Health Policy 117 (2014) 187–194

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

# Is working in culturally diverse working environment associated with physicians' work-related well-being? A cross-sectional survey study among Finnish physicians

Anna-Mari Aalto[a,*], Tarja Heponiemi[a], Ari Väänänen[b], Barbara Bergbom[b], Timo Sinervo[a], Marko Elovainio[a]

[a] National Institute for Health and Welfare, P.O. Box 30, FI-00271 Helsinki, Finland
[b] Finnish Institute of Occupational Health, Topeliuksenkatu 41 a A, Helsinki, Finland

ARTICLE INFO

*Article history:*
Received 9 April 2013
Received in revised form 21 January 2014
Accepted 5 February 2014

*Keywords:*
Culturally diverse work unit
Native physicians
Work-related stress
Work-related resources
Wellbeing

ABSTRACT

International mobility of health care professionals is increasing, though little is known about how working in a culturally diverse team affects the native physicians' psychosocial work environment. We examined Finnish physicians' perceptions of work-related well-being according to whether they had foreign-born colleagues (FBCs) in their work unit. We also examined whether work-related resources moderate the potential association between work-related wellbeing and working alongside FBCs. A cross-sectional survey was conducted for a random sample of physicians in Finland in 2010 (3826 respondents, response rate 55%). Analyses were restricted to native Finnish physicians working in public health care. The results were analyzed by ANCOVA. In unadjusted analyses, having FBCs was related to poor team climate ($p < 0.001$) and poor job satisfaction ($p = 0.001$). Those physicians who reported high procedural justice and high job control perceived also higher job satisfaction even if they had many FBCs in the work unit ($p = 0.007$ for interaction between FBCs and procedural justice and $p < 0.001$ for interaction between FBCs and job control). These associations were robust to adjustments for age, sex, health care sector, specialization, on-call duty, employment contract, full-time employment and leadership position. The results indicate that culturally diverse work units face challenges related to team climate and job satisfaction. The results also show that leadership plays an important role in culturally diverse work units. The potential challenges of culturally diverse teams for native physicians may be reduced by fair decision-making and by increasing physicians' job control.



## 1. Introduction

International mobility of health care professionals has been on the increase during recent decades and the flow of the workforce is predominantly from developing countries to developed countries. The main reason for mobility is the shortage of health care personnel that many OECD countries are facing due to an aging work force and an increasing number of female physicians who work less

* Corresponding author. Tel.: +358 29 524 7252; fax: +358 29 524 7054.
*E-mail addresses:* anna-mari.aalto@thl.fi (A.-M. Aalto), tarja.heponiemi@thl.fi (T. Heponiemi), ari.vaananen@ttl.fi (A. Väänänen), barbara.bergbom@ttl.fi (B. Bergbom), timo.sinervo@thl.fi (T. Sinervo), marko.elovainio@thl.fi (M. Elovainio).

http://dx.doi.org/10.1016/j.healthpol.2014.02.006
0168-8510/

hours [1]. In some OECD countries, educational policies have also contributed to the imbalance in the demand for and supply of personnel in health care [2]. Many developed countries have sought solutions to the shortage of health care personnel by looking across borders and actively recruiting from abroad [3]. In the beginning of the 2000s, 18% of physicians in OECD countries were of foreign origin, though the variation between countries was large [4]. The growth of the share of foreign-origin physicians has continued to rise since then, and though it has stabilized in some countries, it continues to rise in many countries [5].

Although the share of foreign-born health care professionals has been low in Finland compared to many other European countries, it has been increasing [6]. In the period 2006–2008, one in five physicians licensed to practice in Finland was of foreign origin, the main source-countries being Estonia and the Russian Federation. In Finland, the shortage of physicians is a common problem particularly in public health care organizations [7]. Six percent of physician posts in public health care in Finland were unfilled in 2012, but in addition to this many physician posts are occupied by temporary replacements or by physicians from staffing agencies [8]. The previous international literature suggests that migrant physicians fill staffing shortages in areas that have difficulties in recruiting native personnel [9–11]; in Finland foreign-born physicians are overrepresented in public primary health care [12] where the work is more demanding compared to other health care sectors [13].

Though cultural diversity is increasingly common among personnel in health care organizations, research on the functioning of culturally diverse work units in health care is scarce. In general, research on group processes has indicated both disadvantages and benefits in the functioning of culturally diverse work teams (see for review [14,15]). A body of research indicates that diversity in the cultural background of group members will lead to negative outcomes because of communication problems and interpersonal conflict (see Williams and O'Reilly [16]) while some other studies have indicated that diversity may increase the creativity and innovativeness of group performance [17]. Dreachslin et al. [14] reported, based on a focus-group interview study on nursing care teams that ethnic diversity in nursing care teams may lead to emotional conflict and poor communication effectiveness.

In a health-care context, language and communication are an essential parts of the work process. Poor language skills among the foreign-born health care workforce is a recognized problem [18], and also in a Finnish interview study, the chief medical officers were worried about the language skills of foreign-born physicians [19]. Foreign-born personnel may need support in their daily work due to communication problems and unfamiliarity with the new health care system and culture, and this may be an extra burden for native physicians.

However, the consequences of work-related stressors may be mitigated by the organization of work and leadership. Particularly the role of both job control [20], and organizational justice [21] has been studied in the health-care context as protective factors. According to Karasek's [20] influential Demand–Control model, employees' opportunities to control their own work and make independent decisions are thought to protect against the harmful effects of high workload. The theoretical reasoning behind notions of organizational justice suggests that people are more willing to accept decisions and outcomes given by an authority if they trust that their own co-operation in social interaction will not be exploited by others [22]. A body of research has shown that the possibility to control one's work [23,24] and the perceived fairness of management [25,26] can mitigate the negative consequences of work-related stressors in health care.

Previous research related to the international mobility of health care professionals has focused on trends in migration and also on consequences of migration for receiving- and source-countries and their health care systems. Some research has focused on experiences of migrant health professionals, mainly nurses, working in a new country. These predominantly qualitative interview studies have indicated many challenges in the integration of foreign-born personnel working in health care, including overcoming cultural differences in practices, prejudice and discrimination and language problems [27,28]. However, to our knowledge there are no studies addressing how working in a culturally diverse work unit is reflected in the experiences of native physicians.

This study examined how working in a culturally diverse work unit, defined in terms of having foreign-born colleagues, is experienced by native Finnish physicians working in the public health care sector. More specifically we examined (1) whether the proportion of foreign-born colleagues (FGCs) is associated with work-related well-being (measured as team climate and job satisfaction), (2) if so, whether the relationship between work-related well-being and working alongside FCBs is stronger when the level of work-related resources is low (interaction effects), and (3) whether these potential associations and interaction effects are robust to potential confounders such as work-related stressors.

## 2. Materials and methods

### 2.1. Data

The data are based on a questionnaire survey conducted in 2010 for a random sample ($N = 7000$, drawn from database of the Finnish Medical Association) of all physicians born after 1947 and licensed to practice in Finland. An email invitation (with two e-mail reminders) to an electronic survey was sent to the physicians. An additional postal questionnaire was sent to those who did not respond to the electronic invitations. Altogether 3826 physicians responded to the survey (response rate 55%). Compared to the physician population in Finland, the respondents were somewhat more often women and slightly older [29].

In the present substudy the sample was restricted to those native Finns (born as a Finnish citizen and educated in Finland, $n = 3646$) who were working in public health care (primary or secondary care, $n = 2078$). Of those, 162 had a missing value in some of the variables used in this study, leaving 1916 physicians in the effective study sample.