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Experiences of foreign students with scheduled healthcare center medical appointments

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Abstract

Healthcare is an important service that is required by everyone and most developed countries Finland inclusive ensure that all people foreigners alike have unlimited access to it. Reservation of appointments is one of the most common ways through which healthcare services are sought in the developed world. Just like any other method of service acquisition, diverse groups of people experience the use of appointments in healthcare in various ways. This study looked at experiences of appointment booking services in relation to foreign students in one of the Universities of Applied Sciences in Finland.

The purpose of the study was to provide information for developing medical appointments implementation in healthcare centers. This was focused on providing information for both healthcare providers and healthcare centers in order to establish foreign patients' needs and development of appointment booking system.

A qualitative research approach was applied. Data was collected from five students. Structured interview guide questionnaires were used to yield detailed response from the students. The results were analyzed by content analysis method.

The findings suggested that the students had all generally accessed healthcare using appointments and had various ideas about access and use of appointments. However, there were gaps in their knowledge concerning the existence of online appointment booking services and experienced limited user ability skills given a language barrier problem. The students further expressed their wish for all health enters to adopt online appointment booking systems tailored with various language preferences also.

Keywords/tags (subjects)

Healthcare services, foreign students, experiences, medical appointment, booking service

Miscellaneous

Appendices attached (1 page)

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1. Introduction

Globally the number of international migrants reached 244 million in 2015, an increase of 41 per cent, compared to 2000 (Trends in International Migration, 2015, p. 1). The number of international migrants has increased in absolute terms. Their movements are precipitated by various economic, social, political factors and are facilitated by the implementation of protocols in order to provide the free movement of people. Migrating across international boundaries can be empowering for some, as they pursue, for example, higher levels of education or better job opportunities, while others flee political conflicts or environmental disasters (Skelton, 2013, p. 15).

The number and proportion of foreign nationalities living in Finland has increased since 1990 (Migration in Finland, 2016). Nevertheless, the proportion is still quite small compared to many other European countries. In 2014, 322,711 foreign nationals were residing in Finland – 5.9 per cent of the whole population (Migration and Asylym Policy, 2016). Jyväskylä has an estimated number of 3900 foreigners as of 2015 (For immigrants, 2016).

In Finland, healthcare access is mainly through scheduling appointments besides other ways like referrals from doctors and using emergency department. An appointment is a booking of a healthcare event among patients and practitioners for a specific date/time that may result in one or more encounters. Residents of the municipalities can book appointments to a health center by themselves either on walk- in basis, making a phone call and online if possible. Appointments in Finland are handled through specialized online software and not manually. The benefits of using an online scheduling system are enormous for both administrative staff and patients (The benefits of Online Appointment Scheduling to the Medical, Healthcare and Wellness Industries, 2012).

The research study however focuses on the experiences of patients of foreign origin, with scheduling medical appointments in Finland. The aim of this study therefore is intended to document foreign students' experiences with scheduled medical appointment services. The purpose of the study on other hand is to provide information for developing medical appointments.

2. Medical appointment

2.1 The role of appointments in accessing health care

An appointment system is defined as a working tool that controls the patients' arrivals to cut down their waiting time and use the doctors' time efficiently (Badreddine & Hichem, 2011, 1363). The appointment-scheduling process allocates service times at healthcare facilities to individual patients. From a systems perspective, this process is the main mechanism for setting the pace of operations and regulating access to healthcare (Santanu, Muthuraman, and Lawley, 2010, pp. 354-366). Appointments are inevitably required for access of most medical services. There are several ways of making an appointment in healthcare. A person can either go to the hospital directly for consultation day by day or make an appointment from home through phone call or email if his condition is not emergent (Gruca, 2004). The use of web based appointment systems by various health care providers cannot be ruled out too given the digital edge we are living in today where almost everything is computerized. Ball and Lillis (2001, 3) also assert that automated processes can do more than relieve frustration and save time, they can save lives. It is for this reason that most literature on the role played by appointments in health care today is linked to the fact that appointments can be made online. Appointment scheduling systems lie at the intersection of efficiency and timely access to health services. Timely access is important for realizing good medical outcomes. It is also an

important determinant of patient satisfaction (Gupta & Denton, 2008, 800). In cases where patients decide to use providers´ online-based appointment booking systems it also saves them time, as they no longer have to commit a part of their busy schedule to calling or remaining on hold for that matter which adds minutes to the entire scheduling process.

Appointment scheduling increases patient satisfaction in health care services sought. Two common complaints from patients are long wait times on the phone, and the time it takes to make an appointment. Online scheduling can help address both these issues and improve the patient experience. With online scheduling, patients can access appointment schedules at own convenience and pick a day and time that works in a matter of seconds, 24 hours a day, seven days a week (Giannulli, 2014). The consumers of healthcare services are also demanding online conveniences, which are sure to influence their loyalty to the providers with the easiest access. Additionally, appointment scheduling accrues monetary savings for healthcare facilities. Health care organizations are finding it crucial to function more like businesses (Gikalov, Baer, and Hannah, 1997). There is a growing need to reduce expenditure in order to maximize profits at the same time giving quality services to their clients. Automated appointment reminders if incorporated in appointment scheduling can create monetary savings by reducing the number of “no-shows” who fail to make their scheduled appointments. Using the Internet to automate simple processes can bring about a 10 to 1, sometimes a 100 to 1, cost reduction (Ball & Lillis, 2001, 5).

2.2 Perception about quality of medical appointments by foreign clients

While excellent clinical care remains the expectation, health care consumers are now seeking health care and supporting systems that are respectful of individuals at the same time offer Innovation and best

Practices in Health Care Scheduling (Brandenburg et al, 2015, 2). Immigrants have often associated the process of making and obtaining appointments with prolonged waiting times and difficulties in acquiring appointments within convenient time lines. Gupta (2007, 801) highlights the type of access delays a patient who schedules an appointment faces. Indirect (virtual) waiting time is the difference between the time that a patient requests an appointment and the time of that appointment. Direct (captive) waiting time is the difference between a patient's appointment time (and his/her arrival time if he/she is tardy) and the time when he/she is actually served by the service provider. Whereas direct waiting is an inconvenience to the patient, excessive indirect wait can pose a serious safety concern (Gupta & Denton, 2008, 801). This eventually undermines the quality of appointments scheduling and hinders access to health care.

Prolonged wait times also immensely present a burden on patients and their families, as reflected by diminished quality of medical care and the adverse experience of obtaining and receiving care (Brandenburg, Gabow, Steele, Toussaint, and Tyson, 2015, 3). Wait times are certainly bad for the old and frail who have conditions that require frequent monitoring like heart problems and diabetes. Situation can be deadly if a depressed person waits months for a first therapist's appointment. Gilboy et al., (2011) further point out the fact that eliminating prolonged waits can alleviate unnecessary costs for both patients and healthcare organizations.

Communication problems jeopardize the appointment scheduling process for ethnic minorities. Language difficulties can have a detrimental effect upon the patient's ability to comprehend proposed information concerning treatment scheduling as given by health care professionals. Furthermore, an inability to communicate with a healthcare provider not only creates a barrier to accessing health care and but also undermines trust in the quality of medical care received and decreases the likelihood of appropriate follow-

up (Zaza, Briss, and, Harris, 2005, 127). According to a study carried out by Akhavan and Tillgren (2015, 6) in Sweden on mixed ethnicity client/patient perceptions of achieving equity in primary health care, some of the interviewees emphasized the importance of a drop-in system for appointment scheduling because it makes it easier for people who cannot communicate following voice mail method. Immigrants when scheduling medical appointments also cite discriminatory tendencies. They feel that they are treated differently because of being immigrants. Consequently, they do not make or fail to go to new appointments.

2.3 Structure of the Finnish health care system

The Ministry of Social Affairs and Health is at the helm of the Finnish healthcare sector and its role is to draw up the healthcare policy and ensures its implementation. The government social insurance agency called Kansanelakelaitos or more popularly known as KELA, is responsible for coordinating the state contribution system on reimbursement basis for all registered citizens for treatment. (Healthcare in Finland, 2016)

Finland has two parallel systems for providing health services: the municipal health care system and the private health care system. The majority of Finnish health care services are organized and are provided by the municipal health care system. Municipalities are legally required to organize adequate health services for their residents. There are currently 348 municipalities in Finland with a median size of less than 6,000 inhabitants. (Teperi, Porter, Vuorenkoski, and Baron, 2009, 37). Health center services here are relatively cheap for clients, because they are funded through tax revenue.

Primary health care services are the responsibility of municipalities and are generally provided through local health centers. (Kansanelakelaitos, 2014, 1). Health centers offer a wide variety of services, including preventive, maternity and child health services, general outpatient care, care on

inpatient wards), dental care, school health care, occupational health care, care of the elderly, family planning, physiotherapy, laboratory services, imaging, and some ambulatory emergency services and also ambulatory psychiatric care for some (Teperi et al, 2009, 49).

Finland also has hospitals as part of the healthcare chain. There are 20 hospital districts and one hospital district can run several hospitals, with the district of Helsinki and Uusimaa being at largest (24 hospitals). Each district is responsible for providing hospital services and coordinating the specialised public hospital care within its area. The most challenging specialist health care is being provided in five university hospitals. (Saarivirtaa & Consolib & Dhondt, 2010, 13)

The statutory National Health Insurance (NHI) scheme covers all Finnish residents and the Social Insurance Institution (SII) through runs it approximately about 260 local offices all over the country. SII falls under the authority of Parliament, and its responsibilities include coverage of some family benefits, National Health Insurance (NHI), rehabilitation, basic unemployment security, housing benefits, financial aid for students and state-guaranteed pensions (Teperi et al 2009, 42). Voluntary (private) sickness insurance is uncommon in Finland although it exists.

2.4 Culture competence in health care delivery

Cultural competency in health care refers to the understanding of the importance of culture in the lives of patients, how culture can impact in disparities in health outcomes, as well as the adaptation of health care services and treatment to meet the needs of culturally diverse populations (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003, 300). Cultural competency is at the core of high quality, patient-centered care, and it directly affects how care is delivered and received (Lehman, Fenza, and Hollinger-Smith, 2012, 2). Nevertheless, ensuring that health care provided to the diverse population takes into account linguistic and cultural needs still

poses a major challenge for health systems and policy makers in Europe and other developed countries elsewhere in the world. Besides the increasing number of immigrants in Europe poses new challenges to host countries concerning how to achieve better social integration for these populations (Eurostat, 2006).

The successful delivery of health care in a multicultural setting is often hampered by a host of factors, including chiefly language and non-verbal communication barriers between care giver and patient, lack of respect and/or awareness of cultural traditions and beliefs in the practitioner–client relationship and interpersonal as well as institutional stereotyping and prejudice (Renzaho, Romios, Crock, and Sonderland, 2013, 261).

Lack of cultural knowledge can act as a barrier to the provision of quality healthcare especially to minority groups. The increasing calls for cultural competency within the health care system suggest that health care organizations are aware of the detrimental effects multicultural incompetence can have on health care delivery now that hospitals encounter clients of various ethnicities.

According to Zaza, Briss, and Harris (2005, 127), a culturally competent healthcare setting includes an appropriate mix of a culturally diverse staff that reflects the community(ies) served, providers or translators who speak the clients' language(s), training for providers about the culture and language of the people they serve, signage and instructional literature in the clients' language(s) and consistent with their cultural norms, and culturally specific healthcare settings.

On the other hand, there are a host of several health-care models that have been proposed to shift from a somewhat paternalistic health-care model to an approach that engages the patient in decision-making and self-care. Renzaho, Romios, Crock, and Sonderland (2013, 262) to this effect suggest the cultural competence (CC) and patient-centered care (PCC) models.

CC has been conceptualized as an ‘a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations. PCC relies on the recognition that each patient represents a distinctive case with unique requirements and treatment needs and, thus, focuses on holistic care provided through open care giver–patient communication and collaboration. Overall, however it is important to note that clinicians will become culturally competent only with the support and/or encouragement of the health systems in which they participate.

3. Aims, purpose and research questions

The aim of this study is to document foreign students’ experiences with scheduled medical appointment services. The purpose of the study on the other hand is to provide information for developing medical appointments implementation in healthcare centers.

The researchers point out following question:

What kind of experiences do foreign students have with scheduled medical appointments at healthcare centers in Finland?

4. Implementation of the study

4.1 Research methodology

Research methodology is a way to systematically solve the research problems (Rajendar, 2008, 5). In other words, methodology describes relevant techniques used in the study in order to resolve and answer to research questions in systematic and logic way.

The method of research was qualitative. Qualitative research is a form of social inquiry that focuses on the way people make sense of their

experiences and the world in which they live (Holloway and Galvin, 2016, 3). Hence, qualitative research provided more detailed information of the circumstances and behavior of our target group, students who have lived in Finland two or more years and had prior experiences with booking medical appointments. Additionally, qualitative research approach also ensures that the inquiry is broad and open-ended, allowing the participants to raise issues that matter most of them (Choy, 2014, 102). According to Silverman (2016, 27) qualitative research findings can indicate social problems and encourage their modification and development. It provides rich and detailed information for practices' evaluation and act as paradigm in order to emphasize healthcare system limitations and encourage for modification of work practices.

In this case, this research approach provided the researchers with details about foreign students' experiences in a broad sense capturing their innermost feelings and attitudes about medical appointments scheduling at health centers in Finland.

As a data collection method in this qualitative research were used structured interviews. In qualitative research, interviewing is one of the most frequently used methods when generating data (King and Horrocks, 2010, 6). This method will allow researchers adopt student's experiences and viewpoints in a simplistic and rational way. It is a two-way process where researcher and participant engage in a dialogue to explore the topic at hand (Holloway, 2005, 39). Thus, such interviews gave opportunity to participants to express their perspectives, feelings, and experiences in detail and in a way that is more natural. The researchers used guide questionnaire form based on specific themes in order to investigate issues that are not known or had limited information.

4.2 Sampling of participants

The sampling of the participants was done through non-random purposive sampling. The purposive sampling technique is a type of non-probability sampling that is most effective when one needs to study a certain cultural domain with knowledgeable experts within (Tongco, 2007, 147).

The target group for the study were foreign students in Finland who have lived two or more years in the area and have had prior experience of reserving a medical appointment with a health center. This population sample was believed to be knowledgeable, experienced and bearing expertise with the study's phenomena of interest.

The number of participants were five and these was selected by a researchers who also conducted the study interviews in the library of one University of Applied Sciences in Finland individually by use of an interview guide. Researchers sought the consent (see Appendix 1) of participants first and these agreed to take part in the study by signing consent form that indicated the purpose along with all terms and conditions of the study. Individual interviews with participants were made in the library in one University of Applied Sciences in Finland.

4.3 Data collection

To meet the purpose of this research, structured interviews with the help of an interview guide questionnaire were conducted as a method of data collection. Interviews are most appropriate where little is already known about the study phenomenon or where detailed insights are required from individual participants (Gill, 2008, 292). Structured interviews ensure accuracy when comparing respondents' answer. On the other hand, however structured interviews force the interviewer to stick to agreed

questions even though interesting lines of inquiry might emerge during the interview (Morgan, 1998).

Individual structured interviews were conducted during one day in March of 2017 in the library of one University of Applied Sciences in Finland. Students were briefly informed and guided face-to-face about research content and information that is expected to be carried out. As a data collection tool, an interview guide questionnaire (see Appendix 2) was used during the interviews based on experiences of foreign students with booking medical appointments and healthcare services. Researchers also provided consent (see Appendix 1) form to all students prior to the interview. Random students were face-to-face invited in the University of Applied Sciences to take participations in survey. All five students were interviewed in the same day. Interviews lasted approximately 25 minutes for each participant. The interviews were conducted individually face-to-face and were not recorded. During each interview, researchers took notes into the paper. The most important thing to take notes on are the situation(s) described by the applicant, what the applicant did in the situation(s), and the outcome(s) (Berman, 1997, 64).

4.4 Data analysis

According to Patton (2002, 432), qualitative analysis transforms data into findings. The data gained from the interviews have to be processed in order to transform it and apply to the research in a logical, clear and reasonable way.

Content analysis a basic approach for analyzing and interpreting narrative data will be used to analyze the data gathered from personal interviews. Moore and McCabe (2005), define content analysis as an approach whereby data gathered is categorized in themes and sub-themes, to be comparable.

A main advantage of content analysis is that it helps in data collected being reduced and simplified, while at the same time producing results that may then be measured using quantitative techniques. Moreover, content analysis gives the ability to researchers to structure the qualitative data collected in a way that satisfies the accomplishment of research objectives.

The data was carefully read in order to familiarize with content and define categories. In this study, collected information was organized and classified in two categories in order to maintain accuracy and make it easier to understand. The first category was made based on students' experiences while accessing healthcare services. In other words, how the students booked and achieved appointments. Second category was based on their experiences while using healthcare services. In details, their experiences with healthcare providers' work, their interaction. The focus of qualitative content analysis is often on identifying categories of themes that both summarize the content found in the full data set and highlight key content (Drisko and Maschi, 2015, 88). Appropriate quotes were used in order to illustrate students' feelings and challenges with different healthcare services in Finland.

5. Results

For the research, five students going to one University of Applied Sciences in Finland were interviewed. The researchers used questionnaires in order to interview foreign students that have used healthcare appointments before. All the participants were coming from different countries apart from Finland. Majority of the participants had lived in Finland for a period 5-7 years and minority had lived for 3-4 years.

The aim for this study was to find out foreign students' experiences with scheduled medical appointment services across health centers in Finland.

For this reason, all participants had visited different healthcare centers. In addition to this majority, participants had visited healthcare centers at least 3-5 times per year.

5.1 Accessing healthcare centers and medical appointments

The participants' access to healthcare centers was mainly obtained by going straight to the healthcare center and rarely through calling to the healthcare center. Only some of the participants mentioned booking an appointment via internet without having trouble. The main reason, that was mentioned by participants, for avoiding making appointments through phone calls was long wait times and, as a consequence, they determined to seek the help straight in the hospital. As one interviewee (Student 2) stated:

> *"I end up giving up and instead of walking in there during the times given for those without appointments."*

Others cited having limited or no information at all regarding the existence of online appointment booking services. A language barrier issue given the fact that online booking service in Finnish language worsened this. Participants indicated a wish to get clear instructions concerning the use of websites, and asked for more information about their existence, and what kind of health services can be booked online.

Majority of participants echoed their feelings of long appointment waiting time. Procedures such as urology examinations (cystoscopy), gastral examinations (colonoscopy), dentistry are overbooked. In the words of one participant (Student 3):

> *"Some appointments take a long time to mature and at times by the time they reach, one's problem could be gone already."*

Another participant interviewed (Student 4) also pointed out the failure of healthcare workers to inform patients about new changes in their appointment booking services. He confronted once with this new system in the healthcare center whereby even though one booked an appointment in advance, after s/he comes to hospital, it is necessary to wait for a message, which should come to patient's phone half hour before an appointment. The real essence of the message is doctor's readiness to take patient. This message eventually should be shown to the nurse who is responsible for marking the patients' arrival. It is only after this procedure that patient gets permission to go to the doctor's office and wait for the doctor's invitation. In his own words (Student 4):

> *"On one occasion, I did not receive the message and had to wait for 2 hours in the hospital, hence, no one let me in and my arrival was not marked in the system, failure showing this message."*

Nurses and doctors´ failure to provide guidance about this new system seems to frustrate students. This same interviewee further pointed out that:

> *"Some of my friends turned up for an appointment without knowing of this procedure only to wait in vain for the doctor, in the end of this waiting period, patients went home and later had to pay for not coming to the appointment."*

Interviewees also pointed out having to wait long for feedback regarding healthcare appointment visits that they have most recently accomplished. This is common in instances where laboratory tests have been taken and the healthcare worker promises to call about the results. One has to hope for three scenarios; the call will be made in time, call will come weeks/days late or worst-case scenario it never comes. One interviewee (Student 1) had this to say:

“But I remember waiting a doctor call to tell me about my lab results and I was told to expect the call within 2 days, however I did not get the call until three weeks passed.”

Some of the participants also felt that nurses booking patients’ appointments evaluated patients’ conditions and ranked their urgency to best suit their working schedule. To this effect, sometimes participants were forced to lie about how serious their health illness or disease was so that nurses could book them an earlier appointment or simply let the see the doctor same day. Participants also experienced no trust to nurses, who were booking appointments, under the assumption that these lack either knowledge or even enough experience to determine, evaluate and decide which patients need immediate urgent doctor attention or not.

5.2 Experiences while using the healthcare services

Most of participants also pointed out language barrier as they accessed appointments. Most of nurses at the reception reserving appointments had a poor knowledge of other foreign languages while the foreign’ students, study participants, had a limited knowledge of Finnish language. These same nurses never take up the responsibility to book for non-speaking Finnish students appointments to doctors who can at least speak English since it is a common language among all foreign students. Hence, it acts as a hindrance of getting professional quality healthcare. Here is two participants had to say:

Student 2:

”When faced with Finnish only speaking doctor, I asked to spend more time with me as I have to try so hard to explain problem in Finnish and at the same time try to understand what the doctor is saying in Finnish

Sometimes I see no solution unfortunately"

Student 3:

"One time I had to undergo a colonoscopy and I was sent my appointment along with lots of information on what the procedure would be like and what was required of me, I found it very hard to understand because of the language used"

In order to overcome language barrier, participants resorted to the help of their native Finnish speakers friends and also tried asking hospital for an English speaking doctor.

One of the participants experienced a bias in the quality of care received from doctors in healthcare centers after booking an appointment. A comparison was drawn between care received in public healthcare center and a private clinic. Student 5 had this to say:

"One day I became worried about difference in the size of my pupils, one was larger than the other one. In public health care center, straight after explaining my situation, I got a simple decision without any tests. In private sector doctors behaved in a professional way, according to my observation, because the doctor noticed the difference in my pupil size and did many tests, hence gave an explanation compared to doctor in public health center who did not notice anything."

As it was mentioned earlier after this appointment with healthcare providers, participants experience distrust and cast doubt on their professional competence, knowledge.

6. Discussion

A qualitative approach was used to find out foreign students' experiences with scheduled medical appointments services across healthcare centers in Finland. The purpose of the study was to provide information for developing

medical appointments implementation in healthcare centers. The study revealed that while foreign students were aware about the health services, some stated they would need more information regarding existence of online appointment booking services. Additionally, others claimed generally most health centers did not offer this option and others claimed language barrier deterred their use of online booking in situations where it was available like laboratory services. Healthcare professionals at health centers seemed to be partly blamed for the failure to guide foreign students about online booking services in order to aid a smooth flow of appointment booking services. All staff members must be willing to work cooperatively and efficiently in order to provide quality care to patients (Keir, Wise, Krebs, and, Kelley-Arney, 2007, 131). It will also reduce the number of missed appointment and unnecessary outpatient queue at the clinics (Gamatie, 2014, 69).

Generally, all students expressed the impact language barrier weighed on their attaining of appointments and the quality of care received from the various healthcare centers. Communication breakdowns occur due to poor knowledge in Finnish language form students' side and lack of knowledge in English language form care providers' side. Moreover, being ill worsens situation because of inability to communicate and could lead to distressing situation. Healthcare providers depend on receiving accurate information from their clients about health histories and symptoms to make informed diagnoses (Kreps and Kunimoto, 1994, 6). Therefore, students cannot receive right time for an appointment with doctor and, hence, it acts as hindrance of getting professional healthcare. The modern health care system is a cultural melting pot, comprised of individuals from different combinations of national, regional, ethnic, racial, socioeconomic, occupational, generational, and health-status cultural orientations (Kreps and Kunimoto, 1994, 5). In other words, it is important for nurses working in

multicultural settings have an alternative way of communication, namely, English language or interpreters.

According to this research, long appointment waiting time provided to be a challenge. The students experienced long waiting times for appointments to mature and expressed their frustration in getting their telephone calls through to the health center given the long waiting times on phone also. Consequently, they mentioned avoiding making appointments over the phone and instead opted to walk straight into the health center. It is imperative to note that this eventually leads to long queues in hospital. If people who really need care are stuck waiting in line, then the queues are symptomatic of a shortage in the supply of health care (Bhattacharya, Hyde, and Tu, 2013, 318).

This study revealed that at times students exhibited a lack of trust and confidence in their health care professionals. Waiting long periods for a doctor's call about results, coupled with nurses who patients at times believe under evaluate patient's urgent cases when making appointments worsens the situation. In addition, students in the study felt there are differences in quality of care if one was to compare quality of care they received from public and private healthcare centers. Patients who trust their doctors and other providers become active partners in their care (Shore, 2006, 13).

7. Conclusion

In the course of this research called ”Experiences of foreign students with scheduled healthcare center medical appointments” researchers succeeded in finding The results from this study are beneficial for both healthcare providers and healthcare centers in order to establish foreign students' needs and development of online booking system. The results could help to

understand relationship between the foreign students and healthcare providers. In addition, they can be used for educating purposes and improvement of health promotion for both parties, particularly, in cultural disparity.

Providing relevant information in both English, as it is a common language among foreign studens, and Finnish language on the healthcare services web pages creates comfortable condition for the foreign student, patients. The information should be made easy accessible. As an example, some guiding booklets could be given to all foreign students while visiting healthcare centers. In addition, providing a translator helps to provide professional healthcare equally to all students. Moreover, due to mentioned language challenge, healthcare providers should rise cultural and linguistic competence in order to improve patient-centered care since cross-border and cross-continental, global movements increased. Therefore, the trust and respect will be improved between foreign students and nurses.

In order to maintain positive feedback and effectiveness of professional care, foreign students, patients and clients should be informed about new changes in Finnish healthcare system and healthcare workers should appreciate and adopt to cultural diversity. In addition, researchers suggest to create feedback boxes for hospitals, questionnaires, so that they can evaluate their online-booking system and organization of work. This system helps to avoid mistakes by guiding healthcare providers during their meetings.

8. Ethical considerations

8.1 Credibility

According to Patton (2014, mod. 78) credibility of qualitative inquiry depends on four distinct but related elements of inquiry: systematic in depth

fieldwork that yields high quality data, systematic analysis of data, credibility of enquirer which depends on training, experience, track record, status and presentation of self; readers and users' philosophical belief in the value of qualitative inquiry. Various authors advance several ways of enhancing credibility of findings in research and we intend to adopt some for our study.

Credibility will be enhanced through examination of previous research findings to assess the degree to which the project's results are congruent with those of past studies. Just as Silverman (2000) considers that, the ability of the researcher to relate his or her findings to an existing body of knowledge is a key criterion for evaluating works of qualitative inquiry. In this respect, reports of previous studies staged in the same or a similar scenario and addressing comparable issues may be invaluable sources.

Patton (1990, 402) notes that the qualitative researcher has an obligation to be methodical in reporting sufficient details of data collection and the processes of analysis to permit others to judge the quality of the resulting product. To this effect, the research will have a thick description of the topic of study to eventually give the reader an insight to the accuracy of findings.

Integration and data triangulation of diverse sources of qualitative data like interviews, observation and document analysis. Consistency of findings across all types of data collection methods increases confidence in the confirmed patterns and themes. The researchers will also endeavor to report any personal and professional information that may affect data collection, analysis, and interpretation either negatively or positively in the minds of users of the findings.

8.2 Integrity

Integrity is central to ethical research principles that focus on the responsibility of the researcher to do no harm, to gain informed consent from participants, and to represent respondents' views as accurately as

possible as part of the epistemological process (Given, 2008, 440). There will be no inducement of respondents to take part in the study, participation will be voluntary and participants will be made clearly aware of the research aim and purpose. Written consent form. Informed voluntary consent means that research participants are fully informed about the research and give their voluntary agreement to take part in it (Holloway and Wheeler, 2013, 59).

Qualitative studies collect large amounts of detailed personal information (Richards and Schwartz, 2002, 138). This will necessitate that participants' anonymity is guaranteed through ensuring their identities are protected. They will also be assured of discretion and non-disclosure of their information obtained. Just in most qualitative health studies, there will be use of foolproof strategies for the secure storage of tapes and transcripts. Pseudonyms or initials should be used in transcripts and, where possible, other identifying details will be altered. In addition, the use of tape recorders will follow informed consent from participants and full disclosure of their purpose.

8.3 Objectivity

Qualitative research highly relies on interpretations and therefore runs a risk of being considered subjective. The investigator always enters a field of research with certain opinions about what it is all about (Malterud, 2001, 484). As researchers there, maybe preconceptions not necessarily bias possessed already about the field of study and these should be acknowledged explicitly prior, failure of which they turn into biases.

Objectivity will guide the researchers to use data fairly to represent what will be seen and heard avoiding influence from viewing the research findings in own lens. This will ensure that the outcome is purely based on facts, and is unbiased, removing subjective evaluations by relying on verifiable data.

Richards & Schwartz (2002, 138) also emphasize that misinterpretation of data is most likely to occur when a researcher is working in isolation. In this case, however there will be two researchers executing activities therefore its probable that the risk of misinterpretation will be minimized.

Miller (1999) also recommends that data be taped and transcribed, therefore allowing others not involved in the study to audit it. Using tape recorders during data collection by the researchers and later having the data transcribed by a third, party will be done as another way of ensuring the study remains objective.

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10. Appendices

Appendix 1. Consent from

Names of the interviewers: Agnes Nambatya and Olesja Poderatsova

By signing this form I give my permission to researchers named above to interview me and allow taking written notes during the interview. I confirm that I have been explained about the research content. I have a right to stop the interview in case I feel discomfort.

I have been guaranteed that the information gathered from the interview and written notes will remain confidential and used only for the purpose of the study. There will not be any identifying names on the interview notes.

Date and Signature:

Appendix 2. Interview guide questionnaire

We are students from JAMK University of Applied Sciences in Jyväskylä, Finland. Currently we are working on our final research project (Bachelor Thesis) about Experience of foreign students with scheduled healthcare center medical appointments.

Please read carefully questions below in order to familiarize yourself with research questions.

1. Where do you come from and how long have you lived in Finland?
2. How often do you visit the health center?
3. Do you know about healthcare services provided by your city? Describe briefly.
4. Which healthcare services do you commonly assess and utilize?

5. How do you access health services when you happen to need them in your city?
6. What are the various ways through which you obtained health center medical appointments?
7. What is your view or opinion on acquiring healthcare center appointments?
8. What kind of feelings do you have during and after the process of acquiring an appointment?
9. Have you encountered any challenges trying to secure a medical appointment with your healthcare center in your city? Briefly explain.
10. How do you overcome the berries and challenges experienced?
11. What would you like to add in your opinion, for example: views, concerns, wishes, suggestions on the methods used to schedule healthcare appointments?