



# **FACILITATING ORIENTATION**

## **An Orientation Guide for Foreign Nurses Coming to Work in Nurmikoti Nursing Home**

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## **ABSTRACT**

Tampereen ammattikorkeakoulu  
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GOGO, ERIKA:

Facilitating Orientation

An Orientation Guide for Foreign Nurses Coming to Work in Nurmikoti Nursing Home

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The purpose of this Bachelor's thesis was to produce an orientation guide in English for foreign nurses coming to work in Nurmikoti Nursing Home. The aim was to provide a tool to facilitate the orientation process for new foreign nurses, which ultimately promotes patient safety.

This is a functional thesis, which includes a report and a product. The literature review was carried out by researching the key concepts of the thesis. The product, an orientation guide, provides information about Nurmikoti and its ideology, nursing care provided in Nurmikoti, and information for new foreign nurses.

The author recommends further studies on how to help foreign nurses adapt to new working environments in Finland. The studies should focus on the needs of foreign nurses, which include communication, different cultures, values and lifestyles.

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Key words: Foreign nurse, foreign workforce, orientation, orientation guide, patient safety, documentation, daily activities for dementia patients, end-of-life care.

## TIIVISTELMÄ

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Opinnäytetyö 34 sivua

Lokakuu 2014

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Tämän opinnäytetyön tarkoitus oli tuottaa ohje englanniksi ulkomaalaisille sairaanhoitajille heidän tullessaan töihin Nurmikotiin. Tavoitteena oli hankkia työkalu helpottamaan perehdytysjaksoa ulkomaalaisille sairaanhoitajille edistämällä potilasturvallisuutta.

Tämä on toiminnallinen opinnäytetyö jossa on teoriaosuus ja lopputuote. Kirjallisuuskatsaus tehtiin tutkimalla peruskäsitteitä. Lopputuote, ohjevihko, antaa tietoa Nurmikodista, sen ideologiasta, heidän antamastaan hoidosta ja tietoa uusille ulkomaalaisille sairaanhoitajille.

Kirjoittaja suosittelee lisää tutkimusta siitä, kuinka auttaa ulkomaalaisia sairaanhoitajia sopeutumaan uusiin työolosuhteisiin Suomessa. Tutkimuksen pitäisi keskittyä ulkomaalaisten sairaanhoitajien tiedontarpeeseen kommunikoinnista, eri kulttuureista ja arvoista sekä elämäntyyleistä.

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Asiasanat: Ulkomaalainen sairaanhoitaja, ulkomaalainen työvoima, perehdytys, perehdytysohje, potilasturvallisuus, dokumentointi, päivittäiset toiminnot dementiapotilaille, saattohoito

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## 1 INTRODUCTION

Many healthcare institutions have turned to recruiting foreign nurses due to a growing nursing shortage. The supply of nurses available for patient care does not meet the increasing demand for nurses' services. (Carney 2005, 31.) Finland attracts a great deal of foreign workers every year; this is expected to increase even more (YLE News 2013). According to the National Institute for Health and Welfare (2014), between the years 2000 and 2010, the number of health care service workers with foreign backgrounds in Finland increased. At the end of 2010, there were approximately 6,100 foreign workers in the social welfare and health care services. The need for foreign nurses will increase to thousands in the coming years just to supply the nursing skills needed. By the year 2025, an estimated 20,000 to 60,000 new workers will be needed in the social and health care sector. (YLE News 2013.)

Effective orientation for foreign nurses must be provided so that they can give high-quality and safe care. Foreign nurses also require orientation to cultural differences in values and clinical practice to succeed in the places where they have been employed. (Carney 2005, 34.) Orientation is important in retaining and motivating employees, increasing productivity, improving employee morale, facilitating learning, and reducing the anxiety of new employees (Ragsdale & Mueller 2005, 268). The focus of the orientation is to help to integrate the new foreign nurse into the organization and to begin to build relationships (Lawson 2006, 1).

Nurmikoti is a private nursing home for the elderly, owned by the Finnish Adventist Church. It offers care to the elderly who cannot manage at home. The stay in the nursing home can be short term or long term. (Nurmikoti 2014.) This Bachelor's thesis topic emerged in a conversation with the working life connection, Nurmikoti. There was a need to make the orientation process easier for foreign nurses coming to work in Nurmikoti. Being oriented to the place promotes the safety and health of the patients, improves the working relationship among the nurses, and makes it easier for foreign nurses to understand the Finnish culture and ideology of Nurmikoti.

The purpose of this thesis is to make an orientation guide for foreign nurses coming to work in Nurmikoti. The orientation guide, which will be in English, will focus on the beginning of the orientation process and provide foreign nurses with information on the history and ideology of Nurmikoti, nursing care in Nurmikoti and what the nurses need to know when they come to work in Nurmikoti. The orientation guide will also be useful for the foreign nurses already working in the nursing home due to many recent changes in the nursing home. The nursing home is being changed into a service home for the elderly. The orientation guide will be written in collaboration with the author of the thesis: Orientation to Working in a Nursing Home for Healthcare Workers: An Orientation Guide for Foreign Nurses in Nurmikoti.

## **2 PURPOSE, TASKS AND OBJECTIVES**

The purpose of this thesis is to create an orientation guide in English for non-native Finnish speakers coming to work in Nurmikoti. The orientation guide will focus on the beginning of orientation and include the history and ideology of Nurmikoti, documentation, patient care and safety, daily activities, medication, emergency procedures, and end-of-life care in Nurmikoti.

The aim is to provide a tool to facilitate the orientation process for the new foreign nurses.

The ultimate goal is to promote patient safety, to create an easier transition to the new work environment, to improve working relationship and work performance, and to promote the retention of foreign nurses.

The tasks of the orientation guide are to explain the following:

1. Nurmikoti nursing home, its history and ideology.
2. The nursing care provided in Nurmikoti.
3. What foreign nurses need to know when they come to work in Nurmikoti.

### 3 NURMIKOTI

Nurmikoti is a care home owned by the Finnish Seventh-day Adventist Church, and it provides residents with rental housing, assisted living and enhanced assisted living. It has 37 single rooms with a private toilet and shower for each resident. The diet in Nurmikoti is vegetarian, but the meals offered also include fish, eggs and dairy products. The stay in the nursing home can be short term or long term. Short-term residents need services that support them when they return home and include working with relatives. These services include rehabilitation after a hospital stay or a need for care as ordered. The residents receive all-round care in a safe environment with a regular life-rhythm. Almost all the residents need a great deal of help in their daily activities. End-of-life care is provided to those who need it. (Nurmikoti 2014.)

Some special features of Nurmikoti include a courtyard with a range of outdoor activities, a communal way of living that includes different age groups: pre-school in the district, school, church, and a terraced house where the residents of the neighborhood live (Nurmikoti 2014).

Nurmikoti was founded in 1956. At that time, there was only one main building. Later, two additional wings were built. At that time, part of Nurmikoti was a service home for the elderly. The elderly lived and managed on their own, but there were nurses to assist them when necessary. In 2010, Nurmikoti started offering 40 places for all-round care to the elderly in Tampere, and 5 places to those from other districts who were willing to pay themselves. During this year, Nurmikoti started offering 27 places for all-round care and 8 places for service housing. These 8 places include residents who are not from Tampere. (Nurmikoti 2014.)

#### 3.1 Pathway of the patient coming to Nurmikoti

Nurmikoti has a purchase contract with the City of Tampere. The City of Tampere purchases resident places from Nurmikoti. They bring residents to live in Nurmikoti and pay for it. Nurmikoti also offers care to Seventh-day Adventist residents from other municipalities. Nurmikoti also provides apartments to residents who can manage on



their own. Some of these residents receive services from Nurmikoti, for example meals, cleaning, shower and sauna. (Nurmikoti 2014.)

The following diagram shows the pathway process of the resident coming to stay in Nurmikoti. SAS includes the primary nurse, social worker, representative of the city of Tampere, the customer, and his/her relatives. They meet to discuss and evaluate the needs of the customer. (Nurmikoti 2014.)

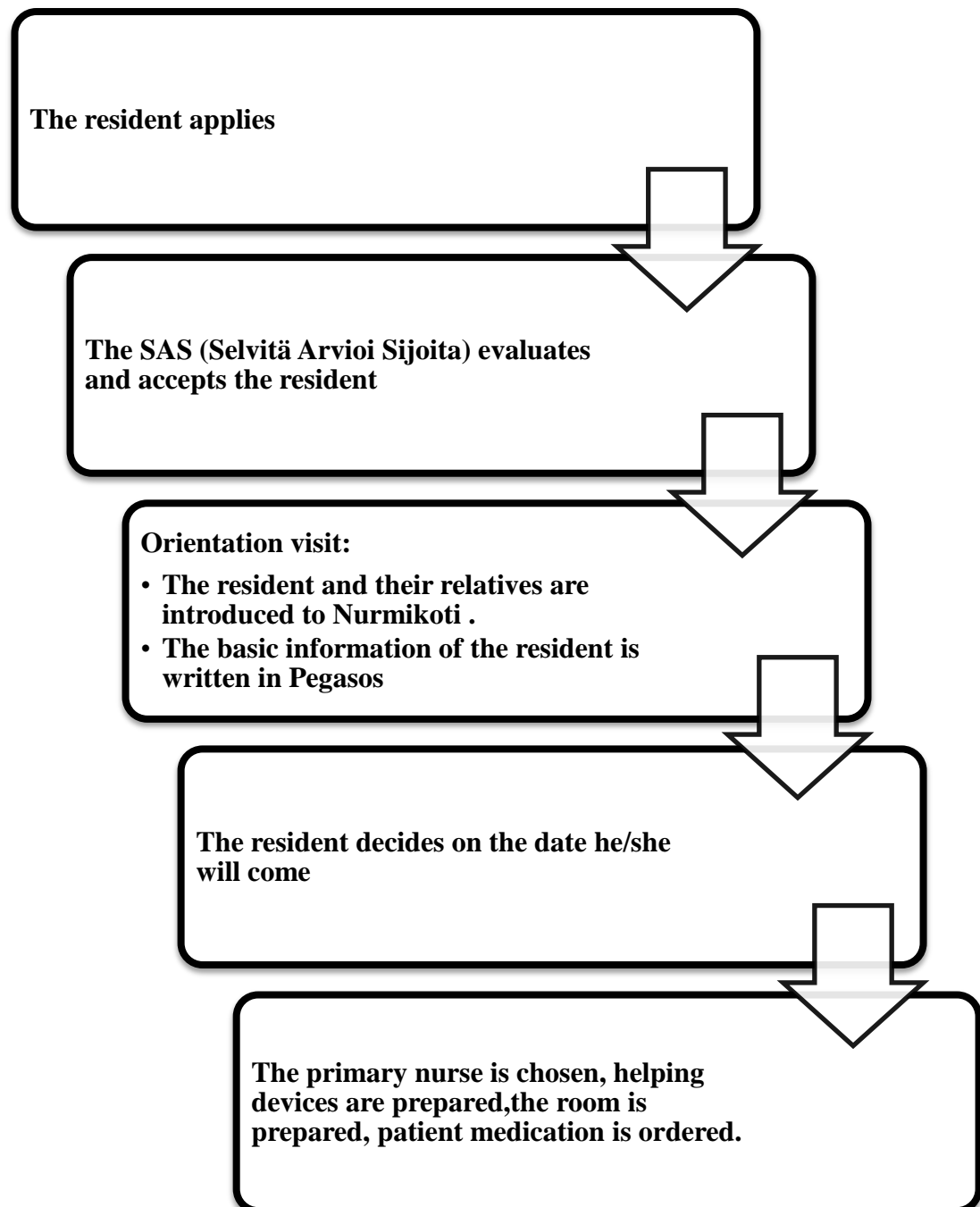


Figure 1. Pathway process of the resident coming to stay in Nurmikoti (adapted from Nurmikoti 2014).

### **3.2 Ideology of Nurmikoti**

An ideology is a world view of how the human society should function in order to support the desires of its members. Ideologies are the foundations of the social representations shared by members of a group. They allow group members to organize numerous social beliefs about good or bad and right or wrong, and to act appropriately according to them. Ideologies provide a set of understandable values that make life meaningful. (Sunderlin 2003, 14-15.)

Nurmikoti has an ideology of Christian values, humanity and human care. It believes in a holistic view of human beings, where it naturally takes into account the spiritual needs of the residents. Nurmikoti believes in respecting life and improving autonomy. Equality is important at all levels and the residents have the right to make decisions. Nurses and staff should consider individuality while taking care of the residents. The well-being of the staff and the multi-professional working environment are important values in Nurmikoti. (Nurmikoti 2014.)

The values of Nurmikoti include respect for every individual, resident orientation, commitment, cooperation, and spirituality. The main value in the world, which is given in the bible, is that every individual is valuable and unique. It is very important to fulfill the needs of the customer, their wishes and expectations. The professionals should always put the customer first. People always want to be valued, accepted, respected, listened to, served, and involved. The residents and their relatives always wish to be heard, and for their decisions to be respected. (Nurmikoti 2014.)

## **4 THEORETICAL STARTING POINTS**

### **4.1. Globalization and migration**

Globalization is the interdependence of countries through the flow of goods, services, money, people, information and ideas across borders; the increasing openness of countries to these flows and the development of international rules and institutions that deal with cross-border flows (Evans & Tulaney 2011, 333).

Globalization has had a major effect on nursing through the migration of foreign nurses across borders. Some factors that cause nurses to migrate to other countries include difficulty practicing their profession in their own country, low pay and poor employment conditions, limited career opportunities, and economic instability. (Evans & Tulaney 2011, 333.)

Most developed countries are or will be facing shortages of nurses due to increasing demands for health care and the aging of the nursing population. This has led to the recruitment of international nurses. The international recruitment of nurses is seen as a way of exchanging valuable nursing information. (Evans & Tulaney 2011, 333.)

#### **4.1.1 Foreign nurses in Finland**

In Finland, as thousands of nurses are to retire in the near future, new employees are needed to ensure the continuity of health care services. Hiring foreign nurses has been seen as a practical and realistic solution to the current shortage in the field of nursing. (Emerson 2008, 91.) Foreign nurses play an important role in providing health care services. They are regarded positively by their employers and seen as enhancing the work community and increasing its awareness of multiculturalism. (National Institute for Health and Welfare 2013; Emerson 2008, 91.) Finland's goal is to improve the status of foreign nurses and to make the country a more attractive alternative to foreign job applicants (Kilpeläinen 2010, 21).

Although the core values of nursing are the same universally, delivering quality nursing care depends upon factors that include a shared common language, skills with that language and common understanding (Jose 2011, 123-124). Understanding the needs of foreign nurses while they adjust to a new work environment is important to them, their employers and their patients. Foreign nurses value the support from their employers and feel that they need this support especially at the beginning of their careers. (National Institute for Health and Welfare 2013.) Foreign nurses have almost similar basic needs as any new nurse in any new workplace. Welcoming them, respecting their diversity, and providing technical and moral support will help them grow into confident and capable team members. (Davis 2003, 88.)

#### **4.1.2 Culture**

Culture is defined as the learned, shared and transmitted knowledge of values, beliefs and ways of life of a certain group that are transmitted from one generation to the other and influence thinking, decisions, and actions in patterned ways (Hearnden 2008, 51). According to Holland and Hogg (2001, 3), culture is a set of guidelines inherited by an individual as a member of a particular society. These guidelines not only show him/her how to see the world and how to behave in it in relation to other people, but it also provides a way for him/her to transmit it to the next generation by use of language, symbols and ritual. Hiruy and Mwanri (2014, 191) view culture as consisting of the values, traditions, social relationships, and worldview that is created, shared and transformed by a group of people who are tied together by a common history, geographic location, language, and/or religion.

Culture is dynamic and always changing. It is also learned through the process of acquiring language and socializing. Through socialization, an individual fits into the group's way of life. Culture could be considered in relation to large settings of countries and societies, or in relation to small settings of a family, community or a profession. (Hearnden 2008, 50-51; Holland & Hogg 2001, 3.)

Nurses enter their profession with ideas about health and illness that have been uniquely shaped by their ethnic and cultural background. These beliefs influence the nursing practice in prevention and treatment of illness. These beliefs may change as nurses

blend with their professional colleagues and take in the beliefs, values and attitudes of the nursing culture. (Holland & Hogg 2001, 17.)

The nurse has the responsibility of promoting an environment in which the human rights, values, customs and spiritual beliefs of the patients and their family is respected. The nurse ensures that the patients receive clear and sufficient information in a culturally appropriate way on which to base consent for care and treatment. (International Council of Nurses 2012, 2.) Nursing ethics is about being able to practice patient-centered care that is similar with the personal values of the patient, the institution and the society (Harding 2013, 5).

#### **4.1.3 Working culture**

Culture can also be seen as concerning organizations, professions and groups that have shared assumptions and beliefs that are connected with the shared values held. These values produce shared norms that govern behavioral patterns. (Hearnden 2008, 51.) Nurses have their own professional and social culture. This culture is learned through experience in various types of placements and gaining the knowledge and skills that are essential in that culture. Some aspects of the nursing culture have remained the same since Florence Nightingale's days during the years 1840-1900, for example the order in which nurses carry out their work. (Holland & Hogg 2001, 4.)

Each organization has a unique culture and employees need to know that culture so they can learn what is important to their co-workers and to the organization as a whole (Robitaille 2013, C8). Differences in nursing practices and training between countries can lead to a great confusion (Bola, Driggers, Dunlap & Ebersole 2003, 40). New employees need to be introduced to the structure, culture, and standards of the new work environment. They need to know what the organization expects of them and what to expect from the organization. (Ragsdale & Mueller 2005, 268.)

According to Holland and Hogg (2001, 4, 14), when patients and nurses meet, there is a meeting of three cultures: the nurse's own professional culture; with its beliefs and practices, the patient's culture, based on the patient's life experiences of health and illness and their personal values, beliefs and practices; and the culture of the setting in which they meet, for example community or family setting. It is important to understand

all three cultures in a nurse-patient encounter in order to ensure culturally safe and appropriate care. It is both the nurses' and the employers' responsibility to ensure that nurses acquire this knowledge and skills. (Holland & Hogg 2001, 4, 14.)

The following diagram shows the three cultures involved in a nurse-patient encounter.

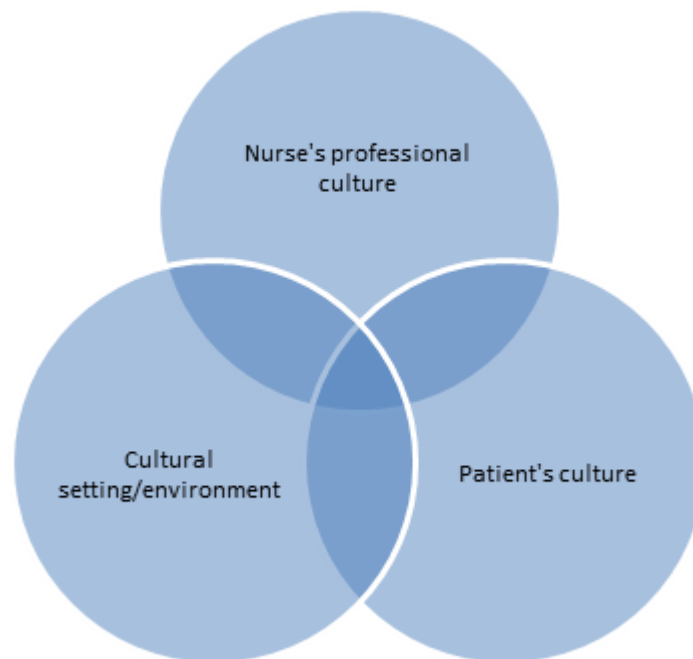


Figure 2. Three cultures involved in a nurse-patient encounter (Holland & Hogg (2001, 4, 14).

Cultural competence is the ability to understand different cultures in order to provide quality care to diverse people. Culturally competent nurses have attained efficient communication skills, cultural assessments and knowledge related to health practices of different cultures. (Maier-Lorentz 2008, 38.) Cultural competence is the adaptation of care in a way that is consistent with the patient's culture, where a culturally competent nurse develops an awareness of his/her own existence, sensations, thoughts and environment without letting these factors have excessive effects on their patient's care. Cultural competence, in healthcare settings, is viewed to be a continuous process in which nurses aim to achieve the ability to effectively work within the cultural context of the patient. (Buscemi 2011, 41.)

Cultural competence includes the awareness, knowledge, understanding and sensitivity that recognize the uniqueness of each patient (Hearnden 2008, 52). It is seen as an evolving process which includes being aware culturally, gaining cultural knowledge and achieving cultural skills (Chambers & Alexis 2004, 1357).

The following diagram shows the general factors essential to cultural competence.

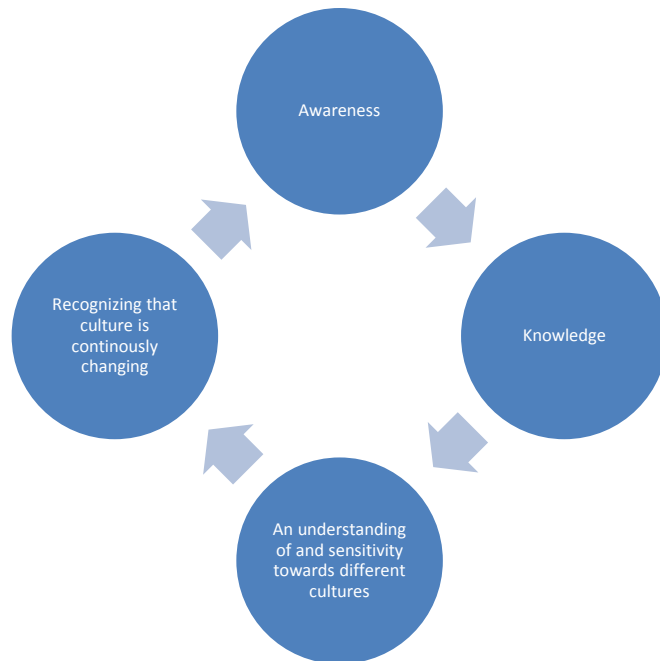


Figure 3. Main factors essential to cultural competence (Chambers & Alexis 2004, 1357; Hearnden 2008, 52).

#### 4.1.4 Culture and communication

Communication is defined as the sharing, conveying or exchanging of information. The goal of communication is to establish a common understanding of the message sent, and the one received. The modes of communication include written, oral and non-verbal. Oral communication is always followed by non-verbal messages. Non-verbal cues are actually more powerful than verbal messages. They include eye contact, facial expression, touch, posture, tone of voice, gestures, and proximity. (Gopee 2008, 17-18.)

Language and culture are closely connected. The way we express ourselves is widely influenced by culture. This includes non-verbal communication, for example gestures, facial expression, and the concept of personal space. When people are conversing, the danger of them misunderstanding each other is greater if they are of different culture, gender, age, or linguistic background. (Hearnden 2008, 50–51.)

Effective communication is an important skill for nurses and the most essential aspect of nursing practice. Differences in linguistic background or culture can cause many challenges to developing working relationships and to being able to offer effective patient care. Understanding the importance of culture and how social and cultural factors are interconnected with language is important in promoting successful communication and providing appropriate care. This is because perception of health and wellbeing and illness and disease are culturally defined. Research shows that knowing the cultural background of a patient can make it easier to provide essential care. (Hearnden 2008, 50–51.)

Communication barriers lead to frustration for foreign nurses, other staff members and patients. The differences in medical terminology, abbreviations, and medication names can cause significant limitation for foreign nurses. Improperly written communication is a source of documentation errors and a liability for the nurse and the organization. In addition, non-verbal communication that differs from the usual norm may be interpreted as inattentive or disrespectful. Although the nurse may have a great deal of knowledge, the language barrier can cause a great deal of anxiety. (Bola et al. 2003, 40.)

These issues can be addressed by foreign nurses being motivated to write their own development plan and to develop ideas for their own professional development. The nurses could carry out an assessment of their own accomplishments and challenges in the beginning of their work, and develop an action plan for the continuing period of work. This encourages lifelong learning and progression of one's career. There is also a need for educational opportunities for foreign nurses. Additional tutorial support and action learning could help foreign nurses to develop various skills. Addressing the needs of foreign nurses as regards for example communication, values, beliefs, and lifestyles helps to promote equality and diversity. (Chambers & Alexis 2004, 1357-1358.)

## **4.2 Orientation**

Merriam Webster (2014) defines orientation as the process of giving people information about a new job. Orientation is the process of introducing a new employee to the principles, ideology, goals, procedures, role expectations, and other elements that are needed to work in a specific work setting (Sherwood & Barnsteiner 2012, 268).



Orientation takes place both for new staff and when changes in nurses' roles and responsibilities take place (Sherwood & Barnsteiner 2012, 268). Literature has shown that a comprehensive orientation can reduce the period of adjustment for nurses and establish a firm foundation for a productive and long career (Charleston, Hayman-White, Ryan & Hapell 2007, 25).

#### **4.2.1 Importance of orientation**

An effective orientation is important in ensuring a new employee's competency to perform his/her role and to be familiar with the culture of the organization, policies and procedures and protocols. It is also necessary for nurse retention, which can affect job satisfaction and result in cost savings for organizations. (Robitaille 2013, C7.)

Successful integration and adaptation can be enhanced by effective orientation and communication, as well as organizational support and acceptance of cultural diversity (Dywili, Bonner, Anderson & O'Brien 2012, 179).

The implementation of orientation influences the attitudes of the employees towards their work and their role in the organization. It defines the mission statement and values of the organization and provides a framework for job-related tasks. (Ragsdale & Mueller 2005, 268.)

#### **4.2.2 Orientation guide**

An orientation guide is a compilation of the policies of an organization that relate to work conditions. The main elements included in the orientation guide include a statement of general policies and general information that is relevant to the employment conditions. (Allen 2007, 181.) An orientation guide is useful in absorbing and understanding information about the organization (Ragsdale & Mueller 2005, 269). Orientation guides need to be constantly updated to include changes in evidence-based practice, upgrade of information, and new or revised policies and procedures. (Sims & Bodnar 2012, 4.)

Due to the complexity of orientation, use of a checklist is very useful. This prevents overlooking any important element of the new employee's responsibilities. The use of a checklist helps the new employees to gain a realistic and clear set of expectations about their new job. It is advisable for the new employee to sign each activity on the checklist. This ensures that the lists of responsibilities are successfully completed. (Allen 2007, 181.)

The following section explains patient safety, its importance and the relevance of orientation in terms of providing high quality patient care and promoting patient safety.

### **4.3 Patient safety**

Patient safety is the health care of individuals and the principles and activities of the organization that are designed to ensure the safety of treatment and protecting the patient from damage. From the patient's perspective, patient safety ensures that the patient receives the right care and treatment at the correct time, in the right way and with minimal adverse effects. (National Institute for Health and Welfare 2013.)

According to the Health Care Act (1326/2010), the health care provided should be safe and of a high quality. In Finland, the patient has a right to health care that is of good quality. The purpose of the Act on Health Care Professionals (559/1994) is to promote the safety of patients and improve the quality of health care services. Nurses must apply generally accepted, theoretically justified methods, corresponding with their training, which should be supplemented continually. Every nurse must weigh the benefits of his/her activity to the patient and its possible hazards. (Act on Health Care Professionals 559/1994.)

There has been evidence linking improved patient care to orientation in patient safety. Orientation helps new nurses to be able to care for their patients safely and with competency. (Hickey & Kritek 2011, 302.) Research has linked new nurses to patient safety issues including near misses, adverse events and errors in practice. New nurses face many challenges in their new workplace, such as job stress, and this has been linked to treatment errors. Results show that a thorough orientation and support for nurses may reduce stress, which is related to the safety of the patient. The safety of the patient can be compromised when there is no adequate orientation. If new nurses do not

receive sufficient knowledge during orientation, they might not learn from their mistakes, and this may affect the safety of the patient due to insufficient information on nursing care. (Sherwood & Barnsteiner 2012, 269-270.)

It is the responsibility of nurses to ensure that patients are safe in the setting where they receive care. Aggressive methods should be employed to create a culture of patient safety. These include providing nurses with education and experiences needed to ensure patient safety, also allowing open discussions of errors and near-misses, and improving the care provided to patients. (Ulrich 2010, 111; Sherwood & Barnsteiner 2012, 269.) Teamwork is also important in health care to provide safe, high quality patient care. Effective communication and collaboration increases patient safety and improves the quality of care. (Hickey & Kritek 2011, 301.)

The following sections (documentation, daily activities and end-of-life care) provide background information for part of the topics which will be included in the orientation guide.

#### **4.4 Documentation**

Patient documents mean the written documents or records that contain information about the patient's state of health, or personal information about the patient. Patient documents are for planning and implementing the care of a patient. (Act on the Status and Rights of Patients 785/1992; National Supervisory Authority for Welfare and Health 2014.) Each health institution has its own requirements for documentation standards, reporting requirements, and also the evaluation of content, processes and terminologies which satisfy these requirements (Watkins, Haskell, Lundberg, Brokel, Wilson & Hardiker 2009, 321–322).

Nurses should record in the patients' documents important information for arranging, planning and providing the care and treatment for the patient (Act on the Status and Rights of Patients 785/1992; National Supervisory Authority for Welfare and Health 2014). Documentation is part of the professional responsibilities of a nurse. It ensures access to the patient's information and preserves the care that has already been implemented. Documentation provides legal protection for the nurse. (Kilpeläinen 2010, 9.)

The patient's health records are necessary to improve quality and the safety of the patient. Information generated by documentation can enable nurses to improve the quality and efficiency of care for the patients. Standardized clinical classification systems and terminologies provide the words and phrases necessary to define and document patient care. These terminologies can be implemented through care plans and protocols, describing and documenting care, monitoring care through decisions, satisfying quality reporting requirements and analysing care for continual improvement. (Watkins et al. 2009, 321-322.) Information should be documented sufficiently in a clear, accurate and understandable way. Information should be documented after every service event. Changes in the patient's condition, care given, and treatment should be clearly recorded daily. The history of the patient should also be documented. (National Supervisory Authority for Welfare and Health 2014.)

Patient records are important for both the nurse and the patient. The records can help to justify the actions of the nurse legally if there are complaints about the care or treatment of the patient. Patient records must be clearly documented in order to give a clear view of how treatment was implemented, who was present, and how the legal rights of the patient were taken into account in the planning and management of care and treatment. Documentation should be done immediately or in less than five days after the treatment or service provided. Treatment should be in agreement with the patient, who has to sign the necessary documents. If the patient refuses treatment, it should be documented in the patient's records. (National Supervisory Authority for Welfare and Health 2014.)

According to the Act on the Status and Rights of Patients (785/1992), nurses should not give out patient information to any outsiders without a written consent by the patient or their legal representatives. It is the duty of the nurse to document and preserve patient documents and to keep their information confidential. (Act on Health Care Professionals 559/1994; Nurmikoti 2014.)

In Nurmikoti, resident information is stored in Pegasos health information system. Pegasos health information system covers information about patient management: the health of the patient, patient reports, patient decisions, and the bills of the patient. The resident has to give consent for recording their information in Pegasos. Resident information should not be given out without a written permission from the resident. The

resident signs a written permission on who to give information to, how much information to give, the signed date and signature. The permission can also be obtained by mouth on how much information to give out and how much information can be seen in Pegasos by other health care units. If the resident has refused that his/her information be given out, this should be shown clearly in the first page of the resident's information in Pegasos. The resident can change their mind about this restriction; this should also be modified in Pegasos. (Nurmikoti 2014.)

Nurses can log into Pegasos using the provided cards or using the given usernames and passwords. The employer provides the application forms for access to Pegasos. The employer sends the information to Pegasos and receives the username and password on behalf of the employee. There are teaching lessons for new workers on how to use Pegasos. Workers have to log in only with their personal usernames and passwords. They also have to remember to either lock their computers or log off to ensure nobody else has access to the resident information in Pegasos. (Nurmikoti 2014.)

The nurse only has access to the information on the residents that they are caring for. Every nurse has the responsibility of keeping the residents' information confidential and following the principles that apply to data protection and confidentiality. Nurses are prohibited from checking information about themselves, their friends, or their family members. This offence is punishable by law. Pegasos information should not be saved elsewhere or taken out of the unit where it is preserved. (Nurmikoti 2014.)

Nurses who are away for more than 3 months have to inform the Pegasos support of their absence. Usually, the Pegasos system deactivates automatically after 3 months of not being used. If the nurse is away for more than 3 months, they no longer have access to Pegasos information or username and password. When the nurse comes back to work, his/her username and password can then be activated again. (Nurmikoti 2014.)

#### **4.5 Daily activities**

Dementia is the slow and progressive loss of mental capacity and cognitive ability (Alzheimer Scotland 2014, 4). Cognitive disabilities affect the ability of an individual to access, process or remember information. The most visible manifestation of dementia is

the progressive inability to perform activities of daily living. (Andersen, Wittrup-Jensen, Lolk, Andersen & Kragh-Sorensen 2004, 52-53.)

Dementia patients need daily care that is safe with regular life rhythm (Nurmikoti 2014). Routine and continuity are important for dementia patients. It is important to encourage daily activities, such as daily hygiene, getting dressed, brushing teeth, etc. It is necessary that the resident participates in these activities if they can. The activities help them to retain such skills, encourage independence and make them feel that they are able to contribute; which increases their value and ensures the resident is less anxious and agitated. (Alzheimer Scotland 2014, 6.) The general needs of the residents in Nurmikoti include: daily hygiene care which includes a shower once/twice a week and sauna, skin care, wound care, mouth hygiene and care, positioning (for bedridden patients), eating and drinking, voiding and bowel movement follow-up, medication care, rehabilitation, spending time with the residents and talking with them, recreational activities, and working together with the family members and friends (Nurmikoti 2014).

Despite their diminishing cognitive abilities, dementia patients still have the need to participate in daily activities. Meaningful activities organized for dementia patients promote well-being, identity, feelings and belonging, and prevent excessive disability. These activities also increase interest and alertness, promote quality of life, decrease boredom, and reduce agitation. Recreational activities can be promoted by helping dementia patients to cope with the demands that arise from such activities and the surrounding environment. Being supported in the activities they like brings about experiences of pleasure and promotes feelings of respect and recognition. (Chung 2004, 23; Cohen-Mansfield, Thein, Dakheel-Ali & Marx 2010, 471.)

Recreational activities in Nurmikoti include spending time in the library, devotions (Friday evenings), singing, watching television and Finnish movies, listening to the radio and music from cassettes and CDs, group gymnastics, baking, art and crafts, going for outings, and going to the sauna (Nurmikoti 2014). The kind of activities that the residents are able to do depends on their degree of dementia and general health. Recreational activities should be appropriate to the group of specific residents. The activities should fit in with the residents' preferences and abilities, and they should be able to cope with the activities physically. (Alzheimer Scotland 2014.)

Routine mealtime seating plans means the use of specific, constant seats at dining tables at every meal. For residents with dementia, these routines are very important, because unexpected changes and events may cause environmental stress for the residents, because they have a diminished ability to adjust to environmental stress and change. Use of routine seating plans promotes familiarity and helps to maximize the functioning of residents with dementia. (Cleary, Hopper, Forseth & Van Soest 2008, 4.)

The following table shows the importance of daily activities for patients with dementia:

Importance of Daily Activities in Patients with Dementia
<ul style="list-style-type: none"> <li>-Promotes well-being.</li> <li>-Promotes their quality of life.</li> <li>-Helps to maintain independence.</li> <li>-Helps to maintain skills.</li> <li>-Improves self-esteem.</li> <li>-Increases human value.</li> <li>-Promotes identity and feelings of belonging.</li> <li>-Compensates for lost abilities.</li> <li>-Increases interest and alertness.</li> <li>-Allows them to express their feelings through art, music and singing.</li> <li>-Brings pleasure to both the nurse and the residents.</li> <li>-Provides social contact through social activities and outings.</li> <li>-Decreases boredom.</li> <li>-Reduces agitation.</li> </ul>

Table 1. Importance of Daily Activities in Patients with Dementia (Alzheimer Scotland 2014, 7; Chung 2004, 23; Cohen-Mansfield et al. 2010, 471).

#### 4.6 End-of-life care

End-of-life care is assisting those who have an advanced, progressive, incurable illness to live as well as possible until they die. People who are dying should be treated respectfully and with dignity, and they and their family members should receive the support they need even at the end of life. (Regan, Tapley & Jolley 2014, 37.) A good death is having dignity and privacy, managing pain and other symptoms, having a choice of where and with whom to die, and having enough information and advice on end-of-life care (Sanchez, Asensio, Gil, Sanchez, Tueba & Dominguez 2014, 225).

Culture plays an important role in how patients, families and nurses view end-of-life care and how such knowledge could improve the cultural competence and culturally sensitive ethical practices of nurses (Hiruy & Mwanri 2014, 191). When the cultural background of the nurse and patient differ, communication about end-of-life care can be challenging. When caring for dying patients from different cultures, it is important for nurses to keep their personal values in check regarding culture or religion. (Duffy, Jackson, Schim, Ronis & Fowler 2006, 14.)

It is necessary to learn about the religious beliefs of the patient and how these beliefs come into play in the process of dying and death. It is important to consider these cultural, spiritual and experiential differences of patients' and their families' choices regarding end-of-life care. (Hiruy & Mwanri 2014, 195.) During end-of-life care, religious patients believe in the importance of meeting with the clergy to discuss the meaning of life, being at peace with God, and praying (Duffy et al. 2006, 12-13).

Long term diseases can last for years. Dementia is one of the leading causes of death in the elderly. Around 80–85% of the elderly under care are demented. It is challenging to evaluate good quality care in patients suffering from dementia because they cannot express themselves. Pain is usually insufficiently treated in these patients. Some of the symptoms of pain in the elderly include restlessness, facial expressions, aggressiveness, and refusing care. It is advisable for dementia patients to be able to write a will about their wishes during the end stages of their life. (Nurmikoti 2014.)



The goal of end-of-life care is to either reduce or remove the adverse effects caused by incurable diseases and to manage those that cannot be cured medically. The goal is to provide good quality of life for these patients who cannot be cured anymore. It is important to identify patients who are at their end life stages so that they can receive appropriate end-of-life care, to avoid unnecessary and stressful investigations and treatments, and so that they and their family can be prepared for the approaching death. After the decision of end-of-life care, medicine and technology should be put aside and humanity be made the first priority. Death is never easy, clean or beautiful. Every death is unique and happens differently. (Nurmikoti 2014.)

Good end-of-life care is where the resident and their family are taken care of holistically, offering good basic care, good management of symptoms, especially pain, spiritual care, and nurturing: being with the patient, listening to the patient, responding to the patient needs, providing a safe environment for the patient, and discussing treatment methods in advance. Good end-of-life care is realized when the patient dies beautifully, without pain or anxiety and with a peaceful look. In a care home, it is very important that the resident does not die alone; there has to be a family member, friend or primary nurse present. The dying resident should be in a peaceful room, and the relatives should be allowed to be there 24hrs/day. A care plan is usually made with the patient, family members, primary nurse, the doctor, and other members of the multi-professional team after the decision of end-of-life care has been made. The care plan is followed up and evaluated regularly. The deceased should be handled with dignity and respect. There should be clear information provided on how to handle the dead body, transport it and taking the family into account after the death. (Nurmikoti 2014.)

The primary nurse must have knowledge based skills to implement end-of-life care. When talking about death with the patient, the nurse learns to understand the verbal and nonverbal cues from the patient. This is a process that develops with time. The primary nurse should discuss symptoms with the resident and the relatives, and also the wishes of the resident and how the resident wants to be taken care of. It is important for the primary nurse to be present, to listen to and support the resident and relatives during difficult times, and to also encourage the patient and the relatives to discuss important issues before death. The nurse knows the right words to use when discussing death with the patient, and knows when to be silent. It is never easy to talk about death with the

patient. It is important for the primary nurse to know her own boundaries so that she is able to continue taking care of the patient. She has to learn to be close to the patient but still far enough. When taking care of a dying patient, the nurse has to distance herself from her own fears of death and anxiety. (Nurmikoti 2014.)

Every professional has the responsibility of alleviating the suffering of the patient and providing professional care based on knowledge and skills provided (Act on Health Care Professionals 559/1994). The patient has the right to good quality care, to be heard and to be given the essential information about his/her end-of-life care (Act on the Status and Rights of Patients 785/1992). The dying patient has the right to be treated with dignity during his/her last stages of life and receive all the help he/she needs in his/her final stages of life. The patient has the right to make decisions on his/her care as long as he/she is able to decide on his/her own. The patient has the right to refuse care that is being provided. (Nurmikoti 2014.)

## 5 METHODOLOGY

This thesis is a functional thesis with a product. This type of thesis is commonly used in Universities of Applied Sciences. The topic of functional thesis usually comes from a working life connection and the thesis is based on research. The thesis shows the knowledge and skills of the author in his/her field. The purpose of a functional thesis is to produce a product that educates, guides, and organizes professional practice. The product can be a leaflet, portfolio, book, CD, webpage, or an event or exhibition. (Vilkka & Airaksinen 2003, 9-10.) The product of this thesis is an orientation guide in English for foreign nurses coming to work in Nurmikoti. The orientation guide was written in collaboration with the author of the thesis: *Orientation to Working in a Nursing Home for Healthcare Workers: An Orientation Guide for Foreign Nurses in Nurmikoti*. The thesis process started with two authors and ended up with two theses with a common product. When writing a functional thesis, it is important to know the target group. The guide or booklet needs to provide clear and enlightening information for the target group. (Vilkka & Airaksinen 2003, 65.)

A literature review for the thesis was carried out by defining the key concepts. The key words used are: foreign nurse, foreign workforce, orientation, orientation guide, patient safety, documentation, daily activities for dementia patients, and end-of-life care. The material for the literature review was searched from books and articles found in EBSCO and CINAHL databases, Google Scholar, Google Books, and other relevant web pages, such as the websites of the National Institute for Health and Welfare and the National Supervisory Authority for Welfare and Health. The books used were from the Tampere University of Applied Sciences library. The articles included were from the year 2000 to date and peer-reviewed. Peer review is widely used in the scientific community for analyzing and improving a scientific plan, proposal or work product. Peer review is executed through critical evaluation by individuals with relevant expertise on the subject, who are not involved in developing the object being reviewed. It enhances the quality and credibility of the study. (Committee on Research and Peer Review in EPA 2000, 99.) Information obtained from Nurmikoti website and files were also used as background information in this thesis.

The writing and production of the orientation guide was through consultation with the working life connection. There were several face-to-face meetings with the working life connection to discuss what was to be included in the orientation guide and to receive information of the contents of the guide. There have been a great deal of changes in Nurmikoti and some changes are still in progress.

## 6 DISCUSSION

The topic of this thesis came up while having a discussion with the working life connection. There was a need to make it easier for foreign nurses to adjust to the new working environment in Nurmikoti. It was decided that this need would be addressed through an orientation guide written in English. The first official meeting with the working life connection took place in September 2013, and the aim of the meeting was to discuss the contents of the orientation guide. Information for the guide was obtained from the files in Nurmikoti and from consultation with the working life connection. Background information for the thesis was searched and written as a basis for the orientation guide. There were several meetings with the working life connection this year to receive information about the guide, to clarify unclear information, and to evaluate the progress of writing the orientation guide.

Reliability involves the accuracy and consistency of information gathered. Validity is the integrity of the findings, in other words whether they are unbiased and well grounded. Trustworthiness includes credibility and dependability. Dependability is consistent and stable information. This thesis aimed at information that is accurate, trustworthy and consistent. The thesis also aimed at unbiased and well-grounded information. This was achieved by choosing reliable sources that were up-to-date. The articles chosen were peer reviewed. Credibility was achieved by correctly marking references and by ensuring that the information obtained gives rise to confidence in the truth of the data. The information for the orientation guide was obtained through consultation. This increases dependability and trustworthiness. (Polit & Beck 2012, 175.) This thesis was written according to the guidelines in the Tampere University of Applied Sciences Report Guide (Virikko & Lamminsivu 2012).

Ethics concerns the values that are the foundation for nurses' motivation and actions. It is about thinking and doing, and the consequences that result from these thoughts and behavior. It focuses on the moral challenges that nurses face in their work, and the values, beliefs, assumptions and relationships that are a basis for ethical decisions in nursing. Nurses are expected to adhere to an ethical code of conduct. (Harding 2013, 4-5.) This thesis focuses on many ethical issues that foreign nurses will face in their work. These include the safety of the patient, documentation, patient rights and confidentiality

issues, the ethical issues surrounding end-of-life care, and the ethical issues surrounding the care and daily activities of dementia patients. The orientation guide covers these ethical issues that foreign nurses will face, and provides a framework to guide their thinking. The orientation guide provides an ethical tool for foreign nurses so that they are able to provide an ethically appropriate care to the residents in Nurmikoti. (Rumbold 2002, 261.) The ethical information provided is in accordance with the Finnish laws and the values and ideology of Nurmikoti, which are reliable, accurate and credible sources.

One limitation in writing the orientation guide was that since some changes are still in progress, it was hard to write enough information about such areas. The orientation guide will not only be in paper format but also in electronic format, so that these ongoing changes can be updated in the future when they are complete.

Suggestions for further studies in the author's opinion would be to study how to help foreign nurses adapt to new working environments in Finland based on their needs which include communication, a different culture, values and lifestyles.

A suggestion for writing an orientation guide in Finnish was raised by Nurmikoti working life connection. This orientation guide will then be used as a basis for translation into Finnish. Thus it will eventually benefit not only the foreign nurses but also the Finnish nurses.

## 7 CONCLUSION

The goal of this thesis was to produce an orientation guide in English for foreign nurses coming to work in Nurmikoti. The information for the orientation guide was gathered from consultation with the working life connection in Nurmikoti. The guide was produced as a booklet and also in electronic form to enable future editing, because some changes are still in progress.

The orientation guide will be beneficial for foreign nurses because when they receive the new basic information in English, it makes the orientation process easier and faster for them; this helps them to provide quality care and promotes the safety of the residents. The orientation guide will also benefit the foreign nurses already working there, because there have been numerous changes in Nurmikoti, since it is being changed into a service home for the elderly.

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