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Erasmus Mundus Master Course in
Emergency and Critical Care Nursing

**Erasmus Mundus Master Course in Emergency and Critical Care Nursing
(EMECC NURSING)**

**« PRACTICES THAT PROMOTE INTEGRATION OF
INTERNATIONAL NURSES IN THE METROPOLITAN AREA
FINLAND: A BALANCED PERSPECTIVE OF FINNISH AND
INTERNATIONAL NURSES»**

Voaharinoferana Zo Misaina

Supervisor: Dr. Marianne Pitkäljärvi

January 28, 2017

Master's Thesis





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ERASMUS MUNDUS MASTER COURSE IN EMERGENCY AND CRITICAL CARE NURSING

Marianne Pitkääjärvi, Doctor in Philosophy from Metropolia University of Applied Sciences, Helsinki, Professor of the Erasmus Master Course in Emergency and Critical Care Nursing.

CERTIFY/IES:

That the Master's Thesis submitted by Mrs. Voaharinoferana Zo Misaina, entitled "Practices that Promote Integration of International Nurses in the Metropolitan Area Finland: A Balanced Perspective of Finnish and International Nurses", carried out under the supervision of Dr. Marianne Pitkääjärvi in the Erasmus Mundus Master Course in Emergency and Critical Care Nursing, meets the necessary requirements to be approved as a Master's Thesis

And for the record, and for the relevant purposes, the present certification is issued in Oviedo, on February 8th 2017.

A handwritten signature in blue ink, appearing to read "Marianne Pitkääjärvi", with a long, sweeping flourish extending to the right.

Marianne Pitkääjärvi, RN, PhD



ABSTRACT

Several studies drew attention to the challenges international Nurses factually encountered to fit into a foreign workplace. Inversely, very few delve merely the Best Practices needed to supersede this contest. This reality prompt curiosity in the researcher's mind to dig into what has positively been done to integrate International Nurses in the Finnish workplace, what were perceived positively helpful and what is expected to smooth the integration process. To reach this end, a qualitative study was conducted, in which 6 International Nurses and 4 Finnish Nurses were interviewed. This two-end comparative exploration intent to find out evident practices to uphold integration of foreign nurses in the Finnish Context. The data collected was analyzed by Qualitative Inductive Content analysis. It was undoubtedly found that no single entity is self-sufficient to carry on this multifaceted task. Its success demands an Individual Input, Collective Effort, Coworker and Managerial Backup paired with an Organizational Involvement. The discoveries highlight that collaboration is a necessity, and is a key component of an effective integration. These Information are alleged to provide useful material to guide decision-makers to expand existing guidelines for better integration outcome.

Keywords: International Nurses, Integration, Foreign Nurses, Positive practices



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Tahkakuja, the 1st of February, 2017

Voaharinoferana Zo Misaina



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LIST OF ABBREVIATIONS

EU: European Union

FEN: Foreign Educated Nurses

HUCH: Helsinki University Central Hospital

IEN: International Educated Nurses

IN: International Nurses

NGO: Non-Governmental Organization

OECD: Organization for Economic Co-operation and Development

RN: Registered Nurses

US: United States



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UHN: University Health Network

WHO: World Health Organization

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1. INTRODUCTION

An evident shift of paradigm in the composition of population among developing countries is well known. The aging trend of its population and nurse workforce widen the mismatched between the demand of health care needed and supply of health care provider. It has caused a growing global shortage of nurses (Cho, Masselink, Jones, & Mark, 2011).

In Europe, changing demographics fuel the recruitment of international health care professionals, and several non-English speaking European countries have become actively involved in the recruitment of nurses (Vartiainen, Pitkänen, Asis, Raunio, & Koskela, 2016). Studied affirm as well, that the Finnish health care sector is currently experiencing shortage of nurses, which stimulates the hiring of nurses from other countries (Yulia & Anna, 2013). Nursing experts suggest that this number will continue to rise (Jose, 2011; Smith, 2014) globally. By 2020, the European Commission estimates a potential shortage of 590,000 nurses in Europe (European Commission & Economic Policy Committee, 2012).

To overcome this challenges, hiring International nurses has been used for decades (Jose, 2011) and is considered as one of the solution to address the nursing shortfalls. This strategy has been started and used by U.S administrators and agency (Claudia & Ong Ho, 2014) and tend to spread among developing country. With this emerging tactic, integration of International Educated Nurses (IEN) is of significant concern. Unfortunately, there is a nation-wide lack of consistency with transition/integration services in place (Khalili, Ramji, Mitchell,



& Raymond, 2015). Little or no attention has been paid to support successful integration (Adeniran, et al., 2008). Obviously, internationally recruited nurses have not always successfully integrated into destination societies (Vartiainen, Pitkänen, Asis, Raunio, & Koskela, 2016). This reality rouses the author to explore what has been done to integrate International Nurses in Finland, what were perceived positively helpful and what they would expect to smooth their integration in the Finnish workplace. This two-end comparative exploration aim to find out positives practices which will fit the expectation of locals as well as International Nurses. It will further help to develop sound-balanced approach for effective integration.

2. PURPOSE AND OBJECTIVES OF THE STUDY

2.1. Justification of the problems

There is a global awareness of the contests International Nurses are facing. Several studies have examined the challenges migrant nurses face (Tregunno, Peters, Campbell, & Gordon, 2009). Conversely, few studies explore how to effectively integrate them, how they wish to be treated and how prepared are the local nurse to receive them. This kind of study is even scant in the Finnish Context. The investigator believes that analysing the perception of foreign nurses and locals' staffs will provide more research-based evidence to understand the resemblance and difference of view among the two groups needed to appropriately tailor plan to promote integration of International nurses in the workplace. In turn, the recruiters,



employers, staff-development teams, local nurses and the international nurses themselves will find the report of this study useful as they work together to develop and improve strategies and programs that meet the needs of International Nurses. It will provide as well important insights as policy and management decision-makers balance the tension between increasing the International Nurses workforce and their wellbeing in the workplace.

2.2. Purpose of the study

The purpose of this study is to qualitatively determine the reality concerning integration of International Nurses in the workplace in Finland. It aims to explore the perception of Finnish nurses regarding how to (best) support the International colleague's integration process, as well as the way International Nurses perceived positively helping them to integrate to the Finnish health care environment. The specific objectives are:

1. To explore what Finnish nurses perceive helpful/ effective to integrate International Nurses, and what attitudes/ behaviour they expected in turn from them.
2. To explore what international nurses perceive as positives attitudes/practices that helping them to integrate in the new Finnish environment.
3. To assess the differences and resemblances of expectation from both side: Finnish nurses, and international nurses.

Demographic profile of nurses will be assessed to point out significant result related by age, gender, civil status, nationality. Additional factors such as years of stay in Finland, place



where nursing degree was granted and presence of relatives or family in Finland will as well be considered. These assessments will help managers understand on the aspect which needed emphasize to improve the integration process.

3. THEORETICAL FRAMEWORK

3.1. Migration of Healthcare professional: Worldwide, Finland

The migration of health workers is not new. It has closely followed general trends in international migration. It is primarily demand led (WHO, 2006). It has expanded and becoming more complex the past few decades (Nair & Webster, 2013). It has in turn aggravating the workforce shortage in their countries of origin. European NGOs were closely involved at both national and international level to raise the issues of fair recruitment, retention strategy (WHO, 2006) to reduce this «brain drain». Fewer health workers are now migrating to the EU from the so-called 57 crisis countries as defined by WHO in its World Health Report 2006 (36 African countries). Inversely, mostly India and the Philippines, which have an oversupply of health professionals, encourages migration (Stilwell, et al., 2004).

In Finland, migration of health care workers is a relatively recent phenomenon. It has been on the rise in the 2000s and growing slowly but steadily. Although recent figures are not conclusive, of a total of around 16 204 people working in the health service by 2012 are migrant. It accounts around 4% of the personnel working on health and social services (National Institute For Health and Welfare, 2015).



3.2. Nursing shortage: Worldwide, Finland

Acute global shortages in the health workforce today represent a crisis that looks certain to worsen in the years ahead (WHO, 2006). This has been described as one of the most pressing global health issues of our time. The WHO estimates the current global health workforce shortage from 4.3 million up reaching 7.2 million professionals, and predict a shortage of 12.9 million by 2035 (Campbell et al., 2013; Aluttis, Bishaw, & Frank, 2014; Buchan, Wismar, Glinos, & Bremner, 2014). Many countries, both high-resources and low-resources are experiencing shortages of nurses. The United States and the United Kingdom anticipate large deficits of nurses they will need over the next 10–20 years, and overseas recruitment overt tactic to compensate these shortages. Currently, there are various drives targeting recruitment of health care workers, particularly nurses, from poor countries to fill the gaps in a richer one (Stilwell, et al., 2004).

In Europe, its population is ageing and so is its workforce (European Commission, 2012). At present, there is no obvious shortage of nurses in most country, but in the longer term, growing shortages are expected in the health sector, particularly among nurses and caretakers for the elderly. The European Commission (2012) estimates a shortage of one million qualified health professionals by 2020 (World Health Organization, 2014). The situation might be even more alarming for nurses (OECD, 2013; Buchan, O'May & Dussault, 2013; Buchan, Wismar, Glinos, & Bremner, 2014).



In Finland, healthcare agencies currently welcome more foreign staff to face the rising demand for skilled healthcare professionals. Over the next few decades, if only Finns had to fill jobs vacancy in healthcare services, then one in four of Finland's young people would have to train to be nurses. Such situation is clearly not feasible, which show the need to recruit workers from abroad in the coming years, especially in the healthcare sectors. (Ministry of Foreign Affairs, Department for Communications , 1995 - 2015). In a recent survey, shortage of nurses in Finland is projected as a substantial problem over the next 15 years. By 2030, as reported on a study commissioned by the Local Government Pensions Institution (Keva), about 50 per cent of all nurses in Finland will retire, in which nearly 80 per cent will be those working in supervisor positions. The issue appears to be an even greater problem in certain areas. Mindful of this situation, Senior advisor Nina Hahtela, on behalf of the Finnish Nurses Association, urged Local government decision makers to seriously take this matter in the decision-making process (IceNews, 2012).

3.3. Recruitment and challenges of International Nurses: Worldwide, Finland

Workforce shortages in some destination countries is triggering active overseas recruitment strategies (Stilwell, et al., 2004). Nearly all European OECD countries increasingly rely on recruiting health workers from abroad to fill their shortages. They have targeted as well International student mobility. "Education for aid" turn out "education for trade". Many countries adapted their legislation allowing international graduates to extend their stay in the



country to search job. This need for more worker immigration will increase even more soon (OECD, 2011) which can have positive aspect or can exacerbate problem as highlighted in the World Health Assembly resolution in May 2004 (WHO, 2004).

Regarding Finland, the country has been and somehow still culturally, ethnically and linguistically homogeneous (Ministry of Foreign Affairs, Department for Communications, 1995 - 2015). It is quite new destination country for health professionals and there have been scarce inquiries on the reality of international recruitment. However, Finnish healthcare goes multicultural. The demand for skilled healthcare professionals is growing (Korpela, 2008). It is becoming an emerging destination country of Foreign-Educated Nurses (FNE) and that has started to recruit nurses both from within the European Union and in the Philippine. The Finnish healthcare need not only to attract more FENs, which is likely to become a political priority in the next future, but also most important is to develop strategy to retain the recruited (Calenda, 2016).

Concomitantly, increasing concerns have appeared (Spencer, 2011; Calenda, 2016) with international migration. Obviously, health professional mobility is far from always an easy or “happy” experience neither for the individual nor to the systems involved (Buchan, Wismar, Glinos, & Bremner, 2014). Several studies have examined the challenges migrant nurses face. Integration has been and remains an issue. It is seen with the migrant nurses consistently described nursing as ‘different’ from how it is in their own country (Tregunno, Peters,



Campbell, & Gordon, 2009). A part from the professional cultures that differ profoundly from those they are familiar with (Kukushkin, 2009), they have experience additional communication difficulties as a result of working in a different culture and communicating in a second language (Piki, 2010). Conventions for interacting with patients and colleagues may also be different. These issues are not always resolved through language courses (Kukushkin, 2009).

In Finland, a part from the language difficulties, problems concern quiet often with the recognition of international nurse's competences and skills (Calenda, 2016). In addition, all around the workplace corner are known vertical and horizontal discrimination originated from poor diversity management and poor understanding of integration issues from managers (Allan&Larsen 2003, Calenda, 2016).

To resolve the equation, there are many pieces of a very large puzzle that must fit into place. Generally, migrant health professional integration into the new system and the role they hold plays a key role in the migration experience (Buchan, Wismar, Glinos, & Bremner, 2014). This experience will only be of interest if past and current immigrant and their children are seen to be integrated without difficulty in the host country (OECD, 2011). To reach this end, the frontline RNs are pivotal. It is only through collaborative effort that successful integration will succeed. Health systems cannot afford to ignore health professional mobility. To make better use of the increasingly scarce resource, that is the health workforce, countries must find ways to get the best out of each health professional (Buchan, Wismar, Glinos, & Bremner, 2014)



3.4. Established Integration Program: Worldwide, Finland

Thesaurus dictionary define integration as « an act or instance of combining racial, religious, or ethnic group into an integral whole. » to find harmony and coordination. It occurs in a broad context (Baumann & Blythe, 2009). In the hospital setting, it is a two- way process (Ramji & Etowa, 2015) in which structural and individual barriers are equally important to be addressed (Spencer, 2011; Davide Calenda, 2016). The Ministry of Social Affairs and Health (2016) underscore the need to look at the big pictures, knowing that successful integration requires cooperation in many different sectors. It is a shared responsibility of all workers (Elizabeth & Annette, 2006; Laurén & Wrede, 2008; Nalungwe, 2016).

The effectivity of recruiting international nurses in part dependent upon the hospital's ability to integrate and retain these nurses. In a study done among IENs in Ontario, most participant desire to have an IEN-focused integration program that can assist them with their professional growth and integration into the healthcare system. The study participants expressed their desire to have a customized orientation for IENs, professional mentorship, cultural awareness training for nursing staff and managers, and a buddy program (Khalili, Ramji, Mitchell, & Raymond, 2015).

In a study conducted in the US, IENs found themselves *rising above the challenges* with persistence, willingness to learn new ways and with the development of support networks. Despite the many unanticipated realities that shocked, as time passed and they rose above the challenges, most found themselves enjoying the nursing practice and concentrated on building



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on inherent strengths (Jose, 2011). Taina (2010) support this experience that being a nurse required expertise, intellectual competence, agreeable personality and strength of character. These strengths, combined with the supportive networks they built, enabled the IENs to move forward with confidence and happiness (Jose, 2011). Such successful adjustment/ integration of IENs is important for quality patient care and the financial stability of health care agencies (Beechinor & Fitzpatrick 2008; Francis et al. 2008; Kawi & Xu 2009). Likewise, facilitating a smoother integration of IENs into their roles and the teams aim to empower them to succeed and excel within the workplace (Khalili, Ramji, Mitchell, & Raymond, 2015)

Ultimately, the success of International Nurses to re-establishing themselves in their profession and contributing fully to their workplace depends on their efforts to integrate and on whether their practice environment is welcoming and adaptive (Baumann & Blythe, 2009). The literature makes it clear that to effectively manage a diverse workforce, diversity must be accepted into corporate culture (Kukushkin, 2009). There are many guides to managing diversity in the workplace. For example, best practice guidelines such as *Embracing Cultural Diversity in Health Care: Developing Cultural Competence* (Registered Nurses' Association of Ontario, 2007), providing managers and employees with training in cross-cultural issues or inclusiveness to optimize the workplace environment (St. Michael's Hospital, 2008; Baumann & Blythe, 2009). Also, various positive practice initiatives were established to integrate international nurses worldwide (Elizabeth & Annette, 2006) .

The University Health Network (UHN), Toronto, was also recognized as one of Canada's best diversity employers for 2009. The organization maintains an internal diversity



web site to provide further resources for employees and managers, raise awareness of related issues and to provide information resources for employees. Employees also receive diversity training customized to the unique needs of each group and department (Caballero & Yerema, 2009b; Baumann & Blythe, 2009). The program involves the creation of individualized workforce integration plans. Successful diversity management assumes that differences are to be respected. This attitude is reflected in greater cultural sensitivity and acceptance. Organizations that embrace diversity management adopt strategies that are flexible and responsive to the needs of all staff, including IEHPs (Baumann & Blythe, 2009).

To lessen culture gap, International Recruited Nurses (IRNs) are responsible to develop self-awareness and assertiveness to explain themselves to colleagues. They are to convey cheerfulness, welcoming, and respect others. They ought to be mindful that learning more about how to integrate themselves into the new environment is vital (Piki, 2010). Those who work in a diverse setting should show the willingness to accept the discomfort of strangeness, and get acquainted with the native cultural practices and beliefs (Kai, 2003; Piki, 2010). In nursing, cultural differences often lead to social isolation and misunderstanding, and colleagues can be a source of support or stress (Stein-Parbury, 2004; Hearnden, 2008). In such case, cultural competences training could ease mutual understanding and tolerance (Hearnden, 2008), Understanding and appreciation of culture differences, life and work experiences is also necessary (Hamilton, 2009). Besides that, Managers and team leaders can be a significant resource of support in a work community where workers' cultures diverge (Calenda, 2016).



In Finland, one report emphasizes the undeniable Cultural differences in the workplace. It is mostly experienced by those who come from outside the Western cultural sphere. They might find the Finnish way of life challenging. Despite of the challenges, the reporter believes that meeting the basic needs of immigrants' workers such as good salary, suitable accommodation, and appreciation of their job, as well as consideration of their partners' job and children's school will convince more of them to stay in Finland. (Korpela, 2008).

Another aspect of focus is the language. It plays a crucial role in healthcare, especially for those who deal directly with patient. In the Finnish law, the patient should receive care and services in their own mother tongue. It is a safety factor (Korpela, 2008) and powerful tool in healthcare (Hearnden, 2008). Contrariwise, issues related to languages are not always resolved through language courses (Kukushkin, 2009). And even, the entry language proficiency tests are not specific to nursing in many countries. It does not mirror the specific linguistic need of the profession (Hearnden, 2008). In addition, trying to find appropriate vocabulary to express an idea while focusing on a task is more of a challenge when working in a second language (Hearnden, 2008). Also, Individual speed differs while achieving proficiency in a new language and culture. Though, all should assess individual learning needs to further improve knowledge (Piki, 2010). Basically, Immersion with the Nursing Community is the matchless way to be proficient (Hearnden, 2008) in nursing language.

Furthermore, equity initiatives have been developed. WHO Code stress on equity of treatment among migrants and domestically trained workforces regarding recruitment, promotion and remuneration (WHO, 2010, art. 4.4). Worldwide, various positive practice



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initiatives were established to integrate international nurses (Elizabeth & Annette, 2006), however, more focus and research need to be done to develop useful and practical methods (Ward, House, & Hamer, 2009).



4. RESEARCH METHODOLOGY

4.1. Sample and setting

In this study, interviews were conducted among International and Finnish nurses in the Metropolitan area using purposive/criterion based sampling. Ten participants were selected by convenience: snowballing method. The aim was to select the most productive sample to answer the research question. The investigator approached three known international nurses and one Finnish nurses. These first contacts person in turn endorsed colleagues who volunteered to participate. Individual interviews were carried out at a mutually convenient time and place. Illustrated below is the recruitment of the participant.

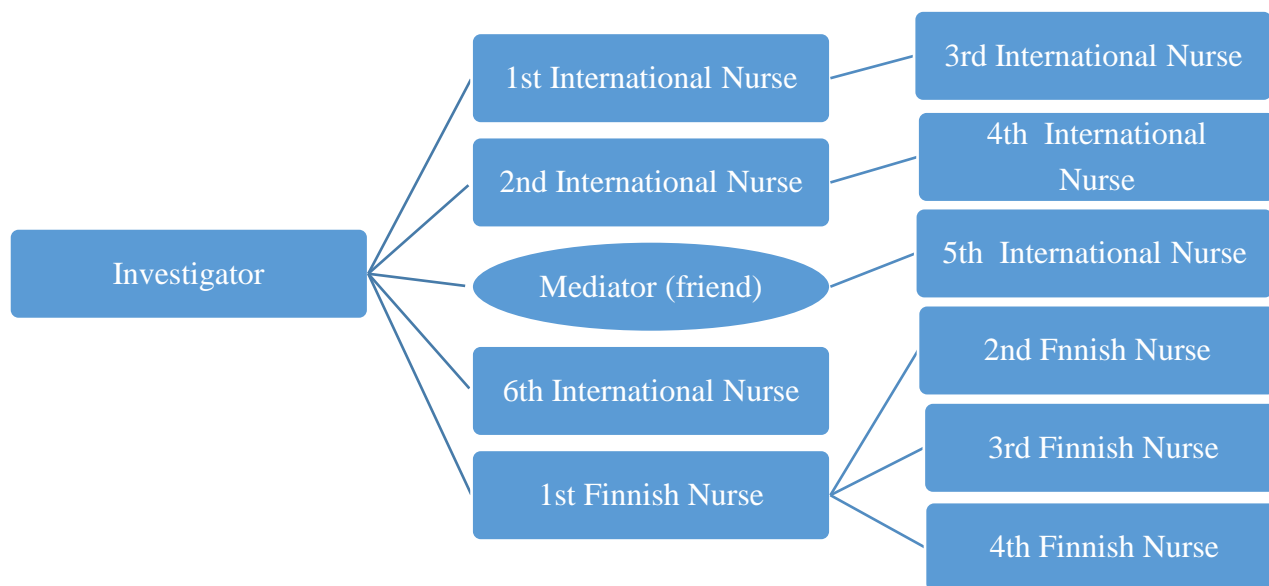


Figure 1. Recruitment of the participants



4.2. Research Design

Qualitative study based on semi-structured interviews was conducted. The focus was to obtain description of Finnish and International nurses' perception on how to effectively integrate this later in the Finnish workplace. The study followed the principles of qualitative research as we aimed to elicit emerging themes to understand the experiences and perception of the participants rather than to test pre-determined theories.

4.3. Data collection instruments

Two different sets of interview questionnaires which consist each of 5 open-ended questions were used, one for Finnish nurses and another for International nurses. These were developed upon thorough literature review and two related studies. They were adjusted and validated by the advisor and verbally judged by the two first interviewees as clear and easy to understand. The interviews were conducted from 17th of November to the 20th of December 2016. The interviews were audiotaped, and they lasted 15 to 35 minutes. Field notes were taken to supplement the recorded interviews. All data were transcribed and anything that could identify the individual was removed during transcription.

Since the study explores perception, nurses were preferably interviewed individually to ease expression of some aspect that might be considered sensitive. Two were interviewed in peer group. They were asked to share their perception about what has been done, what is missing, what is expected and what could be done to promote the integration of international nurses in the workplace in Finland.



4.4. Data processing and analysis

The data was analyzed by Qualitative Inductive Content analysis. This is a comprehensive approach to data analysis suitable for qualitative study. It first extracts the relevant parts of the (text) material, then analyzes them and summarize. It is basically a coding process, that transform raw data into a structured form (Babbie, 2001, p.304; Kohlbacher, 2005). Perhaps, it is considered as the most widespread approach to analyze quantitative documents. The purpose is to dig out underlying themes from the materials collected (Bryman, 2004, p.392; Kohlbacher, 2005). In this study, the author read the transcript one by one, several times until the data was engraved in the mind to underline emerging patterns and forms codes. Expressions unrelated to the study were excluded. Codes with similar meaning were grouped into sub-categories and finally summarized into main categories. The investigator read once again all the transcripts after the deduction process to validate the codes and categories. It ensured the accuracy of the respondent's expressions and the researcher deduction. Finally, for further validation of the data, some participants were asked to evaluate the findings and to indicate if they truly represented their experiences.

4.5. Ethical considerations and data protection procedures

Participation was strictly voluntary and an invitation letter was given before the interview. The participant consented by their presence to the interview. They were informed of the aim of the study and the detailed procedure of the interview. They were as aware of their rights to privacy, anonymity, confidentiality, and protection from discomfort and the



right to withdraw from the study at any time without harm. To protect identities and ensure confidentiality, all study materials were coded with only an identification number. Information on individual respondent was not included to keep their confidentiality and to make sure that they were not affected adversely in any aspect. The demographic data filled was kept separate from any other transcript that might connect data to respondents. International nurses' sensibility was considered a priori; they were approached with care in a sensitive and non-threatening way. The researcher took into account their vulnerability as a foreigner and dependent on their job for survival and visa.

4.5. Trustworthiness

Trustworthiness is important in a research to evaluate its worth. It contains the establishment of credibility, transferability, dependability and confirmability. Credibility is the ability to build confidence in the 'truth' of the findings, while transferability the possibility to show that the findings could be applicable in other contexts (Lincoln & Guba, 1985, in Cohen & Crabtree, 2006). There was a prolonged engagement of the investigator during the data processing. After the data transcription, the investigator spend time to read thoroughly the transcripts while highlighting related patterns to objectives. It was followed by repeated reading while listening concurrently the radio tapes to confirm the accuracy of thoughts. A part from that, interviewee from both Finnish and international nurse's groups responded by cross-checking and critically judging the investigator findings. This member checks were completed after the study was done. This allows participants to critically analyze the findings and comment on them as well as providing authentic, original and reliable findings. They confirmed that the



summary reflects their views and experiences. There was a minimal difference of idea from one participant, but discussion helped to co-create understanding.

Dependability shows that the findings are consistent and could be repeated, while confirmability is a degree of neutrality or the extent to which the findings of a study are shaped merely by the respondents (Lincoln & Guba, 1985, in Cohen & B, 2006). In this study, an external audit was done to check these two aspects. An outsider was invited to examine both the process and product of the research study. The intention is to assess the accuracy and evaluate whether the findings, interpretations and conclusions are supported by the data (Cohen & Crabtree, 2006).



5. FINDINGS

This chapter will present the result of this study in form of tables and texts. Finding will be reported per objectives: Objectives #1 and #2 are put together in the table 1 and Objectives #3 in table 2. It is done in such a way while the investigator noticed a lot of similarities. It will as well ease the reading. International nurses and Finnish nurse's perception and expectation are summarized together in one table. This first table represents both groups' perception about what has been done and was helpful to integrate International nurses in the workplace in Finland. In the coding part, any concepts unilaterally mention by one group is marks with an «asterixe». There is different table #2 for objectives #3, which described their resemblance and differences in expectations. The review of the findings from the data analysis will be described below. The table below shows the summary of their demographic and professional information.

Table 2: Demographic Data and Professional Information

Variables	Number
Age in years Range (mean)	26 - 57 (35)
Gender Male Female	1 9
Education One year's specialization on top of 2.5 Bachelors (2 Master in progress) Licentiate or PhD	1 8 1
Marital Status Single Married or engaged in a relationship Separated	1 8 1



Widowed	1
Nationality	
Africans	2
Asians	3
Europeans (in which 4 Finnish)	5
Family in Finland	
Yes	9
No	1
Finnish Relatives	
Yes	6
No	4
Social Network	
Mostly International	1
Mostly Finnish	2
Mixes	6
No information	1
Current work place	
Critical care	3
Operating Room	1
Medical Surgical	1
Geriatric	2
Others	3
Years of experience as nurse	
Range (mean)	4 -11 (7)
Year of stay in Finland (IN)	
Range (mean)	1½- 14 (8)
Place where degree was completed	
Finland	7
Home country	3



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5.1. Perceived helpful and effective practices

Table 3 Summary of the Perceived Practices Helpful for Integration (International and Finnish Nurses Views)

CODING	SUBCATEGORIES	MAIN CATEGORIES
Showing a Welcoming attitude	Positive personality and attitudes	Individual Input
Having Learners/ achievers attitudes		
Opting an Open attitude		
Displaying Loving and caring attitudes*		
Endowing first concern and consideration to the patient	Action toward the patients' best interest	
Consider the Patient as main purpose in the workplace		
Having Good level of nursing skills*		
Reinforce and adapt a realistic approach for Finish Language	Optimization of Finnish language	
Ease and facilitate access to Finnish courses		
Supporting the learners (International Nurses)		
Rising awareness: Cultural details, importance integration, need IN...	Willingness to merge diversity	Collective Effort
Encourage Diversity-tolerance-acceptance and understanding		
Emphasize on equity in all aspects		
Manage conflict professionally		
Overlook negative treatment: tactic stupidity*		
Emphasize on communication**		
Offer Opportunity for International Nurses to use their full potential **	Appreciation of International Nurses 'wealth	Coworker and Managerial Backup
Value the right worth of International Nurses**		
Efficient support from managers and colleagues		



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Offering opportunities and promotion*	Supportive colleagues and leadership	
Facilitate and invest on homecoming*	Effective onboarding program	Organizational Involvement
Organized/effective workplace Orientation		
Provide Ongoing orientation		

**Concept mention only by International nurse*

** *Concept mention only by Finnish nurse*



International Nurses and Finnish nurses were inquired to describe what they know has been done, and what they perceived helpful and effective to integrate international nurses in the workplace in Finland. Four main themes were identified as individual input, collective effort, coworker and Managerial backup and organizational involvement.

5.1.1. Individual input

This theme encapsulates each individual worker's responsibility to improve the integration process. It includes one's positive attitudes and personality, with the motive of action based on the patient's best interest. Both groups of nurses share the idea that showing a Welcoming attitude, Having Learners/ achievers attitudes and opting an Open attitude are basics to promote integration. Some participants express their experiences with managers as such:

« When a new person comes to work, she will tell briefly about this new person's background, and when this new person comes, she already makes this person feel very comfortable, feel at home... » (P6) «... My manager is very very accommodative (P1) » also « she is always cheerful, always positive and smiling and it helps. » (P6)

Two International Nurses speak about initiative, self-engagement and hardworking:

« We foreigners, sometimes need to push ourselves (P7) ... and do something extra to fit in, to integrate in the workplace, and that is one of the important points. » (P3)



Most of them as well verbalize the value of one's openness. Some Finnish participant support this idea:

«My number one is the open mindedness, to the one who comes to the workplace and the one who is already working in the workplace. I think it is a very good starting point. »(P8); « once you come to the workplace at first, you should be humble, receptive, ask question and listen carefully. » (P9) «... being open to listen your problem. » (P8)

Both group voice the impact of purposefully putting Patient Best 'interest in one's mind to ease integration. It is manifested by endowing first concern and consideration to the patient and Consider the Patient as one's main purpose of existence in the workplace. International nurses complement on having a good level of nursing skills. They specified that:

« There are very small things which don't matter if you look at the big picture... all of us are there for the patient and that is the purpose in the workplace. » (P6); One said, « I always try myself to think as Finns think ... to help me fit and help my patient. » (P7) Another reinforce by saying that « Nurses globally are for patient in every culture and every country, and if we keep it in mind, then it helps. » (P8)

5.1.2. Collective Effort

This theme captured participant's insight on collaboration to maximize integration. It englobes the optimization of Finnish languages and willingness to merge diversity. Both group commonly agreed that the optimization of Finnish languages is the most important and most helpful tool to consider. Most of the respondents enunciate about it:



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«First and most important things are the language. » (P1) «It is the most helpful (P2), takes the biggest role (P5), and determine our success to integrate. » (P4)

They found it helpful to reinforce and adapt a realistic approach for Finish Language, to ease and facilitate access to Finnish courses, and supporting International Nurses in the process of learning. Some respondent assert as follows:

«They try to explain Finnish in a very basics way just for me to understand...and sometimes explain in English. » (P10); one Finnish nurse affirms this statement « if you don't understand then we will do it your language (English), but as long as we can, we will do it mine because that the language that we need to work with. » (P9); One admit «I have many of the grammatical mistakes at the beginning but they don't make a fosse about it They encourage me to learn more... They helped me always. They don't think that I should be a readymade package. » (P4)

Similarly, to merge diversity, they put accent on rising awareness on cultural details, the importance of integration, and the need for international nurses especially in the future in the Finnish healthcare system. One international nurse recognizes the improvement in this aspect:

« They have done a lot to integrate between foreigner and Finns, I could remember when I came it was not easy to work among Finns, it was very traumatic, but now they are putting more effort for Finns to understand that there are foreigner now working among them. Nowadays they allowed Finns to study as nurse in English language, so from



there, those who have studied with foreigner when they go to work they don't have this kind of bias at all because they are already familiar with foreigner ... also they send them abroad for Erasmus to study. » (P7)

Most of the Finnish nurses' stress that:

«Integration of IN nurses is very important... we can't ignore it. We have to do something because we will need as well the various skills of international nurses. » (P5)

They voice out as well that encouraging Diversity-tolerance-acceptance and understanding is a collective chore. One Finnish nurse state that

« It is very important for immigrant nurses to study the Finnish culture. » (P8), alongside, international nurses realize the need to compromise and do the first step «I have to borrow their culture» (P7), and «You have to try to break the ice...» (P7), some stressed on acceptance, « I am from a foreign country and if I come to Finland then it is my duty basically to adapt to their culture so I don't expect much from them because they have the right to keep their culture going. » (P6)

All the nurses interviewed emphasize on equity in all aspects as affirmed bellow:

« We are treated equally at work. » (P2), and « I think I have received everything, every right that are mine. I have them all. » (P4) ... «In Finland, they are emphasizing that everybody is equal, no matter where you come from, everybody has basically the same right. »(P6)



... with an ability to manage conflict in a professional way. They stated:

«We have some misunderstanding and argument, but we end up as always one team» (P1); « we have meeting and seminar just to vent out our anger, frustration and feeling » (P3), «she approached her and said... I want to talk to you. I don't really like the way you treat me. » (P3)

Coming to diversity, both groups of nurses emphasize on communication, whereas IN stress on overlooking negative treatment.

«...You feel hurt as a person, yes, you feel hurt but what can you do, I can't change them; you know you can't change them. » (P1) You just shallow everything up... and say ah ok... I don't want to spoil my day just because of that. You just have to set your mind...» (P4) Also « as foreigner, we should not take thing personally, sometimes you just let it be.... I try to perceive in different way, if they are thinking bad things (racism), it their problem. » (P7)

5.1.3. Coworker and Managerial Backup

This theme condensed coworker and manager part to support International nurse's integration. This idea contains an appreciation of International Nurses 'wealth with a supportive leadership and colleagues. Some respondent detailed as such:



«It's very important for Finnish people in nursing care to accept others country's nursing development... It would be nice, if they appreciate foreigner idea as well because they have a good idea sometimes. » (6)

In term of support, some international nurses said:

«When I came to that interview.... this boss was very friendly, and whatever I said, she always tried to reflect my idea in a very positive way and tries to understand what I mean by what I am saying, and this is really helpful. And until now she is always there for me, and support. »(P6) «My colleagues also, they are very supportive... smiling and positive and very friendly. And they always came for help anytime I need. » (P6)

Interestingly, it was the Finnish nurses who underlined the managerial obligation to Offer Opportunity for International Nurses to use their full potential, and to Value their right worth.

«IN are very important because they can start to develop something. There are those who have been working here for many years, and are doing master studies so I think they are keepers, they have the knowledge. » (P8) also «... the IN might not need extra time and extra effort; they might be good as another Finish nurse. » and « I hope that they are all working in a ward that they want to be. » (P9)

Both group of nurses stressed that Efficient support from managers and colleagues are vital.



«Most helpful definitely would be that colleagues and staffs around the IN would be positive and open and talkative and try to encourage the Finnish speaking but also help in English when it's needed. » (P9)

On other hand, International nurses discussed about Offering opportunities and promotion.

«My former boss doesn't care which language, which country which color, you are nurse, then she gives everybody their own responsibility. »(P7) and « we are given a day then you can go the school and learn. »(P2) But «... It would be nice if you can be working in the same setting in the hospital. » (P1) Sometimes they are forcing Finns to get responsibility, and they start complaining... But you, foreigner you are fighting to get it, you want responsibility, but they don't give it to you... I was given student and I was so happy. Even though I supposed to be given 10 years ago. (P4)

5.1.4. Organizational Involvement

This last themes summarized the entire organization task to reinforce integration. It appeals to an effective onboarding program for International Nurses to fully immerse in the Finnish healthcare system. International Nurses stressed on facilitating and investing on homecoming.

«They prepared already apartment for us, we are free for bills for 3months, and 1months transportation, even they give us allowances... then they enrolled us into intensive system courses and language courses and the basics nursing courses because we really do not know the international system here in Finland. » (P1)



Both group point up the significance of an organized and effective workplace orientation ... and its follow up. Most participant confirm the importance of mentorship.

« When I started I did not work alone right away; I was working with somebody. » (P3). Couple Finnish nurse affirm as well that « they have been offered some languages lesson, education on finish habit and some short of specific information of the Health care system where they are going to work » (P8); «they have appointed a domestic tutor/mentor in the workplace. » (P8,10)



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5.2. Expected attitudes and practices

A part from doing more and more from what is perceived positives and helpful (table2), highest emphasize was put on the organization.

Table 4: Summary of Expectations

CODING		SUBCATEGORIES	MAIN CATEGORIES
Finnish Nurses	Foster leadership skills on diversity management	Active Participation of the hierarchical level to fuse diversity	Organizational Involvement
	Promote inclusive workplace and leadership		
International Nurses	Being a role Model of diversity inclusion		
	Transfer diversity Knowledge to practice		
Finnish Nurses	Facilitate the Integration of Family members	Organizational resolution to reinforce integration	
	Pay more attention and invest on integration process		
	Prioritize integration plan among national and local program		
	Involves IN nurses to plan/design the integration strategy		
International Nurses	Start the integration from the school		

*Concept mention only by International nurses

**Concept mention only by Finnish nurses



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In their expectation about how to promote this integration process, both group shared the same idea of continually doing more and more of what is already done and is commonly perceived helpful. The following were some few examples:

«They need to give more appreciation not only to one but to all...» (P3) « I would expect they would provide longer time from the Finnish language training. » (P4)

A part from that, there were Few points that were not mention before. Few International nurses advocate language tutor at work, and more on conversational exposure in the language school as stated:

«Also I would appreciate if there is someone coming at the workplace, that I can ask thing at work, once in a week or a month. » (P4) « When you are in language school, they teach you grammar not how you speak. but when they are shorting the words, it's different and you as foreigner it's very difficult for you to start thinking. » (P6)

While few Finnish nurse sort out one's ability to balance working life...

«Finding a way to balance between your private life and your professional life is very good. » (P8)

... and the reality of an adjustment period

« when you are meeting new friend, you are like circulating, it is also among Finnish nurses and other Finnish nurses, but it is faster because they have the same cultural



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background and common language but from someone who come from other country and one from Finland, it will take some times for adjustment. » (P8)

Likewise, the emphasize on this welcoming practices:

«I wish in 10 years you will see all colors, all faces working in the ER, in the ICU, OR not only the Finnish people; I would like to improve the Finnish nurse's attitudes, and expectation and gives them all open mind, sort of hope that the IN will be welcomed, not just feel like this is compulsory ... I want the other way, ok welcome, we are happy to have you, we can learn from you, we can do it better Because we have a growing population of foreign patient as well, so why not include the staff, I think it should be a priority and we should not be ignorant.... The support need to come from the higher down, but also the staff nurse, we need to take care of each other, especially take care of the one person that is new no matter where the person came from. » (P9) and « Believe me if there is no foreigner, Finns are nothing. And every country needs foreigners, so you need to treat them with respect. » (P7)

One international nurse also speaks up about consideration of workload in the workplace as essential to the integration.

«I am still hoping that she (manager) also would be able to rely our problem with our workload not just only pursuing, very straight for it and very demanding about her demand... demanding for only the work to be done... » (P1)



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Above that, the two group of participants reach out to the higher power, the organizational level to fully involve in this process by calling the hierarchical level to actively participate on fusing diversity. From the Finnish nurses' perspectives, it englobes actions to foster leadership skills on diversity management and to promote inclusive workplace and leadership. One attested on:

« Systematically train the hospital staff for cultural competence might be something that would be useful in the future.... It need to be done, so far we have only arranged on unit level here and there so the systematic way of doing it would be necessary I think; Education is one of the ways to support the staff members to perceive differently, that is one thing so everyone will see in the mirror... And, to promote the leadership skills of the front-line manager and the executive level of how to deal with cultural diverse staff. » (P10)

On the other hand, International Nurses wished to see managers as a role Model of diversity inclusion, and finds ways to transfers diversity knowledge to practice. They articulated:

« We are studying cultural differsity, but in the workplace, you don't see that there is a gap. » (P3) « My boss never never let me feel that I am from She never let me feel that I am not one of them, that I am a foreigner, that's very important and I really appreciate it, I think all manager should do the same thing, never emphasize where you come from because it doesn't concern the work you do there. » (P6) And when « Your colleagues are trying to push you away then your ward manager should help to put you



in by giving you responsibility. » (P7); « I think manager example for other nurse is also very important, because manager is who everybody is like learning» (P6). A part from that, «The boss should show that foreigner is also part of the system. If the boss show that then the other Finnish colleagues will get the point and they will learn. » (P7)

Furthermore, interviewee wish the entire organization to involve by taking resolution to reinforce integration. Finnish nurses propose that this can be done by Facilitating the Integration of Family members, paying more attention and investing on integration process; with prioritizing integration plan among national and local program.

« More attention should be paid to the matter of helping IN to enter into the working life ... So, if nurses have children and husband, they also get nursery place and workplace. » (P5)

« I would like to see a National strategy for this integration of immigrant in our society. Coming down to the local level, I would like to see that the Finnish healthcare organization are Committed to this integration process and they are ready to do the necessary thing to promote it and to support this program, it need to be in the strategy and then of course the frontline manger need be committed to it, not just the executive level in the organization but the frontline manger because they need to show example. » (P10) « We have a project for elementary school which is called Kiva Koulu... and I would like very much to see this same idea distributed a bit further throughout the education institution and the workplace as well... There is element in this project that



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should be adapted by organization, and it is all about the management and the executive level becoming committed to a policy which has zero tolerance for bullying any type of bullying wither it is cultural related, or skin color related, or religion related, or just you want to call somebody. No bullying. There is a policy, and I would like the policy implemented in the healthcare organizational. » (P10)

They further advise to involve IN nurses to plan/design the integration strategy, one Finnish nurse confirm:

« I think it is also important not just to think that we know how to do this, we know how to integrate. I think the International staff members need to be heard, they need to be part of this strategy planning because they know, they know better as we do as Finns, what the best, the most effective way to help them, listen carefully what the International colleagues are saying and have them involve in the decision making and the strategy planning. » (P10)

While International nurses suggest to start the integration process from school.

« I think the integration should start from the school itself. In the school, when we do our Bachelor level we have very limited hours of Finish classes, and we must go for the clinical placement and we are completely lost. I would suggest there could have been more Finnish courses in the school. » (P4)



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Findings shows that the ease to integrate International Nurses into Finnish workforce are determined by 4 main themes. These are summarized in a typical power ON button, a model developed by the investigator. The power button or switch button is known to powers an electronic device ON and OFF. It symbolizes the collective synergy to promote or demote the integration process.



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Figure 2: «Power ON Model»



6. DISCUSSION

6.1. Main Findings of the study

The investigator of this study was interested to find out Finnish nurses and International nurses perceptions on what has been done and was helpful to integrate International nurses in the workplace in Finland as well as their expectations. Based on the shared views of the two groups of nurses interviewed, each individual member of the team input, the collective effort of the healthcare as a team, the backup support from the coworker and managers and above all the organizational involvement to reach this end was brought up as four solid cornerstones to promote the integration of International nurses in the workplace in Finland.

These findings congruent with former research. Integration is a shared responsibility of all workers (Elizabeth & Annette, 2006; Lauren & Wrede, 2008; Nalungwe, 2016). It is only through collaborative effort that integration will succeed. In such process, the frontline RNs are pivotal (Hamilton, 2009). In the hospital setting, it is a two- way process (Ramji & Etowa, 2015) in which structural and individual barriers are equally important to be addressed (Spencer, 2011; Davide Calenda, 2016). Successful integration requires cooperation in many different sectors (Ministry of Social Affairs and Health, 2016)

6.2. Discussion of Findings

International nurses are a great asset of knowledges, skills and experiences for the healthcare system in a receiving country if they are successfully integrated (Adeniran, et al.,



2008). Along with, integration might be a challenging process (Adeniran, et al., 2008). It entails adjustment to differences (Elizabeth & Annette, 2006). The struggle lies on socio-cultural differences rather than lack of knowledge or clinical skills (Adeniran, et al., 2008). To face this situation, various positive practices initiatives were established to integrate international nurses worldwide (Elizabeth & Annette, 2006). If fruitful, these will in turn benefits patients, individual nurses, health care teams and health services. (Elizabeth & Annette, 2006). Thus far, integration remains a current issue. The discovery of this study is bringing insight to amplifies what has been known and done. The four main themes will be discussed succinctly, with emphasize on new emerging concept.

The first part of this discussion is based on what is done and perceived as best practices that helped international nurses to integrate in the Finnish workplace.

At the starting theme of finding was the individual input. Locals and foreign nurses concede the importance of each individual nurse, either foreigner or locals, attitudes and personality to promote integration of international nurses. In their description of good and positive attitudes, they emphasize the adoption and development of a welcoming attitudes, achiever and learner's attitudes, and openness. International nurse further stress how helpful it is while local colleagues are loving and caring, peaceful and grateful. These findings are consistent with the literatures. Taina (2010) support that being a nurse required expertise, intellectual competence, agreeable personality and strength of character. In this study, similar statement from the previous literature drawn the investigator eyes. In Finnish culture,



interviewee repeatedly report the statement « it is our way to do things» or «learn our way». Davide (2016) relate it with the belief that Finland has « one of the best health systems in the world». It reflects a one-way integration logic. Surprisingly, Finnish nurses themselves acknowledge that this kind of rigidity of thinking with proud are a threat for international workforce integration. As a remedy, they proposed open-mindedness and willingness to accept other country's nursing development.

Another significant aspect of individual part is to develop level of nursing skills and focus all actions and concern to the best interest of the patient. One International nurse believed that performant and sharp nurses are loved by the managers and coworkers. Based on the investigator' knowledge, acting toward the patients' best interest to improve integration seems as unique discovery of this study. Couple interviewee (P7, P8) have described how permanently putting in their mind that their purpose of existence in the ward is mainly for the patient not for the colleagues and managers helped them to overcome integration challenges in the workplace. One international nurse reported the undisputable differences seen in the workplace, but these are minor things if the individual nurses looked at the bigger pictures, the patient. Another one emphasize that nurses should keep in mind that they are for the patient whatever the cultures differences and wherever they are. This is a global concept. They both brought the idea that endowing first concern and consideration to the patient and consider the patient as main purpose in the workplace are key ingredient to boost international nurse's resilience to withstand and assist them to integrate even smoother.



The next aspect discussed about practices build by the healthcare collectivity. This practices includes the optimization of Finnish language and willingness to merge diversity. A clear correlation between Finnish language proficiency, confidence to speak and integration was conveyed. It is the most important and helpful tool which determine international nurses' integration. This results soundly align with several studies which put an emphasis on the language aspect. Language proficiency was considered as a mirror of one's willingness to invest in moving and integrating in Finland (Calenda, 2016). Under Finnish law, patients ought to obtain service in their mother tongue (Korpela, 2008; Davide Calenda, 2016). It is a safety factor (Korpela, 2008) and powerful tool in healthcare (Hearnden, 2008) and those who have it has been proven to integrate easily into Finnish nursing society and culture (Nalungwe, 2016). Furthermore, participant consider to maintain the language requirement for recruitment of foreign nurses, their report sounds that even entry language is not enough to communicate well in the actual field. Their suggestion meets Nalungwe (2016) finding that more language support is crucial to promote integration. It comes in form of follow-up languages training in the actual setting, and promotion of a nursing-specific conversational training. Undeniably, they agreed with prior reviews that issues related to languages are not always resolved through language courses (Kukushkin, 2009). And even, the entry language proficiency tests are not specific to nursing in many countries. It does not mirror the specific linguistic need of the profession (Hearnden, 2008). One self-determination and engagement are not negligible. Though,



immersion with the Nursing Community is the unrivaled way to be proficient (Hearnden, 2008) in nursing language.

The second facet is toward the collectivity willingness to merge diversity. Basically, what was revealed from the participants are not far different from what has already been developed by most national and international initiatives. As presented previously (result part), the themes and concept emerges are well-known practices. The starting point is Cultural awareness program, which is decisive (Elizabeth & Annette, 2006) with training in cross-cultural issues or inclusiveness (St. Michael's Hospital, 2008; Baumann & Blythe, 2009) for both international and “home nurses”. These will lead to an understanding-tolerance-acceptance of diversity into corporate culture (Kukushkin, 2009). Understanding and appreciation of culture differences, life and work experiences is necessary (Hamilton, 2009). Elizabeth and Annette (2006) advocate the need to develop conceptual and practical guidelines responding to cultural diversity. In addition, participant repeatedly stressed on equity in all aspects with each one’s ability to manage conflict. These matched with Elizabeth & Annette (2006) conclusion, that positive practice initiatives developed for the integration of international nurses globally have been influenced by equality legislation and the others. One emerging point was international nurse’s boldness to overlook negative treatment. The investigator considers it as «tactic stupidity». It can be considered as a step forward for international nurses to integrate themselves into the new environment as Piki (2010) advise. International nurses saw it in various angle. It started by purposefully accepting that negatives and painful experiences occurred in the workplace, and choose to self-change instead of trying to change other. Building



inner strength and setting the mind to move on despite of the pulling-back forces and hurts. It is true that some locals nurse somehow thinks bad things about foreigner, but an international nurse advises their fellows not to be too sensitive and take things so personal, and try to develop the «art of humor » to lessen the pain. Jose (2010) partially talked about it with his finding among IEN's in US. They rise above the challenges with persistence... and concentration on building on inherent strengths. Taina (2010) support that being a nurse required strength of character beyond others values and expertise. These will enable IENs to move forward with confidence and happiness (Jose, 2011)

They underscored as well that all nurses should abide with the «ward culture», not «my or your culture». In fact, internationally Educated Nurses must adapt their clinical practice and communication patterns to that of the new environment for them to successfully deliver safe, quality care to patients (Adeniran, et al., 2008)

The next theme discussed practices generated by Managers and coworkers. It explored the place of a supportive leadership/ colleagues and the impact of appreciating International Nurses wealth. Efficient support from managers and colleague greatly easy the integrations to a foreign workplace. In a study conducted in the US, IENs found themselves rising above the challenges with persistence, willingness to learn new ways and with the development of support networks. Inherent strengths, combined with the supportive networks they built, enabled the IENs to move forward with confidence and happiness (Jose, 2011). Offering opportunities and



promotion motivates. It conveys an acceptance and consideration message that one is valued as part of the system. It come out as well that Mentor is as a source of support if both can use a common language to communicate, and the mentor understand international nurses need. One Finnish nurses confirm that to be a mentor of IN, one should have the language ability to communicate and disposition to help someone. It is in accordance with Adeniran, et al. (2008) statement to identify and prepare preceptors who endowed positive attitudes, and is sensitive to the orientation needs of each IEN. One who “wants to” precept, not one who “has to” precept an IEN (Adeniran, et al., 2008). Universally, managers and team leaders can be a significant source of support in a culturally diverse work community (Calenda, 2016). They should in turn prepare staff members by discussing strategies for supporting the IENs, such as forming unit-based support committee and asking for volunteers to serve as “buddies.” (Claudia & Ong Ho, 2014)

Remarkably, Finnish nurses advocate more on the place given to IN, by offering opportunity for them to use their full potential, and call the attention of all local’s colleagues and managers to value their right worth. It meets IN expectation since they themselves wish that their experiences, education and cultures could be recognized. Ensuring competencies and skills of IN are valued and maintained will benefit health care delivery and long-term retention (Elizabeth & Annette, 2006). IEN need the encouragement of all healthcare providers (Claudia & Ong Ho, 2014), and recognition is one way to do so. If they are encouraged and their skills are recognized, they can make a considerable contribution to high quality care through their commitment and enthusiasm (Elizabeth & Annette, 2006) around the world, no less in Finland.



A part from the above-mentioned practices that help international nurses to integrate in the Finnish workplace. Contributors discuss about Practices build by the entire organization. Their focus was on the effective onboarding program. It is a process which started even before international nurse arrived in Finland. This is mostly mention by international nurses educated outside Finland. They express how helpful was the investment given to them and all the things employer did to facilitate their arrival in Finland: housing, transportations, training.... Majority accentuate that effective, organized and ongoing workplace orientation has helped them to fit in. This effective orientation program was not well-defined. Converse with one study among IEN's in Ontario, participant shows their desire to have a customized (IEN-focused) integration program that can assist them with their professional growth and integration into the healthcare system (Khalili, Ramji, Mitchell, & Raymond, 2015)

Even though the length of time dedicated for integration was not standardized, some even verbalize that it was too short, all of them mention that it was very important. One IN nurse propose that it could be adapted regarding the nurses need and the kind of the new setting. Nalungwe (2016) suggest that time can be determine from one's readiness to work independently. In such case, the individual nurse and the ward manager determine the time needed. It might take just a couple days to week even to month. Time varies as well for those who got their degree in Finland and those who got their degree abroad. These findings correlate with Adeniran, et al. (2008) that managers supposed to understand the unique transitional needs



of each IEN, supervise their orientation improvement, and give enough time to complete clinical orientation according to each individual need (Adeniran, et al., 2008). In addition, they ought to adapt orientation program to meet each workplace specificity within the operational unit. It reaches its end while new employee feels welcomed among team in the new workplace (Taina, 2010). If needed, an ongoing in-service orientation follows up.

The second part of this discussion is about Finnish and International Nurses expectation to reinforce the integration process. The study revealed that both IN and Finnish nurses expect more and more from the bottom level (individual nurse), to the top (Organizational level). Above all, both groups of nurses expect the organization to fully immersed with this integration process. Organizational involvement comes in multilayered way. In this investigation, they look forward to see an active participation of the hierarchical level to fuse diversity and the organizational resolution to reinforce integration. However, their prospect on what these two could be achieved differs from one to another. About the fusion of diversity, Finnish nurses envisage the hierarchical level to foster leadership skills on diversity management, and promote inclusive workplace and leadership. A review in 2010 by the WHO has highlighted the need to put at the facility level persons who has solid management and leadership skills (WHO, 2010, p. 15).

In UK, a national program, '*Positively Diverse*', was developed to manage equality and diversity through organizational cultural change. It promotes a culture of inclusion and valuing



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the richness and diversity of individuals. It enables organizations to embrace equality and diversity in strategic plans and day-to-day practice (Department of Health 2001; NHS 2005; Elizabeth & Annette, 2006). The only way to sustain behavioral change through diversity training and education is the reinforcement from top to bottom, the organization and its employees (Elizabeth & Annette, 2006).

One interesting initiative done in Toronto was the organization creativity to maintain an internal diversity web site to provide further resources for employees and managers, raise awareness of related issues and to provide information resources for employees. Employees also receive diversity training customized to the unique needs of each group and department (Caballero & Yerema, 2009b; Baumann & Blythe, 2009). The program involves the creation of individualized workforce integration plans (Baumann & Blythe, 2009).

No participant covered one interesting finding developed by Davide Calenda, (2016) about launching meetings among recruitment agencies and employers in the workplace to generally inform employer about the new International nurse's country, cultural and societal features, to a comprehensive detail of the differences in the way they culturally practice nursing care. These initiatives are believed to help employers to understand conflicting interpretation of task and practices. And the investigator found them as an important ingredient of a successful integration.

On the other hand, International nurses aspire to see managers as a role model of diversity inclusion, and find strategy to transfer diversity knowledge to practice. The literatures



have tried to find out ways to reach this end, component of a conceptual framework has been developed, yet the relative importance and applicability is presently unknown. More focus and research need to be done to develop useful and practical methods (such as checklist) for planning, implementing, evaluating knowledge transfer activities (Ward, House, & Hamer, 2009).

Coming to the reinforcement of integration, Finnish nurses propose to facilitate the integration of family members. The emphasize was on offering nursery place for IN nurses' children and workplace for their husband. This line of thought is supported by literatures. International recruitment will only be of interest if past and current immigrant and their children are seen to be integrated without difficulty in the host country (OECD, 2011). This integration of Family member could be considered as an approach for integration and retention. Korpela (2008) believes that well integrated (nurse) who has a family settle in Finland would love to settle regardless of the challenges. According to Davide (2016), motivation as well as individual and family characteristics should accurately be assessed to check one's readiness to integrate in Finland. This concept of understanding the actual motivations of candidates to migrate was not discussed by the participant even though it was considered as a key aspect of integration.

A part from that, the participants call the organizational level to pay more attention and invest on integration process, prioritize integration plan among national and local program and involves IN nurses to plan/design the integration strategy. This proposition is not new, Adeniran, et al. (2008) has spoken about it. They support that in order to develop standardized



policy to promote IENs integration, governmental agencies, various professional organizations, policy /decision makers, and healthcare administrative from the National to the local level, need to sit at the table to discuss. This Join wisdom and each entity experiences are the key factors to reinforce policy design. Their involvement will encourage further commitment and compliance. The most important participants to be included are the IENs. They are the best resources persons to provide insight through their real-life experiences.

In other view, IN spotlight the necessity to start the integration process from school. A concrete proposition was to provide more Finnish courses with more conversational exposure in a real-life setting. Also, endorse more on inclusive academic program, include cultural diversity in the Bachelor curriculum and promote mix of local-foreign students.

7. CONCLUSION

There is a global awareness of the challenges International Nurses are facing. Conversely, studies exploring merely on how to effectively integrate them, how they wish to be treated and how prepared are the local nurse to receive them are still lacking. In the Finnish context, this kind of study is even more scanter despite of the sluggish irrevocable move for international recruitment of nurses to fill the foreseen gap. With the light of such actuality, this study has gathered and argued evidences about what has been positively done and expected to smooth the integration process of International Nurses in the Finnish workplace. A qualitative approach has been used to explore and compare concrete practices that favored integration from



local and international nurse's perspectives. The findings from this study direct the author to draw the following conclusions pertaining to the three research questions. Research Question #1 explore what Finnish nurses perceived effective to integrate International Nurses, and what attitudes they expect in turn from them; and #2 asked what international nurses perceived as positives practices that helping them to integrate in the new Finnish environment. The results indicate that effectively promotes International Nurses in the working place is a collaborative burden. Effort englobe the smallest entity, the individual level, up to the highest and broadest group, the organization. Success comes from each entity participation and collaboration to fulfill their tasks the best they could.

A variety of perspectives were expressed. New additional point emerged. Most of the positives practices mentioned coincide and support currently well-known initiatives to promote integration. It includes: positives personality and attitudes, optimization of Finnish language, willingness to merge diversity, supportive colleagues and leadership, effective onboarding program, active participation of the hierarchical level to fuse diversity and Organizational resolution to reinforce integration. Additional particularity emerged, based on the investigator's knowledge, as helpful practices to integrate International nurses. Finding pinpoint that each individual IN need to develop their level of nursing skills. Sharp and skilled nurses attract managers and colleagues' respect and affection. Performant nurses as well are confident to speak their mind. It also highlights the nurse mindset to focus on the patients' best interest. Challenges to integrate are negligible if nurses focus on the main reason why they are in the workplace. Appreciation of International Nurses 'wealth is as well underscored. Besides that,



the research question #3 was asked to assess the differences and resemblances of expectation from both side: Finnish nurses and international nurses. Similarities between Finnish nurses and International nurse's views and expectations are far greater than their differences. Emerging emphasize from the study are the need to start integration process from the school and find effective strategy to integrate the International nurses 'family.

The migration trend and healthcare demand inevitably changes the healthcare environment picture. It requires more than ever collaboration to reach operative integration. Healthcare migration will continue. In Finland, the future workplace will slowly but surely be a mixt of employee from different background. This is time for Public and Private healthcare organization with the support of the government to start the journey to put a practical workplace strategy in place that would accommodates this foreknown new faces. A smart strategy build upon current investigation will ensure success. Social, economic and political context that affects nurse's integration also need to be considered as they are significant factors of the success. To sum up, we can confidently say that effective integration does not happen spontaneously. Despite the growing enthusiasm for integration, it fulfillment remains a century dream. Thus, collaborative effort is the key! The result will be an integrated nurse who will be satisfied and will to stay in Finland. It will in turn improve productivity and patient outcome.

7.1. Strength, weaknesses and limitation

Knowing the wide range of researches focusing on international nurse's challenges and experiences, the investigator has chosen the positive lens to directly probe nurses' perception



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on what they experienced are the best and positive way to help them to integrate. In Finland, to the limit of my review, this topic is still scantily addressed. The experience of local nurses to help their foreign colleagues brought complementary ideas and clear misconception. The investigator believes that this complementary views and assessment is vital (hand in hand approach) to merge expectation for better integration. The positive approach chosen to eructates best practices instead of the routinely way to look the negatives aspects of international nurse's experience opened the eyes to see fairly the locals and foreign views. It based on the investigator believe that if what has been done well is appreciated and considered, good behavior will be reinforce massively. For Finnish nurses, knowing that what they have done to help their colleagues has been acknowledge is a powerful tool to motivate. In the business field, acknowledging lead to a positive business result. Innovative ideas emerge from appreciation and acknowledgement. The hospital setting is not excepted. Managers was planned to be interviewed, unfortunately, the time limitation, end of year busy schedule refrained this proposal.

A part from that, the investigator inability to create interview questionnaires in Finnish and conduct the interview in their mother tongues limited the choice of Finnish participants. They would have expressed more insight, if it is done in their vernacular tongue. Researchers discuss possible issues by using foreign language for interview. Although context makes it difficult to pinpoint the exact effect, they commonly raise concerns associated to data accuracy, authenticity of responses, rapport-building between interview participants, and the construction of shared understanding (Welch & Piekkari, 2006). Transcription of the interview



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questionnaires in Finnish might be of solution. Much better if Finnish or a team of local and foreign researchers would duplicate the study.

In addition, this study is area- focused. It assessed merely practices favorable for integration in the workplace. Though it is valuable, actual integration is holistic, it is a multifaceted process. International nurses need to be incorporated into the workplace and health care environment, as well as into the society where they newly belong (Calenda, 2016).

7.2. Implications of the Study

Throughout the course of conducting this study, the investigator noticed that most Finns participant were not aware of what has exactly been done to integrate their colleagues a part from the language training. This interferes with the goal to promote integration of international nurses in the Finnish workplace. If colleagues are not aware of what is implemented in the unit, then they will not be proactive in supporting this integration initiative. This reality calls a systematic way of implanting and applying unit level integration plan. Executives and managerial training might be needed to create an adapted conceptual and practical guideline for everyone to be able to carry it out.

In addition to that, it was expressed that most International nurses long to mingle with Finnish colleagues for them to fully immerse with language and team. The first wish was to find true brotherhood and friendship. Unfortunately, culturally speaking, this is not the reality of the majority of the Finns as persons, nor that of the Finnish nurses. They tend to consider



colleagues as colleagues and it stops in the workplace setting. It is true that individual and national cultures should be respected. Nevertheless, nurses must be comfortable and confident with each other for them to provide effective care. The creativity of managers to tailor team building activities could inspire togetherness. These will give chance to foreign and Finnish nurses to get to know each other, and share more about themselves. This will resolve misconception and misinterpretation of one's behavior or attitude which hinder integration. One coincidence about this is reported by two Finnish nurses. They discuss about why Finnish nurses refrain to speak English, surprisingly, there was as well an insecurity and fear to commit mistakes in their part, for some it was a pride not to be seen that they themselves commit language mistakes, leading them to be rigid on using merely Finnish language to communicate. Inversely, this is seen by International nurses as unwillingness to help them and understand that Finnish is not their mother tongue.

At the same time, the introduction and first impression the manager gives when they present a new international nurse in the unit determine, without knowledge, the local nurse's consideration of the newcomer. Consequently, any managers receiving international nurses must be certain that they have enough information and try to be very familiar with the foreign nurse background.

Lastly, at the onset of this study, the Finnish language remains as foremost challenging. This is much more difficult for those who did not earned their degree from Finland. Surprisingly, those who have Finnish conjoint report the same challenge. It was noted as well



that Nurses who come from European countries, and has received their degree in Finland, then started working here do not experience differences in nursing practices, and find themselves quite familiar with the Finnish cultures and legislations. However, they commonly struggle with the language skills. It supports the need to provide more applied language training both from the school to the workplace. If Finnish language training is reinforced in the Bachelor curriculum, those locally- trained international nurses, among others, would be a considerable asset for recruitment.

7.3. Recommendations for Researchers, Policy Makers and Practitioners

For interested researchers, the findings of this study can be used to create a quantitative questionnaires tools to validate locals and foreign nurse's perceptions on integration in a broader setting from the national to the international level. From this tool, quantitative appraisal could be measured not just perception. A part from that, in this study, the convenience sample comprises of four Finnish nurses and six International nurses. The investigator recommends replication of the study using a more diverse sample with consideration of managers and recruitment agencies.

In addition to that, the strength of this study has turned out as one of the investigator recommendation. This study is an appreciative inquiry, which consist of looking for what has been done and works to enlarge the good scope. Acknowledging and consciously appreciating best practices will shift international nurses focus, instead of the routinely focus on the inevitable challenges, to the solution. Similarly, this will boost the appreciated motivation to do



more. It has been done in business field and proven effective, it leads the investigator to recommend more of this kind of research in the field of healthcare.

Based on the data and conclusion drawn, there is a clear need of a collaborative effort to take action strategies to foster the nursing-workforce integration. At least, the healthcare setting could start the initiative as a pilot while influencing the national politics to dynamically involve. For policy makers and management decision-makers, a systematic and concretized integration implementation guidelines and checklist could be developed to use in the unit. This will serve as mirror to remind and guide everyone on what is expected to be seen in an international-friendly-workplace. In addition, evaluation tool to systematically evaluate effective integration initiative (audit) should further be developed to assess progress, which will in turn lead to reinforcement or re-adaptation of the initial checklist. Questionnaires could be developed to evaluate the actions taken to promote integration and its consequences. Furthermore, the frontlines managers could develop standardized evaluation tool to measure the actual level of integration of each International nurse.

For managers, they need to take proactive actions to merge diversity among team. They should equally share responsibility for example assigning student nurse to both Foreign and Finnish nurse. Also, they should systematically train staff nurses on co-habitation in multicultural healthcare teams. They ought to initiate activities that will encourage positive intercultural interactions and team-building.



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Educational leaders involved in the academic curriculum building should shape and integrate specific Bachelor curriculum based on multiculturalism, diverse workforce management and leadership, with applied Finnish Languages.

Reaching the government level, the findings from this study may assist state policy and decision makers in their visionary tasks to build strategy to promote the integration Process. They should invest and create policy to support school and healthcare organization integration initiative plan. They should invest as well and facilitate the entry of nursing students in the country. It can be done by offering various scholarships, and facilitating immigration processes. They could influence as well policy to retain international nurses trained in Finland for recruitment.



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APPENDICES

Appendices 1: Invitation Letter

Dear Participant,

I am an Erasmus Mundus Student at the University of Applied Science Helsinki. I am going to give you information and invite you to participate on my research for master thesis. The following information is being presented to help you decide whether or not you want to be a part of this research study. Please read carefully.

Title of study: «Positive Practice that Promote Integration of International Nurses in the Metropolitan Area Finland: A Balanced Perspectives of International Nurses and Finnish Nurses»

Investigator: Voaharinoferana Zo Misaina, BSN, RN

Study Location(s): Metropolitan Area

The purpose of the study is to determine the reality concerning integration of International Nurses in the workplace in Finland. Worldwide, International nurses are having difficulty to fully fit/integrate in their workplace. We want to find ways to improve their integration. We believe that you can help us by telling us what you know has been done to integrate international nurses in the workplace in Finland, what you perceive positives/helpful, and what you wish or expect to improve. We want to hear how foreign and locals' nurses perceive in order to build up common practices that might best help the integration process for the good of all.

You are cordially invited to take part in this research in an interview with myself. The interview takes about 30 mm to complete. The interview will take place at your convenient place. No one else a part from the interviewer will be present. You will not be at risk for being part of this Research Study. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. The information recorded is confidential to protect your privacy to the full extent of law, and no one else except the researcher will access to the information documented during your interview. The tapes will be destroyed after 12 weeks while the presentation is done.

There will be no direct benefit to you, but your participation is likely to help us find out more about how to promote the integration process of international nurses. If you do not wish to answer any of the question, you may do so. If you have any questions about this research study, kindly contact us.

Your collaboration on the matter is highly appreciated!

Sincerely,

Voaharinoferana Zo Misaina, BSN, RN
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Appendices 2: Demographic Data and Professional Information

<p>Age: _____</p> <p>Gender:</p> <p> <input type="checkbox"/> Male</p> <p> <input type="checkbox"/> Female</p> <p>Education:</p> <p> <input type="checkbox"/> 2.5 year nursing education</p> <p> <input type="checkbox"/> 1 year specialization on top of the 2.5 years</p> <p> <input type="checkbox"/> Bachelor degree</p> <p> <input type="checkbox"/> Master's degree</p> <p> <input type="checkbox"/> Licentiate or PhD</p> <p>Marital Status:</p> <p> <input type="checkbox"/> Single</p> <p> <input type="checkbox"/> Married or engaged in a relationship</p> <p> <input type="checkbox"/> Separated / Divorced</p> <p> <input type="checkbox"/> Widowed</p> <p>Nationality</p> <p> <input type="checkbox"/> Asian</p> <p> <input type="checkbox"/> African</p> <p> <input type="checkbox"/> European</p> <p> <input type="checkbox"/> Others</p>	<p>Family in Finland (Description):</p> <p>_____</p> <p>Having Finnish relatives</p> <p> <input type="checkbox"/> Yes</p> <p> <input type="checkbox"/> No</p> <p>Social network members</p> <p> <input type="checkbox"/> Mostly Finnish</p> <p> <input type="checkbox"/> Mostly international</p> <p> <input type="checkbox"/> Mixed</p> <p>Current work place, nursing setting</p> <p> <input type="checkbox"/> Medical Surgical</p> <p> <input type="checkbox"/> Maternity and child</p> <p> <input type="checkbox"/> Emergency and critical care</p> <p> <input type="checkbox"/> Operating room</p> <p> <input type="checkbox"/> Others</p> <p>Year of experience as a nurse</p> <p> _____ years</p> <p>Year of stay in Finland</p> <p> _____ years</p> <p>Place where nursing degree was completed:</p> <p>_____</p>
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4. *What do you expect from your manager to help you integrate? How do you expect to be treated by your manager (Optionally)?*
- ⌘ *What kind of behaviors or attitudes do you expect from her /him?*



Appendices 4: Interview Themes for Finnish Nurses

- 1. What do you know has been done to integrate international nurses in the workplace in Finland?*
- 2. What practices to integrate international nurses in the workplace do you perceive most? Positives/helpful?*
- 3. As a Finnish Nurse, what behavior or attitude do you expect to see among International Nurses that motivate you to help them integrate in the workplace or accept them among the team?*



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4. *What do you wish or expect to improve?*

5. *What else can be done to improve the integration process?*