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Taina Kilpeläinen

Foreign nurses' guide to Finnish working life

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INTRODUCTION

DEAR READER

This guide presents the nurse's work as part of the Finnish social and health care service system. It describes the content of the Finnish nurse's education, different work environments, compensation and the requirements of primary tasks without forgetting the important values of nursing care. In addition, the guide familiarises the reader with the recognition system for foreign nursing degrees and the National Supervisory Authority for Welfare and Health (Finland), Valvira's application process.

This guide contains information on the most important matters a foreign nurse should know on a general level concerning a nurse's education, job description and the prerequisites of practicing as a nurse in Finland.

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PART I

1. THE NURSE'S JOB DESCRIPTION WITHIN THE FINNISH HEALTH CARE SYSTEM

The Finnish health care system is charged with the task of providing health and medical care – including health promotion, diagnostics, treatment and rehabilitation – to the people living in Finland. All citizens and permanent residents – irrespective of their nationality – living in Finland are entitled to receive high-quality health and medical care.

The Finnish Ministry of Social Affairs and Health is responsible for ensuring the functioning of social and health-care services. The ministry determines how the services are developed, prepares legislation and directs the implementation of renovations. The National Supervisory Authority for Welfare and Health (Valvira) is responsible for service implementation quality control. Valvira directs and supervises the activities of health-care professionals, health centres and hospitals. Its objective is to ensure that high-quality service, patient safety and legal protection are carried out in practice.

The responsibility for organising social and health care services lies primarily with the municipalities – the health centres and hospitals they maintain are responsible for providing services to the inhabitants of each municipality. Municipalities may also purchase services from private enterprises and third-sector actors, i.e. associations and foundations, to meet their social and health care needs.

The social and health care services provided by municipalities (and federations of municipalities) are among the largest employers in Finland, and offer employment to many professional and occupational groups. Over 260,000 people were employed in the social- and health-care sector in 2008; of those, 36,424 were nurses. The share of nurses of total social and health care personnel has grown in recent years.

Nursing care is part of the social and health care sector's activities. The nurse's job consists of professional nursing, including the maintenance and promotion of the health of the population and the individuals in it, as well as caring for patients who are ill. Nurses function as independent specialists of nursing care; in patient care, they carry out medical treatment according to the instructions given by a medical doctor. Nurses also participate in the development of nursing care and collaborate with other social and health care professionals. In addition, they also have the responsibility of bringing nursing expertise into societal decision making and discourse.



2. NURSING EDUCATION



In Finland, the education and professional practice of health care personnel are strongly regulated by law.

Nursing education in Finland is based on the directives issued by the European Union (2005/36/EU); therefore, the requirements in Finland are similar to those in other European countries. Professional health care practice is also prescribed in the Act on Health Care Professionals and the Decree on Health Care Professionals.

In Finland, only a registered general nurse licensed or authorised by Valvira is entitled to practice the nursing profession. Valvira registers all persons granted professional practice rights in the Terhikki-register and also maintains information on all registered nurses.

The Ministry of Education draws up the competency requirements for graduates of universities of applied sciences. Those studying toward a degree in nursing complete a social and health care degree in nursing at a university for applied sciences. Passing the matriculation examination is required for entry into the degree programme in nursing. Holders of a General Certificate of Education (O Level) are required to complete an occupational first degree, such as a basic degree in the social and health care field.

“A university of applied sciences is charged with the task of verifying that the graduating nurse (health care professional) possesses the required professional competence, because the right to professional practice is granted only to a person who has fulfilled the requirements of a clearly defined professional preparatory programme in health care education.”

Nursing education takes three and a half years. The degree programme in nursing consists of 210 credits, and one credit corresponds to an average of 27 hours of work by the student. The degree title is *sairaanhoitaja (AMK)* (Nurse, Applied University of Sciences). The nurse's degree is also part of the requirements for the degree of public health nurse, midwife and emergency medical technician–paramedic.

The nurse's education consists of basic and professional studies, practical training to enhance professional skill, a thesis, demonstration of maturity and elective studies. The overall objective of the training is to provide a basis for general proficiency, such as functioning in working life and developing expertise. Fields of know-how include self-development and ethical skills, communications and interaction, development activities, organisational and social know-how and internationalisation.

In nursing, professional expertise consists of special knowledge of nursing care, including ethical know-how, health promotion, decision-making within nursing, guidance and teaching, collaboration, research and development work and management, multicultural nursing, societal activities, clinical nursing and pharmacological treatment.

Primary studies	Minimum credits
Basic and professional studies in nursing	117 credits
Nursing science basic theoretical studies	6 credits
Nursing science clinical professional studies	75 credits
<ul style="list-style-type: none"> • includes studies in pharmacotherapy, 9 credits • Infection control studies, 6 credits 	
Studies in the acquisition of knowledge, research and development	6 credits
Communications and language studies	9 credits
Social and behavioural science studies	6 credits
Natural science and medicine studies	15 credits
<ul style="list-style-type: none"> • includes studies in anatomy and physiology, 4 credits 	
Practical training to enhance proficiency (clinical training)	90 credits
Thesis	15 credits
Elective studies (equivalent to nursing proficiency)	3 credits

The primary subjects of study and minimum credits required in nursing; the degree consists of 210 credits (Ammatti-korkeakoulusta terveydenhuoltoon, Opetusministeriön työryhmämuistioita ja selvityksiä 2006:24, s. 70; From the University of Applied Sciences into Health Care, Ministry of Education work group memoranda and reports, 2006:24, p. 70.)

Ninety of the total study credits consist of practical training to enhance proficiency. This corresponds to the clinical study requirements outlined in The European Parliament and European Council Directive 2005/36/EU on Recognition of Professional Qualifications. Of the 90 credits, a maximum of 15 credits may consist of practical training in situations taking place at the university of applied sciences' training facilities. Fifteen credits of the practical training consist of thesis work. Professional skill enhancement consists of practical training in the class room and on-site at various health-care agencies, hospitals and health centres.

Other central areas of study include basic and professional studies in nursing to familiarise students with the following areas of study: basic theory; clinical professional studies in nursing; studies in the acquisition of

knowledge, research and development; communications and languages (English and Swedish); studies in societal and behavioural subjects and the natural and medical sciences.

Primary values guiding nursing education include human dignity, health, equality, responsibility and freedom, fairness and the right to growth and development. Central guiding principles include humaneness, partnership, flexibility, courage, an enquiring and developing approach to work, and participation, profitability and influence.

“The role of social and health care work in society is to maintain and promote health, functional capacity and social safety, and to prevent and treat diseases. The objective of nursing education is to prepare the student to be able to work as a nursing specialist both independently and as a member of a multi-professional team, and to further develop the social health care field (The Satakunta University of Applied Sciences (SAMK) curriculum 2009).”



3 THE NURSE'S PROFESSIONAL REQUIREMENTS AND RESPONSIBILITIES

“High-quality work in a multi-professional work community requires knowledge of the health care system, ability to manage one’s own professional environment, an understanding of related professions and familiarity with the rules of working life.” Savonia University of Applied Sciences curriculum 2009, 3)

Working as a nurse requires multilayered know-how, intellectual competence, personableness and strength of character.

Central among a nurse's professional requirements are interpersonal skills, theoretical and clinical competence and its practical applications, responsibility and the ability to make decisions independently.

Being a professional requires conscientiousness and confidence in performing practical procedures and decision-making. Many tasks also require independent initiative and excellent organising and coordinating ability. A nurse will also benefit from foreign language competency and knowledge of foreign cultures.

The job also requires research and knowledge-acquisition readiness and leadership skills. Professional development should take place continuously and be based on well-researched knowledge on nursing.

The knowledge base of nursing is founded on knowledge of nursing science resulting from research focusing on human care. Nursing research has developed tools to meet the needs of nursing practice and education, as well as theories which describe and explain nursing.

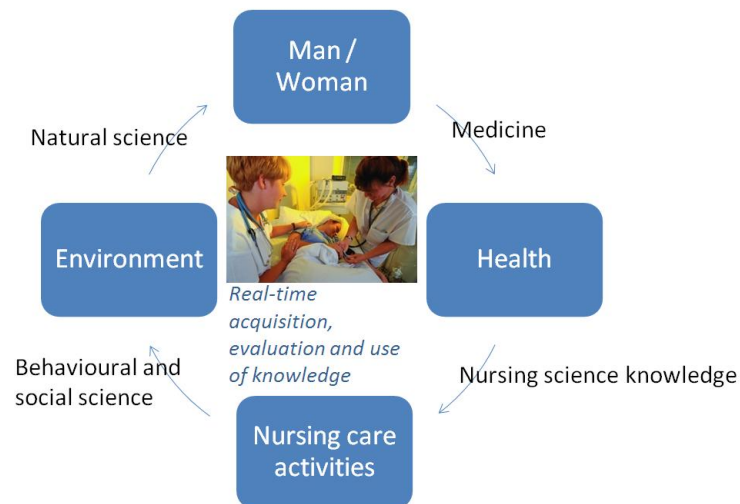


Figure 1. Components of evidence-based nursing functions (Kassara 2004, adapted).

Professional nursing emphasises evidence-based activity, i.e. assessment of the best up-to-date knowledge and its use in activities and decision making related to patient health and care. Professional care and its assessment are based on clinical practice guidelines.

In Finland, nurses use the national disease-specific clinical practice guidelines as an aid in their work. The guidelines are primarily medical, and are based on the best scientific evidence in the field. In addition, the evidence has been reviewed by Finnish specialists. Nursing guidelines – which describe the desired practice and solution alternatives applicable for clinical problems – are also used as an aid in nursing. The guidelines have been drawn up on the basis of reviews of literature, research results which can be generalised, and the views of experts.

In nursing, patients are also encouraged to participate actively in their own care. Patients receive assistance in seeking and strengthening their own resources to motivate them to care for themselves and participate in their own treatment. The goal is to strengthen the patient's sense of safety and help him or her to manage in a new life situation.

Ethical know-how is emphasised in professional nursing; hence, nurses must in their activities comply with the laws on patients' rights, human rights and human dignity. The International Council of Nurses (ICN) published its ethical guidelines back in 1953; they were revised in 1973. The guidelines followed in Finland are based on the international ethical guidelines for nurses.

Ethical guidelines direct a nurse's work and activities in society. Professional principles also support the nurse in her or his ethical decision making. The guidelines address the nurse's tasks and objectives, proficiency and interaction with a client or patient, as well as the nurse as a colleague, member of the profession and a person who exerts influence in society.

Recording her or his care activities is part of the professional responsibilities of a nurse. According to the law, to securely organise, plan, implement and monitor patient care, the necessary information must be recorded. Recording ensures access to information concerning patient care; it also safeguards care already implemented. Recorded data is helpful in the assessment of patient care; it also provides legal protection for the nursing staff. In addition to recording data, the nurse should provide reports on the patient's condition and most important observations to other members of the care team.

“Recording makes nursing visible and establishes what has been done.” (Kassara et al, 2004, p. 55)

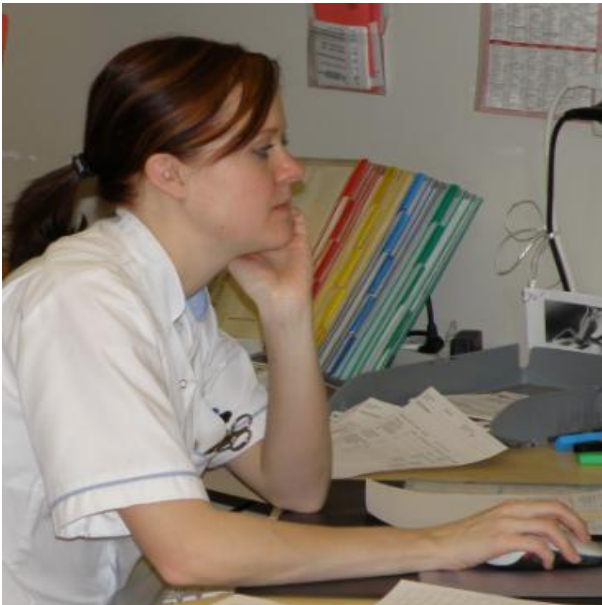


A nurse is also required to manage new technology and the accompanying legislative instructions and operational methods. Patient records are recorded primarily in an electronic format, and specific regulations apply to their use and transfer. A nationwide social and health care electronic data transfer project is presently underway in Finland. The objective is to build a national patient data registry and prescription centre – the two most important components of health care data system services. Electronic recording of patient care activities is based on nationally accepted terms, classifications and codings.

Nursing is at times physically exhausting and mentally demanding; hence, the nurse should take care of her or his own physical and psychological wellbeing. The employer supports the nurse in managing his or her work load by offering supervision of work and professional training to meet the challenges the work presents.

Nurses are required by law to maintain and develop their professional competence by participating in supplementary training to support their professional activities. The employer is required to make sure that the prerequisites for the nurse's participation in necessary professional supplementary education are in place.

In nursing, the responsibility for carrying out pharmacotherapy and monitoring the patient's condition are emphasised. Medication calculations and technical competence in managing pharmacotherapy are required every day; therefore, maintaining one's professional skills is important. The level of need for pharmacotherapy varies in different operational units, so the employer needs to ensure that the medication permits of the nurses implementing pharmacotherapy are in order. Adequacy and maintenance of competence should also be monitored.



“A nurse must also possess the capacity for ethical consideration and examination, because each choice, deed and meeting in nursing care always involves an ethical decision.” (Kassara et al 2004, 26)

According to the law on patient status and rights every Finn is entitled to high-quality health and medical care in accordance with the resources available at any given time.

The patient's right to information, his or her status, right to treatment and related decision making are prescribed by the law. Access to treatment, the status of a minor patient, the patient's right to review his or her records, the drawing up and maintenance of patient records, maintaining the confidentiality of patient data and the obligation to maintain secrecy are also prescribed by the law. It is proposed in the law that health care operational units must employ an ombudsman who can provide assistance concerning the application of

the law, as well as in legal proceedings. The ombudsman also provides information on patient rights and takes action on behalf of patient rights in general.

The nurse must consider each patient as a unique and valuable individual. The approach to patient care is based on the patient's needs, and during treatment he or she is considered a conscious and responsible individual. Patients should be treated equally during each phase of treatment, the patient's dignity should not be violated, and his or her beliefs and privacy are respected. The patient also has the right to decide whether or not he or she wants to undergo treatment. In order for the patient to be able to make decisions, he or she should be informed of his or her health status, understand the significance of the treatment and the treatment alternatives, and be cognizant of important matters pertaining to his or her care.

The nurse is obliged to maintain the secrecy of patient and client information; hence, he or she is bound by a life-long work-related secrecy obligation (obligation to remain silent). The secrecy obligation and the obligation to remain silent are related to the patient's constitutional right to privacy protection (The Constitution of Finland 731/1999, §10). The nurse may not surrender any patient or client information by, for example, speaking of them to any outside persons. Persons or parties other than those participating in the patient's care in the operational unit in question are considered outsiders.

Each employee is responsible for and must be committed to patient safety – this is an important professional requirement. Each employee should assess his or her own performance, know-how and activities from the perspective of patient safety, and take steps to make them safer.

Presently, health care activities and tasks are undergoing reorganisation so that treatment as a whole, and the expertise of different occupational groups are taken into consideration. As a result of this reorganisation of the distribution of work, the nurses' sphere of responsibilities becomes more in-depth, and the evaluation and implementation of independent nursing and the related decision making expand in scope. The opportunity for professional development and expansion of one's expertise has an impact on the nurse's appreciation of her or his own work. Skill enhancement and quality control are always emphasised in the nurse's professional care activities.



4 OPERATIONAL ENVIRONMENTS

A nurse can be employed in different operational environments in the public, private or third sector.

The most typical jobs are within the public sector, i.e. social and health care services owned and organised by municipalities or the state. The maintenance and provision of these services are funded primarily by tax revenues.

Municipalities and federations of municipalities are responsible for providing public services for the population in their area. Services are divided into primary and specialised care. Primary care facilities include social and health care centres, where nurses work on emergency call service, at the outpatient clinic, hospital ward, patient transport or home nursing.

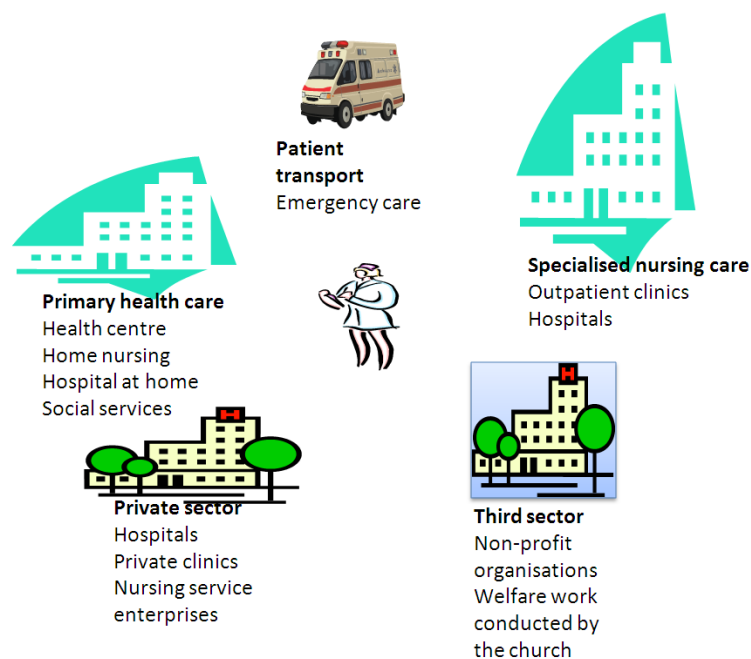


Figure 2. Operational environments.

Specialised care facilities include district hospitals and university hospitals, which employ nurses in various medical specialities. These specialities include, among others, internal medicine, surgical and orthopaedic diseases, pulmonary diseases, cancer, and rheumatic, neurological, haematological, gynaecological and paediatric disorders and psychiatry.

Nurses can also work at various health care facilities within social welfare, such as home help service, assisted living residences, old people's homes or substance abuse units.

The private sector comprises privately owned enterprises offering services to clients. Nurses work at private clinics, care homes, care enterprises and in patient transport.

Nurses can also be employed at pharmaceutical companies, e.g. as pharmaceutical representatives or product demonstrators with manufacturers of treatment supplies and assistive devices.

The third sector – operating alongside public social and health care and private service providers – comprises the activities and treatment units operated by various organisations and associations. Among the largest such

organisations in Finland are the Finnish Heart Association and the Finnish Diabetes Association. The welfare and volunteer work conducted by the church is also considered to be a part of the third sector.

A nurse can also found her or his own company and work as a self-employed care entrepreneur. Nurses also work as planners, specialists and consultants within different health care development projects.

Clinical nurse specialist Sami Kaivos from the Finnish Heart Association describes his work as follows:

"I write many articles, guides and other texts related to cardiological nursing and patient guidance. I give lectures to patients and train health care professionals. I also frequently provide guidance to patients over the telephone. I participate in organising rehabilitation courses and patient meetings. I participate in various work groups to improve the education of students in the health care field. I also collaborate frequently with other sectors in the health care field."



5 THE PRIMARY INTEREST GROUPS

The primary occupational groups collaborating with nurses – in addition to nurses themselves – include doctors, licensed practical nurses, emergency medical technician-paramedics, patient transporters, social workers and various assistant workers within social and health care.

Licensed practical nurses comprise an occupational group whose work objectives and content closely resemble the work of a registered nurse. The work of a licensed practical nurse consists of supporting human social welfare, promoting health and treating diseases. Licensed practical nurse education is based on the first degree in the social and health care field, whereas the registered nurse has a degree from a university of applied sciences – the content of the latter is more extensive in scope. The registered nurse has the main responsibility for planning comprehensive patient care, as well as its effectiveness and evaluation. Implementation of pharmacotherapy and conducting examinations are also emphasised in the nurse's work. She or he is also responsible for treatment coordination, and often acts as the leader of the work group participating in patient care. The responsibilities of a licensed practical nurse are focused on basic-care procedures, such as assisting the patient in eating, washing and getting dressed, and assisting in therapeutic procedures. However, the differences between the areas of responsibility vary between different operational units. In the multiprofessional patient care community good, seamless collaboration between different professional groups for the best of the patient is emphasised. The following table lists primary titles within health care (Saranto, etc. 2009):

Terveydenhuoltohenkilöstö	Health Care Personnel
Astmahoitajat	Asthma Nurses
Avannehoitajat	Stoma Nurses
Laboratoriohoitajat	Laboratory Personnel
Dementiahoitajat	Dementia Nurses
Diabeteshoitajat	Diabetes Nurses
Ensihoitajat	Emergency Medical Technicians
Farmaseutit	Pharmacists
Lääkintävoimistelijat	Physiotherapists
Haavahoitajat	Wound Healing Nurses
Hallintoylihoitajat	Chief Nursing Officer
Hoitotyön Johtajat / Johtavat Hoitajat	Nurse Directors
Hygieniahoitajat	Infection Control Nurses
Kotisairaahoitajat	Home Care Nurses
Lähihoitajat Apuhoitajat / Lastenhoitajat Mielenterveyshoitajat / Mielisairaahoitajat, Lääkintävahtimestarit / Sairaankuljettajat	Practical Nurses
Lääkärit	Physicians
Omalääkärit	Physicians, Family
Osastonhoitajat	Head Nurses / Ward Sisters
Osastonsihteerit / Vastaanottoavustajat	Ward Secretaries / Clerks
Ravitsemusterapeutit	Dietician
Reumahoitajat	Rheumatology Nurses
Röntgenhoitajat	X-Ray Technicians
Sairaahoitajat / Erikoissairaahoitajat	Nurses (Registered)
Toimintaterapeutit	Occupational Therapists
Ylihoitajat	Nurse Administrators

6. SALARIES WITHIN THE NURSING PROFESSION

Nurses' salary contract is based on the municipal collective bargaining agreement (*KVTES*). Municipal salaries consist of a task-specific basic salary in accordance with the collective bargaining agreement plus personal and other salary components.

Nurses' total earnings consist of a task-specific basic salary, personal supplements (annual supplement) and non-standard work hours compensation.

Basic salary consists of the task-specific basic salary component, which is determined locally for each nurse based on the level of responsibility of the job. The nationally defined minimum wage for nurses is EUR 2,100.39 per month (as of 1 January 2010, *KVTES*).

One fourth of nurse's earnings consists of different supplements, since nurses usually work in three shifts. Salary adjustments made to the basic salary also bring the salary supplements to a higher level. Regular work hour earnings also include compensation for evening, night, Saturday and Sunday work. They amount to nearly 15 % of the total earnings. Total earnings also include supplements and compensation for overtime – their share is nearly three percent of the total earnings.

The nurse's median total monthly salary is EUR 2,772, which is the median total earnings per month in 2008.

The salary of a nurse employed by a private employer is based on an agreement between the employee and the employer and private-sector salary guidelines. In the private sector, the nurse's median salary for work performed during regular work hours was EUR 2,536 per month in 2008.

Employer / salary	Basic salary EUR / month	Total median salary EUR / month
Public sector	2,100.39	2,772
Private sector	Regular working hours median salary EUR / month	
	2,536	

Kuva 3. Figure 3. The nurse's minimum wage EUR/month as of 1 January 2010 (KVTES) and median total earnings EUR/month in the public sector. Private-sector median earnings for work performed during regular work hours EUR/month in 2008.

*In reviewing nurses' salary levels it should be taken into account that the stated salary figures reflect total earnings, **from which no income tax has been withheld**. In Finland, everyone pays income tax in accordance with a personal withholding percentage. Further information regarding taxation is available on the Finnish Tax Administration web site at www.vero.fi.*

PART II

7 WORKING AS A NURSE IN FINLAND

In Finland, only a person with a degree in nursing can work as a nurse. A nurse who has earned a degree of professional competence in nursing in a country other than Finland within the EU/EEA may be granted the right to practice the nursing profession, provided that certain prerequisites are met.

In the case of nurses coming from outside EU/EEA, the process of recognition of professional qualifications is different. Further information is available at <http://www.valvira.fi>.

The nurse's right to professional practice is regulated by the Act on Health Care Professionals (28 June 1994/559). The purpose of the law is to improve patient safety and the high quality of health care services.

7.1 PROFESSIONAL PRACTICE RIGHTS

The patient's right to professional practice is considered on the basis of the directive on recognition of professional qualifications (2005/36/EU), which was enforced in Finland by changing the Act on Health Care Professionals (559/1994) and the Decree on Health Care Professionals (564/1994). According to the directive, an EU member state must recognise the educational or professional qualifications of an EU citizen acquired in another member state, provided that the self-employed person or employee is required to possess certain educational or professional qualifications according to the laws, decrees or administrative rules and regulations of the member state.

The National Supervisory Authority for Welfare and Health, Valvira, grants the right to professional practice as a licensed or authorised professional, and maintains a central register of health care professionals (Terhikki register) to fulfill its supervisory responsibilities.

In granting the right to professional practice to a nurse, automatic recognition of professional qualifications is applied in accordance with the directive of recognition of professional qualifications, and if necessary, the general recognition system. The general recognition system is based on recognition of the minimum educational qualifications. The general recognition system is based on comparison of the professional qualifications the applicant has acquired in her or his home member state to the professional qualifications required in the receiving state. A member state may, provided that certain conditions are met, require the applicant to undertake compensatory measures, either an orientation period or a competence test.

The guiding principle in recognition is based on reviewing the educational qualifications the applicant nurse has acquired in the country of departure – if they meet the required minimum qualifications, the right to professional practice is granted. If the educational qualifications do not meet the minimum requirements, the applicant's work experience or amount of service may be counted toward proving his or her competence. The nature, duration and quantity of service performed will be considered. The applicant may be required to undergo a compulsory orientation period or competence test as a compensatory measure. Valvira makes the decision on compensatory measures. They may include the following:

- Practising the nursing profession under the supervision of a competent practitioner in Finland, possibly accompanied by related training.
- Participating in a competence test measuring professional knowledge. The purpose of the test is to assess the applicant's ability to practice his or her profession in Finland.

7.2. APPLICATION PROCEDURE

The applicant should submit a written application for practicing as a licensed or authorised professional. The application may be informal, or the applicant may use the application form available on Valvira's Internet pages:

The following documents must be attached to the application:

Extract from the population register or a copy of your passport

Degree certificate from the educational institution with the appropriate appendices

Licensing or registration decision concerning professional practice in the country of origin

An original certificate issued by the country of origin that your professional qualifications fulfil the requirements of directive 2005/36/EU (Certificate of Current Professional Status)

All documents must be officially certified. Valvira accepts documents in the Finnish, Swedish and English languages.

EU legislation does not require proof of language proficiency at the time of licensing/authorisation. However, the Act on Professional Practice requires that a health care professional possesses adequate language skills to perform his or her work responsibilities. Hence, Finnish employers require adequate language proficiency. Adequate language proficiency should be discussed and agreed upon with the employer.

Processing of automatic recognition of qualifications takes three months; in other cases it is four months. The fee for the decision is determined by Valvira's decree of public charges in force.

8 SUPPLEMENTARY EDUCATION AND FINNISH LANGUAGE STUDY

If the qualifications acquired in the country of origin does not correspond to and fulfil the necessary requirements, the applicant must participate in supplementary education. The qualifications may be supplemented at universities of applied sciences which offer planned, comprehensive courses of study. A listing of the universities of applied sciences which offer supplementary education can be found on the Internet pages of the Ministry of Education.

Finnish language courses are offered throughout the country – for persons immigrating to Finland, Finnish language courses are offered primarily by private language schools, open colleges and workers' institutes.

A Finnish employer actively seeking to hire staff will organise language training and pay for the costs.

An immigrant may also take the national language proficiency exam (*Yleinen kielitutkinto, YKI*). Language proficiency examinations are geared toward adults, and are designed to measure language proficiency in practical situations where the adult must speak, listen to, write or read the language in question. Passing the exam provides official proof of language proficiency. A fee is charged for the examination; the amount is determined by the level of the examination chosen.

Course levels	European standard classification	National language proficiency exam classification (YKI)
Top level	C 2.2	YKI 6
	C 2.1	
	C 1.2	YKI 5
	C 1.1	
Medium level	B 2.2	YKI 4
	B 2.1	
	B 1.2	YKI 3, basic level
	B 1.1	
Basic level	A 2.2	YKI 2
	A 2.1	
Elementary level	A 1.3	YKI 1
	A 1.2	
	A 1.1	

Figure 4. Comparison of course levels of the European standard classification and the Finnish national language proficiency examination (YKI). Source: www.selma-net.fi

Finland is a bilingual country whose languages are Finnish and Swedish. In most areas of Finland, a nurse's work language is Finnish – it should, however, be taken into consideration that in some parts of the country, patient care and service are conducted primarily in Swedish. In such instances, the nurse should be proficient in both Swedish and Finnish.

Finnish language study can also begin as independent study on the Internet. Materials are available in *Infopankki* (information bank, <http://www.infopankki.fi>) to help you familiarise yourself with independent study of Finnish. Specialised professional vocabulary pertaining to health care and nursing to support the

nurse in the interactive situations he or she encounters in practical nursing have been compiled by both employers and some universities of applied sciences.

9 BEGINNING WORK

The same terms of employment and work-safety requirements apply to both foreign and Finnish employees. The Contracts of Employment Act and profession-specific legislation provide guidance in matters pertaining to entering into an employment agreement and the content of employment. The employer is also required to provide all employees with sufficient training and guidance related to performing their tasks.

When an employee begins work, he or she must first enter into a contract of employment, where the primary matters concerning employment are agreed upon with the employer. The contract of employment is always entered into in writing. If the primary terms of employment are not defined in the contract of employment, the employer provides the employee with a written explanation thereof. The most important items of a contract of employment include a job description, duration of employment, salary and hours of work.

Further information regarding working in Finland can be found on the Internet pages of the Employment and Economic Development Office:



The nurse's work covers an extensive area of operation, and the content and requirements of responsibilities vary depending on the type of operational unit you begin your work. Work at a hospital ward is different from work at a health centre emergency unit or a specialised care outpatient clinic. However, orientation is always workplace-specific, and takes place in the operational unit where the employee begins work.

According to the Labour Protection Act, the employer must take particular care in orienting the employee to his or her work and the conditions at the workplace, occupational safety measures and if necessary, occupational health care arrangements.

A well-planned and implemented, workplace-specific orientation is important to a person learning his or her work, even though he or she already possesses the general occupational skills required. Well-planned orientation also ensures patient safety and realisation of patient rights.

Workplace-specific orientation includes the following:

- Familiarisation with the operational unit: becoming acquainted with the organisation, operational concept and methods
- Familiarisation with the work community: becoming acquainted with the personnel and collaborators
- Work guidance: becoming acquainted with the actual tasks and related responsibilities and expectations
- Familiarisation with occupational safety

Departments and operational units have prepared their own orientation plans and guides concerning operational philosophy, models and methods, as well as primary tasks. In general, at the operational units, focusing of human resources is taken into consideration by placing the new employee on the same shift with named supervisors.

A well-planned orientation conveys the message to the new employee that she or he is welcome to the new work community. A successful orientation enhances the new employee's, as well as the work community's job satisfaction, and facilitates the excellence and safety of patient care.

10 REPRESENTATION OF INTERESTS

The employee's right to belong to an association and participate in its activities is guaranteed by law. The employee may choose whether he or she wants to join a trade organization.

In Finland, employees are unionised to a high degree, i.e. the number of employees who belong to a trade union is high. Of the people working in nursing, circa 90 % belong to a trade union. The Union of Health and Social Care Professionals (Tehy) is the largest trade organisation in Finland for people with a degree in health and social care working in the field, as well as those studying it. Tehy is charged with the responsibility of supporting the representation of interests and professional development of nurses. Members have access to professional guidance in employment-related matters, such as compensation and entering into an employment contract. Members have legal expense and liability insurance, and thereby can attain legal assistance if necessary.

There is also an employees' representative at the workplace – he or she provides personal assistance to union members in various employment-related questions and matters.

Further information regarding belonging to the trade organisation can be found on Tehy's Internet pages: <http://www.tehy.fi>

Tehy's largest member organisation is the Finnish Nurses Association. Its responsibility is to provide professional development opportunities for nurses. The Finnish Nurses Association offers its members opportunities for collegial interaction and networking, and support for professional career development.

Further information about the Finnish Nurses Association is also available on the Internet:
<http://www.sairanhoitajaliitto.fi>

11 IN CLOSING

Changes take place within the health care field of operations as structural changes take place in society and the employment rate fluctuates. In Finland, thousands of health care workers will retire in the near future, and new employees are needed to ensure the availability of health care services.

Work-related immigration has increased, and personnel service companies in particular have promoted work-related immigration. To indicate a commitment to acting ethically and legally, well-defined rules have been established concerning the recruitment of a foreign national to Finland. The objective is to improve the status of foreign employees and to make Finland a more attractive alternative to a foreign job applicant.



FURTHER INFORMATION

General information on social and health care services in Finland

www.stm.fi

www.thl.fi

General information to a person moving to Finland / beginning work

www.mol.fi/finnwork

www.tyosuojelu.fi

www.vero.fi

Professional nursing practice in Finland

www.valvira.fi

On nursing education

www.oph.fi

Nurses' unionization

www.tehy.fi

www.sairaanhoitajaliitto.fi

Language training, supplementary education

www.infopankki.fi

www.oph.fi

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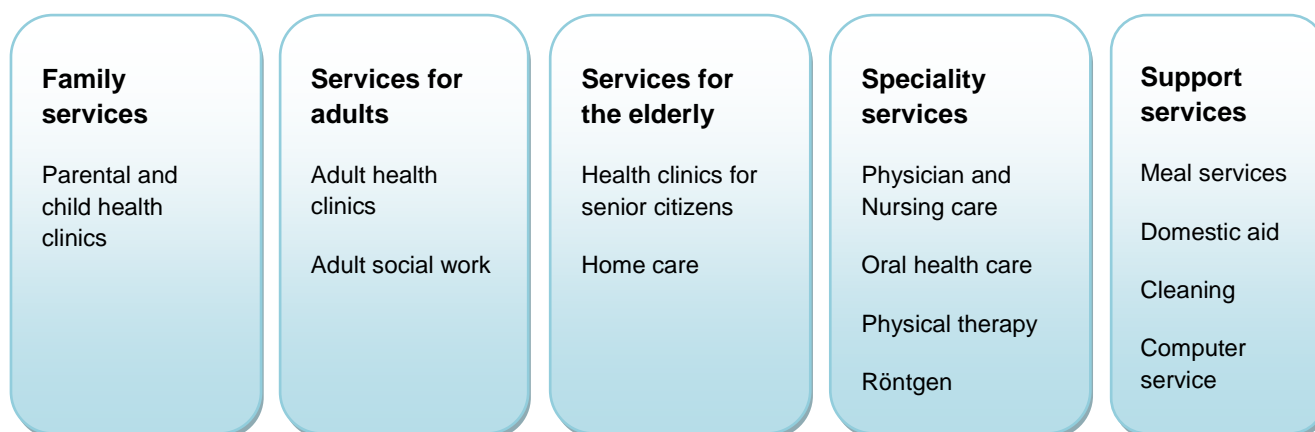
Photographs in this guide are by the author, except for the cover photo, which was taken from the Microsoft Office photobank. Appearing in the photographs are nursing students at the Satakunta University of Applied Sciences and nurses of the speciality care inpatient ward of the Northern Satakunta basic public utility–federation of municipalities. The photographs are published with the permission of the persons appearing in them.

Attachment 1.

An example of the Finnish municipal sector social and health care operational model

Social and health care services provided by the Northern Satakunta basic-service–public utility federation of municipalities (POSA)

The Northern Satakunta basic-service–public-utility federation of municipalities offers the residents in the region social and health care services in five different categories: services for families, adults, the elderly, and speciality and support services. The municipalities in the federation include Honkajoki, Kankaanpää, Karvia, Jämijärvi and Siikainen. Services are geared to all inhabitants in the area.



PRESENTATION OF SPECIALITY SERVICES

The objective is to work for the best of the client, continuously improving the activities.

Speciality services include physicians' consultations by appointment at the main health centre at Kankaanpää (basic service centre Tapala) and at the Honkajoki, Jämijärvi, Karvia and Siikainen basic service centres. Physicians and nurses provide emergency consultation at the main health centre.

Speciality services also include inpatient care, rehabilitation, radiography and medical examinations performed at the main health centre by referral of a speciality and health centre physician. Such examinations include gastrointestinal endoscopies and urological examinations. Speciality services also include dental service appointments at the basic service centres of member municipalities and at the Kankaanpää dental clinic.

Doctors' and nurses' services

Doctors' appointments can be booked at Honkajoki, Jämijärvi, Kankaanpää, Karvia and Siikainen on weekdays.

Nurses' consultations are available primarily at the main health centre. The nurse's task is to assess the need for treatment and to direct the patient to the appropriate treatment facility. Nurses also provide guidance and counseling to clients in matters related to health and sickness. A nurse's practice also includes various treatment procedures such as removing stitches, injecting medications, treating wounds, ear irrigation, removing motes from the eye, and treating minor injuries. At the nurse's office patients with symptoms of urinary tract infections and sore throat, for example, are evaluated and examined. The need for a short sick leave (sick leave certificate) and leave to care for a sick child are also evaluated. Informing patients of laboratory test results is performed primarily at the nurse's office. Patients can contact the nurse for their test results.

An asthma nurse also sees patients at the main health centre. The asthma nurse supports the patient in his or her self care, provides guidance and counseling in using the right technique to take one's medication, performs spirometric tests, lends PEF gauges and instructs the patient in the correct spirometric technique.

The nurse's services also include daily registration of patients, e.g. daily ECG monitoring, daily measurement of blood pressure, and sleep apnea examinations. These examinations require a referral from a health centre physician.

Emergency service

Emergency physician's consultations are available every day, primarily at the Tapanila main health centre at Kankaanpää. Residents of Honkajoki, Jämijärvi, Karvia and Siikainen can make an appointment at their own health centre. However, after 4 PM, emergency services are available only at the main health centre. At night, emergency services are available at the Parkano health centre. Emergency appointments are intended for persons struck with sudden illness and victims of accidents. Patients in need of urgent care are treated without an appointment.

Inpatient wards

There are two inpatient wards at the Kankaanpää main health centre – each has 40 beds. Patients are referred to the inpatient-ward by an emergency care physician, a physician they saw by appointment, and by speciality care nurses. Inpatient wards are similar in terms of their structure and operational philosophy. The objective of the inpatient ward is to provide high-quality services to the residents of the public health work area of the Kankaanpää federation of municipalities to enhance their health; and to provide good inpatient care at the general-practitioner level in cooperation with the patient, his or her kin and other partners.

The operational principle of each is based on rehabilitative nursing – patients are encouraged and supported in managing on their own according to their own resources.

Radiography

Radiographic services are provided at the main health centre and require a referral from a physician. In principal, radiographic examinations include regular plain radiographic examinations of the lungs and the skeletal system, contrast medium examinations of the intestinal tract, ultrasound examinations and ultrasonically guided procedures. Ortopantomographies and radiographic examinations of the lateral skull are conducted at

the Kankaanpää dental clinic. For the sake of radiation safety, radiographic examinations are conducted only with referral from a physician. Clients may make their own x-ray appointments by telephone.

Physical therapy

Physical therapy services are also available at the main health centre – medical rehabilitation services include physical therapy and assistive device services to the residents of the member municipalities of the federation. Clients receive physical therapy services when referred by a physician. Physical therapy methods include therapeutic exercise, manual and physical therapy and guidance and counselling. The methods used in physical therapy aim at guiding the clients in taking care of themselves to enhance their own health.

Physical therapy offers guidance and counseling, and evaluation of both the patient's functional capacity and assistive devices; information is also provided on group services. The aforementioned services are free-of-charge to the patient and do not require a physician's referral. Clients may make a guidance and counselling appointment by telephone.

Assistive device services are part of the medical rehabilitation organised by the public utility. Services offered include the following:

- * Assessing the need for an assistive device.
- * Fitting the device.
- * Instructing the patient in the use of the device.
- * Giving the patient the device for his or her use for an agreed-upon period of time or for the time being.
- * Monitoring the use of the device.
- * Maintenance and repair of the device.

Oral health care services

Care for oral health and diseases is part of speciality services. Oral health care is responsible, for its part, for enhancing the health and wellbeing of the inhabitants in the area.

Oral health and functional capacity are reflected in the person's overall health and well-being. Good personal home care prevents many dental and oral diseases.

The task of dental care services is to provide comprehensive services economically, emphasising the responsibility of the individual, to commit to and maintain high quality and the proficiency and wellbeing of staff – and to follow the principle of good customer care: the client counts the most.

Dental clinics provide emergency first aid on weekdays during office hours. Emergency services are not available on weekends. In urgent cases, clients should contact the Kankaanpää health centre.

This orientation guide is intended for a foreign nurse educated and living in the EU or EEA area who wants to orient himself or herself with the work of a Finnish nurse, and is considering becoming a nurse in Finland. The guide is also intended for Finnish health care employers and recruiters who can utilise it in the workplace orientation of a foreign nurse.

The first part of the guide describes the Finnish social and health care service system, and provides an introduction to the nurse's education and primary tasks. It also contains information on the nurse's work environment and compensation structure without forgetting the critically important requirements and responsibilities of Finnish nursing care.

The second part of the guide orients the reader to the steps a foreign nurse goes through when he or she begins work in Finland, and what kinds of matters should be taken into consideration concerning the contract of employment and safety at work. The guide also presents the recognition procedure and application process related to professional practice and the professional and language skills required. In addition, the guide contains information on the unionisation and representation of the interests of Finnish nurses.



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