INTERACTIONAL STRATEGIES: A CASE STUDY FOR IMMIGRANT NURSING STUDENTS IN A VOCATIONAL DEGREE FOR PRACTICAL NURSES

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Abstract

According to Statistics Finland (2015), the proportion of working-age population is getting smaller every year due to aging population. This leads to shortages of workforce in the health care section. Additionally, starting in year 2020 the COVID-19 pandemic increased the need for health care workers. There is an increasing need for immigrant nurses in the field, which has led to lowering the language proficiency requirements in applying to a vocational degree in nursing. The teachers believe that the students will learn the language during their studied, however previous studies have revealed the communicational challenges that are faced in the intercultural interaction in a health care setting (Atkins and Omeri, 2002; Emami, Gerrish and Jirwe, 2010; Heikkilä, 2004; Olakivi, 2013.) This study seeks to understand what interactional strategies are used to resolve the communicational challenges in the intercultural care-encounter. Two research questions were established: What kind of interactional strategies are utilized in healthcare contexts during an intercultural care encounter?; How do study objectives of a vocational degree for practical nurses meet the interactional skills required in nursing?

The data was collected by observing a class of students with immigrant background in a vocational degree for practical nurses, and by interviewing four of the students. Thematic analysis was used to analyze both data sets and three themes were identified: concrete acts of communication, character traits that affect interaction, and other factors in nursing that affect the interaction.

The utilized interactional strategies could be identified into three themes, which included use of plain language, codeswitching, use of touch and body language, as well as character traits that were found to affect the interaction in nursing. Additionally, several factors which could be identified as requirements in nursing, were found to affect the interaction in nursing. Some of these requirements were obligation of confidentiality, obligation to know the medical history of the patient and the effects of medication, and being able to recognize the effects of an exceptional situation in health care, such as during a pandemic.

Similar interactional strategies were brought up both in class and in the interviews, however the emphasis on interactional strategies varied between the teacher and the students. Similar strategies to findings in previous studies were utilized by the students (Emami et al. 2009; Sjöholm, 2012). The students highlighted the support received from colleagues, while the teacher highlighted active teamwork in the workplace. Additionally, they found codeswitching helpful, while the teacher did not mention this as an interactional strategy. The students emphasized the important of learning outside the class and after graduation. The findings of this study can be helpful in planning the curriculum and the classes of communication in the vocational degree for practical nurses.

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Tiivistelmä

Tilastokeskuksen (2015) mukaan työikäisen väestön osuus laskee vuosittain ikääntymisen myötä, mistä seuraa terveydenhuollon työvoimapula. Vuodesta 2020 alkaen myös Covid-19 pandemia on lisännyt tarvetta terveydenhuollon työntekijöille. Maahanmuuttotaustaisia hoitajia tarvitaan alalle, jonka vuoksi ammatillisen koulutuksen kielitasovaatimuksia on laskettu. Opettajat uskovat, että maahanmuuttotaustaiset opiskelijat oppivat kielen koulutuksen aikana. Aikaisemmat tutkimukset ovat kuitenkin paljastaneet viestinnälliset haasteet, joita tulee eteen terveydenhuollossa kulttuurienvälisessä vuorovaikutuksessa (Atkins and Omeri, 2002; Emami, Gerrish and Jirwe, 2010; Heikkilä, 2004; Olakivi, 2013). Tämän pro gradu –tutkielman tarkoituksena on ymmärtää, mitä vuorovaikutusstrategioita käytetään kommunikointihaasteiden ratkaisemisessa kulttuurienvälisen hoitotapahtuman aikana. Tutkimuskysymyksiä on kaksi: Minkälaisia vuorovaikutusstrategioita käytetään terveydenhuollossa kulttuurienvälisen hoitotapahtuman aikana?; Kuinka lähihoitajatutkinnon opintotavoitteet täyttävät työssä vaadittavat vuorovaikutustaitotavoitteet?

Aineisto kerättiin havainnoimalla maahanmuuttotaustaisten lähihoitajaopiskelijoiden oppitunteja sekä haastattelemalla luokasta neljää opiskelijaa. Aineistot analysoitiin temaattisesti, jolloin esiin nousi kolme eri teemaa: konkreettiset kommunikaatiotoimet, vuorovaikutukseen vaikuttavat luonteenpiirteet, ja muut vuorovaikutukseen vaikuttavat tekijät hoitotyössä. Käytetyt vuorovaikutusstrategiat luokiteltiin kolmeen teemaan, joihin sisältyivät selkokielen käyttö, koodinvaihto, kosketus ja kehonkieli, sekä luonteenpiirteet, joiden havaittiin vaikuttavan vuorovaikutukseen hoitotyössä. Lisäksi useiden hoitotyön velvoitteiden havaittiin vaikuttavan vuorovaikutukseen. Näitä velvoitteita olivat muun muassa salassapitovelvollisuus, velvollisuus selvittää potilaan potilashistoria ja tietää lääkityksen vaikutukset, sekä osata tunnistaa poikkeuksellisen tilanteen, kuten pandemian, vaikutukset terveydenhuollon kontekstissa. Samankaltaisia vuorovaikutusstrategioita tuli esille sekä luokassa että haastatteluissa, mutta vuorovaikutusstrategioiden tärkeyden korostus vaihteli opettajan ja oppilaiden välillä. Samankaltaisten strategioiden käyttöä maahanmuuttotaustaisten opiskelijoiden toimesta on havaittu aiemmissa tutkimuksissa (Emami et al. 2009; Sjöholm, 2012). Oppilaat korostivat kollegoilta saatavaa tukea, kun taas opettaja korosti aktiivista tiimityöskentelyä työpaikalla. Lisäksi oppilaat kokivat koodinvaihdon hyödylliseksi, kun taas opettaja ei maininnut sitä vuorovaikutusstrategiana. Oppilaat korostivat opiskelun tärkeyttä tuntien ulkopuolella sekä valmistumisen jälkeen. Tämän tutkimuksen tulokset voivat auttaa opetussuunnitelmaa tehdessä sekä kommunikoinnin tuntien suunnittelemisessa lähihoitajan ammattitutkinnossa.

Asiasanat: vuorovaikutusstrategia, maahanmuuttotaustainen hoitajaopiskelija, kulttuurienvälinen hoitotapahtuma, ammattitutkinto, lähihoitaja
Säilytyspaikka Jyväskylän yliopisto

TABLES

TABLE OF CONTENTS

1   INTRODUCTION

Previous studies have revealed the increasing need for immigrant nurses both in Finland and outside Finland. Both political and economical reasons have led to shortages of workforce in the field (Olakivi, 2013; Atkins and Omeri, 2002.) According to Statistics Finland (2015), the proportion of working-age population is getting smaller every year. This leads to shortages of manpower in the health care section, as the need to health care services are increasing due to the aging population. By the end of 2030, the amount of working-age population will diminish to 59 percent and by the year 2060 the number is estimated to diminish to 57 percent. In this forecast both immigration and emigration are taken into consideration. Yle news (2019) reported that, Finnish nurses are unwilling to work in the field due to low payment, which has led to the need of immigrant nurses in health care. Olakivi (2013) states, that from a global perspective, current low wages in health care seem high, which attracts immigrant nurses to seek profession or a nursing degree in Finland (p.93). Rautavuori (2020) reported in Yle news that the popularity of nursing school among Finnish citizens is declining as even less people apply for the degrees for practical nurse or nurse. The research manager of The Union of Health and Social Care Professionals in Finland (Tehy) tells that this is due to the changing image of the field. There has been a lot of news of how burdensome and wearing the field is to work. In addition to changing distribution of aging population, Hakahuhta (2020) reports, that the government came to conclusion about the labour sizing in elderly services in 2020. Under the new law there should be 7 nurses instead of 5 nurses towards ten elderly patients during a work shift. Thus, to be able to achieve the demanded amount of manpower in elderly care services, 4400 more nurses should be hired by the year 2023. Additionally, starting in year 2020 the COVID-19 pandemic increased the need for health care workers in hospitals and health care centres. These facts indicate the growing need for immigrant nurses in the health care section in Finland. As nurses come to work in Finland from different places of origin, there are language differences and communicational differences that are due to different cultural backgrounds. These can cause communicational situations, where interactional strategies are needed to overcome possible issues and misunderstandings during an intercultural care-encounter.

Health care staff are needed in the field, and many second language learner seek to study and find a career on a field where is a need for workers. As a response to the growing need for nurses in health care, the Ministry of Education and Culture (2019) decided to lower the language proficiency requirements for the selection process for vocational education. According to Nuotio (2018) in Yle news, a teacher in vocational school believes that a change in the requirements prevents exclusion and helps the immigrants integrating as they learn the language more during their studies. Thus, good language proficiency is important when entering the field of work after graduation, as the information of patients is sometimes only accessed in written form, which emphasizes the importance of clear and correct written language. Even though the language proficiency requirements are lowered, good enough language proficiency should be achieved during the nursing studies. The language proficiency in health care is multilevel, as it consists of both technical and medical terminology and terminology for basic nursing. Language learning during practical nursing studies is essential among other nursing practices, and communication practices related to nursing. In addition, nurses need the communicational skill for social interaction with the patient, such as asking how they are doing, have they been in touch with their relatives and so on. It is essential to have the variety of communicational skills, which include the aspect of the use of medical terminology and caring communication. '

As nurses study and work in their second language, communicational challenges can occur. Previous studies have revealed the communicational challenges that are faced in the intercultural interaction in a health care setting (Atkins and Omeri, 2002; Emami, Gerrish and Jirwe, 2010; Heikkilä, 2004; Olakivi, 2013.) According to Heikkilä (2004), the experienced challenges are due to not sharing the same language with the patients, which leads to misunderstandings and patient not experiencing to receive as good care as with a nurse they shared the same language with. According to Emami et al. (2010), other issues result due to not knowing how to respond to the needs of patients from different cultures, lack of skills to communicate effectively in intercultural health care setting, and giving limited information to the patients as the nurse does not share the same language (p. 438-439).

The focus of this study is to find the possible solutions and strategies to overcome the communicational challenges in nurse-patient interaction, where same language is not shared. The aim is to seek answers to how nurses respond to the varying needs of patients in intercultural care-encounters. A study using qualitative methods is carried out with the following research questions:

1. What kind of interactional strategies are utilized in healthcare contexts during an intercultural care encounter?
2. How do study objectives of a vocational degree for practical nurses meet the interactional skills required in nursing?

To answer to the research questions, I am interviewing immigrant practical nursing students who study in a vocational school in Finland. In addition, I am observing their class, to see how the study objectives in the degree for practical nurses prepare the students to use communicational strategies in an intercultural care encounter in healthcare contexts. Thematic analysis was used to analyse both interview and observational data. The process of the data analysis will be unpacked in the methodology section.

The thesis is structured so that in the second chapter the topic of communication in health care setting is discussed. I will discuss the concepts of communication, culture, intercultural communication, communicational challenges, and communicational strategies in the context of healthcare. In chapter 3, I will explore immigrant nursing students and workers position in Finland. I will also present the degree part of HYTO (Advancement of wellbeing and performance / Hyvinvoinnin ja toimintakyvyn edistäminen) in which the studied participants are studying, and the implementation plan for the degree part. In chapter 4, I will present the qualitative methodology used in this research. I will explain the process of how I collected the data by using two data collection methods: observation and semi-structured interviews. Thematic analysis method is discussed, and collected data is presented. In chapter 5, I am presenting the findings of both data sets with extracts from the interview data. In chapter 6, I will discuss the findings and how they answer to the research questions. Finally, in chapter 7, I will present conclusions based on the findings, limitations of the study, and recommendations for future research.

2   COMMUNICATION IN HEALTH CARE SETTING

In this section, I will discuss the concept of communication, including intercultural communication competence, communicational challenges, and interactional strategies. Firstly, communication is defined and communication in health care setting is discussed. Secondly, culture is defined and intercultural communication competence in the context of health care is discussed. Thirdly, I will present the findings of previous studies on communicational challenges that are occurring in the field of health care in intercultural caring settings. I am presenting them to give insight to understand the premises of this study. Lastly, I will discuss the concept of interactional strategies and present several interactional strategies which can and have been used in the context of health care.

Reading and Webster (2014) define communication as multi-layered concept of exchanging information and interpersonal communication as the process of establishing, maintaining, and improving human contact. In the context of health care, the information and interpersonal communication is established between the nurse and the patient and among the nurses, as the information of patients is exchanged from one health care professional to another. Communication is essential to carrying out any caring procedures in the health care setting. According to Forchuk and Boyd (1998) in Reading and Webster (2014), communication is not just sending out a message and receiving it, but the meaning of the message should be mutually negotiated (p. 56). This means that to be able to answer to the needs of a patient, it needs to be understood how the need is answered so that the patient receives appropriate care. Communication in health care setting includes the communication of medical terminology as well as socialising with the patient and getting to know them. The use of medical terminology in health care setting is procedural discourse, which differs from the communication needed for emotional caring practices. McCabe (2004), argue that in addition to performing medical tasks, nurses should focus on the communication during the treatment to improve the quality of delivered care for patients. Therefore, effective

communication during a medical task should be informative and make the patient feel reassured (p.44). The communication types that are needed in the health care setting vary from communication in medical procedures, caring practice language and socio-cultural small talk to reading paralinguistic cues for medical assessment and symptom evaluation.

Kela and Komppa (2011) argue that, functional Finnish as second language teaching should not be based on the definition of professional language as only medical terminology. It should include the interactional situations within the profession as well. They found that when immigrant nurses described their daily work routines, they emphasized the linguistic interaction with patients. In the very basic routines, the linguistic interaction – talking, listening, reading, and writing – were the basis of carrying out the routines. When carrying out basic care tasks, such as showering, serving food, helping patients to sit or walk, linguistic interaction was not described as a central tool (p.180).

Communication is consisted of verbal communication and non-verbal communication. According to Reading and Webster (2014) verbal communication considers the word choices, grammar, style, content, pitch, volume, tone, pronunciation, pace, timing, and the clarity of spoken language. Non-verbal communication occurs simultaneously with verbal communication. Body language is considered as non-verbal communication, and it affects how the message is delivered (p. 56). The use of both verbal and non-verbal communication help to send the wanted message to the receiver. It is essential to know, how these aspects affect the message being sent, e.g., in some cases of nurse-patient interaction the volume of the speech should be adjusted to the need of the patient.

McCabe and Timmins (2013) argue that communication is in the main role in giving care for patients, as communication means interaction with other people. Communication should be patient-oriented and positive, to ensure the patient receives effective and therapeutic care. The nurses communicate not only with patients but with the relatives of the patients, other nurses, doctors, and other medical providers (p.4-5). To make sure the care is high quality the nurses need to make sure the communication is done so that the message is sent and received giving the correct information. To ensure patient-oriented care is given, the individual needs of the patients should be noticed and answered accordingly. As more immigrant nurses are hired in the field of health care, the nurse and patient do not share the same language, which can result in missing vocabulary, misspelling, and misunderstandings.

2.1   Intercultural communication competence in health care

Piller (2012) defines culture as a discursive construction of an imagined group. A group of people is imagined, because a member of the group is not able to know the other members of it. In addition, it means that culture is not something one has, rather it is something that is constructed discursively by the imagined community (p.5). Samovar, Porter, McDaniel and Roy (2015) argue that culture is what groups of people say and do. It is the communication between people, not necessarily the people itself. Cultural symbols include verbal message, nonverbal messages and cues, and icons (p.40). What comes to communication, Piller (2012) argues, that as we are part of an imagined group or groups, which can be different from each other, all communication can be defined as intercultural (p.7).

According to the study from Gibson and Zhong (2005), the nurse-patient interaction is crucially dependent on the effectiveness of communication. Therefore, communicational issues and misunderstandings can lead to dissatisfaction or lack in received care, and misdiagnosis (p. 622). Gibson and Zhong (2005) argue that, intercultural communication competence in health care is not only consisting of appropriateness and effectiveness, but also of being able to communicate in a second language, being empathetic, and having previous intercultural experience. The study revealed the importance of empathy in intercultural communication competence, as the patients experienced empathetic nurses to be competent intercultural communicators (p. 627). Papadopoulos, Shea, Taylor, Pezzella and Foley (2016) define cultural competency as having the needed knowledge to respond to cultures and backgrounds of individuals, which means that in healthcare the cultural and communicational needs of the patients are also paid attention to. They argue, that in healthcare the patient should be treated in a way that is culturally competent, which means that the values, culture, and health beliefs of the individual patient are paid attention to. They also state, that high quality and patient-centred care is depended on the cultural competency of the healthcare professionals. Patient-cantered care is discussed further later in this section. Both verbal and non-verbal communicational factors are essential in carrying out interculturally competent communication in health care. Showing compassion is a part of non-verbal communication. Compassion in health care is discussed next.

Compassion is an important feature that a healthcare professional should thus acquire. According to Papadopoulos et al. (2016), compassion consists of personal features such as being empathetic and kind, showing sympathy and respect towards the patient. According to Pavlakis and Leondiou (2014), nursing education should prepare nurses with intercultural competence, which means being able to work effectively with patients from different cultural groups. This includes acceptance and

respect of one's different beliefs and values. To prepare students with competency, equality, social justice, and freedom for diversity are concepts that are taught to be included in nursing. It should be taught that there is no discrimination in nursing and that nursing has no barriers of gender, ethnicity, religion, colour, or political or social status (p.34). When being competent in intercultural communication, communicational challenges can be avoided.

Often, when talking about intercultural communication, challenges and miscommunication come to mind. Previous research is focusing on the communicational challenges in intercultural care encounters in health care (Atkins and Omeri, 2002; Emami, Gerrish and Jirwe, 2010; Heikkilä, 2004; Olakivi, 2013.) Often, the focus in a study is on a challenge or a problem, but to fill the gap in my research I will focus on the strategies that are used to overcome the experienced challenges. The aim is to explore concrete actions and strategies that are used in the communication and find out how the practical nursing students are prepared for the required communication skills needed at work. Communicational strategies can be actions that are done to correct misunderstandings or to explain something to make it more clear to the patient, for instance. A lot of research uses the term *cross-cultural* when describing the interaction between people with different cultural background (Atkins and Omeri, 2002; Emami, Gerrish and Jirwe, 2010; Heikkilä, 2004.) The term is often emphasized which highlights the communicational differences across cultures. Instead of using the term cross-cultural interaction I am describing the interaction as *intercultural* to highlight the interactional encounters among cultures instead of between cultures. Piller (2011), describes studies in *cross-cultural communication* as comparative what comes to distinct cultural groups and their communication practices. On the other hand, studies in *intercultural communication* focus on the distinct cultural groups and the communication practices in interaction with each other (p. 8). In the next section, communicational challenges that have been experienced in intercultural care-encounters are presented, which gives an insight of the premises for this research.

2.2   Communicational challenges in intercultural care-encounters

Several previous studies both in Finland and outside of Finland (Atkins and Omeri, 2002; Emami, Gerrish and Jirwe, 2010; Heikkilä, 2004) have revealed the communicational challenges that immigrant nurses are facing in their everyday work with patients. According to Atkins and Omeri (2002), these challenges are resulting due to language differences and power relations at the workplace. According to Heikkilä (2004), language differences have led to misunderstandings and in those cases the

patients did not feel that the received as good care as they would receive from a nurse who shared the same language with them. Emami et al. (2010) explored the challenges the nurses face when they come from a different cultural background than their patients. Differences in cultural background resulted in lack of necessary knowledge and skills that would enable to respond to the needs of the patients. The nurses lacked in skills to communicate effectively in intercultural care-encounters, and the language difference resulted in patient receiving limited information considering their health condition or care procedures (pp. 438-439).

According to Emami et al. (2010), some factors that have affected the communicational challenges in care encounters to arise were the student's attitudes and cultural understanding gained through education and personal life experience. Some of the nursing students had also experienced lack of skills and confidence in intercultural communication. This shows that the study objectives in the students' education have not met the needs that are required in the field after graduation. This is an interesting point, as I am seeking to find, how the study objectives meet the required communicational skills immigrant nursing students need in their work. The study from Heikkilä (2004) found out that another reason behind communicational challenges nurses are experiencing, was not sharing the same language with the patient. Additionally, the patient experienced getting better care when sharing the same mother language with the nurse. This study was conducted in a Finnish elderly home in Sweden, where most of the staff did not speak the same language as the patients did. This is an important notice from the patients' point of view, although it should be taken into consideration, if and how one's perceptions of another culture might affect how the quality of the received care is experienced. Although the focus of this study was on immigrant patients' experiences in a second homeland, the experiences of the patients and their experiences on the nursing they receive might differ as they are in the health care in their home country. This study still shows the important role of language in an intercultural care encounter. To look at the role of language from another point of view, it is important to study what role does it have in interactional strategies in an intercultural care encounter. As more nurses are needed in the field of health care, more immigrant nurses are entering the field, which results in language differences between the nurses and the patients. Thus, it is important to understand what challenges are occurring in nurse-patient interaction due to language differences, how challenging situations are handled, and how the study objectives in the education meet the required skills to overcome the communication challenges in practice.

According to Atkins and Omeri (2002), other cultural factors than language, that play a role in nursing explained the differences in the nursing practices between countries, which led to misunderstandings and challenges at the workplace. It was found that immigrant nurses also experienced lack of support in the process of seeking a

profession in Australia. Getting registered as a nurse was described as a 'lonely path' and no clear guidance or help was offered on how to proceed (p. 500). Nurses arrived in the country knowing there is a need for nurses but support for seeking a profession was lacking. The immigrant nurses found difficulties in finding appropriate ways to learn the language. They were motivated to learn, but they were unsure of where to find courses or other channels to learn English. Lack in the language proficiency caused misunderstandings at the workplace. In such situations, the immigrant nurses felt afraid to admit they had not understood something. The immigrant nurses did not have difficulties in completing nursing tasks, but lack of language skills complicated the other tasks they were required to do, such as writing medical record of the patients (pp. 502-503). When the path to seek a profession in a second homeland is supported, it can affect the work experience in a positive manner, thus it can affect the quality of the care the patients receive. The study from Atkins and Omeri (2002) was conducted by using observation and interviews with open-ended questions, which provides valuable data and allows to explore the experiences of communicational challenges of immigrant nurses, although the study does not provide the answer, whether the nurses utilized any communicational strategies to overcome these challenges in the workplace. In the next section I am discussing interactional strategies that have been utilized in intercultural care-encounters.

Kela and Komppa (2011) studied what linguistically challenging situations immigrant nurses face in their work. The most challenging tasks experienced were reporting and making the written treatment plan for the patient. They were described as most challenging because they demand a large amount of help from colleagues. Secondly, phone calls and multifaceted interactional situations were challenging due to unpredictability. They also demand a fast recognition of register and choosing one's own choice of register for linguistic output. Thirdly, the expression of one's professional identity was found challenging. In some situations, with the relatives of the patient or with other health care professionals, one should be able to express their professionality linguistically (pp.185-186). These tasks are important and included in the daily work routines in the health care section. In the next section I am discussing some of the interactional strategies that have been found to be useful in communicationally challenging situations among immigrant nurses in their work.

2.3   Interactional strategies utilized in the context of health care

Emami et al. (2009) argue, that the attitudes of the students, and their cultural knowledge gained through education or own life experiences affect the

communication with patients. Nurses with immigrant background did not emphasize the role of shared language, instead they emphasized the variety of other interactional strategies utilized in the communication with patients. They also found it important to have positive attitude in overcoming challenging situations. Nurses who had cultural knowledge, either gained from the nursing education or from own life experiences, felt more confident when facing communicational challenges. At the same time, nurses acknowledged that relying on cultural stereotypes could be inappropriate, and patients should still be treated as individuals and not as representatives of a culture. Nurses with immigrant background emphasised their own cultural experiences and focusing on the patients as individuals, whereas other participants emphasized the cultural knowledge gained through education (p. 441).

Communication is a vital part in nurse-patient encounter. Communication in nursing includes using language appropriately according to different situations in health care. These language styles are medical language and use of medical terminology, socio-cultural language to interact with the patient, and language used for basic nursing. In addition, communication and language style must be adjusted to the condition and the needs of the patients. Nurses are required to know the medical background of the patients, which means that the health records need to be informative, clear, and read carefully. The health records should include the information for example about bad hearing of the patient or difficulties in providing speech. When facing such factors that affect the communication, nurses adapt their communication to deliver the message to the patient. In such situations, interactional strategies, such as body language, gestures, or using picture cards can be useful. According to Sjöholm (2012), in nurse-patient interaction, the level of language proficiency of the nurse might affect their understanding of what the patients say. In these situation code switching, either with patients or with colleagues can be used. Codeswitching is used for example when a Finnish word is replaced with an English word (p.7).

Some studies have shown the alternative ways to overcome a communicational challenge in an intercultural care encounter. In a study from Emami et al. (2010), nursing students were interviewed on their experiences in communication in intercultural care-encounters. In the intercultural care-encounters either the nurse or the patient had an immigrant background. The interviewed nursing students told that in cases where the patient had an immigrant background and communicationally challenging situations were faced, the relatives of the patients helped in interpreting (p.440). In a study from Sjöholm (2012), immigrant nurses experiences of communicational challenges in the workplace were studied. All the participants had relied on code switching in situations in communicationally challenging situations, where they did not understand a word or a phrase in Finnish (p.38). The studied participants emphasized the help of colleagues. When they had difficulties in understanding Finnish patients,

they often asked help from their nurse colleagues or other Finnish speakers in the workplace. Additionally, the participants emphasized the importance of having courage and making the initiative when asking help from Finnish colleagues (pp.34-35).

In the study from Kela and Komppa (2011) they found that the positive attitude of colleagues and patients towards the nurses who work in their second language, was found helpful when expressing oneself linguistically. The immigrant nurses appreciated when their colleagues or patients corrected their language. Positive atmosphere was found encouraging, thus nurses who knew would make mistakes were encouraged to speak despite that (p.186). This is an important notice, as I am seeking to find the experiences of the participants not only on linguistic interaction, but on their experiences as a practical nurse with immigrant background, which also includes their experiences on the guidance they receive in their work environment. I am seeking to find out about their experiences on the interactional strategies and additionally to verbal communication, non-verbal communication is a vital part of it. The topic of non-verbal communication is discussed next.

2.3.1   Non-verbal communication

Communication with patients does not only include speech, but it is also the body language, such as posture, gaze, and facial expressions. These factors of communication can be described as non-verbal communication. According to Reading and Webster (2014), non-verbal communication can be even more powerful than spoken communication, as it tells the intended meaning behind the message. When talking to a patient, the eye contact, and the way the nurse is facing the patient tell more to the patient than what the nurse is saying out loud. Touch and posture are considered as non-verbal messages that communicate the inner attitudes and feelings, and they can be used to validate the message being sent to the other (p. 57). According to Emami et al. (2009), in challenging situations nonverbal communication, gestures and use of artefacts were practiced. Some nurses used mirroring the emotions of the patients, to show that they understood how the patients were feeling. Nurses with immigrant background felt creative in creating interactional strategies (p. 440). According to Reading and Webster (2014), not just hearing what the patient is saying, but active listening increases the patient's experience of high-quality care. In active listening, the nurse is demonstrating the participation in what the patient is saying. To demonstrate, both verbal and non-verbal actions, such as saying 'mmmh', 'OK' or nodding or smiling, can be practised. Active listening is a non-verbal action, which allows the patient to know, that the nurse is interested in listening. Active listening helps to build the relationship and trust between the nurse and the patient (pp. 55-57). Rogers (2007, as

cited in Haley et al. 2017), defines active listening as the process of making the decision whether the listening of another person awakens feelings in oneself. They argue that active listening among with self-awareness help to develop empathy in nursing. Self-awareness was defined as understanding the self by evaluating one's morals and learning not to judge the other, as well as expressing one's own attitudes and beliefs to other people (p.12). Additionally, Reading and Webster (2014) argue that as non-verbal messages communicate the inner attitudes and feelings, it requires the nurse to be highly self-aware (p. 57). Empathy is an interpersonal skill that is essential part of nursing and displayed in the interaction with the patients.

Reading and Webster (2014) define interpersonal skills as the verbal and non-verbal activities that are used to deliver the message to the other. These are being empathetic, addressing the other with respect, being genuine and transparent with the patient and with colleagues, responding to immediacy for example when receiving negative feedback at work, responding with warmth, which includes being empathetic and respectful (p. 60). Rogers (1967, as cited in Philippa and Dallas 2005) defines empathy as the desire to understand the feelings and communication of other, which leads to 'deep empathic understanding'. Empathic relationship is built with the patient, although different factors, such as age, gender, or illness might affect how and when the empathic relationship with the patient is achieved (p. 8). Reading and Webster (2014) emphasize that developing communication and interpersonal skills is a life-long journey, in which the nurse is required to engage in nursing practice (p. 62). Empathy among other non-verbal and verbal communication is strongly linked to high quality care in nursing, thus it is an essential part in providing patient-centred care (PCC).

2.3.2   Patient-centred Care (PCC)

As stated in the previous section, active listening and self-awareness are suggested to develop empathy. According to Haley et al. (2017), empathy, together with patient-centred care (PCC), lead to better patient outcomes in nursing. According to Weiner, Schwartz, Sharma, Binns-Calvey, Ashley, Kelly, and Harris (2013), in PCC healthcare the needs and desires of the patient are specifically taken into consideration. Rogers (1951, 1979) argue that in PCC the healthcare provider is supposed to share, care, communicate, and develop a caring relationship with the patient (p. 11). Rogers (1979) argue that by improving empathy in nursing, PCC is improving (p. 2).

According to Levinson, Lesser, and Epstein (2010), to provide PCC patient-centred communication skills are essential. Patient-centred communication includes both verbal and non-verbal communication. It helps the health care providers to better

understand the individual needs of patients, their values, and perspectives. It seeks to give the needed information to the patients to be able to participate in their care. Thus, it aims to build trust and understanding. It is studied, that patient-centred communication leads to positive outcomes in patient satisfaction (p. 1311). As PCC helps to understand the individual needs of the patient, it can be helpful to build the relationship between the immigrant nurse and patient, when the language barrier is experienced to hinder the process of building interaction with the patient. Levinson, Lesser, and Epstein (2010), suggest that communication skills should be taught to nursing students in a systematic way. Teaching of communication skills should not only include lecturing by the teacher, but also include putting communication skills into practice, observation, and receiving constructive feedback. They argue, that after graduation the health care professionals do not receive any additional feedback on their interaction with the patients (pp. 1311-1312). This is an interesting argument, as I am seeking to find answers on how the participants experience the lectures on interaction in nursing to prepare them to communicate in their work as practical nurses, and how they use these learned skills in practice.

3   IMMIGRANT NURSING STUDENTS IN FINLAND

In this section I am discussing the situation of immigrant nursing students in Finland. Firstly, I am discussing how immigrant is defined in this study. Secondly, I am presenting how the work for practical nurses is defined in Finland. Thirdly, I am explaining the process for immigrant nurses entering the work life in Finland and the language requirements for immigrants to apply to the study programme for practical nurses. In the end of this section, I am presenting the degree part the participants of this study take part in.

Finnish Institute for Health and Welfare (2020) define immigrant as a person who has moved from one country to another due to family reasons, work, study, or to flee due to a situation in their country of origin. In my study, I refer to immigrant nursing student as first- or second-generation immigrants, who have moved to Finland due to different reasons, and who now study in the vocational degree for practical nurses. The Finnish Union of Practical Nurses, Super (n.d.) define the work of practical nurses as work in a variety of occupations in the field of social services and health care and they work under protected occupational title. Practical nurses are primarily responsible to the customer or patient. With the education for practical nurse, they can work with children, young people, and the elderly in hospitals, health care centres, homecare, ambulances, nursing- or residential homes. Similar work positions can be described differently in other countries and have varying requirements for education.

According to Aalto, Elovainio, Heponiemi, Hietapakka, Kuusio and Lämsä (2013), health care professionals are needed as the population ages and chronic diseases are increasing. Service requirements are increasing, but the requirements and retiring health care staff are creating an imbalance. The need for nurses is greatest in elderly care. According to Vartianinen, Koskela and Pitkänen (2018), nurses from Philippines have been recruited to Finland since 2008 (p.30). Better working conditions, standard of living, and free education were appealing to Philippine nurses, when they

decided to come to Finland (p. 42). When nurses arrive to Finland, they must carry out certain procedures. The education for nurses outside EU/ETA countries are compared to the education in Finland. Usually, the education of nurses needs complementation when arriving to Finland. When nurses are recruited from a country inside EU/ETA, the comparison is different, and the complementation is not needed. Language proficiency test needs to be taken when nurses arrive both inside and outside the EU/ETA countries. In addition to this, social- and healthcare professions in Finland are strictly regulated. The practice of profession of a nurse needs to be legalized and the permission to practice the profession of a practical nurse needs to be applied from National Supervisory Authority for Welfare and Health, Valvira (pp.30–31).

According to Finnish National Agency for Education (n.d.), vocational education allows students with immigrant background to get a profession after which they can continue studying in a university or start their work career. During the vocational education, schools have many collaborations with working life by requiring several practical training periods, in which the students can apply what they have learned in practice and further develop professionally in the field they are studying. All the students have an individual study plan, which is designed to support their learning abilities and learning goals.

According to the Ministry of Education and Culture (2019), new law regulations on required language proficiency level for vocational education came into force in 2019. The required language proficiency level was lowered due to the new regulations. By lowering the requirements, the chances for immigrants to apply to a vocational degree are bettered, even if their Finnish or Swedish proficiency would not be well developed yet. It is believed that language proficiency will develop during studies. As the nationwide language test has been removed, a language assessment tool is being developed for the education providers (pp.29-30).

The participants of this study are taking part in a degree for practical nurses in a vocational school in Finland. The degree for practical nurses consists in total of 180 credits and the studies last approximately two years. To apply for the degree for practical nurse, the vocational school demands B1.1 level Finnish for all the vocational degrees. All the applicants are supposed to prove the proficiency level either by conducting a test or by presenting a certificate, which proves their Finnish language proficiency is on the required level. The degree for practical nurse is consisted of several degree parts, which each consist of different amount of credits. The participants of this study currently study in the degree part of HYTO (Advancement of wellbeing and performance / Hyvinvoinnin ja toimintakyvyn edistäminen). The degree part, its contents and aim is explained in the next section.
HYTO (Advancement of wellbeing and performance / Hyvinvoinnin ja toimintakyvyn edistäminen) is a part of the degree the students take part in to complete the

degree for practical nurse. HYTO part is worth of 30 study credits, which is around 15% of the whole degree for practical nurse. The HYTO implementation plan (2020) states that the aim of the classes is to promote wellbeing and performance in social- and health care environment. The goal is that after completing the part of the degree, the students can work in accordance with the regulations and guidelines of the field, as well as the value base and professional ethics. After the classes, the students show what they have learned in practice. This is done by conducting a practical training period from 4 to 8 weeks in the social- and health care environment. In the end of practical training the students show what they have learned and how they perform in the workplace. This is evaluated by the teachers.

Classes of professional interaction are part of the course. The objective is to learn what professional interaction means and how it is implemented in the workplace both with patients and with colleagues. In addition, HYTO includes classes of basic treatment, nutrition, and medication.

HYTO plan and evaluation form (2020) consists of several study objectives the students are required to. To pass the part of the degree with excellent skills in interaction with patient, the student is required to:
- work professionally in changing interactional situations
- pay attention to the effects of their own behaviour in interactional situations
- guide the customer in a variety of situations, utilizing means of communication that support or replace speech
- encounter the customer, relatives, and close people of the customer with care by taking into account changing situations
- pay attention to customers gestures and expressions
- use touch to support interaction.

4 METHODOLOGY

In this section I am presenting the design of the study. Firstly, qualitative case study and the context of my study is discussed. Secondly, I am introducing the participants of this study. Thirdly, I am explaining the process of data collection, and lastly, the analysis of the data. Due to the Covid-19 pandemic breakout in 2020, the original data collection plan had to be modified. The affects of the pandemic situation on the study are explained in this section.

To recognize the interactional strategies used in intercultural care-encounters I am conducting a qualitative case study. According to Silverman (2017), qualitative research methods serve best when the objective is to capture and understand experiences. To understand the experiences of the immigrant nursing students, I am observing their class and interviewing them. According to Stake's (1995) conception of a case, presented in Yazan (2015), it is "a specific, a complex, functioning thing… an integrated system" that includes "a boundary and working parts" and is purposive. Stake (1995) argues, that qualitative case study has four defining characteristics, which are: holistic, empirical, interpretive, and emphatic. According to Yazan (2015), holistic means that the interrelationship between the studied phenomenon and the context should be paid attention to. This means, that the communicational strategies utilized in intercultural care encounters is in interrelationship with the health care context, and the consequences of that i.e., used medical language, is paid attention to. Empirical means that the study is based on the observation of the researcher in the field. As the researcher, I am in the field observing and interviewing the participants and answering the research questions based on the collected data. Interpretive study means that the research is seen as interaction between the researcher and the subject. Finally, emphatic means that the studied experienced are reflected from an emic perspective, rather than through an existing scheme (p.139). Original plan for collecting data, was to observe intercultural care-encounter and combine the observational data with experiences of nursing students collected through interviews. During these strange times

when COVID-19 pandemic is challenging the nurses and their everyday work it was difficult to arrange observation to see the interaction in a care encounter. As a result, I observed the class of the immigrant nursing students and interviewed four of the students.

The participants of this study are practical nursing students with immigrant background. They study in the HYTO degree part in a vocational school in Finland. I contacted the vocational school to seek for the permission to conduct this study by observing and interviewing their nursing students. I was able to go to the vocational school in person to observe the class. In the beginning of the first session, I presented my study for a class which consisted of fourteen practical nursing students with immigrant background and age variation from 20 to 50. Most of the participants are roughly around my age. Additionally, I explained my background in the field of health care as a ward assistant, which had led to the interest on the field. I handed out the research notification, privacy notice, and consent forms. The consent form can be found in the appendix section. I read aloud the forms after which the students could ask questions they had in mind. I asked the students to sign if they agreed the terms. I pointed out that they could withdraw from the study at any time. I started the data collection by observing the class. The themes for the classes I observed were professional interaction and medical care. I observed the class for professional interaction in total of five hours and medical care for three hours. The class consists in total of fourteen students of which four were interviewed.

The interviewed participants were between the age of 22 to 42 (see Table 1). Their educational background varied, although none of them had a previous degree in the field of health care. I was able to arrange face-to-face interviews with the students. The interviews were held at the school premises after the class. The Finnish language learning varied within the interviewed students. They had learned Finnish from half a year to ten years. Language learning was dependent on how long the participants had been in Finland. The duration of living in Finland varied from three years to 13 years. The participants had some level of previous work experience either working with kids or with the elderly. None of the participants had worked as nurses or practical nurses before. When asked, why they chose to start practical nursing studies, the mutual motivation was to help others and spend time with people. All participants felt that the profession of a practical nurse fitted their personality. All the participants had done a practical training period with kids, but not with elderly people. However, they have experience for example of learning Finnish in an elderly care setting.

TABLE 1 Interviewed participants

Amount of years in Finland	10, 7, 13, 3

Duration in years of studies of Finnish language	10, 5, 13, 0,5
Age	42, 42, 22, 25
Gender	Female, female, male, male

In the next section I am explaining in detail the process of how I collected the data. The data was collected in two different ways, by observing the class and by conducting semi structured interviews for four of the students. Later, thematic data analysis process is explained, and both data sets are presented (see Table 2).

4.1 Data collection

To collect valuable data, two data collection methods were combined. Data was collected by observing a class of immigrant nursing students and by conducting semi-structured interviews to four of the students. The data collection started by observing the class for practical nursing students with immigrant background. The classes handled topics of professional interaction in the context of health care and medical care. By observing the class, I sought to find answers on how the degree part prepares the students to use interactional strategies in practice in their work. I observed what topics were discussed, what kind of interactional strategies were discussed, and what kind of assignments and discussion the students carried out during the class. During the observation I took notes and pictures of the assignments the students did during the class. I did not take any video nor audio recordings of the class. According to Mays and Pope (1995), in social science behaviour and talk are observed systematically by watching and recording what people do and say in a natural setting. It can include asking questions and analysing documents. According to Goffman (n.d.) in Mays and Pope (1995) to collect qualitative observational data, the researcher should be involved in the company of the studied participants in a setting in which they are studied. During the classes I observed what themes were handled, how they were handled, what kind of questions the students asked from the teacher, and what the teacher responded. The classes of professional interaction went through the study objectives considering nurse-patient interaction that are set in the HYTO-plan. HYTO-plan was presented and discussed thoroughly, the requirements to pass the part of the degree with a commendable grade were discussed in detail. The concepts of interaction and interaction in health care were defined. Additionally, interactional skills, what they are and how they are utilized in interaction were discussed in class. During the class for medical care, additionally to medical information, some interactional aspects were

discussed, such as how to give medication to the patient, and how to proceed, if the patient is not willing to take the medication.

I started the interviews after the second class of observation. The students were picked randomly from the class. I approached the students during or after the class, to ask their permission to interview them, after which I set a time and place with them to conduct the interview. In total of four nursing students were interviewed. The interviewed nursing students study with another language than their first language. I interviewed the students individually, so that they could feel that they can talk about their experiences freely. Semi-structured interviews were conducted in Finnish and held in a place and time that was convenient for the interviewed. The interviews were held in the vocational school premises after the classes for professional interaction and medical care. Interviews were recorded, transcribed, and translated to English.

Semi-structured interviews were conducted by preparing a set of questions with open-ended questions. The frame questions for the interview are found in the appendix section. The interview followed the preliminary questions. In addition, I asked clarifying questions and questions on topics the students brought up, which I found relevant to the studied phenomenon. According to Clifford, Gillespie and French (2016) semi-structured interviews allow the interviewed to talk about topics that they feel are important. As I am not a nurse myself nor working as a nurse with a second language, I feel that it is important to let the participants bring up topics they think are important, with the help of my questions on the studied topic. Clifford et al. (2016) argues, that by using semi-structured interviews the participants can answer with their own words, which allows me to hear the word choices and see if there are similarities or differences among the answers of the participants (p.145). The semi-structured interviews were consisted of ten questions. Additionally, I asked basic information of the students, such as age and how long they have been in Finland. The interview questions were drawn from the literature and from observing the class.

I wanted the students to have a safe environment to tell me about their experiences. I am a Finnish speaker, and I asked the questions in Finnish. I tried my best to make the interviewed feel safe to talk freely, even if they were answering in a language which they did not speak fluently. I gave them time to think about the questions and answer in their own pace. If they did not understand something, they asked for clarification. If a word was unclear for them, I explained it in other words or used an English word to describe it. If a student was struggling to find a word in Finnish, they explained it in other words or used an English word. I had observed their class a couple of hours before conducting the first interview. I hope this helped to build the trust and relationship between the participants and me.

All the interviews were conducted in Finnish after first asking, if it was okay for the participants. The interviews were recorded, after which they were transcribed and

translated to English. The classroom observation and interviews were conducted by the end of November 2020. Starting from the beginning of December 2020 the vocational school decided to switch most of the classes to distant learning, due to the increasing number of COVID-19 cases in Finland and the government regulations. The observational data and data collected by interviewing were collected by following an ethical procedure and safety regulations due to the pandemic. In the next section I am explaining the process of data analysis.

4.2   Thematic analysis of the data

Data was collected by using two different methods: qualitative observation and semi-structured interviews. I am using thematic analysis to analyse both data sets. Thematic analysis of the data allows me to recognize the themes from the interview data and connect them to the themes that arise from the observation of the classroom. In this section I am discussing the theoretical background of thematic analysis and presenting the process of conducting thematic analysis for the two data sets.

To analyse the data collected through interviews and observation, I am using thematic analysis method. By using thematic analysis, I seek to find patterns and themes considering the experiences in strategies used in interaction, and patterns of what interactional strategies are discussed in class. According to Braun and Clarke (2006) in Vaismoraldi et al. (2013), thematic analysis of the data allows the researcher to provide qualitative, rich, and detailed analysis of the collected data. DeSantis and Ugarriza (2000) in Vaismoraldi et al. (2013, describe thematic analysis as an analysis method which includes the identification of common themes that come up throughout the interview or in several interviews on the same topic. Most common patterns that arose from the data sets were topics on interaction, that could be categorised as concrete actions in interaction, such as explaining a word in other words or in English, adjusting the tone of voice, and active listening. Other repeating patterns considered character traits that were found important in the interaction in nursing. Similar character traits were mentioned both in the interviews and class. Lastly, other factors that play an important role in nursing, but cannot not be categorised into the two other themes, came up repeatedly in both data sets. These factors were obligation of confidentiality, knowing professional ethics, and treating all patients equally, to mention few. According to Loffe and Yardley (2004) in Vaismoraldi et al. (2013), thematic analysis allows the researcher to seek characteristics systematically, while analysing the meaning behind them in a particular context. Braun and Clarke (2006) define theme as something that is identified as important in relation to the research question and is

captured from the data set. Additionally, an identified theme follows a pattern within the data set (p. 82).

Braun and Clarke (2006) present two different methods to conduct thematic analysis of the data: inductive and deductive. An inductive approach for thematic analysis is data driven. This means that the themes are identified from the data that is collected for the research, which again means that the identified themes are firmly connected to the data instead of the theory. In the process of inductive approach for thematic analysis, the data is coded, but is not tried to fit into an already existing coding frame. Inductive approach of the analysis provides a rich description of the data overall (p. 83). Deductive approach for thematic analysis of the data means that the identified themes are driven from the theoretical interest of the researcher instead of the collected data. Deductive approach of the analysis often provides a less rich overall explanation of the data. Instead, it provides a detailed description of a certain aspect of the data (p. 84). Braun and Clarke (2006) state that there are different opinions on drawing on the literature at stages of data analysis. They argue that there is no right way, although in an inductive approach a characteristic is not to engage with the literature at an early stage of the analysis (p.86). As I have collected data by observing and conducting interviews to participants, to understand their experiences, inductive approach of thematic analysis serves my research best.

Braun and Clarke (2006) describe two levels at which the themes are identified: semantic or latent level. Identifying themes at a semantic level, the researcher is analysing the surface level of the meaning of the data. The meaning behind of what a participant said or did is not focused on. After identifying the patterns and themes, they are connected to previous literature. Identifying themes at a latent level, means identifying the meanings, ideas, and assumptions behind the surface of the data. It seeks to understand *why* the surface of the data is like it is (p.84). My study is focusing on the experiences of the students and how they are being responded in their study programme, which means that analysing the data on a semantic level is most suitable for these purposes.

According to Braun and Clarke (2006), the process for thematic analysis of the data includes six steps:

Phase 1: familiarising yourself with your data

This phase includes transcribing the interview data. Observational data is in a written form. Both data sets are repeatedly read and gone through. Repeating patterns start to form at this stage (p.87). As I collected the data myself, I am already familiarised with the data at some level, but to analyse the data I need to study it well to know how deep it goes. According to Braun and Clarke (2006), at this stage, notes and

coding of the data should start. As the analyse continues, the coding is more developed and defined (p.87). I started the thematic data analysis process by transcribing the interview data. I read the transcription several times and highlighted repetitive words and words that seemed meaningful regarding my research questions. The highlighted words included words that described actions or strategies that were used in interaction with patients, and words that described personal features that were considered as important in interaction with patients.

Phase 2: generating initial codes

According to Braun and Clarke (2006), at the second phase, the data is organized by the initial codes, which were created during the first phase. These are the main features in the data that seek the attention of the researcher and seem most meaningful. Coding the data is not organizing the data by themes, as the themes that arise are broader. Written notes, highlighting words, or using post-it notes can be used to code the data manually. All the extracts of the data should be coded as the researcher cannot know what might be interesting later (pp.88-89). Repeating words were highlighted from both data sets and notes were taken. Highlighted words were listed in a separate document.

Phase 3: searching for themes

Braun and Clarke (2006) argue, that at this phase, the long list of codes is categorized into broader themes. Creating tables or mind-maps can be useful at this stage (p. 89). In my case, I created a table where I listed the codes under initial themes and started to sketch broader themes under which the codes would fit. I placed the codes from the transcription and observational data in separate tables, but I could identify similar themes in both tables. The transcriptions of the interviewees included several recognizable interactional acts which they described useful to overcome a challenging communicational situation with a patient. These were placed in a chart and divided into themes that were recognized in the transcriptions. When searching for themes from the observation data, I analysed the field notes I had taken during the observation and pictures of assignments that were done by the students during the classes. All the materials handled both descriptions of characteristics of nurses that affected the interaction between the nurse and the patient, and descriptions of concrete acts that are done to build interaction between the nurse and the patient. Again, repetitive words were listed and situated in a table. Similar candidate themes were recognizable in the observations.

Phase 4: reviewing themes

According to Braun and Clarke (2006), in the fourth phase, the identified themes are not final yet, as they need to be reviewed and refined. Some of the candidate themes might have to be broken into two separate themes or some themes might be overlapping, which means that they need to be united. At this stage, the codes are analysed for the fitting under the candidate themes. The coded data needs to be gone through again several times. After this, the validity of the candidate themes is analysed. Again, the data is re-read and any additional data that is relevant is re-coded. Coding the data is an ongoing process. At the end of phase four, the themes should fit the coded data, fit together, and tell an overall description of the data. If not, it is necessary to go back to re-read and re-code the data (pp. 91-92). At this stage, I went through the separate tables and moved coded words under themes that described them better.

Phase 5: defining and naming themes

Braun and Clarke (2006) state, that at this phase, the essence of each theme is defined. One theme should not be too complex and try to capture many aspects of the data. A detailed analysis should be conducted for each individual theme. Each analysis of the themes should fit into the overall 'story' that you are telling to answer to the research questions. At this phase, the themes are given their final names which are used in the reporting of the findings. The name should be descriptive and concise (pp. 92-93). At this stage, I had defined three themes and placed the findings from both data sets under each corresponding theme.

TABLE 2 Defining and naming themes

Data collection type	Concrete acts of communication to overcome a challenge in interaction	Character traits that are considered as important in interaction in nursing	Other factors in nursing that affect interaction
Observation	Communicate actively with the patient and with colleagues Not being provoked Teamwork - Communicate with your colleagues Talk with the patient - Get to know them	Being patient Being calm Being neutral Being friendly Being honest Being sincere	Obligation of confidentiality Knowing professional ethics Environment Surrounding noises, people – affect communication with the patient Being aware of the effects of Covid-19 situation

	- Build trust
	Telling the truth to the patient
	Listening
	Being truly interested in the patient
	Keeping eye contact
	Addressing the patient with respect
	Speaking clearly and loudly when needed
	Staying patient and professional, even when busy
	Use of touch
	Give time to the patient to speak
	Read the situation
	   - Know when to be more strict with the patient
	Do not guess or assume about the patient
	Making the patient feel safe to talk about difficult topics, i.e., death
		Being empathic	Know the medical background of the patient, get to know the patient
			   - Memory loss, bad hearing, bad vision – affects the communication
			Motivating the patient
			Record patient data
			Knowing how to face an aggressive patient
			   - Explain the situation, what you are doing and why
			   - Knowing why the patient is aggressive – medical background
			Being aware of possible cultural differences
			Accepting differing values and opinions
			Treating everyone equally
			Not discriminating anyone by their religion, culture, age, or sex
			Knowing how to tell relatives about death

Interviews	Explaining a word "in other words" Using plain language Asking help from colleagues Explaining in English Being present Using touch Listening Addressing the patient with respect Speaking clearly and slowly Explaining (to the children) why they do not speak Finnish so well Not interrupting the patient Keeping eye contact Facing the patient, to make sure both of you can hear well Using picture cards Using body language	Being honest Being brave Believing in oneself Not being shy Being social Like to be with people Being patient Being friendly Being calm Being kind Being positive Being empathic	Learning to read the situation Learning new words everyday Accepting that a patient might not agree with you or have the same values as you Being flexible Being punctual Obligation of confidentiality Treating everyone equally

The process of analysing the candidate themes included going through the coded data several times and replacing the coded words under candidate themes. The titles of candidate themes were re-worded to be more descriptive for the coded words. A third candidate theme was added to describe the category of "other" repeating words that were described to affect the interaction in the context of health care, but which did not fit under the other two candidate themes. After the process of reviewing the candidate themes, three themes were to describe the coded data:

Theme 1: Concrete acts of communication
Theme 2: Character traits that affect interaction
Theme 3. Other factors in nursing that affect interaction

Theme 1 includes aspects of communication as concrete acts that are done in interaction to overcome a challenging situation in a care encounter. A challenging situation could be a misunderstanding, not finding a word in Finnish, or a patient not hearing well. Theme 2 includes the character traits which the participants mentioned repeatedly to affect communication. These character traits were thought to make the communication more efficient thus help to overcome a communicationally challenging situation. Theme 3 includes the factors that are an essential part in nursing, and which affect the interaction at workplace. These are i.e., the obligation of confidentiality, learning the language, both medical and caring, treating all patients equally, knowing how to phase the relatives of a patient in case of bad news/death, etc. After identifying the themes, I went back to my literature review to see if the themes would match the theory as well. Literature was modified afterwards.

Phase 6: producing the report

According to Braun and Clarke (2006), at the sixth phase the data is reported by providing extracts of the data. The extracts work as evidence to prove the prevalence of the identified themes (p. 93). Findings are reported in the next section.

5 FINDINGS

In this section I will present the findings which were identified into three themes:

1. Concrete acts of communication
2. Character traits that affect interaction
3. Other factors in nursing that affect the interaction

The findings are categorized so that I will present the findings and patterns under each theme from both data sets. Most of the themes consisted of subthemes, which are presented under the bolded heading. I am presenting the findings from interviews with extracts from the transcriptions.

The experiences of students using interactional strategies varied from experiences of working with kids and with elderly. However, similar interactional strategies were brought up in the interviews as what came up in the class. Additionally, I asked about the experiences of the students on how the study objectives for learning interactional skills and strategies prepare them for work life. In the end of this section, I am presenting their thoughts on that matter.

During the class, the teacher went through the evaluation requirements for HYTO degree part which the students had had an assignment of during the class. In the assignment the students were supposed to talk in pairs or small groups about each evaluation criteria and add their notes under each criteria. During the assignment, the students could talk about the topics in their first language, but notes were written in Finnish. Some of the points under one criteria could fit under several other criteria. There were six criteria in the assignment:

- work professionally in changing interactional situations
- pay attention to the effects of their own behaviour in interactional situations
- guide the customer in a variety of situations, utilizing means of communication that support or replace speech

- encounter the customer, relatives, and close people of the customer with care by taking into account changing situations
- pay attention to the gestures and expressions of the customers
- use of touch to support interaction.

There was no time to go through all the criteria and students notes. The teacher went through defining what interaction is, and what professional interaction is. From the observation notes of those discussions, I could recognize the points that would fit under the themes identified in this study. Use of touch and active listening were handled in detail by showing examples on where and how to touch the patient during interaction and giving care. The meaning of active listening was explained and it was discussed how it can be practiced in interaction with a patient. During the classes, the teacher gave a lot of practical examples to describe the interactional situations in health care context.

In class I observed what kind of interactional strategies were brought up and suggested in different situations described by the teacher. The teacher brought a variety of real-life situations from their own work experience and described some communicationally challenging situations. In those cases, the teacher asked the students their thoughts on what possibly went wrong or what had caused a misunderstanding or a challenge.

5.1   Theme 1. Concrete acts of communication

Under this theme I have listed the findings, that describe the concrete acts of communication that affect the interaction in nursing. These acts of communication are used to overcome a communicationally challenging situations, or they are used to build the interaction with patients. The acts under this theme could be divided into subthemes, which were building interaction, explaining a missing word, adjusting behaviour in interactional situations, use of touch, active listening, and body language.

Building interaction

When asking the participants how they would start to build the interaction with patients they found being present, keeping eye contact, listening, and using touch as most important acts. It was important to be facing the patient so that both, the nurse and the patient, could hear well. When the participants had started to work with children, some of them had asked why they would not speak Finnish so well. The participants emphasized the importance of explaining the situation to the children.

28

Extract 1:

> "I am a foreigner and I do not speak Finnish clearly. Sometimes the kids would ask:
> "Why do you speak funny?" I explained to the kids, that I am doing practical training,
> I am here helping, and it is my responsibility. It needs to be explained to them."

> ["Olen ulkomaalainen, enkä puhu selkeästi suomea. Välillä lapset kysyivät: "Miksi
> sinä puhut vähän hassusti?" Sanoin lapsille, että minä olen työharjoittelussa ja minä
> autan teitä, tämä on minun vastuu. Se pitää selittää heille."]

Additionally, being respectful toward the patient was emphasized, whether it was working with children or with elderly. Elderly patient should be addressed formally, and the patients should not be interrupted. Eye contact should be kept, and the patient should be listened carefully. Being respectful towards the children was done by treating them equally, which one of the students explained in more detail like this:

Extract 2:

> "It is important to be equal. For example, children are short, I sit down and look at
> them in their eyes and tell calmly. Later the children got used to and started to trust
> and understand."

> ["Tärkeätä on olla tasa-arvoinen. Esimerkiksi lapset ovat lyhyitä, niin istun alas
> ja katson heitä silmiin ja kerron rauhallisesti. Myöhemmin lapset tottuivat ja
> alkoivat luottamaan ja ymmärtämään."]

It should also be respected what the patient would say they want or do not want e.g., if a child does not want to be hugged, that should be respected.

Extract 3:

> "For example, sometimes in kindergarten a child wants to hug, then you can hug them
> . Sometimes a child can say that they do not want to, then you must treat them well an
> d find out what they want. Read the situation."

> ["Esimerkiksi päiväkodissa lapsi haluaa joskus halata, niin voit halata. Joskus lapsi voi
> sanoa, että en mä halua, niin häntä pitää kohdella hyvin ja selvittää, mitä hän
> haluaa. Katsoa tilannetta."]

One of the evaluation criteria in the degree part was working professionally in changing interactional situations. During the class, the teacher read aloud what the students had written down during the assignment and added their own points along the way. What could be identified as concrete acts of communication, were communicating actively with patients and with colleagues, not being provoked, talking with

the patient to get to know them and to build trust, and reacting professionally in different situation. In detail this was explained, that talking to the patient, would let the nurse to know about their needs, for example special needs for hearing or being able to see. It is important to truly be interested about the patient and their needs, to be able to meet the needs of the patient.

The teacher specified features and actions for a nurse to promote professional interaction. These were: listening, being present, showing empathy, teamwork, being determined, keeping promises, being supportive, and giving space. Additionally, they went through a list of features and actions which can harm and/or prevent interaction: preconception, molestation, generalizations, negligence, not caring about one's responsibilities, and contradictory communication. These actions concerned the communication with a patient, their relatives, and colleagues in the workplace.

Explaining a missing word

In situations where the participant could not remember or did not know a word in Finnish, they tried to explain it in other words, using plain language, using an English word, body language, or using a picture card. The help of colleagues in these situations was emphasized. The student would explain the missing Finnish word to a colleague in English after which the colleague would tell what the word is in Finnish.

Extract 4:

Q: "What if you do not remember a word in Finnish? What do you do?"

["Mitä jos et muistanut jotain sanaa suomeksi? Mitä sinä teit?"]

A: "I use pictures. There were a lot of different pictures, cards. Or body language."

["Käytän kuvia. Siellä oli tosi paljon erilaisia kuvia, kortteja. Tai kehonkieli."]

The help of colleagues was also necessary when the students found a situation difficult with a patient e.g., explaining something to the patient or to the children in kindergarten (see extract 5). In some cases, where the participants had felt insecure if they had done or said something right, they would ask help from their colleague. In other cases, the participants had felt insecure because their culture is different from the patients. They would ask their colleagues, if they did something right and they asked what they would have to do next (see extract 6).

Extract 5:

"At the first time (in practical training), our supervisor told the children, that "Susan"
is our friend here and she wants to learn Finnish." One of the children asked:
"Why are you a grown up, but you cannot speak Finnish?"
My supervisor would then explain that I am an immigrant, and I
am helping them, and I want to learn. That felt nice."

["Ensimmäisellä kerralla meidän pomo kertoi lapsille, että "Susan" on meidän
kaverina täällä ja hän haluaa oppia suomenkieltä. Joku lapsi kysyi miksi, sä olet
aikuinen etkä osaa suomenkieltä. Sitten minun pomo kertoi hänelle, että olen
maahanmuuttaja ja tulen auttamaan heitä ja haluan oppia. Se oli kiva."]

Extract 6:

Q: "Did you get help from your colleagues? Did you need help with anything?"

["Saitko työkavereilta apua? Tai tarvitsitko apua?"]

A: "Yes. Always, when I needed help, I asked them. Because here the culture is very
different, I would always ask 'Did I do this correctly?'."

["Kyllä. Aina, kun tarvitsin apua, mä kysyin heiltä. Koska täällä on kulttuuri tosi
erilainen, mä aina kysyin 'teinkö tämän hyvin'."]

In some cases, English was used with the relatives of the patient, if it were expe-
rienced that English would be easier to use to explain something. Additionally, when
a word was missing, the students could use picture cards to explain to the patient.
Also, pointing or showing an item was helpful to use to explain a situation or what
would be done next e.g., brushing teeth, or having lunch.

Extract 7:

"Sometimes when I did not understand well, they (parents of the kids) would explain i
t to me in English, or if I did not know how to explain to them what I wanted,
I would tell it in English. They then explained it to me
in plain Finnish language. After I understood it in English."

["Joskus, kun en ymmärtänyt hyvin, he selittivät minulle englanniksi tai jos mä en
osannut kertoa heille, mitä halusin, niin kerroin sen heille englanniksi. He
sitten selittivät minulle asian selkokielellä suomeksi. Sitten kun ymmärsin asian ensin
englanniksi."]

In addition to using plain language to explain a missing word, the teacher em-
phasized, that metaphors should be avoided when talking to the patient. The nurse
should take into consideration the medical background of the patient e.g., if they have

aphasia, and how that affects the communication of the patient. Having strokes might affect how the patient understands speech and their production of speech.

Adjusting behavior in interactional situations

The second criteria was to pay attention to the effects of their own behaviour in interactional situations. During the assignment in class, the students had listed eye contact, listening, and conversations under this title. The teacher added knowing professional ethics, having respect towards the patient, addressing them with respect, and keeping in mind that sometimes the patient might be difficult, and it is the responsibility of the nurse to tell the patient the limits. In these cases, the nurse should be able to read the situation. The teacher used a lot of examples from their own work experience, and they talked about a patient, who needed the attention of the nurses very often, so they had to be told that the nurses are not able to stay next to the patient all the time. The teacher emphasized that the nurse could affect the behaviour of the patient by changing their own behaviour. A nurse who can analyse their own communication and behaviour, can ease difficult situations with their actions. When facing a patient who is in an emotional turmoil, the teacher emphasized that the nurse should be able to understand why the patient is feeling these emotions. The patient should be given time to feel these feelings and they should be listened by the nurse. The nurse and the patient should find a solution for the feelings together.

Professional reacting to different situations included not being provoked and staying calm in difficult situations, such as in rush or when a patient is upset about something. Active communication with colleagues means sharing the information both verbally and non-verbally, and teamwork. Additionally, active communication includes listening both patients and colleagues carefully.

If a patient is manipulative or hysterical, it is important again not to bypass how the patient is feeling. The nurse should listen to the patient, but read the situation, if the patient is trying to seek for benefits that cannot be arranged. That needs to be explained to the patient. Patient records should be checked, to see if an illness or medication causes the patient being hysterical. The teacher explained a situation from their own work experience, where a patient felt that they were in worse condition than they were. The patient experienced a disability to move, although they were able to move perfectly. The nurse should be aware that the patient could experience delusions, and not go along with that. The nurse should discuss with the patient and motivate them to move, otherwise their condition might collapse.

The teacher listed other actions of communication, such as speaking loudly when needed, not making assumptions about the patient, use of touch, and giving time to the patient to answer. Here again the teacher used their own example of a patient, who did not answer when they were asked a question. This let the nurse to think that

the patient had a bad hearing, so they raised their voice to repeat the question. Next, the patient had yelled them that they can hear well. The patient had just needed time to process the question. This example taught that the nurse should be patient and not make quick conclusions of the patients, thus adjust their behaviour and give time to the patient.

Use of touch

In the class, the teacher explained how use of touch could promote the communication with patients. If the nurse cannot find words for certain situations, they can use touch to communicate to the patient, e.g., by holding their hand or put their hand on their shoulder. By using touch, they can communicate warmth, care, compassion, and respect. When using touch, the nurse should take into consideration one's personal space and cultural background. When giving care to the patient, the touch should be professional and take into consideration the medical background of the patient e.g., sore back or broken hip.

Making the patient feel safe to talk about difficult topics, feelings, thoughts, in these situations use of touch to make patient feel safe can be enough, it is important to not change the subject or belittle how the patient is feeling.

The teacher went through a guide of touching for health care professionals to assist clients' moving from Lappalainen (2015). In the guide, it is shown with pictures what kind of touch is passive and active, where the patient can be touched e.g., back of the head (positive), neck (negative), and how the patient can be touched, e.g., with the palm of the hand, with fingers (p.15). Use of touch was not emphasized in the interviews of the participants.

Active listening

The teacher went through what listening means in interaction and how it affects the interaction with a patient. Active listening helps to build trust between the nurse and the patient as it promotes openness, sincerity, and being interested in the patient. It can increase the self-esteem of the patient, and help the patient feel safe to talk about difficult topics. In some cases, when the patient wants to talk about difficult topics, such as death, just listening might be enough, but it is important to let the patient talk and not change the topic. Talking about death might be difficult for the patient to talk with their relatives, which makes nurses have an important role as listeners for the patient.

The patients should be listened, to know what they want and what they do not want. For example, if they have planned to shower a patient, but the patient does not want to go to the shower, they should not be forced. This also shows respect towards the patient's will. If the patient wants to walk, even if it would be faster to move them in a wheelchair, patient's will should be listened and respected, and let them walk. Again, the patient record should be familiar to the nurse, to know if the patient is allowed to walk.

The students had an assignment about active listening, in which the students were supposed to talk to another student who did not listen. After the assignment, the students went through what kind of feelings the assignment awoke. Some of the feelings were not feeling valued, feeling that what they say is not important. The person who did not listen was considered being rude. The teacher mentioned, that at work it might be so busy, that there is no time to stay with the patient and listen to what they have to say. In those situations, one should be honest and tell the patient they are in a hurry, but they will get back to them, when they can. Active listening during a care encounter, was discussed. Active listening should involve eye contact, but that is not always possible during a care encounter. Thus, other ways to carry out active listening could be commenting or nodding during the interaction.

Body language

In the class, it was highlighted that non-verbal communication is as important as verbal communication. The teacher mentioned how using mask, which is now obligated to wear in nursing, affects the patient not being able to read the facial expressions e.g., smile, of the nurse. This makes using body language in interaction important to send the wanted message to the patient. Keeping arms crossed might not give the impression to the patient that the nurse is willing to hear them. Standing in front of, on the side, or in the back of the patient can send a different message to the patient. Keeping distance is emphasized during COVID-19 pandemic, but when giving care to the patient or talking to a patient with bad hearing, it is necessary to stay closer to them. The nurse should be able to read the facial expressions of the patient and know what certain expressions mean. Some expressions might tell, if the patient is experiencing pain, but cannot say this to the nurse due to an illness, for example.

5.2 THEME 2. Character traits that affect interaction

Several character traits were mentioned to affect the interaction in nursing. These character traits could be divided into subthemes, that describe the personal features that were found important in different situations in nursing. First subtheme describes the character traits that were found important to have as a nurse. Second subtheme describes the character traits that were found important to have in a difficult situation in nursing.

Important character traits as a nurse

When going through the criteria for evaluation of the HYTO degree part, the teacher would mention factors that affect the interaction in health care setting, which could be identified as character traits that are important to have as a nurse. The mentioned character traits were being patient, calm, neutral, friendly, honest, sincere, empathic, and having a good will in helping the patient. Character traits of nurses were not emphasized by the teacher, but they were mentioned every now and then during the classes. When asking the students, if they found some character traits important to have when working as a nurse and in building interaction with the patient, they mentioned several. All the participants mentioned that they chose to study in the degree for practical nurse, because they like to be with people, and they consider themselves as social. They also mentioned, that being social was an important feature for a practical nurse to have. Other character traits were being honest, patient, calm, friendly, kind, empathic, positive, neutral, and not being shy.

Extract 8:

> Q: "What important features the nurse should have?"
>
> ["Mitkä sun mielestä on tärkeitä persoonallisia piirteitä hoitajalla?"]
>
> A: "Have positive attitude. Obligation of confidentiality. Should develop skills how to build interaction with the client. Being present with clients. And responsible and honest."
>
> ["Olla positiivinen asenne. Salassapitovelvollisuus. Pitäisi myös kehittää miten rakentaa vuorovaikutus asiakkaan kanssa. Läsnäolo asiakkaiden kanssa. Ja vastuullinen. Rehellinen."]

Being honest with the patient and obligation of confidentiality were emphasized in building trust with the patient. Obligation of confidentiality is not a personal feature but it was experienced to promote honesty and trust with the patient.

Character traits in difficult situations

The participants mentioned other traits that can describe personality and that could also be practiced in the work for practical nurse. These were being brave and believing in oneself. These are character traits the participants emphasized being important when they faced challenging situations at work. These could be giving care to a patient who was not willing to cooperate, or when they would have to tell bad news to the patient or to the relatives of the patient. When students found a situation difficult when working with patients, they found that it was important to believe in themselves and be brave.

Extract 9*:*

> "I am brave, and I have courage to do what I must do. I am not afraid of something being difficult or that I would not manage. I believe in myself and I believe that I can do something, when I try and believe in myself."

> ["Mä oon niinku uskaltava, uskallan tehdä jotain, mitä pitää tehdä. En pelkää sitä, että jokin voi olla tosi vaikeaa tai että mä en pärjää. Kyllä mä uskon itseeni. Siihen, että kyllä mä vaan pystyn kun vaan yritän ja uskon itseeni."]

Empathy is a personality trait that was needed to understand the situation of the patient. In a situation with patient, when they might not agree with you, the students mentioned that being patient and calm is important. Being neutral would mean that the participant would stay neutral, when the opinion of a patient would differ from their own.

Additionally, the participants found being empathic an important feature when telling bad news to the patient or to the relatives of the patient.

Extract 10*:*

> Q: "What do you think is important in a situation where you have to tell bad news to the relatives of a patient?"

> ["Mikä on sun mielestä tärkeintä siinä tilanteessa ottaa huomioon, jos menet sanomaan omaiselle huonoja uutisia?"]

A: "I might be really sad. But I have to be empathic towards the relatives. We take care of the elderly like they would be our own grandmother or grandfather."

["Saatan olla tosi surullinen. Mutta pitää olla empaattinen omaisia kohtaan. Jos on vanhuksien kanssa, niin autetaan ja hoidetaan heitä, niin kuin se olisi oma mummo tai pappa."]

The teacher emphasized, that the nurse should stay patient and calm even in rush. Additionally, when treating the patient, the nurse should stay calm. If the nurse is rushing, it can affect the mood of the patient. They might feel that the nurse does not have time to listen them. The nurse should be neutral, which the teacher defined as not judging or discriminating anyone. The nurse should be friendly towards patients and colleagues. The nurse should be honest to the patients and tell truly about the issues to the patient. In some cases, the nurse might not understand the patient. They should honestly tell that to the patient and give them a chance to explain and not make assumptions on what the patient might mean. Additionally, if the nurse is in rush and does not have time to chat with the patient, they should tell that honestly to the patient. The students asked, how they should proceed, if they cannot understand the patient. In those cases, they should tell honestly, that they cannot understand. The patient should not be ignored, and the situation should be sorted out, so the nurse understands what the patient means.

5.3   THEME 3. Other factors in nursing that affect the interaction

Under this theme are listed factors in nursing that affect interaction, but which could not be identified as concrete acts of communication or character traits. These factors play an important role in nursing, thus they also affect the interaction in the health care setting. These factors are identified as obligations in nursing, effects of an exceptional situations in health care, such as the Covid-19 pandemic, knowing the medical history of the patient and the effects of certain medications the patients have, staying professional and requirement to learn more as a nurse.

Obligations in nursing

Some of the things the participants mentioned to affect the interaction could be categorized as obligations in nursing. These obligations could be actions that the nurses are required to do in their work or an obligation to be complied with, such as obligation of confidentiality. Obligation of confidentiality means that nurses are not allowed

to talk about the condition or health issues of the patient to outsiders. It also considers the personal information of the patient. Additionally, nurses are obligated to treat all the patients equally, not discriminating anyone because of their gender, religion, or cultural background. The participants found that by treating everyone equally, trust could be built with the patients.

The topics discussed in class included requirements and obligations the nurses have in their work. One of them was brought up in the class repeatedly: obligation of confidentiality. Additionally, the nurses are required to know and follow the professional ethics related to nursing. Professional ethics affect the interaction, because they include rules for appropriate use of touch in giving care, how to talk to the patient, etc. When talking to the patient, the nurse should pay attention to the environment. Surrounding noises and people affect the communication with the patient. Depending on the topic the nurse is discussing with the patient, the nurse should adjust the communication and the environment to be suitable for certain communication. For example, to follow the obligation of confidentiality, it is not appropriate to talk about the issues of the patient in front of other patients.

It was mentioned that it is valuable to have the skill to accept that a patient might not agree with you or have the same values as you. Being patient was mentioned as a character trait that is important in interaction with the patient, but it was also linked to be a feature a nurse should have, when giving care to a patient. This was explained with an example by one participant:

Extract 11:

> "You have to be patient when you want to help the other. For example, everyone might not agree with you. You do not have to tell the other what your opinion is."

> ["Minun mielestäni pitää olla kärsivällinen. Kaikki eivät ole samaa mieltä kanssasi. Sun ei tarvitse kertoa toiselle, mitä sä mietit."]

Couple of things the participants mentioned were linked to the work of nurse, such as being punctual and flexible. Being punctual meant going to work when they are supposed to. Being flexible meant being ready to help other nurses when needed.

Effects of an exceptional situation in health care

As the Covid-19 pandemic and restrictions and rules following are part of the routines in health care, the nurse should be aware of the consequences and how they can affect the interaction with the patient. The health care staff are required to wear medical masks at all times, when interacting with the patient. This makes it difficult for the patient to read the facial expressions, such as smile, of the nurse. This increases the

importance of other means of communication that are visible and audible to the patient. Additionally, the nurse should be aware that the pandemic situation has increased the loneliness of elderly patients, which might add the need of supporting services that should be offered to the patients. Paying attention to the multiple effects of such exceptional situation was emphasized by the teacher.

Familiarization with the medical history of the patient

The nurses are required to know the medical history of the patient to know how to adjust their communication to the needs of the patient e.g., if the patient had a bad hearing. Getting to know the patient was perceived as important. Reading the medical record and talking to the patient helped to get to know them and to be aware of their needs. By reading the medical record would also help the students to know, how using touch could be adjusted e.g., if a patient had a sore knee, how they can be helped to get to their bed. Also, by reading the patient and the situation the student could learn to know what the patient wants and what is good for the patient. Patients might experience loneliness, and Covid-19 pandemic can have increased the feeling of loneliness among elderly patients, as their relatives have not been allowed to meet them. This, and other information of possible mental health issues can be found in the medical record. The nurse should check, if all the needed support services, such as medication and therapy, are arranged according to the needs of the patient. The nurse should motivate the patient to move, if that is suitable due to the medical background of the patient, so that their condition would not change for the worse. In addition, to reading the patient records, the nurse should update them.

Knowing the effects of medication

The teacher highlighted, that some medicines can affect the personality of the patient, thus they can affect the interaction between the nurse and the patient. The nurse should read from the patient records, what medication the patient has and how the medication affects the patient. Some medicines can affect the patient so that they behave aggressively. In those cases, the nurse should know how to face an aggressive patient. The nurse should stay calm, explain the situation to the patient. If a patient is aggressive in a care-encounter, they should be explained what care procedures are being done and why. The nurse should see, if the patient is acting aggressively because of their medication, and consult a doctor to see, if an alternative medication would help.

Staying professional

Professionality in communication was emphasized by the teacher. Professionality includes several aspects. The nurse should stay professional and not start debating with the patient if they have differing views or values. Nurses are required to treat all the patients equally, and not discriminate anyone by their religion, culture, age, sex, or differing opinions. The teacher brought up the topic on cultural differences, and how they can affect communication with the patient. This topic was not discussed much further, but the teacher emphasized that some cultural differences could lead to differences in perceiving use of touch or a way of addressing someone. This notion is in contradiction to the idea of treating all patients as individuals. The way one wishes to be addressed or touched depends on individual matters and needs, and is not automatically defined by one's culture. When a patient dies, nurses should discuss who tells the relatives and how. It is important to not rush, when explaining to the relatives. The nurse should be empathic towards the relatives and respect their will on how to proceed. The students have a separate class on terminal care, where this topic is handled in more detail.

Requirement to learn more

The participants mentioned that it is important to learn Finnish more by learning new words everyday. They found practicing Finnish important to prepare themselves for the practical training with elderly. They learn Finnish both school and independently on their free time by reading or watching TV.

Extract 12:

> "Sometimes I had situation when I did not know how to explain something, but you can learn and practice more. You develop all the time. But I know I will manage. There is more practice all the time. And more experience."

> ["Tietysti välillä voi tullakin semmoisia hetkiä, että mä en osaakaan, niin sitä voi opetella ja harjoitella lisää. Koko ajan tietenkin sitä kehittyy. Mutta kyllä mä tiedän, että mä pärjään. Harjoitusta tulee koko ajan lisää. Ja lisää kokemusta."]

The participant mentioned that learning to read the situation is an important skill, that could be practiced as they gain more experience in nursing. By reading the situation they can adjust their communication skills to the needs of the patient.

5.4 Students' experiences on the degree part preparing them for the future

When asking the students how they feel the classes prepare them for the communication they will need in their work, they emphasized the importance of practical training and the learning experience they gain from that. All the participants mentioned that only classes are not enough to learn everything about communication, but that they will always learn more. Additionally, one's input for learning after classes matter.

Extract 13:

> Q: "Do you feel that you have learned enough to know how to communicate with an elderly patient?"
>
> ["Koetko sä, että olet oppinut tarpeeksi, että tiedät, miten vanhusten kanssa kommunikoidaan?]
>
> A: "Well, we have got a lot of information on that, but that may not be enough. I might have to seek other solutions and experience. I do not think that only classes are enough for me to manage. I need to learn from other sources as well. I think gaining experience will teach me more."
>
> ["No, olemme saaneet paljon tietoa siitä, mutta ehkä se ei riitä. Minun pitää ehkä löytää muita ratkaisuja ja kokemusta. Luulen, että koulun avulla pärjään ihan hyvin. Minun pitää oppia myös muilla tavoilla. Uskon, että kokemus opettaa minua enemmän."]

It was emphasized, that communication is something that can and will be learned always, after graduation as well. The participants mentioned that lack of language skills had been the biggest challenge so far, but their responsibility is to learn more, for example by learning new words daily.

6 DISCUSSION

This thesis seeks to understand the experiences of immigrant nursing students of utilizing interactional strategies in intercultural care-encounters, and to find out how the study objectives in the vocational degree meet the required communicational skills at work. To find answers, I established two research questions:

> *What kind of interactional strategies are utilized in healthcare contexts during an intercultural care encounter?*

> *How do study objectives meet the interactional skills required in nursing?*

In this section, I am discussing how the findings answer to the research questions, and how the answers are linked together. As first I sought to find what interactional strategies the participants had used or found helpful in challenging situations during an intercultural care encounter, I seek to understand how these are handled during the classes I observed, thus the aim is to find out how the study objectives meet the required skills the participants need in their work as practical nurses.

During the classes I observed, the topic of communication with elderly patients was handled from several viewpoints such as, communication in medication, communication during basic care procedures, communication with patients who have hearing disabilities and other medical condition that might affect the communication. The classes were mostly about communication the nurses need at work with elderly patients. The participants had had a practical training period working with children, although some of the participants had had a shorter period of working with elderly, but not as a practical nurse. This means that some of the topics that were discussed in class, were not familiar to the students as they have not had a practical training period with the patients who are in the examples described by the teacher.

Building interaction was one of the subthemes for concrete acts of communication. The topic of building interaction with patients was brought up both in the interviews and in the classes. When asking the participants, how they would start to build interaction with the patients, the most important acts of communication were being present, keeping eye contact, listening, using touch, facing the patient so that both can hear well, and explaining the situation to the patient, especially to the children. Additionally, the participants mentioned being respectful towards the patient as basis in building interaction. In the observation of classes, the basis of starting to build interaction with patients was knowing their needs that could affect the communication, e.g., bad hearing or bad vision. This proves that in the classes the emphasis is on knowing the medical background of the patient, but the students do not highlight the medical background of the patient as much. The experiences of the participants on interactional strategies to build interaction were similar to those mentioned in class. Although, the emphasis on certain strategies varied between the participants and the teacher. Active communication was described necessary in building interaction both with patients and with colleagues. This means that the students know, that it is important to actively communicate with both patients and colleagues, even if one would not be totally sure of how to handle a difficult situation. Professional interaction was described as essential to build interaction in a health care setting. The term 'professional' was used by the teacher, not by the students, although in the students' descriptions of interaction, they had similar approaches to it as the teacher. In the class, professional interaction was defined to include listening, being present, showing empathy, teamwork, being determined, keeping promises, being supportive, and giving space. The professional aspect was in an active role in the class, as the students are studying to get a profession, and the nurses should keep their professionality when communicating with patients, even in difficult situations. The participants did not emphasize this as much, but it can be explained by them not having much work experience yet.

In the interviews, it was found out that several interactional strategies were used in situations where one could not remember a word in Finnish. This tells that not remembering a Finnish word, was a communicational challenge faced often, but it also had been overcome by utilizing a variety of interactional strategies. These strategies were explaining the word in other words, using plain language, using an English word to explain the missing Finnish word, using body language to describe the missing word, or showing a picture card. Similar strategies were discussed in the class. The interviewed participants had relied on using English word to replace a missing Finnish word, however this was not an encouraged strategy by the teacher. In turn, the teacher emphasized the use of clear language and plain language, and the avoidance of using metaphors. Additionally, when talking to the patient, the language

should be clear, keeping in mind the medical background of the patient. Some medical conditions of the patient could affect their understanding and providing of the speech. Again, the teacher emphasized knowing the medical background of the patient, rather than finding strategies to find a Finnish word. As the teacher is a Finnish speaker, they might not understand the situation where a word cannot be found as a speaker with Finnish as second language. Using an English word can feel as a safe choice of strategy to use with colleagues, however an elderly patient might not have good English skills to understand the nurse, if they slip an English word in a sentence. It can be said, that the students have a need to know about appropriate interactional strategies to use in nursing. The students had actively used codeswitching as a strategy, but it was not a strategy encouraged by the teacher. Codeswitching (replacing missing Finnish word with an English word) was also used actively among the participants in the study from Sjöholm (2012). While discussing the topics of professional communication, some of the terms, that were not clear to the students, were explained. This took some time, but it is important to make sure that the students understand what each term mean. For example, when talking about plain language and how metaphors should be avoided, the meaning behind the word *metaphor* was unclear to majority of the students. The teacher explained what metaphors are by making example sentences where metaphors were used.

Use of touch as an interactional strategy was briefly discussed in class. When lecturing on use of touch to communicate with the patient, the teacher mentioned that one's cultural background should be noted, as it might affect on how a patient experiences the use of touch. This notion on culture affecting one's perceptions is in contradiction to nurses' obligation of treating all patients as individuals. Making assumption on one's cultural background might lead to stereotypical thinking thus bypassing the individual needs of a patient. Use of touch was not emphasized in the interviews by the participants, which could be explained them not having experience on working with elderly yet. Additionally, the participants emphasized treating patients as individuals, which could lead to them emphasizing that instead of the use of touch, as the use of touch and how patients perceive it is a personal matter.

In the interviews, the participants emphasized the importance of colleagues in the workplace. The participants sought for the support from their colleagues when they were unsure if something they did was acceptable in the culture of the patient. The importance of colleagues' help for the immigrant nursing students was also present in the study from Sjöholm (2012). During the classes, the help received from colleagues was also mentioned, but not emphasized as much as during the interviews. Instead of encouraging the students to rely on the help from nursing colleagues, the teacher focused on telling about interactional strategies they could utilize themselves. Another reason why colleagues help is not emphasized could be that after

graduation the nurses should be prepared to manage on their own at work. However, teamwork, active communication with co-workers, and supportive atmosphere in the workplace was encouraged by the teacher.

Body language as an interactional strategy was mentioned by couple of the participants, but it was discussed more thoroughly in class. The teacher pointed out how currently the use of face mask can make it difficult for the patient to read the facial expressions of the nurse or reading from the lips. Thus, wearing a mask can make it more difficult to explain a word to a patient. Although, the nurse can still use their hands or gestures when explaining. The effects of Covid-19 pandemic for communication were brought up often by the teacher, however the participants did not mention them during the interviews. The participants had had a practical training period with children before the pandemic breakout in Finland, which means they had not seen or experienced the new safety regulations in action, thus could not fully understand how the regulations can affect the communication with patients.

In the class, several character traits were mentioned to be important for the nurse to have in their work. These character traits were mentioned when talking about different situations the nurses might face in their work, such as when facing a difficult patient, when having to tell bad news to the patient or their relatives, or when carrying out basic care procedures. Most of the character traits were thought to be essential to have, when working as a nurse in general. The observation of the class revealed that the character traits were more emphasized by the participants, but the teacher emphasized actions that the nurses could do in order to promote interaction with patients. Character traits are not interactional strategies themselves, but they are listed as a theme, because they were actively mentioned both in class and interviews, and they were experienced as factors that affect the interaction in the health care setting. According to Reading and Webster (2014) being empathetic and addressing someone with respect are verbal and non-verbal activities that are used to deliver the message to the other (p.60). Thus, character traits play an important role in nursing and in utilizing interactional strategies. Similar character traits were mentioned in the class and by the participants, which could be explained with the fact that the participants have certain personal features, that have led them to study for the profession for practical nurses, or these personal features are actively mentioned during their degree, which makes the students emphasize certain character traits along their study path. In the study from Emami et al. (2009), it was found that the students with immigrant background experienced that having a positive attitude affect the communication. In my study, the participants emphasized that it was important to be brave and believing in oneself, which is similar to the results in the study from Sjöholm (2012), in which the participants emphasized the importance of having courage and making the initiative when asking help from Finnish colleagues. These seem like personal features that

should be encouraged in the degree as well, as they have been found to be important when facing challenges in communication in health care setting among nurses with immigrant background. In the previous literature (Rogers, 2007), it was found out that self-awareness and active listening are essential in developing empathy, which was a character trait mentioned several times in the interviews as well as in the class. Empathy itself as a character trait is not an interactional strategy. However, showing empathy while giving patient-centred care, lead to better outcomes in nursing (Haley et al. 2017). This indicates, that even though a character trait is not an interactional strategy itself, it is an essential part in communication in nursing, thus it is in major role in giving quality care to the patients. Additionally, the study from Gibson and Zhong (2005) showed that empathetic nurses were experienced as competent intercultural communicators by the patients (p. 627). In the class, the students had an assignment on active listening, which focused on recognizing the feelings that awoke when one was not listened to. This kind of exercise promotes being empathic, as the students know how a patient might feel if they are not listened to. In addition to this, Reading and Webster (2014) found active listening increasing the patient's experience of high-quality care, which makes it important to highlight it in the class. During the interviews the participants mentioned features that affect interaction and in this study they were categorized as 'other factors' in nursing that affect interaction. When looking at these factors from a broader perspective, they can be defined as requirements in nursing. The nurses are required to follow the obligation of confidentiality, treat everyone equally, accept different values and opinions, be patient, flexible and punctual. Additionally, the participants emphasized that as nurses they are always required to learn more and develop their professionality. The interviewed participants highlighted this, as they mentioned that they learn a lot during the practical training periods, and that they will always keep on learning from their work experience, even after graduation. Not one of the participants said that they would be "ready" nurses and know everything when they graduate from the degree.

Other requirements in nursing were discussed in the classes in detail. For example, the obligation of confidentiality was explained in detail and with examples, and this is a topic that for sure is handled often during the degree for practical nurses. It was also brought up actively in the interviews by the participants, and it can be said that it is in students minds when they talk about their experiences as nurses. Obligation of confidentiality affects the communication with the patients, as due to the obligation, the nurses need to know what they can talk about with the patients and in what kind of surrounding. It is the basis for communicating with the patients, which is why it is actively brought up in classes when talking about different topics. Obligation of confidentiality is an obligation the nurses have to follow at all times. Some of

the requirements for nursing can be changing and they need to be reacted to quickly. One example of this is the Covid-19 pandemic.

The Covid-19 pandemic has revealed urgent needs in the health care section, need for nurses and need to recognize the effects in patients. The teacher emphasized the importance of recognition of the additional needs the patients might have due to the pandemic. The nurse is obligated to know what other health services, such as a chance to talk to a mental health professional or getting home care, could be provided to the patients. The teacher brought up the multiple effects of the pandemic and their impact in the daily routines in health care. The reason why the students did not bring this up in the interviews, is because they have not experienced the effects of the pandemic in the health care section. It might be difficult outline the multiple effects if one has not experienced them. It is important to highlight the effects and think about possible consequences of this pandemic, as it is not sure how long we need to comply with the safety regulations. If all goes as planned, the students will have their practical training period in elderly care in Spring 2021.

The students experience that the classes on communication might not be enough for them to learn about interactional strategies. They emphasized the importance of learning outside the class and after graduation. The HYTO degree part does not include many hours of lectures of professional communication, which results in classes where the teacher does the lecturing topic after topic. During the lectures, the students comment and ask several questions and the talk is quite relaxed. However, it can be said that there is not much time to discuss each topic in more detail or go deeper into them. After the lectures, the students can utilize their knowledge in the practical training period, as Levinson, Lesser, and Epstein (2010), suggest (p. 1312). There is no observation of professional communication during the classes, although observation can occur during the practical training period. However, the teacher used several examples from their own working life, when discussing about communicationally challenging situations, and explain how they were resolved, which helps the students to understand how the interactional strategies could be utilized in practice. As the language proficiency requirements for the vocational degree were lowered in 2018, the development of a language assessment tool for the educators is in the process (Ministry of Education, 2019). The assessment tool should not only assess the language skills of the student, but also the whole variety of communicational skills, including the use of verbal and non-verbal communication and cues.

7 CONCLUSIONS

The aim of this study was to explore what interactional strategies are utilized in intercultural care encounters by immigrant nursing students, and how the required interactional skills meet the study objectives in the degree for practical nurses. The used interactional strategies can be categorized into three themes: concrete acts of communication, character traits that affect interaction, and other factors in nursing that affect the interaction. As a conclusion of the findings, it can be said that some of the interactional skills that have been found useful in interactional care-encounters are discussed in class. Some of the interactional strategies or topics of communication are discussed by using different terms, such as professional interaction. At times, the emphasis of some of the strategies during the classes differed from the participants viewpoints. As the participants enter to the second practical training, which is in elderly care, their experiences in utilizing interactional strategies in intercultural care-encounters increase, thus their perceptions of them might change as well. Often, the teacher emphasized knowing the medical background of the patient and understanding how it might affect the interaction with them. This ensures that the patients are treated individually according to their individual needs, thus the communication is patient-oriented, which leads to effective and therapeutic care (McCabe and Timmins, 2013). The ways to ensure patient-oriented communication and care should be highlighted during the programme, as due to the findings the participants did not emphasize the individual, medical needs of the patients as much as the teacher. However, after the second practical training period, the students will gain more insight on how it is to work with elderly patients and how their individual needs affect the communication with them.

According to the findings of this study, and previous studies on the topic (Emami et al. 2009; Sjöholm, 2012) the attitudes of the immigrant nursing students, their experiences of interactional skills, and how they rely on the help of colleagues should be paid attention to. All the interviewed students had found codeswitching to be useful as an interactional strategy, although this was not discussed in class. The

teacher would be good to know, why the students rely on codeswitching, and why it is not an interactional strategy encouraged to use with patients. In addition, as the attitudes of the immigrant nursing students affect the interaction with patients, this could be highlighted during the programme. The teacher did not emphasize the help received from colleagues, however it was commonly mentioned in the interviews. During the classes, the students are taught about professional communication, which means that relying on colleagues help or using different languages may not be appropriate to encourage the students to do in their work. Instead, they should think of alternative ways to overcome the possible challenges, while relying on effective teamwork which also is helpful when facing challenges at work. However, the teacher should understand the importance relying on colleagues, while highlighting the individual responsibility one should have as a practical nurse.

The role of empathy in nursing has been found to be essential due to previous studies (Gibson and Zhong, 2005; Papadopoulos et al. (2016), and the important role of it in communicationally challenging situations and nursing in general was revealed in this study as well. The exercise the students had on active listening during the class evoked feelings of empathy and understanding, which is recommended to experience to understand the patient. These kinds of exercises can evoke even strong emotions, which are a great learning experience, thus they should be added to teaching.

The classes for professional interaction are organized between the two practical training periods. During the first practical training period, the students have gained some experience on interaction that is needed as a practical nurse. The interaction is different in these two practical trainings, as with children the work does not include care procedures, the use of medical language, or the interaction with other medical professionals as much as in the health care setting. Therefore, the students perceptions in the interactional strategies might change after the practical training with elderly, and they gain a deeper understanding on how to utilize the interactional strategies which were discussed in class. In the degree programme, it should be made sure the students have a chance to reflect on their experiences on communication with the elderly after the practical training. It should also be taken into consideration, if the teacher understands the different viewpoints a native Finnish speaker has to communication and interactional strategies, compared to the students with immigrant background.

By interviewing the students, I sought to hear about their experiences in using interactional strategies with patients, but also how they feel the study objectives meet their needs to build interaction with patients. Overall, the students experience that the degree prepares them well, but they think that personal effort has a huge impact as well. They learn during the class but mention that it is essential to go through the study materials after the class as well, learn Finnish, read books, or search information

online. The students have two classes of professional interaction, but they mention that it might not be enough. A lot of interaction can be learnt independently by reading online materials and by learning from personal life through experiences. Practical training as a change of learning was emphasized. Additionally, two of the interviewed students made a point that after graduating they will always learn more about interaction when they interact with patients and colleagues. At this level of their studies, the students feel nervous to go to the next practical training, they are not sure if they are ready. Although, they feel that even when they graduate, they will keep on learning. They acknowledge that work requirements can change over time and skills need to be updated as time passes. They emphasize that new situations in the future require new skills and using current skills differently e.g., in extreme situations such as a pandemic.

7.1 Limitations

The findings of this study are based on the HYTO degree part, which is included in the vocational degree for practical nurses. The degree for practical nurses consists of several degree parts, which also include communicational aspects to nursing. Additionally, the degree has a degree part for communication and interaction skills.

The results of this study do not tell how the communication skills learned in class are utilized in practice with elderly patients. Some of the interactional strategies described by the interviewed participants were utilized in interaction with elderly, but not working as a practical nurse. Due to limited time for the study, the experiences of the students on interactional strategies after the practical training with elderly are not included in this study. To gain a better understanding on what interactional strategies are used and how by the students, follow up interviews should be organized after the second practical training period where the students have been able to put their learning into practice. Additionally, as due to the pandemic, I was not able to observe the intercultural care encounters, the results of this study rely on the told experiences by the students and my observation in the class.

This study does not tell how the use of utilized interactional strategies and communicational skills are assessed. They are assessed during the practical training, which means that a follow up on the assessment of the second practical training period is needed as well.

7.2 Implications

The need for immigrant nurses in health care is increasing rapidly. This means that the education the immigrant nurses receive, should highly be paid attention to. As the language requirements for applying to the degree for practical nurses have been lowered, and teachers rely on the fact that the students will learn during their studies, communicational aspects among language proficiency should be focused on during the degree.

The findings of this study show, that the study objectives meet some of the interactional skills the students have found useful, although their emphasis varies between the views of the teacher and the participants. The attitudes of the students affect the communication with patients, thus it should be noticed when students apply for the degree program, and when planning the curriculum.

The results show what should be taken into consideration when developing the language assessment tool, both verbal and non-verbal cues, and the use of interactional strategies in a communicationally challenging situation. Firstly, in the assessment it should be taken into consideration how the concrete acts of communication, such as active listening, keeping eye contact, and use of body language are utilized during the intercultural care-encounter. Secondly, it should be assessed, how the character traits that affect the interaction, such as empathy, is shown during a treatment. And finally, it should be noticed how well the effects of certain requirements and situations are taken into consideration in the communication with the patient e.g., how the effects of using face mask are taken into consideration in giving care to the patient and interacting with the patient.

7.3 Recommendations

To understand how interactional strategies learned in class are utilized in practice, I would recommend observing care-encounters during practical training as well as interviewing the students a second time after their practical training period in elderly care. To better understand why the students emphasize some of the interactional strategies, such as receiving help from colleagues, more than the teacher, I would recommend to study their experiences on the interactional strategies after they have entered the work life. I would also recommend to study the differences in interactional strategies utilized in different sections in working as a practical nurse, such as working with children, with elderly, or in disability services.

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APPENDICES

APPENDIX 1: INTERVIEW QUESTIONS

Ikä / Age
Mistä olet tullut Suomeen? / From where you left to come to Finland?
Kuinka monta vuotta Suomessa? / How many years you have been in Finland?

1. Miksi olet hakenut hoitajakoulutukseen? / Why did you apply for the degree for practical nurse?

2. Oletko opiskellut suomenkieltä? Kuinka kauan? / Have you studied Finnish? For how long?

3. Oletko ollut työharjoittelussa lähihoitajana? / Have you done an internship as a practical nurse?

4. Oletko kokenut joitakin kommunikointiin liittyviä haasteita työharjoittelusi aikana? Esim. Et ole kuullut mitä potilas on sanonut? / Have you experienced communicational challenges during your internship?
   -> huomasitko joitakin kulttuurillisia eroja kommunikoinnissanne?
   -> vanhukset vai lapset?

5. Jos olet, kuinka selvitit haasteen? / If you have, how did you overcome the challenge?

6. Käytitkö tilanteessa joitakin koulussa oppimiasi tietoja/taitoja? / Did you use some of the skills or knowledge you have learned from school in the situation?

7. Koitko, että suomenkielentaitosi oli tarpeeksi hyvä selviytyäksesi hoitotilanteissa työssäsi? / Did you feel that your Finnish laguage skills were good enough to cope with care situations at work?

8. Mitkä ovat mielestäsi hoitajan tärkeimmät persoonalliset piirteet / ominaisuudet, jonka avulla voidaan rakentaa hyvää vuorovaikutusta potilaan kanssa? / What do you think are they key characteristics of a nurse that can be used to build good interaction with a patient?

9. Onko hoitajakoulutuksesi valmistanut sinua kohtaamaan mahdollisia kommunikointiin liittyviä haasteita? / Has your nursing degree prepared you to face possible communicational challenges at work?

10. Mitkä ovat ollut mielestäsi tärkeimpiä oppeja kommunikoinnin suhteen? / Mikä on mielestäsi tärkeimpiä asioita, jotka vaikuttavat vuorovaikutuksen syntymiseen hoitajan ja potilaan välillä? / What do you think have been the most important lessons in terms of communication?

APPENDIX 2: INFORMED CONSENT FORM

JYVÄSKYLÄN YLIOPISTO

SUOSTUMUS OSALLISTUA TIETEELLISEEN TUTKIMUKSEEN
Vuorovaikutuksessa käytettävät kommunikointistrategiat kulttuurienvälisessä hoitotapahtumassa

Olen ymmärtänyt, että tutkimukseen osallistuminen on vapaaehtoista ja voin milloin tahansa ilmoittaa, etten enää halua osallistua tutkimukseen, mutta siihen asti kerättyjä tutkimusaineistoja voidaan hyödyntää tutkimuksessa.
Ymmärrän, että minuun voi ollaan yhteydessä jatkotutkimusten osalta.

En osallistu mittauksiin flunssaisena, kuumeisena, toipilaana tai muuten huonovointisena.

Olen saanut riittävät tiedot tutkimuksesta ja henkilötietojeni käsittelystä siinä. Olen ymmärtänyt saamani tiedot ja haluan osallistua tutkimukseen.

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Tutkimukseen osallistuvan allekirjoitus ja nimenselvennys

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