

INTERNATIONAL NURSES' EXPERIENCES AND
PERCEPTIONS OF THEIR WORK ORIENTATION IN
FINNISH HEALTH CARE

Master's Thesis

Hannele Välipakka

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Department of Communication

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Faculty Faculty of Humanities	Department Department of Communication
Author Hannele Välipakka	
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<p>Abstract</p> <p>There is a nursing shortage in Finland that has been estimated to grow in the future. One solution to correct the shortfall is to recruit nurses from abroad. This study aims to explore international nurses' experiences about work orientation in Finnish health care. In addition, the study aims to investigate factors that facilitate international nurses' organizational entry and work orientation so that work orientation would support them to adjust to the new work and working environment. The study was conducted by using a qualitative research method and thematic interviews. Twelve international nurses currently working in Finland were interviewed. Two employees working in health care administration also brought managerial insight to the study.</p> <p>According to the study, international nurses' experiences working in Finnish health care have mainly been positive. Work orientations were usually task-oriented. Mentors guided international nurses during their work orientation and had an important role in it. The study indicates that work orientation has a positive impact on nurses' workplace adaptation. A good working atmosphere and friendly, supportive colleagues were considered helpful in workplace adjustment. Language often seems to be the biggest challenge for international nurses in their organizational entry, work orientation, and workplace adjustment. The study also suggests that giving time, individuality of work orientation, training, and raising cultural awareness at the workplace are good ways to improve international nurses' work orientation.</p>	
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<p>Tiivistelmä</p> <p>Suomessa on sairaanhoitajavaje, joka todennäköisesti kasvaa tulevaisuudessa. Yksi mahdollinen ratkaisu ongelmaan on ulkomaalaisten sairaanhoitajien rekrytointi Suomeen.</p> <p>Tämän tutkimuksen tavoitteena on tarkastella ulkomaalaisten sairaanhoitajien kokemuksia saamastaan työperehdytyksestä suomalaisessa työympäristössä. Lisäksi tutkimus pyrkii tuomaan esille ulkomaalaisten sairaanhoitajien työhöntuloa ja työperehdytystä edesauttavia tekijöitä, jotka tukisivat heitä sopeutumaan uuteen työhön ja työympäristöön. Tutkimus toteutettiin laadullisella tutkimusmenetelmällä teemahaastattelua käyttäen. Tutkimukseen haastateltiin 12 ulkomaalaista sairaanhoitajaa, jotka työskentelevät tällä hetkellä ammatissaan Suomessa. Myös kaksi suomalaista sosiaali- ja terveysalan hallinnossa työskentelevää henkilöä toivat tutkimukseen työperehdytyksen johtamisen näkökulmaa.</p> <p>Tutkimuksen mukaan ulkomaalaisten sairaanhoitajien kokemukset saamastaan työperehdytyksestä suomalaisessa terveydenhuollossa olivat pääosin positiivisia. Työperehdytys keskittyi yleensä työtehtäviin. Sairaanhoitajien mentorit ohjasivat heitä työperehdytyksen ajan, ja heillä oli tärkeä rooli työperehdytyksessä. Tutkimuksen tulokset viittaavat siihen, että työperehdytyksellä on positiivinen vaikutus ulkomaalaisten sairaanhoitajien työpaikkaan sopeutumisessa. Hyvän työilmapiirin sekä ystävällisten, avuliiden työkavereiden koettiin edistävän työpaikkaan sopeutumista. Suomen kieli näyttäisi olevan suurin haaste ulkomaalaisille sairaanhoitajille työhöntulossa, työperehdytyksessä ja työpaikkaan sopeutumisessa. Tutkimus myös ehdottaa, että ajan antaminen, työperehdytyksen yksilöllisyys, koulutus ja kulttuuritietoisuuden lisääminen työpaikalla ovat hyviä tapoja kehittää ulkomaalaisten sairaanhoitajien työperehdytystä.</p>	
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1 INTRODUCTION

1.1 Background of the study

The phenomenon of nurse migration has a long tradition (Habermann & Stagge, 2010), and today it is a growing global phenomenon that has major implications for the nursing profession worldwide (Freeman, Baumann, Fisher, Blythe & Akhtar-Danesh, 2012). According to Schumacher (2010), nursing shortages have been an issue in the health care industry over the past 20-30 years, especially in hospitals. He claims that staffing difficulties within the industry can cause numerous problems, and perhaps the most crucial one being that there may be barriers to patients needing to access care. Many countries have found out that international nurse recruitment is one of the answers to correcting their nurse shortages (Evans & Tulaney, 2011; Habermann & Stagge, 2010; Parrone, Sedrl, Donaubauer, Phillips & Miller, 2008). The term “international nurses” refers to foreign-trained, foreign-born, or nurses recruited overseas that constitute a significant proportion of the nursing workforce in many Western countries (Kaxi & Xu, 2009, p. 174).

The amount of immigrants has increased in Finland since the 1990s (Vartia, Bergbom, Giorgiani, Rintala-Rasmus, Riala & Salminen, 2007). Ailasmaa (2010) notes that the proportion of foreign workers in social and health care grew in Finland in the 2000s. By the year 2007, the number of foreign workers in social and health care had doubled compared to the year 2000. In 2007, there were approximately 1 500 nurses and 2 700 practical

nurses or professionals who had an equivalent degree and other descent than Finnish. In addition, there were 425 foreign nurses working in their profession, and they represented 0.8 percent of all nurses working in Finland (Ailasmaa, 2010). The number of international nurses in social and health care is not yet particularly high, but will most likely grow. Particularly, as baby boomers retire in Finland, the health care system is likely to face a serious shortfall in the workforce. One solution especially to the nursing shortage is to get trained and educated nurses from abroad. Competitive salary, high technology, the possibility to develop one's professional skills, diversity management, good guidance at work, and non-discrimination are important ways of attracting professionals in the common European labor market for nurses (Mannila & Parviainen, 2010).

Work is a key factor that helps an individual to integrate into Finnish society and therefore, the employment of immigrants plays a crucial role in their integration (Forsander, Ekholm & Hautaniemi, 2001). One of the new challenges that organizations in health care face is the arranging of work orientation for new international nurses. The importance of work orientation is significant because it can be a key for how new employees will experience and succeed in their new life and work in Finland. In addition, it can have an effect on the person's integration into the Finnish working environment, not to mention to Finnish society. A good work orientation helps a newcomer to enter into a different working environment and its associated working tasks. According to Adams and Kennedy (2006), "building positive practice environments will assist the integration of international nurses, supports nurses

in the host environments and contribute to creating a dynamic team by valuing and using the skills and abilities of all nurses” (p. 8).

According to Ryan (2003), international nurses need to adapt to several cultural, social, and organizational experiences. Hancock (2008) points out that even those who migrate to a country with a similar culture and language to their own can experience culture shock as they face challenges, such as adaptation to the new social and nursing environment. Some of them will also have to adapt to a different learning and teaching environment and can be surprised by the access to rich learning resources, and the requirement to develop independent learning skills (Hancock, 2008). Usually, a common problem for immigrants is the language and the fact that they do not yet know the new cultural values that they face in Finland. In addition, they might not have the right perception about nursing in Finland, or the practical approaches and techniques. Hamilton and Woodward-Kron (2010) note that in intercultural communication, language and culture have an impact on the success of the interaction, and unfortunately, sometimes the impact can be negative. Misunderstandings and communication breakdowns in professional settings such as health care can have serious implications for health outcomes and patient safety (Hamilton & Woodward-Kron, 2010).

This master’s thesis focuses on international nurses’ experiences and perceptions of their work orientation in Finnish health care in organizational entry. The thesis aims to provide information on their experiences and perceptions during work orientation and how communication plays a role in it. At its best, the information gathered through the study can assist managers of health care organizations to plan international nurses’ work

orientation in such a way that their special needs, challenges, and the opportunities that they encounter are already taken into consideration in the work orientation planning process.

As a prevailing and globalizing phenomenon, nurse migration has been an interest of several researchers around the world. Countries such as Australia, Canada, United Kingdom, and United States are leading host countries for internationally educated nurses today (Xu & He, 2012), and therefore, the majority of studies focus on nurse migration to these particular countries. Nurse migration and the increasing number of international nurses has lately received attention in Finnish media, and it is becoming an interest of research as well (see e.g. Nieminen, 2012). In Finland, there are fewer studies about international nurses' adjustment. A few master's thesis studies have explored the phenomenon in the field of nursing science (e.g. Baumgartner, 2012; Hartikainen, 2007). What seems to be quite relevant based on previous research results on the topic is to explore the phenomenon especially from the perspective of intercultural communication, and that is the starting point of this master's thesis.

1.2 Structure of the study

After the introduction to the study, theoretical framework of the thesis is reviewed. Since the topic that is studied in this thesis is a complex phenomenon, it is necessary to approach it from a broad perspective. The theoretical framework of the study involves different fields such as intercultural communication, organizational communication, organizational behavior, and management. The theoretical framework is divided into three

main parts. In the first chapter, culture and communication, the concept of culture is defined and discussed in the theoretical framework which also includes concepts of national culture and organizational culture. In addition, this part of theoretical framework deals with organizational communication which is naturally a part of theoretical background while this study is conducted in an organizational context, and the phenomenon that is explored in this study is closely linked to it. After discussing the literature of organizational communication, the theoretical framework continues to review the second part of the theoretical framework which is organizational entry. In this section, the phenomenon that the newcomer experiences when entering a new workplace is reviewed through different theories and perspectives. The third part of the theoretical framework focuses on defining and describing work orientation and its process.

After reviewing the theoretical part of the thesis, the next part focuses on the empirical part. In the empirical part, the methodology of the study, collection of data, and the research process are described. Also, the participants of the study are presented. The next chapter focuses on findings of the study while telling the stories and experiences of international nurses who currently work in Finland as nurses. It also includes the managerial perspective that was provided by two employees from a health care organization. Finally, in the last chapter, conclusions and limitations of the study are discussed and suggestions for future research are also presented.

2 CULTURE AND COMMUNICATION

2.1 Definition of culture

The term culture can be seen in various ways and as a complex phenomenon, it has multiple definitions. Culture is often connected to so called high culture which refers to cultural forms such as art, music, and theatre. In intercultural communication, the concern has not been with high culture but with so called anthropological culture which refers to any of the customs, worldview, language, kinship system, social organization, and other taken for granted day-to-day practices of people which distinguish the group from other groups (Scollon & Scollon, 1999). In the academic field, several disciplines have tried to understand the phenomenon from a broader perspective and researchers have created a variety of ways defining since it is difficult to describe exactly that the concept of culture means.

Culture has been viewed from a variety of point of views. According to Maude (2011), most definitions of the term culture are based on the view that sees culture as a system of beliefs, values, and practices that enables each culture to solve universal problems in its own unique way. To mention some of the culture definitions, an anthropologist Clifford Geertz (1973) described culture as a system of shared meanings. Edward T. Hall (1981) viewed culture as communication and stated that “culture is communication and communication is culture” (p. 186). Hall’s definition then

strongly suggests that culture and communication are basically inseparable. Chen and Starosta (1998) define culture as “a negotiated set of shared symbolic systems that guide individuals’ behaviors and incline them to function as a group” (p. 26). Hofstede (2001, p. 9) uses programming as a metaphor for culture when he suggests to view culture as “the collective programming of the mind that distinguishes the members of one group or category of people from another” which in this sense view culture as a system of collectively held values. Schein (2010) defines culture as follows:

the culture of a group can now be defined as a pattern of shared basic assumptions learned by a group as it solved its problems of external adaptation and internal integration, which has worked well enough to be considered valid and, therefore, to be taught to members as the correct way to perceive, think, and feel in relation to those problems. (p. 18)

The term culture can have different meanings for different people and groups. According to Gudykunst (1998), no one knows all aspects of a culture and everyone has a unique view of it. Hall (1981) argues that culture hides much more than it actually reveals, especially from its own members and he also states that instead of just trying to understand a foreign culture, it is much more important to understand and look at one’s own culture. Gudykunst (1998) notes that usually, individuals are not aware of how their culture affects their behaviors. Individuals are so surrounded by their culture that they get blinded by it which makes it difficult to understand its impact on their own thinking and behavior.

Chen and Starosta (1998) characterize culture being holistic, learned, dynamic, and pervasive. They see culture as a holistic system that can be broken down into several subsystems. Various aspects of culture are closely

interrelated so if any changes occur in one of the subsystems, it will affect the whole system (Chen & Starosta, 1998). Culture is learned (e.g. Hall, 1981; Hofstede & Hofstede, 2005; McDaniel, Samovar & Porter, 2012) and it can be seen to be transmitted through interacting with the environment (Thomas, 2008). Hofstede and Hofstede (2005) also note that culture is always a collective phenomenon since it is at least partly shared with people within the same social environment where the culture was learned. Culture is dynamic and it changes over time (Chen & Starosta, 1998; Samovar, Porter & Stefani, 1998). In addition, it penetrates into every aspect of people's lives while influencing the way they talk, think, and behave (Chen & Starosta, 1998). As these definitions suggests, culture influences an individual's way of thinking, behavior, and worldview. Its influence reaches all levels on one's life which can be difficult for an individual to realize.

After the term of culture has been introduced with the help of literature, I would like to link it to intercultural communication which refers to communication between people that have different cultural backgrounds. According to Chen and Starosta (1998), the study of intercultural communication aims to understand the influence of culture on attitudes, beliefs, and behaviors to reduce misunderstandings resulting from cultural variations. Culture is often considered as the core concept in intercultural communication and Martin and Nakayama (2007) suggest that the best approach to understanding the complexities of intercultural communication is to look at the concept of culture from different perspectives.

According to Martin and Nakayama (2007), the relationship between culture and communication is rather complex. Samovar, Porter and

Stefani (1998) state that “culture is learned, acted out, transmitted, and preserved through communication” (p. 22). Chen and Starosta (1998) claim that culture and communication are inseparable and they influence one another, producing various behavioral patterns in different contexts. Thus, they argue that as the carrier of culture, communication influences the structure of culture and culture is manifested in communication patterns by teaching individuals how to talk and behave. Martin and Nakayama (2007) suggest that “communication helps creating the cultural reality of a community” (p. 92). To conclude, culture and communication are strongly connected.

2.2. National culture

Holden (2002) suggests that culture can be used to represent an organizing principle at different levels of human endeavor such as the international, the national, the regional, the organizational, the professional, and the personal level. Trompenaars and Hampden-Turner (1997) also describe culture presenting itself on different levels which, according to them, would make national or regional culture the highest level. The term national culture is normally used when referring to national groups that are distinguished from each other by national borders. According to Gudykunst (1991), borders between cultures often coincide with political boundaries between countries. Often culture is attributed to a nation (Derungs, 2011) and the word “nation” is often employed as a synonym for culture without any further grounding (Bhagat & McQuaid, 1982 cited in Thomas, 2008, p. 35). Almost all large, comparative cross-cultural studies view nations as their cultural unit although nations are hardly homogeneous societies with one unified culture (Schwartz,

2006). Maude (2011) also notes that national boundaries rarely coincide with the boundaries of a culture and today, most national cultures are composites of several or many separate cultures. Therefore, several cultures can exist within national borders and the same cultural group can span many nations (Thomas, 2008).

Maude (2011) argues that national cultures can differ greatly from each other. Maude further states that national cultures continue to be important in an increasing global world for several reasons since they give people a sense of identity and uniqueness and provide the legal framework within which multinational firms operate and international trade is carried out. According to Trompenaars and Hampden-Turner (1997), nations differ greatly in they approach dilemmas in relationships with people, time, and in relations between people and the natural environment.

Perhaps one of the best known researches on national cultures is Geert Hofstede's survey about national culture differences which has often been used to describe cultural differences between nations. Hofstede first identified four dimensions that explain how cultures differ from each other: individualism-collectivism, power distance, uncertainty avoidance and masculinity-femininity (Hofstede & Hofstede, 2005). A fifth dimension, long-term versus short-term orientation, and a sixth dimension, indulgence versus restraint, were later added to these dimensions (Hofstede, 2012). Saint-Jacques (2012) points out that for most countries in the world, cultural research can no longer apply the absolute and general cultural dimensions. The work of Hofstede has received criticism of its limitations to national borders and making generalizations of national cultures that may not always work in

today's global world. As noted earlier, cultures and nations are not identical. In addition, individuals may have different perceptions and views about their own culture (Gudykunst, 1998; Saint-Jacques, 2012).

2.3 Organizational culture

Organizational culture refers to culture that takes place in the organizational context. According to Keyton (2005), the features of several definitions of organizational culture commonly suggest that organizational culture must be shared by a collective which can vary in its size from a small work unit to a division and it is also a multilevel construct that comprises many elements. The collectivistic aspect of culture was also introduced in the previous definitions of culture. The famous definition used to explain organizational cultures is the brief and compact expression "the way we do things around here" (Bower, 1966 cited in Deal & Kennedy, 1982, p. 60). Organizational culture emerges from the complex web of communication among the organization's members (Keyton, 2005) which clearly emphasizes the essential role that communication plays in it. Eisenberg and Riley (2001) point out that "a communicative view of organizational culture sees communication as constitutive of culture" (p. 294).

Edgar H. Schein (2010) identifies three levels of culture which are artifacts, espoused beliefs and values, and basic underlying assumptions. Schein's model is commonly used to describe organizational cultures. Hackman and Johnson (2009) suggest that dividing organizational culture into these three levels, assumptions, values, and symbols, provide important information on how culture operates.

According to Schein (2010), the level of artifacts is at the surface which includes all the phenomena that can be seen, heard, and felt when encountering a new group with an unfamiliar culture. Artifacts include the visible products of the groups such as the architecture of its physical environment, language, rituals, and ceremonies. Schein notes that the climate of the group is among these artifacts. He also emphasizes that the important aspect of this level of the culture is that it is both easy to observe but also difficult to decipher. In addition, the attempt to infer the deeper assumptions from artifacts alone is dangerous since a person's interpretations will inevitably be projections of his or her own feelings and reactions. Schein believes that when living in a particular group long enough, the meaning of artifacts in the group's culture will gradually become clear.

The next level of organizational culture is espoused beliefs and values which involve ideals, goals, values, and aspirations (Schein, 2010). Keyton (2005) notes that organizational culture comprises many values that are in some way interdependent; some of them support each other but likewise, they can also conflict with one another.

Assumptions serve as the foundation for the group's culture (Hackman & Johnson, 2009). According to Schein (2010), basic underlying assumptions are unconscious, taken-for-granted beliefs and values that determine individuals' behavior, perceptions, thoughts, and feelings. Hence, Schein points out that they are difficult to change. Assumptions are so deeply entrenched that they are no longer discussed and yet, they are subtle, abstract, and implicit (Keyton, 2005). McDaniel et al. (2012) point out that most of the changes affecting culture are often topical in nature such as dress, food, and

housing but yet, the deep structures of culture are far more resistant to major change. This view suggests that often invisible parts of culture are harder to change compared to visible ones.

Holden (2002) argues that Schein's categories should not be seen as watertight because some cultural factors are both visible and invisible. Visible and invisible elements of culture are commonly used in other models that aim to describe culture such as the Iceberg model in which the visible part of the iceberg demonstrates the visible aspect of culture while the invisible part of culture lies below the waterline. On the one hand, categorizing can help make sense of the phenomenon but on the other hand, it can also lead to generalizations and putting things into watertight boxes which might, in some cases, be misleading.

Hackman and Johnson (2009) note that a good way to determine how an organization views itself and the world is to listen carefully to the language in particular. Also Cheney, Christensen, Zorn and Ganesh (2004) point out that it is necessary to be sensitive to how language is used in the organization since it includes categories, classes, hierarchies, and distinctions that order and create the world.

Hofstede and Hofstede (2005) state that organizational culture differs in many respects from national culture: organization is a social system of a different nature than a nation since members of the organization did not grow up in it but had a certain influence in their decision to join the organization and they are involved with the organization during their working hours. The entry and transmittal of organizational culture can occur in different ways and at different times compared to national culture (Thomas, 2008).

According to Nancy J. Adler (1986), employers and managers bring their ethnicity to the workplace even though managers often believe that organizational culture moderates or even erases the influence of national culture and assume that the employees working for the same organization are more similar than different despite of their ethnicity.

Derungs (2011) notes that nations and international companies have become more interdependent globally by the impact of increasing migration, mobility, and globalization. Workplaces are now more international and multicultural than ever before. Diversity can bring challenges to the organization but it can also create great advantages if it is seen willingly as a strength. In fact, cultural diversity can be seen as an organizational resource (N. A. Adler, 1986; Holden, 2002). Nancy J. Adler (1986) points out that diversity becomes most advantageous when the organization wants to expand its perspective, its approach, range of ideas, and operations. Raising cultural awareness is crucial in today's multicultural working environment in Finland. Cultural differences can bring challenges to the workplace, but it is also extremely important to acknowledge that the multicultural environments, organizations, and teams can be seen as strengths. This study approaches the phenomenon from the standpoint that cultural diversity is a considerable advantage to organizations. Nurses' enriched cultural backgrounds are beneficial in providing culturally competent care for diverse patient groups and delivering safe and efficient nursing care to ensure optimal outcomes for patients (Adams & Kennedy, 2006). This is however often a question from the viewpoint of management and how it sees and values the diversity within the organization.

Professional culture in organizational context

According to Derungs (2011), an organization's subunits such as divisions, departments, groups, or teams form their own subcultures through their perspectives and sets of values. Andrews (2008) views health care organizations as "mini societies that have their own distinctive patterns of culture and subculture" (p. 302).

One aspect of exploring culture in an organizational context is to look at professional culture that is often rather evident in workplaces. Bloor and Dawson (1994) explain that professional groups can refer to organizations consisting predominantly of one profession, large organizations employing a variety of professional groups, organizations comprising several different professionals working in multidisciplinary teams, or organizations that have largely non-professional staff but employing a few professionals in specialist roles. Bloor and Dawson claim that how organizational culture and professionalism influence each other depends mainly on the types of organization and the place of professionals within them. According to Schneider and Barsoux (2003), professional cultures differ in their values and beliefs, what is considered accepted behavior, and in artifacts such as different dress codes and codes of conduct that distinguish them from other professions. Professional attitudes is seen as a framework that professionals use in identifying their work in a social role context and the emphasis of professionals' value commitments is specifically on the professional status of their work (Fagermoen, 1997).

A relevant professional culture to this study is nursing culture. Suominen, Kovasin and Ketola (1997) say that it can be seen as a part of the environment of nursing and having its own distinctive characteristics such as a common language, rules, rituals, and dress. The profession of nursing is often described as a female dominated profession. Fagermoen (1997) states that professional identity refers to the nurse's individual view about "what it means to be and act as a nurse" (p. 435). An interesting and rather relevant question for this study in terms of nurses' professional culture is that are nurses the same everywhere in the world? In other words, is there a universal nursing culture that is applicable worldwide? Schneider and Barsoux (2003) claim that there is an interaction between national and professional cultures. It is likely that as professionals, nurses have plenty in common but are also influenced by organizational culture and the environment. Individuals also bring their cultural backgrounds and personal traits to their professional roles.

This part of the thesis aimed to present different definitions of culture. As a broad variety of definitions demonstrates, culture can be seen and understood in multiple ways. After all, it comes to the matter of point of view: what is the context where it takes place and whose point of view is in question. Culture is how individuals interpret and see the world and it is a unique experience. As Chen and Starosta (1998) suggested, culture is dynamic and changeable. Therefore, continuous research on topics related to culture is required in order to have the most currently data and views to help understand the phenomenon.

2.4 Organizational communication

According to Frey, Botan, Friedman and Kreps (1991), “organizational communication occurs within a particular social system composed of interdependent groups attempting to achieve commonly recognized goals” (p. 34). Kreps (1990) describes organization communication as “a process whereby members gather pertinent information about their organization and changes occurring within it” (p. 11). Hall and Tolbert (2005) state that the communication process in an organization involves elements that are strongly both organizational and individual. Frey et al. (1991) claim that organizational communication is made possible by the prior levels of communication: intrapersonal, interpersonal, and group.

According to Hall and Tolbert (2005), organizational structures that vary in their size, technological sophistication, and degrees of complexity and formalization, are designed to be or evolve into information-handling systems. They argue that communications are shaped by organizational structure and vice versa. Koehler, Anatol and Applbaum (1981) state that communication serves four different important functions in an organization: informative, regulative, persuasive, and integrative functions. They claim that the informative function is crucial in organizational communication because a constant flow of information is needed for operations of the organization such as tasks and decision-making. Managers need accurate, timely, and well-organized information in order to reach decisions or to resolve conflicts. Organizations can be viewed as information-processing systems where all members of the organization want to obtain more, better, and timely information. According to Koehler et al., the regulative function involves the

impact of two elements. Firstly, management controls the information transmitted in the organization. Secondly, regulative messages are basically work-oriented and focus on tasks that are required to accomplish a particular job. Koehler et al. claim that integrative functions operate to give the organization unity and cohesion, defining objectives and tasks for the purpose of facilitating the entry, and smooth absorption of appropriate participants. They conclude that these four functions are not mutually exclusive because any act of communication can fulfil several different functions.

Koehler et al. suggest that the term communication network is used to indicate “the existence of specific patterns by which messages are transmitted between three or more individuals” (1981, p. 121). There are two types of communication networks in organizations: formal and informal. Organizational communication is also concerned with internal communication within an organization and external communication among members and representatives of other organizations (Frey et al., 1991).

According to Ronald B. Adler (1986), formal networks are management’s idea of who communicates with whom to get the work done. He claims that informal communication takes many forms and informal networks involve a remarkable amount of information and because informal sources do not need to follow official channels, they often provide information faster than official methods and are more accurate than official channels.

According to Kreps (1990), formal and informal communication have an interesting relationship. Kreps argues that formal communication systems rarely satisfy completely organization members’ information needs so they develop what he calls a grapevine, to gather information they cannot get in

formal channels. The less the formal communication is used to provide relevant information to organization members, the more they need to depend on the grapevine. Kreps notes that conversely, the more the formal communication channels provide members with relevant information, the less these members are depended on the grapevine information. The effectiveness of any organization is related to the management of both the formal and informal communication network channels (Koehler et al., 1981).

As discussed earlier, culture and communication are basically inseparable. In organizational communication, culture also possesses an essential part an organizational life. In addition, now more than ever intercultural communication is often a significant part of it. On the one hand, culture makes an organization different from others. Without communication, on the other hand, an organization would not be able to function.

3 ORGANIZATIONAL ENTRY

3.1 Phases of organizational entry

The period of early organizational entry is one of the most important phases of organizational life (Kammeyer-Mueller & Wanberg, 2003). According to Wanous (1992), organizational entry includes the wide variety of events occurring when new members join organizations and he views organizational entry as “a two-sided process in which individuals choose organizations and organizations individuals” (p. 19).

Individuals go through complicated processes to adapt to organizational life and according to Miller (2009), these processes develop over time and involve many organizational members and activities. Miller concludes that adaptation to organizational life is not therefore automatic or immediate but instead, it takes place gradually. Jablin (2001) says that entry period is frequently viewed as “a discrete stage or phase of the assimilation process” (p. 758).

Table 1 shows the model of Wanous (1992) that describes four phases of organizational entry. The first two phases, recruitment and selection, are pre-entry phases and two post-entry phases include orientation and socialization. All phases are described from both the individual newcomer’s and the organization’s perspective which Wanous considers central in the

model. For this study, the two post-entry phases are the main interest and therefore, emphasized.

Table 1

Individual and organizational issues at four stages of entry

Whose Perspective?		
Phase of organizational entry	The newcomer individual	The organization being entered
1. Recruitment: the process of mutual attraction	<ul style="list-style-type: none"> - Finding sources of information about job openings - Determining the accuracy of information about particular organizations 	<ul style="list-style-type: none"> - Finding sources of effective job candidates - Attracting candidates with appropriate strategy (“selling” vs. “realism”)
2. Selection: the process of mutual choice	<ul style="list-style-type: none"> - Coping with job interviews and other assessment methods - Deciding whether apply or not - Choosing from among job offers 	<ul style="list-style-type: none"> - Assessing candidates for future job performance and retention
3. Orientation: the process of initial adjustment	<ul style="list-style-type: none"> - Coping with the stress of entry 	<ul style="list-style-type: none"> - Managing both emotional and information needs of newcomers
4. Socialization: the process of mutual adjustment	<ul style="list-style-type: none"> - Moving through typical stages - Detecting one’s success 	<ul style="list-style-type: none"> - Influencing newcomers with various tactics - Using the psychology of persuasion

Note. From *Organizational entry: Recruitment, selection, orientation and socialization of newcomers* (2nd ed., p. 3), by J. P. Wanous, 1992, Reading, MA: Addison-Wesley Publishing Company.

Evidently, newcomers experience more stress immediately after entry than before their entry as a job candidate (Wanous, 1992). According to Nelson, Quick, Eakin and Matuszek (1995), “organizational entry and socialization have been traditionally viewed as stressful processes for newcomers, with the implicit expectation that the newcomers' stress will abate as they become established organizational members” (p. 1). Jablin (2001) conclude that organizational entry commonly involves rather high levels of uncertainty, surprise, discrepancies between expectations and reality, and related efforts to make sense of these experiences through reformulating cognitive schemas, scripts, and behavioral models. In addition, Jablin further states that it is associated with categorizing and labeling people, activities, and objects, and related methods of interpreting and constructing social reality.

According to Gudykunst (1991), individuals experience more uncertainty and anxiety when they communicate with members of out-groups than when communicating with member of in-groups. Gudykunst clarifies that anxiety refers to the feelings of being uneasy, tense, worried, or apprehensive about what may happen and it comes from the anticipation of negative consequences where as uncertainty results from individuals' inability to predict strangers' behavior. As individuals get to know strangers, the anxiety generally tends to decrease but yet, levels of uncertainty and anxiety do not increase or decrease consistently but they can be expected to fluctuate over time (Gudykunst, 1998).

Wanous (1992) points out that perhaps the most important reason why attention should be placed on the entry of new organization members is

that turnover is expensive. Therefore, organizations benefit in the long run when investing in newcomers' organizational entry.

3.2 Organizational socialization

According to Cheney et al. (2004), socialization is one of the most important processes by which organizations communicate their culture to new members of the group. New members absorb organizational culture and become familiar with the values and expected behavior (Schneider & Barsoux, 2003). To put it simply, organizational socialization refers to “the process by which newcomers make the transition from being organizational outsiders to being insiders” (Bauer, Bodner, Erdogan, Truxillo & Tucker, 2007, p. 707).

Wanous (1992) argues that socialization is the longest and most complex phase compared to other phases of organizational entry introduced in the previous chapter. It involves the ways in which newcomers change and adapt to the organization. The types of changes that newcomers go through are learning new roles, norms, and values (Wanous, 1992). The corporate culture, values, and behavior can be learned in a variety of ways such as using training programs, observing informally other members of the organization, and learning the organizational language and folklore (Schneider & Barsoux, 2003).

According to Miller (2009), the socialization process includes three stages: anticipatory socialization, the encounter phase, and the metamorphosis phase. The first stage, anticipatory socialization, means socialization that occurs before an individual enters an organization. It involves everything that a new member learns about a specific job and a specific organization prior to the

first day at work (Cheney et al., 2004). According to Miller (2009), there are several aspects to this stage such as learning about work in general, learning about a particular occupation, and learning about a particular organization. Overall, it encompasses both socialization to an occupation and socialization to an organization. The second stage of socialization, encounter, occurs at the organizational so called “point of entry” that takes place when a new employee first encounters life on the job (Miller, 2009). It involves an individual’s experiences of the organizational reality through day-to-day experiences with tasks, colleagues, and superiors (Cheney et al., 2004). In other words, that stage happens when new employee enters the organization. Miller (2009) points out that the newcomer needs to let go of old roles and values in order to adapt to the expectations of the new organization. In the last phase, metamorphosis, the new employee becomes an organizational insider and is accepted to the organization. Miller notes that the completion of the socialization process is reached in this phase.

According to Bae (2011), the organizational socialization process is critical for the ability of international nurses to adjust and stay in their work positions. Bae’s study found out that international nurses reported higher levels of organizational socialization than American registered nurses. Organizational socialization was negatively associated with a nurse’s intent to leave within 3 years. The findings of the study indicated that in the international nurses’ organizational socialization process, the orientation program and support from peers and supervisors were important.

3.3 Newcomer's information-seeking in organizational entry

According to Miller and Jablin (1991), “one of the main purposes of messages sent by the organization, supervisors, and co-workers in the encounter period is to provide newcomers with information leading to role clarity” (p. 100). They claim that in organizational entry, newcomers will probably seek information with a heightened sense of awareness or mindfulness. Miller (1996) argues that newcomers' perceptions of uncertainty and the anticipation of social costs affect how newcomers seek information in the organization. Morrison (2002) suggests that one of the important ways in which employees can cope with feelings of ambiguity and uncertainty in organizational entry is to seek information. Morrison also states that information-seeking takes place in many different organizational contexts such as employment interviewing, team interactions, performance appraisals, managerial scanning of the external environment, and following any type of organizational change.

Miller and Jablin (1991) have discovered a newcomer's seven information-seeking tactics that represent potential means through which newcomers in organizations may seek information in order to make sense of their new organizational environments. These tactics describe the variety of ways the newcomer seeks for information about a new organizational environment. Figure 1 shows Miller's and Jablin's model that represents a newcomer's information-seeking behaviors during organizational encounter.

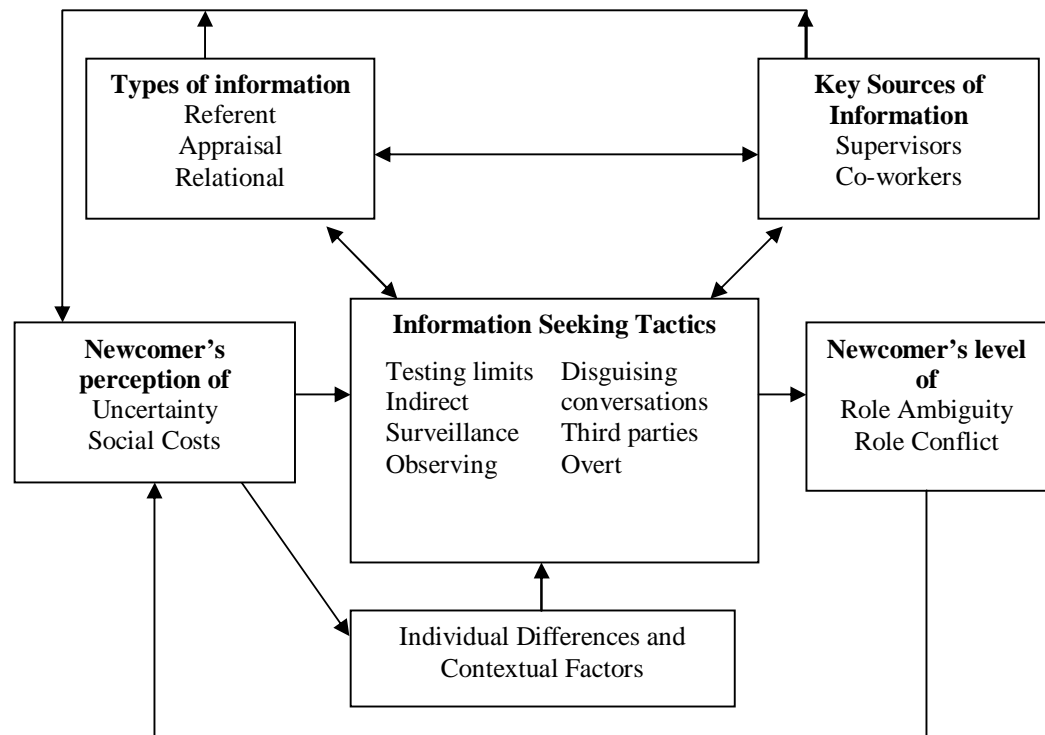


Figure 1. Newcomer's information-seeking behaviors during organizational encounter. From "Information seeking during organizational entry: influences, tactics, and a model of the process" by V. D. Miller and F. M. Jablin, 1991, *The Academy of Management Review*, 16 (1), p. 96.

According to Miller and Jablin (1991), the first information-seeking tactic, *overt questions*, deals with the use of overt means and it involves a direct interaction with information targets. The second tactic of information-seeking is the use of *indirect questions* which are usually used when newcomers are uncomfortable in seeking information from a source. The third tactic involves *third parties* as an information source when a primary source is substituted with a secondary source. This tactic is typically common when the primary source is unavailable or when newcomers feel uncomfortable in finding information from a primary source. The next tactic is about *testing*

limits or creating situations to which information targets must respond. Information seekers monitor these target responses in an attempt to gain insight into targets' attitudes toward particular behaviors or issues. *Disguising conversations* is the fifth tactic which refers to an attempt to disguise information-seeking as a natural part of conversation. *Observing* concerns observation about targets' behaviors in salient situation and it is typically used when individuals wish to unobtrusively obtain information concerning a target's attitude or information about how to perform a task. According to Miller and Jablin, the last information-seeking tactic of the model deals with the use of *surveillance* or a monitoring mode.

Morrison (2002) suggests that the process of information seeking unfolds over time and is affected by a variety of concerns and motives. Miller and Jablin (1991) argue that uncertainty plays a great role in newcomer's organization entry and it is considered as a basic catalyst for newcomers' information-seeking behaviors. They state that a notable amount of behavior-outcome uncertainty that a newcomer experiences revolves around the dynamics of the social milieu of the organization and the complex configuration of expectations that members of the newcomer's role set associate with the newcomer's role at both the conscious and unconscious level. The extent to which newcomers experience behavior-outcome uncertainty should have an effect their communication behaviors and especially their information-seeking directly. Miller and Jablin point out that even though newcomers attempt to reduce uncertainty through interactions with others, there are still costs embedded in any context related to information-seeking.

Morrison (2002) believes that the informational and social effects of information-seeking may also have an impact on the employee's more stable attitudes about oneself. Particularly in the case of feedback, gaining information can have an impact on one's self-esteem and sense of competence. Morrison states that when uncertainty is reduced and knowledge gained, the individual can adjust behavior accordingly.

Morrison (2002) states that behind research on newcomer information-seeking, there is an assumption that this activity assists newcomers to learn about, and settle into, their new job roles and in support of this assumption, researchers have demonstrated that the frequency of information-seeking relates to many measures of newcomer adjustment. Finding out and receiving information in a new working environment is therefore not just to reduce uncertainty but also assist the adjustment to the workplace.

When it comes to international nurses, language and culture are likely to affect their information-seeking during organizational entry. Language skills, for instance, can partly determine ways that a foreign newcomer can obtain information or at worst, limit or prevent the access to some information. Culture can also have an impact on preferred ways of information-seeking. In addition, previous experiences and ways that the individual have used in the past in other organizations might modify preferred ways of finding information in a new workplace. It is possible that organizational cultures can also influence information-seeking within organizations. This influence may have an effect on how the information is received, which communication channels are most commonly used and what are the best ways to find out a certain type

of information. In other words, there are likely variations among organizations which are suitable ways to find information.

3.4 Adjustment to the workplace

Researchers have been particularly interested in expatriates' adjustment to new workplaces in foreign working environments. A common approach to adjustment has been to view it from three involving dimensions which are work adjustment, interaction adjustment, and general living adjustment (Black, 1990 cited in Maude, 2011, p. 179). As discussed earlier, socialization and adjustment are part of organizational entry. Work adjustment describes how employees can adapt to their working environment, which might include factors such as work content, relationship with co-workers, management style, adaptation to environment differences, working compatibility, and working regulations (Huang & Yang, 2011). Maude (2011) argues that work adjustment can be delayed and harmed by the effects of poor working conditions, low performance standards, and other work-related stressors.

3.4.1 Intercultural adaptation

Today, there are so many people moving across different countries and cultures. Nurses have several reasons for migration. For example, some nurses migrate for adventure reasons, for career options, and professional development. In their study of international nurses in Australia, Brunero, Smith and Bates (2008) found out that nurses focused in particular on career and lifestyle opportunities when making decisions about nursing overseas.

However, Habermann and Stagge (2010) point out that many nurses migrate in order to seek personal safety, a higher income for themselves and their families, or personal freedom, and better working conditions. They often have to leave their children and aging family members behind to give their children a good education by working abroad (Habermann & Stagge, 2010). According to Adams and Kennedy (2006), there is a noticeable social cost for international nurses who have left their family, community and country which can be more difficult to bear for nurses that are either forced to leave due to persecution, life threatening situations or obliged to support their families. They also note that the experience can be stressful even for individuals who have the freedom of choice to migrate in order to gain new experiences.

Intercultural adaptation has been researchers' particular interest and focus in the field of intercultural communication. According to Kim (2001), the process of crossing cultures challenges the very basis of who the person is as a cultural being. Kim (2003) notes that there are a variety of terms that have been used to describe the process that immigrants and sojourners go through in an unfamiliar culture and terminology becomes more complex when considering the variations in the operational definitions of these terms. She explains that assimilation has often been employed to emphasize an individual's acceptance and internationalization of host culture. Another term, acculturation, Kim defines as "the process by which individuals acquire some (but not all) aspects of the host culture" (p. 244). In a more limited sense, coping and adjustment have been used to refer to "psychological responses to cross-cultural challenges" and integration for "social participation in the host environment" (p. 244). Sometimes these terms are confused with each other and are used as

synonyms. Bennett (1998) notes that it is useful to distinguish adaptation from assimilation in order to clarify that assimilation is the process of re-socialization that seeks to replace one's original worldview with that of the host culture whereas adaptation is the process whereby one's worldview is expanded to include behavior and values appropriate to the host culture. Bennett clarifies that assimilation is substitutive while adaptation is additive.

According to Berry and Ataca (2007), the process of acculturation is initiated when ecosystem and cultural changes are introduced from outside. They claim that acculturation involves both the cultural and psychological changes that follow from contact between two or more cultural groups. At the cultural group level, these changes can take place in the physical, political, economic, or social domains such as urbanization, loss of autonomy and livelihood, and the re-organization or even the destruction of social relationships. At the individual level, changes in the psychology of the individual occur (Berry & Ataca, 2007). Berry (2005) notes that these cultural and psychological changes involve a long-term process which can take years, generations, or even centuries.

According to Berry (2005), a central feature of all acculturation phenomena is the variability. Berry notes that there are group and individual differences in acculturation strategies and in the degree to which they adapt. Besides cultural group and individual variation, Berry points out that there are also variations within families.

Kim (2003) sees adaptation as "a dynamic process by which individuals, upon relocating to a new and unfamiliar cultural environment, establish (or re-establish) and maintain a relatively stable, reciprocal, and

functional relationship with the environment” (p. 244) and in particular, in the core of this definition is the goal to achieve an overall person-environment so called “fit” in terms of maximizing one’s social life chances. Kim describes cultural adaptation through a Stress-Adaptation-Growth Dynamic process model. The three-pronged model emphasizes the dialectic of stress and adaptation that together bring a gradual psychological movement and this process follows a pattern that juxtaposes novelty and confirmation, attachment and detachment, progression and regression, integration and disintegration, construction and destruction (Kim, 2003). Kim (2001) states that “stress, adaptation, and growth thus highlight the core of strangers’ cross-cultural experiences in a new environment” (p. 56). She explains that the stress-adaptation-growth dynamic plays out in a cyclic and continual “draw-back-to-leap” representation of the present articulation of the interrelationship between stress, adaptation, and growth where individuals respond to stressful experiences by “drawing back”, which in turn, activates adaptive energy to help them to re-organize themselves and then “lead forward” (pp. 56-57).

Environment can have an effect on cultural adaptation. Martin and Nakayama (2007) claim that whether or not the environment is welcoming or hostile affects the individual’s adaptation. According to Maude (2011), research suggests that personal qualities such as communication competence, the ability to form relationships with members of the host culture, a non-judgmental approach to new cultures, and the ability to tolerate social and cultural isolation can facilitate cross-cultural adjustment. Furthermore, acceptance into any new cultural group depends to a great extent on the individual’s ability in competent and appropriate communicative behavior and

furthermore, the newcomer's attempt in making a conscious effort to communicate regularly with the local people and to become familiar with their beliefs and norms accelerates cross-cultural adjustment (Maude, 2011). Surely, the environment has an impact on an individual's adaptation and it can be difficult to predict the environment's influence on one's adaptation beforehand. However, the importance of an individual's role in facilitating their own cultural adaptation should not be underestimated. In the end, it is the individual's own attitude and openness to the environment that often counts. Often the environment mirrors the individual's behavior so negative and prejudiced attitudes towards the new cultural environment hardly lead to successful adaptation.

When a person enters a new culture, it is essential to get information about the environment which involves interaction with the environment. As previously described, when seeking information in organizations it seems logical that a person needs different tactics and sources to find relevant information needed in order to cope with a new cultural environment as well.

3.4.2 International nurses' adjustment to new workplaces

International nurses' workplace adjustment has had less attention in the field of research but some studies have explored the topic (e.g. Huang & Yang, 2011; Magnusdottir, 2005). Kawi and Xu (2009) argue that there is a scarcity of research focusing on issues that international nurses encounter in their adjustment to a foreign health care environment. Their study focused on identifying facilitators and barriers to international nurses' adjustment by

reviewing the past research on the topic to summarize the most common factors that influence international nurses' adjustment to new working environments. Findings of the study indicate that a positive work ethic, persistence, psychosocial and logistical support, learning to be assertive, and continuous learning helped the international nurses' adjustment to their new workplace environments. Kawi and Xu found out that in contrast, language and communication difficulties, differences in culture-based lifestyle, lack of support, inadequate orientation, differences in nursing practice and inequality were identified as barriers for international nurses' adjustment.

Spry (2009) believes that issues such as language, culture, technology, and terminology, as well as feelings of not being accepted, isolation, and loneliness can make adjustment difficult for international nurses. While being in a new culture and working environment, they can be expected to deal with unfamiliar technology, appreciate unfamiliar cultural norms, speak in a foreign language, and not see family or friends (Spry, 2009). According to Ryan (2003), four major issues which are often overlapping areas that must be addressed in order to international nurses to adjust successfully to their new workplace are socialization to the professional nursing role, acquisition of language and other communication skills, development of workplace competence, both clinical and organizational, and availability of support systems and resources within the organization. Kawi and Xu (2009) point out how critical it is to address the adjustment issues of international nurses in new workplace environments when dealing with the global nurse shortage and increasing magnitude of their migration. They argue that the barriers that nurses encounter not only affect job satisfaction of international nurses and

therefore, their retention, but also patient safety and quality of care. They believe that multifaceted strategies involving concerted efforts to support the successful adjustment of international nurses are most likely to enhance job satisfaction and improve retention. Identifying the facilitators and barriers to the adjustment provides the essential information needed to design an evidence informed program to meet the unique needs of international nurses as they adjust to new workplaces. Kawi and Xu note that international nurses' successful adjustment will not only benefit nurses themselves, but also their employers, and most importantly, the public cared for by international nurses. Since adaptation to a new working environment can take a long time, Habermann and Stagge (2010) recommend that employers who want to attract and retain nurses should accompany the process over the years and to provide programs that are not only covering the first encounters of international nurses with their new work environment, but also support the adaptation process in the long run.

Employers and colleagues can significantly assist international nurses' adjustment to new workplaces. Davis (2003) shares several practical advices for employees working with nurses from other countries on how to help nurses to adjust and make a smooth transition to a new workplace:

1. *Take an initiative* and welcome international nurses to the unit by introducing yourself and other team members to offset any language hurdles or reluctance to make a first move;
2. *Explain how the system works* by providing information on how much responsibility nurses have, how much technology to use, and how fast the pace is. Furthermore, it is important to help them to understand

- health care team members' roles and responsibilities so that they can understand how they fit into the unit and the hospital;
3. *Clarify abbreviations, slang, and idioms when using them in practice* to avoid communication problems and promote fitting in with others at the workplace;
 4. *Share the unit's cultural norms* such as reporting practices at the beginning and end of each shift;
 5. *Explain cultural aspects of care* since international nurses may have to adjust to the ethnic and religious diversity. Likewise, it is also encouraged to ask international nurses' advice on patients from their country or background;
 6. *Help them pronounce medical terms* which can be challenging for non-native speakers. When international nurses know that they are communicating clearly, it might boost their confidence to speak up more with patients and colleagues;
 7. *Share good nursing resources* so that international nurses can access the information needed to develop and maintain their clinical competence;
 8. *Offer help without being asked* since international nurses might hesitate asking help which can be perceived as incompetence;
 9. *Provide positive feedback* because it can make a difference and give international nurses an encouragement to believe in their abilities to work as a nurse in a foreign country;
 10. *Encourage them to share health care practices from their home country* to appreciate and value their expertise;

11. Invite them to be part of the team as with any new member at the workplace.

It is logical that these tips also apply to any new member entering a new workplace but in particular, when it comes to international nurses it can make a huge impact on their adjustment and feeling welcomed to the workplace. Relevant themes associated with international nurses' adjustment to the workplace seem to be dealing with issues such as language and communication, socialization in the workplace, and sharing and providing information.

4 WORK ORIENTATION

4.1 Definition and purpose of work orientation

The term work orientation refers to all measures which enable a newcomer to enter new working tasks and the working environment (Vartiainen-Ora, 2007). Work orientation is about getting familiar with a new organization and working tasks and supporting a new employee until the person feels confident to take over the job. It involves issues such as conditions of the workplace, materials, procedures, systems, work safety, materials, and different tools (Vartiainen-Ora, 2007; Viitala, 2004).

Kangas (2000) notes that a starting point for work orientation is human resource policies which include common principles and ground rules in staff related matters. A new employee also gets familiar with the objectives and policies of the unit and the organization (Vartiainen-Ora, 2007; Viitala, 2004). Åberg (2008) points out the role of communication in work orientation by stating that work orientation is about communicating common ground rules to the staff.

According to Kupias and Peltola (2009), there are laws in Finland that regulate and deal with work orientation in workplaces, particularly the employment contracts act, occupational safety and health act, and the act on co-operation within undertakings. Laws have many regulations related to work orientation. Kupias and Peltola note that the employer's responsibility to

provide a guidance to work for an employee has received particular attention. Work orientation is a responsibility of an employer who is also accountable for taking employees' professional knowledge and personal characteristics into consideration in work orientation (Vartiainen-Ora, 2007). Åberg (2008) states the superior of the newcomer is responsible for work orientation while other employees that participate in work orientation support the superior.

Why is it so important to provide a good work orientation for a new employee? Lepistö (2000) argues that work orientation is one of the most important trainings at workplaces. It affects an employee's work motivation, results of work, work safety, and other areas of work well-being. It assists to create a positive attitude towards work and supports a newcomer's commitment to the organization (Viitala, 2004). According to Kangas (2000), there are several benefits related to work orientation. Firstly, learning becomes more effective and learning time is reduced. With the help of work orientation, a new employee learns to work properly from the beginning of the employment. The number of mistakes is reduced and consequently time is saved by not having to fix them. Secondly, safety risks are reduced when safety matters are part of work orientation. Most accidents happen to newcomers so it is important to acknowledge the importance of safety issues in work orientation. Thirdly, a good orientation decreases the absence of employees and staff turnover. The first impression of the workplace is crucial and in addition, a positive impression of the workplace encourages and supports the employee. Fourthly, an employer can save costs when providing a good work orientation to employees. A poor work orientation can result in high costs that come from fixing mistakes of the employee, wastage, accidents, employee absence, and

staff turnover. Lastly, work orientation has an effect on a company image. Often the company image is influenced by people's experiences and what they hear from each other about the company. There are many factors that have an impact on the company image but moreover, work orientation surely has its part in it. Kangas concludes that a good work orientation takes time but pays itself back manyfold. Lepistö (2000) also views the benefits of work orientation from several perspectives and divides gained benefits into three parts: all parties, the employee, the supervisor, and the workplace eventually receive positive outcomes.

According to Vartiainen-Ora (2007), a successful work orientation of a foreign employee in the beginning of employment can save from trouble in the future and it promotes the common understanding between the new employee and the workplace and therefore, it can boost happiness at the workplace. A well planned work orientation can be seen as a message to a new employee that the person is welcome in the organization and it can also have an effect on whether or not the employee will stay in the workplace in the future. Vartiainen-Ora suggests that in some respect, work orientation can also serve the positive aspect of multiculturalism in the Finnish society.

One of the common methods to provide orientation is mentoring. Juusela, Lillia and Rinne (2000) suggest that it is a good way to provide a continuous and long-term work orientation. According to Guirdham (2011), mentoring refers to "a senior and experienced member of the staff of an organization providing information, advice and support for a junior person" (p. 309). Juusela et al. (2000) describe mentoring as a process where the mentor and the mentee work together in order to identify the capacity and

characteristics of the mentee to develop them. They also claim that mentoring involves skills of learning, efficiency of learning, taking responsibility for one's own learning, sharing information, learning together, and learning from experience. According to Denungs (2011), the mentoring process does not only pass information and knowledge but it also leads others through giving self and others a meaning. Furthermore, Denungs states that mentors and mentees share the responsibility and ensure each other's growth.

Juusela et al. (2000) stress that mentoring is an interactive relationship. Clutterbuck (2004) argues that the most common reason why many mentoring relationships fail is that neither the mentors nor mentees are quite sure what they are aiming for which indicates that there is no sense of direction in the relationship. According to Clutterbuck, one of the solutions to this particular problem can be formal mentoring which helps to make sure that the relationship has a clear purpose and that there is a practical framework of support for both mentor and mentee.

Informal mentoring also has several arguments in its favor. According to Clutterbuck (2004), informal relationships take longer to get off the ground and usually tend to last a longer period of time which indicates that there is more opportunity to create a strong trust and achieve medium-term goals. In addition, Clutterbuck notes that informal mentors often seem to have better communication and coaching skills than formal mentors.

Denungs (2011) highlights the leadership point of view in mentoring and states that "coaching and mentoring are ideal ways to help organizations to multiply leaders and enhance trans-cultural leadership throughout all levels" (p. 198). Murphy and Ensher (1997) have proposed a

developmental model of cross-national mentoring that builds on Kram's (1983) four-stage mentoring model and describes the points at which cultural differences may affect the nature of a mentoring relationship. The model includes five phases: *attraction* that leads to positive affect or liking between dyad members, *contracting* that involves testing roles in the relationship, *growth* in which trust and exchange of information increases, *maturation*, the stability of the relationship, and *transition* which determines whether or not the mentoring relationship will end or transition into another type of relationship.

Murphy and Ensher (1997) point out that not only has the national culture an effect on an individual's interactions in general, mentoring in particular, but also corporate culture influences social behavior. In relationships that are less well defined such as informal mentoring relationships cultural values may tend to play a larger role than organizational culture. Even though the discussion of cultural differences can be useful, Murphy and Ensher note that the degree of acculturation, corporate culture, organizational demography, and an individual's unique values can affect how culture influences mentoring.

4.2 Work orientation process

Work orientation should concern all recruited employees and if possible, it should already start in the recruiting process. Viitala (2004) states that the orientation of new employees is a system that should cover the following areas: informing before organizational entry, a reception and an orientation to the organization, employment, and work. When a new employee moves to a completely new locality, it would be good to orientate the new person to the

region as well (Lepistö, 2000; Åberg, 2008). Orienting a newcomer to the region sounds ideal especially for a foreign newcomer but I suspect that in a busy working environment it is unfortunately quite rare that an employer has time to make that kind of effort to the orientation.

Lepistö (2000) describes work orientation as a learning situation that has multiple phases. Furthermore, Lepistö defines five main essential areas for work orientation. These areas are: (a) *employment* which includes for example information about the work content, terms of employment, work community, and written materials, (b) *reception and a start of work orientation*, (c) *guidance to work*, (d) *work orientation continues*, and (e) *evaluation and development of work orientation* which aims to discover what has been accomplished by orientation and what kinds of actions are needed to improve it.

Work orientation can be described as a process. Kupias and Peltola (2009) have divided the process into different phases which can be seen in Figure 2. These phases create three main categories to the process that involve phases that occur before starting work in a new organization, while working there as an employee and finally, when leaving the organization.

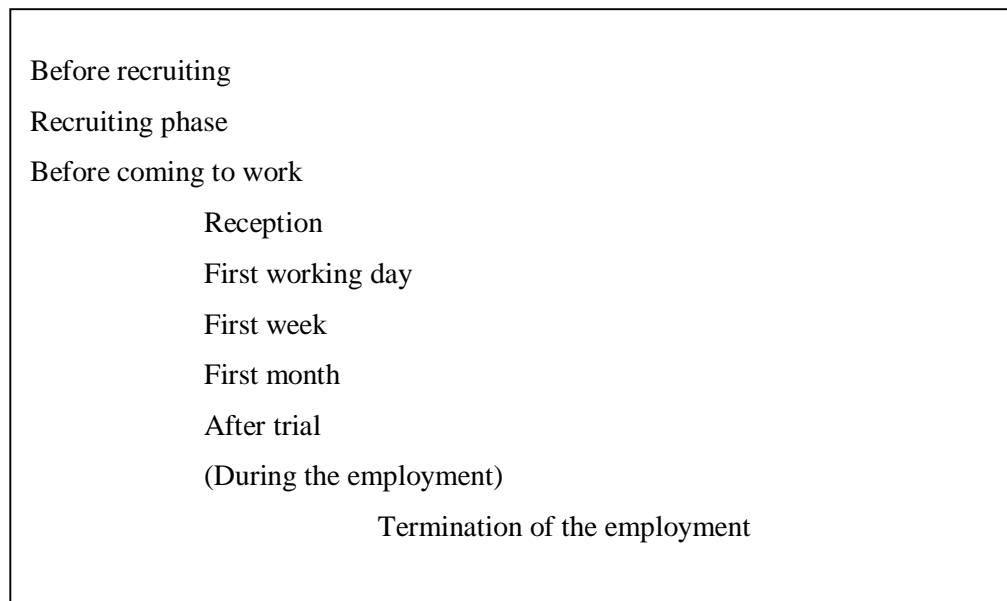


Figure 2. Phases of work orientation process. From *Perehdyttämisen pelikentällä* (p. 102), by P. Kupias and R. Peltola, 2009, Helsinki: Palmenia.

According to Kupias and Peltola (2009), orientation, or preparation for orientation, already starts *before recruiting* which means that requirements and skills needed for the position are already then considered. The process of recruiting is a significant phase of work orientation. In *recruiting phase*, applicants get information about the demands and characteristics of tasks, the work community and the organization. At the same time, the organization receives information about applicants for the position, their perspectives, potentiality, and know-how. With good recruiting practices, it is possible to ensure an excellent ground for further orientation. Once the person is chosen for the position, it is easier to start targeting work orientation for the chosen person *before coming to work*. Kupias and Peltola suggest that after selection, the person in the organization coordinating work orientation can be in contact

with the newcomer since that provides important information for the coordinator for planning the particular work orientation.

Kupias and Peltola (2009) state that the next phases of work orientation process take place when a newcomer starts to work in a new workplace. The *reception* of a new workplace is crucial since then a newcomer gets a first impression about the work community. Kupias and Peltola say that a good start goes a long way whereas a bad start can be difficult to fix. Therefore, putting effort on the reception of a newcomer can be beneficial. The most important thing in the reception is that the newcomer feels welcome in the workplace. During the *first working day*, the most urgent practical matters such as handing over keys, a pass to access a building, and other important practices that make starting the work easier are taken care of. The first day deals with a presentation of workplace, a workstation and closest colleagues. It is important that the newcomer has something to do but still does not receive too much information that can be difficult to process yet. The newcomer's experiences and skills should be determined during the first week of employment because it helps to create or modify an orientation plan that support one's learning. During the *first week* in a new job, it is important the newcomer gets into his or her work. Kupias and Peltola claim that this is contributed by getting an overall picture about a new job and getting to know new colleagues and the organization. Viitala (2004) points out that the first two weeks in a new organization in particular are crucial for the creation of attitudes.

According to Kupias and Peltola (2009), after the first week in a new workplace, it is intended that the newcomer can start productive work.

During the *first month*, the new employee should already be able to express his or her own ideas that could, at best, lead to new ideas to improve the course of action at the workplace. Supervisors and other colleagues should be open to the newcomer's feedback and have willingness to develop their operations. In general, it depends on the organization how much freedom of action can take place during work orientation. Kupias and Peltola remind that work orientation should continue as planned during the first month and often the main responsibility of work orientation shifts to the newcomer.

After trial is the next phase of work orientation process. Usually, the trial of employment is four months. Kupias and Peltola (2009) point out that development process dealing with work orientation can also be shorter. Its goal is that the newcomer can have a good start with the new work or that the person survives from working tasks independently, and is able to find out more information relevant to the job. Work orientation can continue as planned or depend on the newcomer's needs and it often continues despite the trial period. Eventually, the process ends to *termination of employment*. Work orientation can also end by the employee's decision to leave the workplace. Kupias and Peltola suggest that the employer should gather feedback about work orientation from employees leaving the organization.

4.3 Work orientation plan

Some organizations use formal orientation programs that are designed for newcomers. According to Jablin (2001), many formal programs are short while some programs last longer and are considered as a part of ongoing process of

assimilating newcomers into the organization. Kangas (1997) notes that an orientation program is more precise than a common plan.

Lepistö (2000) says that a work orientation plan should indicate issues such as what has to be prepared before a new employee's arrival, what has to be shown to an employee in the first working day, and what kind of matters have to be dealt with in the beginning of employment. In other words, work orientation is an important form of training that should be planned properly as any other training in an organization. Lepistö claims that a work orientation plan can solve the common problem which is making sure that all necessary contents and issues that are included in the orientation.

According to Viitala (2004), when a new employee comes to a new workplace, a superior's task is to introduce him or her to other people at the workplace and make a work orientation plan together with a new employee. In the plan, based on the new employee's own background, the schedule is agreed for areas that the new employee needs to get familiar with. The plan also determines persons that need to be met so the new employee can have a discussion with them. Nowadays in a busy working environment it is possible to use, for instance, a work orientation map which allows a new employee to navigate independently to meet other employees in the organization and get to know how the organization works. This kind of practice can strengthen the newcomer's independence and initiative. Viitala notes that this requires excellent information flow and integration so that everyone can prepare themselves for these meetings. Viitala also points out that the supervisor needs to be available for the new employee and show interest in his or her work orientation.

Vartiainen-Ora (2007) points out that in work orientation targeted for a foreign employee that has moved to Finland from another country, it is important to take into consideration particularly the impact of the language, cultural differences, religion, and different perceptions of safety. Employment practices in Finland can be different compared to the home country and perceptions of employee's role can vary. For a foreign new employee, it is good to have a specific orientation plan which is applied individually based on an individual's language skills and cultural knowledge. In particular, language is important to take into close consideration, especially when the person has moved to Finland recently. Vartiainen-Ora suggests that if a newcomer has an immigrant background but has lived in Finland for a long time or has studied or worked in Finland before, work orientation can proceed in a normal manner in the organization.

To conclude, work orientation aims to support a newcomer in organizational entry, to guide the person to new working tasks and familiarize him or her with organizational culture. In addition, what seems an important aspect of work orientation is its purpose to increase the newcomer's level of confidence in taking on the new work and prepare the person to manage working tasks with confidence. At the same time, the employer can be convinced that the organization has given suitable tools and knowledge to the newcomer to master the new role in the organization. It provides an opportunity for the individual to grow and development professionally.

5 METHODOLOGY

5.1 Aim of the study and research questions

This chapter introduces the aims of the study and research questions. In addition, the methodology, study approach, data collection, and data analysis are described in this chapter.

The aim of this study is to find out what kind of content international nurses' work orientation includes especially in terms of intercultural communication, and to examine how international nurses experience and perceive work orientation in organizational entry, and how work orientation facilitates international nurses' workplace adjustment. Research questions of this study are:

1. How do international nurses experience and perceive work orientation in organizational entry?
2. How does work orientation facilitate international nurses' adjustment to the workplace?
3. What kind of factors international nurses consider meaningful in their work orientation?

It is important to find out what the main issues are that international nurses would need help with especially during their orientation period and what issues need to be taken into consideration when the organization plans

and implements work orientation. In this thesis, these issues are especially explored from the perspective of intercultural communication.

5.2 Qualitative research approach

This master's thesis is a qualitative study. According to Hirsjärvi, Remes and Sajavaara (2009), the starting point for qualitative research is to describe a real life and to view the reality as a complex phenomenon. The qualitative research data is gathered through natural situations (e.g. Creswell, 2009; Hirsjärvi et al., 2009; Patton, 2002). It often focuses on a small number of cases to analyze them as closely and precisely as possible (Eskola & Suoranta, 2008).

Participation is often essential for qualitative research (Eskola & Suoranta, 2008). Qualitative research prefers methods that allow bringing out the voice and perspectives of a participant (Hirsjärvi, Remes & Sajavaara, 2009). A particular interest of qualitative research is learning the meanings that participants attach to things in their lives (Creswell, 2009; Taylor & Bogdan, 1998).

According to Punch (2005), “the point of a qualitative study is to look at something holistically and comprehensively, to study it in its complexity, and to understand it in its context” (p. 186). Qualitative research aims to find, or rather to reveal, the real facts instead of verifying the existing truths or claims (Hirsjärvi et al., 2009). The researcher attempts to maintain the phenomenon as it is (Eskola & Suoranta, 2008). In qualitative study, the researcher is seen as a key instrument to collect data (Creswell, 2007; Hirsjärvi et al., 2009).

Qualitative research can be started without presumptions or definitions. According to Eskola and Suoranta (2008), it is often described as non-hypothesis research which means that the researcher does not have presumptions about the research target or results. Flick (2006) notes that qualitative research is frequently planned as very open and it adapts to different situations in the field. Hirsjärvi et al. (2009) say that the research is carried out in a flexible manner and different circumstances have an impact on the plan. Therefore, the research plan is shaped constantly while the research progresses. Eskola and Suoranta (2008) point out that as its best, the research plan actually lives throughout the study.

It was possible to use other research methods for this study. The study could have been quantitative which, however, would have required a larger number of respondents to be adequate as a quantitative study. This method was abandoned because of the feeling that it would have probably been difficult to gather sufficiently larger number of respondents that matched with the criteria of the study. Because this study is particularly interested in the experiences of international nurses and qualitative research is a suitable method to study individuals' experiences, this seemed the best possible choice as a method. Another possibility considered for this study was to interview mentors of international nurses. It would have been interesting to hear their mentoring experiences of international nurses and what they consider important in the orientation, mentoring, and mentoring relationships.

5.3 Thematic interviews

A common method to collect data in a qualitative research is to conduct interviews (Eskola & Suoranta, 2008; Hirsjärvi et al., 2009). According to Lindlof and Taylor (2002), “interviews are particularly well suited to understand the social actor’s experience and perspective” (p. 173). They also note that as a method, interviews allow researchers to hear participants’ stories of their own experiences.

The method used in this study is a thematic interview. A thematic interview is an open-ended approach where the interview revolves around certain topics without being limited to them. It is a suitable method for exploring individuals’ experiences and it takes into account their own interpretations (Hirsjärvi & Hurme, 2000).

5.4 Data collection

According to Punch (2005), there are four common-sense things that a researcher can do to maximize the quality of the data:

1. Think through the rationale and logistics of the proposed data collection, and plan carefully for data collection;
2. Anticipate and simulate the data collection procedures;
3. When approaching people for data collection, ensure that the approach is both ethical and professional;
4. Appreciate the role of training in preparing for data collection.

The data of the study was collected by interviewing international nurses who currently work in Finland in their profession and have been working in health care in Finland for few years. Interviewees did not represent any particular national culture. In addition, two employees working in administration positions were interviewed.

5.4.1 Interviews

Interview design

Two different thematic interviews were planned for the empirical part of the study. The first thematic interview was designed for international nurses. These interviews had five different themes: background information, coming to Finland, organizational entry, work orientation, and developing work orientation of international nurses.

The first theme aimed to find out what kind of background the interviewee has which includes information about one's education, where the person is from and how long the person has lived and worked in Finland. In addition, there was an interest to find out if the interviewee had lived in other countries before moving to Finland in order to determine one's experience in living abroad and adapting to new cultures. The second theme, coming to Finland, seeks to find out reasons behind moving to Finland, and what did the person thought and felt about it.

The first two themes focus on the background of the interviewee and generally to the context of life in Finland while the three other themes of the interview are concentrated in the context of workplace. The third theme aims to describe the event when the person started work in a new working

environment in Finland. I wanted to get information about the first working day, the newcomer's feelings in a new situation and how he or she perceived and experienced organizational entry. The actual work orientation was dealt with in the fourth theme of the interview. This theme and its questions were divided into three categories: what, who, and where. The goal was to get information about the content of work orientation, who was involved with the orientation process and where it actually took place. This theme was significant especially for the research question 1.

The last theme involved the development of international nurses' work orientation. The purpose of this theme was to get ideas on how work orientation could be improved for international nurses so that their organizational entry would be easier and the chance of having a successful work orientation would increase. This theme aims to answer the research question 3.

The second thematic interview was planned for professionals working in health care administration. Two persons from administration that deal with work orientations of nurses participated in the interview together. The aim was to find out how work orientation of international nurses is planned in a health care organization and what kind of experience they have with international nurses' work orientation. This thematic interview was based on four different themes: background information, planning work orientation for international nurses, international nurses' work orientation, and experiences about international nurses' work orientation.

The first theme aimed to gather information about interviewees' background: what was their role in the organization and how they were

involved with nurses' work orientation. The second theme focused on planning work orientation for international nurses since gaining information on how work orientation is planned at the workplace was one of the interests of this study. The focus of this theme was to discover what is taken into consideration while planning international nurses' work orientation.

The third theme, international nurses' work orientation, concentrated in the actual orientation. As with the similar theme in nurses' interviews, this theme was also divided into three parts of questions: what kind of content is usually included in work orientation, who is involved with the orientation process and where orientation takes place. In addition, this theme of the interview is meaningful particularly for the research question 1. The last theme of the interview was interviewees' experiences about international nurses' work orientation which aimed to find out the experiences of administration about the phenomenon, what the challenges are and what is suggested to take into account in order to provide a successful work orientation for foreign newcomers.

Before the interview

Thematic interviews of international nurses were conducted in the two different areas: central part of Finland in 2011 and southern Finland in 2012. Participants are usually selected for interviews when their experience is somehow central to the research problem (Lindlof & Taylor, 2002; Locke, Silverman & Spirduso, 1998). I assumed that the most convenient way to reach candidates for interviews was to contact health care organizations. Therefore, two health care organizations were contacted in order to find out possible

candidates for interviews. First, organizations received a request and an application for permission to conduct interviews. After the permit was received, the process of finding suitable candidates started. In central part of Finland, after the contact list of candidates was made by the organization, I contacted candidates via e-mail to set a time for the interview. In southern Finland, the organization took care of all the coordination of interviews. All participants received information about the study in a written form.

Before starting the interview, the purpose of the study was explained to the interviewee. There was also discussion about the fact that the participation is voluntary and the interview could be stopped at any time if the interviewee so wished. In addition, the interviewer and interviewee signed two copies of letter of consent. Interviewees were able to decide whether they want to be interviewed in Finnish or English. This helped interviewees to choose the language they feel most comfortable with to discuss their experiences about their work orientation. Four interviews were conducted in English while the rest of interviews were in Finnish language. All nurses spoke in another language in the interviews rather than their mother tongue.

Interview context

According to Lindlof and Taylor (2002), deciding when and where to conduct interviews can be consequential issues in a study. For instance, when interviews should be conducted can vary across people and situations. Best results are obtained when participants are relaxed so Lindlof and Taylor recommend that a good time for an interview is when outside pressures on the participants are low and they are not edgy about the next thing on their

calendar. They also point that usually interviews require a private place in which the needs of comfort and confidentiality can both be met.

In central part of Finland, interviews took place in a same meeting room that was reserved beforehand. This ensured that interviews were not interrupted and there was a calm environment for a private discussion. In southern Finland, interviews took place in different locations. Exact locations for interviews were planned beforehand by the organization. Usually interviews took place in meeting rooms or staff rooms where it was possible to discuss privately with a participant. Approximately an hour was reserved for each interview and usually interviews lasted from 30 minutes to an hour.

Recording

When planning a research, it is necessary to consider how the interview data is to be recorded. Some preparation work is also involved whatever recording method is chosen (Punch, 2005). According to Lindlof and Taylor (2002), recording makes it possible to capture the interview more or less exactly as it was spoken. They also state that researchers can participate more fully in the interview when it is recorded. Interviews for this study were recorded with an audio recorder. The recorder was tested before interviews to ensure that it works properly. Some notes were also taken during interviews. Interviewees were informed that the interview is to be recorded as it helps the data analysis. The recorder was placed on the table during the interview.

Ethicality of the research

When conducting a research, ethical principles need to be considered. Kuula (2006) states that an essential starting point of the research's ethical norms are values that express the respect of a human being. This can be shown by intent to ensure individual rights to self-determination, intactness, and privacy. Firstly, individuals have a right to decide whether to participate in the study or not. Making a decision about participation requires information about the study. Informants need to have basic information about the study, how the collected data is used and what it means for them to actually participate in it. Kuula notes that informing subjects has a considerable meaning in terms of following both legal aspects of privacy protection and also a good scientific conduct. In addition, information that is given about the study is important because it can determine participants for the study. Secondly, the study must not harm informants. Any physical or mental harm should be avoided. Thirdly, protecting and respecting the privacy of subjects should be considered in the study. According to Kuula, this indicates that informants have a right to determine what kind of information they give for the study. In addition, Kuula notes that it means that when writing the report, informants should not be recognized in the text.

In this study, ethical issues were considered throughout the research process. The participation in this study was voluntary and interviewees stayed anonymous in it. The information gathered through interviews has been treated confidentially and has been used for research purposes only.

Kvale (1996) states that interviewees should be informed about the purpose and the procedure of the interview. Therefore, Kvale suggests that a written agreement signed by both interviewer and subject might be preferable, obtaining the informed consent of the interviewee to participate in the study and allow the use of interviews in the future. In this study, participants received information about the study before deciding whether or not to participate in the interview. Before starting the interviews, the purpose of the study was again explained to participants. The letter of consent was signed by both the interviewer and the participant, in two copies.

5.4.2 Participants

As mentioned earlier, in this study twelve nurses that are not originally from Finland were interviewed. All of them work currently in Finland as a nurse in central part of Finland and southern Finland. In addition, two employees of a health care organization that work in administration in southern Finland were the participant had worked a longer period of time in a current workplace. Thinterviewed together for this study.

The requirement for this study was that international nurses that participate in interviews should have worked as a nurse in Finland for not more than a few years. This requirement was considered necessary because time can affect an individual's memory. However, it appeared in three interviews that is was not ideal for the study but interviews were still conducted and are part of the study after all. The decision to include these interviews to the study was made based on these nurses' interview content which provided useful information for the study.

Nurses

Table 2 presents nurses' background information that was discussed in the first theme of the interview. Interviewees are coded from R1 to R14. Codes from R1 to R12 refer to nurses that were interviewed for this study and codes R13 and R14 refer to the representatives of the Finnish health care organization.

Table 2

Demographic details of respondents

Respondent number	Country of origin	Age group	Time living in Finland (years)	Time working in the current workplace (years)	Have studied nursing in home country	Have studied nursing in Finland
R1	Estonia	36-40	12	7		x
R2	Romania	20-25	3,5	2, 5	x	x
R3	Estonia	41-45	>12	8	(medicine)	x
R4	Russia	51-55	13	11	x	x
R5	Kenya	31-35	6	3	-	x
R6	Kenya	26-30	7	3	-	x
R7	Estonia	20-25	1 >	1 >	x	-
R8	Estonia	31-35	1 >	1 >	x	-
R9	The Philippines	36-40	2	2	x	x
R10	The Philippines	36-40	2	2	x	x
R11	Afghanistan	36-40	10	1 >	(medicine)	x
R12	Rwanda	36-40	7	1 >	-	x

The average age of 12 respondents was 36 years. The respondents were from Afghanistan, Estonia, Kenya, the Philippines, Romania, Russia, and Rwanda. The biggest national group of respondents were Estonians; four of the respondents had moved to Finland from Estonia. Two respondents from the Philippines were a part of a pilot project that recruited 20 Filipino nurses to work in Finland. They gave an interesting insight about the recruiting project to this study.

The criteria for participants were that they had a nursing degree. Most of the interviewees had studied nursing in Finland before entering the current workplace. Some of them had complete their whole nursing degree in Finland whereas some of interviewees had completed additional nursing studies to fulfil their degree to be suitable and accepted in Finland. In other words, they updated their degree to meet the standards of a Finnish nursing degree. Only two of the interviewees had not studied nursing in Finland at all but instead had only their nursing degree from the home country. Most of the respondents that had completed their degree in Finland completed it in Finnish language expect for two respondents from Kenya that both studied their nursing degree in English. Six respondents had some previous experience in living in another country before coming to Finland.

Respondents had several different reasons to move to Finland. Common reasons for moving were connected to a family situation such as having a Finnish husband. Two of the respondents came to Finland as refugees. Many interviewees moved to Finland while hoping to have a better life for themselves and to provide better prospects and future for their children. A free education was also one of the attractions to move to Finland. Some moved to

Finland for a chance for professional development. For example, one of the respondents described her reasons to move to Finland in the following way:

Although we have worked in Saudi Arabia no matter how long we have worked 10, 15 years we could not bring our family. We wanted a place where even if we work there for a long time we wanted to bring our family with us because it is very hard to be working and living alone, away from your family, especially your children. And we thought, my husband and I thought that it would be a great opportunity for us to bring our family some place where we think they will have a better future and for our professional development as well. (R10)

5.5 Qualitative data analysis

Transcribing

After the interviews are completed, the data needs to be transcribed (Punch, 2005). Lindlof and Taylor (2002) state that “transcribing can serve as a portal to the process of data analysis” (p. 205). After conducting interviews of this study, the records were transcribed verbatim for a further data analysis. A total amount of approximately 11 hours of recording was transcribed which resulted in 218 A4 paper sheets of written data.

Organizing the data

Taylor and Bogdan (1998) suggest that “data analysis is a dynamic and creative process” (p. 141). Methods for data analysis have to be systematic, disciplined, able to be seen as in transparent and described (Punch, 2005). According to Marshall and Rossman (1995), “data analysis is the process of bringing order, structure, and meaning to the mass of collected data” (p. 111). They suggest that analytic procedures fall into five different modes which are organizing the data, generating categories, themes and patterns, testing the emergent

hypotheses against the data, searching for alternative explanations of the data and writing the report. Marshall and Rossman note that all phases entail data reduction and interpretation and they recommend a careful consideration how to reduce the data.

Data analysis starts already in the interview situation (Hirsjärvi & Hurme, 2000). In the phase of organizing the data, the researcher becomes familiar with the data by reading it through over and over again (Marshall & Rossman, 1995). Certain categories or themes emerge as more essential than others and therefore become central to the analysis (Pickering, 2008). Marshall and Rossman (1995) describe the category generation phase of data analysis as “the most difficult, complex, ambiguous, creative, and fun” (p. 114). They claim that the most intellectually challenging phase of data analysis is identifying salient themes, recurring ideas or language, and patterns of belief that link people and settings together.

According to Marshall and Rossman (1995), after categories and patterns between them become apparent, the process of evaluating the plausibility of these developing hypotheses and testing through the data starts which involves the evaluation of the data for their informational adequacy, credibility, usefulness, and centrality. They explain that searching for alternative explanations of the data refers to a phase when a critical act is needed to challenge emerged patterns in the data that seem so apparent.

Finally, the analytic process moves to writing the report. According to Marshall and Rossman (1995), writing cannot be separated from the analytic process. It involves the choice of particular words to summarize and reflect the complexity of the data. Marshall and Rossman note when writing the report,

the researcher is engaging in the interpretive act while lending, shaping and forming large amounts of raw data.

According to Taylor and Bogdan (1998), “data collection and analysis go hand in hand” (p. 141). After all interviews were held, I had already created an idea about some of the categories because they were so evident and repeated themselves throughout the interviews. The transcribing process also helped me to get a clearer picture of categories. In the transcribing process, I already marked the most relevant parts of each transcript to help the data analysis. After transcribing, I spent time reading the transcripts, making notes and drawing mind maps in order to get a whole picture of the data and to make sense of it. Then, I started to categorize each transcript and reduce the data. Data reduction means prioritizing the use-value of data according to emerging schemes of interpretation (Lindlof & Taylor, 2002).

This study used qualitative content analysis. As a method, coding and categorization were used in the data analysis. Categorization and coding are essential in order to make sense of qualitative data (Lindlof & Taylor, 2002). Coding is a process where tags, names or labels are put against pieces of the data (Punch, 2005). Lindlof and Taylor (2002) claim that “categorization refers to the process of characterizing the meaning of a unit of data with respect to certain generic properties” (p. 214). Themes that appeared from the data were categorized into main categories that include subcategories. Table 3 gives a simplistic idea of how categorizations were performed in the data analysis.

Some of these themes were partly overlapping with each other which made it challenging to categorize them under only one category. Therefore, they were categorized under categories that seemed most suitable

and which had the strongest link to a certain theme. Overall, themes that overlap indicate that themes are in some ways linked to each other.

Table 3

Example of creating categories from the data

Original text	Subcategory	Main category
R3: Se tuli niinkun itsestään et mä en oo käyny mitään kielikursseja.	Learning Finnish language	Language skills
R9: So we did go to a language, a Finnish language training for almost nine months.		
R12: Pääsin opiskelemaan suomen kieltä ja kieli kehittyi ihan niin nopeasti.		
R3: No sen mä muistan, että mä olin synnytyssalissa istuin siinä rivissä ja sieltä jaettiin potilaita niin sanottiin, että sulla on tuo ja sulla on tuo ja mä ajattelin, että aijaa, pitääkö mun yksin ihan selviytyä tässä.	Feeling stressed	Organizational entry
R5: Yeah, it was kind of scary [laughing] because you know like that time I felt like I'm going to be responsible for someone's life.		

Regarding those interviews that were conducted in Finnish, the excerpts provided in the following chapter have been translated into English as accurately as possible. In some excerpts, missing words, words used in another language or unclear utterances have been clarified for the sake of readability. The original excerpts and their translations used in the next chapter can be seen in Appendix 4.

6 FINDINGS

In this chapter, the results of the data are presented. The main categories were formed from the themes that were identified in the data. These five main categories are: organizational entry, work orientation, language skills, culture at the workplace, and work orientation development. Furthermore, there were 18 key themes that emerged from the data. All themes are shown in Table 4.

Table 4

Categories and themes

Organizational entry	Work orientation	Language skills	Culture at the Finnish workplace	Work orientation development
Feeling welcomed	Formal learning	Learning Finnish language	Low level of hierarchy	Individuality
Feeling stressed	Informal learning	Language barrier	Informality	Giving time
Getting confidence	Support from mentors	Professional language	Different methods and practices	Training
Being part of the group	Receiving feedback			Raising cultural awareness

First, the results that were obtained from international nurses' interviews are presented according to main categories. Subcategories are presented under each main category. Then, the organizational perspective is introduced with the help of main categories that were discovered in international nurses' interviews.

6.1 International nurses' perspectives

6.1.1 Organizational entry

Feeling welcomed

One of the first feelings that a newcomer gets when entering a new workplace is the feeling of being both welcomed and wanted by the organization. A warm welcome and an introduction to living and working in the locale can help nurses to feel that they are an important part of the organization (Brunero et al., 2008). In general, most of the respondents felt very welcomed to their new workplace when they entered the organization. For example, R5 described her feelings of being welcomed in the following way: "with the anaesthesia side yes I felt like I was welcomed and I felt like everybody was there to help me and, you know, they had that smiling face and they were very friendly".

New colleagues played an important role in terms of making respondents feeling welcomed to the workplace by being friendly and helpful to them. Many of the respondents talked about how good they felt about feeling welcomed to the new workplace. The point of entry is therefore, a critical moment in terms of making a newcomer welcomed (Vartiainen-Ora, 2007;

Viitala, 2004). R2 suggested that receiving relevant information was also important in organizational entry:

From that point of view it's important what kind of information you get out of it and how it helps you to go forward. Also from that point of view as well how welcome the person feels, during the orientation you get the image whether this is a nice place, the atmosphere and so on. (R2)

In some cases, there were also moments when feelings of being welcomed were not present. Few respondents sometimes felt that they have not been so welcomed to their workplace:

Some made me feel welcome but obviously as bit on the fence like I don't know I just sometimes I felt like some are waiting for me to screw up because, you know, yeah, they were, you know, eye brows up in the air just waiting for me to do something wrong because they expected me to do something, you know, they did not expect for this to work, that's how I felt. But some, they were some that worked in England and America and elsewhere so those know what it is to work in a foreign culture in a foreign language so, you know, they treat you differently because have been where you are. So I had a couple of those as my mentors so at least I had somebody to talk to when things got tough. (R6)

Similarly, also R10 pointed out that her mentor treated her well and knew how she felt as a foreigner in an unfamiliar country:

R10: We were welcomed especially our mentors, our mentor is also foreigner but she has lived here a long time and she speaks fluently Finnish language. She is [name of the mentor], she also work in other countries that's why she knows how we feel.

H: Did you feel it was a good thing for you?

R10: It was good thing for us yes but, you know, you cannot please everybody. We feel that some of them don't like us. Some welcomed us and not all the people are the same. Yes, and sometimes we feel that we are that we are not welcomed but not all the time.

Feeling stressed

Starting new work in an unfamiliar place can be stressful for newcomers. Being stressed and nervous were common feelings for respondents when they first started working in their workplaces. A field such as nursing has certain elements that can increase the stress level of newcomers. Nurses work with patients and are responsible for their care and well-being. When the newcomer faces this level of responsibility, it is natural that the person can get quite anxious about it. This makes nurses' work orientation even more crucial since people's lives can be at stake in their work. For example, R5 described the moment when she started her work in the following way: "it was kind of scary [laughing] because, you know, like that time I felt like I'm going to be responsible for someone's life". R3 also told that when at she first as a newcomer started to get her own patients, she wondered how she will be able to manage to take care of them by herself. Feeling stressed can be a natural part of nurses' organizational entry since their work involves responsibility for patients and their well-being.

In particular, respondents were stressed about their Finnish language skills. The language barrier and difficulties with using Finnish language can increase the level of stress at the workplace. Some of the respondents were stressed about their ability to understand and communicate properly in Finnish language. According to Berry and Ataca (2007), "cultural stress occurs when extant or novel situations within the culture place demands on the group and its individual members that exceed their capacity to respond" (p. 637). Colleagues' positive feedback on their language and communication skills decreased the level of stress. Feeling stressed was linked to getting

confidence which concerned respondents' feelings regarding becoming fluent in Finnish language and also mastering working tasks. The expectations of others but also the expectations of nurses themselves for learning and knowing the language put newcomers under a lot of pressure:

So when we come up here to Finland it's something like, you know, little bit of a shock because they talk all very fast, they are using the using the own language which we did not study so we said maybe we cannot cope up. The next day we don't like to go to work, almost all of us. (R9)

R9 described her organizational entry as a shock and a stressful experience. There were several things that she needed to adjust to when she moved to Finland and started her work:

When we start working, then we start also the studying in the school so it was too difficult for us the fact that the climate was too difficult to adjust, people, the language, everything so it was like you know, a never ending shock first time for us but we managed to survive because we knew that we are already here, back from the Philippines we already had this contributed a lot in order to come to Finland now that we are here I think that this is not the proper time to give up for all of us for the group. Thank God because we managed to survive. (R9)

Getting confidence

During work orientation, it was important for respondents to gain confidence in the new work. Finnish language skills were also linked to nurses' self-confidence in the workplace. Self-esteem can have an impact on their communication behavior; how and when to communicate with colleagues and patients.

Newcomers' self-confidence was affected negatively when they were not being able to progress in work orientation and see their own professional development. The pressure of progressing with the work

orientation accordingly can be created in particularly by newcomers themselves but also by common expectations of other colleagues and supervisors. One respondent told that in the beginning she felt that she needed to prove herself to others. One of the respondents also told that her confidence on herself decreased when she saw other newcomers moving on to new tasks except herself. She thought that her colleagues did not have enough confidence in her knowledge or skills to help her to move on in her work orientation and get to the next level. This decreased her own self-confidence about her professionalism and it affected her motivation as well:

So after six months they were allowed to do that but for a year, I was still sort of like orientation so I felt like, you know, they didn't have the confidence in me, they didn't talk to me to find out, you know, do I want to at least try now to do these shifts and see, you know, see how they go and if they don't go well then what sort of help do I need. They did not. So I just felt like I wasn't doing, you know, that I wasn't progressing that I wasn't able to progress so they didn't have confidence in me that I really learnt what they have been teaching me, you know, that I can manage. So it took, I think it took for a year for me to be able to. (R6)

In the first few months they told us "Pikkuhiljaa, pikkuhiljaa" ['little by little, little by little'] but we have been here for two years and we cannot say to ourselves "pikkuhiljaa" ['little by little'] because, you know, when you don't know some things, your confidence is... sometimes when I think that "oh I don't know this one", your confidence becomes small. And when you are doing something good and colleagues are telling you "Hyvä, hyvä" ['good, good'] your confidence is up. And that's the good thing. But it's I think we still have a lot to learn, especially the language. (R10)

Being part of the group

Co-workers and the whole work community play a significant role in international nurses' work orientation. A good working atmosphere and friendly colleagues were considered helpful for work orientation and

workplace adaptation. For example, R2 emphasized that “positive feedback, people’s behavior and their acknowledgement of the orientee are really important”. Some respondents told that they were happy about their colleagues’ way of taking them in the group. R12 felt that “it has helped because it has been easy to get along with other staff members and to talk about what has happened at work and outside of work, it has been good how they included me”. Colleagues’ concern about newcomers was recognized and appreciated for instance by R10:

You know what is best about you Finnish people? Every day, you ask how are you and what did you do last weekend, did you go out or something. I think they are also concerned how we are coping because they are sad if we are not going out, if we just stayed in our house. (R10)

Seeing a different nationality as richness was considered as a good perspective.

R3 mentioned that her language skills were seen as a benefit in the organization and she felt good about it:

Well, it was seen as a positive thing that okay, you are Estonian: you can speak Estonian and Russian. It’s a good thing. If there were Estonian or Russian women giving birth, I could speak with them in the same language and maintain my mother tongue. There was no one else who could speak Russian. So it was seen as a positive thing. (R3)

Also few other respondents mentioned that they have been used as translators in their workplaces and this way they offered a chance for foreign patients to use their own language. This provides nurses an opportunity to give their personal input to the work community and help colleagues with their own unique skills. This can also create a feeling of being valued at the workplace.

However, adaptation can take time, it is influenced by numerous factors and individuals can experience it in many ways. R1 who had lived and

worked in Finland for years still felt that she was, and always will be, a strange bird at her workplace because of her cultural background. She pointed out that this did not mean that she was not part of the group at her workplace. Nevertheless, she felt like an outsider because she was a foreigner. R6 thought that she still was not adapted to Finnish culture. Nevertheless, she indicated that she has learned to deal with it by saying that “I can’t really say I have adapted to Finnish culture: I just know that, you know, I don’t have to worry so much I can just be”. The stress that she felt first had decreased and now she knew better how to cope with it.

6.1.2 Work orientation

Overall, respondents were quite content with their work orientation. It took place right away in the beginning of employment and happened while working which illustrates the practicality of nurses’ orientations. In general, work orientations were considered very useful and important by the respondents. Especially nurses’ work orientation was seen essential because they deal with people and people’s lives which involve a lot of responsibility:

Because our job is so demanding, you can’t make mistakes in it. People’s lives depend on different types of situations being taken into consideration during the orientation. Different types of duties, they are so meticulous things that must be learned. (R1)

Usually mentors participated in nurses’ work orientation. Respondents also thought that other colleagues, head nurses, or doctors participated in their work orientation. Mentors and head nurses were usually considered being responsible for work orientation.

The length of nurses' work orientation varied greatly. The shortest work orientation period was, according to one of the respondents, three shifts while other work orientations lasted for months. The length of work orientation depended on nurses' own skills both in working tasks and Finnish language. Nurses' previous working experiences had also an impact on work orientation. In addition, there is commonly variation in work orientations based on the unit and the exact nursing position. For example, work orientation is different for an instrument nurse than an anaesthesia nurse. Overall, the common perception of work orientation was that it was same as Finnish nurses' work orientation. Some of the respondents felt that their work orientation took more time because they were not Finnish employees. Therefore, according to respondents, the difference between Finnish nurses' orientation and foreign newcomers' orientation was usually the time frame. R10 described this difference in the following way: "I think with the Finnish people, the orientation period takes about six months but for us it takes longer two years, three years I don't know [laughing]".

Some of the respondents thought that they had enough orientation and guidance in their organizational entry whereas some of the respondents felt that they would have needed it more. Even though these respondents felt that they would have wanted to have more guidance and orientation, they believed that they received enough guidance in order to start and manage their work. The lack of orientation or guidance was usually connected to busy working situations. In addition, for example R11 had a mentor that worked part-time so the mentor could not with her all the time. In general, respondents felt that their work orientation has helped their adaptation to their new workplace:

R6: I think, well, language has always been an issue and I think that is what stops us from, you know, really adapting but I think the reason why I have been sort of comfortable is I'm happy at work and I think that we spend 80 percent at work so if you are not happy at your workplace then you know you are not happy anywhere so.

H: So actually your work has been a good thing for your adaptation.

R6: Yeah. I can say that it has been a good thing 'cause I am learning. I think, you know, it's a nice professional job to have and there are always challenges and I enjoy it. I mean if 'cause I knew I wanted to be a nurse this is what I wanted to do and I am doing it so for now, I am enjoying it. I guess this has been a key to, sort of my feeling comfortable here in Finland.

Formal learning

Respondents' work orientation was considered task-oriented. Their learning the new job happened usually while working with a mentor. Respondents felt that work orientation happened everywhere in the organization while learning and working with their own tasks. Overall, respondents listed several factors that helped their learning at the new workplace. These factors included: previous working experience, language skills, friendly colleagues, mentors, good atmosphere at the workplace, and a feeling of togetherness.

There were several channels to get information during work orientation. Conversations with mentors, colleagues, head nurses, and doctors were important ways of receiving information. Some of respondents also received written material in the beginning of employment. Some respondents told that weekly meetings in their unit were also important for them to get relevant information about their work and the workplace. R12 pointed out that he tried to be active in seeking information and asking questions to get the information that he needed.

Some respondents thought that their work orientation was planned beforehand and that it followed a certain structure. Work orientation that was structured was generally considered as an orientation that was the same for everyone. According to R1, “it’s quite systematically planned, not customized but the same for everyone”.

Informal learning

According to Marsick and Volpe (1999), informal learning in organizations is integrated into individuals’ daily work and routines and is enhanced when chances for meeting new people increase. Marsick and Volpe believe that a valuable asset of informal learning is that it occurs as employees face challenges, problems, or unanticipated needs and this kind of learning is not possible to program fully.

Some of the respondents experienced that informal situations outside the workplace were important to them in regards to feel to be a part of the group and integrate to the workplace. It was also a way to get information about work, workplace and co-workers in a different context outside the working environment:

And then probably we can also interact in a different environment than work environment because we are in a different place so I don’t know, you get to know people a little better because after that there is dinner, and a few drinks [laughing] so yeah they are nice. Those are a good thing and then we have how are they called in English but in Finnish are *virkestyspäivät* [recreation days] so, you know, we go for a cruise in Estonia, maybe or go to Flamingo so we have a few hours to discuss about work and, you know, what we want to do better and then after that we go bowling or swimming or sauna so it’s nice that we get to bond in a different way. (R6)

Informal situations were also a chance to learn about situations that were connected to work and provided advice on how others have dealt with difficult or unexpected situations in their work. While working, usually there was not much time to discuss issues related to work too deeply and therefore, coffee and lunch breaks, for instance, provided also a place and time to discuss about cases or other work related issues with time. R1 described coffee breaks as learning situations in the following way: “well, as coffee table conversations we usually have these kinds of so called cases that you like try to memorize how the other person performed in a difficult situation”. She thought that this kind of learning can be useful especially if she has to face similar situations as her colleagues in the future.

Support from mentors

Mentoring was often used to provide work orientation for nurses. Having a mentor was considered as a very good and useful way to have work orientation. The amount of mentors varied among the respondents. Mostly, respondents had one mentor with who they worked together during their shifts. Some of respondents had two mentors during work orientation period. Respondents' opinions varied whether they preferred to have one or several mentors. More importantly, mentors were commonly their support in a stressful start in a new workplace.

Usually respondents were content with their mentors. Few respondents had changes in their mentors during the orientation period. R8 viewed her mentor being her “Mum” because she took such good care of her, making sure that she ate and had her coffee breaks. Mentors were often their

support, “the rock”, at the workplace to who to turn to if there were any questions or problems. Getting the right mentor can be significant for the success of work orientation. They gave some advice on how and what to do at the workplace and introduced new members to the organization.

Mentors’ guidance was considered important for learning. Working together with the mentor provided an opportunity to correct possible mistakes. As R1 said, “you can’t avoid making mistakes but when there’s a fellow worker standing next to you it’s easy if she notices if I make a mistake so then you learn about it.” R8 pointed out that to her, it was important that her mentor acted calm and took time to teach and explain different things to her:

I think it is quite important that here everyone is calm. If I didn’t understand right away and had to ask again for the second time and later for the third time, the nurse was still calm and said that I’ve already told you that but I’ll tell it once again. She took it easy. (R8)

Few respondents mentioned that they thought it was useful that their mentors had some previous experience in mentoring or had lived in other countries as well. These nurses felt that their mentors could understand what they were going through probably better than other colleagues who have not been in a similar situation in a new workplace in a foreign country. Therefore, it was beneficial that their mentors had also experience in working abroad so that their mentors knew how they felt when starting the work in a new workplace. For example, R9 was glad that she had a mentor that knew what she was going through:

The good thing that I can say is that having your mentor which is selected one that she has worked in other places already. This is not her first time to handle a new person here in this particular area. It somehow helped me a lot because what I felt also she knows what I felt. (R9)

Supportive meetings and conversations with the mentor were considered important in work orientation. Some respondents also told that head nurses asked how they have progressed with work orientation and in that way showed their concern about it.

Receiving feedback

Getting feedback from mentors, employers and other colleagues were considered important because it gave a chance to reflect on one's performance, learning, and possible challenges. Usually mentors were the ones who gave feedback on respondents' performance. Many of the respondents told that they wished to receive feedback so that they would know how they are performing at the workplace. Receiving feedback on one's actions was considered significant in order to gain confidence and correct possible mistakes. Morrison (2002) notes that in case feedback seeking is a behavior driven by desire to reduce uncertainty, it should lead to an uncertainty reduction over time. Therefore, an attempt to get feedback can be seen as a way to reduce a newcomer's uncertainty during work orientation. Some respondents felt that they had hoped to receive more feedback than they did during their work orientation. Sometimes it was necessary to ask for the feedback to get an idea how the work orientation had progressed. According to R5, receiving positive feedback motivated her and actually influenced her decision to stay at the workplace:

Every week I was getting feedback from my work colleagues and actually the ones who was like so happy that I was going be working there, I was getting very good feedback. And it also motivated me to stay there 'cause at first my mind was made up to go to [name of the city] and not work here but they were all so good and they felt so comfortable here and I felt like home. (R5)

Although receiving negative feedback can feel bad at first, it is also an opportunity to identify personal challenges and improve one's performance. Therefore, getting negative feedback can also be useful. One of the respondents told that at first she felt that she received quite a lot of negative feedback. When she finally got some positive feedback, it made a big difference to her and increased her motivation at work.

6.1.3 Language skills

Learning Finnish language

Respondents' experiences in learning Finnish language varied. Some found it easier to learn Finnish language than others. For example, R2 said that she learned Finnish language quickly because she was very motivated to learn it. It also seems that Estonian respondents had generally less difficulty learning the Finnish language. Respondents had different levels of fluency in Finnish language when entering their workplaces. Some were already very fluent while others were still learning the language.

Most respondents did not know Finnish language prior moving to Finland. One of the Estonian respondents had a Finnish language course in her home country before moving to Finland. Nurses that were part of the recruitment project from the Philippines also had Finnish language training before coming to Finland. They felt that Finnish language training was useful for them but they were still in a shock when they arrived to Finland and realized how hard speaking and understanding the language in reality is.

All respondents' work orientations were in Finnish language. The material used in the orientation was also commonly in Finnish language. One

of the respondents had prepared an orientation file in English to her unit. Creating the file was part of her nursing studies in Finland and the file was targeted for exchange students that completed their internship in the unit.

Being able to completely express oneself in Finnish language was sometimes challenging. This can have an effect on the communication behavior: what can be said and what cannot be expressed the way the person really wants to. For example, one of the respondents explained that she wanted to use humor with her colleagues at work but she felt that she was not capable of using it properly in Finnish language:

You know, when we are doing this operation, sometimes it takes two, three hours and I wanted to converse to the doctor also, make some humour so that it wouldn't be that serious. We know we are doing a serious job but I wanted to converse with them during the operation but it is very hard for me that's why when we are doing an operation, can you imagine two three hours not saying anything but the doctor is kind enough to ask me something, yeah, but sometimes sorry that's the hard part I know my job but with the language I think I fail. (R10)

Getting confidence in one's own language skills also brings confidence for the newcomer at the workplace. Colleagues and mentors were often mentioned to be the ones giving feedback for newcomers about their development in Finnish language. These kinds of situations to receive positive feedback encouraged them to trust their own language skills and have more confidence in themselves.

Despite all language problems, R10 said that she was still glad that her work orientation was in Finnish language. Otherwise learning Finnish language would perhaps have postponed or slowed down:

I think they I think it is better that they teach us, oriented us in the language, in suomenkieli [Finnish language], yeah, because it drives us to, it motivates us to be doing, aiming a little bit higher

because maybe if they taught us in English maybe I would be contented with that orientation period and I wouldn't have this drive to learn more that, you know, what I mean I... it benefited me I think, I'm speaking for myself that they taught us this orientation period in your own language, not in English. (R10)

Language barrier

Language seems to be a real cornerstone for foreign newcomers. It can have an impact on every aspect in their lives in Finland such as communication and socialization with others, the success of work orientation, learning working tasks and adaptation to the workplace and a new country. The language barrier can complicate the adaptation to the workplace and also the process of becoming a member of the group. In particular, it can harm communication. R6 pointed out the essential part of language in communication by saying that "actually the cold for me was not, it's not an issue, it is the language is what is an issue because as long as we can communicate openly then there is always going to be a wall someday".

Sometimes colleagues' overestimation about nurses' Finnish language skills brought nurses under a stress in terms of knowing and understanding Finnish language. One of the respondents described the feelings that she had in her first working day after she arrived to the workplace in the following way:

Then almost all of them start to talk in Finnish and I only stayed in one corner, actually in one corner, because it's like the feeling I have at that moment is that I am the most stupid person in that place at that moment because they are discussing. I am with my mentor and we have this instrument nurse and anaesthesia nurse and they start discussing except me because I don't understand. And later on, my mentor told me this is all about this thing; "did you understand?" No, not a single word. "But you studied the language." I studied the language, I did not study the puhekieli [spoken language]. (R9)

The feeling of realizing not being able to understand the Finnish language, especially the spoken language, was heavy and shocking experience for R9. In addition, the expectations of having a good command of Finnish language put the newcomer under huge pressure which probably made the situation and the respondent's experience worse. Not being able to understand and communicate in Finnish language can create a feeling not being good enough and feeling stupid which leads to a decreased level of confidence to start work in a new place. The respondent had studied Finnish language for nine months prior moving to Finland. Studying a foreign language for nine months in one's home country is a relatively a short period of time. It seems unrealistic to expect that the person can communicate in the foreign language very fluently right from the start of employment based on this kind of language training, especially considering the fact that the person has never been in Finland before.

Filipino nurses that were part of the recruiting project told that they were first placed to work in a demanding unit. Eventually, after six months they asked for transfer to another unit that would be easier for them. In the first unit, the problem was not with their professionalism, experience or knowledge, but the main problem was the language barrier. They found it difficult to work with demanding tasks in operations while they struggled with fluency in Finnish language. The transfer to another unit was eventually a good decision for them and working became easier for them. R10 felt that communication was at first difficult but it has become easier now. She also felt that Finnish language was the biggest challenge for her in terms of adjusting:

Maybe for a Finnish like you a fresh graduate [name of the place] would be nice to work because you will gain so much experience but us [name of a colleague] and me, because we are new here, the language is new, everything is new, I think that [name of the place]

is a little bit difficult for us. Maybe after 10 years maybe we could go back to [name of the place] if we are speaking fluently the Finnish language it wouldn't be that hard. That's why after six months we requested to be transferred to a smaller hospital where there would be smaller group of people, colleagues so that we can easily adjust. (R10)

Some respondents had hoped to receive at least occasionally guidance or explanations in English language to ensure that they truly understood the message correctly. This was not however always possible because some of the mentors or co-workers did not speak English. Sometimes it was also experienced that Finnish nurses just did not want to speak in English language. However, sometimes some colleagues answered in English when some respondents did not understand something which was very much appreciated. Respondents still felt that it was important to communicate with others in Finnish during their work orientation because it was essential for their learning. Few respondents told that they had to use dictionary during their work orientation to find the right words:

Actually we would look for dictionary. We had this English and Finnish dictionary, most of the time I used to have it or ohjaaja [mentor] had to have it so that's what we used to have. We used to use dictionary communications. (R5)

R10 said that when her mentor explained something to her, she just took the key words because she did not understand everything. R4 told that she wrote down unfamiliar words to learn and memorize them. She once found one of her notes where she had written unfamiliar Finnish words in the beginning of her employment and she described being terrified when realizing that these words were actually unfamiliar to her in the beginning. Now those words were part of

her everyday work so she wondered how she had managed to survive without knowing those words.

Professional language

Nurses had to learn professional language that was used at their workplaces. In addition to learning Finnish language, professional language was also challenging to some of the respondents. Professional language has a certain vocabulary that is essential to learn in order to be able to work in such working context. For example when talking about language at the workplace, R4 noted that “yes that everyday language is very different than professional language”.

Several nurses mentioned that names of instruments are different so learning and memorizing them in Finnish can be difficult. For example, R9 noted that it takes some time to memorize them all:

And then another one is that because I was new and I was also new in that field so one surgeon asked me to give something to her and I said “Is this the one” and then “No this is not the one, you should memorize everything!” So I said “Excuse me, I am just two weeks here in Finland”, I told her and it’s not that easy to memorize every name of the instruments so once I get to know that I will use them, then I can memorize them all. (R9)

Because everyone takes time in observing and orienting themselves what is this instrument all about, which instrument the surgeon need or want, it’s not like maybe she is expecting that because I am a nurse already I know everything but no. I might know what is this in English but I don’t know what is this in Finnish but she is not going to ask me in English. (R9)

One of the respondents mentioned that names of the instruments used by different doctors can also differ. This makes learning the right names challenging since the used terms at work depend on the doctor:

Some doctors have different names for each instrument and you have to learn that one also. And then sometimes we don't know they are already talking to us [laughing] because we don't understand but now it's a little bit easier but I think I still need to learn more. (R10)

When talking about the challenges at the workplace in terms of language skills, some respondents mentioned that they felt it challenging to speaking on the phone or do doctor's dictations. Also, when doctors wear masks while speaking to the nurses, it makes understanding even more challenging for them. Some of the nurses felt that in these kinds of situations they often have to ask doctors to repeat what they try to say in order to really understand the message. R11 thought that understanding doctors' speech while they wear masks can be also difficult for Finnish employees. This indicates that for a non-native speaker, it can surely be challenging.

6.1.4 Culture at the Finnish workplace

Some of the Estonian respondents felt that cultural differences between Finland and Estonia are not that big. One of the Estonian respondents described that Finnish way of working is in some ways more intensive. Another Estonian respondent felt that the Finnish working environment was calm and less stressful than it was for her in Estonia. R7 felt that perhaps the similarities in cultures have helped her in adjust to Finland and the new working environment: "we are not so different, Estonians and Finns, maybe it has helped, I don't think that this country is a lot different from Estonia".

Some of respondents, however, experienced rather strong cultural differences when moving and starting their work in Finland. Differences were connected to directness and talkativeness, for example:

With the cultural differences, the thing I noticed some of you are very straight-forward and because we Filipinos are not used to, you know, when I make a mistake you Finnish people tell me, tell to me straight away that this is wrong that what you did was wrong in front of other people and it hurts us because we are not brought like that and for us it's I did mistake, you can pull me from one side or from the room and then you tell me you did wrong so that I can correct it. (R10)

The described experience and feelings that it made the respondent to feel is an example of different way of communicating between these two cultures. According to Hofstede and Hofstede (2005), in a collectivistic culture, discussing a person's performance openly is likely to clash with the society's harmony norm and the subordinate can experience it as an unacceptable loss of face. They also note that in collectivistic cultures feedback is more subtle and indirect. The straight-forwardness of Finnish people that the respondent mentioned is connected to a direct communication style which is more or less common in Finland. In a direct communication style, verbal messages reveal the speaker's true intentions, needs, wants, and desires (Martin & Nakayama, 2007).

An interesting observation is that commonly both R9 and R10 refer to "us" when talking about their experiences. This can have several explanations. Both of the respondents come from a collective culture and being part of the project together in Finland away from home can naturally create a collective feeling of "us", making them being part of a certain group, connecting, and sharing the same experiences. However, as a set-up, it seems

that there is a strong feeling of “us” and “them” among respondents. This may also indicate that perhaps they are not fully adjusted or integrated to their workplace and they still feel being a separate, outsider group from others at the workplace.

Respondents did not mention having any cultural training. It seemed that one of the respondents wished to have more cultural training before coming to Finland. She experienced a culture shock when she first came to Finland:

That’s why we are telling them that if ever there will be a next group coming after us, they should also insist teaching the culture, how is it to be with Finnish people, how are they in the beginning. Even the food don’t have to be included so much. We can eat, we can adjust but for the people and the language maybe it is very difficult because we did not tackle a lot about that when we were studying in the Philippines so it was really very difficult so it was really a culture shock for everyone. (R9)

Low level of hierarchy

By some respondents, the level of hierarchy in Finland was experienced to be much lower compared to the home country. Hierarchy influences communication patterns and the flow of information (Cheney et al., 2004). Respondents told that they could not approach doctors as easily as they can in Finnish health care. A Romanian respondent described the hierarchy in her home country in a humorous way by telling a common joke about doctors as follows:

There is this kind of an order as a joke that a nurse assistant is a nurse, a nurse is a doctor and a doctor is a god. That kind of describes what happens, people talk dirty and insult like that. (R2)

Formality commonly stresses the hierarchy of the organization and the manager’s superior role in the organization (Varner & Beamer, 2005).

Therefore, organizations with a high level of hierarchy tend to have formal elements in communication. In contrast, the low level of hierarchy and informality are connected.

Some respondents also felt that health care professionals in Finland commonly work as a team. In teams, individuals are working together and helping each other. In other words, a team works together as equal individuals towards a common goal. This was seen in a positive way by respondents who talked about team work.

Informality

The communication styles in different cultures differ and this came also through in nurses' interviews. Many respondents felt that communication in the Finnish workplace is less formal than at one's home country where doctors and patients are usually addressed formally. Usually, formal communication is extremely specified and prescribed (Cheney et al., 2004). For example, R1 thought that "maybe the biggest difference is that here everyone is on a first-name basis". In Finland, first names are used instead of formal surnames or titles. Especially in the beginning of employment, not being formal was a challenge for some of the nurses that had been used to strong formality in their home country. Some of the respondents felt that informality has been even difficult to get used to because in the home country, being informal with patients or doctors, for example, has been out of the question. Some of the respondents still cannot help to be formal with the patients.

The informality is also evident in nurses' experiences in working with the doctors. Many of the respondents were surprised how informal and

casual working with Finnish doctors can be. Some of them thought that they would have never been able to talk to doctors the same casual way back in the home country:

So I like that and also the way they are free with us, you know, you can have a laugh, just enjoy working together and you know, not worry about oh, you know, that he is a surgeon and he is demanding some sort of different respect or different treatment. So that was nice it's just casual. Of course it's a bit it's respectful because it is a professional working environment but you know, it's casual, it's open. (R6)

R6: For example the way we treat elderly people there is, it's different from how they are treated here so [laughing]

H: In what way is it different?

R6: Sometimes, the way we talk to them for example. You know you try to put some element of respect and some more. I wouldn't say a polite language but I don't know, it would sound a bit official here.

Different methods and practices

Patient rights were mentioned being different in Finland by some of the respondents. Some nurses told that that in Finland they have to tell everything to the patient which is not common in their home country. In Finland, the patient has the right to know everything that considers patient's treatment such as which medicines the patient gets and all the procedures that doctors and nurses perform. Patients can also participate in their own care plan and make a decision for themselves which in some countries is not possible:

In Kenya you normally don't tell the patient everything what you are doing we just go. Okay, you might tell the patient like okay fine, we are going to give you this and or what and that's it but here you have to tell the patient everything and the patient has the right to ask you questions like what are you doing, why are you doing this. That was a little bit different to me cause I had to explain to the patient now I'm going to put the blood pressure, now I'm going to give you some medicine and what is it for and then you have to the tell what the medicine is for and why you have to give it. That was a little bit different. (R5)

When discussing about cultural differences, R5 described that it was a normal practice that female nurses take care of female patients and male nurses take care of male patients in her home country:

And also because like for me where I come from, it's Islamic community and there are normally women, they take care of women and men they take care of men so it was kind of different here because you can take care of everyone here and nobody, it doesn't matter but the goodness is if you ask for whoever you want to, if you don't want men to take care of you it is possible they can that can be organized. (R5)

By some of the respondents, work atmosphere, employees' rights and well-being was considered being better than in their home country. R2 gave many examples on how different it was to work as a nurse in her home country compared to Finland. She felt that the working conditions were much worse back in her home country and the working environment was also an unhealthy place to be in. R2 had training in her home country and described her experience as follows: "I didn't learn much from the training because their methods are really different and because they don't have enough instruments, you had to use the same needle to a couple of more patients". Nurses have to use same needles for several patients and nurses often suffer from chronic diseases because of unhealthy working environment. If nurses want to use items such as gloves or tape in their work, they have to buy these supplies themselves because the hospitals do not have supplies the same way as they do in Finland. When taking into account the level of nurses' average salary in the country, it is likely that nurses cannot afford to buy all these supplies for themselves. This makes a big difference to nurses' everyday work.

R1 described differences in work practices between Estonia and Finland in the following way: "maybe the only thing that is different are the

instruments and some methods but the work is basically the same that I did in Estonia when I was working at the cardiac intensive care unit". In addition, other respondents had also recognized that there were differences in equipment and ways of using supplies in Finnish health care. Supplies are commonly used as disposable items:

When we started our work the only difference is here in Finland you have a lot of equipments you have a lot of what do you call this one, supplies, because in Saudi Arabia or in the Philippines even the smallest one, you have to keep it for other future's work purposes but here in Finland you open and open and open. (R10)

For example, R4 described that in the beginning of her employment in Finland she felt very bad when she realized how much utensils are thrown away. In her home country, nurses tried to reuse utensils as much as they could.

Nurses can also have a different level of authorization in different countries. For example, some procedures are not allowed to perform by nurses in Finland which can be routine procedures for nurses in another country:

They allow more. The nurse works on behalf of the doctor if the doctor isn't available. For example, the nurse can make a pleural puncture, puncture the lung. Or if the doctor isn't available, the nurse can take an arterial blood sample. It's illegal, it's not part of a nurse's job. If mistakes were made, they just hid there. These are a little bit mixed up here but these examples show how different it is there. (R2)

Here in the operating room you have to prepare all the devices, what kind of a surface goes there, does this kind of a heated mattress go. You have to know these kinds of things and do them yourself. In Estonia the nurse didn't do these things, there were other people for it. (R8)

R5 pointed out that in her home country, nurses wear work cloths also outside the workplace. By this she meant that in Kenya, it is possible to see nurses wearing work clothes for example at home or on the way to work. According

to her, this would not be the case in Finland because nurses do not wear their work clothes outside the workplace.

6.1.5 Work orientation development

Individuality

When asking should international nurses' work orientation be planned differently compared to Finnish nurses, respondents' answers were divided. Some of the respondents thought that their work orientation should be the same as for Finnish nurses while others believed that it should be planned and carried out differently. For example, R11 thought that work orientation should be same for everyone so that they all learn about organizational culture. However, she thought that Finnish language skills could be taken into consideration.

Some respondents suggested that work orientation should be planned and customized for every individual. R3 thought that even though nurses share a common ground in nursing, individuality also needs to be taken into consideration. This would ensure that the newcomer can get the guidance he or she really needs.

Respondents did not expect special treatment for themselves at the workplace because of being a foreign newcomer. However, they still felt that it would be beneficial for them if their background was acknowledged and taken into account in work orientation.

Giving time

What was considered extremely important was giving time for a newcomer to learn and adjust to the new workplace. Needing more time to learn and adjust does not mean that the newcomer is somehow incompetent or that he or she is not good enough as an employee. By giving time, the organization can show that it acknowledges that an international nurse can have different kinds of extra challenges to overcome at the workplace and that the newcomer is allowed to take time to deal with them without being judged as incompetent. Giving time by colleagues and employers and being patient was appreciated by respondents who felt that they had needed that extra time to get into their jobs. It would be beneficial if the employer and colleagues understood why orientation can take a longer period of time:

Yeah, I think so because, you know, we have different levels of motivation and learning process. Maybe for you Finnish people it will take only six months but because when you take into consideration our cultural differences, our language differences to give us a little bit more time to adjust. (R10)

In my opinion, you should give them more time for the orientation because for those who have completed their studies in English or in Spanish, some of the Finnish terms can be really difficult for them. They might be aware of this, but the words are new to them and they don't understand what they mean. It would be good to give them more time for the orientation. (R12)

Training

Some of the respondents suggested that international nurses' work orientation could be improved by providing additional training. This would apply not just to international nurses but all nurses that are keen on developing their professional skills. These trainings and their topics could depend on the individual's own skills and needs. Few respondents went to a language training

which was supported by the employer. The employer's support to Finnish language training was very much appreciated and valued by these respondents. A couple of respondents also told that they participated in some trainings that were connected to their own field of work which was considered very useful in their work orientation and helpful for their learning. They were glad that they were provided an opportunity to participate in these trainings.

Raising cultural awareness

Respondents supported the idea of sharing information about cultural differences and creating cultural awareness at the workplace. Sharing experiences and information can happen by being curious and asking about someone's cultural background, including customs and traditions. This was considered a good way to get to know each other. Asking how something is done in one's culture, what are methods and practices in nursing, and how the nursing education in someone's home country is were also thought to be useful in order to share information and knowledge with one another. Instead of developing only one's own cultural awareness, respondents thought that the whole workplace would benefit from raising cultural awareness among organizational members. R3 pointed out that staff should have readiness and ability to meet both foreign newcomers and patients. She also thought that the newcomer should be seen comprehensively as a human being.

Respecting one's cultural background was also mentioned to be important. For example, R11 pointed out that sometimes people view culture and religion as the same although they are two separate things. She emphasized the importance to respect both cultural and religious backgrounds of

individuals. In addition, the respect for colleagues at the workplace in general was important to her at the workplace.

According to R8, it would have been good to network with other Estonian people at the workplace when entering the organization. Later she had heard that there was another Estonian working at the workplace and she thought that it would have been nice to talk to the person and get some advice.

6.2 Organizational perspective

Two employees that work in the administration in the health care were interviewed together for this study. They gave an insight on how work orientation has usually been planned and carried out in the organization and in particular, in a certain unit of the organization. R13 described that human resource management was absolutely important in his work. He takes care of the staff availability which naturally includes recruitment and he has been involved in the pilot project recruiting nurses from the Philippines. R14 works as a head nurse in one of the units in the organization. She told about her experiences about foreign newcomer's work orientation in the particular unit. Two of the nurses from the pilot project started their work in the same unit in 2009. The respondents' recent experiences with foreign newcomers, therefore, have especially been with this particular pilot project.

In the pilot project that recruited nurses from the Philippines in 2009, over 50 Filipino nurses were interviewed in the Philippines and initially, 30 Filipino nurses were recruited for the project. Soon after the selection, nurses started Finnish language training in the Philippines. In the beginning of the training, some of the nurses were weeded out for one reason or another. In

the end, 25 nurses moved to Finland after nine months of Finnish language training. According to administration staff, these nurses had Finnish language and cultural training in their home country before coming to Finland. A recruiting firm was also involved with the project and took care of issues such as supporting in the nurses' adaptation to Finland. The respondent 13 told that the road was softened as much as possible for the nurses to move easily to Finland and start their work in the organization. Some work community coaching was also provided in Finland. After moving to Finland, nurses continued taking language lessons and all of them started to study nursing in Finland to upgrade their nursing degree to Finnish degree standards.

There were not very strict criteria used in the recruitment to the project. After the experience, R13 felt that recruitment criteria could be stricter in future recruitments. One of the criteria was that nurses should have previous experience working abroad. After all, R13 was not convinced that working experience for instance from the Philippines, USA, or Saudi Arabia would have a positive outcome because the practices in Finland are quite different. In Finland, nurses' job description is generally more independent, it involves more responsibility, and it can contain more tasks than in other countries. R13 believed that previous learning can somehow harm or slow learning something new.

Work orientation

Based on the interview of R13 and R14, the content of the work orientation can be roughly divided into two categories: the orientation to the organization and orientation to work. The organization provides an orientation day for all new

employees that focuses on the organization. The orientation day includes topics such as employment in the organization, occupational health service, and the rights and responsibilities of an employee. The orientation to work has multiple phases where the newcomer gets familiar with the department and the tasks the person needs to have a good command of.

In the project, mentoring was used as a method in work orientations. A mentoring program had not been used previously in the unit but it is planned to use mentoring in the future as well. In this particular project, mentoring was seen as a suitable method to provide work orientation for international nurses. When planning the mentoring program, the organization chose employees to perform as mentors based on their previous experience working abroad or working with other international nurses. Also personal characteristics influenced the decision who was chosen to be Filipino nurses' mentors.

In the project, nurses were placed to different units in the organization in pairs which aimed to support the adaptation to the workplace. However, respondents came to the conclusion that it harmed in some ways work orientation of Filipino nurses and learning Finnish language:

In this Filipino nurses-project we decided on always placing two Filipino nurses on the same ward. We thought that they would support each other, no one had to be alone, and this would somehow ease the integration and so on. On one hand this might have been a good solution, but on the other hand we noticed that in some work communities it might have hindered the orientation and language learning because when the Filipino nurses were together, they didn't speak Finnish. It could be so that when you are forced to work alone, you have to speak Finnish and try to understand and so on. (R13)

Respondents thought that the orientation was typically received in various ways. Conversations with a mentor and other employees that participate in the orientation were important. Conversations provide an opportunity to give and receive feedback. Work orientation materials, literature and other materials can also support work orientation.

R14 pointed out that the individual has to be also active to contribute to his or her own learning. The newcomer can gather information, read the appropriate literature and other material that is available, and find suitable trainings to participate, for example. It is not possible to provide everything for the newcomer so the person has to be active and show initiative at the workplace to promote work orientation. In other words, organization can offer the tools but it is the individual who has to use them.

Language skills

According to R13 and R14, one of the biggest challenges in international nurses' work orientation is Finnish language. Both of the respondents felt that learning Finnish language is absolutely crucial for the success of work orientation. Supporting nurses learning Finnish language was considered very important and it was seen as a way to help nurses to start their work in the workplace. The organization where respondents work has been supporting the language training of international nurses. R13 pointed out that language skills affect every aspect of foreign newcomers' organizational entry:

This project has been an interesting challenge for us. The results look quite good, but as said, there are plenty of challenges and the biggest of them all has been language learning. Everything culminates in that whether it is about work orientation, study success at [name of the place], social integration or whatever, it's always the language. (R13)

Respondents recognized that learning the language is vital in order to be able to cope in Finnish health care. In addition, the slang and jargon that is used in hospitals bring more challenges for international nurses:

We were partly conscious about it beforehand but what we noticed was that language learning starts with learning written language and then these people come to Finland where people speak in different dialects. And then in hospital environment people use medical jargon. As an equation this is a very challenging one. (R13)

Knowing the language is crucial for nurses because when for example working in an operation, situations can change rapidly and nurses have to react fast. The patient may suddenly get to a critical condition and need resuscitation. The communication with doctors then can be fast; messages they give are short and require an immediate reaction. In other words, in situations like these, there is no time for explanations and misunderstandings. R14 also pointed out that in the operation room, masks can also impede understanding.

Culture at the Finnish workplace

Another challenge that both respondents mentioned in the interview was that when dealing with international nurses' work orientations, cultural differences often arise to the surface. Respondents had noticed cultural differences such as the level of hierarchy, a fear of losing face, and high level of respect when they have been involved with international nurses and their work orientations. R14 noted that this was challenging for mentors:

The mentors found it problematic that they smiled and didn't tell that they didn't understand. At first there were managers and immediate superiors present, so they might not have had the courage to say something or come to talk before they realized that it's not so hierarchical. (R14)

Cultural differences should be taken into account already in organizational entry because it would be helpful for work orientation. R14 believed that it would be beneficial if mentors were aware of cultural differences. She also thought that this should concern the whole work community. An orientation day for the whole department or work community about cultural differences was considered as a good idea to raise employees' cultural awareness.

Work orientation development

When discussing about international nurses' work orientation planning, two main points can be identified in both nurses' and administrators' stories: individuality of work orientation plan and giving time for the international nurse to adjust to the workplace and new working tasks.

Respondents claimed that work orientation of international nurses did not differ from Finnish nurses' orientation. However, they felt that special needs should be taken into consideration. The level of knowledge and previous working experience of the newcomer should be taken into consideration when planning work orientation. Evaluation is continuous and it is made by mentors, a head nurse and an educational nurse. The employer should provide an orientation that supports and helps the newcomer to learn and adjust to work and the workplace. The principle in the organization is that all employees should be treated equally. Too special treatments of foreign newcomers should be avoided to prevent so called positive discrimination among employees:

We need to invest in it [foreign newcomers' organizational entry and their special needs] more in future because we are not going to manage without foreign workers and in one way or another we have to continue recruiting them. Even though we have to make separate arrangements or support measures for them, our first principle is to treat all workers equally. (R13)

Another important aspect that administration staff highlighted was time. Nurses should have enough time to get used to the new workplace and tasks. This certainly applies for both, Finnish and foreign newcomers but yet, the importance of giving time especially in international nurses' case is significant. Both of them can experience the work orientation as a stressful time. What makes it more challenging for a foreign newcomer is the fact that besides learning the new work, there is also a new language and working culture to learn. This can easily increase the level of stress of a foreign newcomer during organizational entry and the orientation process. In general, work orientation of foreign nurses can take a bit longer period of time than for Finnish nurses because of the additional challenges that they might face in a new working environment. This should already be considered in the work orientation plan.

Respondents found it good to start work orientation with easier tasks. When the newcomer is ready, work orientation can progress into more difficult tasks. They pointed out that it is important to find a balance between easy and difficult: too easy tasks will not develop the newcomer whereas difficult tasks might be too terrifying and stressful to handle successfully. As mentioned earlier, because the two Filipino nurses were placed to a challenging unit, eventually they had to be relocated to an easier unit.

Overall, respondents' experiences about the project have mostly been positive. They saw it as an educational experience and would do something differently next time when recruiting nurses from abroad. Because of the increasing nurse shortage, international recruitment is likely to increase in the future and the organization got valuable experience about international recruitment with the help of the project.

7 DISCUSSION

This master's thesis aims to explore international nurses' experiences and perceptions of their work orientation in Finnish health care and to examine how work orientation facilitates international nurses' workplace adjustment. In addition, it is interested in finding out if work orientations include any contents related to intercultural communication. The previous chapter presented the main themes that emerged from interviews. This chapter takes a closer look at findings of the data. In addition, it involves a discussion between findings and literature about the topic.

Generally speaking, it strongly seems that the educational background of nurses and previous experience living in Finland has a significant impact on their organizational entry and work orientation. Many respondents thought that their studies and internships in nursing in Finland have provided them a good starting point to work in Finnish health care. In general, the data suggests that international nurses who had studied their degree in Finnish had less difficulty with the language at the workplace than nurses that studied their nursing degree in some other language, such as in English or their own native language. This might be caused by the fact that terminology used in health care becomes familiar already when studying nursing in Finnish language.

Based on the literature about the topic, Xu (2010) identifies four broad categories of transitional challenges facing international nurses in the

United States: language and communication challenge, differences in nursing practice, marginalization, discrimination, and racism and finally, cultural displacement and adjustment. Some similar themes can be discovered in the current study. However, respondents did not talk much about racism in the interviews. When racism was mentioned, it was discussed in a broader context such as referring to Finland as a country, as a national culture, instead of talking about racism in the workplace. Hence, a positive conclusion can be drawn that respondents did not feel being victims of racism at their workplace.

7.1 Fitting in

In general, the respondents did not get cultural training in their work orientation. Most respondents felt that this was not necessary for them because they had already lived and worked in Finland prior starting work in their current workplace. This may indicate that their previous experience of living and studying in Finland had helped the adaptation to Finnish culture and their starting point in terms of knowing the language and culture was already quite different compared to nurses that have just moved to Finland. Furthermore, it is a different setting for someone to move to Finland and start working as a nurse immediately compared to a situation where the person has already lived in Finland and is familiar with the culture and Finnish language. A transition from being outsider to insider might be, in this case, much smoother since the person is acquainted with the cultural context at least in some way. In addition, their adaptation process is probably at a different level. Maude (2011) claims that when an individual is fully adjusted and integrated, he or she is able to manage

stress and everyday social interactions, communicate effectively at work and in the wider community, and maintain cross-cultural relationships.

It seemed that international nurses did not want special treatment because of their different cultural background. Instead, they wanted to fit in and be part of the group. In other words, respondents did not want to put their cultural background on a pedestal. It was more importantly considered essential to adapt to Finnish culture and working environment. However, some of them still hoped that their cultural background is taken into consideration in their work orientation. When asking how this could be taken into consideration, some seemed to find it hard to point out something very particular. Understanding the situation from the foreign newcomer's standpoint and respecting one another was desirable. Colleagues' curiosity about international nurses' culture was experienced positively and it gave a chance to tell colleagues about cultural traditions, or working methods and practices in their home country. It also provided an opportunity to bond with co-workers in a new way, share and exchange knowledge and experiences. This is also an excellent learning situation for Finnish nurses that work together with international nurses. According to Leininger (2000), nurses who enter and remain committed to transcultural nursing soon understand the importance of knowing oneself with one's biases, prejudices, and other tendencies to prevent unfavourable relationships and provide beneficial care practices. Leininger notes that when working with various individuals and groups in many kinds of institutions, nurses become aware of different cultural values, beliefs, and life experiences and learn about the self and others.

7.2 Importance of mentors

In nursing, mentoring seems to be a good method to provide a newcomer's orientation. The study shows how significant role the mentor plays in international nurses' work orientation and organizational entry. Participants' experiences about their work orientation included strongly stories about their mentors. A conclusion can be drawn that mentors' input can make a difference to international nurses' work orientation.

Usually nurses worked together with the mentor in the beginning of work orientation. When working more independently, mentors stayed in a background or worked on their own tasks. Either way, mentors were available to help when needed. Mentors but also other colleagues participated in work orientation by giving advice, showing around, and sharing information and experiences. In particular, a mentor was often someone to talk to and get support from. Juusela et al. (2000) claim that as a method, mentoring is a series of processes that contributes to developing a relationship, its actions, and support. They note that the mentor invests time, knowledge and effort to increase the mentee's development, knowledge, and skills. It can be also concluded that mentors can influence newcomers' workplace adjustment.

Grossman (2007) argues that nursing needs to develop a mentoring culture where all nurses can experience being a part of a collaborative network that fosters partnering with others. Grossman note that it would be beneficial for nurses to have a mentoring culture with the new mentoring models such as peer and multiple mentoring. Derungs (2011) suggests that a good implementation of mentoring system creates the foundation of continuous improvement in the organization. Clutterbuck (2004) states that getting the best

outcome from mentoring involves building the best aspects of both formal and informal approaches. On the one hand, a formal structure is essential since it provides meaning and direction for relationships and support when necessary. On the other hand, individual relationships will flourish best when allowed to operate as informally as possible. Clutterbuck notes that successful formal relationships often go on to become successful informal ones. Mentors can become international nurses' support network and eventually also friends. Implementing a good mentoring program for international nurses can facilitate work orientation and workplace adjustment. This would be efficient especially when a health care organization recruits a larger number of international nurses.

Murphy and Ensher (1997) suggest that organizations should provide a training to support cross-cultural or cross-national mentoring. They recommend that training content should focus on four areas which are understanding cultural differences that may affect the perceptions of another person's behavior, increasing communication skills and the ability to understand how culture may contribute to ineffective communication, encouraging mentors and mentees to set ground rules that are relevant to open communication and lastly, providing opportunities for the mentor to actively solicit feedback from the mentee. In addition, they believe that it would be beneficial for organizations to support various confirmations of mentoring through formal programs and reward systems. To ensure cross-national mentoring relationships thrive in the organization, Murphy and Ensher highlight the importance of an environment that values and rewards these relationships. They claim that organizations that provide a supportive

environment for mentoring relationships can maximize their diverse human potential, without alienating a majority or showing preference to a minority.

Koskinen and Tossavainen (2003) studied Finnish preceptors' and British undergraduate nursing students' mentor-student relationships during international placement in Finland from mentors' perspective. According to the study, a good relationship assisted the students to cross the language barrier and to learn about the Finnish culture while the negative aspect of intercultural mentoring seemed to be connected with the sense of one's incapability to assist the student's intercultural adjustment in case the student is not mature and motivated enough to cope with intercultural differences and the language barrier. Therefore, mentors can support newcomers in learning and adjusting to the new workplace if newcomers are open to their guidance and knowledge. In the study of Koskinen and Tossavainen, relationships extended beyond a regular mentorship but mentors felt being left alone with their mentoring tasks both by the rest of the staff and the host teachers. This can therefore result to be a stressful situation for mentors. Mentors need support from the employer in order to have enough resources and time to guide the newcomer.

Deciding the right, suitable mentor for the newcomer is a crucial decision that a superior has to make in order to provide a suitable work orientation for the newcomer. Clutterbuck (2004) points out that formal mentoring helps to recognize mentors that are not suitable for being in a mentor role. From this standpoint, health care organizations that use mentoring would benefit from a formal mentoring program and it would help deciding right mentors for foreign newcomers.

It can be beneficial if the mentor possesses some previous working experience in other countries or has a good working knowledge of English language so that the newcomer can ask about unclear issues in English which can be one of the ways to decrease the level of uncertainty. Mentors' previous experience in mentoring international nurses can be very useful. A mentor's skills in intercultural mentoring therefore are advantageous for both mentors themselves but also for newcomers.

7.3 Language matters

Probably almost everyone can relate to the feeling of excitement and nervousness of the first working day in a new workplace. One can try to imagine how stressful and devastating it could be to enter a new organization only to realize that they cannot communicate with the members of staff. The level of Finnish language can affect newcomers' self-esteem and confidence in tasks, dealing with patients, other nurses, and doctors. The feeling of one's own professionalism can be influenced by one's perception of own language skills. The level of stress in organizational entry can increase because of the low level of confidence about one's professionalism and language skills.

Maude (2011) claims that employees from minority groups that are not fluent in the language used in the organization can fail to make progress in their jobs. The lack of language proficiency may result in difficulties to become involved in social interaction and networking activities which are, in many large organizations, essential for career success. Moreover, Maude argues that lack of language skills may lead to employees of minority group experiencing communication problems at work which, in return, can trigger

workplace discriminations and lead to power levels of job commitment from the employees concerned.

According to Maude (2011), ability to speak a country's main language helps newcomers to develop informal contacts with local people and it also facilitates cross-cultural adjustment. Appropriate communication is critical to in the context of health care to effecting best health care outcomes and therefore, making language a great tool (Hearnden, 2008). Participants of this study experienced different levels of difficulties regarding learning Finnish language. Some found learning the language difficult whereas some considered it easier. In addition, some respondents were already very fluent in Finnish when they entered their workplace while others had more problems with their language fluency. The data shows how important the language is and how many things are closely linked to it. Knowing Finnish language reflects on the success of work orientation, socialization, and integration to the workplace. For international nurses, commonly the most challenging part in their organizational entry and work orientation was Finnish language. Other studies have come to similar conclusions which seem to be a central theme in international nurses' experiences in all comparable international studies (Magnursdottir, 2005). Based on this study, it is clearly evident that language is a crucial factor in international nurses' organizational entry, work orientation and workplace adjustment. Lack of language skills has an impact on how international nurses can communicate with their colleagues and patients. In addition, it can affect the feeling of being part of the group at the workplace. Individuals who are not able to speak the dominant language may have greater adjustment problems since they have less access to written and spoken sources,

they depend on others for information, and are also often restricted in their social relationships to people from their own culture (Maude, 2011). Communication barriers may prevent international nurses from assuming positions of leadership and can lead to frustrations for not just for nurses but also other staff members, and patients (Spry, 2009).

For international nurses, names of medicines can be unfamiliar and they can encounter colloquialisms, slang, and strange idioms in every day communication (Parrone et al., 2008). Abbreviations, terminology, and medical jargon can be unfamiliar which can result in misunderstandings that can delay care or cause injury (Spry, 2009). This study indicates that international nurses often have challenges especially with terminology and spoken language. Organizations could assist international nurses with Finnish terminology for example by providing a terminology list that includes terminology both in Finnish and English. This could make learning easier and faster instead of checking words from the dictionary that some respondents had to do when starting their work in Finland.

For some respondents, speaking Finnish language was stressful especially on the phone with doctors and patients. Other studies have also discovered that for international nurses, communication has been particularly challenging over the telephone (e.g. Magnusdottir, 2005; Xu, Gutierrez & Kim, 2008; Yi & Jezewski, 2000). This can result from the fact that the non-verbal part of the communication is lost, an important complementary aspect when the linguistic part is impaired (Magnusdottir, 2005). Nonverbal codes are a significant part of communication and when they are absent during a conversation, it puts verbal communication into a considerable role. When

there are problems with knowledge and fluency in Finnish language, nonverbal codes can be extremely helpful for understanding the verbal message and its meaning. Another situation that caused stress about the Finnish language among some of the participants was when doing dictations for doctors. In particular, when doctors were wearing masks, it made understanding even more difficult.

Xu (2008) points out that communicative competence is fundamental in nursing. To ensure appropriate patient care and to promote a better working environment at the workplace, Hearnden (2008) emphasizes the necessity to make communication between nurses of different cultural backgrounds easier. Awareness on how different cultural beliefs can affect individuals' linguistic choices is essential to successful spoken communication especially in intercultural professional settings such as health care (Hamilton & Woodward-Kron, 2010).

In nursing, language fluency and communication is crucial especially because of the nature of health care work. Patients can be in danger if communication between doctors and nurses does not work because of language barriers. Despite what language is used, it is more important that foreign newcomers really understand the message they receive from co-workers instead of guessing whether or not they understood. Yi and Jezewski (2000) note that receiving support from host members on the hospital units is also important especially when communication breaks down. The pressure of understanding the Finnish language from the employers and other colleagues can be so high that nurses might prefer to remain silent or give an impression that they have understood the message. Parrone et al. (2008) point out that

silence can be misinterpreted since afraid to speak up and prefer to remain silent can be caused for instance by being unable to decipher the true context of meaning confronted with informal talk. Magnusdottir (2005) discovered in her study that once international nurses started to use the language, they encountered another problem which was that their fluency was overestimated: their understanding and vocabulary was more limited than people thought so their language fluency were perceived better than it really was.

Respondents' work orientations were in Finnish language. It could be suggested that during work orientation, communication with international nurses can also happen in English language especially when it is obvious that the other person does not understand the meaning of the message. When the fluency of Finnish language is not good yet, it might be beneficial for everyone if mentors and other colleagues also use English language to ensure that the person really understands. This can prevent unnecessary mistakes or misunderstandings. It is essential that newcomers really understand what they are taught by others so all information received is not wasted because of lack of language skills or misunderstandings. This could also prevent the feelings of frustration that both mentors and mentees might experience caused by these misunderstandings.

7.4 Differences in work practices

Respondents had identified cultural differences when working in Finland. Cultural differences were experienced challenging especially when the respondent's home country was geographically far away from Finland. The further the respondent was originally culturally, the more differences and

challenges they seemed to face. Estonian respondents felt fewer differences although some of them also experienced challenges in learning Finnish language and found out different work practices. However, some respondents from distant cultures described the beginning of employment and moving to Finland as a shock. Martin and Nakayama (2007) define culture shock as “a relatively short-term feeling of disorientation, of discomfort due to the unfamiliarity of surrounding and the lack of familiar cues in the environment” (p. 310). Typical causes of culture shock are disturbing cultural practices, difficult job conditions, and absence of family and friends (Maude, 2011).

Differences in nursing practices can include issues such as the role of the nurse, scope of practice, legal environment and requirement for accountability, use of more advanced health care technology, and the relationships between nurse and physician (Xu et al., 2008). Nurses’ clinical experience and therefore, competence, can vary from culture to culture, country to country, or even region to region but yet, nurse migration continues to be fuelled by the assumption that a “nurse is a nurse” (Hancock, 2008, p. 261), a portable profession that can be applied worldwide (Habermann & Stagge, 2010). The assumption that a nurse is a nurse underestimates the influence of culture and the context in which a nurse has lived, studied, and worked in his or her lifetime. Mattson (2009) states that the greatest cultural difference underlying behavior at work and expectations of others is the meaning of work itself.

Lajkowicz (1993) points out that in non-patient relationships, nurses often pay little attention to cultural beliefs and how they may affect the work setting. Suddenly, nurses forget cultural differences and assume that all

staff members have the same beliefs which can impede the attainment of work-related goals and professional growth (Lajkowicz, 1993). The data shows that differences in nursing methods and practices are evident. This has been concluded in other studies as well (e.g. Kaxi & Xu, 2009; Magnusdottir, 2005).

Several respondents gave examples on how things are done differently in Finland. In addition, nurses felt that doctors and nurses were equal colleagues in Finland compared to their home country where the doctor was considered possessing a higher status that required formal addressing. This has an impact on communication: how to talk to doctors and what topics are appropriate to discuss with them. In individualistic cultures, people are expected to be treated in the same way (Hofstede & Hofstede, 2005). Overall, differences in hierarchy and informality were noted by several respondents. A low level of hierarchy was experienced as a positive surprise in Finnish health care. Most respondents viewed working in their own country being more hierarchical where more formal communication was common; formality and titles were used especially when talking with doctors. Also patients and elderly people were addressed formally. As Finland is commonly described as an individualistic culture, Finnish workplaces are often seen informal and having a low level of hierarchy. Magusdottir's (2005) study also showed that international nurses experienced communication and relationships between people in the Icelandic hospitals being characterized by informality and absence of hierarchy. According to Hofstede and Hofstede (2005), in individualistic cultures employees are expected to act according to their own interest, and work should be organized in such a manner that both employee's self-interest and the employer's interest coincide.

Finnish health care was also viewed as patient-centred which was more emphasized in Finland than in respondents' home countries. Respondents had noticed that in Finland, nurses have to tell their patients everything. Patients have a right to know about all the procedures and medicines they have. Overall, in Finland patients have more rights and they are allowed to make decisions and that way to participate in their own care. This was not often the case back home according to some respondents. Similar observations were made in the study by Xu et al. (2008) about Chinese nurses in America. These kinds of differences about the care of a patient are probably learnt at the university when studying a nursing degree. Therefore, since these practices can differ to country to country, it might be beneficial to share common nursing practices with a foreign newcomer who might not be familiar with common nursing practices in a particular country such as Finland.

7.5 Factors that facilitate nurses' workplace adaptation

Employees spend a third of their day in their workplace which makes work and a working environment a big factor in their lives. Therefore, also adapting to the workplace plays naturally a big role in international nurses' adjustment process to Finnish culture. All respondents felt that their work orientation has helped them to adapt to their workplace. Work orientation is important for learning new working tasks but also learning about the working environment and getting to know new colleagues. This study suggests that international nurses' workplace adaptation can be helped by giving a proper work orientation. A successful work orientation has an essential role in international nurses' adjustment (Hartikainen & Kankkunen, 2009). Also Bae's (2011) study

indicated that the orientation program and support from peers and supervisors were important in the international nurses' organizational socialization process. Nurses' adjustment to the workplace can be improved by several actions. Colleagues were an important support for respondents. A good, friendly working atmosphere also seemed to assist the adaptation. Creating organizations that respect cultural and linguistically diverse groups is essential in helping nurses to successfully adjust to their new working environments (Brunero et al., 2008). What was considered helpful in work orientation and workplace adjustment was previous working experience. In particular, respondents who had previous experience in living abroad thought that it was beneficial for them. Knowing already how to be a foreigner in a foreign country can be helpful in adaptation to the new culture.

According to Hancock (2008), migrant nurses are usually deployed to areas that have the highest staff shortage. The placement of nurses in the organization should be considered carefully. The employer should also acknowledge that international nurses that do not have a good command of Finnish yet in the point of joining the organization should not be placed to an overly challenging and demanding unit where working tasks are difficult and the language barrier can make it too much to handle. Logically, they should be placed in units or tasks that are suitable to them and which does not cause a high level of anxiety. Misvaluation in nurses' skills and language fluency and therefore, placing them in too difficult positions and tasks can create problems especially for international nurses themselves but also for their colleagues and in the worst case, for their patients. Placement should be evaluated, for instance, based on nurses' working and language skills and the capacity of

dealing with stress and whether or not the person can really meet the requirements that the position holds. Even if working skills of the newcomer are at the professional level, the lack of knowledge and fluency in Finnish language can cause misunderstandings that can eventually be problematic. Instead of just assuming that the international nurse understands Finnish language and can survive in communicating with it, it is more important to be really aware of his or her true language skills. If newcomers already have a good command of Finnish language, the starting point is already very different.

Overall, the management should ensure that international nurses can cope with their Finnish language skills in the unit and in the position where they are planned to locate in the organization. Right placement in the organization can support international nurses' feelings of self-confidence in their work and their adaptation to the workplace. However, it is also important to note that international nurses' skills and education in their home countries should not be underestimated either which can lead to negative effects to their adaptation and a feeling the lack of professionalism which can decrease their self-confidence as a nurse. In sum, all skills and competencies should be evaluated carefully in the beginning of employment.

7.6 Suggestions for work orientation development

The pilot project of recruiting nurses from the Philippines that was discussed in this study is an excellent example why these kinds of pilot projects are very important in order to be able to gather information and identify possible challenges, cornerstones, and opportunities in international nurses' organizational entry, work orientation, and adaptation. These kinds of projects

help smoothing organization entry, planning work orientation, and possibly identify required additional trainings beforehand so that health care organizations can meet the practical requirements for integrating international nurses to their organization and avoiding a failure in the recruitment which can for example cause financial and resource losses.

Respondents' strong suggestion to improve international nurses' work orientation was to give time for the newcomer. It may be frustrating for him or her not to see own progression in the new work and it can decrease the level of confidence. Comparing oneself with others, especially with newcomers that do not have similar linguistic and cultural challenges as foreign newcomers, is not advantageous. It is important to remember that it can take time to internalize different work practices. Vartiainen-Ora (2007) suggests that the person who provides work orientation to an immigrant should really reserve time for the orientation and require that time from the employer as well. Giving time to learn is beneficial for a newcomer but also for an employer in the long run. In addition, respondents thought that ideally, work orientation should meet an individual's needs. This means that an idealistic view of work orientation is that it is customized to a particular newcomer and that it also considers a newcomer's professional knowledge and personal characteristics. As its best, it would cover all necessary aspects in order to provide a suitable work orientation, support and guidance in the beginning of employment. Obviously, this requires a lot from the employer in terms of identifying special needs of a particular newcomer, gathering all required information, planning work orientation prior organizational entry, and organizing resources and trainings needed in the orientation period.

Table 5 shows barriers to the integration of nurses and strategies that can be used to support them to overcome these barriers. It is a result of the compilation of Habermann and Stagge (2010) based on the article of Adams and Kennedy (2006).

Table 5

Barriers and strategies to support individual nurses

Barriers to the integration of nurses into the host country	Strategies to support individual nurses
Language and communication difficulties	Language courses focusing on medical language and local specifics Training in intercultural communication Gaining insights in multicultural contexts of the host country
Lack of access to appropriate information	In-depth and repeated information about all aspects of workplace and regional lifestyles
Lack of value and issues with de-skilling	Integration plan covering several years
Lack of cultural and religious services	Building up information about cultural and religious networks
Institutional racism	Diversity strategies as integrated management Repeated feedback talks with nurses addressing racial and cultural issues
Negative attitudes of health staff and patients	Diversity management - open and forward policies towards recruiting nurses from abroad
Lack of community and family support	Building up information about cultural and religious networks Support of family and cultural contacts

Note. From “Nurse migration: a challenge for the profession and health-care systems” by M. Habermann and M. Stagge, 2010, *Journal of Public Health*, 18, p. 48.

Providing training supports nurses' learning and gaining confidence at the workplace. The need of training can be evaluated by each case. Depending on the individual needs, training can be specified on issues such as language training, cultural training, or other professional development. Language training can focus on a certain topic such as medical language and terminology relevant for the newcomer. According to interviews, international nurses' work orientation does not usually involve intercultural training. Most respondents felt that in their organisational entry, they did not need cultural training in order to adjust to their workplaces. One of the reasons why cultural training was not considered essential by most respondents was that they had lived in Finland already before starting their work and they had studied nursing in Finland. The culture shock was not present anymore at the point of starting work. However, respondents thought that it can be useful to provide cultural training especially for newcomers that come from very different cultures even though they did not wish to have it for themselves. Therefore, it seems that the decision of providing cultural training could depend on factors such as individual's needs, cultural and educational background, and previous experiences.

Cultural awareness assists in understanding ways that other cultures see the world (Maude, 2011). Another possibility is an option of providing intercultural training for work units or the whole organization in order to raise cultural awareness in the health care working environment. This study emphasizes that raising cultural awareness in the whole workplace seems more crucial instead of training only individual foreign newcomers. It is not only international nurses that need to adjust to different working environment. Their

Finnish colleagues must be able to adjust as well. For them, raising cultural awareness and developing intercultural communication skills would be beneficial in terms of providing knowledge, learning more about themselves and foreign newcomers and therefore, creating a greater understanding about cultural issues among all colleagues. How colleagues treat newcomers and communicate with them is likely to reflect in international nurses' workplace adjustment. Lajkowitz (1993) suggests that cultural awareness and sensitivity to the different beliefs of co-workers will help to alleviate some of the stress that surrounds nurses nowadays. Training all employees accordingly could create a positive outcome by building a team spirit, increasing cultural understanding and providing tools on how to use multiculturalism as an advantage and a resource.

Organizational culture has an impact on how cultural diversity is promoted in the organization. In the study of Gerrish and Griffith (2004), senior nurses and several ward managers saw promoting the ethnic diversity of the nursing workforce as one of the main benefits of overseas nurse recruitment. Senior managers also emphasized the potential of viewing international recruitment as a two-way exchange of expertise. Moreover, their study highlights the importance of ensuring an organizational policy context that supports diversity in the workforce. Diversity management in health care organizations can lead organizational cultures to value open, non-judgmental multicultural work contexts. Successful administrators behave respectfully toward others from diverse backgrounds and implement policies that promote cultural understanding, knowledge, and skills in the workplace (Andrews, 2008).

An employer has a responsibility to provide a good work orientation for employees. When the employer recruits nurses from abroad, it is good to remember that the employer has the responsibility for these new employees and to ensure that they get a proper work orientation and guidance, they are welcomed to the workplace and they are supported in their adjustment to the new workplace. Offering the needed information that may be missing and interventions at the recruitment and arrival stages may encourage nurses to feel more confident and better equipped to settle (Brunero et al., 2008). It is also noteworthy that it is not only the organization's responsibility for the individuals' learning and adaptation process, the individuals themselves are also responsible for his or her own progress. For newcomers, it is beneficial to be active, seek for information that support one's learning and skills, and build willingly relationships with colleagues and supervisors.

8 CONCLUSIONS

The objective of this study was to gather information for exploring international nurses' experiences and perceptions about their work orientation in Finnish health care. The first research question of this study was how international nurses experience and perceive work orientation in organizational entry. Overall, international nurses' experiences in their work orientation have been mainly good. The content of their work orientation was mostly perceived as task-oriented. Nurses often had one chosen person to work with during the orientation period. Experiences were positive about mentoring. Nurses' work orientation happened while working together with the mentor who guided and supervised them. In addition, more informal learning took place in settings such as coffee breaks and social events which were important for their socialization to the workplace: getting to know colleagues and also to get a type of information that would be more difficult gain in a formal working context. Policies varied on how many mentors each new member had or how shifts were arranged to receive orientation from mentors. However, it can be concluded the whole organization or unit and its members participate in international nurses' work orientation in their own way.

Sometimes the work orientation plan was not fulfilled in the initially planned way. The plan was for example impeded by a busy working environment, changes in mentors, or their absence. Therefore, putting a work orientation plan into practice should be ensured by the management. For

instance, supervision, a more careful planning, discussions with mentors and international nurses are some suggested means to make sure that international nurses get their work orientation in a manner that they are entitled to in order to learn their new work and adapt to the workplace. In addition, it is necessary to make sure that resources needed for a new member's work orientation are still available in cases when situations or mentors might change during the orientation period.

The second research questions dealt with finding out what kinds of meanings international nurses' work orientation have for their adjustment to their workplaces. This study indicates that work orientation has a positive impact on nurses' workplace adaptation. In particular, a good atmosphere at the workplace and friendly, supportive colleagues were considered helpful in workplace adaptation. Language often seems to be the biggest cornerstone for international nurses in their organizational entry, work orientation, and workplace adjustment. A language barrier had a negative impact on nurses' workplace adaptation and often made the beginning of the employment stressful. Work orientation helped international nurses' workplace adjustment and it assisted them in getting confidence and dealing with stress during organizational entry.

Finally, the third research question aimed to explore factors that nurses considered meaningful in work orientation and find ways to develop international nurses' work orientation in order to facilitate their transition to their new workplace. It was important for nurses that they were part of the group at the workplace. This study suggests that giving time and individuality in work orientations, training, and raising cultural awareness at the workplace

are good ways to improve international nurses' work orientation. Just as any newcomer who enters a new workplace, international nurses' commonly deal with many challenges but at the same time, they also need to face these challenges in a new cultural and linguistic context which puts the experience into a whole different perspective. Therefore, it would be beneficial for international nurses if their employers and colleagues understood that for them, some things can take a bit more time. Allowing newcomers to use the time needed without making them feeling to be under pressure to progress fast during work orientation can possibly reduce their stress levels.

As for any newcomer, individuality in work orientation planning and implementation is desirable since it can ensure that the individual's background, previous experiences and personality are considered to meet the suitable work orientation that profits the newcomer. For instance, a way to meet individual needs is to offer additional trainings that can help the newcomer to develop professionally and also to work on possible work-related areas that need improvement. Individually customized work orientation planning and discussions with the newcomer can help to identify problem areas that can be solved or improved with training. One aspect of planning that acknowledges the individuality of work orientation could be also the matter of choosing mentors for newcomers. Choosing a mentor for an international nurse that would suit the newcomer well, obviously based on managers' best knowledge and judgement, can likely be beneficial for all parties involved.

Lastly, raising cultural awareness at the workplace can create a deeper understanding on cultural differences. Raising cultural awareness among all employees in the organization promotes learning about one's own

culture and also other cultures. This requires an open and non-judgemental atmosphere at the workplace in order to have a positive outcome. Increasing employees' intercultural communication competence is an advantage in health care not just because of the increasing amount of foreign employees but it is also richness when dealing with foreign patients.

Nurse migration and international recruitment raises also some ethical questions. Some of the nurses give up of many things while friends, family, and kinship networks may stay in their home country. Furthermore, arranging a good work orientation is surely a normal expectation and responsibility of the employer but yet, it is definitely essential because of ethical aspects as well. When health care organizations plan to recruit international nurses to Finland, they need to ensure that they have the right resources, knowledge, and tools to support international nurses in organizational entry and in the process of adaptation. Employers must make sure that international nurses' needs and skills are acknowledged and valued in their organizational entry and that work orientation is arranged accordingly to meet these needs.

8.1 Evaluation of the study

According to Hirsijärvi et al. (2009), the reliability and validity of research results vary even the researcher tries to avoid any errors. Therefore, it is necessary that reliability of the study is evaluated. Punch (2005) states that reliability refers to consistency. It measures the study's ability to give non-random results whereas the validity of the study refers to the research's ability to measure exactly what it was supposed to measure (Hirsijärvi et al., 2009).

Since this study explores experiences of international nurses working in Finland, it does not aim to make strong generalizations based on the findings. Each individual's experiences are unique and different. International nurses that were part of this study experienced and perceived their work orientation in their own way that was influenced by several factors. Also, their backgrounds were in many respects different. However, similar themes in international nurses' experiences appeared in the interviews which can help identifying common topics in their experiences.

According to Hirsjärvi and Hurme (2000), different ways of showing the validity of the research are, for example, proving resources of the research reliable and showing interpretations of both, the researcher and interviewees, being equivalent. Hirsjärvi and Hurme suggest that when reporting research results, it can be validated by referring to appropriate literature. Other studies in the field had similar results as this study which supports findings presented in this thesis.

Hirsjärvi and Hurme (2000) claim that when analyzing the reliability of the study with a qualitative approach, the researcher gets closer to areas involving the quality of the research data. According to them, this refers to the perspective that the reliability concerns much more the actions of the researcher than the answers of interviewees. Therefore, it concerns issues such as how reliable the analysis of the researcher is regarding the material, has all the data be taken into account and has the data been transcribed correctly. Since this is a qualitative study, these issues were considered during the research process.

A relatively small number of respondents of the study may have created restrictions for the study. To gain a deeper understanding of the complex phenomenon, it is important to look at it from different aspects. However, for a master's thesis, 14 participants in a qualitative study provide a good start to study the phenomenon. A larger number of participants from administration of health care organizations would have been beneficial for the study. This study included two individuals' insights but in order to gain a better, deeper understanding of the administration standpoint, more interviews would have been desirable. In this study, this kind of standpoint was introduced which gave a starting point to look at the phenomenon from their perspective.

The study included respondents that have been studying nursing in Finland as well as those who have not. A limitation based on having a Finnish nursing degree did not seem relevant for this study in the beginning but this could have been some sort of criteria for the study to limit the participants and also the study itself. However, a study limited to either one of these two would certainly be interesting and might bring different results. After all, the situation is different for a foreign newcomer that has just moved to Finland compared to a newcomer that has first completed a Finnish nursing degree and lived in Finland already for some years.

There is a possibility that interviewees might have felt uncomfortable to talk about their experiences in their own working environment while acknowledging that their employers know about their participation in this study. For example, negative experiences could have been difficult to express while knowing that the workplace knows interviewee's participation in the study. Therefore, this may have had an impact on the study.

From this perspective, using a survey, for instance, would have been one option to avoid this kind of setting.

8.2 Directions for future research

Magnusdottir (2005) notes that the voices of international nurses in international data banks are predominantly the voices of English-speaking nurses from developing countries who migrate because of financial reasons and work in English-speaking industrialized countries and therefore, published research from other countries is desirable in order to view for a more comprehensive global picture. More studies on international nurses' migration, work orientation, and workplace and cultural adjustment are, indeed, needed in Finland to assist Finnish health care organizations in building functional orientation contents and programs for the future diverse workforce.

In terms of the complex phenomenon that this study has been interested in investigating, there are still many aspects to be explored more profoundly. The data of the study illustrates further ideas for a deeper investigation. To study international nurses' work orientation, an interesting insight could be provided by exploring the experiences of international nurses' mentors. After all, they are the individuals working aside with newcomers every day, starting from the beginning of a newcomer's journey in the organization. They hold one of the most central keys into the success of international nurses' work orientation and integration to the new workplace. At best, they follow through the whole process of mentees' organizational entry, work orientation, socialization and finally, the integration. The knowledge that international nurses' mentors hold can bring significant information to

international nurses' studies. Indeed, it can be insightful for employers to explore the possibilities that the mentorship holds to support international nurses. Examining different options for mentoring programs or practices can bring a significant asset for employers of international nurses. After exploring all practices and mentoring programs that are discovered to be useful and functional in the organization, it is easier to establish programs and implement them. Evaluating different work orientations and mentoring programs would be also an excellent field of future studies. It would also be insightful to study how mentoring or orientation programs planned by administration meet the actual orientation provided for international nurses.

Another prevailing and interesting research focus would be to study a group of Spanish nurses that were recently recruited to Finland in order to assist the labor shortage in the near future (Elinkeino-, liikenne- ja ympäristökeskus, 2012). It would be insightful for instance to follow their adjustment process from the beginning of their employment. Also, it would be interesting to find out how their work orientation was planned and implemented.

Hence, the future studies are needed to raise awareness of cultural differences and communication styles and also to increase a cultural understanding among both employers and employees in Finnish health care. This is absolutely necessary for the benefit of everyone especially if and when international nurses' recruitment becomes a common procedure to correct a nursing shortage in Finland. This can make a considerable difference for both employers and employees in Finnish health care in the future.

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APPENDICES

Appendix 1 Information for participants

TIEDOTE TUTKIMUKSEEN OSALLISTUVALLE

Hannele Välipakka
Kulttuurienvälisen viestinnän opiskelija
Jyväskylän yliopisto
Puh. xxx
E-mail. xxx

Hyvä Vastaanottaja

Olen kulttuurienvälisen viestinnän opiskelija Jyväskylän yliopistosta ja teen tällä hetkellä pro gradu-tutkielmaani, jossa tarkastelen ulkomaalaisten sairaanhoitajien kokemuksia saamastaan työperehdytyksestä työhöntulovaiheessa suomalaisessa organisaatiossa kulttuurienvälisen viestinnän näkökulmasta. Kyseessä on laadullinen tutkimus, jonka tavoitteena on selvittää, millaisia sisältöjä ulkomaalaisten sairaanhoitajien työperehdytys sisältää sekä kuinka kulttuuri ja diversiteetti on otettu perehdytyksessä huomioon. Tutkimuksen avulla pyrin myös antamaan kehittämisehdotuksia työperehdytyksen kulttuurillista sisällöistä ulkomaalaisten sairaanhoitajien tarpeiden mukaisesti. Tutkimus julkaistaan Jyväskylän yliopiston Internet-sivustolla.

Pro gradu-tutkielmaa varten haastattelen ulkomaalaisia sairaanhoitajia, jotka ovat työskennelleet Suomessa sairaanhoitajana muutaman vuoden ajan. Tutkimusaineisto kerätään yksilöhaastattelujen avulla. Haastattelu tapahtuu työpaikallanne ja siihen tulisi varata noin tunti aikaa. Haastattelut nauhoitetaan myöhempää analyysia varten ja äänitallenne hävitetään tutkimuksen valmistuttua. Haastatteluissa saatua tietoa käsitellään luottamuksellisesti ja nimettömästi koko tutkimuksen ajan. Tutkimukseen osallistuminen on vapaaehtoista eikä siitä aiheudu osallistujalle kustannuksia.

Lähetän teille sähköpostitse ehdotuksia haastattelun sopivalle ajankohdalle joista voitte valita teille sopivan ajan. Haastattelujen avulla saatu tutkimusaineisto on tärkeää ja arvokasta tietoa pro gradu-tutkielmaani varten sekä ulkomaalaisten sairaanhoitajien työperehdytyksen kehittämiseksi.

Annan mielelläni lisää tietoa tutkimuksesta.

Ystävällisin terveisin,

Hannele Välipakka

Appendix 2 Letter of consent

SUOSTUMUS HAASTATTELUUN

Suostun osallistumaan vapaaehtoisesti Hannele Välipakan pitämään haastatteluun hänen pro gradu-tutkielmaansa varten Jyväskylän yliopistolle. Annan suostumukseni siihen, että haastattelu voidaan nauhoittaa ja haastatteluaineistoa voidaan käyttää, julkaista ja siteerata ilman tunnistetietoja pro gradu-tutkielmassa.

Haastattelussa saatua tietoa käsitellään ehdottoman luottamuksellisesti sekä ainoastaan tutkimustarkoituksiin. Haastateltava pysyy tutkimuksessa nimettömänä.

Aika ja paikka

Haastateltavan nimi ja allekirjoitus

Haastattelijan nimi ja allekirjoitus

Yhteystiedot:

Hannele Välipakka

Kulttuurienvälisen viestinnän opiskelija

Jyväskylän yliopisto

Puh. xxx

Email. xxx

LETTER OF CONSENT

By signing this letter of consent, I agree that I participate voluntarily into the interview conducted by Hannele Välipakka and I give her permission to use the material gathered through this interview in her Master's Thesis at the University of Jyväskylä. I agree that the interview can be recorded and the material can be used, quoted and published in the Master's Thesis.

All information will be treated confidentially, anonymously and will be used for research purposes only.

Date and place

Participant's name and signature

Researcher's name and signature

Contact information:

Hannele Välipakka

Student of Intercultural Communication

University of Jyväskylä

Tel. xxx

Email. xxx

Appendix 3 Thematic interviews

ULKOMAALAISTEN SAIRAANHOITAJIEN TEEMAHAASTATTELU

TEEMA 1. Taustatiedot

- Kansallisuus
- Ikä
- Koulutustausta
- Kuinka kauan olet asunut ja työskennellyt Suomessa?
- Oletko aiemmin asunut ulkomailla ennen kuin muutit Suomeen?

TEEMA 2. Tulo Suomeen

- Miksi päätit tulla Suomeen ja nykyiseen työpaikkaasi töihin?
- Millaisia odotuksia sinulla oli Suomesta ja suomalaisesta kulttuurista ennen tuloasi?
- Miltä sinusta tuntui tulla Suomeen?
- Millaista oli opetella suomen kieltä?
- Kuinka koit sopeutuvasi suomalaiseen kulttuuriin? Millaiset asiat auttoivat sopeutumistasi?

TEEMA 3. Työhöntulo

- Millainen ensimmäinen työpäiväsi oli?
- Kuinka työkaverisi suhtautuivat sinuun? Koitko olevasi tervetullut työpaikallasi?
- Huomasitko kulttuurieroja kun aloitit työsi uudessa työpaikassa? Koitko jotain yllättävää uudessa työpaikassasi mitä et osannut odottaa?
- Millaiseksi koit viestinnän suomalaisessa työyhteisössä?

TEEMA 4. Työperehdytys

Mitä:

- Mitä kieltä työperehdytyksessäsi käytettiin?
- Millaisia asioita ja sisältöjä työperehdytyksesi sisälsi? Mitä asioita työperehdytyksessä käytiin läpi?
- Saitko jotain materiaalia työperehdytyksen tueksi?
- Etenikö työperehdytyksesi suunnitelmallisesti?
- Koitko saavasi tarpeeksi ohjeistusta työperehdytyksesi aikana?
- Millaiset asiat auttoivat oppimistasi työhösi?
- Koetko, että saamasi työperehdytys oli erilainen suomalaisiin sairaanhoitajiin verrattuna? Jos kyllä, niin kuinka?

Kuka:

- Kuka oli vastuussa työperehdytyksestäsi?
- Ketkä osallistuivat työperehdytykseesi?
- Koitko, että sinulla oli mentori joka ohjasi sinua työperehdytyksessäsi?
- Tunsitko saavasti tukea työkavereiltasi työperehdytyksen aikana?
- Koetko, että sait tarpeeksi opastusta työperehdytyksesi aikana?

Missä:

- Missä ja millaisissa tilanteissa työperehdytyksesi tapahtui?
- Missä ja millaisissa tilanteissa viestintä työperehdytyksestäsi tapahtui?
- Tapahtuiko myös perehdytystä myös epävirallisissa tilanteissa työpaikalla tai työn ulkopuolella? Auttoiko se oppimistasi työhön ja työyhteisöön?

TEEMA 5. Ulkomaalaisten sairaanhoitajien työperehdytyksen kehittäminen

- Koetko, että työperehdytyksesi oli hyödyllinen ja auttoi sinua aloittamaan uuden työsi?
- Millaiset asiat olivat sinusta hyviä ja hyödyllisiä asioita työperehdytyksessäsi?
- Saitko palautetta työstäsi työperehdytyksesi aikana?
- Puuttuiko työperehdytyksestäsi mielestäsi jotain? Jos puuttui, niin mitä?
- Millaisia asioita ja sisältöjä olisit kaivannut työperehdytykseesi? Mitä asioita olisit muuttanut työperehdytyksessäsi?
- Koetko, että kulttuuritausta ja kulttuuriset tekijät oli otettu huomioon työperehdytyksessäsi? Onko se sinusta tärkeää?
- Pitäisikö kulttuuriset tekijät ottaa mielestäsi huomioon ulkomaalaisen sairaanhoitajan työperehdytyksessä? Miksi? Kuinka kulttuuri voitaisiin ottaa huomioon työperehdytyksessä?
- Koetko, että ulkomaalaisten sairaanhoitajien työperehdytys pitäisi suunnitella eri tavalla kuin suomalaisten sairaanhoitajien? Mitä asioita ulkomaalaisen sairaanhoitajan työperehdytyksessä tulisi mielestäsi ottaa huomioon?
- Tunnetko, että työperehdytys auttoi sinua sopeutumaan työyhteisöön ja suomalaiseen työympäristöön? Mikä merkitys työperehdytyksellä oli sopeutumiseen suomalaiseen työyhteisöön?

HALLINNON TEEMAHAASTATTELU

TEEMA 1. Taustatiedot

- Rooli organisaatiossa
- Millä lailla olet tekemässä ulkomaalaisten työntekijöiden perehdytyksessä?

TEEMA 2. Työperehdytysten suunnittelu

- Millainen on hallinnon rooli ulkomaalaisten sairaanhoitajien työperehdytyksessä?
- Eroaako suunnittelu suomalaisten sairaanhoitajien työperehdytyksen suunnittelusta
- Mitä asioita ulkomaalaisen sairaanhoitajan työperehdytyksessä otetaan huomioon jo suunnitteluvaiheessa?
- Otetaanko ulkomaalaisten sairaanhoitajien erityistarpeet jotenkin huomioon? Kuinka?
- Tarjotaanko esim. lisäkoulutusta
- Kysytäänkö ulkomaalaisilta sairaanhoitajilta heidän omia toiveitaan ja tarpeitaan työperehdytykseen liittyen?

TEEMA 3. Ulkomaalaisten sairaanhoitajien työperehdytys

- Työperehdytys työhön
- Työperehdytys organisaatioon
- Mitä
 - o Millaisia sisältöjä perehdytykseen yleensä sisältyy?
 - o Millä kielellä työperehdytys yleensä tarjotaan?
 - o Tehdäänkö perehdytystä varten suunnitelma
 - o Millaista materiaalia käytetään ja tarjotaan?
 - o Kuinka turvataan se, että ulkomaalainen sairaanhoitaja saa tarpeeksi ohjeistusta ja tukea?
- Kuka
 - o Ketkä yleensä vastaavat perehdytyksestä? Nimetäänkö vastuuhenkilö?
 - o Käytetäänkö mentorointia perehdytyksessä?
- Missä
 - o Millaisissa tilanteissa työperehdytys tapahtuu? (sovitut tapaamiset, koulutustilaisuudet, työtä tehdessä)
 - o Millaisissa viestintätilanteissa perehdytystä tapahtuu?

TEEMA 4. Kokemukset ulkomaalaisten sairaanhoitajien työperehdytyksestä

- Millaisia kokemuksia ulkomaalaisten sairaanhoitajien työperehdytyksen kulusta
- Millaisia asioita on syytä ottaa huomioon ulkomaalaisten sairaanhoitajien työperehdytyksessä?
- Pitäisikö kulttuurierot ottaa huomioon ulkomaalaisten sairaanhoitajien työperehdytyksessä? Kuinka?
- Millaisia ongelmia ja tarpeita on havaittu ulkomaalaisten sairaanhoitajien työhöntulovaiheessa ja perehdytyksen aikana?
- Millaisia viestinnän haasteita yksilö- ja organisaatiotasolla on havaittu?
- Ideoita miten ulkomaalaisten sairaanhoitajien työperehdytystä voisi vielä kehittää?

Appendix 4 Original quotes from transcripts

R2: On se on kyllä siitä näkökulmastakin, että on tärkeitä mitä tietoa siitä saa ja miten sen kanssa niinkun miten se auttaa pärjäämään eteenpäin ja siitäkin et miten ihminen on tervetullut sinne, että sen perehdytyksen aikana saa semmosen kuvan, että tää onko tää kiva tai ja ilmapiiri ja muuta.

Translation:

R2: From that point of view it's important what kind of information you get out of it and how it helps you to go forward. Also from that point of view as well how welcome the person feels, during the orientation you get the image whether this is a nice place, the atmosphere and so on.

R12: No kyllä on auttanut on auttanut ihan hyvin koska siellä on ollut niin helppoa olla muiden työntekijöiden kanssa keskustella puhua mitä on tapahtunut töissä ja muuallakin, että se on kyllä ollut hyvä että otettiin heti mukaan.

Translation:

R12: It has helped because it has been easy to get along with other staff members and to talk about what has happened at work and outside of work, it has been good how they included me.

R1: Koska meidän työ on niin vaativa, että siinä ei saa tehdä virheitä. Siitä on ihmisen elämä kiinni siitä, että siinä täytyy perehdytyksessä sitten tosiaan ottaa huomioon ne tilanteet, ne erilaiset työtehtävät ne on niin pikkutarkkoja asioita mitä täytyy opetella.

Translation:

R1: Because our job is so demanding, you can't make mistakes in it. People's lives depend on different types of situations being taken into consideration during the orientation. Different types of duties, they are so meticulous things that must be learned.

R3: No sitten se, että niinkun nähtiin positiivisena et okei, sä oot virolainen; sulla on viron ja venäjänkielen taito. Sehän on hyvä asia. Et sitten sai käyttää sitä et jos tuli sen kielisiä synnyttäjiä et saan hoitaa niitä synnytyksiä, pitää yllä omaa äidinkieltä ja venäjänkielen taitoisia ei ollut siellä yhtään. Niin nähtiin niinkun lottovoittona et se oli hyvä asia.

Translation:

R3: Well, it was seen as a positive thing that okay, you are Estonian: you can speak Estonian and Russian. It's a good thing. If there were Estonian or Russian women giving birth, I could speak with them in the same language and maintain my mother tongue. There was no one else who could speak Russian. So it was seen as a positive thing.

R1: Kyllä se on aika suunnitelmallisesti tehty mutta ei se niinkun yksilöllistä oo vaan kaikille sama

Translation:

R1: It's quite systematically planned, not customized but the same for everyone.

R1: No kahvipöytäkeskustelut on useimmiten tämmösiä niin sanottuja caseja meillä puheenaiheena että siitä sitten niinkun yrittää painaa mieleen että miten on toinen on toiminut siinä tilanteessa jos on ollut joku vaikea hetki.

Translation:

R1: Well, as coffee table conversations we usually have these kinds of so called cases that you like try to memorize how the other person performed in a difficult situation.

R1: Virheitä tulee aina, mutta sit kun se kaveri on siinä vieressä niin se on helppoa että hän huomaa jos mä teen virheen niin sitten siitä oppii.

Translation:

R1: You can't avoid making mistakes but when there's a fellow worker standing next to you it's easy if she notices if I make a mistake so then you learn about it.

R8: No ehkä se sama asia mun mielestä tää on ihan tärkeää että täällä on kaikki ihmiset rauhalliset et jos mä en pysty ymmärtämään tota heti ja sit kysyn vielä ehkä toinen päivä ja sit vielä kolmas päiväkin vielä sit se hoitaja oli ihan rauhallinen ja sit se kokoajan puhui ja sit taas, joo, mä oon ton sulle sanonut mut mä sit sanon vielä et hän otti tän ihan rauhallisesti.

Translation:

R8: I think it is quite important that here everyone is calm. If I didn't understand right away and had to ask again for the second time and later for the third time, the nurse was still calm and said that I've already told you that but I'll tell it once again. She took it easy.

R4: Kyl se arkipäiväkieli se on ihan erilainen kuin ammattikieli.

Translation:

R4: Yes that everyday language is very different than professional language.

R7: Se, että me ei oo niin erilaiset siis virolaiset ja suomalaiset, että ehkä se on helpottanut. En mä siis kyllä huomannut, että täällä niin erilainen kun Virossa

Translation:

R7: We are not so different, Estonians and Finns, maybe it has helped, I don't think that this country is a lot different from Estonia.

R2: Siellä on semmoinen järjestys vitsinä, että sairaalanhuoltaja on sairaanhoitaja, sairaanhoitaja on lääkäri ja lääkäri on jumala et se vähän kuvailee mitä siinä tapahtuu, että puhutaan tosi rumasti ja tolleen niinkun loukataan ja silleen.

Translation:

R2: There is this kind of an order as a joke that a nurse assistant is a nurse, a nurse is a doctor and a doctor is a god. That kind of describes what happens, people talk dirty and insult like that.

R1: Ehkä suurin ero on se, että täällä sanotaan kaikille sinä eikä te.

Translation:

R1: Maybe the biggest difference is that here everyone is on a first-name basis.

R1: Joo ehkä ainut asia mikä niinkun eroaa on työvälineet jotkut työtavat mut työ on sinänsä sama kun mitä mä tein Virossa kun mä olin siellä teholla, siis sydänteholla olin töissä.

Translation:

R1: Maybe the only thing that is different are the instruments and some methods but the work is basically the same that I did in Estonia when I was working at the cardiac intensive care unit.

R2: Ei siitä harjoittelusta oppinut paljon mitään kun siellä on tosi erilaisia käytäntöjä ja joudutaan semmosia just samalla neulalla pistämään pari muutakin potilasta kun ei oo tarpeeks välineitä.

Translation:

R2: I didn't learn much from the training because their methods are really different and because they don't have enough instruments, you had to use the same needle to a couple of more patients.

R2: Ja tietenkin et siellä sallitaan paljon enemmän. Sairanhoitaja tekee lääkärin puolesta töitä että tehään niinkun esimerkiks pleurapunktio eli punktoidaan keuhkoja et sairaanhoitaja tekee jos ei lääkäri oo paikalla. Arteria siis valtimo sitäkin otetaan verinäyte tai tehään jos lääkäri ei oo paikalla et laitontahan se on kun ei se kuulu sairaanhoitajalle. Jos jotain virheitä tulee sitten ne vaan piilotteli siellä mutta... Tosiaan tässä on vähän sekaisin näitä esimerkkejä kuinka erilaista se on.

Translation:

R2: They allow more. The nurse works on behalf of the doctor if the doctor isn't available. For example, the nurse can make a pleural puncture, puncture the lung. Or if the doctor isn't available, the nurse can take an arterial blood sample. It's illegal, it's not part of a nurse's job. If mistakes were made, they just hid there. These are a little bit mixed up here but these examples show how different it is there.

R8: Täällä on tääkin vielä erilainen että itse sit tulee valmistellaan salissa kaikki ne laitteet sinne ja sitten vielä minkälainen taso sit menee ja meneeks sinne tämmönen lämpöpatja et niitä kaikkia täytyy itse tietää ja itse tehdä. Että Virossa taas sairaanhoitaja eli passari ei sit tehnyt näitä et siellä oli toiset ihmiset tätä varten.

Translation:

R8: Here in the operating room you have to prepare all the devices, what kind of a surface goes there, does this kind of a heated mattress go. You have to know these kinds of things and do them yourself. In Estonia the nurse didn't do these things, there were other people for it.

R2: Et just se positiivinen palaute ja se niinkun niiden ihmisten käyttäytyminen ja se, että miten ne ottaa sitä perehdytettävää huomioon se on todella tärkeää.

Translation:

R2: Positive feedback, people's behavior and their acknowledgement of the orientee are really important.

R12: No mun mielestä voi niinkun antaa heille enemmän aikaa perehdytykseen koska jos joku on tullut, joku on suorittanut esimerkiksi tutkinnon englanniksi tai espanjaksi ja tullut Suomeen jotkut termit suomeksi voi olla todella hankala hänelle niinkun... voi olla, että hän on tietoinen mutta nää sanat ovat uudet ja hän ei tajua tai ymmärtää mitä nämä sanat tarkoittaa. Olisi hyvä ehkä heille niinkun antaa enemmän perehdytysaikaa, näin mä luulen.

Translation:

R12: In my opinion, you should give them more time for the orientation because for those who have completed their studies in English or in Spanish, some of the Finnish terms can be really difficult for them. They might be aware of this, but the words are new to them and they don't understand what they mean. It would be good to give them more time for the orientation.

R13: Me tässä filippiiniläissairaanhoitaja- hankkeessa päädyttiin ratkaisuun jossa me sijoitetaan aina kaksi filippiiniläissairaanhoitajaa samalla osastolle. Me ajateltiin kauniisti näin, että ne tukisi siellä toinen toisiaan ja kukaan ei olisi yksin ja jotenkin se sitä kotoutusta kotoutumista sitten helpottas ja niin edelleen. Voi toisaalta olla, että se oli hyvä ratkaisu, mutta sitten joissain työyhteisöissä varsinkin me havaittiin että se saattoi olla jopa sen perehdyttämisen ja kielenoppisen vähän niinkun esteenäkin, koska he sitten hyvin herkästi supattelivat keskenään takalokkia tai englantia. Et oisko se niin, että forsseerattuna olemaankin yksin niin sulla ois ehkä pakko sitten vaan puhua suomea ja pinnistää ja yrittää ymmärtää ja niin edelleen.

Translation:

R13: In this Filipino nurses –project we decided on always placing two Filipino nurses on the same ward. We thought that they would support each other, no one had to be alone, and this would somehow ease the integration and so on. On one hand this might have been a good solution, but on the other hand we noticed that in some work communities it might have hindered the orientation and language learning because when the Filipino nurses were together, they

didn't speak Finnish. It could be so that when you are forced to work alone, you have to speak Finnish and try to understand and so on.

R13: Tää on kyllä ollut ihan mielenkiintoinen haaste meillä tää projekti, hanke. Tulokset näyttää ihan hyvältä, mutta kuten sanottu niin haasteita riittää ja suurin haaste ehdottomasti on ollut se kielenoppiminen. Siihen kaikki kulminoituu on kyse sitten työnopastuksesta, perehtymisestä tai -opintomenestyksestä tai yhteiskuntaan kotoutumisesta tai mistä tahansa niin sit se on aina se kieli.

Translation:

R13: This project has been an interesting challenge for us. The results look quite good, but as said, there are plenty of challenges and the biggest of them all has been language learning. Everything culminates in that whether it is about work orientation, study success at -, social integration or whatever, it's always the language.

R13: Ja sit se mikä me havaittiin, osin tiedostettiin etukäteen oli se että nythän kielenopetus lähtee ikään kuin kirjakielen oppimisesta ja sitten henkilöt tulee Suomeen jossa puhutaankin murteita. Sit me tullaan vielä sairaalaympäristöön jossa puhutaan sairaalasingia niin se on yhtälönä se on tosi haasteellinen.

Translation:

R13: We were partly conscious about it beforehand but what we noticed was that language learning starts with learning written language and then these people come to Finland where people speak in different dialects. And then in hospital environment people use medical jargon. As an equation this is a very challenging one.

R14: Nää perehdyttäjät koki sen ongelmaks tietysti, että he hymyili ja he ei tuoneet esille sitä ettei he ymmärtänyt ja sit varmaan sekin ennen kun he uskalsi. Et alussahan oli se, että siellä varmaan esimiehiä, lähiesimiehiä niin tuota on erilainen niinkun ei niin uskalla tulla sanomaan asioista tai puhumaan ennen kuin ne huomaa että ne pystyykin puhumaan, ettei olekaan niin hierarkinen.

Translation:

R14: The mentors found it problematic that they smiled and didn't tell that they didn't understand. At first there were managers and immediate superiors present, so they might not have had the courage to say something or come to talk before they realized that it's not so hierarchical.

R13: Siihen on varmaan pakko panostaa jatkossa huomattavastikin enemmän koska tosiaan me ei tulla pärjäämään ilman ja tavalla tai toisella niin meidän täytyy ulkomaalaista tai ulkomaalaisten rekrytointia jatkaa ja kyllä se kielitaito siinä on se etusijainen taito. Toisaalta ihan yksittäisten sairaanhoitajien kohtaan ja tän filippiiniläisryhmänkin kohtaa vaikka siellä tehdään ikään kuin tämmöstä

erillisjärjestelyitä tai tukitoimenpiteitä niin peruseriaate meillä on kuitenkin se, että kaikkia työntekijöitä kohdellaan niinkun tasapuolisesti ja samalla tapaa.

Translation:

R13: We need to invest in it [foreign newcomers' organizational entry and their special needs] more in future because we are not going to manage without foreign workers and in one way or another we have to continue recruiting them. Even though we have to make separate arrangements or support measures for them, our first principle is to treat all workers equally.