

The development of exchange nursing student orientation

For hospital services in the Social Security
Center of Pori

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KOSKI, ANNA-SOFIA:

The development of exchange
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TIIVISTELMÄ

Tämä tutkimuksellinen kehittämistyö on tehty Porin perusturvan tarpeesta kehittää omaa toimintaansa opiskelijaohjauksessa ja siten varmistaa potilasturvallisuutta sekä tehostaa perehdytyksen toteutusta. Kehittämistyö on suunnattu Porin perusturvan sairaalapalveluille ja tarkoituksena oli laatia englanninkielinen perehdytysmateriaali ohjattuun harjoitteluun tuleville hoitotyön vaihto-opiskelijoille. Tavoitteena on näyttöön perustuva, laadukas ja ajanmukainen opiskelijaperehdytysopas, joka mahdollistaa vaihto-opiskelijoille tasalaatuisen perehdytyksen, ohjatun harjoittelun turvallisuuden ja opiskelun onnistumisen.

Perehdytyksen sisällön ja toteutuksen laatuvaatimukset selvitettiin systemaattisella kirjallisuuskatsauksella. Kirjallisuushaut tehtiin CINAHL, MEDIC, PubMed and Melinda- tietokannoista. Kirjallisuuskatsaukseen valikoitui yhdeksän suomen- ja englanninkielistä aineistoa, jotka ajoittuivat aikavälille 2008–2016. Kirjallisuuskatsauksen aineisto analysoitiin sisällön analyysillä. Kehittämistyönä valmistuneen vaihto-opiskelijoiden perehdytysmateriaalin sisältöteemat koostettiin muokkaamalla kirjallisuuskatsauksen tuloksia ja yhdistelemällä ne yhteistyöorganisaation ohjeistuksiin.

Perehdytysopas on sähköisenä materiaalina organisaation intranetissä. Materiaali on laadittu Word-pohjalle, mikä mahdollistaa aineiston tarkistamisen, tulostamisen ja lähettämisen. Perehdytysmateriaali on 20-sivuinen sähköinen perehdytysopas, joka mahdollistaa vaihto-opiskelijan orientoitumisen suomalaiseen hoitotyöhön, sen periaatteisiin sekä organisaatioon ennen ohjatun harjoittelun alkamista. Perehdytystä varten on laadittu tarkistus-lista perehdytettävistä asioista.

Jatkossa tulisi kehittää osastokohtaiset englanninkieliset perehdytysmateriaalit sekä selvittää vaihto-opiskelijoiden kokemukset perehdytyksestä.

Asiasanat: hoitotyö vaihto-oppilas, käytännön harjoittelu, opiskelijaperehdytys

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ABSTRACT

This research development work has been made for the need of Social Security Center of Pori to develop their own work in student guidance and thereby to ensure patient safety and to enhance the implementation of orientation. The research development work is directed to hospital services and the aim was to create an English-language orientation material for exchange nursing students. The aim is an evidence-based, high-quality and up-to-date orientation guide which allows equal-quality orientation, successful and safe practical training to exchange nursing students.

The content and implementation of orientation quality requirements was clarified with a systematic literature review. Literature review searches were made from CINAHL, MEDIC, PubMed and Melinda databases. For the literature review, nine Finnish- and English- language publication conducted between the years 2008-2016 were selected. The literature review data was analyzed using content analysis. The orientation guide content and themes were compiled from themes that rose from the literature review and from the co-operation organizations own policies.

The orientation guide is saved as an electronic material in to the organization's intranet. The material is compiled in a Word-document which allows for revision, printing and sending the data. The orientation material is a 20-page electronic orientation guide, which allows the exchange nursing student to orientate to Finnish nursing care, the principles and to the organization before the practical training. For the orientation a checklist has been developed for the issues that needs to be orientated.

Suggestion for further development in the future should be; to develop departmental orientation materials in the English- language and research the exchange nursing student's experiences of orientation.

Key words: nursing exchange student, practical training, student orientation

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1 INTRODUCTION

Multiculturalism is increasing and every day more and more exchange students arrive in Finland to perform a supervised practical training. Every exchange nursing student has the right to a similar orientation than a Finnish nursing student. Student orientation is a process. It begins before the arrival of the nursing students. With a good orientation, the organization signals what is valued and what is important. At the same time the common culture of the organization is transmitted. The orientation aims to create perception of the working environment practices, to enable work both independently and as part of the work community. (Lainio 2008, 27; Hokkanen, Mäkelä & Taatila 2008, 62; Rantalainen, Nevalainen & Miettinen 2006, 152–153; Lepistö 2004, 58–59; Kjelin & Kuusisto 2003, 166.)

By developing exchange nursing student orientation, and with a practical orientation guide the exchange student understands, how the nursing care is carried out in Finland, the care ethics and familiarizes to the Social Security Center of Pori basic values and principles. A clear orientation guide also helps the mentor to provide coherent and clear orientation for the exchange nursing student.

Hospital services in Security Center of Pori is for need to develop an orientation guide for the exchange nursing students in English-language. The subject of the development work was selected, because there is no material or orientation guide in English-language for the exchange nursing students and the number of exchange nursing students is increasing.

This development work is work-oriented. The research development work has been made for the need of Social Security Center of Pori to develop their own work in student guidance. The end result of the development work is to create an electronic orientation guide for exchange nursing students. The development work output will intensify exchange nursing student orientation. This thesis and the development work focuses only to hospital services in the Security Center of Pori.

2 PURPOSE AND THE AIM OF DEVELOPMENT WORK

The purpose of the development work is to compile an orientation guide for exchange nursing students in English-language. The aim of the development work is to develop an evidence-based, high-quality, up-to-date and electronic orientation guide which allows equal-quality orientation, successful and safe practical training for exchange nursing students.

For the hospital services in Social Security Center of Pori has not been generally agreed or been produced written or electronic orientation material for the exchange nursing students. This development work output will develop the quality of orientation for exchange nursing student.

The material is going to be evidence-based, up-to-date and coherent. In addition the output ensures to the organization efficient and high-quality nursing care, because exchange nursing student knows how to act in accordance with the Social Security Center of Pori nursing requirements. In hospital service in Social Security Center of Pori has annually 10-20 exchange nursing students conducting a practical training and the number of the students is increasing.

The orientation material will be assembled together in a guide and the guide will be an electronic Word- document, so it can be updated, printed and send easily if necessary. The content of the orientation material will be evidence-based, although the organization requires organization's values, principles and organizational structure included in to the orientation material.

Aims are divided for exchange nursing students as well as for mentor's point of view. The aim is to:

1. Produce an evidence-based, high-quality and up-to date orientation guide, which ensures equal-quality orientation for every exchange nursing student
2. Compile a clear and practical orientation guide in English for the exchange nursing students
3. Help the mentor to provide a coherent and clear orientation in English-language. The purpose of this is to simplify the orientation process as well lower the threshold to guide an exchange nursing student

The aims of the development work is broken down by the baseline situation, the purpose of the development work and the desired end result. In this case, the end result is the orientation guide for the exchange nursing students. (FIGURE 1.)

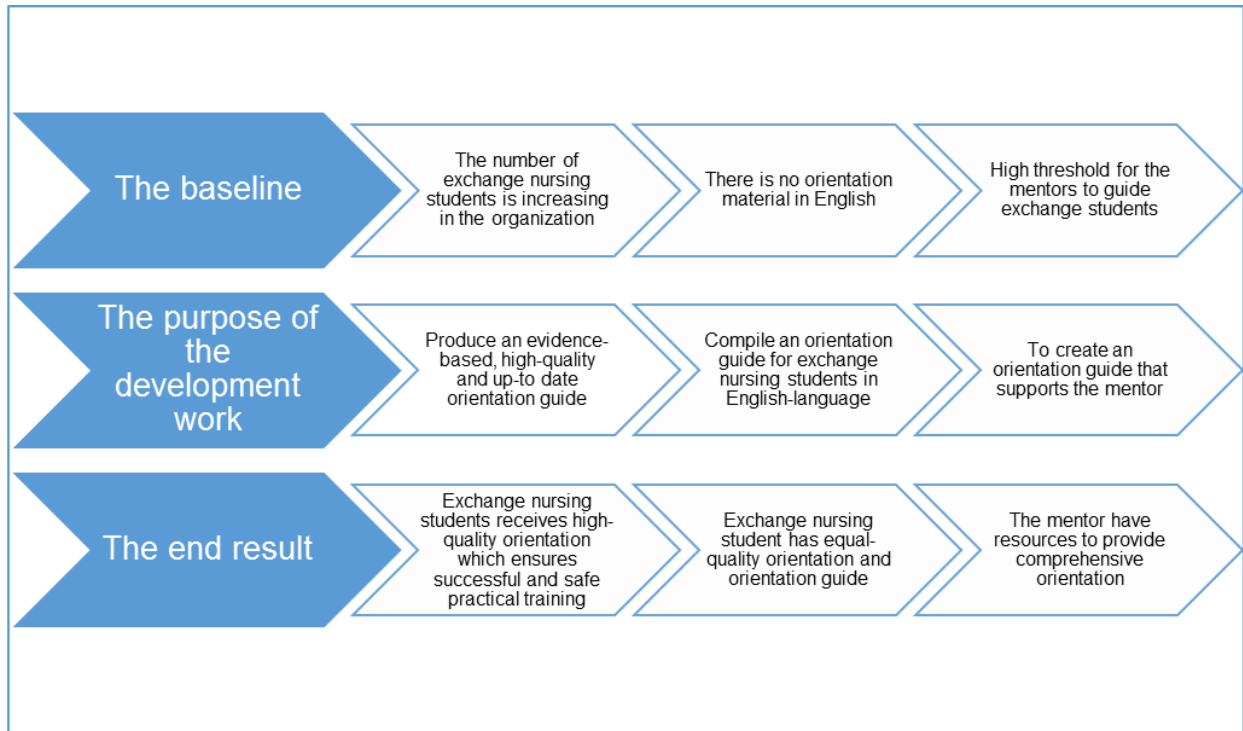


FIGURE 1. The path of the development work.

3 STARTING POINT FOR DEVELOPMENT WORK

Hospital services in Social Security Center of Pori is in the need for to develop an orientation guide for exchange nursing students. Currently there are no orientation guide or similar orientation system for exchange nursing students in English-language in the organization.

In hospital services has not been generally agreed, or been produced written or electronic orientation material for exchange nursing students. The orientation is dispersed and the data is distributed to multiple destinations. Establishment of orientation guide for exchange nursing students is timely, because multiculturalism is increasing and the number of exchange nursing students is increasing in the organization.

3.1 The Social Security Center of Pori as a cooperation organization

The Social Security Center of Pori is one of the municipal administration of Pori. The Social Security Center of Pori operates under the basic social security board and it is responsible for the preparation and implementation of the matters within its remit and field of competence. (Social Security of Pori 2015, 2-3). The Social Security Center of Pori is managed in accordance with the city of Pori management and the strategic priorities to achieve the strategic goals. (Social Security of Pori 2015, 6-7). The service areas consist of social and family services, health and welfare services, services for the elderly as well as rehabilitation- and hospital services. (Social Security of Pori 2015, 3, 7-8.)

The service areas are divided in accordance with the operating regulations, to further areas of responsibility, accountability units and operating units. Accountability unit is headed by a manager, who is responsible for the adequacy of the appropriations allocated to the unit, as well as the achievement of operational and financial objectives. Accountability unit are divided into smooth production services to support the necessary operating units. Operating units is headed by its own immediate supervisor. (Social Security of Pori 2015, 3, 7-8.)

The Social Security Center of Pori provides basic social and health services to its residents in Pori, Ulvila and Merikarvia. The focus is on preventive work, and it is based on both a regional and multi-professional co-operation and partnership. It covers about 103 000 inhabitants in the area. (Social Security of Pori 2015, 3.)

The Social Security Center of Pori basic security co-operation area has a budget of approximately 300 million euros. The Social Security Center of Pori has approximately 2746 personnel in 125 different offices in the region. Co-operation areas are divided into four local service areas, which are in Eastern- Pori- Ulvila, Central- Pori, Western-Pori and North-Northwest-Pori. Most important task is to promote co-operation of areas resident's well-being, health and safety, with help of timely and near produced basic services. (Social Security of Pori 2015, 7.)

The Social Security Center of Pori mission is to promote and support the residents' well-being, health and safety. The basic values are trust, partnership, caring for others and know-how. The vision is; "Professional social and health care services, near you." (Social Security of Pori 2015, 7.) (FIGURE 2.)



FIGURE 2. Social Security Center of Pori's vision, mission and basic values.

This development work focuses to develop orientation in hospital services in Social Security Center of Pori. Hospital services is one part of the whole organization. Hospital services consist from ten hospital and rehabilitation wards.

3.2 The benefits of development work

The Social Security Center of Pori is a teaching hospital. This research development work has many benefits and its importance cannot be overemphasized. The benefits can be considered from exchange nursing student, mentor or from the organization point of view.

The professional staff orientates students to the organization and ensures the student learning. Well-designed, implemented and developed orientation ensures exchange nursing students know-how and confirms that exchange nursing student can act according to Social Security Center of Pori's basic values, principles and guidelines.

A well-planned and well-organized orientation for exchange nursing student help the student to learn more quickly assignments, the basics of working environment and work practices. This will save the working resources, costs and time.

With orientation can also be supported exchange nursing student's professional growth and development in future in the field of nursing. In the hospital, operation is often multi-professional and in to patient care participates number of different parties. When exchange nursing student understands the work and the diversity, the student has the opportunity to act in accordance with the instructions, general workplace norms and obligations. Orientation will improve the efficiency of exchange nursing student learning.

From mentor's point of view well developed orientation saves resources, time and costs. Developing exchange nursing student's orientation brings also security. With developing the orientation can also be supported safely mentors professional growth and lower the threshold to guide an exchange nursing student. This may enable more mentors to guide an exchange nursing student, because the mentor has something concrete in English-language to provide for the student.

To the organization, a high-quality orientation forms a positive image of the organization. A positive image strengthens and creates security to the customers. High-quality orientation is also an important part of the organization's recruitment strategy. A positive image is important for students and exchange nursing students, because this appeals to new future nursing employees. Well-developed orientation saves resources, costs and time and the organization can focus to the services for which it was established.

3.3 The development work progress

According to Lewis (1997, 15-16) a development project is intended to achieve pre-defined objective. The development project has a beginning, an end and a clear goal. The development project has four phases; project definition, design, implementation and the result. Steps follows each other, but may overlap. The development project advances in a straight line from one stage to another, returning to previous stage if required. (Kettunen 2005, 43; Frame 1995, 109.)

The development project begins with an idea. The result of the design is to make an exact project plan of the development work. In the beginning of the development project, the final products acceptance criteria needs to be agreed on. The development project output should be planned and ensure that design and content are realized. The end of the project includes the final reporting and highlights the future ideas for development. It is important to learn about what was created, what was successful and what should be improved. (Kettunen 2009, 45.)

This work-oriented research development work preparation began in April 2016. The actual process started with the cooperation with the Social Security Center of Pori in May 2016. The subject and the agreement of the development work was admitted in the end of May 2016.

In August 2016 began the gathering of background information. The current student orientation material in the organization was explored. In the past, there weren't any English-language guide or material for exchange nursing students. From the search also clary came out that the student orientation material hasn't been gathered in one place. Each ward has its own way to take care of the student's orientation.

At the same time in August 2016 was collected the base of theory of exchange nursing student orientation and the development work key aim became to ensure evidence-based, similar and equal orientation for exchange nursing students.

Research development work plan was compiled in November 2016 and presented in January 2017. The development work required literature review was conducted in November 2016. Data about the organization was retrieved from the organizations own intranet. The retrieved data from literature review was documented and analyzed in December 2016.

The content of this orientation guide were defined from the themes that rose from the literature review and from co-operation organizations own policies in January and February 2017. The development stage was conducted in February 2017 by creating and producing the orientation guide for exchange nursing students.

The orientation guide for exchange nursing student was finalized in March 2017 after the conducted peer review. The cooperation organization's head director and nursing coordinator attended also in the designing of the exchange nursing orientation guide. They gave their suggestions for improvement in the output and approved the final orientation guide. The final orientation guide was distributed and handed over to the Social Security Center of Pori in April 2017 in an electronic form. (FIGURE 3.)

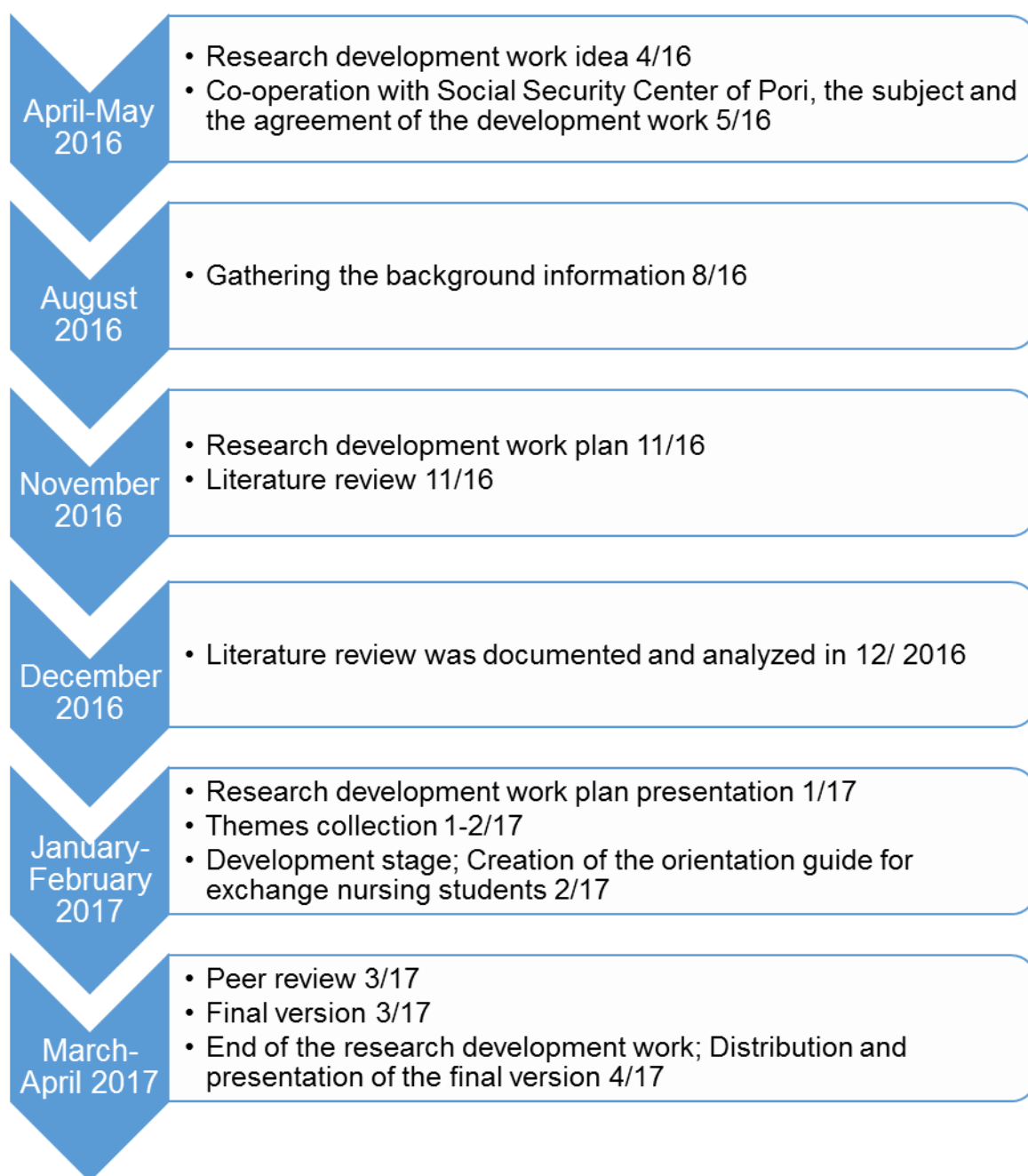


FIGURE 3. The development work process.

4 ORIENTATION IN AN ORGANIZATION

Orientation is usually thought to be a rapid orientation into working environment (Geir 2011, 17). Orientation is a process which begins even before the arrival of a new employee into the working unit. Orientation is organization's business card. It illustrates the organization's practices, policies and values as well how the organization orientate its employees (Lainio 2008, 27; Hokkanen, Mäkelä & Taatila 2008, 62; Lepistö 2004, 58–59; Kjelin & Kuusisto 2003, 166.)

According to Finnish Institute of Occupational Health (2015) orientation is work of guidance, the purpose of which is that the employee will receive proper training in the new position, job activities, equipment, safety, working environment and working conditions.

With a good orientation, the organization signals what is valued, and what is important. At the same time the common culture of the organization is transmitted. (Rantalainen, Nevalainen & Miettinen 2006, 152–153.)

4.1 Legislation on orientation

Laws associated with the orientation, should be taken into account in the workplace and the employer must also comply them. With the legislations is intended to protect workers and their rights to receive work orientation. Orientation and training are employers binding acts. Careful orientation allows an employer to work safely in the working environment. (Kupias & Peltola 2009, 20–21.)

According to Occupational Safety and Health Act (738/2002) the employer shall ensure that the employee is familiarized with the work, workplace conditions, working- and production-methods, equipment used at work and the proper use of the equipment. The employee shall receive initial for safe working practices, in particular before starting the new work, when work tasks changes, before new tools and the introduction of working methods changes. The aim is to ensure employees' ability to work and maintain good working conditions.

Health Care Professionals Act (1994/559) among other things, requires employees to maintain their professional skills. Occupational Health Care Act (2001/1383) requires employers with advice and guidance to their employees, particularly of health at work and security issues.

According to Young Workers' Act (1993/998) requires that young worker, who does not have the experience and skills for the required job, receives instruction and guidance. Young worker needs guidance of the work and working conditions, so that she/he can avoid causing danger to themselves or to others.

In Act on Co-operation within Undertakings (334/2007) emphasizes the importance of dialogic orientation between the employer and the employee. The aim is to develop the activities of the organizations, as well as to promote dialogue between employer and employee. The workplace is obliged to orientate the employee and the employee has legal right for minimum orientation.

Healthcare professionals and students have the obligation of professional secrecy. Health care professionals should work correctly with respect to the preparation, preservation and concealment of patient records. For example Personal Data Act (523/1999) provides instructions for how personal data are processed. The same laws, regulations and practices are related and must also be taken into account in the student's orientation in practical training period.

4.2 High-quality orientation

High-quality orientation increases the interest in the new employee's work. The purpose of the orientation is to help new employee get into work, working environment and get to know the new colleagues. The essence of the orientation is to understand the purpose and responsibilities of work, as well as understand your own responsibilities. Also, getting to know the work community during the orientation period is important. Orientation is not only for the new employees, but also to the older workers must orientate with the new practices. (Peltokoski & Perttunen 2006, 132; Frisk 2005, 41; Ridge 2005, 28-35.)

According to Lahti (2007) study, the employee should consider the content of orientation. Each work unit is different and a good orientation conditions highlights the characteristic of the working unit, the nature of work, duties, responsibilities, various values, agreements and rules that is agreed in the working unit.

Orientations material and the guidelines are not a guarantee of a success orientation. The use of material and guidelines should be guided and the new employee should be given the time to explore them. In the study also comes out that the orientation should be used on designated mentors who are trained. Orientation is emphasized with the students, because their studies are not yet completed. (Lahti 2007, 45.)

Selection of orientation content is important, so that the orientation would be high-quality. During the orientation new employee orientates to the history of the work organization, personnel and their responsibilities, workplace practices, occupational health and safety issues. (Frisk 2005, 44–45.)

Frisk (2005, 42; 44-48) believes that using orientation model improves and standardizes the orientation. Frisk emphasizes appointed mentor and he has developed a template which can be used as an orientation model for all new employees. The model highlights, the importance of preparation, which will review the responsibility, orientation time, workplace communication, as well as the allocation of the necessary tools for a new employee.

According to Kupias and Peltola (2009, 36) the mentor and the new employee should agree the approach for orientation. The new employee and the mentor jointly agreed approach provides a good starting point for the orientation.

Highlights of a good orientation, is the fact that there is made possible meaningful learning situations. In this context, co-operation with experienced mentor is important. In orientation it is essential to take into account the different stages of evaluation of orientation process, including the early stages of orientation. (Cox, Drefs, Hagler & Yonge 2011, 28: Laaksonen, Niskanen, Ollila & Risku 2005, 138.)

According to Ministry of Social Affairs and Health (STM 2004, 11-16, 22) in health professional training and higher education's practical training, students orientates with the health care operations and basic values. The aim of the supervised practical training is to familiarize students with the professional studies, particularly in work tasks, the application of knowledge and skills in working life.

The vocational schools and Universities of Applied Sciences is to ensure, that the profession for graduates, has the ability to participate in the quality of patient safety and health care services. The mission is to ensure that every practical training provides a sufficient and appropriate learning opportunities for students and the control corresponds to the student's needs and the requirements. Students are guided to use and apply the principles of professional ethics. (STM 2004, 16, 22.)

4.3 Student orientation

Learning is perhaps in terms of orientation, one of the main objectives. However, the orientation may be associated with a number of different objectives. Practical learning objectives are personal. Each person learns in their own way. Others learn by observing and others by doing. The mentor should recognize in the orientation that everyone is individual and they learn individually. (Lainio 2008, 31.)

The orientation aims to create a perception of the practices of the working environment, to enable work both independently and as part of the work community. Successful orientation aims to create a positive working picture which brings new students into practical training. (Kangas & Hämäläinen 2004, 4-5.)

According to Surakka (2009, 77) orientation should aim at the development of positive attitudes towards nursing. Quality of orientation contributes the attitudes that nursing students develop. An effective orientation promotes development of positive attitudes.

Nursing students experience the orientation in different ways. According to Kajander (2007) in her study, student nurses felt they had learned in the practical training, in addition to which the mentor were considered to give support in combination of theory and practice. However nursing students felt that they receive orientation had been insufficient.

Park and Jones (2010, 142-149) states that orientation programs facilitate the transition from a newly graduated novice to a nurse. The beginning of practical training is important. The student is experiencing insecurity in training places, if they will be received poorly (Achren 1999, 68).

Positive reception motivates students to work activities, -surrounding, -conditions, and colleagues. The organization and work community at the same time wish him welcome. (Charleston, Hayman-White, Ryan & Happell 2007, 24-30; Chesnutt & Everhart 2007, 37.)

In schools students are taught theoretical knowledge for the practical workplace experience. During the practical training the students are able to apply the learned theoretical knowledge. In practical training student solves a variety of practical problems and deals with them guided and supported by the mentor. (Kääriäinen & Kyngäs 2005, 252–253.)

According to Kääriäinen & Kyngäs (2005, 252-253) the mentors experience and know-how is utilized under the guidance. Maintaining the mentors own professional skills, helps to ensure controllable real-time information. In healthcare sector guidance is an important part of the practical training, because it helps the students to get into work tasks and workplace practices.

In Mikkonen (2005, 153-154) thesis is stated that the mentors are role models for nursing students. In the thesis, she brings out good features of a mentor which are professional, approachable, interaction skilled, has a sense of humor, as well as the mentor supports the students in difficult situations.

Versatile and substantive feedback from the mentors, to the student, supports student learning and more self-confidence and motivation. Also the atmosphere in the workplace affect student learning. The exchange students' characteristics and motivation greatly influence the adaptation of the working community and mentors guidance style (Baumgartner 2012, 35, 54).

In health care field, it is important to challenge students and to develop students' skills. The mentor should use a variety of methods to challenge students. According to Ness, Duffy, McCallum and Price (2010, 41-46) a good way to guide students are unexpected questions, that requires reasoning for action. By discussing with a student of difficult measures, the mentor teaches the students problem-solving, as well as to develop reasoning skills.

It would be good, to provide the students a variety of tasks to solve, so that the students would learn to organize. Students learn how different tasks are solved and what is required to overcome them. The student will be required justification for its operations, so that she/he understands the reasons behind the action. A student in the face of traumatic situation, such as the death of the patient, the mentor should discuss the matter as soon as possible after the event. (Ness et. al. 2010, 44-46.)

Supervised practical training is an essential part of health education. The aim is to introduce students to the nursing practice, that students can apply their knowledge and skills in real situations. A good learning environment is psychologically safe. The atmosphere is positive, equal treatment and the feedback is continuous. Supervised practical training is challenging learning environment for students. (Ruuskanen & Meretoja 2010, 48; Kajander 2007.)

According to Luoju (2011, 22) supervised clinical practice means guidance and guided learning under the supervision of a professional. Also Saarikoski (1998) has studied in Finland and abroad a lot of nursing teaching practice. Supervised practical training has a key role in learning skills, because health care is a very practical work.

A good learning environment support students' learning in training period. (Luoju, 2011, 21). The learning environment is a complex social entity which affects the learning outcomes (Johansson, Papastavrou, Tichelaar, Tomietto, Van den Bossche, Vizcaya, Maria, Saarikoski & Warne 2010, 176–182). The learning environment provides a framework for students which they have a chance to interact with the learned matter and at the same time, it allows the use of theory in to practice. (Kyrkebo & Hage 2005, 167; Vuorinen, Meretoja & Eriksson 2005, 275.)

5 THE RESEARCH IN DEVELOPMENT WORK

In this development work is used a systematic literature review and the literature review is done in stages. Systematic literature review is intended to provide a picture of an exchange nursing student orientation. The aim is to give a picture of the essential content of the earlier studies. The main focus to build understanding how to develop a good evidence-based, high-quality and up-to-date general orientation guide.

A systematic literature review highlights the scientific results of the most significant and the most important parts of the orientation. The aim is to go through the study material in compact form and report it according to scientific practices and principles.

The development work is progressing by principles of a project. The development of the work output, the orientation guides content is produced on the basis of a literature review, which ensures evidence-based content, timeliness and quality.

5.1 Literature review and the data collection

General requirements for the literature review is among other things the publicity, criticism, self-correction and objectivity. Scientific output should be public and critically estimated. Self-correction, in turn means that the research shortcomings and errors can be corrected and deleted in a new study. (Salminen, 2011, 1.)

According to Baumeister & Leary (1997, 312) there are many argument for the literature review for example to build a new and evaluate existing theory. In addition, the literature review builds an overall picture of outfits, seeks to identify the problem and describe the development of the theory of history.

According to Bearfield and Eller (2008, 63–64) the literature review can be approached through two ways. Intellectual history gives a literature review certain kind of framework. Another cross more scientific way, is to structure the literature review. This method of development is shown ignoring the boundaries of disciplines.

On the other hand according to Fink (2005, 3) a literature review is a systematic, precise and reproducible method. The method identifies, assesses and summarizes the publication of research material. Literature review is based on the original and the conclusions drawn from high quality research.

It is important to note that the literature review is not an explanation of source-winged catalog and book review. The lists which include a book, an article or a book summary does not include critical thinking. Although some datasets include critical thinking, they tend to analyze only a single work. (Bearfield & Eller, 2008, 62; Salminen, 2011, 5.)

A systematic literature review is a summary of the essential themes of earlier studies. It is summarized the discussion and screened interesting and important studies in terms of scientific research. With a systematic literature review the researcher is going through research material in compact form. At the same time, try to set the historical research and the discipline in context. This makes it easier to justify why the research is important. (Bearfield & Eller 2008, 61–72; Salminen, 2011, 9.)

A systematic literature review is progressing step by step, from planning to report. These steps can be roughly divided into three phases. The first of which contains an overview of the planning phase, the second phase the search, analysis and a review of the synthesis and the conclusion of the third stage which contains a review of reporting. (Johansson, Axelin, Stolt & Ääri, 2007, 5)

The planning phase, looks at previous research on the subject and identifies the need for a systematic literature review and research proposal is made. The research plan is clear research questions which should be as clear as possible. (Johansson et al. 2007, 6.)

A systematic literature review relates to studies which have limited and carefully selected from among existing studies. A systematic literature review is carried out over a given period of studies on literature review. Highlights of the systematic literature review is that it is selected, the only relevant and appropriate, high-quality studies. (Johansson et al., 2007, 4-5).

In this research development work the data retrieval was done with help of library information specialist of Lahti University of Applied Sciences. Search terms were defined on the basis of the research questions to respond to the most versatile and comprehensive way. The search of data were carried out systematically and comprehensively by targeting searches for sources of information which was assumed from the information most relevant research issues. (Johansson et.al. 2007, 58.)

In addition to search terms were revised in Finnish thesaurus and Ontology Service, YSA (Finto 2016); nursing exchange (hoitotyö vaihtoopilas), practical training (käytännön harjoittelu) and student orientation (opiskelijan perehdytys). Searches were made by combinations of keywords and individual keywords.

The theory should be academic researched, reliable and as well evidence-based. Intake criteria of this development project were: Finnish and English language publication and research conducted between the years 2008-2016, so the retrieved research and publications were new and relevant. The criteria for the research was limited very tightly to the nursing exchange student's orientation. Selected material in the study must accurately reflect the subject, practical screens and the required criteria. Exclusion criteria were chargeable full text, the publications was older than the year 2008 or context did not suit the topic of the thesis.

The research development works literature search was conducted by utilizing various social- and healthcare field electronic databases. For search base was selected CINAHL, MEDIC, PubMed and Melinda databases. After the search terms and selection criteria the founded publications (n=632) was observed by the title and on the basis of the title was selected suitable and topic related publications (n=30).

The abstract of the selected publication was read and rejected those publications not concerned with the subject of the thesis. The remaining articles (n=9) were read completely through and publications that justified the intake criteria were selected to the literature review. (FIGURE 4.)

<p>Search from different databases (n)</p> <p>CINAHL (n=188)</p> <p>MEDIC (n=39)</p> <p>PubMed (n=271)</p> <p>Melinda (n=134)</p> <p style="text-align: center;">→</p>	<p style="text-align: center;">Intake criteria</p> <p>Years 2008-2016</p>
<p>On the basis of the title</p> <p>CINAHL (n=12)</p> <p>MEDIC (n=5)</p> <p>PubMed (n=5)</p> <p>Melinda (n=8)</p> <p style="text-align: center;">→</p>	<p>Finnish and English publications</p> <p>Academic research</p> <p>Accurately reflect the thesis subject</p>
<p>On the basis after reading the abstract</p> <p>CINAHL (n=5)</p> <p>MEDIC (n=3)</p> <p>PubMed (n=1)</p> <p>Melinda (n=1)</p> <p style="text-align: center;">→</p>	<p style="text-align: center;">Exclusion criteria</p> <p>Chargeable full text</p> <p>Publications was older than the year 2008</p>
<p>Selected research (n)</p> <p>CINAHL (n=4)</p> <p>MEDIC (n=3)</p> <p>PubMed (n=1)</p> <p>Melinda (n=1)</p>	<p>Context did not suit the topic of the thesis</p>
<p style="text-align: center;">Selected (n=9) in the literature review</p>	

FIGURE 4. Intake criteria and the selection of the data

5.2 Analysis of the selected data

The data was analyzed by content analysis in which case the material used in this thesis can be analyzed systematically. This inductive method of analysis was used in order to gather accurate and condensed summary of the exchange nursing student's orientation. (Tuomi & Sarajärvi 2009 110.)

Selected literature data was read full through several times. This enabled an overall picture of the selected data. A table of the selected data was created after this. In the table were documented name of the authors, title, year of publication, the purpose of research, data collection method, sample and results. (APPENDIX 1.)

In the content analysis the obtained material is processed and encoded into themes. The aim is to find similarities and combine things into the appropriate themes. (Tuomi & Sarajärvi, 2009, 112; Hirsjärvi, Remes & Sajavaara 2007, 210.)

Thereafter, the selected data were read again several times and original expressions was collected and documented. The original expressions was compiled by comparing and reflecting objectives and aims of the thesis. Each of the data was carefully maintained in order and numbered.

The analysis process was initiated by reduction of the data. The original expression of the data was simplified to smaller sentences. Hence was created common themes that are related to the research questions. From the literature review rose five themes that should be taken into account when developing exchange nursing student orientation and the general orientation guide; culture, support, communication and language and student preparation and organizational preparation (APPENDIX 2.)

6 RESULTS OF THE LITERATURE REVIEW

Finland is changing more and more to a multicultural country (Laiho 2008, 4). Diversity and internationalization is increasing in social and healthcare field. In Finland this is a desired development. Even more citizens of other countries are moving to Finland as refugees, in search of work or as students. Increasing multiculturalism needs learning and growing of cultural competence. It is interesting to find out what factors contributes to the practical training success and ensure quality of guidance. (Laiho 2008, 6, 65.)

Hu, Andreatta, Yu and Li states in their article “A Collaborative International Community Health Nursing: Clinical Experience in China” (2010, 499) that culturally competent nurses has become an important asses, because of the increasing changes in demographic characteristics. Studying abroad enhance students’ international perspective, professional growth and develops cultural competence skills and also helps to understand other cultures and global issues.

Many studies also notes that by providing nursing students international practical training experiences, will increase cultural competence. With help of international practical training experience the students may have the opportunity to gain clear understanding of different cultures. (Shelley & Duggan 2016 487–488; Halabi, Majali, Carlsson & Bergholm 2011, 154–155.)

6.1 Culture in orientation

Multiculturalism as a concept is vague. As a political term multiculturalism implies condoning the human influent, the peaceful but colorful coexistence in the same society. Culture means all those things that people and nations have learned and appreciate. Things which they have learned to believe and which they have learned to enjoy. Culture can be thought of as the way people think, feel and react. Cultural things are learned within the community. In summary it can be said that culture

includes beliefs, customs, practices, norms, rituals and inherited. (Laiho 2008, 8-9, 69.)

Cultures differences and the challenges should be taken into account in nursing. It is not irrelevant if the caregiver possesses a completely different cultural background. Culture of the nursing is important in a changing society and nursing care. It is very important to take into account the differences in the treatment of the patient, because even the basic needs may be different in different culture. Nurses should be aware of the cultural and national differences, as these affect to the provided healthcare. Professional knowledge should meld with the cultural knowledge. (Shelley & Duggan 2016, 490; Laiho 2008, 19.)

Cultural competence is crucial in social and health care field. Cultural competence can be defined as cultural skill, cultural knowledge, cultural awareness and cultural desire. The studies has showed that nursing exchange experience develops professionalism and clarifies career goals. It also contributes cultural sensitives, self-confidence and helps to understand politics influence locally, nationally, and globally. (Hu et.al. 2010, 500.)

Working with people from different countries is increasing. According to Maltby and Abrams (2009) placing students in a cultural context different from their own and different from their own training, helps students to see different culture in a new light. (Hu et.al. 2010, 500.)

According to Ashforth (2014, 54) in her study cultural differences was relative how students experienced the practical training. Cultural difference occurred in different situation, for example how death is approached and processed or in simple practical policies, such lunchbreaks. In patient care the student felt that sometimes their cultural background was not approved, and the patient showed bad behavior, like rudeness, unwelcoming or racist comments.

In Pitkäljärvi (2012, 26, 45) study is reported that there are unique educational needs for international students in supervised practical training. A positive welcoming attitude increases students learning in practical training. Also genuine interest of international student's cultural background was linked to a positive learning environment and quality orientation. Neglecting, low-level tasks and unwelcoming attitudes created unsupportive environment for the students. In the beginning of practical training the orientation helped the students to become involved in the clinical environment.

6.2 Support in orientation

The mentors of the supervised practical training has a responsibility to orientate the exchange student to Finnish health care. The task is challenging and should be treated with respect and dignity. (Laiho 2008, 568.) The challenge arises how to ensure quality and best possible learning environment and orientation for the multicultural students and how the educational needs are implemented of culturally diverse students. (Pitkäljärvi 2012, 20; Laiho 2008, 13 -14.)

It is very important that when the student performs a nursing practical training in Finland, the basic assumption is that they will find employment after graduating in Finland and become nursing professionals and equal colleagues. In addition, due to the increasing nurse shortage in Finland, it would be desirable that the Finns as well as foreign nursing students would receive a positive, meaningful experience and equal orientation. This will encourage the student to carry out nurse studies and seek to work after graduating. (Laiho 2008, 5.)

The mentor has an important role to play and the students hope to receive the mentor's full assistance and support. The mentor creates the conditions for goal-oriented learning, assess student learning and provides feedback. Mentor creates a safe and supportive atmosphere. The mentor should act as a model for the student and take responsibility for student learning. Nursing supervisors is responsible for organizing guided

orientation of training and designate a student in nearby mentor. High-quality clinical practice is conditional on close co-operation of teachers and mentor. (Laiho 2008, 21—22, 25-26.)

According to Jokelainen (2013, 31) in her study “The Elements of Effective Student Nurse Mentorship in Placement Learning Environments”, she conducted two themes that effect students learning environment. One of the theme was a positive and supporting practical learning environment. Into supporting learning environment included orientation, individual support and regular meeting with the mentor. Supportive learning environment helps students to adjust to ward culture and staff. To support exchange students learning process in practical training environment, should offer individual development opportunities and progressive responsibilities and regular, constructive, and real-time feedback.

The second theme in the study was strengthening students’ professionalism. This included two issues related to mentoring. Promoting students’ growth and commitment to profession by communication, respect and support helps students to acknowledge different nursing methods, connect theory to practice and develop opinions and practical decision-making and problem-solving skills. (Jokelainen 2013, 31-32.)

According to Laiho (2008, 22) the mentors control capabilities are important to maintain and develop. It is important that the control responsibility is clear. Every works unit should have designated mentors, who have the main responsibility for the practical training and counseling.

Each work unit will be responsible for the content and design of the orientation. Mentor is responsible for training the student's adaptation to the environment. The mentor should also be aware of the student's learning objectives, which will go through at the beginning of the training. Guidance should be student-centered, to meet the student's needs and its established requirements. (Jokelainen 2013, 32; Laiho 2008, 22.)

6.3 Communication and language in orientation

Language skills and communication is presented one of the biggest obstacles or challenges in orientation of an exchange nursing student in practical training. In many study was stated a well prepared placement and good communication relationship advances students' goal-based individual learning, strengthening students' professionalism. (Underwood, Gleeson, Konnert, Wong & Valerio 2016, 356; Jokelainen 2013, 32; Laiho 2008, 68.)

Mastering the basic language criteria facilitates to establish relations in the new environment. Learning a new language is considered generally difficult, challenging and time consuming. The responsibility for learning has the students themselves. Language learning is affected by age, educational background, previous learning foreign languages, the valuation of the trainee's language and cultural background, as well as the learner's own motivation and the reason for the need to learn the language. The active use of language promotes language learning and maintaining the skills is acquired. (Hu et al. 2010, 502; Laiho 2008, 11-12.)

In Laiho (2008 42-43) study of students and their mentor's practical training experiences has shown that language skills are of great importance of the orientation. According to the study some of the students had experienced a difficult and challenging because of communication difficulties in practice, because there was no Finnish language skills. The English language was important in order to understand the student and mentors guidance.

In addition, some of the students felt that the language reflected the learning experience, as had been left to one side of learning situations due to a lack of language skills. Students emphasized the importance of learning the basics of the Finnish language. According to the students it was important to respect patients and to communicate with them in Finland language. (Laiho 2008, 42-43.)

The practical training mentors also have encountered challenges in language. The main barrier is the common language. Also in Pitkäljärvi (2012, 45, 48) study showed that international students was more outsiders and ignored than Finnish spoken students. This finding is connected to the language barriers which can increase the risk of isolation. The research stated that learning foreign language is important, the students should study at least the basic medical terms to improve their confidence and the ability to conduct the practical training. (Pitkäljärvi 2012, 30, 49-51.)

In Long (2016, 32) article is also stated that the students feared being able to communicate adequately with the mentor or patients and therefore being isolated. The students involved in the study thought that orientation with good communication in practical training is important. Therefore the students wanted concrete information in common language about the education, health and the organization, so that they would receive good and quality guidance.

The student encountered problems in nursing procedures, because of the insufficient Finnish language. In Ashforth (2014, 47-48) study states also that communication with patient was hard. In the study was stated that language barrier led to misunderstandings and confusion with the patients. The students encountered problems with the ward staff and restriction of using English. This created negative feelings, because the exchange student couldn't socialize or the student were misunderstood. Good communication, help from ward staff and mentor and ability use English language are related to a successful orientation and practical placement. (Ashforth 2014, 56, 58.)

6.4 Student preparation

In Halabi et al. (2011, 162) collaboration project produced four key points. Exchange should be planned, and the students' needs to reflect and arrange meetings for sharing experiences. The students should recognize differences in nursing legislation and regulations.

Also in Hu et.al. (2010, 501-503) article states that, preparing for the exchange clinical practice is essential. Cultural awareness and learning begins before the actual practical training. Studying the destined exchange country's various health related topics, working culture and social and healthcare organizations, the structure of the studies in schools, countries history, helps students to learn about countries culture, health beliefs and the role of nurses in community and hospital settings. The article states that, information before the practical training support the quality of the learning in practical training. Also in Underwood et.al. (2016, 354) qualitative study students' needs to prepare to understand the culture, norms and communication etiquette.

Exploring different health care system, language, new ways to work helps the nursing students appreciate and develop understanding to new cultures. In several studies is noted, that student's improved their communication skills, despite the language barriers. (Shelley & Duggan 2016, 488, 492; Hu et.al. 2010, 500.)

Long (2016, 28-29) references in her article that there is a huge need for culturally competent nurses. With help of effective and well prepared international practical training the nurses will gain knowledge, skills and experience of different culture. In her research is stated that student's in practical training has to prepare for the exchange.

6.5 Organization preparation

Internationalization arises new challenges and problems to nursing and mentor. Exchange students perform practical training in the foreign countries health care units, this requires preparations from the organizations. These students are not familiar with the prevailing culture of care and to guide an exchange student guidance is challenging, because of the cultural differences. (Halabi et al. 2011, 160; Laiho 2008, 22-23.)

Many studies states the students encountered variety of health beliefs, hygiene instructions and practices that was surprising and the students weren't prepared for. Many student shared discomfort of different health policies and beliefs and they would have wanted receive more information before the practical training. The nursing exchange student were unfamiliar with the exchange country's nursing culture and clinical practice environments and lack of appropriate orientation of cultural was needed. The exchange students needs to prepare to understand the culture, norms and communication etiquette. Exchange students need high quality orientation. (Underwood et al. 2016, 354-355; Long 2016, 532-533; Pitkäljärvi 2012, 51.)

Exchange students coping with the practical training period, as well as adequate learning is always more challenging than those students who complete their training practice in a familiar language- and cultural environment. Understanding the practical measures, nursing views, practices and different guidelines for example of hygiene is difficult. Inadequate language skills have a direct impact on the design of teaching and learning. It is really important the student and the work placement mentors receives sufficient information of the practical training and prepares for the exchange student. (Laiho 2008, 25-26.)

An effective mentorship contains need of sufficient investments, positive culture and well-prepared placements. Student centered culture promotes students learning. Positive and well-prepared practical training environment with clear orientation guide is highly valued. This requires

consequently, preparatory procedures and preliminary arrangements. To ensure students' acquisition of necessary skills, knowledge, and competence to provide patient-safe nursing care, the organization should provide information of placements' profile, working ward and prevailed policies. (Jokelainen 2013, 39, 50, 56.)

Healthcare organizations has the main role for developing strategies, protocols, guidelines, and effective student mentorship. Managers are in crucial for increasing student centered working culture and positive image of the profession. This will enhance recruitment of qualified nurses as the future workforce in healthcare organizations. An effective mentorship involves the organization, managers, resources, culture, appreciation, work conditions, seamless collaboration with educational and collegial partners. It requires motivated personnel and prepared students. In organization where mentorship is highly valued, managers has a strong role of enhancing positive image. (Jokelainen 2013, 39, 56.)

Organization has a role as optimizers of sufficient investments. Strategic investments, such a clear orientation protocol and guidelines for the students promotes the learning of students. Mentorship should be a part of organizational policy. Clear and English- language orientation guide also helps the communication and linguistic problems that may occur. (Pitkäljärvi 2012 26, 45; Jokelainen 2013, 49.)

A proper learning materials, tools, qualified staff, and mentors is in key role and helps to provide quality learning environment. The students' high motivation and commitment to practicing, learning and co-operation is linked to a positive learning environment, so collaboration, support and feedback is crucial. By clarifying the competencies and goals that students need to achieve in clinical practice motivates the students. (Jokelainen 2013, 51.)

Ashforth (2014, 69) suggest to develop mentor and ward staff of cultural awareness, develop efficient policies and providing information about health care policies, laws and cultural ways which relate to the nursing care. To create a tool that improves the orientation of practical trainings quality of exchange students.

6.6 Summary of literature review

From the conducted literature review rose five important themes that effects the exchange nursing orientation; culture, support, communication and language, student preparation and organizational preparation. Multicultural working environment and internationality is increasing in social and healthcare field. This leads to new learning criteria of cultural competence. Culturally competent nurses is an important assess. The exchange nursing students develops cultural competence and grows professional identity through the international practical training. (Shelley & Duggan 2016, 487–488; Halabi et.al. 2011, 154–155; Laiho 2008, 65.)

Culture is very important part of nursing, because culture is different and culture affects to countries and organizations prevailing practices and policies. (Shelley & Duggan 2016, 490; Ashforth 2014, 54; Pitkäljärvi 2012, 26, 45; Hu et.al. 2010, 500; Laiho 2008, 19.)

Proper learning materials, tools, qualified staff and mentors is in key role and helps to provide and create a quality learning environment. Mentors are in huge role in the exchange nurse students orientation and guidance. Every work unit should have designated mentors. The mentor creates the conditions for goal-oriented learning, assess student learning and provides feedback. Mentor creates a safe and supportive atmosphere. Mentor should be able to provide support, equal-quality and the best possible orientation and guidance to culturally diverse students. The practical training environments managers should provide the condition for the orientation. (Jokelainen 2013, 31; Pitkäljärvi 2012, 20; Laiho 2008, 12.)

Main obstacle of the exchange nursing orientation is language. Good communication advances exchange nursing student's orientation. Concrete material in common language about the education, health and the organization practices and prevailing policies ensured quality orientation. Good communication and use of English language according to literature review was related to a successful orientation and practical placement. (Underwood et.al. 2016, 356; Ashforth 2014, 56, 58; Jokelainen 2013, 32; Pitkäljärvi 2012, 30, 49–51; Hu et al. 2010, 502; Laiho 2008, 68.)

Preparing for the exchange clinical practice is essential and the exchange nursing students should plan their practical training abroad. Familiarizing beforehand with the destined exchange country's various health related topics, working culture and social and healthcare organizations, the structure of the studies in schools, countries history and health beliefs and the role of nurses helps students to learn about countries culture. (Underwood et.al. 2016, 354; Halabi et al. 2011, 162; Hu et.al. 2010, 501-503.)

Exchange students perform practical training in the foreign countries health care units is increasing and this requires preparations from the organizations. Exchange students may not know or are not familiar with the prevailing culture of care or countries specific policies. It is really important the exchange nursing student receives sufficient information of the practical training before the actual practical training (Halabi et al. 2011, 160; Laiho 2008, 22-23, 25-25.)

Well-prepared, an organization with positive student culture and clear orientation guide is highly valued by the exchange nursing students. This requires from the organization developed orientation guide and orientation strategy. Clear and English- language orientation guide also helps the communication and linguistic problems that may occur. (Jokelainen 2013, 49, 50; Pitkäljärvi 2012 26, 45.)

7 DESIGN AND IMPLEMENTATION OF DEVELOPMENT WORK

According to Parkkunen, Vertio & Koskinen-Ollonqvist (2001, 12) the preparation and the planning of an orientation material is affected by whether you want the guide to be clear and comprehensive as possible or present the most important things clearly.

Good readability, comprehensibility and the content must be taken into account in developing and planning the actual orientation material. Despite the electronic material, the written material still supports the orientation and guidance. Written material is also easy to produce and disseminate. The accuracy of the information provided in the orientation guide is essential. (Hyvärinen 2005, 1769-1770.)

According to the conducted literature review in this research development work, it is important the exchange student familiarize to the essential things, practices, policies and principles and receives the orientation guide before the practical training begins. This idea has been implemented when developing the orientation guide for the exchange nursing students.

The orientation takes place while working. It is important that the student already knows practical information of the organization and of the prevailing policies. The exchange nursing students in Social Security Center of Pori takes different lengths of duration practical training. The students are oriented while working and the implementation of orientation is on the mentor's responsibility.

To carry out the exchange student orientation process is required a named mentor, whose task is to ensure the student's learning process. The key task is to minimize the exchange nursing student's negative feelings during the learning process and encourage forward patient safely. (Kjelin & Kuusisto 2003, 193.)

The preparation and the development of exchange nursing student's orientation guide has been linked in to a process. In the development work of the orientation guide has taken into account the role of mentor by creating a checklist. The checklist are designed to act as a support. This output can be used to carry out a systematic orientation and so that the essential things will not be overlooked. The checklist is a part of organizational preparation that rose from the literature review.

Checklist is a cognitive tool. It helps to perform and learn operations quickly. (Thomassen 2012, 17.) According to Gawande (2009, 36) check-list are useful, decreases number of errors and provides safety in hospitals. Also World Health Organization has conducted a study and produced a checklists to increase patient safety and to help care providers to manage task effective. (WHO 2017.) To provide an effective orientation the organization should develop and provide a comprehensive checklist (Gresch 2009, 374).

The main aim of the exchange nursing student orientation is that the new students get acquainted to the practical learning environment and learns in the practical training. It is necessary to properly learn practical training environment practices and policies, to gain positive experience and learn high-quality and work efficiency nursing. The orientation guide was expected to be easy to use and customizability if necessary.

7.1 Content of the orientation guide

The orientation guide was compiled in a Word-document (APPENDIX 3). The Word-document enables to modify the document. The orientation guide will be downloaded to organization Intranet as a pdf-file. The file can be easily send via email to the exchange students before the actual practical training.

The orientation guide is visually unified with the rest of the organization material and colors. The orientation guide is also available for every ward unit. The orientation guide is formed so that it is practical and has a logical progression.

The guide is a 20-pages and content consist of eight areas. The content is structured on the basis of the results of the literature review (culture, support, communication and language, student preparation and organizational preparation). Themes have been applied according to the needs and guidelines of the organization. (FIGURE 5.)

CONTENT	
1. PURPOSE OF THE ORIENTATION GUIDE	3
2. REGISTERED NURSE IN FINLAND	4
3. THE FINNISH HEALTH CARE SYSTEM	5
4. CARE ETHICS IN FINLAND	6
5. THE FINNISH CULTURE	7
6. SOCIAL SECURITY CENTER OF PORI	8
7. PRACTICAL INFORMATION	11
8. CHECK- LIST	12
RESOURCES	16
APPENDIX 1. Ethical Guidelines of Nursing	17
APPENDIX 2. Operations in exceptional circumstances	19
APPENDIX 3. Hand hygiene	20

FIGURE 5. The content of orientation guide.

In the guide culture is discussed in paragraphs 2-5. The checklist (paragraph 8) are designed to act as a support. It is also part of the organization's preparation. Orientation guide is written in clear English-language which supports the communication and understanding the language.

The guide is electronic and the guide will be send to the exchange nursing student before the practical training begins. This will support the student preparation, because the exchange nursing student can prepare for and familiarizes to the practical training. The development of exchange nursing student orientation guide is organizational preparation.

In the end is three appendices of Ethical Guidelines of Nursing, accidents and operations in exceptional circumstances and hand hygiene instructions. From the proposal of organization the Ethical guidelines of nursing and hand hygiene instructions was attached to the guide, because they are crucial instructions of the organization. Accidents and operations in exceptional circumstances instruction was attached to the guide on the basis of the peer review.

7.2 Design of the orientation guide

With the orientation guide the mentor influence the student's orientation process, so that the orientation would be easy and clear. The text in the orientation guide must be simple enough so that the reader can understand the content. (Hyvärinen 2005, 1771.)

The titles are important, because it pauses the text and makes it easier to read. A good title arouse the reader's interest. It is desirable to also have if necessary subheads, as it facilitates the reader to parse the text.

(Torkkola, Heikkinen & Tiainen 2002, 39 – 40.) Photos and pictures can improve the interest in the orientation guide and it can clarify the text.

Copyrights must be taken into account when using the photos and pictures. (Torkkola et.al 2002, 4, 40 – 41.)

By informing the purpose of the orientation guide to the exchange nursing students, the student are prepared to utilize the orientation guide practices and policies in Finland and that the student understands the importance of it. At the same time the organization also communicates to the new exchange nursing students about the practices and policies that is valued.

The orientation guide was designed to provide the exchange nursing student and their mentor's necessary information to help the orientation process. In the orientation guide has clearly been highlighted in the organization prevailing practices and policies that are good for each student to understand and internalize as soon as possible after the arrival to the practical training.

The orientation guide is refined along through the creation process from the feedback of the organization contact persons and from the peer-review. The information from the orientation guide should be learned very quickly, so the useless information was minimized. The proportion of the amount of data and the length turned out to be difficult. The orientation guide quality aim was that it would be quickly adopted and would be very tight fact sheet.

Into the orientation guide was compiled in the end a checklist, the purpose of which is to help the mentor to go through all the major issues with the new exchange nursing student. One of the aims was also to help the mentor to provide a coherent and clear orientation in English. The designed orientation guide now simplifies the orientation process. The checklist has been designed so that it provides a good continuation to the whole practical training and ensures a similar orientation for every exchange nursing student.

Visually the orientation guide aimed to be congruent with the rest of the organizations materials, but at the same time clear. The content of the text must be effective and unambiguous. All of the information in the orientation guide should be assembled in appealing and easily updated form. With help of pictures was intended to ease the reading, but at the same time pictures task was to facilitate the understanding of the context. Selected font was businesslike and easy to read. Number of pictures had to be kept very limited, in order the whole orientation guide would not be grown too large.

The orientation guide formability and recoverability should be taken into account in the whole process. This was taken into account by structuring a clear content and layout. The orientation guide was a compiled in a Word-document, because the use of the Word-program is every day in Social Security Center of Pori. The orientation guide was downloaded in organization intranet and the managers would be in charge of the distribution of the orientation guide. The total number of pages 22 that includes the cover page.

7.3 The evaluation of the orientation guide

Through a peer review colleagues presents feedback off your project. Peer review allows to gain new perspectives to your own work and if necessary edit and correct the work. (Mäkisalo 1999, 107.)

According to National Institute for Health and Welfare (2017) peer review is helping and supporting your colleague and learning from each other. Also according to Mäkisalo (2003, 119) peer review has three main objectives, learning from each other, becoming aware of your own activities and helping you colleague to succeed in their work.

Peer review was used in shaping the final version of this orientation guide. The feedback were taken into account when developing the orientation guide into a final version. Nurses supervises and mentors students and exchange nursing students on a daily basis, so they have the current information on what kind of material is needed.

To the peer- review was participating five registered nurse working for the organization. The peer-review was an informal, confidential and voluntary collegial discussion, where the nurses familiarized with the orientation guide. The aim was to get feedback on the content and layout of the orientation guide.

The nurses familiarized to the orientation guide undisturbed and provided free form of feedback. The feedback from the peer review was positive. The orientation guide received good feedback from its appearance, clarity and that the information was very compactly summarized. Appendices was considered very important and the existence of the appendices were highly appreciated. The version of the orientation guide that was reviewed in the peer review did not have any instructions of operations in exceptional circumstances. This instruction was hoped to be connected to appendix, because it is a very important point on safety.

With help of the feedback received from the peer review, it was possible to repair and develop the orientation guide. Getting feedback also increased the motivation towards this development work. On the basis of the peer review, changes were made and in the final orientation guide was attached to the appendix the instructions of operations in exceptional circumstances.

The orientation guide met the expectations and it is easy approachable and adoptable. The layout and the content is clear and supports the orientation of exchange nursing student. The final version of the orientation guide was a result of number of different versions, although the change requests were surprisingly small.

The employees who has familiarized to the orientation guide appreciated the clarity. The orientation guide was also not considered not to be too heavy or long, in which case it is able to continue to browse through. Based on these the orientation guide filled the content requirements and layout requirements. Layout support the Social Security Center of Pori's image and also creates professional opinion of the whole organization. Upgradability were taken into account by compiling the orientation guide into Word-document.

The checklist focused on the important things in terms of the organization and was intended to facilitate the implementation of exchange nursing student orientation. This kind of orientation guide has not been developed so this process has aroused interest to student orientation and considered to be useful. The orientation guide has not been yet tested, so its actual impact on the student's point of view and as mentor's tools cannot be determined.

The aim of the orientation guide was to be compact and easy to adopt. The head director of the co-organization held the orientation guide to be interesting and educational, which has succeeded to create interest to student orientation. The orientation guide was formatted very compact form, without weakening the comprehensibility.

8 CONCLUSIONS

The purpose of this research development work is to compile an orientation guide for exchange nursing students in English-language for hospital services in Social Security Center of Pori. The aim of the development work is to develop an evidence-based, high-quality, up-to-date and electronic orientation guide which allows equal-quality orientation, successful and safe practical training to exchange nursing students.

The need was based on a clear need to develop an exchange nursing students' orientation and because the number of exchange nursing students is increasing. In the beginning of the practical training the exchange nursing student needs a lot of guidance and advice. Orientation is really important. The new and unknown practical training environment arouse a lot of questions and the organization has the responsibility for answering the questions. Orientation guide supports the practical training.

Well-designed and implemented orientation process creates an experience that the new exchange nursing student is welcome, supports motivation and commitment to the practical training. Orientation helps students learn faster the work tasks, workplace policies and practices and becomes familiar with the working environment.

The orientation guide should be up-to date and updated if circumstances, laws or obligations change. In to an orientation guide should be compiled all the things that are essential in the practical training. Not everything can be told from memory. Orientation guide is important for exchange nursing student orientations quality and it guarantees that everyone has the same starting point for the practical training.

The orientation and access to the orientation material before the start of the practical training gives the students skills to become directly involved in work activities. Good preparation facilitates the mentors work and provides the students the opportunity to deepen and enhance their own learning. With the help of the orientation guide the mentor and the student are able to monitor the student's learning program and thereby create an image of the student's knowledge level.

An English-language orientation guide was developed from themes that rose from the literature review and Social Security Center of Pori basic guidelines and policies. The development of the work purpose and aims were realized. The development work subject was welcomed, because of the current need of the orientation guide.

The research development work has been a very long and intense. On the other hand the development work has also been very rewarding. Co-operation with LAMK and Social Security Center of Pori has been fluent. The research development work is a success because it meets the requirements of its aims. Project preparation and preparation of orientation guide has remained on schedule. In addition, the orientation guide is created with high-quality, academic researched, reliable and as well evidence-based material. It is very important at this point to note that the orientation guide and the use of it has not been evaluated in this thesis.

The research development aims were achieved. Orientation guide provides important information and it is easy to send via email to the exchange nursing student before the practical training. To the orientation guide was collected the main issues that rose from the literature review. In addition to the orientation guide was combined Social Security of Pori's basic values and principles. Orientation guide became clear and compact. The language used in this guide is clear and understandable. Visually, it brings out the colors of Social Security Center of Pori and provides the exchange student functional, clear and thorough picture of the organization.

8.1 Ethical consideration

In a research process can happen a variety of defects which may be due to the material or researchers. Errors may be unconscious or conscious. With validity and reliability is aimed to eliminate some of the potential errors and support that the obtained results are correct. Reliability refers to the stability and validity of the examination the right things. The researcher may affect the reliability for example, by selecting theories and models that support the researcher's own research results. Such problems arise, often when the work is done under contract and is work oriented project. (Kananen 2015, 338, 343.)

According to Salminen (2011, 5) the literature review must be replicable from an ethnical point of view. This means adequate reporting in information retrieval process, used information portals and key phrases. A literature research was used in the development of this orientation guide. The selected nine research material was high-quality and evidence-based. In addition, the search was limited to data for the period 2008-2016, so that the material would be as new and relevant.

The search terms were revised in Finnish thesaurus and Ontology Service, YSA (Finto 2016) and the searches were made by combinations of keywords and individual keywords. The retrieval of data is properly recorded. The search began on experimenting with several different databases and it was decided to choose four different database that gave the most comprehensive results. For database was selected CINAHL, MEDIC, PubMed and Melinda databases.

When assessing the reliability of the literature review, it is important to familiarize the quality of the sources. The selected material accurately reflect the subject of the research development work and the selected material was read several times. The search of data was retrieved with help of library information specialist of Lahti University of Applied Sciences so that the literature review would be reliable and no mistakes wouldn't occur. This increases the reliability of the literature review.

The mentor has the final responsibility of the orientation. This orientation guide should be tested in practice. The lack of testing may also contribute to the reliability of the output. Due to the tight timetable the testing and evaluation of orientation guide is missing. However the Social Security Center of Pori's head director and nursing care coordinator approved the orientation guide and co-operations has been tight.

8.2 Evaluation of development work

The extent of the development work surprised, but at the same time was managed to create to the organization the first orientation guide for the exchange nursing students in English- language.

The aims set by this development work were met and planned output was completed. The real success of the output can be specified after the user's experiences. The development work original vision was to develop the exchange nursing student's orientation with help of the developed orientation guide. The orientation guide was seen as a useful and usable.

In the end of this development work, the orientation guide was handed over to the Social Security Center of Pori. The nursing coordinator has the responsibility to keep the orientation guide up-to-date. The orientation guide is available on the organization's intranet to all who are involved in orientation. Every ward manager should ensure that the new exchange nursing student receives the orientation guide before the practical training.

The organization did not had no previous guide or material in English for the exchange nursing students. The ward managers and mentors should be instructed to use the orientation guide and guide to understand the effect of orientation throughout the practical training. This also means that the organization's management should provide the resources and time to an efficient implementation of orientation.

8.3 Professional development

My professional goals in this development project were to gain knowledge of the theory of orientation, learn the project-based way of working and use of theoretical knowledge in the designing and implementation of a development project.

This development project taught a lot of new things. I understood how important is the exchange nursing student orientation and how much the orientation can effect on the student learning. A well-designed orientation guide enables students to learn the correct working and operating methods effectively and patient safely. However, the orientation is not unilaterally in mentor's responsibility. The nursing student must also be active party in the orientation, so that the student's previous knowledge and skills can provide the foundation for learning the new things and practices.

The processing of the development project was at times very difficult, even though the topic was very interesting. A development project is progressing step by step forward and requires continuous investment. The challenge was to find the time of completing the thesis and keep up with the timetable set by this project. This development project has taught time management, prioritization of issues and the ability to give up and fail when own resources are insufficient.

The thesis is a long process and it requires planning and perseverance. The implementation of a development project requires co-operation skills and organizational ability. I learned a lot of development project planning and implementation. The use of theory in project planning and implementation was a major challenge, but learning occurred through mistakes.

To retrieve information taught to use various databases. Gathering the material for the development project improved the source of criticism. With a systematic progress and creating ground rules the development project can be followed through with honor. Once been involved in this kind of development work, the second project may be easier to conduct.

8.4 Suggestions for further development in future

The organization should involve the strategies to respond for the changing world. That's why it is important to focus and develop working environments and actions by work-oriented projects. This research based development work is one example of work-orientated development project. In hospital services in Social Security Center of Pori has not been generally agreed or been produced written or electronic orientation material for the exchange nursing students in English- language.

Therefore suggestion for further development in the future should be that in hospital wards in Social Security Center of Pori hospital should develop own departmental orientation guide in English for exchange nursing students. Also the exchange nursing students experience has not been studied. A study of the exchange nursing student experience in the future may develop the process of orientation and the content orientation guide. On the basis of this research more precise orientation development challenges occurs.

Multiculturalism and multicultural working communities in Finland is increasing. Because of the multicultural working environment is increasing it would be really important that the organization should also consider to develop the orientation process and orientation material for new employees in English.

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LIST OF APPENDICES

APPENDIX 1. The table of the selected data

APPENDIX 2. The analysis of the selected data

APPENDIX 3. The orientation guide for exchange nursing students

APPENDIX 1. The table of the selected data.

	The study author(s), name and year of publication	The purpose and objective of the study	Research method	The study area / sample	Results
1.	Ashforth, P. 2014. The quality of international student nurses' learning environment and supervision during their clinical practice in Finland: a self-evaluation.	To measure the quality of clinical training among international and Finnish nursing students.	Data collected using CLES+T questionnaire and open-ended question Descriptive statics, correlation analysis, inductive content analysis.	N=113 students.	The quality of the practical training can be improved by supporting language training, guidance with English-language if needed, co-operating with nurse teacher, instructor and the student is essential. Also educate the nursing student to culturally sensitive health care professionals.
2.	Halabi, J., Majali, S. Carlsson, L. & Bergholm, I. 2011. A Model for International	The academic journal article describes an international exchanging experience among	Jordanian-Swedish collaboration project 5/98, 10/99, 8/00-5/01, 5/02-10/05, 5/05-10/07	N=32 students	The project built ideas and theories about exchange experience, dialogue and reflection. The collaboration project produced four key points. Exchange should be planned, and the students' needs to reflect an arrange meeting for sharing experiences. The students recognize differences in nursing legislation and regulations. Nursing

	Nursing Collaboration.	Jordanian and Swedish staff nurses, head nurses and faculty member in the hospital and academic settings.			students needs support from manager and instructors. Also cultural exchange are vital in the orientation.
3.	Hu, J., Andreatta, S., Yu, L. and Li. S. 2010. A Collaborative International Community Health Nursing: Clinical Experience in China.	This article describes University of North Carolina at Greensboro nursing students' clinical and cultural experiences with Wuhan University, Hope School of Nursing, in China	Academic Journal.	Years 2007-2009. Three different study abroad experience N=30 students	Preparing for the exchange clinical practice is essential. Cultural awareness and learning begins before the actual practical training. By studying the destined exchange country's various health related topics, working culture and social and healthcare organizations, the structure of the studies in schools, countries history, helps students to learn about countries culture, health beliefs, and the roles of nurses in community and hospital settings. The article states that, information before the practical training support the quality of the learning in practical training.
4.	Long, T. 2016. Influence of International Service Learning	One method of gaining knowledge, skills and	Study is a qualitative and quantitative measurement of the influence of a two-	N=16 students	There is a huge need for culturally competent nurses. With help of effective and well prepared international practical training the nurses will gain knowledge, skills and experience of different

	on Nursing Students' Self Efficacy towards Cultural Competence	experience with different cultures for nurses and nursing students is through an international immersion experience with training in language, culture and community nursing.	week service learning medical experience on a student-nursing group who traveled abroad to Belize, Central America		culture. Student's in practical training has to prepare for the exchange.
5.	Jokelainen, M. 2013. The Elements of Effective Student Nurse Mentorship in Placement Learning Environments- Systematic Review and Finnish and	This study examined the mentorship of pre-registration nursing students in clinical practice in Finland and England, UK. The purposes were to clarify the descriptions of student	Systematic review. Content analysis was used for analyzing data and mentors' conceptions were analyzed using a phenomenographical approach.	The qualitative data were obtained from nursing research articles published between 1986 and 2006 (N=23) and from focus group interviews of (N=17) mentors performed during the years 2007 and 2008. Finnish (n=22) and British	Supporting learning environment included orientation, individual support and regular meeting with the instructor. Supportive learning environment helps students to adjust to ward culture and staff. To support exchange students learning process, in practical training environment should offer individual development opportunities and progressive responsibilities and regular, constructive, and real-time feedback.

	British Mentors' Conceptions.	mentoring. The purpose was to present a conceptual framework for effectively mentoring pre-registration student nurses in practice settings.			
6.	Laiho, S. 2008. Degree Programme in Nursing- linjalla opiskelevien ulkomaalaisten opiskelijoiden ja heidän ohjaajiensa kokemuksia käytännön harjoittelusta..	The purpose of the study was to describe the experiences of exchange nursing students studying clinical training in Finland. The study helps to develop and improve the quality of clinical trainings.	Interviews Data was analyzed by qualitative inductive content analysis	N=5 students N=6 clinical training supervisors	In practical training was highlighted staff support, multiculturalism, as well as students own experiences related to training. In significant roles were instructors, other members of the working community, student colleagues, and the school's teacher. In addition to language and cultural differences were emphasized. This study stated that well prepared and quality orientation can improve the quality of the experience received by students and instructors in training.

7.	Pitkäljärvi, M-A. 2012. English language- taught degree programmes in faculties of healthcare in Finnish universities of applied sciences: Students' and teachers' conceptions of the	The purpose of this study was to obtain information to support decision-making in the development of successful teaching strategies and clinical placements. This was achieved by descriptions and analysis of the experiences and conceptions of students and teachers.	<p>Methodological triangulation.</p> <p>Phase one: Descriptions of the students' and the teachers' experiences of teaching strategies and clinical placements. Group interview, data was analyzed through thematic content analysis.</p> <p>Phase two: Structured questionnaire based on the results of the first phase and relevant literature. The quantitative data analyze with statistical methods</p>	<p>Phase one:</p> <p>N=18 General nursing N=27 public health nursing teachers N27= Nursing students</p> <p>Phase two: N=283 general nursing, public health nursing and physiotherapy students</p>	The findings of the first phase of the study suggest that both students and teachers perceived concreteness of orientation as important students' learning. Similarly, both groups emphasized the value of the use of variety of student centered methods to promote the learning of everyone in the culturally diverse student population. The findings of the second phase revealed that the most positive experiences for all were with the cultural diversity in the learning community and with concreteness and practicality of theoretical instruction.
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8.	Shelley, G. & Duggan, R. 2016. Motivations and Expectations of Undergraduate Nursing Students Undertaking International Clinical Placements	Australian nursing student's clinical placements in Tanzania, Thailand, Philippines, Cambodia and India. Student's expectations of international clinical placements.	Qualitative exploratory design, individual semi structured interview Analyzing using thematic analysis.	N=66 nursing students.	Students participate to international clinical placement to gain cultural competence and professional growth. The study stated that before the exchange, the students need to prepare, gain information the exchange country culture, values, health care system and nursing context.
9.	Underwood, M. Gleeson, J., Konnert, C. Wong, K. & Valerio, B. 2016. Global Host Partner Perspectives: utilizing a conceptual model to strengthen collaboration with host partner for international	Academic Journal. Collaboration in exchange student placements requires partnership. Canadian community health nursing placements in	A descriptive qualitative study. Interpretive analysis of data	Focus group and semi-structured interview with N=23 students.	Collaboration in international practical training placements are essential. The study states that a clear orientation model provides a structure for deeper understanding in student placements. Also preparing to exchange by familiarizing to culture and health beliefs is essential.

	nursing student placements.	Dominican Republic.			
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APPENDIX 2. The analysis of the selected data.

	Publications	Original expressions	Simplification	Theme
1.	Ashforth, P. 2014. The quality of international student nurses' learning environment and supervision during their clinical practice in Finland: a self-evaluation.	<ul style="list-style-type: none"> - Language barrier led to misunderstandings and confusion - Encountered problems with the ward staff and restriction of using English → creates negative feelings, student don't socialize - Help from ward staff and instructor, ability use English language is connected to successful practical training orientation - Cultural differences is connected to students experiences in the orientation - Organization should develop efficient policies and providing information about health care policies, laws and cultural ways which relate to the nursing care - Create a tool, that improves the practical trainings quality of exchange students 	<p>Communication problems is connected to unsuccessful orientation</p> <p>Support from instructor and ward staff is essential and connected to successful orientation</p> <p>Culture is connected to practical trainings orientation</p> <p>Orientation improves quality of practical training and organization should be involved</p>	<p>Communication</p> <p>Support</p> <p>Culture</p> <p>Orientation material</p>

2.	Halabi, J., Majali, S. Carlsson, L. & Bergholm, I. 2011. A Model for International Nursing Collaboration.	<ul style="list-style-type: none"> - Cultural exchange are vital - Exchange should be planned - Students' needs to reflect an arrange meeting for sharing experiences - The students recognize differences in nursing legislation and regulations - Nursing students needs support from manager and instructors in the orientation 	<p>Culture is connected to practical training orientation</p> <p>Preparing to practical training is essential</p> <p>Support of organizations manager and instructor in orientation of practical training is needed</p>	<p>Culture</p> <p>Students preparation</p> <p>Support</p>
3.	Hu, J., Andreatta, S., Yu, L. and Li. S. 2010. A Collaborative International Community Health Nursing: Clinical Experience in China.	<ul style="list-style-type: none"> - Culturally competent nurses is an important asses - Studying abroad enhance students' international perspective, professional growth, develops cultural competence skills, helps to understand other cultures and global issues - International practical training improves communication skills, develop professionalism, clarifies career goal, contributes cultural sensitives, self-confidence, helps to understand politics influence locally, nationally, and globally - Exploring different health care system, language, new ways to work, helps the nursing students appreciate and develop understanding to new cultures 	<p>Culture is connected to practical training orientation</p> <p>Cultural competence grows and nurses professionalism in exchange practical training</p> <p>Preparing to practical training is essential</p>	<p>Culture</p> <p>Student Preparation</p>

		<ul style="list-style-type: none"> - Preparing for the exchange clinical practice is essential - Studying the destined exchange country's various health related topics, working culture, social and healthcare organizations, the structure of the studies in schools, countries history, helps students to learn about countries culture, health beliefs, and the roles of nurses in community and hospital settings - Information before the practical training support the quality of the learning in practical training and in the orientation 	Information before the exchange support the quality practical training	Organization preparation
4.	Long, T. 2016. Influence of International Service Learning on Nursing Students' Self Efficacy towards Cultural Competence	<ul style="list-style-type: none"> - There is a huge need for culturally competent nurses - Effective and well prepared international practical training the nurses will gain knowledge, skills and experience of different culture - Students needs to prepare for the exchange - Main barrier in the common language. - Learning foreign language is important, the students should study at least the basic medical terms to improve their confidence and the ability to conduct the practical training 	<p>Culture is connected to practical training orientation</p> <p>Preparing to practical training is essential</p> <p>Communication problems is connected to unsuccessful orientation of practical training</p>	<p>Culture</p> <p>Student preparation</p> <p>Communication</p>

		<ul style="list-style-type: none"> - Orientation in practical training is important - Students needs concrete information in common language about the education, health, and the health organization - More information of different health policies and beliefs before exchange is needed 	Orientation is important and should include information about the education, health, and the health organization, health policies and beliefs	<p>Orientation material</p> <p>Organization preparation</p>
5.	Jokelainen, M. 2013. The Elements of Effective Student Nurse Mentorship in Placement Learning Environments- Systematic Review and Finnish and British Mentors' Conceptions.	<ul style="list-style-type: none"> - Into supporting learning environment is included orientation, individual support, regular meeting with the instructor - Supportive learning environment helps students to adjust to ward culture and staff, practical training environment should offer individual development opportunities and progressive responsibilities, regular, constructive, and real-time feedback - Respect and support from mentor is vital - An effective mentorship contains need of sufficient investments, positive culture and well-prepared placements - Positive and well-prepared practical training environment with clear orientation material was highly valued. 	<p>Supporting learning environment and quality orientation is connected to a successful practical training</p> <p>Support from instructor and ward staff is essential</p>	Support

6.	Laiho, S. 2008. Degree Programme in Nursing- linjalla opiskelevien ulkomaalaisten opiskelijoiden ja heidän ohjaajiensa kokemuksia käytännön harjoittelusta..	<ul style="list-style-type: none"> - Staff support, multiculturalism, as well as students own experiences related to training - Instructors, other members of the working community, student colleagues, and the school's teacher has significant roles to successful practical training - Language and cultural differences were emphasized → English language was important in order to understand the student and instructors guidance, language reflected the learning experience, as had been left to one side of learning situations due to a lack of language skills - Well prepared and quality orientation can improve the quality of practical training - Instructors of the supervised practical training has a responsibility to orientate the exchange student - The instructor has an important role to play, and the students hope to receive the instructor's full assistance and support. - It is really important the student and the work placement instructors 	<p>Support from instructor and ward staff is essential and connected to successful learning environment</p> <p>Communication problems is connected to unsuccessful practical training</p> <p>Preparing to practical training is essential</p> <p>Information before the exchange support the quality practical training</p>	<p>Support</p> <p>Communication</p> <p>Student preparation</p> <p>Organization preparation</p>
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		receives sufficient information of the practical training and its objectives		
7.	Pitkäjärvi, M-A. 2012. English language-taught degree programmes in faculties of healthcare in Finnish universities of applied sciences: Students' and teachers' conceptions of the	<ul style="list-style-type: none"> - Diversity and internationalization is increasing in social and healthcare field - The challenge is how to ensure quality and best possible learning environment for the multicultural students and how the educational needs are implemented of culturally diverse students - A positive welcoming attitude and genuine interest of international students cultural background increases students learning in practical training, neglecting, low-level tasks and unwelcoming attitudes created unsupportive environment - Orientation helped the students to become involved in the clinical environment - English orientation material helps in communication and linguistic problems that may occur - Student was unfamiliar with the Finnish nursing culture and clinical practice environments - Appropriate orientation of cultural was needed 	<p>Culture is connected to practical training</p> <p>Support from instructor and ward staff is essential and connected to successful learning environment and orientation</p> <p>Preparing to practical training is essential</p> <p>English orientation material should include information of Finnish nursing culture and clinical practice placements</p>	<p>Culture</p> <p>Support</p> <p>Orientation material</p>

8.	Shelley, G. & Duggan, R. 2016. Motivations and Expectations of Undergraduate Nursing Students Undertaking International Clinical Placements	<ul style="list-style-type: none"> - International clinical placement to gain cultural competence and professional growth - Before the exchange, the students need to prepare, gain information the exchange country culture, values, health care system and nursing context 	<p>Culture is connected to practical training</p> <p>Preparing to practical training is essential</p>	<p>Culture</p> <p>Student preparation</p> <p>Organization preparation</p>
9.	Underwood, M. Gleeson, J., Konnert, C. Wong, K. & Valerio, B. 2016. Global Host Partner Perspectives: utilizing a conceptual model to strengthen collaboration with host partner for international nursing student placements.	<ul style="list-style-type: none"> - Collaboration in international practical training placements are essential - Students needs to prepare to understand the culture, norms and communication etiquette. - Clear communication is vital the hole training period. - Exchange students need orientation of the culture - Instructors social support is key asset 	<p>Preparing to practical training is essential</p> <p>Communication problems is connected to unsuccessful practical training and orientation</p> <p>Support from instructor and ward staff is essential and connected to successful learning environment and orientation</p>	<p>Student preparation</p> <p>Communication</p> <p>Support</p>



The development of exchange nursing student orientation

FOR HOSPITAL SERVICES IN THE SOCIAL SECURITY
CENTER OF PORI

2017

SOFIA KOSKI

THE DEVELOPMENT OF
EXCHANGE NURSING STUDENT
ORIENTATION



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EXCHANGE NURSING STUDENT
ORIENTATION

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1. PURPOSE OF THE ORIENTATION GUIDE

Welcome to practical training in the Social Security Center of Pori. This is the orientation guide for your use. In this orientation guide the organization has compiled a clear and practical orientation material which you can take advantage of.

The orientation guide provides understanding of the Finnish nursing care, The Social Security Center of Pori basic values and principles, and how the nursing care is carried out in our organization. In the end of the guide is provided a check-list of the issues what needs to be familiarized during your practical training.



The Social Security Center of Pori.

2. REGISTERED NURSE IN FINLAND

In Finland the registered nurse graduates from the University of Applied Sciences. The education is based on the renewed Directive (2005/36/EC) of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications. The extent of the nursing diploma is 210 credits. The training lasts 3.5 years. Finnish nurse training (210 ECTS) is therefore 30 credits wider than the directive requires. The studies consist of basic and professional studies, alternative professional studies, practical training, thesis and maturity test, as well as, elective studies. (Government Decree on the Universities of Applied Sciences 1129/2014)

The registered nurse is an expert in nursing. The nurse's work aims at the prevention of diseases and the improvement of health, health promotion, and strengthening of the people's own resources. The registered nurse will manage the nursing knowledge and skills and ethically apply research to practice.

The work of the registered nurse is guided by the nursing values, ethical principles, rules and guidelines. (APPENDIX 1.) Nurse's professional starting points are in the prevailing legislation and the Finnish health policies and guidelines.

3. THE FINNISH HEALTH CARE SYSTEM

In Finland the Ministry of Social Affairs and Health directs the social and health care, and prepares the legislation which will ensure the citizens health promotion and health services. In addition the Ministry of Social Affairs defines the guidelines for Finnish social and health policies, prepares and controls the most important reforms.

In Finland the social welfare and health care system has been implemented with the support of the Finnish government. Municipalities are responsible for social welfare and health care. In addition to public health care services, in Finland there are private service providers, foundations, and associations.

Health services are divided into primary health care and specialized care. Primary health care services are produced in a health centers, by monitoring and promoting residents' health. Specialized care services are produced in central hospitals and provide tests and treatments in accordance with the specialisms. Finland has five university hospitals that provide highly specialized care.



The Social Security Center of Pori's lobby.

4. CARE ETHICS IN FINLAND

In Finland the social and healthcare professional's basic guidelines are based on common values. The most important values are respect for human dignity and self-determination, the protection of human life, and health promotion. The provided care in Finland is based on scientifically researched knowledge. Treatment is provided in multidisciplinary working environments, with emphasis on secrecy of classified information, collegiality, and respect for other occupational groups. Every worker has the obligation to maintain their own know-how, as well as, to recognize their own limits and to take care of their own well-being.

In Finland everyone is equal. No one shall be discriminated upon based on their sex, age, origin, language, religion, belief, opinion, health, disability, or other personal characteristics. According to Finnish law, everyone has the right to life, personal liberty, integrity, and security. Act on the Status and Rights of Patients (785/1992) everyone has the right to good health care and humane treatment, the right to information, and self-determination. The patient has the right to refuse the treatment. The patient must be treated in such a way that his or her human dignity is not violated and that his or her personal beliefs is respected.



5. THE FINNISH CULTURE

Finland's largest religion is the Evangelical Lutheran Christianity. The Finns are not very religious. However, the culture will continue to apply to many Christian customs. Religious customs or rituals do not belong to the Finnish workplace. If an employee wants for example to pray during the working day, it must take place in the context of the agreed breaks. Outward signs of religion, such as headscarves are allowed in Finland, but the existing dress codes in the workplace must be observed. This is related to the safety and hygiene regulations in the workplace.

Equality in Finland is very important. Women and men are equal in their work. The Finnish law prohibits all forms of discrimination in the workplace. All employees must be treated in the same way. In the workplace in addition to equality; self-initiative, responsibility, and reliability are important. When something is agreed, it is trusted that everyone does as agreed.

Timetables are also considered to be scrupulous. The employee should come to work exactly as agreed, if you are delayed, you should inform the supervisor. Finns appreciate modesty and directness. Modesty means that the Finns do not exaggerate or boast about themselves. In Finland it is usual to speak directly and briefly.

In Finland, shaking hands is a common way to greet. Do not be offended if you will not be greeted by name. Finns rarely touch each other. In Finland it is not common to give cheek kisses. People wants to remain quite far from each other. Silence is common in Finland, so do not be offended if the Finnish colleague is quiet and does not talk much. It does not mean that he or she does not like you.

6. SOCIAL SECURITY CENTER OF PORI

The Social Security Center of Pori provides basic social and health services to its residents in Pori, Ulvila and Merikarvia. The focus is on preventive work, and it is based on both a regional and multi-professional co-operation and partnership. The most important task is to promote co-operation of area resident's well-being, health and safety with help of timely and near produced basic services.

The Social Security Center of Pori basic security co-operation area has a budget of approximately 300 million euros. The Social Security Center of Pori has approximately 2746 personnel in 125 different offices in the region. Co-operation areas are divided into four local service areas which are in Eastern-Pori- Ulvila, Central- Pori, Western-Pori and North-Northwest-Pori. It covers about 103,000 inhabitants in the area.

The Vision

"Professional social and health care services, near You."

The Mission

To promote and support the residents' well-being, health and safety.

Basic Values

Trust
Partnership
Caring
Know-how

<p>Hospital Services</p>	<p>There are ten different rehabilitation and hospital wards. Hospital services organize the required hospital treatment of acute illness and the related follow-up care, rehabilitation, guidance, counseling, and treatment.</p>
<p>Neurological Rehabilitation Ward T2</p> <p>Maantiekatu 31, Pori</p> <p>tel. 044 701 3020</p>	<p>The Neurological Rehabilitation ward focuses on neurological diseases and on demanding rehabilitation. The largest patient group is cerebrovascular accident patients. The aim is to support the patients, their families, support the recovery of functional capacity, and self-reliance, as well as, help in adapting to the changed situation after the illness. The average duration of treatment is two to three weeks. There are 28 patients' places and work is done in multi-professional working teams.</p>
<p>Rehabilitation Ward for Memory Disorder Patients T3</p> <p>Maantiekatu 31, Pori</p> <p>tel. 044 701 3008</p>	<p>In the Rehabilitation Ward for Memory Disorder Patients the provided nursing care aims for the well-being of the patients and their families, slowing the progression of symptoms, maintenance, and evaluation of the ability to function. During the treatment the provided care aims to build a safety net for the patient's families, home care, or other parties. The focus is on behavior disordered memory ill patients. Unlike in other wards the doors of this ward are locked for the safety of patients. The average duration of treatment is two to three weeks. There are 14 patients' places and work is done in multi-professional working teams.</p>
<p>Geriatric Assessment Ward T3</p>	<p>Geriatric Assessment Ward is an extensive geriatric assessment unit. In the ward is carried out assessments and organizes follow-up care for the elderly people. The aim is to support the elderly</p>

<p>Maantiekatu 31, Pori tel. 044 701 3041</p>	<p>patients and those in need of help to live at home. The work is comprehensive and done in co-operation with the patient families. There are 14 patients' places and work is done in multi-professional working teams.</p>
<p>Acute Short Stay Ward T4 Maantiekatu 31, Pori tel. 044 701 3050</p>	<p>In the ward is provided acute- and short-term treatment. Most of the patients arrive to the ward for follow-up care and rehabilitation from Satakunta Central Hospital departments or emergency department. Also a health center doctor or mobile medical doctor can send patients to the ward. In the ward the patient is evaluated comprehensively to determine the diagnosis and the cause of symptoms and the treatment. The goal is to discharge from the hospital as soon as possible. There are 28 patients' places and work is done in multi-professional working teams.</p>
<p>Geriatric Rehabilitation Ward T5 Maantiekatu 31, Pori tel. 044 701 3060</p>	<p>Geriatric rehabilitation ward assesses the need for long-term facility, examines the causes of the patient's confusion and behavior disorders. The aim of rehabilitation is the best possible functional capacity and rehabilitation back home. In the ward is also follow-up care for traumatically over 65-year-old geriatric patient's hip fractures. There are 28 patients' places and work is done in multi-professional working teams.</p>

<p>Surgical Rehalibitation Ward T6</p> <p>Maantiekatu 31, Pori</p> <p>tel. 044 701 3010</p>	<p>The Surgical rehabilitation ward focuses on rehabilitation and post-operative nursing care. The ward provides post-operative care, pain relief, and rehabilitative nursing care. The average duration of treatment is one to two weeks. There are 18 patients' places and work is done in multi-professional working teams.</p>
<p>Acute Short Stay Ward T7</p> <p>Maantiekatu 31, Pori</p> <p>tel. 044 701 3030</p>	<p>In the ward is provided acute- and short-term treatment. Most of the patients arrives to the ward for follow-up care and rehabilitation from Satakunta Central Hospital departments or emergency department. Also a health center doctor or mobile medical doctor can send patients to the ward. In the ward the patient is evaluated comprehensively to determine the diagnosis and the cause of symptoms and the treatment. The goal is to discharge from the hospital as soon as possible. There are 18 patients' places and work is done in multi-professional working teams.</p>
<p>Acute Short Stay Ward Ulvila</p> <p>Välskärintie 1, 28450 Vanha-Ulvila</p> <p>tel. (02) 621 0503</p>	<p>In the ward is provided acute- and short-term treatment. Most of the patients arrive to the ward for follow-up care and rehabilitation from Satakunta Central Hospital departments or emergency department. Also a health center doctor or mobile medical doctor can send patients to the ward. In the ward the patient is evaluated comprehensively to determine the diagnosis and the cause of symptoms and the treatment. The goal is to discharge from the hospital as soon as possible. There are 28 patients'</p>

	places and work is done in multi-professional working teams.
<p>Acute Short Stay Ward Noormarkku</p> <p>Eva Ahlströmintie 8, Noormarkku</p> <p>tel. 044 701 0365</p>	<p>In the ward is provided acute- and short-term treatment. Most of the patients arrive to the ward for follow-up care and rehabilitation from Satakunta Central Hospital departments or emergency department. Also a health center doctor or mobile medical doctor can send patients to the ward. In the ward the patient is evaluated comprehensively to determine the diagnosis and the cause of symptoms and the treatment. The goal is to discharge from the hospital as soon as possible. There are 15 patients' places and work is done in multi-professional working teams.</p>
<p>Home Hospital</p> <p>Maantiekatu 31, Pori</p> <p>tel. 044 701 3917</p> <p>7.00 am – 11 pm</p>	<p>Home Hospital provides hospital level treatment at the patient's home or housing- and care units. The access to home hospital is the need for hospitalization or with doctor's referral. A patient will be treated for acute problems caused by acute illness or long-term illness. The treatment times are short, an average of 7 days. Work is done in multi-professional teams. In home hospital is treated: patients with infections, wounds, diabetes, cancer, and various patients who require different forms of intravenous therapy. Home hospital provides terminal care also.</p>

7. PRACTICAL INFORMATION

Absence: For absence due to illness, you must inform the ward immediately.

Confidentiality and professional secrecy: In your practical training you will encounter The Social Security Center of Pori's and patients' confidential data. You will be bound by confidentiality and professional secrecy; you must not give information to a third party. Photographing the premises without permission is prohibited. In your practical training you will see and hear things, with your mentor you can discuss your experiences and things that worry you.

Internet, phone and e-mail: In various wards you can have access to the Internet, telephone and e-mail. You will be guided to take into account the information security. You are not allowed to use your own telephone in the practical training, but you can use your telephone on breaks.

Lunch and coffee breaks: In the beginning of the practical training the mentor will inform you about the use of breaks. In the work shift you have the opportunity to eat your own packed lunch in the personnel break room or alternatively eat lunch in the personnel canteen (Mon- Fri 11.15-13.30). Next to the main entrance is a café (Mon-Fri 10-19) where you have the opportunity to buy refreshments and snacks.

Mentor: You will be appointed a mentor when you arrive to the practical training.

MRSA test: The Social Security Center of Pori will test the student for MRSA. It would be advisable to take the MRSA test before the practical training.

Safe and healthy work habits: You should ensure that the Social Security Centre of Pori's basic values are reflected in your own work. Each ward has its own working methods, as well as, the requirements for work clothes; you must

comply with the requirements. If necessary a variety of protective equipment is used, for example, for reasons of hygiene. The use of personal protective equipment will be guided to you in your work. You will also be guided on how to use work tools, machinery and equipment.

Smoking: Smoking is prohibited during the working hours and in the area of the Security Center of Pori.

Working clothes and name tag: The Social Security of Pori will provide you working clothes. You have to have your own working shoes with you. The students should have a name tag with their full name on it.

Working hours and work shifts: You must complete the training for carrying out a certain number of hours. The wards use three-shift work; regular working hours in Finland are 38h 15min/ week. You can agree with your mentor the work shifts when you arrive to practical training.

8. CHECKLIST



SOCIAL SECURITY CENTER OF PORI

ORIENTATION GUIDE FOR EXCHANGE NURSING STUDENTS CHECK-LIST

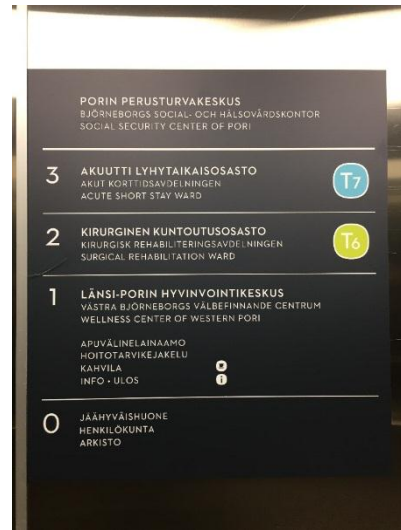
STUDENTS NAME:

MENTORS NAME:

Checklist for the students, as well as, for the mentor. Be active and ask!

THE DAY OF ARRIVAL	GUIDED
Welcome to the practical training - Orientation material	
Ward / Keys / Working clothes / Changing room	
Confidentiality and professional secrecy- form	
Working hours and work shifts	
Notification protocol of absences	

STUDENTS OBLIGATIONS AND RIGHTS	GUIDED
To participate in activities / practice in accordance with the level of studies as part of the multi-professional working group	
Responsible for their own learning, to be active and the own-initiative	
To identify your skills limits	
Act customer/ patient-oriented, adhere to ethical principles, as well as ward instructions	
To practice a holistic and responsible nursing care	
To establish realistic goals for the practical training	
Learn how to receive constructive feedback and evaluation	
Provide feedback from the practical training and to the mentors	



YOUR LEARNING ENVIROMENT	GUIDED
Ward supervisor and mentor	
Ward, personnel's break room	
Rooms, storage rooms	
Sorting and collection of waste	
Different wards locations, the city hospital premises (x-ray, lab etc.)	

WORK SAFETY	GUIDED
First aid instructions, emergency carriage	
Accidents and operations in exceptional circumstances (APPENDIX 2.)	
Fire safety instructors	
Emergency exits, alarm systems	
Injection accident and exposure to blood instructions	
Information security	
Hand hygiene (See separate instructions in APPENDIX 3.)	

WORK TASK AND RESBONSIBILITIES	GUIDED
Value, mission, vision and organizational structure	
Care ethics	
Students role and responsibilities, ward work instructions	
Working methods and ward day-program	
Work clothing, cleanliness and order	
Personal protective equipment's: use, management and maintenance	
Machinery and equipment: operation, maintenance and malfunctions	
Ergonomically correct work postures and movements	

MEDICATION PLAN	GUIDED
The content and methods of medication	
Personnel responsibilities, obligations and duties	
Ensuring and maintenance of skills in administration of medication	
Medicine Care: Preparing and ordering medicine, storage, reconstitution, restoration, drug information	
Distribution and administration of medicine	
Patient Information and advice	
Evaluation of the effectiveness of medicine therapy	
Documentation and information	



Medicine cabinet Surgical Rehabilitation Ward T6



RESOURCES

Finnish Nurses Association.1996. Ethical Guidelines of Nursing.

[Available: <https://sairaanhoitajat.fi/artikkeli/ethical-guidelines-nursing/>]

Infopankki.2017.

[Available: <http://www.infopankki.fi/en/frontpage>]

Ministry of Social Affairs and Health Finland. 2017.

[Available: stm.fi/en]

National Institute for Health and Welfare. 2017.

[Available: <https://www.thl.fi/en/web/thlfi-en>]

The National Advisory Board on Social Welfare and Health Care Ethics ETENE. 2017.

[Available: www.etene.fi/en]

APPENDIX 1. ETHICAL GUIDELINES OF NURSING

These Ethical Guidelines of Nursing have been approved by the Assembly of the Finnish Nurses Association on September 28, 1996.

I The mission of nurses

The mission of the nurse is to promote and maintain the health of population, prevent illness, and alleviate suffering.

The nurse helps people of all ages in different situations. The nurse serves individuals, families, and communities. The nurse aims to support and increase the personal resources of individuals and improve their quality of life.

II Nurses and patients

The nurse is responsible to her actions, first of all, to the patients who need her help and care. The nurse protects human life and improves the individual well-being of patients. The nurse encounters her patients as valuable human beings and creates a nursing environment which takes into consideration the values, convictions and traditions of individuals.

The nurse respects the autonomy and self-determination of the patient and gives him an opportunity to participate in decisions concerning his own care. The nurse realizes that all the information given by the patient is confidential and she uses judgment in sharing this information with other people involved in nursing.

The nurse treats the patient as a fellow human being; she listens to the patient and empathizes with him.

The relationship between nurse and patient is based upon open interaction and mutual trust.

The nurse exercises impartiality in her work. She treats every patient equally well according to the individual needs of the patient irrespective of the illness, sex, age, creed, language, traditions, race, color, political opinion or social status of the patient.

III The work and professional competence of nurses

The nurse is personally responsible for her work. She evaluates her own and others' competence when receiving her assignments and when giving assignments to others. Professional nurse has an obligation to continuously develop her competence.

Nurses working in the same unit are jointly responsible for the optimal quality of nursing and the continuous improvement of the quality of nursing in their unit.

IV Nurses and their colleagues

Nurses support each other in the decision-making concerning the care of patients, and their own work capacity and professional development.

Nurses respect the expertise of other professions as well as their own. They aim at fruitful cooperation with other professionals involved in care.

Nurses see to it that no professional involved in care acts unethically toward patients.

V Nurses and society

The nurse participates in discussion and decision-making concerning the health, quality of life and well-being of people, both on national and international levels.

The nurse collaborates with the families and significant others of patients; she encourages the families' participation in the care. The nurse functions actively in empowering people in issues of health. She cooperates with volunteer workers, disabled people's organizations and patient associations.

The nurse participates in the work of international health organizations in the exchange of professional knowledge and skills. She bears global responsibility for the development of living conditions concerning health and social affairs and she promotes equality, tolerance and joint responsibility.

VI Nurses and the nursing profession

Nurses see to it that the members of the nursing profession accomplish their mission in a dignified manner. The nursing profession supports the moral and ethical development of its members, and controls that the human nature of nursing is preserved.

Nurses look after the well-being of the members of their profession. Their professional organization will function actively in order to secure just social and economic working conditions for its members.

Nurses are responsible for the expertise of their profession. They are active in developing a core of professional knowledge, and they enhance nursing education and the scientific base of nursing. The enhancement of nursing expertise should be reflected in the improved well-being of population.

APPENDIX 2. OPERATIONS IN EXCEPTIONAL CIRCUMSTANCES

IN CASE OF FIRE

If you see fire or smoke, do not panic!

RESCUE

Rescue any people in immediate danger

ALARM

Press the alarm button

Call always 112

EXTINGUISH

Try to extinguish the fire using nearest appropriate firefighting equipment

RESTRICT

Limit the fire and smoke from spreading by all means possible (closing doors and windows)

GUIDE

Guide the fire department

DO NOT USE THE ELEVATORS!



CONFLICT/ THREAT SITUATION

Keep your distance, be calm

Remember your safety and secure others

Calm the patient

Make questions which direct the patient thoughts elsewhere

Do not try to touch the accelerated patient

Do not provoke

Articulate clearly, be calm and keep your hands visible

If the situation escalates, retreat if possible

If you are unable to retreat, move to a place that is best for you - Protect yourself

If you can't calm the situation, you will not be able to escape or the requested help – Shout for help

If you end up to legitimate self-protection situation- Be determined and use force to defend yourself

Anticipate- leave the scene in time if possible

After the situation:
Inform supervisor and discuss the situation

CALL 112 IF NECESSARY!

APPENDIX 3. HAND HYGIENE

METHOD	PURPOSE	HOW	WHEN
Skin care	Keep your hands in good condition, maintain the skin's normal moisture balance	Avoid unnecessary hand washing with soap for washing hands Use of hand sanitizer and use of hand creams Take care of skin wounds and infections	Always Always Before, during and after the work day Always Rings, bracelets, nail polish and artificial prevents good hand hygiene and therefore are prohibited
Hand washing with soap	Cleanse your hands free of dirt and secretions	Wash hands with warm water and soap for at least 30 seconds, rinsed and dried with a disposable tissue	Only if your hands are visibly dirty
Hand rinse (only with water)	To remove from the hands of any tackiness caused by the abundant use of hand sanitization	The hands are rinsed with lukewarm water (without soap) for 10-15 seconds.	According to individual need
Hand disinfection	Remove and destroy the temporary microbial flora	Hand sanitizer is thoroughly rubbed into the dry hands, especially the tips of the fingers and thumb, until your hands are completely dry (20-30 seconds)	Before and after each patient contact
Medical gloves	To protect patients and employees from microbial contamination	Medical gloves are: Patientspecific Workstagespecific Disposable The hands are disinfected before putting on gloves and after removing gloves	When touching the blood, body fluids, secretions, contaminated areas, mucous membranes, broken skin, cannulas, catheters, wounds

HAND HYGIENE

It's everyone's business!

Infections can best be prevented in health care services when everyone – staff, patients and visitors – practices good hand hygiene.

- Most bacteria and viruses are contagious by touch. Even the microbes that cause common cold are easily spread through hand contact.
- Many illnesses cause a weakening of the body's resistance, which means that hospital patients are more susceptible than usual to infections.
- Using a sanitiser is the best way to prevent microbes from spreading through your hands. This will help prevent patients from contracting infections.
- At home and in everyday life, washing with soap and water is effective enough for preventing the spread of microbes.

When to use the sanitiser?

- Every time you enter or leave a ward, a clinic or a patient room.
- ...
- Before meals.
- ...
- After you cough or blow your nose.
- ...
- Before and after touching a wound or a dressing.
- ...
- Before and after touching urinary catheters, canulae or similar items.
- ...
- After going to the WC or at any time when your hands are dirty, first wash with soap and water and then use the sanitiser.

How to use the sanitiser?



With dry hands, take a liberal amount of sanitiser (2 doses) in the palm of one hand. Dip your fingertips in the sanitiser in your palm. Repeat with the fingertips of the other hand.

Spread the sanitiser all over your hands, including between the fingers and on the thumbs.

Rub your hands together until they are dry.

