus: Facts, Figures and Trends 2014, 6; Study Mobility 2015.)

2.3 Study exchange at TAMK

Statistics of the international mobility of students in Finnish higher education (Garam 2014) show that the popularity of TAMK within Universities of Applied Sciences (UAS) has stayed even, while the number of incoming exchange students decreased during the academic year 2013-2014. TAMK was also reported as the fifth most popular UAS in Finland among exchange students, a total of 414 exchange students were received for the year 2014. (Annual Review 2014; Garam 2014, 7; Garam 2015, 8-9, 11-12.)

The academic year is divided into two semesters and four periods. Autumn semester takes place from August until December and the spring semester lasts from January until May. The typical duration of an exchange period is one or two semesters, however the minimum duration is three months. (Student Exchange 2015.) TAMK receives exchange students from multiple different countries and in 2014 the most common countries were the southern European countries: Spain, Italy, France and Germany. Although, an increasing amount of exchange students from China and Japan have also arrived. (Merikoski & Onduso 2015.)

Even though English is the best known foreign language among Finnish residents (82%) it is recommended by TAMK that exchange students take Finnish language courses during their exchange period in Finland (Official Statistics of Finland 2006). A Finnish language course will benefit exchange students by supporting their integration into

Finnish culture and society, coping in everyday life and socializing with Finnish speaking students (Learn Finnish 2015).

Other means to strengthen the co-operation between exchange students and Finnish students, are provided by Club International Tampere (CLINT) that is a sub-organization of Tamko. They aim to support exchange students' adaptation to Finnish culture by providing international tutoring, activities and events for the exchange students. (CLINT 2015.)

TAMK works in close collaboration with two other universities in Tampere; Tampere University of Technology (TUT) and the University of Tampere (UTA). These three institutions have signed an Unipoli Tampere agreement in 2006 to expand and deepen their collaboration and support the efficient use of resources. One of the five strategic areas includes developing services for international students. (Unipoli Tampere 2015b.)

2.3.1 Orientation on health for incoming exchange students

Incoming exchange students receive a Practical Instructions for Incoming Exchange Students and Trainees guide that covers general information on studying at TAMK. In the health section, students are briefly informed of health insurance and student health care services in Tampere region. Thus, exchange students are able to familiarize themselves with the orientation material in advance before their arrival in Finland.

After arrival students are given a more detailed Exchange Student's Guide that, however, has no additional information regarding health insurance and health care to the previously received booklet (Practical Instructions for Incoming Exchange Students and Trainees 2014, 8-10; TAMK International Student Guide 2015). In the beginning of a study exchange, TAMK organizes an orientation week for all new incoming exchange students that includes information on their studies, Tampere city, campus facilities, tutors and TAMK International Services (TAMK News 2015).

3 HEALTH AND HEALTH PROMOTION OF EXCHANGE STUDENTS'

This chapter discusses exchange students' health and ways to promote their health in Finland. Health and health promotion has become a popular topic all over the world. Both are widely researched and discussed due to which they have several varying definitions. (Pietilä 2010, 10.) In this chapter these concepts are defined in order for the reader to understand the viewpoints used in this bachelor's thesis. Secondly, the different dimensions of health are covered in a more detailed manner and the need for an orientation booklet is justified.

3.1 Definition of health

Health is a multidimensional concept and its definitions arise from many different perspectives. It is often described to be one of the most important values in an individual's life and also is defined as a component of experienced wellbeing. (Pietilä 2010, 10.) In this Bachelor's thesis a holistic approach towards defining health is used.

WHO (1946) defines health as “[a] state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity” (Naidoo & Wills 2010, 4-5.) According to Huttunen (2012) the idealistic state of wellbeing mentioned above can not be reached in a complete manner and therefore WHO's definition of health has been widely criticized. Health is seen as a continuously changing state that is affected by both the social and physical environments. Moreover, the individual's values, attitudes, actions and experiences have the most significant effect on health. Feelings of independence, autonomy and ability to take part in one's own health decisions, are in an important role of experienced health. Regardless of illness and its severity, an individual may still experience good health. (Huttunen 2012.)

3.1.1 Dimensions of health

According to Naidoo and Wills (2009) the concept of health is divided into nine main dimensions. There are three broad dimensions of health, which are global, environmen-

tal and societal health; and six individual dimensions of health that are mental, social, sexual, physical, spiritual and emotional. All these dimensions that have an effect on an individual are shown in Figure 1. (Naidoo & Wills 2009, 4-5.)

The three broader dimensions cover societal health that indicates how health and society are linked, environmental health covers the physical environment people live in, and global health points out the importance of caring for the planet and maintaining sustainability. The six individual dimensions cover physical health that refers to a healthy body and physical functioning, mental health reflects to the positive experience of wellbeing and coping, emotional health is closely attached to mental health and covers the ability to feel and form relationships. Social health involves the social support from friends and family, spiritual health means having a feeling of purposeful life and sexual health involves capability to express one's sexuality. (Naidoo & Wills 2009, 4-5.)

The primary focus in this thesis is on environmental, societal, social, mental and physical dimensions of health because these concepts have arisen from the theoretical framework and expert interviews, and have been proven to be the most important for exchange students' health (Julkunen 2015; Merikoski & Onduso 2015). The most relevant dimensions will be more closely explained under each topic.

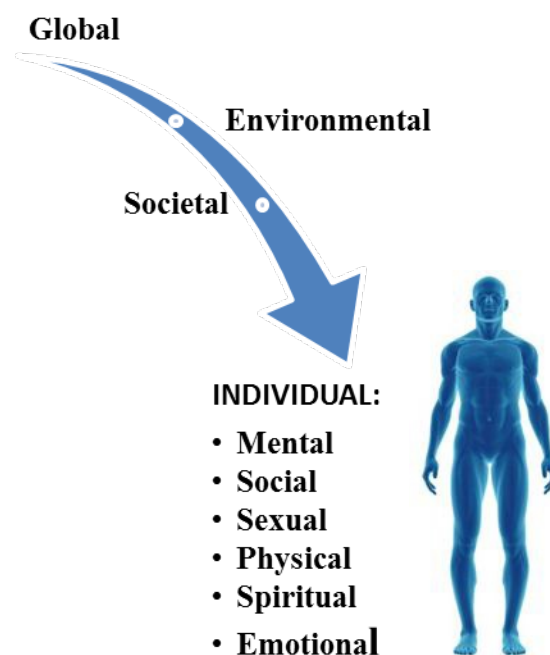


FIGURE 1. Dimensions of health (modified from Naidoo & Wills 2009, 4).

3.2 Health promotion

Health promotion is a wide concept that can be understood in numerous ways. WHO (2009) defines health promotion as an individual process that enables people to control and promote their own health (WHO 2009, 1). The purpose of health promotion is to search for health needs, increase awareness of health concerns, influence on policies that affect health and facilitate activities that improve health. The process is seen as a practice that aims to enhance individual personal skills in self-care by providing knowledge, support and assistance. (Berg & Sarvimäki 2003, 387-390; Naidoo & Wills 2009, 51-52.)

Health promotion takes into account both individual and broader factors of health, which all affect an individual. The individual factors are mental, social, sexual, physical, spiritual and emotional, and broader aspects cover environmental, societal and global factors. (Naidoo & Wills 2009, 51-52.) According to the Finnish Health Care Act (1326/2010) a main aspect of health promotion is to reduce health inequalities, and use public health care to prevent and treat health risks of individuals, the population and communities. Health promotion also aims to improve and maintain mental health, workability and functional capacity. (Health Care Act 1326/2010, §3.) The process includes interventions on ways to foster healthy lifestyle by providing an environment that promotes healthy choices and education about the human body (Naidoo & Wills 2009, 51-52).

The definition of health promotion and its concepts are fairly diffusive. Nevertheless, there are a few facts that health promoters agree on, which are the following:

1. A holistic approach to health promotion is the most beneficial
2. Actions have to be made where the people are
3. It is important that communities participate and are capable of acting themselves
4. Resource investments should be added to health. (Pietilä 2010, 67.)

These four concepts of health promotion are also linked to the dimensions of health that are more thoroughly discussed in the following chapters.

3.3 Environmental dimension

Environmental health is an essential determinant of health and involves the physical environment that people live in. The environmental dimension also covers the ecological lifestyle and consciousness for the planet earth, which ensures sustainability of nature for the future. Physical environment consist of natural, built and socio-economic environments. Natural environment includes climate, weather and the natural resources of earth, and built environment states the importance of quality housing, transportation, sanitation and clean water facilities. Socio-economic environment, as one of the main aspects of the environmental dimension, comprehends weather and its impact when considering health. (Naidoo & Wills 2009, 5, 21, 25.)

In this chapter the impact of weather on the individual's health and wellbeing is discussed. The primary focus is on the health effects of winter, which are minor winter injuries, vitamin D deficiency and seasonal affective disorder. These winter related health challenges are covered in later topics.

3.3.1 Weather in Finland

Finland is the fifth-largest country in Northern Europe and is located between latitudes 60-70 °N. The geographical location of Finland is the main factor influencing the country's climate. Finland has four seasons that each last for approximately three months: winter, spring, summer and autumn, therefore there are great contrasts in climate. (Finnish Meteorological Institute 2015; Nordlund 2008.)

Since Finland is located in a zone where westerly winds prevail, weather changes can occur very rapidly, especially in winter. Seasons are certain periods in a year defined by specific weather conditions or thermal criteria, in Finland mostly by the daily mean temperature of 0 and 10 degrees Celsius. (Finnish Meteorological Institute 2015.) Since Tampere city is located in central Finland, and seasons differ greatly across the country, we set our focus on weather conditions in Tampere region (Where is Tampere, 2015).

Spring begins when the mean temperature remains above 0 degrees Celsius, which causes slippery conditions outside as the snow begins to melt (Finnish Meteorological

Institute 2015; Nordlund 2008). Spring changes to summer when the daily mean temperature stays above +10 degrees. In the summer Finland gets warmer and brighter and central Finland gets up to 20 hours of daylight a day. Autumn is a rainy and dark season that begins when the mean temperature is below +10 degrees Celsius. In central Finland autumn and winter seasons can begin up to a month later, and spring and summer seasons a month earlier compared to northern Finland. (Finnish Meteorological Institute 2015.)

Winter is the longest season in Finland and it begins when the mean temperature permanently stays below 0 degrees Celsius. In Lapland winter can last up to seven months, when in rest of Finland it usually lasts from November until the end of February. The utmost lowest temperatures in central Finland vary from -35°C to -45°C. The permanent snow cover usually lasts from December to April and the depth of snow is greatest in early spring with an average of 20 to 30 centimeters. (Finnish Meteorological Institute 2015.)

The amount of daylight varies greatly during seasons in Finland. In northern Finland the sun stays above the horizon all hours of the day from June to July, this is called midnight sun. Correspondingly, a phenomenon called “polar night” occurs in the winter, when the sun does not rise above horizon and usually lasts approximately for two months. In central Finland, the shortest days last for a few hours only. (Finnish Meteorological Institute 2015.)

3.3.2 Importance of vitamin D during winter season

The effects of environment on health have been frequently researched, and reliable connections have been discovered between them. Constant changes in weather create situations where an individual’s health and wellbeing can be threatened. Additionally, geographical location creates differences within environmental health issues. For example, lack of sunlight creates conditions that can affect both physical and mental health.

Vitamin D deficiency is found to affect countries that are at latitudes above 40°N (Madsen et. al. 2013, 374). Sunlight is known to be the main source of vitamin D and when skin is exposed to ultraviolet B (UVB), it begins to produce melanin, which is also seen

as tanning of the skin. Melanin is the component that absorbs the UVB radiation and starts the process of producing vitamin D. (Hughes, Brown & Kutner 2014, 276-277.) Seasonal differences of Finns' vitamin D levels have been researched and deficiency has been discovered to be greater in the winter (Kull, Kallikorm, Tamm & Lember 2009, 2), this is caused by decreased exposure to the sun (Madsen et. al. 2013, 374).

Vitamin D deficiency is a common disorder and generally most prone to it are adolescents and obese people (Hughes et. al. 2014, 276-277). Inadequate vitamin D intake diminishes calcium absorption in the digestive system, which results in insufficient calcium concentrations in plasma serum. This prevents the body from normal bone mineralization, growth and remodeling, which predisposes to thinner, malformed and fragile bones. (Madsen, et al. 2013, 374-375.)

During winters in Finland it is crucial to use dietary supplements in order to maintain an adequate vitamin D level and good health (Kull et. al 2009, 2, 7). According to European vitamin D experts it is recommended that adults should intake up to 800 IU of vitamin D per day (Hughes et. al. 2014, 276-277). Normally the vitamin D supply mostly depends on fish, cod oil, egg yolks, fortified foods and dietary supplements (Madsen, et al. 2013, 374-375). Since 2003 Finland started inserting vitamin D fortification into margarines, milk, yoghurts and other products that substitute milk, excluding organic products (Hirvonen et. al. 2007, 265).

3.3.3 Seasonal affective disorder

In addition to vitamin D deficiency, there are other disorders that are caused by the effect of environment. Lack of sunlight has been proven to affect people in multiple ways. As we mentioned above, sunlight affects not only an individual's physical health but also mental health. This chapter discusses a typical mental health disorder in Finland that most commonly occurs in the winter.

Seasonal affective disorder (SAD) is a mood disorder that affects people repeatedly on a certain season of the year. The specific cause of SAD is still unknown, but according to research the findings show that it is highly related to the availability of sunlight. Most commonly it occurs in the winter because of the cold weather, short days and lack of

daylight, but people are also found to suffer from it in the summer season. SAD mostly affects adult women between ages 20-40, but it can also appear in children and adolescents. (Flaskerud 2012, 266-267.)

SAD affects one in five people living in the northern latitudes in countries with more extreme seasonal differences. SAD is the consequence of the brain producing different mood-altering chemicals caused by the decreased amount of sunlight human eyes receive in the winter. Winter SAD causes depression that appears in the late autumn and continues throughout the winter following by remission in the spring. Comparably in the summer, depression begins at the end of spring and lasts up until the beginning of autumn. (Flaskerud 2012, 266.)

Symptoms related to winter SAD are commonly an increased appetite, craving for carbohydrates, weight gain, lack of interest in social activities, low energy levels and depressed mood. On the contrary to winter SAD, in the summer the disorder causes symptoms such as weight loss, difficulties sleeping, poor appetite, anxiety, depression and irritability. Summer SAD has been found to cause also suicidal feelings more often compared to winter SAD. (Flaskerud 2012, 266.)

Recommended treatment for SAD is indoor bright-light therapy, which is performed with white fluorescent lights that are 20 times brighter than normal indoor lighting. A 4-week trial has proven that a daily dose of bright-light treatment from 30 to 60 minutes has a positive impact on mood and reduces unhealthy eating. The importance of vitamin D has also been researched regarding SAD, for most people suffering from the disorder have low vitamin D levels. (Horowitz 2008, 282-284.)

3.4 Societal dimension

Societal environment is seen to be strongly linked to the individual's state of health. Societal dimension is one of the three broader aspects of health and refers to the relationship between health and the structures of society. This relationship consists of the individual's socio-economic status within society and its basic structure, for example, standard of living, culture and history, access to health care, peace and income or financial aids that are necessary for maintaining good health. (Naidoo & Wills 2010, 4-5.)

Exchange students arrive from different cultural backgrounds into the Finnish culture and community. They neither share the same cultural beliefs and norms nor a same language with the Finnish residents and service providers. Culturally competent care is the answer in providing appropriate health care for exchange students. National Advisory Board on Health Care Ethics (ETENE) states that representatives of other cultures should be entitled to receive equal treatment within the Finnish health care services. (ETENE-julkaisu 11.) Below, different health care services for exchange students are described.

3.4.1 Student health care for exchange students

Student health care is a part of Finnish health care services and is meant for all students studying full-time in Finland. It includes medical care services, advice on sexual health, substance abuse services, mental health care and dental care. A doctor can also prescribe referral to further treatment or tests if needed. Student health care services are also required to provide care during student's traineeship. The main goal of student health care is to promote wellbeing of the students and prevent illnesses. (Health Care Act 2010, §17; Health Care in Finland 2013.) Student health care is not only medical treatment for students, but also holistic activity that considers other aspects of student life e.g. studying, and is directed to both the individual and whole community (Kunttu & Laakso 2011, 78).

Depending on the country of origin, exchange students are entitled to use different health care services in Finland. Exchange students from countries belonging to the EU/EEA are entitled to use the same municipal health care services as Finnish students, including public dental care services. Non-EU students are only entitled to first aid services and private clinics, but depending on the severity of the situation, also to other essential medical care. In need of dental care non-EU students should contact private dental clinics. Non-EU students have to cover the actual expenses themselves in all cases, and therefore it is essential for them to have a health insurance that covers the health care services for the whole study exchange period. A health insurance is required in order to receive a visa, and it should cover the health care expenses up to 100 000€. It

is recommended to purchase the health insurance from an international insurance company, whereupon costs can be 1000€ per year. (Helenius 2011, 65-66.)

3.4.2 Tampere city student health care

The Finnish health care act (2010) states that all students studying in Finland are entitled to student health care services in the region they are studying in (Health Care Act 2010, §17). Exchange students at TAMK use either the services of Tampere city student health care or private clinics (Services for students 2015).

In order to see a public health nurse or doctor at Tampere city student health care, an appointment has to be scheduled. Appointments and guidance on health related questions can be made by phone on weekdays. (Study Guide 2015.) Public health nurses' and psychologist's appointments are free of charge for students, but doctor's and dental appointments are charged according to municipality health care service rates. Public health nurses are entitled to diagnose minor illnesses and injuries and write sick leave certification to the school or training place. In need of basic vaccinations, guidance on sexual health or substance and mental health problems, students should also turn to the public health nurse at first. (Opiskelijan opas 2015-2016.)

The student health care phone number to contact is determined by each student's own degree programme. Students are divided to three different teams that are operated by specific doctors and nurses. Students are asked to find out the team directed to them before contacting student health care services and this information can be found from the webpage of student health care of Tampere city. (Study Guide 2015.)

Tampere city student health care clinics are closed in the evenings and during the weekend. If an accident occurs and there is need for acute care after office hours of student health care, it is advised to use municipal health services and the first aid unit Acuta. If the injury is not so acute, the student can contact a private clinic for medical treatment. In case of an accident or acute trauma it is important to know the general emergency phone number. (Unipoli Tampere 2015a.)

3.5 Social health

Social health is tightly connected to community, and is defined as how an individual functions and perceives himself or herself as part of it. Trust is the main character that binds a community together, and it consists of friends, family, social support and social networks. Other factors affecting social health in a community are for example having a safe living environment, opportunities for learning and education, and equality between people. (Naidoo & Wills 2009, 4, 46.) Based on previous research, it has been found that it is essential for exchange students to receive support from family, friends and fellow students in order to ease the adjustment to a new living environment.

Strategy for the Internationalization of Higher Education Institutions in Finland published by the Ministry of Education and Culture (2009) lists 33 actions to fulfill the goals of the strategy for years 2009-2015. The actions three and 20 emphasize the importance of language education in order to meet the needs of exchange students. They also state that Universities in co-operation with student unions are entitled to organize guidance and support services for exchange students. These services include international tutoring that is meant to support exchange students in their studies and leisure time. (Ministry of Education 2009-2015, 31, 47.)

3.5.1 Alcohol abuse

Students commonly drink alcohol to socialize, relax and celebrate. Although, alcohol consumption is seen as a social event for students, it can lead to peer drinking behavior. Joining a new peer-group in a new school has shown to have the greatest effect on alcohol use and behaviour. In the other hand, insecurities in trying to fit in with others, homesickness, loneliness, and lack of family and parents, can affect students' behaviour negatively and lead to this type of unhealthy choices. (Champion, Lewis & Myers 2015, 59; Talbott, Wilkinson, Moore & Usdan 2014, 61.)

Alcohol abuse within college and university students aged 18 to 24 is a problem that can cause a range of serious consequences and significant public health concerns. College and university students are more vulnerable to make false assumptions of peers' drinking patterns, which often leads to heavy drinking and causes binge drinking behaviour.

Binge drinking is defined by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) as a practice of drinking that increases alcohol concentration in blood above 0.08 grams percent. For adults, this typically means consuming four or more servings of alcohol for women, or five or more servings for men, within a few hours. (Champion, Lewis & Myers 2015, 58; NIAAA 2015.) The prevalence of binge drinking has been studied to be highest among persons aged 18 to 34 years, which meant eight to nine binge drinking occasions per month (CDC 2012).

The problem of peer drinking is not necessarily the drinking itself, but the range of negative consequences that results from heavy drinking. Alcohol abuse affects many areas in a student's life such as social, emotional and neurological health, relationships, academic performance, and also leads to negative changes in physical health. (Champion et.al. 2015, 58.) According to research conducted by The Center for the Study of Collegiate Mental Health (CSCMH) in 2009, students who constantly abused alcohol had clearly higher depression levels. They discovered that over half of the students that had 10 or more occasions of binge drinking during the last two weeks had considered suicide at some stage. (CSCMH, 2009; Champion et.al. 2015, 59.) On the other hand, depression can result in binge drinking for some students in hope to escape unpleasant feelings and cope with everyday life (Schnitzer, Schulenberg & Buchanan 2013, 312). Depression has been discovered to be more common amongst male students that use alcohol regularly (Champion et. al. 2015, 59).

High BAC (Blood alcohol concentration) levels decrease brain activity, which increases the risk of injuries. Frequent binge drinking occasions have been studied to have a causal impact on different types of injuries, and to be a component causing intended and unintended injuries. Recurrent injuries that occur under the influence of alcohol are accidental falls that can cause fractures or sprains. (Rehm et.al 2010, 817-818, 832-833.)

In order to reduce the negative effects of alcohol on health, it is recommended not to consume alcohol over the standard level. Standard levels are approximately 40 grams of alcohol per day for males and 20 grams per day for females, when converted to serving of alcohol these are equal to three, and one and a half glasses. One glass is a serving that contains approximately 12 grams of alcohol, for example 33 cl of beer, 12 cl of mild wine or 4 cl of strong drink. (Huttunen 2014.)

3.6 Mental dimension

Mental health is defined by WHO (2005) as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (Herrman, Saxena & Mood 2005, 2). Mental health can be an individual’s experience whereby life is seen as an understandable, controllable and meaningful event (Koivu & Haatainen 2010, 76).

Mental health cannot be considered without addressing physical and social health because these three factors are interdependent (Herrman, Saxena & Mood 2005, 2-3). Mental health evolves, impairs and repairs within relationships. Both the individual’s biological and psychological factors, and environment have an effect on the experienced state of mental health and wellbeing. The socio-economic structure and resources, cultural values, norms and practices determine the environmental factors. The focus of mental health promotion lies on these individual and environmental factors. Through a promotion of these factors further problems can be prevented. (Koivu & Haatainen 2010, 76.) Mental health promotion aims to create better opportunities to psychical growth and development that occur in different stages of life (Koivu & Haatainen 2010, 76), furthermore to enhance effective functioning and experience of personal wellbeing (Herrman, Saxena & Mood 2005, 4).

Mental health disorders have a great impact on experienced health and wellbeing. They can negatively interfere with a person’s life and contribute to problems with work, studies and social life. (Haarala et al. 2010, 9-10.) This chapter discusses mental disorders that are common with students and describes how these disorders are linked to physical activity.

3.6.1 Stress

According to Selye (1974) stress can be described as distress that causes negative effects, and eustress that causes positive effects such as personal growth, achieving new strengths and developing new skills. Furthermore, stress is described as a conflict situation where a person’s goals and assets are in collision, and therefore, it is seen as a dy-

namic motivator that forces people to act towards reaching goals. (Gadzella et.al. 2012, 82-82.)

The risk factors of creating negative and/or excessive stress are distinct life events and major life changes that need active adjustment. For exchange students both the adjustment to a new country and its environment, and lack of social support can be a major cause of stress. (Lönnqvist 2009; Miller & El-Aidi 2009, 28-29.) The majority of exchange students take part in academic studies, and therefore each student experiences stress along the exchange period and the academic year. Every student has different stress levels, which affects the way he/she perceives stress. (Gadzella et.al. 2012, 82-82.) Significant gender differences were discovered in a study conducted by Misra and McKean (2000), where females were found to experience more academic stress and anxiety than male students (Misra & McKean 2000 41-42).

When stress becomes excessive or it is seen negatively, students are likely to have decreased ability to gain and process information. Even though stress is a psychological experience, it has physical impact on an individual causing multiple symptoms. Psychological symptoms of stress are feelings of anxiety and restlessness. In addition, there are physical symptoms related to stress that are headache, dizziness, palpitations, nausea, frequent urge to urinate, sweating, weakened immune system and back pain. The physical impact of stress on health may lead to mild depression, anxiety or sleeping disorders. In social life, stress can be seen as isolation and difficulties within close relationships. (Gadzella et.al. 2012, 82-82; Mattila 2010; Misra & McKean 2000 41-42.)

Stress cannot be entirely removed from students' everyday life, but they should be able to control, decrease and regulate stressful situations in order to cope with routine tasks (Toivio & Nordling 2013, 127). In order to defeat stress, it is important to acknowledge it to discover coping methods and reduce stressful situations (Gadzella et.al. 2012, 82-83). According to Misra and McKean (2000) effective time management behaviours and satisfaction in leisure activities have been proven to decrease stress and anxiety among students most effectively. Social support was also used as a method to reduce stress, but its significance was not recorded as high as the methods mentioned above. (Misra & McKean 2000 41-42.)

For exchange students, social support may be more difficult to find than for local university students. Therefore, it is recommended for exchange students to seek conversational help when stress becomes excessive. Public health nurses provide the conversational help in student health care centers. (Julkunen 2015.)

3.6.2 Mild depression

According to the International Classification of Diseases (ICD-10) depression can be described as lack of interest in daily activities, depressed mood and also suffering of four other symptoms, as mentioned above, typical to depression that last for at least a two week period. Depression can be divided into three different types that are mild, moderate and severe, according to the number and severity of symptoms and the level of interference with individual's life. (ICD-10 2005, F32.) In this bachelor's thesis mild depression is described and discussed more thoroughly.

WHO (2012) states that mild depression may result from big life changes, disappointment or loss (Haarala et al. 2010, 9). Mild depression has four to five symptoms that reduce an individual's ability to function properly during ordinary work and social activities, however, it does not completely immobilize a person. Symptoms typical to mild depression are for example excessive sleep, insomnia, exhaustion, feeling worthless, loss of appetite, weight loss and inability to concentrate. Almost every person suffering from mild depression has feelings of lowered self-esteem and self-confidence. The severity of these symptoms mentioned above is low in mild depression. (ICD-10 2005, F32; Haarala et al. 2010, 9.)

During adolescence and young adulthood (18-24) a person will likely face numerous physiological, social and psychological changes in their life and without the necessary coping methods it will increase the risk of developing depression (Panjwani et.al. 2015, 6). Women are considered to have a greater risk of developing depression during their life (21%), when men only have a 13% chance (Haarala et al. 2010, 9). WHO (2012) stated that anxiety and depression are the two most common mental disorders in the world and the rate of depression among adolescents and young adults is alarmingly high. It has been evaluated that depression will be worldwide the second most common cause of disability in 2020. (Stanton & Happel 2013, 626.)

For exchange students, moving to a new environment can be a challenging situation that in the worst case will lead to depression (Miller & El-Aidi 2009, 28-29). Depression is a disorder that interferes with studies, the beginning of working life and the building of a successful career. It can cause a lot of personal suffering and it is considered to lower the quality of life. Additionally, depression may lead to unhealthy behaviours such as alcohol abuse, smoking and poor physical activity. There is currently plenty of knowledge on this psychological disorder and therefore it is easier to diagnose and treat. Early detection of depression is crucial in order to have a shorter recovery. (Haarala et al. 2010, 9-10.)

There are multiple treatment options available for depression. Treatment can be psychological or social, and include psychosocial support and psychotherapy. Main forms of social treatment are family and group meetings. Psychotherapy has been discovered to be an effective treatment method for mild depression, because it provides a possibility to take into consideration the person's own wishes and present situation. Other treatment methods for depression are promoting a healthy lifestyle, exercise and bright-light treatment in the winter. (Haarala et al. 2010, 12-13, 18-20.)

Even though treatment for this disorder requires psychological assistance, new research has established the positive effects of exercise against depression. Cardiovascular and resistance exercise have been shown to decrease depression symptoms without any adverse effects. Up to 53% of Australian psychologists have stated in a study that they recommend exercise to all of their customers with depression as a treatment method. According to recommendations, the type of exercise should be aerobic and a person should perform the minimum of thirty minutes per session at least three times a week. In order for exercise to have a positive effect on depression, exercise routines should last continuously for at least eight weeks. (Stanton & Happel 2013, 626-628.)

3.7 Physical Health

Physical health is an essential part of an individual's health and wellbeing and it concerns the whole body. Being healthy and physically active are the key factors of physical health. (Naidoo & Wills 2009, 4.) Physical activity not only decreases mood swings,

stress and depression symptoms, but also the risk of obesity, high blood pressure and cardiovascular disease. People that constantly exercise and take part in physical activity are more likely to participate in other healthy life choices and promote their own mental health and wellbeing. (Eriksson & Gard 2011, 262.) Physical activity services for students in Tampere are described in the next chapter.

Finnish winter creates weather conditions that can cause threat to an individual's health. Slippery and icy conditions outside, especially during winter and spring, develop high-risk situations where an individual's health is threatened. In addition, cold weather itself can be a cause of winter injury. The individual's own behaviour and choices can have either a positive or negative effect on these health threats. The most typical injuries that are sprains and frostbite are defined and described more detailed in the following chapter. (Talven ensiapuohjeet 2015.) In the following topics the background knowledge of minor winter injuries, their prevention and self-care is discussed and defined.

3.7.1 Physical activity

Unipoli Sport is a service available for all Tampere University students that offers high quality and versatile physical activity options. Unipoli Sport is open throughout the year not including public and bank holidays. Unipoli fee can be paid for each semester separately or for the whole academic year, and it entitles students to use Unipoli Sport services in all three university campuses (TAMK, TUT, UTA). Students that are members of TAMKO have the opportunity to get a discount from the Unipoli Sport fee. (Unipoli Tampere 2015b.)

Services that are included in the sports fee are e.g. free use of gyms, group exercise classes, exercise courses, sauna and other facilities (Unipoli Tampere 2015b). Unipoli Sport arranges an open doors day every spring and autumn so that students have an opportunity to familiarize themselves with all services that are available and try out various sport options (Opiskelijan opas 2015-2016). Taking part in Unipoli Sport activities is a chance for exchange students to promote their physical, mental and social health, and expand their network with other international and Finnish students (Julkunen 2015).

3.7.2 Minor winter injuries

The most common accidents that occur in the winter are slipping, tripping and falling (Talven ensiapuohjeet, 2015), which can easily lead to injuries that cause ligament and joint damages. The majority of these injuries are sprains that cause distension or tear to the ligament structures. Ligament injuries usually occur during physical activity when the joint (in the ankle, knee or wrist) is twisted and one or more ligaments on the lateral side of the joint are stretched or partly torn. (Kaminski et. al. 2013, 528.) Ankle sprains are the most typical sports injuries (20% to 30% of all ligament injuries) and there are approximately 500 patient cases in Finland daily (Ristiniemi 2013).

Depending on the severity and range of a sprain, they are classified as grade I, II and III. The severity and range in this scale vary from mild injury, where no structural damage occurs, to severe injury, where the ligament structures are completely torn or ruptured. Mild to moderate ligament injuries that do not need operative treatment are more thoroughly discussed in this section. (Kaminski et. al. 2013, 528.)

Effective first aid is the key element in the management of sprains. It constricts the blood vessels, reduces pain and swelling, decreases hematoma, and diminishes the inflammatory reaction in the soft tissue. First aid is followed by the universal R.I.C.E.-guideline (TABLE 1.) that stands for rest, ice, compression and elevation. The needed actions are performed simultaneously in the acute phase of a sprain. After the acute phase, conservative treatment is applied for two to three weeks depending on the grade of the sprain. It includes functional rehabilitation that consists of therapeutic exercises, stabilization of the limb and gradual weight bearing to the injured limb. Early mobilization has been found to reduce pain and shorten the rehabilitation phase. (Kaminski et al. 2013, 533, 530, 535.) Objectives of the conservative care are adequate pain relief, reduced swelling and movement practices (Marttila, Kuurne & Erämies 2012).

TABLE 1. R.I.C.E guidelines (modified from Kaminski et. al. 2013, 533).

Rest	Rest and protect the injured area for 48 to 72 hours. Avoid activities that cause pain or swelling. Do not bear weight on the injured limb.
Ice	Apply an ice pack on the site of injury for 20 minutes at a time. Repeat every two hours when necessary. Do not apply ice packs directly to bare skin to avoid frostbite. Cold will

	reduce pain and inflammation.
Compression	Compress the area with an elastic bandage to reduce the edema. Do not wrap too tight. Bandages can be used to support and immobilize the ankle.
Elevate	Raise the injured limb above your heart and have it elevated as often as possible during the first 24 hours. Elevation helps to minimize the edema.

Oral nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended to be used during both the acute and conservative treatment of a sprain injury, for they reduce pain effectively and have been shown to advance short-term function. Topical NSAIDs can also be used to reduce pain, and are applied on the injury site as creams or gel. (Kaminski et al. 2013, 534.) If significant swelling and subcutaneous hematoma occur, or weight bearing on the injured leg causes strong pain, it is necessary to seek immediate medical care (Saarelma 2014).

Improving safety is the key factor in injury prevention and there are various practices to increase it. Firstly, one has to be aware of the possible risks, and choose proper footwear and clothing according to weather. Secondly, physical activity should be avoided when ill or under the influence of alcohol or other substances. These factors are essential in avoidance of ligament injuries. (Parkkari 2013.)

Frostbite is another typical injury caused by Finnish winter conditions. Prolonged exposure to cold together with strong wind can easily lead to frostbite without proper protection. Fingers, toes, and other peripheral parts of the body (the nose, the ears) are especially vulnerable to frostbite. (Saarelma 2015; Talven ensiapuohjeet 2015.) Frostbite occurs when skin is exposed to cold and the topical body temperature decreases so low that the fluids in and around the body tissue begin to freeze. When the topical temperature of the body tissue decreases, blood vessels start to contract, which diminishes the blood flow into the tissue and causes reduction in the tissue oxygen levels. This can lead to tissue damage. Symptoms typical to frostbite are a tingling feeling of the skin, numbness and a white mark that appears on the skin. Affective treatment for frostbite is to keep the area under warm water (+40-42 degrees Celsius) for 15 to 30 minutes or until the blood circulation recovers. After treating frostbite with warm water ensure adequate pain relief. (Saarelma 2015.)

4 PURPOSE AND OBJECTIVES OF THE BACHELOR'S THESIS

The *purpose* of the bachelor's thesis is to make an orientation booklet on health promotion for exchange students.

The *objective* of the bachelor's thesis is to provide health related educational material for exchange students and guidance on how to use the student health care services.

The ultimate goal is to promote exchange students' health and self-care skills.

The booklet will answer the following questions:

- What is Finland's climate like?
- What effects can Finnish weather have on exchange student's health?
- How to promote health and manage minor injuries?
- How to use the Student Health Care services?

5 METHODOLOGY

This section describes the process of conducting a research. Basics of a research are discussed and the research methods used in this study are defined and justified. The research process includes several steps that are planning, information search, written report and creating the final product. The study for the final product of this thesis was based on a literature review and expert interviews. (Vilkka & Airaksinen 2003, 9, 16, 51, 65.) In the next chapters the process of this study is discussed in a more detailed manner.

Research is a disciplined study that investigates, collects and develops new knowledge by using systematic methods. The purpose of research is to answer questions or solve problems that have arisen from previous studies or practical fields. Validating, developing and expanding knowledge is the ultimate goal of research. Clinical nursing research is a form of study that provides evidence-based knowledge to be used in nursing practice and hereby, promotes and improves the health and wellbeing of individuals that are clients of health care. (Polit & Beck 2012, 3, 16-20.) The aim of this research process was to improve health and wellbeing of exchange students by ensuring adequate information on health and health promotion.

5.1 Functional bachelor's thesis

Functional thesis is a form of research, which aims to guide, organize and rationalize actions in the practical field of a certain profession. Depending on the field of study, a functional thesis process can result in producing a guideline or instructions for professional use. A functional thesis always consists of two parts: a written report and a final product. The written report describes what has been done, why, and how the study has been conducted, but as well the process, results and conclusions of the study. Secondly, it defines a theoretical framework of the product in order to gain evidence-based knowledge. The final product can be for example a booklet, guide or portfolio, depending on the target group it is produced for. When planning a functional thesis, it is recommended to have a working life connection. A working life connection has been

shown to increase awareness of the responsibilities in the bachelor's thesis process. (Vilkka & Airaksinen 2003, 9, 16-17, 51, 65.)

Basic and applied researches are the two categories of nursing research that are classified by the purpose of the study. A functional bachelor's thesis represents the applied research category that studies existing problems in the nursing field, and tends to search answers for these particular problems. (Polit & Beck 2012, 16.) A study plan is made in order to identify the purpose, task and objectives of the research process. Primarily, the purpose of a study plan is to clarify the process and implementation of the study (Vilkka & Airaksinen 2003, 26-27, 63) and guide towards a more effective information search. When the existing problem to be studied has been recognized, the next step is to search previously studied knowledge on the topic of interest. After finding relevant research evidence, it should be critically appraised in order to take it into nursing practice. It is relevant to integrate the newly gained knowledge to the perspectives of patients and the local context of the research. The need of expert interviews or consultation should also be considered at this point. The final step is to implement and evaluate the evidence-based outcome of the study. (Polit & Beck 2012, 36-37, 40, 96.)

5.2 Important aspects of conducting this study

In order to understand the existing knowledge and to provide a framework for the end product of a functional thesis, a literature review is conducted. A literature review critically assesses the existing research information in order to understand the background knowledge of the topic of interest. (Vilkka & Airaksinen 2003, 6.) A literature review can also be used for example to provide readers with an evaluative summary of existing evidence on a research problem (Polit & Beck 2012, 58, 94-95).

While making a literature review it is important to use mainly primary source research reports, for secondary source research documents rarely provide much detail on the study and are merely descriptions of the original study. Additionally, non-research references for example case reports or clinical descriptions can be used to indicate the need for study, as well as to explain the viewpoints of clinical practice and widen the understanding of a study problem. Nevertheless, these references do not cover the present state of research evidence. (Polit & Beck 2012, 95- 96, 175.)

A literature review is a systematic process that has clear decision rules and strict criteria for including or excluding previous studies. Findings from previous studies are considered the most important type of information in a literature review. The literature review should give a thorough and up-to-date analysis of included studies. Reproducibility is an element of a well executed literature review, which means that another reviewer would be capable of implementing the same decision rules, criteria, and end up in similar conclusions based on the evidence. Reproducibility increases the reliability of the study. (Polit & Beck 2012, 96-97, 175.)

According to Lincoln and Guba (1985), four suggested criterion of increasing the trustworthiness of a study are credibility, dependability, confirmability and transferability. Credibility refers to confidence that the findings and interpretation of the data are truthful. Dependability refers to solid and consistent study evidence. Confirmability is reached when the findings of the study are interpreted neutrally without researcher's bias or own perspectives. Transferability indicates that the collected data is applicable also in other contexts. (Polit & Beck 2012, 175, 584-585.) To ensure the trustworthiness of this thesis a literature review was completed and all these four criterion factors were considered during the writing process.

While conducting a research, it is important that the study reflects the truth. In order for research to guide nursing practice, the findings should be accurate and represent the experiences of the target group. Validity is a broader concept that indicates that the study information is accurate and consistent. Reliability, in the other hand, refers to the quality of measurements, which means that the methods used to gain new knowledge were valid and systematic. Repeatability of measurements is another aspect of reliability, which compares to reproducibility. (Polit & Beck 2012, 175.)

5.3 Expert interviews

As mentioned above, the need of expert interviews should be considered while conducting research. With assistance of expert interviews, the main issues concerning exchange students health, and the difficulties they have faced while contacting or using the health care services in Finland, were studied. Recorded expert interview sessions were held for

the staff members of the International student services of TAMK on the 23rd of March, and Tampere city student health care on the 25th of May 2015. Both individual and group interviews were guided through by a semi-structured theme-interview model. Instead of using a structured question form, each question was based on a theme that arose from our theoretical framework. (Vilkka & Airaksinen 2003, 58, 63-64.)

During the interviews, questions that begun with the words what, how and why were used, so it was easier for the interviewee to explain their thoughts and views. Analysis was carried out by summarizing the main concepts into different themes instead of transcribing the whole interview. The arisen themes were categorized according to the dimensions of health (see table 2). The collected material was used to support the arguments and reasoning of the thesis, but also to add theoretical depth to the discussion. (Vilkka & Airaksinen 2003, 58, 63-64.) Valuable information was gathered concerning the target groups' health issues and difficulties while contacting health care services.

TABLE 2. Results of expert interviews according to the dimensions of health (Julkunen 2015; Merikoski & Onduso 2015).

	Experts at International services of TAMK	Expert at Student health care of Tampere city
Physical Health	Leisure injuries e.g. fractures and sprains.	Need of self-care instructions of injuries. Exchange students need more information on free time activities: <ul style="list-style-type: none"> • Unipoli sport activities could promote physical, mental and social health
Social Health	Alcohol abuse and social isolation are common issues among students.	Alcohol abuse; different drinking culture in Finland. Need of social support.
Mental Health	Psychical problems are caused by <ul style="list-style-type: none"> • Seclusion/ isolation • Stress • Culture shock • Homesickness 	Exchange students experience stress related to <ul style="list-style-type: none"> • School and • Environment change
Societal Health	Exchange students partly lack the knowledge on how to use the student and municipal health care services. Need more guidance on dental care services Exchange students have difficulties while seeking for care	Exchange students have difficulties when seeking medical care.
Environmental Health	Darkness and cold weather affects mental health. Conditions outside cause injuries: frostbite etc.	Instructions on how to protect against Finnish winter

5.4 The process of this Bachelor's thesis

We chose our topic based on our observation that exchange students lack information and knowledge on health care services in Finland. We confirmed from the International services of TAMK that there was a need for an orientation material on health promotion and health care services. We chose a functional study method for this thesis because our aim was to make a bachelor's thesis with a concrete product, and in this process it was an orientation booklet on health promotion. International services of TAMK work in close collaboration with exchange students, therefore we requested them to be our working life connection, which they accepted. We made an agreement to give the final product to their use after our graduation.

The writing process of our study plan began in October 2014 and it was written with the assistance of Toiminnallinen opinnäytetyö by Vilkka and Airaksinen (2003), and the guidelines given by TAMK. The study plan was made in order to identify the purpose, task and objectives of the thesis and it included a brief introduction into the thesis topic and a timetable for the bachelor's thesis process. Firstly, the purpose of the study plan was to clarify the process and implementation of our thesis and the final product. Secondly, we wanted to show our ability to reason in a clear and consistent manner. The relevant target group was defined as exchange students studying at TAMK in order for us to familiarize with previous research made on the topic. We chose to use a qualitative approach and include expert interviews in order to gain a holistic understanding on exchange students' health and factors affecting it. The study plan was accepted by our tutor teacher and working life connection in February 2015, after which we began the thesis writing process with a literature review.

While we conducted our literature review, we used bibliographic databases that could be accessed by computer including CINAHL, EBSCO HOST, DOAJ and PubMed. Examples of the search words that we used were: exchange student, international student, exchange programme, health, health promotion, mental health, mental health promotion, depression, stress, alcohol abuse, physical health and vitamin D. We critically reviewed previous studies that were not older than eleven years (2004-2015), were in full text format, found in English or Finnish and relevant to our key concepts. Only trustworthy websites such as ESN, TAMK Intra, Red Cross, Centre for International Mobility (CIMO) and WHO were used. A few books concerning research methods and meth-

odology were also used from the TAMK library. After collecting the information needed for our research we critically discarded the irrelevant references.

The final product of our thesis was an orientation booklet on health promotion presented in electronic form for exchange students at TAMK. We decided to make the booklet in English because International services of TAMK use English language during their orientation for exchange students. Our goal was that the booklet would be easily reached and understood and could be modified or updated. In order to make the orientation booklet understandable for exchange students, despite their knowledge on health care, consistent and clear instructions were used.

6 DISCUSSION

Orientation of exchange students plays a great role in health promotion, when their best possible basis for coping and functioning in the Finnish society has to be provided. There are many factors that have an effect on this process in order to reach the goal. Providing thorough guidance on student health care, possible health issues, self-care methods and injury prevention, exchange students' health can be promoted. In addition, international tutoring is an effective tool to enable exchange students to receive guidance and social support. An international tutor is often the first Finnish student the exchange students get to know better.

When adequate information is not provided, exchange students are most likely to seek information from other possible sources that most commonly are e.g. International services of TAMK. Consequently, it will increase the workload of staff members of International services. Therefore, the orientation booklet on health promotion is a clear entirety, which answers the most common questions related to health, and provides more knowledge on health care services. A comprehensive orientation booklet on health, supports both exchange students adjustment process and the work of International services of TAMK. The orientation booklet was produced in electronic form, so that TAMK could easily improve and update the information that is provided for exchange students during their orientation week.

As mentioned above in the Methodology section, only trustworthy and reliable internet databases were used when conducting the literature review. When selecting the literature, primary sources were preferred. Another criteria for inclusion was that the publication year should be within the years 2004 and 2015. However, some exceptions were made when selecting articles older than 2004. In these cases critical thinking was applied before inclusion of the source. A few books considering health promotion, methodology and research methods were used as a reference, and they were accessed in the TAMK library. The thesis writers critically evaluated each other's writing in order to maintain study ethics and avoid plagiarism and bias. The literature used for the theoretical background of our thesis based a consistent foundation for the orientation booklet, and the sources used supported each other. Confidentiality and anonymity was maintained during the expert interviews, and previous experiences of exchange students were

discussed only on a general level. Interviews were held in private and the collected data was only used by authors for this study.

Various cultures, health care settings and different educational backgrounds of exchange students can affect the way they perceive health and health promotion, and cope with possible health challenges, and therefore was taken into consideration as one of the limitations of this study. Additionally, there was no previous research on how exchange students experience the use of Finnish health care services. The most common health problems among university students have been studied generally but not specifically among exchange students. The only source of information on this topic was International services of TAMK and Tampere city student health care.

7 CONCLUSION

The purpose of this bachelor's thesis was to produce orientation material on health and health promotion for exchange students studying in Tampere University of Applied Sciences. The product was produced after studying the topics by means of a literature review and expert interviews.

Exchange students face many challenges when moving to a new environment. There are several factors affecting health in addition to individual's own behaviour and decisions. These factors include environment, society and social surroundings, which are climate, geographical location, structure of society, general level of education, social support network and preventive health care. Exchange students undergo an adaptation process, when social support, guidance and health promotion is in an important role. In order to enhance health education among exchange students it is relevant to increase knowledge on health, well-being and health care services. In general, support to understand Finnish culture and to gain general knowledge about Finland were considered as important factors.

For future recommendation, studying the exchange students' experiences of using student health care services of Tampere city, and researching how the cultural differences and belief affect the adjustment process would provide valuable information. A study considering possible health issues exchange students face during their study exchange period would also be beneficial.

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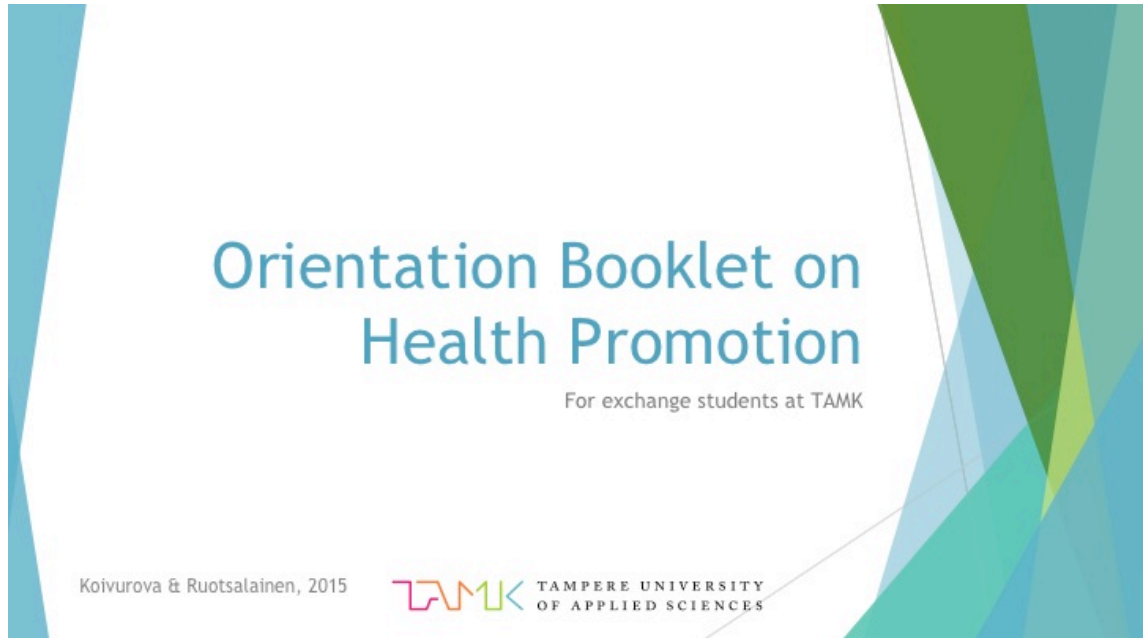
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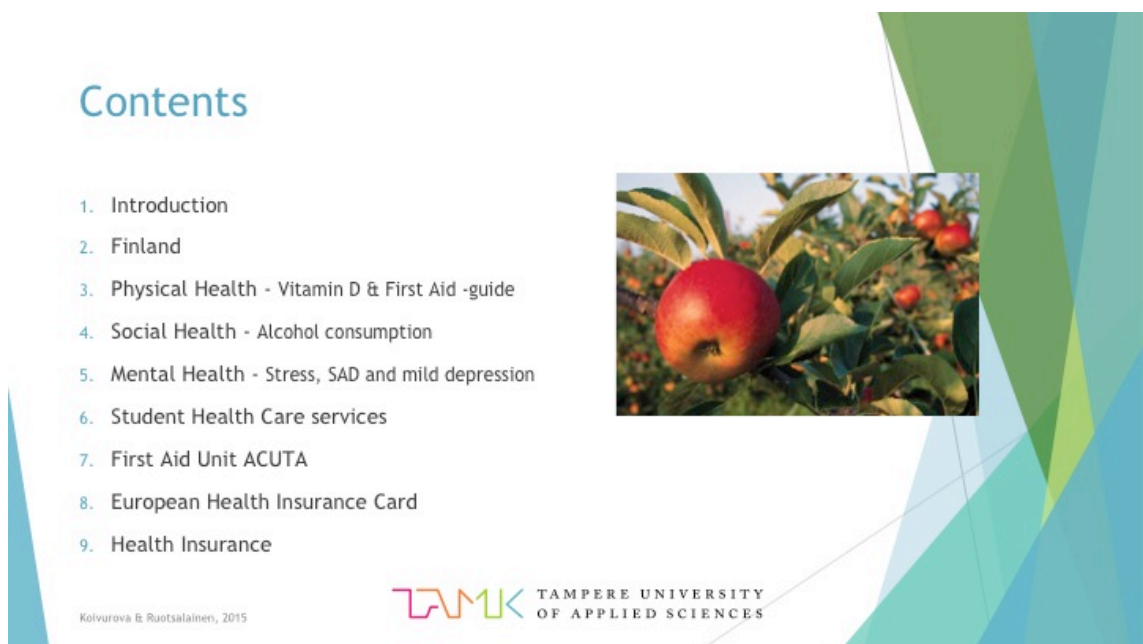
APPENDIX

APPENDIX 1. Orientation Booklet on Health Promotion

Slide 1



Slide 2.



Slide 3.

Introduction

As an exchange student, it is important to be aware of the changing environment you are living in, and possible health risks that it can cause. Cold weather, slippery conditions outside, and lack of sunlight create conditions that can affect physical, social and mental health.

Tampere is located in central Finland. Tampere City provides municipal health care services and multiple private clinics, where to treat possible health problems that can occur during your stay.

Find out more at www.tampere.fi

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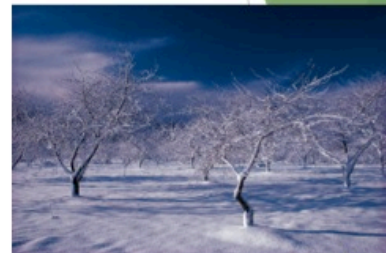
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Slide 4.

Finland

Finland has four seasons spring, summer, autumn and winter, and great contrasts in climate. The change of weather can catch you off guard if you are not prepared.

- Temperatures in the winter vary from -0°C to -30°C , and the permanent snow cover usually lasts from December to April.
- Winter is the coldest and darkest season - wear warm clothes and lots of layers to avoid for example frostbite.
- In the beginning of spring, melting snow causes slippery conditions outside - these are high-risk situations that could lead to ankle or wrist injuries, watch your step!



Spring	+0°C to +10°C
Summer	+10°C to +25°C
Autumn	+0°C to +10°C
Winter	-0°C to -30°C

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Slide 5.

Physical Health

Physical health is an essential part of health and wellbeing - it concerns the whole body

- Physical activity promotes physical, mental and social health, and decreases stress and depressive mood
- UNIPOLI SPORT - in all three campuses (TAMK, TUT, UTA)
 - For all university students
 - 100 group exercise classes; ball games, exercise courses and PT services.
 - Access to all sport facilities will be updated on a keycard

Unipoli Fees	Members of Tamko	Others
Autumn	38€	48€
Spring	42€	52€
One year	65€	75 €

More details:
www.unipolisport.fi

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Slide 6.

Importance of Vitamin D

- Sunlight is the main source of vitamin D
- Vitamin D deficiency is greater in Finland in the winters
- It is crucial to maintain an adequate vitamin D level to stay healthy
- Recommended intake: 800 IU/day (20 µg)
- Sources of vitamin D
 - Fish, fish oil, egg yolks
 - Fortified foods: milk products and margarines (does not include organic products)
 - Dietary supplements (found in local pharmacies and supermarkets)

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Slide 7.

First Aid guide to minor winter injuries

Sprains

- Common accidents in the winter are slipping, tripping and falling
- The most typical injuries are sprains (ankle or wrist)
- If there is significant swelling, or weight bearing on the injured leg causes strong pain, it is necessary to seek immediate medical care (from Acuta or private clinics)
- Effective first aid is the key element:

REST	Rest and protect the injured area for 48 to 72 hours . Avoid activities that cause pain or swelling. Do not bear weight on the injured leg.
ICE	Apply an ice pack on the site of injury for 20 minutes at a time. Repeat every two hours when necessary. Do not apply ice packs directly to bare skin to avoid frostbite. Cold will reduce pain and inflammation.
COMPRESSION	Compress the area with an elastic bandage to reduce the swelling. Do not wrap too tight. Bandages can be used to support and immobilize the ankle.
ELEVATE	Raise the injured limb above your heart and have it elevated as often as possible during the first 24 hours . Elevation helps to minimize the swelling.

Slide 8.

First Aid guide to minor winter injuries

Frostbite

- Prolonged exposure to cold and strong wind, without proper protection
- Vulnerable to frostbite are: fingers, toes, nose and ears
- Symptoms
 - Numbness and tingling of the skin
 - White area on the skin that feels hard
- Treatment
 - Warm the area with water (+40°C) or clothes until the color of the skin normalizes
 - Protect with dry and warm clothes
 - Do not rub!

Slide 9.

Social Health

Social health can be defined as how an individual functions and perceives themselves as part of a community

Key concepts of social health will help students to adjust to the new environment

- Trust and equality among students
- Social support from friends and family - make new friends and keep in contact with the ones at home
- Social networks - Expand your social network and take part in different activities organized by Tamko and CLINT

www.clint.tamk.fi

www.tamko.fi

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Slide 10.

Alcohol Consumption

Students commonly drink alcohol to socialize, relax and celebrate:

- Although, alcohol consumption is seen as a social event, it can lead to peer drinking behavior
- The problem of peer drinking is not necessarily the drinking itself, but the range of negative consequences that results from heavy drinking
- Alcohol abuse affects many areas in a student's life
 - relationships, academic performance, and leads to negative changes in physical health
- Depression can result in heavy drinking in hope to escape unpleasant feelings and cope with everyday life

Do not forget - you can participate in student activities without alcohol

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Slide 11.

Mental Health

Mental, physical and social health are all linked together - therefore it is essential to maintain all aspects of a healthy lifestyle

- Mental health refers to the ability to recognize own strengths and cope with stress
- Promoting mental health supports productive and effective studying
- Mental health disorders such as excessive stress, seasonal affective disorder and mild depression can negatively interfere with studies and personal life

Do you feel down or stressed?

- Conversational guidance and help is provided by the student health care services of Tampere city (non-EU students are advised to contact private clinics)

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Slide 12.

Stress

Eustress causes positive effects such as personal growth, achieving new strengths and developing new skills

- Stress can also be described as **distress** that causes negative effects such as decreased ability to gain and process information
 - Causes of negative and excessive stress are distinct life events and major life changes that need active adjustment
 - This creates a situation where a person's goals and assets are in collision
- Psychological symptoms are feelings of anxiety and restlessness
- Physical symptoms are headache, dizziness, palpitations, nausea, frequent urge to urinate, sweating, weakened immune system and back pain

How to decrease stress - exercise, seek social support and organize your time

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Slide 13.

Seasonal Affective Disorder (SAD)

SAD is a mood disorder that commonly affects people in Finland during dark winters

- SAD is caused by the lack of sunlight and most prone to it are women
- Symptoms are increased appetite, craving for carbohydrates, weight gain, lack of interest in social activities, low energy levels and depressed mood

How to treat SAD:

- Take vitamin D supplements
- Indoor bright-light therapy, which is performed with lights that are 20 times brighter than normal indoor lighting

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Slide 14.

Mild Depression

Depression can be described as lack of interest in daily activities, depressed mood and also suffering of four other symptoms:

- excessive sleep, insomnia, exhaustion, feeling worthless, loss of appetite, weight loss and inability to concentrate

Mild depression

- reduces an individual's ability to function properly during ordinary work and social activities
- may result from big life changes, disappointment or loss

Treatment methods:

- Promote a healthy lifestyle, exercise and use bright-light treatment in the winter

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Slide 15.

Student Health Care in Tampere

Hammareninkatu 7, 33100 Tampere, 4th floor

Regular illnesses and injuries are treated at student health care:

- for example: sudden respiratory inflammations, back pain, sprain

Appointments and guidance on health related questions can be made by phone during opening-hours

- All visits require an appointment
- Students can contact their own team depending on their degree programme

- **Team 1:** technology, media, arts, forestry, energy and environmental engineering. Tel. 040 806 2454
- **Team 2:** Social services, health and sports (not including DP in social services), nursing, tourism, catering and domestic services. Tel. 040 806 2459
- **Team 3:** Business administration, music, business information systems, social services and international business. Tel. 040 806 2455

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Slide 16.

Student Health Care Opening Hours & Fees

Opening hours

- Monday to Thursday from 8.15-15.00, Fridays from 8.15-13.00.
- During off-hours contact private clinics (non-acute care) or ACUTA (acute care)

Fees

- Free of charge - Public health nurse, psychologist and guidance on sexual health
- Doctor appointments -16,10€
- If the appointment is not cancelled one day prior, a cancellation fee applies - 39,60€

Cancellation - Doctor's appointments can be cancelled via

- Call to your team phone number or text message to 0400 267 715
- Include your name, date of birth, and the scheduled appointment time

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Slide 17.

First Aid Unit ACUTA - Open 24h

Teiskontie 35, Building K

Tampere University Hospital

In case of an **accident or acute trauma** it is important to know the general emergency phone number: **112**

In case of **life threatening accidents or acute illnesses** you should use first aid unit ACUTA

- For example fractures, head injuries, severe open wounds
- No appointment needed
- You will receive care according to urgency

In case of being unsure of where to go:

- Call the municipal health care phone number for guidance tel. **10023**

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Slide 18.

At ACUTA

1. Take a turn number at the entrance
2. The receiving nurse will assess the severity of the illness or pain
3. You will be given further instructions by the nurse
 - Where to wait (lobby or patient bed)
 - You will be called by the doctor or nurse → future care will be instructed

Note! The waiting period can easily be a few hours - stay patient!

Fees:

- The emergency fee: 32,10€ after 8pm, and all hours on Saturday, Sunday and during bank holidays
- The normal fee: 16,10€ on weekdays between 8am to 8pm

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Slide 19.



Map of the Tampere University Hospital TAYS. The entrance of Acuta is in the K-building. Behind Kuntokatu 4 campus area.

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Slide 20.

European Health Insurance Card, EHIC

For students from EU/EEA-countries, or Switzerland

- With the European Health Insurance Card students from countries belonging to EU/EEA, or Switzerland, are entitled to receive essential medical care in case of acute illness or an accident, during their temporary stay in Finland
- Care is given under the same conditions and at the same cost as for residents in Finland
- Cards are issued by your national health insurance providers



- The European Health Insurance Card is **not an alternative to travel insurance** and it does not cover any private health care costs

More information:

<http://ec.europa.eu/>

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Slide 21.

Health Insurance

For students from non-EU/EEA countries

For exchange students it is important to have a health/ travel insurance that covers health care services for the whole study exchange period

- A health insurance is required in order to receive a visa
- The insurance should cover health care expenses up to 100 000€
- It is recommended to purchase the health insurance from an international insurance company (costs can be 1000€ per year)

NOTE! Without health insurance the costs of health care services can be 10 000 - 100 000 € or even more

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Slide 22.

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