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EFFECTS OF DIVERSE CULTURES IN NURSING

Descriptive literature review

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Thesis
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Opinnäytetyön tiivistelmä

Sosiaali-, terveys-, ja liikunta-ala
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Tekijä	Henna Hannila, Peter Mburu	Vuosi	2017
Ohjaaja	Anne Luoma, Anne Puro		
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Tutkimuksen tarkoituksena oli selvittää, millaisia vaikutuksia eri kulttuureilla on hoitotyössä ja mitä menetelmiä on käytössä, kun kohdataan kulttuurierojen vuoksi syntyviä haasteita. Tavoitteena oli kerätä ja välittää tietoa eri kulttuurien vaikutuksista sekä siitä, mitä menetelmiä käytetään työskennellessä kulttuuritaustaltaan erilaisten asiakkaiden kanssa.

Opinnäytetyö toteutettiin integroivana kirjallisuuskatsauksena. Tutkimuksen aineisto kerättiin kahdesta elektronisesta tietokannasta: EBSCO ja CINAHL. Aineisto valittiin ennalta määrättyjä sisäänottokriteerejä noudattaen. Lopulliseen tutkimukseen valittiin yhteensä 13 tutkimusta ja artikkelia. Aineiston analyysissä käytettiin sisällönanalyysia.

Tuloksista ilmeni, että hoitotyöhön vaikuttavat kulttuuriset tekijät ovat kommunikaatio ja erilaiset kulttuurisidonnaiset sosiaaliset käytännöt. Tutkimustuloksista pystyttiin jakamaan kommunikaatioon vaikuttavat tekijät katsekontaktiin, koskettukseen, hiljaisuuteen, tilankäyttöön ja sukupuoleen. Sosiaalisista käytännöistä huomattiin vaikuttavina muun muassa terveysuskomukset ja -käytännöt, ajankäyttö ja sen täsmällisyys sekä ympäristön kontrollointi. Kulttuurierojen vuoksi syntyviä haasteita pyrittiin minimoimaan hoitajien kulttuurisella kompetenssilla, hoitohenkilökunnan kouluttamisella ja erilaisilla hoidollisilla toimenpiteillä. Johtopäätöksenä tutkimuksesta voitiin päätellä, että eri kulttuureilla on vaikutusta hoitotyöhön. Lisäksi esiin nousi hoitohenkilökunnan tiedon ja koulutuksen puute liittyen eri kulttuureihin. Tiedon ja koulutuksen puutteen vuoksi koettiin, ettei hoitohenkilökunnalla ole valmiuksia hoitaa potilaita noudattaen kulttuurisesti kompetentin hoitotyön periaatteita.

Avainsanat Hoitotyö, transkulttuurinen hoitotyö, kulttuurierot

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Abstract of Thesis

School of Social and Healthcare
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Author	Henna Hannila, Peter Mburu	Year	2017
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The purpose of this research was to explore how diverse cultures affect nursing and what methods can be used to cope with the challenges faced when nursing culturally diverse clients. The aim of this study was to gather and provide information on how diverse cultures affect nursing and how to cope with different cultural practices.

Integrative literature review was used as the research method. The data was collected from two electronic databases: EBSCO and CINAHL using several inclusion and exclusion criteria. Content data analysis was used to analyze 13 different researches and articles that were chosen for the research.

From the findings, it emerged that communication and social practices are the main cultural practices that affect nursing when giving care to clients of diverse cultures. Under communication factors that emerged were eye contact, touch, silence, space and gender. Social practices that affect nursing of culturally diverse clients were health beliefs and practices, time and punctuality, religious practices, environmental control and nutrition. Cultural competency, staff education and different nursing interventions were methods that can be used to cope and overcome diverse cultural practices in nursing. From the results, it was evidence that diverse cultures effects nursing and there is lack of knowledge and education among nurses on how to deal with the issue. Because of lack of knowledge and education, nurses were unlikely to be ready to care for culturally diverse clients holistically using the principles of culturally competent care.

Key words Nursing, transcultural nursing, cultural diversity

CONTENTS

1 INTRODUCTION

Nursing is a dynamic and continuously evolving field that is influenced by different factors (Flowers 2004, 48). Nowadays one of those factors is globalization which is changing the world towards multiculturalism (Leininger 2002a, 3). Multiculturalism can be defined as a presence of different ethnical groups and interaction between those groups (Ahonen 2005, 22). Globalization and multiculturalism are challenging nurses' work because of a possibility of having clients from all over the world (Leininger 2002a, 3; Michigan Nurse 2015, 8) even daily (Walsh 2004, 19). Therefore, nurses need to be ready to interact accurately with diverse cultures (Giger & Davidhizar 2002, 80) by building up cultural awareness, skills and knowledge in order to give the most appropriate care to culturally diverse clients (Leininger 2002c, xvii). Providing culturally appropriate care by having multicultural nursing services is seen to be one of the responsibilities of nurses (Yilmaz, Toksoy, Denizci Direk, Bezirgan & Boylu 2016, 153; Flowers 2004, 52).

In a healthcare setting, every client has a right to effective care that respects their values and beliefs (Walsh 2004, 20). People coming from different countries have their culture that is typical to their country of origin. The cultures can differ in behaviors associated with illness such as fear, pain and anxiety (Michigan Nurse 2015, 7).

The choice of topic was influenced by the fact that being part of the international nursing group, authors are interested in working abroad after graduation where similar cases of cultural difference will be part of their daily routine. This motivated us to do a research about how diverse cultures affect nursing.

The purpose of the research is to explore how cultural diversity influences nursing. The aim of the research is to equip authors and other nurses interested on the topic on how to deal with clients of diverse cultural backgrounds and also increase awareness of the researched topic.

Research questions are:

1. What are the effects of diverse cultures in nursing in international nursing research?
2. How to cope with cultural diversity in nursing in international nursing research?

2 CULTURE

Culture can be defined as beliefs, values and lifeways which are learned and shared within a group of people. Values and lifeways guide thinking, decision-making, reacting, health behavior and need for care (Honkasalo, Salmi & Launis 2014, 13; Michigan Nurse 2015, 7; Leininger 2002a, 9; Leininger 2002b, 47). In a broad view, culture is a big wholeness specified by social behavior, art, beliefs, values, habits, ideology and human life (Rautava-Nurmi, Westergård, Henttonen, Ojala & Vuorinen 2013, 32). Culture is dynamic and changes with time according to new situations and pressures (Leininger 2002a, 10). The changes may be caused by advancement in technology or due to events such as migration, natural disasters and war. When culture changes, the attitudes, behaviors and beliefs within a culture can change which in turn may make something unacceptable acceptable later (Mohammadi, Evans & Jones 2007, 311-312).

Nurses who are aware that the behavior of a client is determined by their culture will consider it during the planning and delivery of healthcare service to improve effectiveness of nursing intervention. Culturally adequate nursing ensures that the clients benefit from nursing process and reduces the inequalities in accessing the healthcare services by involving clients' cultural beliefs into the nursing plan (Yilmaz *et al.* 2016, 154).

Cultural diversity is used to describe variations in values, beliefs and life practices between different cultural groups or within one group (Leininger 2002b, 53). Also, it describes people who vary from general community by ethnicity, language, religion (Mohammadi *et al.* 2007, 312) or by different kind of lifestyle (Berhanu 2002, 41).

The following concepts explain how cultural minorities define their position regarding a country and the prevailing culture (Ahonen 2005, 24). Culture encounter may be used to refer to a situation where a person meets and interacts face-to-face with another person from a different culture (Cioffi 2006, 319; Leininger

2002b, 55) or a situation where a person is interested in interacting with people of different cultures (Abdelhamid, Juntunen & Koskinen 2010, 33). During the short interaction, it is not usually possible to adopt any values, beliefs and life-ways of the other person. This phenomenon is present in healthcare field where nurses have short encounters with clients. During those short encounters, it is hard for the nurse to become transculturally competent (Leininger 2002b, 55).

Enculturation is a process of learning to take on or live by a different culture. The person who is enculturated shows acceptable behavior towards different cultural values, beliefs and actions (Leininger 2002b, 56). Whereas socialization means a social process where an individual or group learns to function within a new culture and adapts the characteristics of culture (Spector 2000, 76). For example, person learns how is the working pattern and way of living in harmony inside a new society. At the same time person also learns how to interact properly (Leininger 2002b, 57).

Acculturation refers to the process a person goes through to adjust to new culture which can last for years (Abdelhamid 2010, 109). During the process, one learns values, behaviors, norms and way of living in the new culture (Ahonen 2005, 24). It is normal that the person still follows some practices from own culture and at the same time practices from the new culture (Leininger 2002b, 56). The choice of what to learn is usually based on person's thoughts in relation to what is important in the new culture (Abdelhamid 2010, 109). The level of acculturation to the new culture can be measured for example based on the skills in written and spoken language and how much relationships the person has in the new country (Malin & Suvisaari, 138; Michigan Nurse 2015, 7). Assimilation means total integration to the new culture by abandoning own culture (Ahonen 2005, 24) and by creating a new cultural identity (Spector 2000, 76). The person is ready to leave own cultural identity behind so that to be fully integrated into the prevailing culture (Abdelhamid 2010, 109). The process of assimilation is complete when the person is totally integrated into the new culture (Spector 2010, 77).

When people of different cultures do not interact with each other there is a possibility of lack in understanding of the diverse culture. The phenomenon when a person is disoriented or unable to respond appropriately to another person or situation because the lifeways are strange or unfamiliar is called culture shock. Culture shock can make the person feel hopeless, helpless and confused due to feeling of not knowing what to say or how to act which in turn leads to decreased ability to function. Another phenomenon which can also occur whenever people of different culture are interacting with each other is cultural conflict. This can happen in healthcare setting when nursing interventions fail to meet client's cultural expectations or beliefs. (Leininger 2002b, 50, 58.)

One common concept related to different cultures are prejudices which are closely related to ethnocentrism (Leininger 2002b, 51). In ethnocentrism one thinks that one's own way of doing things is the best and preferred way to act, believe and behave (Spector 2002, 285; Michigan Nurse 2015, 7). However, people with too strong ethnocentric attitude may hold too tightly to their own beliefs and therefore be unwilling to accustom themselves to other people's views (Leininger 2002b, 50-52). Ethnocentrism may be brought about by prejudices which are based on judgements made without understanding another person or person's heritage. Judgement is done based on generalization that one individual is same as with all members of that group (Spector 2000, 75, 77). It is typical for prejudices to restrict how a person understands another person or certain group of people or their culture especially if the person is unaware of own prejudices. Prejudices can make it difficult to learn about other cultures and therefore making it hard to be effective in transcultural nursing (Leininger 2002a, 7; Leininger 2002b, 51, 55).

2 TRANSCULTURAL NURSING AND LEININGER'S SUNRISE MODEL

3.1 Transcultural nursing

Nursing refers to an attained humanistic and scientific profession that concentrates on human care interventions that are directed to assisting, supporting, facilitating and enabling people to preserve or recover their health or well-being (Leininger 2002b, 46). The disease itself is not the most important thing in nursing but the main focus is on feelings and experiences of the client. The goal is to identify the underlying problem and by helping, guiding and supporting the client to decrease and and remove harm (Rautava-Nurmi *et al.* 2013, 16) by caring which is actions and activities that support and assist client to improve their condition or way of living (Leininger 2002b, 47).

Transcultural nursing concentrates on culturally congruent health care which in turn focuses on client's cultural beliefs, values and lifeways as part of nursing care. The concept was envisioned in 1950s, by Madeleine Leininger, to fill up the increased need for knowledge about different cultural aspects in relation to nursing. Transcultural nursing challenges healthcare providers not only to study care values, beliefs and lifeways of diverse cultures but also to identify how to connect learned cultural knowledge together with nursing knowledge. This action is based on everyone's right to have their cultural values and needs respected and appropriately used in care (Leininger 2002a, 4-6). Cultural values are defined as internal and external factors that define person's thinking, decisions and actions. It plays a major role in transcultural nursing because of their influence on clients' behavior. (George 2002, 498-499).

Transcultural nursing aims to promote and maintain client's cultural care needs (Leininger 2002a, 3). This is achieved by giving sensitive, safe, beneficial and meaningful care to everyone regardless of their cultural background (Leininger 2002a, 5-6) by customizing standard interventions to fit client's expectations and needs. It can also be achieved by nurses studying client's cultural values, beliefs

and lifeways as well as nurses' own attitudes and prejudices and thereafter combining those aspects with nursing knowledge (Leininger 2002b, 46; Abdelhamid *et al.* 2010, 9).

The most important goal of transcultural nursing is to provide culturally congruent and competent care. It involves using practices that fit together with client's values, beliefs and lifeways for beneficial and satisfying healthcare services or to help with hard life situations, disabilities or death. Culturally congruent care should be an integral part of the nursing process while making decisions concerning client and their families (Leininger 2002a, 12). Nurses who are aware that behavior of client is determined by their culture take that into account during assessing, developing and implementing nursing interventions. By doing so, nurses ensure that the client benefits from the care and reduces inequalities in accessing healthcare services by involving client's cultural beliefs into nursing plan (Yilmaz *et al.* 2016, 154; Flowers 2004, 48).

Cultural sensitivity and awareness are concepts that are part of transcultural nursing. Cultural sensitivity involves applying one's knowledge, consideration, understanding and adaptation after becoming aware of self and others. It is made up of self-concepts, open-mindedness, non-judgmental attitudes and social relaxation. Cultural sensitivity serves as a basement for improvement of cultural competence. Cultural sensitivity and cultural awareness allows person to accept cultural differences and to respect the differences during a cultural encounter. (Yilmaz *et al.* 2016, 154.)

Cultural awareness is involved in the process of becoming effective in transcultural nursing. The process constitutes of three phases. In phase one, nurses gain cultural awareness and notice the needs of different cultures (Leininger 2002a, 28). Cultural awareness involves being aware of own culture and professional background. It starts by evaluating own cultural healthcare beliefs or practices

and examining how other cultures vary in those subjects. This helps in avoiding misunderstandings, prejudices and biased views (Flowers 2004, 50).

In phase two, nurses start to gain deeper knowledge about cultures by gaining more understanding and experience (Leininger 2002a, 28). Knowledge may be obtained through cultural encounters, reading articles, textbooks or via Internet. Collected knowledge helps nurses to improve their cultural skills by being aware of cultural beliefs and practices and connect them to nursing interventions. However, it is not likely that nurses can become culturally aware if there is lack of desire or motivation to gain cultural skills. To be successful in learning, nurses should have ability to be open to other people, to accept, respect cultural differences and be willing to learn from others (Flowers 2004, 50).

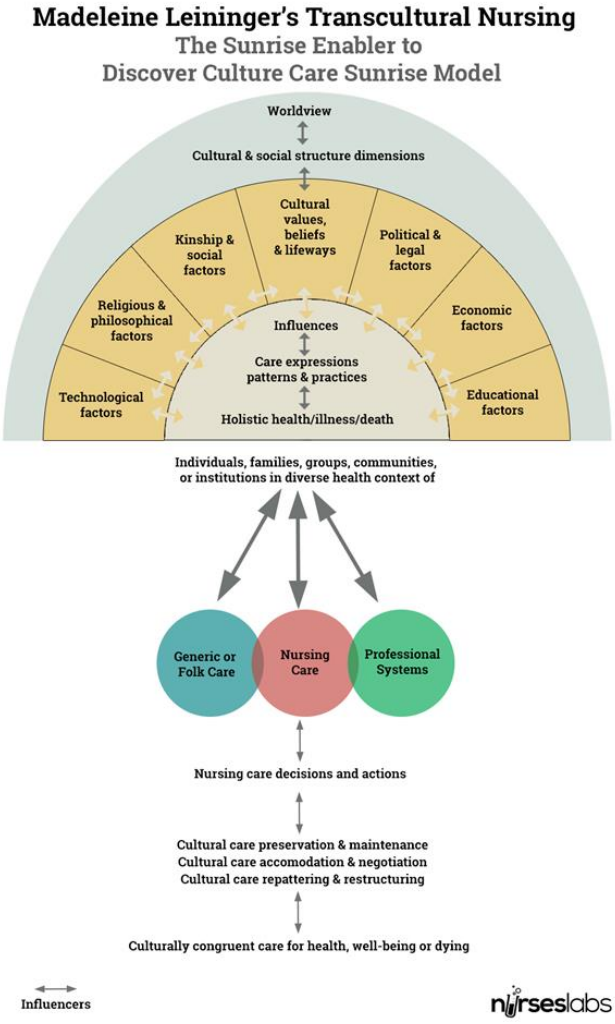
In phase three, nurses obtain skills to take care of the client by following the principles of transcultural care. While caring, nurses use observations, past experiences and collected knowledge during phase one and two. Giving efficient care is achieved by being creative when searching for the most beneficial care methods to the client. During phase three, nurses document and evaluate the outcomes of the care situation and assesses own competence in transcultural nursing. (Leininger 2002a, 28.)

3.2 Leininger's the Sunrise Model

Sunrise Model (Figure 1) was developed to be a holistic guide for nurses dealing with diverse culture with an aim to emphasize factors that should be studied about client's culture. It is based on Leininger's theory about Culture Care. Culture care means culturally constituted care which assist, support and facilitates client's health and well-being (Leininger 2002e, 79, 81, 83). Theory focuses on nursing practices that understand and acknowledge cultural factors when planning nursing interventions. It encourages nurses to be aware of clients' culture to avoid cultural imposition. In cultural imposition person enforces own values, beliefs and

behaviors upon others of different culture (George 2002, 498-499). When using theory of Culture Care, a person can be identified and understood holistically in aspects such as social structure, ethnohistory, genetics, religion, spiritually, ethics, language, environment, politics, family structure and arts. Those factors are reflected in Sunrise Model as potential or actual influencers of human care (Leininger 2002e, 81, 83).

Figure 1. The Sunrise Model (Nursing Theories)



Culture-specific care is a term used to describe care which is given to clients using holistic approach instead of using standard nursing or medical treatment interventions. This means that interventions are modified based on client's be-

liefs, values and practices so that client's needs are met. Implementation of culture-specific care leads to increase in client's satisfaction, faster recovery or healing and enhanced cooperation between client and the nurse. The idea of culture-specific care comes from Culture Care. The main difference between the two concepts is that culture-specific care refers to the practical ways which are used to make the care proper with client's needs instead of speaking on general level of the Culture Care. (Leininger 2002a, 9; Leininger 2002b, 57.)

The Sunrise Model represents dimensions of Culture Care and factors affecting to it as one complete unity (Kankkunen, Nikkonen & Paasivaara 2002, 73). In the upper part of the model are the worldview, cultural and social structure, factors which may help prevent cultural shock, imposition and conflicts if well learnt. Under those factors "the sun" is divided into 7 pieces which are cultural values, beliefs and practices, religious, philosophical or spiritual beliefs, economic factors, educational views, technology view, kinship and social ties, political and legal factors. After studying those dimensions, client can be positioned inside diverse health context, generic or folk care, nursing care and professional systems. The person using the model assesses both professional and the cultural beliefs, practices and experiences then relates the results with client's thought keeping in mind a caring focus (Leininger 2002d, 121; George 2002, 499-502). Sunrise Model does not include evaluation phase but Leininger emphasizes the importance of studying and observing nursing care practices to determine interventions that are most suitable for the client (George 2002, 503).

Three modes of Culture Care are involved in implementation: preservation or maintenance, accommodation or negotiation, and repatterning or restructuring (George 2002, 502; Leininger 2002e, 84). The decisions regarding the care plan should be done by nurses and client together to come up with the most appropriate nursing intervention methods (Leininger 2002e, 82). Preservation or maintenance refers to assistive, supportive or enabling actions that help the client to maintain some care values and ways of living. Accommodation or negotiation

refers to actions which help client to adapt or negotiate their cultural practices for a meaningful, beneficial and congruent health outcome. Repatterning or restructuring refers to actions which help the client with reordering, changing or modifying their lifeway for beneficial health outcomes. This requires nurses to be sensitive and attentive in relation to client's lifestyle and to have knowledge about cultures and their practices (Leininger 2002e, 84; George 2002, 503).

When using the Sunrise Model, it is easier to start by investigating individuals and then little by little expand the number of people being investigated. If a person has used the model before, it is up to them to choose whether to focus on an individual level or a bigger group. Due to model's flexibility, there are several ways of using it, the way of using it depends on user's interests, previously collected knowledge and competencies of the person. However, it is desirable that all the dimensions inside the Sunrise Mode are investigated so that holistic picture can be obtained. Person should not focus only on discovering knowledge from people within culture but also focus on judgments and professional nursing knowledge. Obtained information based on stories can then be reflected with professional nursing knowledge. (Leininger 2002e, 81-82.)

4 IMPLEMENTATION OF THE THESIS

4.1 Purpose, aim and problem

The purpose of the research is to explore how cultural diversity influences nursing. The aim of the research is to equip authors and other nurses interested on the topic on how to deal with clients of diverse cultural backgrounds and also increase awareness of the researched topic.

For the authors, the process and knowledge will be a preparation for the future careers as nurses and equip us with information which we can use when facing and giving care to clients of diverse cultural backgrounds.

Research questions are:

1. What are the effects of diverse cultures in nursing in international nursing research?
2. How to cope with cultural diversity in nursing in international nursing research?

4.2 Research method

The research method used in this research is literature review. In general, the goal of literature review is to develop theoretical knowledge about the topic, develop theory or to evaluate existing theory. Also, literature review can be used to build up a big picture of the topic. (Stolt, Axelin & Suhonen 2016, 7.)

Specifically, integrative literature review is used in this research. Integrative literature review gives a comprehensive understanding and picture of a phenomenon or can be used to create totally new perspective of the phenomenon. It summarizes earlier researches and draws conclusions from them. Data collection is not limited to primary research studies, theoretical or conceptual literature is also

considered as being important. (Coughlan, Cronin & Ryan 2013, 17; Salminen 2011, 14.)

Integrative review consists of five phases which are identification of a topic, collecting data, evaluating the quality of collected data, analyzing the data and interpretation or presentation of the results. Together with identification of a topic the purpose and research questions should be stated since it helps to limit the research and keep it focused. Data collection is done based on the plan, the goal is that data is collected using more than one database. Before search process can be started, keywords should be established so that the results are suitable for the research. Also, good search strategies, inclusion and exclusion criteria need to be outlined. During data evaluation, it is important to report what kind of sources are used in the research and how. Based on the data analysis, interpretation is done which leads to finally the presentation of the results. The results can be presented either as a table or as a figure based on the purpose of the literature review. (Coughlan *et al.* 2013, 17; Salminen 2011, 14; Stolt *et al.* 2016, 13, 111-113.)

This method was chosen because the purpose of this study was to summarize existing research data and knowledge how different cultures affect nursing.

4.3 Data collection and analysis

Search criterias were formulated using search protocols. At the beginning of data collection phase, terms in relation to the topic and research questions were randomly used while trying to formulate the most appropriate keywords which could be used during data collection. Final search terms used for data collection were '*transcultural nursing', 'cultural diversity'* and *'coping'* that were maintained throughout the data collection phase.

To help narrow down the data, inclusion and exclusion criteria were designed to help attain research objectives and questions. The limitations set were: publication date of researches between 2000-2017, available in English, has linked full text as well as included list of references. In addition, reading and using the data needed to be free. Once the authors found the researches they went through all of them and those whose title was found not to be relevant to the topic were excluded. If the title was found to be suitable more focus was shifted to abstract which was used to determine if the research was to be included or excluded. All the data used in this research was verified through expert review and by both authors to ensure maintenance of rigor and trustworthiness of the data.

The review of authors' data collection is showed in Table 1, which shows databases, search terms, limitations, results and the number of included researches. The researches authors chose for analyzing are listed in the Appendix 1 and the main findings of the researches are summarized in the Appendix 2.

Table 1. Information retrieval table

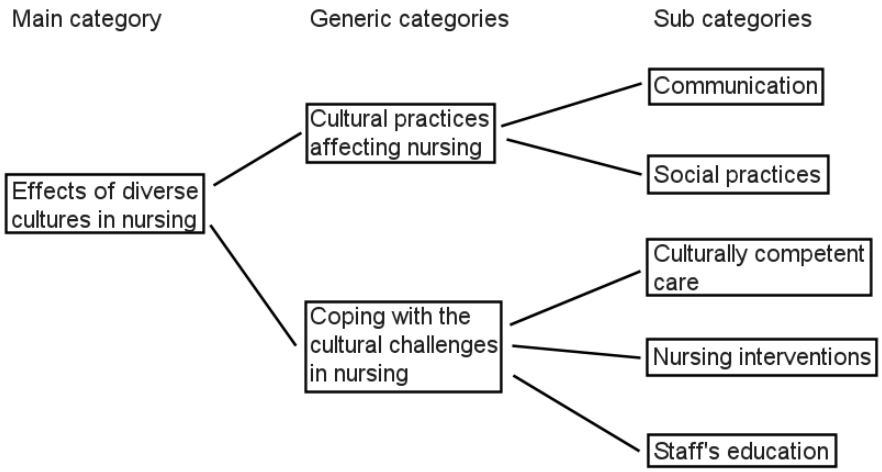
Database	Search terms	Limitations	Results	Included
EBSCO	transcultural nursing OR cultural diversity AND coping	full text 2000-2017	162	4
CINAHL	transcultural nursing OR cultural diversity AND coping	full text 2000-2017	320	9

Data analysis, in a qualitative research, is supposed to be continuous since continuous data analysis process is reflective and repetitive way of working (Moule & Goodman 2009, 405-406). In this research, content data analysis is used as method of analyzing the data collected. Content data analysis involves analyzing

any written, verbal or visual data allowing the researcher to test theoretical topics to enhance and improve the understanding of the data (Elo & Kyngäs 2008, 107-108). Collected data is explored and reduced by coding. Coding means that the researcher retrieves data and organizes it into distinct categories. Every researcher has their own process of coding the data (Moule & Goodman 2009, 405-406).

To become familiar and understand the data, the authors read the data multiple times, making notes and open coding it. Coding was based on notes which were done while reading the data done by both authors independently. Coding and categorization of the codes were then compared to each other to ensure that all aspects of the topic were included and nothing was left out from the results. Based on similarities in the main findings, the authors divided the data into five subcategories which are communication, social practices, staff's education, culturally competent care and nursing interventions. Then, sub categories were grouped under research questions depending on whether they answered to practices that affect nursing or to coping mechanisms (Figure 1).

Figure 1. Description of evolution of categories

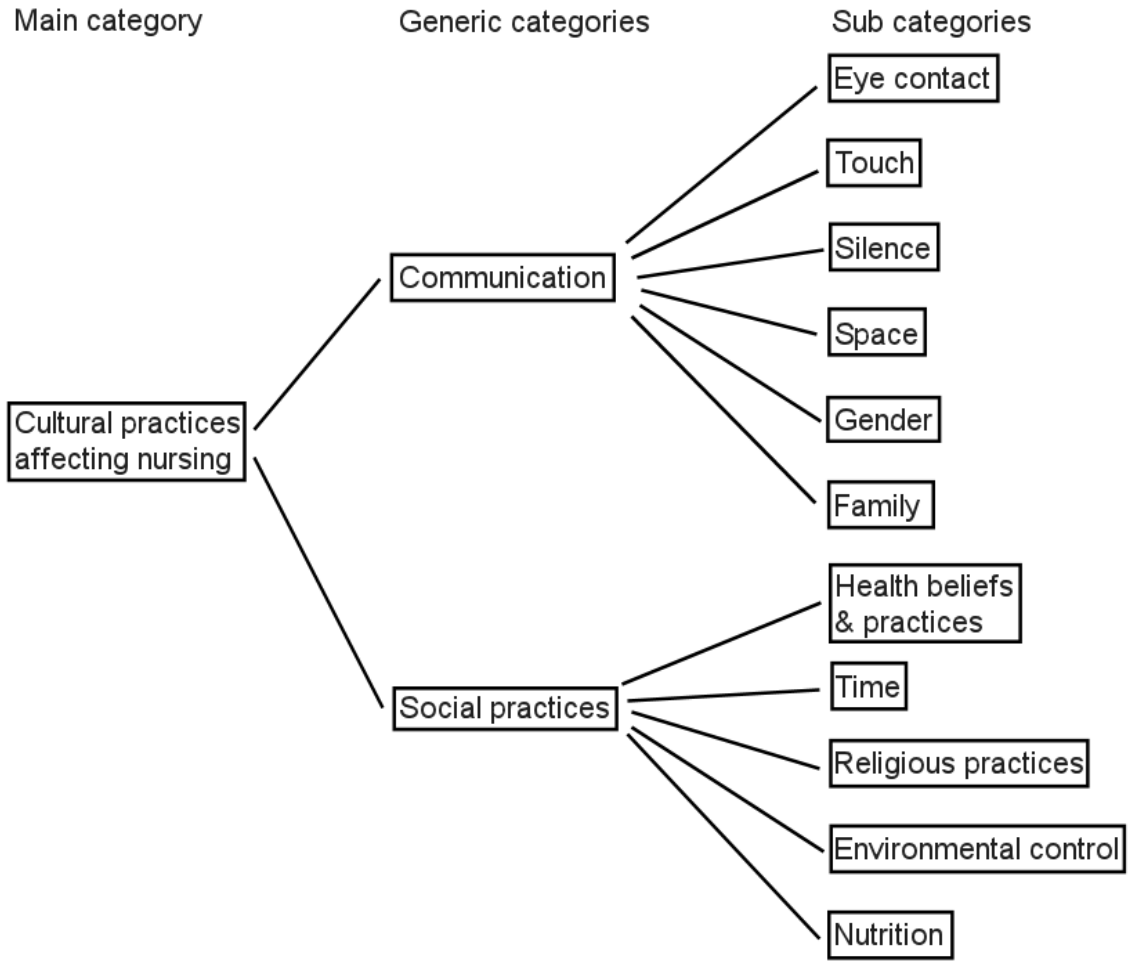


5 RESULTS

5.1 Cultural practices affecting nursing

Based on the data analysis, authors were able to obtain result related to cultural practices that affect nursing that were divided into two generic categories: communication and social practices. Communication was further subdivided into eye contact, touch, silence, space, gender and family. Whereas social practices were divided into health beliefs and practices, time, religious practices, environmental control and nutrition as shown in Figure 2.

Figure 2. Description of evolution of cultural factors that affects nursing



5.1.1 Communication

Communication is the main factor that challenges nurses the most while working with clients of different cultures (Giger & Davidhizar 2002, 82; Maier-Lorentz 2008, 38). Under communication, more specifically language is seen to be the most challenging (Hicks 2012, 314). Communication is divided into two categories which are verbal and nonverbal. Both types of communication are culturally determined since people who speak the same language can have different communication patterns (DeRosa & Kochurka 2006, 20).

Eye contact is a form of nonverbal communication that varies among cultures. In some cultures, it is encouraged to maintain eye contact when listening while in other cultures it is avoided (Michigan Nurse 2015, 9). Arab and Native North American clients might consider maintaining eye contact as impolite and aggressive (Maier-Lorentz 2008, 39) this can also be experienced by Asian, American Indian, Indo-Chinese and Appalachian clients. American Indian clients tend to show that they are paying attention and respecting the healthcare provider by staring at the floor while having discussion (Nursingcenter 2005, 16) same can be observed with Native North Americans (Maier-Lorentz 2008, 39). Hispanic clients may look down depending on other person's age, sex, social position, economic status or authority (Nursingcenter 2005, 16; Maier-Lorentz 2008, 39) since direct eye contact is often considered to be disrespectful (Hicks 2006, 315). However, Hispanic clients expect nurses to use direct eye contact while interacting with them (Maier-Lorentz 2008, 39). For Muslims, eye contact between men and women is considered inappropriate if they are not married to each other. Muslim women adhere to this value by looking away from a male healthcare provider (Mujallad & Johnston Taylor 2016, 170).

Touching is not encouraged in every culture (Maier-Lorentz 2008, 39). In Afghan culture, touch is forbidden between men and women especially if they are not married to each other (Giger & Davidhizar 2002, 83). Same applies with Muslims

except in situations where it is necessary to touch a person of opposite sex (Mujallad & Johnston Taylor 2016, 170). Asian Americans believe that head is the place where spirit and strength of a person resides and hence considered impolite to touch their heads (Nursingcenter 2005, 18; Maier-Lorentz 2008, 39). However, in Arab cultures male healthcare provider are forbidden from touching or examining some parts of female body and female healthcare provider may be forbidden from taking care of male clients. Females are also discouraged from shaking hands with males (Mohammadi *et al*. 2007, 313), same goes with Muslim women and men and this may affect how nurses relate with the clients of Muslim origin (Mujallad & Johnston Taylor 2016, 171).

Silence is another form of nonverbal communication and for nurses, it can be seen as miscommunication, depression or unwillingness to respond since it is used differently in cultures (Maier-Lorentz 2008, 39). Depending on the culture, silence may be a sign of respect or acknowledgement. It can be used as a polite way to say ‘no’ if saying the word is considered to be rude (DeRosa & Kochurka 2006, 20). Chinese and Japanese tend to pause after question has been asked before answering as a sign that they are paying attention. Overall in Asian cultures, silence is common because it is considered as sign of respect for elderly. Native North Americans use silence when showing respect to the one who is speaking. For Arabs, silence is a way of respecting other’s privacy. Russians, Spanish and French people show agreement by being silent (Maier-Lorentz 2008, 39).

Space refers to the distance between individuals when they are associating with each other (Giger & Davidhizar 2002, 83). Depending on the culture, client may prefer to be close or far from the nurse (Maier-Lorentz 2008, 39). Being close to the other person can be seen as an expression of warmth and caring while some consider it as an invasion to their personal space. It has been researched that people from the United States, Canada and Great Britain require the most personal space while people from Latin America, Japan and the Middle East need

less space and feel comfortable being close to others (Nursingcenter 2005, 16). Afghanistan clients may prefer closeness with people, but only with those of same sex. For them closeness and being comfortable with others is used to create trust (Giger & Davidhizar 2002, 83).

A research made by Høye and Severinsson (2008) found out that male client refused to talk to female healthcare providers because of their gender (Høye & Severinsson 2008, 344). Instead, the wife was used as a channel between healthcare provider and client (Cioffi 2006, 322). In Afghan culture, the spokesperson of the client is the father, eldest son or elderly uncle. It is not traditional for fathers to take part in delivery, instead women usually take care of other women. Also, it is encouraged that mothers, sisters or other close female people to be present during delivery to give support to the laboring mother (Giger & Davidhizar 2002, 84). Muslim women may ask consent for certain procedures, such as hysterectomy, from their husbands. Certain topics, such as reproduction, are preferred to be discussed with a person of same sex with the client (Mujallad & Johnston Taylor 2016, 170-171). If these obligations are not met, it may lead to problems for the client and the healthcare provider and at the same time might affect to the nursing process (Mohammadi *et al*. 2007, 313).

Clients are entitled to information about their health. However, topics that are appropriate to discuss varies between cultures. For example, sexuality and death are acceptable topics in some cultures but in others they are considered as a taboo (DeRosa & Kochurka 2006, 20). There are cultures that some topics should be discussed only with client's family because of belief that family has the responsibility of protecting client from knowledge concerning their health. It can also be opposite way where client refuses to know about their own condition expecting their family to handle the information and make needed decisions (Nursingcenter 2005, 21). In Hispanic culture, the most critical and important decisions are made with assistance of family (Hicks 2006, 314).

5.1.2 Social practices

Health beliefs and practices are also culturally determined concepts. Expression of pain varies between cultures by being openly or calmly expressed (DeRosa & Kochurka 2006, 22). Due to the beliefs associated with pain or healing, client can refuse to take pain medication or treatments (Nursingcenter 2005, 21) for example Muslim women may avoid medical care such as mammographies if it does not suit their beliefs (DeRosa & Kochurka 2006, 18).

Time and punctuality vary among different cultures as well as the concept of waiting (Nursingcenter 2005, 17). Cultures can be classified as past, present or future-orientated. Past-oriented people attempt to maintain the already known traditions and are not motivated for making goals. Those who are present-oriented may prioritize the present task as the most important ones and tend to forget past and future. Future-oriented plans and organizes present actions to achieve goals in the future. Most Afghans tend to be past and present-oriented (Giger & Davidhizar 2002, 84). Depending on the culture, time can be of a relative phenomenon when only little attention is paid to the exact hour or minute. For example, Hispanic people can consider time at the level of day and night instead of focusing on hours (Nursingcenter 2005, 17).

Muslims are expected to pray five times in a day while facing Mecca at dawn, midday, late noon, after sunset and at night. In health care setting, meeting Muslims praying demands can be challenging especially when determining the direction of Mecca (Mohammadi *et al.* 2007, 312). In addition, Muslim women are expected to wear ‘hijab’ which covers their hair and neck or ‘burqa’ which covers everything except the eyes. Men and women are not supposed to expose the area between the navel and knees. In addition, women are not supposed to expose their stomach or back and they should have the entire body covered, except the hands, when there is man in the same room. Exposing the Muslim women

body may make them feel embarrassed and disrespected. Exposing is only approved during emergencies (Mujallad & Johnston Taylor 2016, 170-171). Hospital gowns can cause problems for Muslim women since gowns might not cover the women body well enough (DeRosa & Kochurka 2006, 18).

Cioffi (2006) found out that culturally diverse clients tend to have a lot of visitors which may cause tension among nurses. For Muslims, it is normal to have a lot of visitors and having their family members next to their bed all the time (Cioffi 2006, 321, 323). In like manner, Hispanics tend to have more than one person giving support to the client all the time (Jones 2008, 202). As much as visitors were seen as a resource in client's care since they helped with washing and worked as interpreters if needed (Vydelingum 2005, 27) they also caused stress for nurses and delays in nursing interventions (Høye & Severinsson 2008, 342).

Environmental control refers to one's ability to control nature, make plans and direct factors in the surrounding environment (Giger & Davidhizar 2002, 85). Some cultures believe that balance between body, mind, spirit, people and supernatural determines health (DeRosa & Kochurka 2006, 22). A person who does not have ample belief towards self-control have less belief towards healthcare services. Having lack of belief towards healthcare services may make the services feel useless. In Afghan culture, some believe that illnesses are caused by evil eye, bad luck or because of the imbalance of hot, dry, cold and moist (Giger & Davidhizar 2002, 85). Clients who believe that they have control over their life and health are more willing to follow treatment and develop positive health care habits. Asian Americans culture usually tends to believe that people have some control over their life which is reflected as a good cooperation towards healthcare services (Maier-Lorentz 2008, 39)-same can also be seen with American Indians. On the other hand, Hispanic and Appalachian clients think that they have no control over nature, health or death and they tend to think that their actions cannot improve their health (Nursingcenter 2005, 23). This may make clients of Hispanic

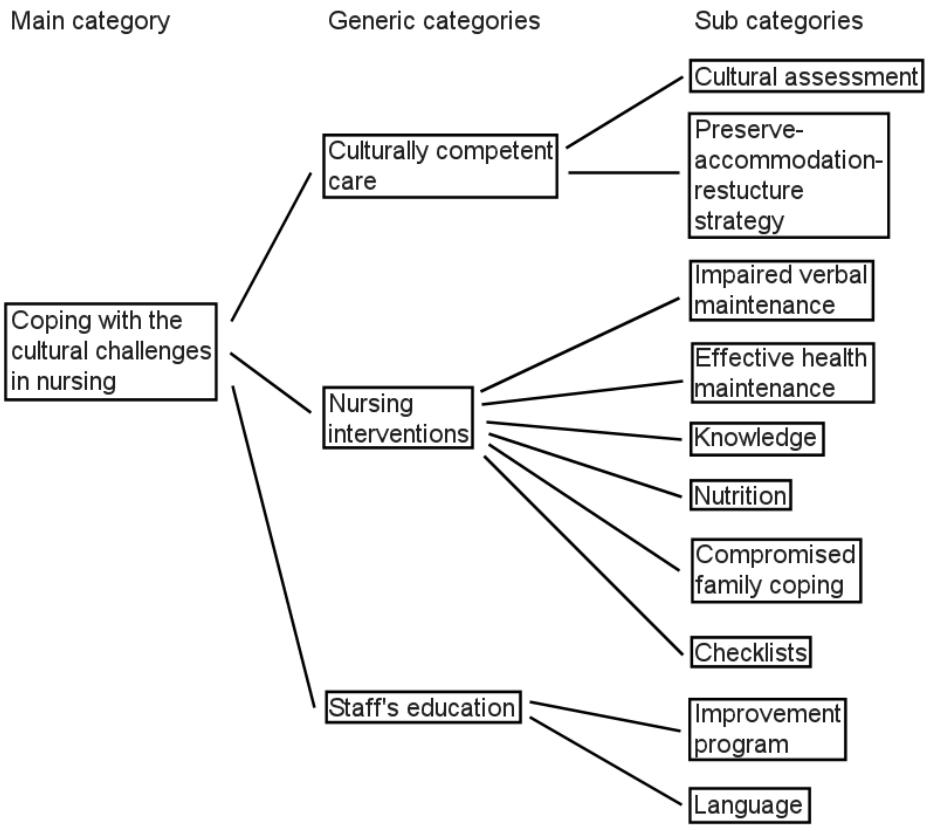
culture uncooperative to diet and medication interventions (Maier-Lorentz 2008, 39).

Nutrition is important part of nursing process when client suffers for example from diabetes, hypertension or gastrointestinal disorder since the dietary modifications play a significant role in treatment. Some cultures determine which foods are served, when, the number of meals in a day, how the food is prepared and how it should be eaten. Client's religious practices may require them to fast, withhold from some foods and avoid certain medications like pork-derived insulin (Nursingcenter 2005, 21). Muslims are supposed to eat only 'halal' foods, food that has been slaughtered in the name of God and the blood has been drained out and avoid 'haram' foods which means everything unlawful like blood, pork and alcohol. Islam forbids the consumption of pigs, crocodiles, spiders, dogs and cats whereas sheep, cattle, poultry, camel, goat and seafoods can be consumed. Meeting these dietary needs of Muslims might create difficulties in hospital and be exacerbated if the health care providers do not appreciate Muslims diet (Mohammadi *et al.* 2007, 312).

5.2 Coping with cultural challenges in nursing

Based on the analyzed data, coping strategies were divided into three different categories: culturally competent care, nursing interventions and staff's education. Culturally competent care was further split into cultural assessment and preserve-accommodation-restructure strategy. Different nursing interventions used to overcome cultural challenges were also partitioned into impaired verbal communication, effective health maintenance, knowledge, nutrition, compromised family coping and different checklists. Lastly, staff's education was divided into improvement programs and language. The categorization is shown at Figure 3.

Figure 3. Description of evolution of ways of coping with cultural challenges in nursing



5.2.1 Culturally competent care

Cultural competency can be defined as the process of coming up with the most suitable care that is rooted to client's cultural beliefs, attitudes and behaviors (Giger & Davidhizar 2002, 81; Hicks 2012, 314; Maier-Lorentz 2008, 38; Walsh 2004, 21). Culturally competent care means interventions that are equivalent to client's cultural belief (Jones 2008, 199; Michigan Nurse 2015, 8; Maier-Lorentz 2007, 37) by bringing together the professional knowledge and cultural knowledge (DeRosa & Kochurka 2006, 20). It is achieved if each client is considered to be culturally unique (Maier-Lorentz 2007, 37) formed by past experiences,

beliefs and norms (Giger & Davidhizar 2002, 81). Implementation of culturally competent care leads to better use of time with client, decreased stress levels, increased trust, client's satisfaction and compliance (DeRosa & Kochurka 2006, 20).

Caring, empathy, openness and flexibility are highly related to cultural competency since they enhance nurses' ability to provide care that is culturally competent. Caring involves respecting, being concerned and recognizing client's uniqueness and needs. Empathy embraces the client's point of view while openness requires nurses to see the value of client's culture while giving healthcare services and having the willingness to learn about different cultures. Flexibility allows nurses to adjust interventions based on client's cultural needs while making a nursing care plan (DeRosa & Kochurka 2006, 20; Maier-Lorentz 2008, 40). To be culturally competent, nurses should develop awareness about their own culture which helps with identifying values and prejudices that may affect the way they relate with the clients. Developing the awareness of the culture helps nurses be aware of various characteristics of client's culture, respect the uniqueness and be comfortable. This helps to develop flexibility, tolerance and nonjudgmental attitude which promotes understanding of client's point of view and cultural practices (Michigan Nurse 2015, 8).

Cultural differences can be obtained by using a cultural assessment tool which is used to collect relevant information about clients' culture and how the culture affects nursing (Maier-Lorentz 2008, 40). It involves checking client's medical history, physical status and functional level. With the obtained information, the care plan is formed based on how client views health issues. Good cultural assessment helps to improve the accuracy of care plan and to enhance the outcome of care (DeRosa & Kochurka 2006, 22). Cultural assessment can be obtained through several factors such as nutritional practices of the client in relation to eating, fasting and unacceptable foods. During cultural assessment, nurses should inquire from clients about their previous experiences about medication

including side effects and possible use of herbs. Nurses should also assess client's pain manifestation, experiences and coping methods. The language skills of the prevailing language should be assessed to acquire information regarding understanding, reading and talking which help with assessing the need for interpreter (DeRosa & Kochurka 2006, 22). Finally, nurses assess client's country of origin, how long client lived there, client's supportive group or people, the role of religion and beliefs in connection to birth and death (Michigan Nurse 2015, 8). The results from cultural assessment and questionnaire should be documented so that other members of the staff can also benefit from them (Nursingcenter 2005, 14).

After completion of cultural assessment, nurses may use the information obtained to formulate a care plan that is culturally appropriate by using a preserve-accommodation-restructure strategy. The care plan can be based on three strategies; practices that facilitate health and recovery, practices that are harmless or not beneficial according to the Western medical perspective and risky or harmful practices to client's health. Implementing some of the cultural practices to the care plan makes clients feel respected and comfortable. If there is need to restructure some of the practices, LEARN-model can be applied as a helping tool. Based on the model the restructuring starts with listening and understanding the client's point of view. After nurses have listened to client's point of view, they should explain the nature of the problem from the medical point of view and educate the client why the medical way of solving the problem is better than the one the client prefers. Acknowledging the differences and similarities between the two point of views helps with creating and recommending the care plan which takes into account client's health and cultural needs. After the recommended care plan has been presented the final care plan is formed through negotiation and approval by both parties. (DeRosa & Kochurka 2006, 24.)

5.2.2 Nursing interventions

Depending on nursing diagnosis different models can be applied as a part of nursing intervention to help overcome possible challenges faced. These models are impaired verbal communication, ineffective health maintenance, knowledge deficit, imbalanced nutrition and compromised family coping. (Walsh 2004, 22, 24-25.)

Impaired verbal communication assesses the ability to speak, hear and express thoughts (Walsh 2004, 22). Interventions used under this model can be the use of interpreters (Walsh 2004, 22; Cioffi 2006, 322; Høye & Severinsson 2008, 50), having information in client's own language, recognition of space, nonverbal communication and touch. To overcome communication barrier, nurses should avoid talking loudly since it can give an impression of being angry. Instead nurses should use low voice and short sentences with simple words. Other interventions used to overcome communication challenges can be use of other staff members who are familiar with the client's language (Jones 2008, 201; Cioffi 2003, 301-302), use of body language, audio visual aids (Nursingcenter 2005, 16). and having leaflets translated to the minority languages (Vydelingum 2006, 28). Having discharge instructions both in the dominant language of the hospital and the client's own language was also found to be beneficial (Jones 2008, 202). When using interpreters, it is advisable to try and get interpreter of same sex as the client (Hicks 2002, 315). If the family member is used as an interpreter it is good to have family member of same sex when discussing about sensitive topics such as issues related to reproduction (Giger & Davidhizar 2002, 83). When face-to-face translation is not impossible telephone interpreters should be used in emergency cases (Cioffi 2003, 302-303). Nurses should be aware of client's cultural practices regarding eye contact, space and overall rules in a conversation in order to follow how the client discusses and modifies appearance based on the observation (DeRosa & Kochurka 2006, 24).

Ineffective health maintenance includes the patterns that may be unsupportive to the wellbeing and a history of health-seeking behavior. Interventions may be giving support and logic reasoning for change of behaviors (Walsh 2004, 24). Cultural groups, for instance Hispanics and Appalachian (Nursingcenter 2005, 23), who think that they have less control over their life may require more guidance related to how diet and medication can improve their health (Maier-Lorentz 2008, 39). The guidance should be nonjudgmental and with respect to client's view (Nursingcenter 2005, 23). Nurses may not agree with clients' choices, for example if they refuse some treatment, but adults have the legal right to refuse treatment regardless of their reasons. Throughout the nursing process it is important to maintain open dialogue between nurses, client and client's family to reach a culturally appropriate solution. With open dialogue, nurses can find an alternative, more culturally acceptable, option for the treatment client refused. The potential problems of time and punctuality can be overcome by being flexible in schedules and trying to accommodate the differences (Nursingcenter 2005, 18-19).

Knowledge deficit means the unfamiliarity with informational resources and communication barriers. Interventions which help to cope with knowledge deficit are centered on giving guidance in relation to client's needs by using practices that fit clients and their families (Walsh 2004, 24). In a Muslim culture, this can be implemented by having male relatives of Muslim women present when making decisions concerning the care. Male relatives should be included whenever making decisions concerning any disease or treatment (Mujallad & Johnston Taylor 2016, 171).

Imbalanced nutrition can be caused by restrictions, patterns and unavailability of preferred food during the hospitalization (Walsh 2004, 22, 24-25). To meet the dietary needs of diverse clients, the hospital can liaise with a cultural nutritionist to consult on issues related to client's diet (Walsh 2004, 24) and offer menu which serves food based on the needs of specific culture, for example Asian (Vydelingum 2006, 25, 28).

Compromised family coping is related to lack of familiar resources in the healthcare setting and privacy. Nursing interventions include integration of beliefs and cultural patterns. (Walsh 2004, 24-25) In the intensive care units in Norway, nurses tried to handle the number of visitors coming to visit the client by setting up limitations to how many visitors could be present at one time (Høye & Severinsson 2008, 342). The other possibility found was to have strict visiting hours in the ward (Cioffi 2006, 323).

Muslim needs of modesty can be achieved by ensuring enough privacy when women are not fully dressed. Fully dressed in this concept means that only the face and hands are exposed. Nurses should talk with the client and the family members about body exposure and touch. In hospital, Muslims should be allowed to wear their own clothes including 'hijab'. Knocking on the door before entering the room gives Muslim women time to put on 'hijab' if desired (Mujallad & Johnston Taylor 2016, 171). In case there is a need to expose the body, caution should be taken to expose as little as possible. (Mujallad & Johnston Taylor 2016, 171; Nursingcenter 2005, 18). Also, one possibility to help with coping of modesty is to offer longer hospital gowns (DeRosa & Kochurka 2006, 18). To overcome challenges associated with touch, nurses should explain to the clients the reason of touching them to prevent the clients from misinterpreting their touch (Maier-Lorentz 2008, 39). Before examining an Asian American client's head, nurses should explain what is going to happen and for what reason (Nursingcenter 2005, 17). In situation where a male nurse is taking care of Muslim female client and requires touching the client, it is advisable to ask for permission to do it by explaining why it is necessary and then wear gloves before touching the client. When possible, male nurse should invite family member to be present during a nursing intervention (Mujallad & Johnston Taylor 2016, 171). To meet Muslims cultural requirement of facing Mecca while praying, some public buildings should have signs telling the exact direction of Mecca (Mohammadi *et al*. 2007, 312).

Having a checklist to include information about the cultural norms and practices helps access to the information is as easy as possible. Even if there is availability to such checklists it should be kept in mind those do not give the complete understanding of the norms and practices. (Vydelingum 2006, 28, 29; Mohammadi *et al*. 2007, 313-314.)

If cultural error takes place, healthcare provider should apologize, show respect and willingness to learn about client's cultural needs. If client desires that some nurse is no longer responsible of client's care, it is respectful from the nurse to move aside and let another healthcare provider continue the care. (DeRosa & Kochurka 2006, 26.)

5.2.3 Staff's education

It was found out that the problems with client and nurses were partly caused by the lack of knowledge about culture (Høye & Severinsson 2008, 342; Vydelingum 2006, 26). Providing culturally competent care is continuous throughout nursing process therefore healthcare providers are required to find the most appropriate ways and strategies for them to collect cultural knowledge (Giger & Davidhizar 2002, 85). Nurses expressed their need to get education regarding cultures and communication so that they could provide more efficient care (Maier-Lorentz 2008, 38).

Nurses should be provided with programs that help them improve their knowledge and skills required in transcultural nursing. The programs should equip nurses with methods and ways to do cultural assessment as well as how to evaluate themselves about ability to provide culturally congruent care. These programs should start with making the healthcare providers knowledgeable about their own culture before starting to educate about different cultural practices. However, for the program to be successful and effective healthcare providers should be open

and positive-minded with a desire to learn others' cultural ways. (Maier-Lorentz 2008, 38, 42)

Having bilingual workers in the hospital can be used as a resource since the other staff can learn about cultures and pick up some keywords which can make their communication with clients more efficient. Bilingual workers were also a help when planning the individual care process so that the care could be more culturally congruent (Cioffi 2003, 304). If there are not bilingual workers present one other way to learn language is by getting phrase book and making a list of the most important words and sentences which can be used to provide better care for the client (Nursingcenter 2005, 16). Research made by Jones found out that in the hospital she focused on had arranged the Spanish courses for staff to help with communication with diverse clients (Jones 2008, 203).

6 ETHICAL CONSIDERATIONS

Ethics is a generic term for many ways of understanding and examining the moral life (Moule & Goodman 2009, 56). Ethically a research should ensure independence and impartiality (Silverman 2013, 163). Any contributor to the research and other research work and findings should be properly cited and acknowledged (Silverman 2013, 163; Finnish Advisory Board on Research Integrity 2002, 8). The research is ethically acceptable if it is conducted appropriately, carried out honestly, open-mindedly and reliably throughout the whole process. (Finnish Advisory Board on Research Integrity 2012, 8, 30). For a research to be credible readers must believe that the data presented is a true representation of the data (Moule & Goodman 2009, 188).

Data collected for this research is only from reliable databases. The databases used were provided by Lapland University of Applied Sciences. The data was read through by keeping in mind the research questions so that the most suitable researches were used. In addition, the search process was done by both authors independently and the possible suitable researches were compared by both authors. Articles were included in the research when both authors agreed that they met the requirements. Double checking was done to ensure reliability and trustworthiness of all the data used.

Data analysis was also done by both authors independently and categorization of data was compared with each other to make sure nothing valid was left out. Throughout the data analysis, the authors' subjective views were left on the background and the analysis was done based on the results obtained from the chosen researches. During the data analysis, it was aimed to have the same result from multiple sources as much as possible to increase the trustworthiness of the data. Plagiarism was avoided by running the thesis through the Urkund-program.

6.1 Validity and reliability

Validity is defined by how accurately used instrument measures what it is supposed to measure (Moule & Goodman 2014, 187, 189). A valid research ensures proper interpretation of the data in a credible and sensible way in relation to earlier researches (Silverman 2013, 285). In this research, the data collected is interpreted properly by having two authors involved in the research without changing its meaning to avoid corruption of the information. Inclusion and exclusion criteria helped to ensure that the data obtained for the research is relevant and up to date.

The reliability is defined as testing how trustful the measures used are and how they measure what they are intended to measure (Moule & Goodman 2014, 187, 189). A reliable research shows proper consistency to data of the same category by different or same researchers (Silverman 2013, 302). To ensure this the researchers collected data from multiple researchers and coded the data under same categories. The use of multiple researches will ensure the research does not rely only on to one aspect of the topic. Any personal experience and opinion about the topic was avoided by the authors during the entire research.

7 CONCLUSION

The research focused on finding out challenges that nurses and other healthcare workers encounter while providing care to clients of diverse culture. Emphasis was focused on identifying cultural factors that affect nursing. In addition, researchers centered their focus on ways and strategies which are used to cope with challenges caused by nursing culturally diverse clients. From the results, it was noticeable that there are several factors that in fact affects nursing and the data provided facts on coping methods and strategies applied by healthcare workers to deal with diverse clients. In theoretical framework Leininger's Sunrise Model (Leininger 2002e, 80) introduces a theory model which contains factors that affects nursing. Comparing the results obtained with the factors in Sunrise Model, it can be noted that communication, more specifically language, different cultural values and practices are factors that are similar between the theory model and results.

Communication is seen to be the main challenge to healthcare providers while working with diverse clients. Even when a healthcare provider speaks the same language as the client, communication patterns may differ. These patterns might be different when it comes to eye contact, touch, use of silence and space. This might affect client's behavior in relation to what nurses are used to. In some cultures, different genders are not allowed to interact with each other. In such situations, communication can take place between healthcare provider and client's family member who then passes the information forward to the client. The same phenomenon applies if the culture requires information concerning client's condition to be passed to client's family who in return makes the decisions concerning the care with the assistance of the client.

Health practices and belief of control over one's life may affect how cooperative client is towards nursing care and how likely it is for the client to change their way of living or to follow treatment. Clients who believe they have less control over

their own life have less confidence towards healthcare services and vice versa. This is seen in being uncooperative towards nursing interventions. Those who belief that they have control can be cooperative and achieve good results. In addition, to having control over one's life, time and punctuality also affects nursing depending on how orientated client's culture is to time. Nutrition also affects nursing since some cultures determine eating pattern of a client leading to difficulty in diet modifications. One of the perspectives that also emerged, is modesty dressing among Muslim female clients which should be adhered in healthcare setting and especially during nursing interventions.

Different nursing interventions, staff education and promotion of cultural competency is found to be solutions to coping with challenges encountered while caring culturally diverse clients. In cultural competency, it is important for nurses to adapt right kind of attitude to be able to provide culturally competent care for the client. To enhance cultural competency, nurses should do cultural assessment to collect the necessary information related to client's culture.

Educating staff is one of the main components that helps cope with challenges caused by cultural diversity. According to Leininger (2002b), there can be lack of cultural knowledge if people do not interact with people of other cultures. From the results, it was obtained that this lack of knowledge can be bridged by having programs that educate nurses on how to be culturally competent and to perform cultural assessment. To cope with communication problems, healthcare facilities should use bilingual workers as a resource when it comes to teaching new languages and to communicate with culturally diverse clients. In absence of bilingual workforce, phrasebooks can be used to pick up important words in client's language. Language courses can also be arranged to the healthcare workers to help with overcoming the language barrier.

Even though different cultural practices affect nursing, exceptions are allowed in some cases especially in emergencies. However, no matter the situation, nurses

should respect clients’ cultural practices as much as possible without altering the quality of care. In case a cultural error occurs during the nursing intervention, the nurse should apologize and show willingness to learn about the client's culture to avoid the culture error in the future.

8 DISCUSSION

Based on the experiences in the nursing field we have noticed that multicultural clients are becoming more and more common. This leads to challenge due to lack of clear instructions on how to care for culturally diverse clients. To overcome these challenges, we did a research with an aim of finding ways of overcoming the challenges as well as to create awareness of the researched topic. The findings of the research will help nurses give more effective care to clients of diverse culture. The results are applicable in any healthcare facility worldwide since the research does not focus on a specific geographical area or to specific cultural group. This is possible if it is kept in mind that every culture is unique and the results obtained in this research are only applicable to those cultures that were researched in the reviewed articles.

Madeleine Leininger's Sunrise Model has been applied in several stages of research process especially theoretical framework, data collection and data analysis. This is because Leininger was the pioneer of the transcultural nursing field and big part of the theory is available based on her researches. The theory focuses on individualized nursing care that takes into account client's cultural beliefs. This helped us to focus on cultural practices related to health and how nurses can use these practices and improve client’s nursing care. In addition, it was easier to have theoretical framework supported by a model made by the same person. Having the model which was based on the same theory we had used throughout the theoretical framework made it more reliable since having the theory supported by some model gives it more use in practice also.

The Sunrise Model highlights the possible factors that affect nursing and having this information guided us while reading the data to view the trend in them which in turn lead to categorization of the data. There is no conflict of ideas between

the Sunrise Model and the results. Both indicates the importance of cultural competency and the need for taking each client as a unique person based on their cultural beliefs and practices.

The research process was completely new for both of us. The research was interesting and turned out to be very informative due to our future careers in nursing field. The topic we chose was totally new for both of us which lead to our eagerness to obtain more and more information. In the beginning, we thought doing it together would make it easier because we could share ideas and motivate each other throughout the process. Possible biases could be avoided better by having two set of eyes concentrating on the work throughout the process. However, we faced challenges during the research process which lead to increased need to learn how to work as a team and how to be patient with each other. When we started the planning phase, we had the idea of focusing how this phenomenon is in Finland. After doing multiple searches in different databases, it was hard to find researches concerning transcultural nursing field in Finland. This lead to broadening of the research topic to the entire world. One possibility we considered during the planning phase was to do interviews in the school's nearby area. However, after several considerations the idea was declined because using interviews as source of data would have provided personal opinions of the interviewed personnel concerning the topic. Having the personal opinions would have led to losing the trustworthy and reliability of the topic. We therefore decided to do a literature review aiming to find more general and trustworthy useful information.

Doing the research in English was a challenge too because it is not a first language for both of us. This led to challenges in analyzing the data fully but the possible misunderstandings were minimized by analyzing the data individually and then comparing the results. During the data collection, we were able to find some articles in Finnish also which could have possibly contained some useful information to results. But since Finnish is not familiar language for both researchers we were forced to exclude these articles.

In the future, healthcare facilities should offer nurses frequent in-service programs about cultural diversity and competency to enhance the confidence and knowledge of diverse cultures. Nurses should be educated more about multiculturalism to equip them with the needed knowledge about the basic concepts in transcultural nursing. This kind of education could be introduced already in nursing education curriculum to help future nurses to learn and appreciate cultural differences. Education about the most dominant diverse culture in a specific area could be focused on to enhance caring of those people.

More research should also be conducted to point out challenges faced while nursing diverse cultures and ways to overcome them. It is worth suggesting a research for culturally diverse clients and their experiences in Finnish health care since it could be beneficial to decrease the challenges faced by nurses while giving care to them.

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APPENDICES

Appendix 1. List of the researches

Name of the research	Author(s)	Year
Culturally competent are: emphasis on understanding the people of Afghanistan, Afghanistan Americans and Islamic culture and religion	J.N. Giger, R. Davidhizar	2002
Communicating with culturally and linguistically diverse patients in an acute care setting: nurses' experiences	J. Cioffi	2003
Formulation of a plan of care for culturally diverse patients	S. Walsh	2004
Understanding transcultural nursing	Nursingcenter	2005
Implement culturally competent healthcare in your workplace	N. DeRosa, K. Kochurka	2006
Culturally diverse patient-nurse interactions on acute care wards	J. Cioffi	2006
Nurses' experiences of caring for South Asian minority ethnic patients in a general hospital in England	V. Vydelingum	2006
Muslims in Australian hospitals: The clash of cultures	N. Mohammadi, D. Evans, T. Jones	2007
Transcultural nursing: Its importance in nursing practice	M.M. Maier-Lorentz	2008
Intensive care nurses' encounters with multicultural families in Norway: An exploratory study	S. Høye, E. Severinsson	2008
Cultural competence and Hispanic population	D. Hicks	2008
Emergency nurses' caring experiences with Mexican American patients	S.M. Jones	2008
Culturally competent nursing care and promoting diversity in our nursing workforce	Michigan Nurse	2015
Modesty among Muslim women: Implications for nursing care	A. Mujallad, E. Johnston Taylor	2016

Appendix 2. Summary of the reviewed researches

Authors and year of publication	Title	Purpose	Method	Main findings
Giger, J. N Davidhizar, R 2002	Culturally competent care: emphasis on understanding the people of Afghanistan, Afghanistan American and Islamic culture and religion	Provide information about people of Afghanistan, Islamic religion and culture that assist nurse confronted with persons of diverse cultures during a nursing process	Literature review	Cultural competence and culturally competent care is a dynamic and continuous process. In which an individual finds useful care delivery methods based on a given cultural belief, attitudes and behaviors keeping in mind that each person is culturally unique. Six cultural phenomenon which should be assessed are communication, space, social organization, time, environmental control and biological variations.
Cioffi, J. 2003	Communicating with culturally and linguistically diverse patients in an acute care setting: nurses' experiences	To explore and describe nurses' experiences of communicating with culturally and linguistically patient population and their families in an	Interpretive-descriptive study	Nurses used interpreters, bilingual health workers, charts, family member, sign and body language to overcome the

		acute care hospital		communication barrier.
Walsh, S. 2004	Formulation of a plan of care for culturally diverse patients	To formulate a plan of care for a culturally diverse population and develop a resource for the healthcare team in providing culturally competent care	Literature review	A plan of care for a culturally diverse client should include an information about verbal communication, ineffective health maintenance practices, knowledge deficits, nutrition and compromised family coping.
Nursingcenter 2005	Understanding transcultural nursing	To be aware of cultural trends while respecting patients' preferences	Literature review	Space/distance, eye contact, time/punctuality, touch, communication, holidays, diet, biologic variations and environmental variations are factors which affect to people's behavior.
DeRosa, N. Kochurka, K. 2006	Implement culturally competent healthcare in your workplace	To give a guided approach to meet the challenges of giving a culturally competent care in the ever-diverse population of the United States.	Literature review	Six-step approach for culturally competent care includes cultivating attitudes, developing an awareness, obtaining background information, performing a cultural assessment, planning

				culturally sensitive care and avoid defensiveness/recovering from cultural mistakes.
Cioffi, J. 2006	Culturally diverse patient-nurse interactions on acute care wards	To describe nurses' and culturally diverse patients' experiences in nurse-patient relationship in acute care wards	Interpretative study	Nurse-patient relationships were found to involve tension related to racial differences, visiting and the gender of the care provider, perceived differences including culture and beliefs and held awareness regarding language and need for information.
Vydelingum, V. 2006	Nurses' experiences of caring for South Asian minority ethnic patients in a general hospital in England	To describe nurses' experiences of caring for South Asian patients.	Qualitative study, interviews Part of a larger ethnographic study	Nurses' experiences were related to changes in services to meet clients' needs, giving the same care to everyone regardless of their background, lack of cultural knowledge, adhering to practices of the dominant culture and relatives of the client.
Mohammadi, N. Evans, D. Jones, T. 2007	Muslims in Australian hospitals: The clash of cultures	To review the multicultural nature of Australian society, with	Literature review	Diversities may exist in different ways in beliefs, practices and

		a specific focus on the Islamic culture		needs of the Islamic patient/client when compared to non-Islamic patient/client. There can to be problems with adhering to Islamic patient/client's' religious principles in relation to prayer, fasting, diet, clothing and gender interactions.
Maier-Lorentz, M.M 2008	Transcultural nursing: Its importance in nursing practice	To discuss about changes that are important to transcultural nursing and to identify factors that define transcultural nursing. Analyzing the methods that promote culturally competent nursing care	Literature review	For nurses to be able to provide culturally competent care they must have knowledge concerning cross-cultural communication. Cross-cultural communication involves oral and written communication but also eye contact, touch, silence, space and distance and health care beliefs. Culturally competency is achieved by following three-step program. The steps are, adopting attitudes and promoting transcultural nursing

				care, developing awareness and performing a cultural assessment.
Høye, S. Severinsson, E. 2008	Intensive care nurses' encounters with multicultural families in Norway, An exploratory study	To explore nurses' perceptions of their encounters with multicultural families in intensive care units in Norwegian hospitals	Descriptive exploratory qualitative design with a retrospective focus	The main encounters related to multicultural families were impact of on work patterns, communication challenges, responses to crises and professional status and gender issues.
Hicks, D. 2008	Cultural competence and Hispanic population	To increase knowledge concerning cultural competent and how to treat Hispanic patients	Literature review	For Hispanics, family, religious beliefs, communication and health beliefs are the biggest cultural influencers.
Jones, S. 2008	Emergency nurses' caring experiences with Mexican American patients	To understand emergency nurses' experiences when caring for Mexican-American patients	Qualitative study, interviews	The main themes of the research were language barrier which was the greatest barrier to culturally competent care followed by continuity of care and finally limited cultural knowledge.
Michigan Nurse, 2015	Culturally competent nursing care and promoting diversity in our	To increase knowledge about the im-	Literature review	To be culturally competent nurses should show respect,

	nursing work-force	portance of cul-turally compe-tent care/diver-sity and be able to utilize as-sessment skills in the work set-ting.		perform cultural assessment, be sensitive and communicate ef-fectively. The barriers to cultur-ally competent care are assump-tions, lack of knowledge, lack of trust, commu-nication barrier and healthcare environment.
Mujallad, A. Johnston Tay-lor, E 2016	Modesty among Muslim women: Implications for nursing care	To provide ethi-cal nursing in-formation for providing care that respects Muslims inter-pretation of modesty	Literature re-view	Beliefs and practices re-lated to mod-esty includes covering the body, guarding interactions with persons of the opposite sex, avoiding eye contact and touching and role of men.