

[Aihe]

Bachelor of health care, Nursing

2020

Alina Järvinen

MULTICULTURAL DIFFERENCES IN DISTRICT NURSING



BACHELOR'S THESIS | ABSTRACT

TURKU UNIVERSITY OF APPLIED SCIENCES

Bachelor of health care, Nursing.

May | 22

Alina Järvinen

MULTICULTURAL CHALLENGES IN DISTRICT NURSING

This study is about the multicultural challenges and diversity in the community nursing. In this thesis I'm studying through most common cultures and religions that the nurse can come across in the nursing field of work. What are the challenges in the individual care of cultural diversity? What are the main things that you should take consider in the patients individual care in the treatment plan and solving the problems. Focusing on the two major cultures that are most common in the district nursing in Finland, and their different qualities but still finding mutual characteristics from both cultures. Main cause and meaning of the thesis is to improve and develop awareness of important interaction skills, succeeding to implement high quality care while having a language barrier, or differences between the beliefs, religion or set of values. Method that has been used in this thesis is focusing on the writer's own experiences while working in district nursing and talking about the consequences that might happened while working without the right amount of experience or education towards cultural challenges. Thesis development should be targeting to educating the future nurses not only with the basics studies but really pointing out the multicultural differences and obstacles that should be avoided in the best way possible. District nurses are constantly under pressure, because the work itself is very independent and you should be very aware of your own abilities. Developing contains the informational knowledge about the cultures, and mode of action that has been used in the patient care. Progress has to happen from health care professionals as well as the patient's point of view. Our work community and also needs to take care of the problem together and educate, teach and improve the skills that we have learnt from school and by experience. Development proposal is hard to point out specifically, but in this thesis, it's been discussed the importance of high level of education towards multicultural patient group and diversity that has been seen in the community.

KEYWORDS:

Nursing competence
Cultural diversity
Challenges in district nursing.
Cultural differences

OPINNÄYTETYÖ (AMK / YAMK) | TIIVISTELMÄ

TURUN AMMATTIKORKEAKOULU

Bachelor of health care, Nursing.

Toukokuu | 22

Alina Järvinen

MONIKULTTUURISET HAASTEET KOTIHOIDOSSA

Opinnäytetyöni käsittelee kotihoidossa esiintyviä monikulttuurisia haasteita ja vaikeuksia. Käyn läpi yleisiä uskontoja sekä kulttuureja, joita voi työelämässä tulla vastaan. Mitä haasteita yksilöllisessä kulttuurissa on, mitä hoitohenkilökunnan tulisi ottaa huomioon asiakkaan yksilöllisessä hoidossa-, sekä hoitopolussa sekä niiden ratkomisessa. Keskittyen kahteen suureen kulttuuriin, jotka esiintyvät kotihoidon piirissä enimmäkseen ja niiden yksilökohtaisiin kulttuuri eroavaisuuksiin. Opinnäytetyössä keskeisin aihealue oli kehittää hoitohenkilökunnan tietoisuutta vuorovaikutustaidoista, kielimuuriin, arvomaailma eroavaisuuksiin sekä kulttuureiden omiin tapoihin ja tekoihin. Metodi, jota opinnäytetyössä on käytetty, keskittyy kirjoittajan omiin kokemuksiin kotihoidon kenttätyöstä, hankalista potilas kohtaamistilanteista, jossa kulttuuri ja kielelliset vaikeudet esiintyvät. Keskeisiä tuloksia esiintyi eritoten artikkeleissa, jossa keskusteltiin kielimuurin aiheuttamista tilanteista, jotka aiheuttavat suurta kommunikaation puutetta puoleen ja toiseen. Opinnäytetyön kehittämiskohteet painottuvat koulussa tapahtuvien perusopintojen lisäksi kouluttamiseen jatkuvasti työpaikka kohtaisesti uran aikana. Se edesauttaa hoitajien olevan valppaana sekä kehittämään itseään parhaan mahdollisen tavan mukaan kohti moniammatillista osaamista monikulttuurisen hoitotyön pohjalta. Kehittämisen kannalta opinnäytetyössä pohditaan miten kehitetään tietoisuutta eri kulttuureista sekä toimintatavoista hoitotyön kannalta. Millä tavoin voidaan edesauttaa mutkatonta ja vastuullista potilashoitoa, jotta vältetään kielimuurin, uskonnon, tai kulttuurin aiheuttamilta ristiriidoilta. Kehitystä tarvitaan molemmilta osapuolilta niin hoitohenkilökunnan kuin asiakkaan näkökulmasta, jotta yhteistyö tulee olemaan mahdollisimman sujuvaa jatkossa. Työyhteisön yhteisöllisyys sekä kehittäminen parhaimman lopputuloksen takaamiseksi, tulee olla itsestään selvyyttä, jotta voidaan myös taata kouluttaminen tulevaisuuden hoitajia varten monikulttuurisen kotihoidon ympäristössä. Kehittämisehdotuksista opinnäytetyössä on konkreettisesti vaikea tuoda esiin, mutta keskustelua herättämiseksi tulisi perusopinnoista lähtien panostaa laatuun sekä yksilölliseen kehittämiseen.

ASIASANAT: Monikulttuurinen hoitotyö, Kotihoidon haasteet Hoitotyön kompetenssit, Kulttuuriset eroavaisuudet

TABLE OF CONTENT

1. INTRODUCTION	6
2. MULTICULTURAL NURSING	7
3. RESEARCH PURPOSE, AIM AND RESEARCH PROBLEMS	8
4. RESEARCH METHOD	9
4.1 Literature review	10
4.2 Literature search and selecting the literature	11
4.3 Analysis of the literature	11
5. FINNISH COMMON CULTURES IN DISTRICT NURSING	11
5.1 Muslim culture	12
5.2 Gypsy culture	13
5.3 Summary	14
6. CULTURAL COMPETENCES IN THE NURSING FIELD	14
7. REQUIREMENTS OF NURSES COMPETENCES AND EVALUATION	16
8. VALIDITY, RELIABILITY AND ETHICS	17
9. CONCLUSION AND DISCUSSION	18
REFERENCES	20

1. INTRODUCTION

Multicultural differences in home care is a research plan talking about the differences and challenges what the nurse has to face and succeed while working in district nursing. Challenges can occur in any situation, so choosing the right way can be difficult in time to time. For example, not having a mutual language, as well as having no idea of the patient's culture and for that what would the care be and what the nurse should consider the most.

Culture is a social pattern of behaviors, beliefs, and characteristic. It is very important to understand that cultural characteristics are different from physical characteristics. People who have similar physical characteristics do not always have similar cultural characteristics.

As Celik, Abma, Widdershoven, van Wijmen, and Kling were talking about the current healthcare practices lacks awareness of diversity, poor information and communication, together with some organizational constraints. Nurses working in multicultural settings are in a constant process of experiencing tension and striving toward understanding (Spence, 2001, 2004).

The care should be culturally competent to everyone. District nursing the variety of different cultures is very wide. Cultural diversity is shown strongly in the community, and we have to provide the same care to all of us who lives in Finland. People who practice Islam are referred to often as Muslims or Nation of Islam. Muslims don't eat pork and pork products and generally do not use alcohol. During Ramadan they do not eat during daylight hours. They accept standard medical care and generally oppose faith healing. Muslims perform prayers five times daily. There is a ritual washing before prayers. There are several different sects of Islam, and each is somewhat different. Nurse should never define the person of the physical features, if the patient is from Middle East it doesn't still mean she/he is a e.g. Muslim.

In this thesis I will study the common cultures that the nurses see in the district nursing. I've chosen the cultures that I have had an experience in the nursing field in the past. With the major cultures in Finland there are Muslims and Gypsy's are most common what you see and take care. What are the obstacles for good quality care with a patient of language barrier, different thoughts, behavior and beliefs regarding to the care.

2. MULTICULTURAL NURSING

Madeleine Leininger is author who made a huge impact in the 1990th century who created the transcultural nursing method and future of it. Her studies showed the diversity of different cultures and the creative thinking together with the multicultural community.

Madeleine Leininger described the thoughts of her theory in an interview and said "All I knew when I was going to develop my theory, I wanted it to be a theory that could be used worldwide in nursing because I knew nursing would have to go global" (Leininger 1996)

Madeleine Leininger (13th July 1925-10th August 2012) has studied transcultural nursing for years, and here are some of the conclusion she made in her researches. She was known by creating the transcultural theory.

Leininger said in the 1996 interview that "When caring for a Saudi Arabian patient, for example, the nurse should never give pills and medications with the left hand, as the culture regards the left hand as "unclean." It's culturally inappropriate for the patient to take the pill from the left hand, and so the pill might be refused and cause a lot of distress." (Leininger 1996)

Mental health was also in the center of their studies and "The nurse must work with the patient's values and beliefs, explain what might be helpful, and avoid using devices and techniques that are most offensive. Through transcultural education, the nurse can discover what cultures will tolerate and what is most

offensive to them. Through transcultural nursing education, the nurse becomes sensitive and culturally competent in handling patient fears, cultural taboos, and culture-specific needs.” (Leininger 1996)

Emily Haozous is a PhD graduated RN nurse, who made an interview of what to consider when taking care of a multicultural patient and she said, “When working across cultures, the first thing to remember is that nobody fits into any one box. I teach about intersectionality when I talk about culture.

Intersectionality is a term that describes the overlapping identities that all people carry with them,” (Haozous 2017)

3. THE PURPOSE, AIM AND RESEARCH PROBLEMS

The purpose for this work is to find solutions and alternatives to handle the situations in the community. Experiences and their results of the care are valid for future nurses to have actual data of the diversity and challenges that you might have to face in the community. For the population of the multicultural people is constantly increases it still maintained as a challenge, and with this we are investigating it with the literature point of view.

The study will be evaluated by the experiences and challenges that has been seen in the field, together with the literature based researches and studies what shows, what kind of a change should happened so the patient centered care would be more individual and balanced without the fact of having troubles with the religion or culture.

Research problems are centered to multicultural differences and how to accomplish good quality care for the individual from various countries and cultures. The problems are regarding to the nursing implementation and the patient own requests and wishes. For the nurse it's difficult to know everything and for that it might be an obstacle to succeed a safe and well-planned care.

RESEARCH QUESTIONS

1. What are the cultural challenges nurses have to face in district nursing?
2. How should nurses handle the diversity of cultures?
3. What are the essential competences of a district nurse in a multicultural environment?
4. How to evaluate the essential competences of diversity culture in district nursing?

4. RESEARCH METHOD

4.1 Literature review

Narrative literature review is the research method used in this thesis. It focuses on my own perspective towards multicultural diversity and as well as the experiences of working in a community and facing the challenges on the work field, as explained in the atlas website. Narrative data can be collected from patients' stories and experiences, treatments of overall care. Also, from other colleagues and health care professionals. It can be used to improve patient care as well as nursing education. (Holloway & Freshwater 3-4)

4.2 Literature search and selecting the literature.

Literature is searched from various platforms such as EBSCOhost, PubMed, and Google Scholar. Words that have been used in this research are

Multicultural diversity

Cultural differences in district nursing

Challenges in district nursing

Cultural competences

Nursing competences

Multiculturalism

Selecting the literature has been chosen by thinking of the similar cases on the writer's own experiment. Some of the cases that has been used in this study are very much the same that has come across in the nursing filed of work. Articles that I've gathered from the various platforms are centered to the keywords that I used. Articles that I've selected are specially centered for nursing point of view in multicultural diversity from a perspective of district nursing. With the experience that shows the knowledge and possibly the authors own vision for the work is important, because this thesis contains mostly experiences and theory of it.

I've used over twenty different articles on this study to refresh the knowledge I already have. Some of my information has also been search from Finnish websites like THL and articles that has been wrote by YLE.

4.3 Analysis of the literature

Analyzing process of the articles and studies what I used in this thesis was chosen carefully and with right subjects related to nursing in the community. What was an essential of choosing the right ones was the multicultural aspect in the theory part as well. I've used resources and articles that are still showing a Spanish point of view to gypsy culture, or home care challenges in the Nordic countries. Finnish home care perspective I've try to include my own opinions and theory as much as I can from my own perspective, challenges and experiences. The articles also showed the diversity of the different situations and challenges and with that is showed great diversity of our cultural challenges.

5. FINNISH COMMON CULTURE IN THE DISTRICT NURSING

5.1 Muslim culture

The word Islam means submission of the will of God (Ali 1996) so the person who practices Islam is a Muslim or Moslem. In Finland the Pew Research center shows that between 2010 and 2050 the population is growing from 40 000 to 190 000 Muslim (YLE 2015)

The Islam faith and beliefs can influence a major part of the care and decision-making health practices and the use of the healthcare. (Attum, Waheed, Shamoan 2019) The challenges are going to be faced in the district nursing eventually and the non-Muslim health care providers can have troubles dealing with it. (Attum, Waheed, Shamoan 2019)

In home care generally what we should consider is the most normal and daily choices and routines that the Muslim patients are doing at home. What district nursing is about for the patient and the community is that we help the patients at home as much as we can and for the community we try not to burden the public health care and local municipals by providing good quality care so the ones that are in actual need of hospital care can have it.

Nurses at their homes what they should consider the most are privacy issues and touch issues dietary habits, and medications. Guidelines that the district nurses should follow are avoiding eye and physical contact when the patient is opposite gender if possible. If there are no change for co-operating with the patient, then the care plan together with the district nurse should be considered again. Treatment and own care are always decided by the patient and their own will.

Dietary habits for Muslims are avoiding any non-Halal animal fats, pork and by products of pork. Prayer time can be strict by scheduling in it to the right time of the day.(Attum, Waheed, Shamoan 2015) If the patient is needed for helping

hand for meals the nurse can be disturbing the prayer time with the visit. Still as much as you can adjust for the patient needs and wishes, everything is not always possible, and sometimes you can't be that flexible with the times and the workload can be a lot for one day so you have to do it as well as you can.

Ramadan is a time when Muslim fast. There is no food or liquids between sunrise and sundown. Patient with severe health problems, pregnancy or children that haven't reach puberty yet, are not fasting during Ramadan.

If the patients are going through Ramadan, and are clients in home care, what concerns the most are the ones with diabetes, or other health issues that needs good stable nutrition and fluid balance through put the day. With the decision of their own care they can decide whether they want anything from the nurses during that period.

Muslim women prefer the same gender nurses and doctor in order to follow the rules (Taheri 2009) Also having a sign for Muslim patients to putting to put on Hijab before entering their home or in the hospital setting to their room.

Islam teaches that life on earth is an examination, death is not to be resisted or fought against it is more of an acceptance. For Muslims death is not a taboo. They are always buried than cremated, because the body belongs to God. (Taheri 2009)

If a patient is in terminal care, and the district nurse team makes visits there during the day some cultural rules can differs a bit form a Finnish cultural tradition. Daily prayer plays an important role especially times of suffering and distress.

5.2 Gypsy culture

Romanian population is estiamted to be around 12 million people around the world. In Finland there are average of 10 000 to 12 000 romanians in the finnish population. First romanian people came from Sweden over 500 years ago (YLE 2018) Finnish-romanians they have their own culture lagacy and language. One third of the population are talking Kaaloo.(YLE 2009)

A previous study shows that some of the Gypsy people describe health and well being that as long as they are able to do the daily task, and succeed in day-to-day life their chronic illnesses and severity of their condition is then it is manageable. Until they reach the point of where they can take care of themselves and family members with their health issues together.

In an article of gypsy traditions, beliefs and cultural sensitivity these three writers referred to Romani culture so. (Restrepo-Madero, Trianes-Torres, Munoz-Garcia, Alarcon 2017) 'Good health and physical appearance usually translate in medically over-weight bodies. Having a good weight is often interpreted as a sign of health'

Related to vaccination they also wrote "Another important belief lies in the effectiveness of popular and natural medicine against medical treatments, thus rejecting immunization through vaccination"

With their language, in Finland most of them talk Finnish. So, with the communication shouldn't be a problem. Rules for Romanian people are example living causes, because in the culture the oldest lives in the highest floor of the building. In a house they should live in the top floor. And its age graded going downwards. Romanians describe home as a sacred place because for ages they have been travelling without having an own home.

5.3 Summary

Both cultures are very different in their own way, but have same characteristic regarding to family, independency and rules. Their living situations can be similar with all the close family living together. That can be causing some tension as a nurse to walk in and having a lot of people around, while you're trying to work. It can be as simple as warming up the food and giving medications. Administering parental nutrition and medication, challenging chronic wound care, or end of life care can be day to day basics in the district nursing and our nursing professionals must be trained with that together the sensitivity of multicultural differences and difficulties.

In the homecare there can be many other religions and cultures but the most common ones that you might see are either Muslims or Romanian clients. You can't remember their language or all their beliefs, but what the main thing is to be respectful and manage the care as good as you can. Communications with any client is important so you know what they need and want and give the best quality of care. Health beliefs are an important for cultural knowledge that should be studied to respect any culture (Walton, Akram, Hossain 2014)

Cultural tradition towards the dress code is very strict in both cultures. Romanian people are wearing their traditional dress that has velvet dress, with a silk shirt and big earrings. It can wear even seven to ten kilograms. It's a sign of adulthood and shows gratefulness towards their cultural and how in the 20th it showed wealth when the dress was getting wider (YLE 2017) With Muslim culture the Hijab is worn by part of culture, religion and own opinion. It means covering in Arabic (Anderson 2015) and they respect their own choice of wearing it. District nursing both cultures are present in the nursing field and the way they dress and respect their own culture. As a nurse challenging part is to follow individual action and wishes towards their beliefs and culture.

6 NURSES CULTURAL COMPETENCES IN THE NURSING FIELD

Cultural challenges are the key things for district nurses to achieve with. Constant challenge of working in the field and being responsible of their care is already stressful, without any misunderstandings regarding to patients own culture, language or beliefs.

For us nurses we should concentrate to for the overall care and wellbeing of the patient while we are doing home visits and managing their daily life. What worries us is the lack of knowledge, working under pressure and carrier a responsibility of many clients and their care plan and treatment. Culture is described as thoughts, actions, and communications. It's also beliefs, values, religious, ethnic and social groups. Also, culture defines health care information, and how to

receive it as well as symptoms and concerns regarding to health and well-being. (U.S. Department of Health & Human Services, Office of Minority Health, 2013) Home care features many benefits, such as lower hospitalization costs for patients and the health system, decrease of hospital acquired complications, and increased patient satisfaction. Culturally competent care is about knowledge of the certain religious or culture, attitudes towards it and the skills behind it. Being aware of your patient ethnicity is an important.

Linguistic barrier is an obstacle to any health care professional to try accomplishing while giving good quality and advanced care. The patient care and clinical outcomes suffer. What makes the community even harder is that you are responsible for the care on your own during your shift, so mostly you work as an individual in the field and back in the office you have your co-workers that could help. In an article talking about communication competences in nursing Gregg and Saha (2007) wrote "You can't, and you don't need to remember languages in the way you could communicate with the patient's mother language. That why there are many tools designed to help the health care professional's communication between the patient and the close family for example"

In an article talking about communication competences in nursing (Gregg and Somnath 2007) wrote. "Thus, linguistic differences are not just differences in words but also differences in the concepts behind words and in the contexts that shape the meanings of words. Understanding the role language differences play in medical encounters and their impact on clinical outcomes must necessarily include an understanding of the larger context in which language takes place"

Nowadays there are many translator tools to help the language problems in any health care facilities. Apps like Care to Translate is a tailored for all types of clinics, wards and departments to provide effective solutions or the care.

7. REQUIREMENTS OF NURSES COMPETENCES AND EVALUATION

In district nursing in general the education and learning outcomes and competence are significant concepts. You must be prepared for working in any circumstances. What the nurse should consider while training to the specific way, is how to relate to the clients and their own culture, knowledge and personal qualities. Nursing competences generally for any health care profession is to be able to handle the core abilities and demonstration of the skills. Elements like knowledge, attitudes, skills and values are the key things for the care.

What effects the most as a district nurse in the community your ability of judgement and analyzing the environment, because there usually is only one nurse visiting the clients in the community, and you have to adapt to any situation as an individual because you don't have the support of your coworkers at their home. Your ability to act and demonstrate care with your own judgment of the matter and make logical decisions.

Multicultural point of view, the district nurse should consider the ethics, values and cultural diversity that you see everywhere, but the difference is that you go to their own home. In the hospital environment the policies are a bit different when it comes to ward rounds, daily schedule and ways of working. At their home, there not much you can do if the client is getting out of hand, and in that situation the smartest choice is to back off and secure your own safety.

Evaluation of the nursing implementation is to evaluate the clinical skills combined with the ethical and social abilities to handle a client with a different cultural background or religion. Nurse should be focused of the care of individual client and their personal culture. Behavior and approach to anything is important to be handling carefully. With experience and variety of different cultures and patient is the only way to succeed in the community. You can't force yourself to learn, it takes time and patient but eventually you will see the knowledge you have gathered over the years of community care. Your attitude towards the learning phase and training are important as well. Nurse should

educate themselves as much as possible, and with the multidisciplinary team in the district nursing you have the ability to learn from your coworkers and let them teach you the essentials you need when facing a patient from other culture.

It's important to address attitudes as a culturally competent nurse. Awareness of how culture influences individual behavior and thinking is allowing you to plan the overall care and treatment plan for the patient. Rules of interactions within a specific cultural group, communication patterns and customs, family roles and beliefs on spirituality, will help you understand the attitudes of your patients. Developing your own skills towards cultural competency are by communicating that best for allowing your patient to understand the care plan.

8. VALIDITY AND ETHICAL CONSIDERATIONS

In this thesis the validation is based on truthful articles that are trustworthy. Articles on this study are chosen carefully based on the knowledge from the work experience before. Plagiarisms is not been used in any point of this thesis. Thesis material is ethical and critically observed and selected to use. References that has been gathered are ethical and chosen carefully with the competences towards the study. Articles and cases with in used in this matter is highly investigated and thought through so the conclusion and goal is to improve the nurses challenges and cultural diversity changes and with my own opinions and experience and full fills the agenda of this study.

“To be ethical, clinical research must be valuable” (Rickhardson 2012) In this case the research has been made over the years if working in various different nursing fields from district nursing to hospital setting and care homes. You see different cultural diversity in many places, everywhere you see their individual challenges but gathering the key elements that is blocking to understand and

implement the multicultural care. I've tried to search as many different articles that are talking about different multicultural situations, experiences and based on real stories and facts, only using reliable sources.

9 CONCLUSION AND DISCUSSION

Throughout this thesis, the conclusion is to help nurses who are interested of community nursing and are willing to work in environment of cultural diversity. It creates challenges and your own ability to work, providing a strong independent attitude, and mind which is focused and sharp towards the care. It is impossible to learn specific cultures, their traditions, beliefs and language only for the community. There is no health care facility that are that advanced that the staff would know every patient cultural background throughout. The process of nursing includes competence care and care planning. Our nurses should value the culturally appropriate approach to nursing and educate others along with it. Being culturally informed is based on skills, knowledge and experience and those to learn you need time and patience. Sensitivity towards your clients and understanding that difficulties can be faced, but you shouldn't let it stop you for preparing well planned and safe care to your patients.

Patient should be observed together with advanced judgmental skills of health, illness and care for the future. In my opinion the results for this study regarding to the difficulties, challenges and cross-cultural diversity is a challenge to succeed, but with time and patient it can be achieved. Experience in the district nursing in my opinion is a challenging field of nursing, but very rewarding at the same time. You create a special bond with the patient because the care plan is longer comparing to an onward patient in a hospital setting. In the community you take care of them in their own home, and with that you must show great respect to their wills and wishes.

Handling the diversity or religion, beliefs from the cultures is challenging, but everyone should be treated individually no matter of the background of the patient. Nurse role in the district is unique knowing and tactic knowledge by Bain (2015) To serve the needs of a diversity population it is essential that the healthcare system take action to improve cultural competence, ethnic and racial system. (Lakshmi 2019)

Handling the cultural diversity and challenges requires nurses to attend in conferences and their own institutions lectures about improving knowledge and updating skills and education.

Examination of cultural diversity cases in the nursing field either in the multicultural aspect or other difficult patient cases are the ones that makes it interesting and giving the different aspect and eye to look on and make a change to the health care. Being nonjudgmental and creating a cooperation between the nurse and the patient and the relationship can be in the district nursing more specific and familiar. Patient relationship can be long lasting and that can guarantee a very professional and understanding and close patient case where the patient from other culture can feel the welcoming and respecting from the district nurse team towards their religion, beliefs and culture.

Overall, this subject is a difficult to handle and there is no straight up conclusion to fix the problem that any health care center is facing with multicultural patient group. Still health care professionals are doing their best to accomplish good quality and advanced care in the difficult environment as home care requires.

REFERENCES

Anderson Beckmann, A W. 2015. Muslim Women in America and Hijab: A Study of Empowerment, Feminist Identity and Body Image. National Association of Social Workers. Vol 60 No 4.2015 325-333

Asem Attum¹; Abdul Waheed; Zafar Shamoona², Cultural 2019. Competence in the care of muslim patients and their families, December 6, 2019 Statpearls publishing, Treasure Island (FL)

Benjamin, Barbaranne J; Spacek, Suzanne .2001. Multicultural Issues in Home Health care. THE JOURNAL OF MULTICULTURAL NURSING & HEALTH. 7:3. Fall 2001. 5-9

Flanagan, J; Baldwin, S; Clarke, D. Work-Based Learning as a means of developing and accessing nursing competence. Journal of Clinical Nursing 2000. Vol. 9 No. 360-268

Fukada, M. Nursing Competency: Definition, Structure and Development. Yonago Acta Medica 2018. Vol.61 1-7

Gregg, J; Somnath, S. 2007. Communicative Competence: A Framework for Understanding Language Barriers in Health Care. Society of General Internal Medicine 2007. Med 22(Suppl 2):368–70

Holloway, I.& Freshwater.D 2007. Narrative Research in Nursing. SAGE PUBLICATIONS.

Leininger, M. 1988. Leininger's Theory of nursing: Cultural Care Diversity and Universality. Nursing Science Quarterly.1988. 152-160

Leininger, M. 2009. Some Reflections on the Impact of the Culture Care Theory by McFarland & Andrews and a Conversation With Leininger: Nursing Science Quarterly. Volume 22.Number 3. July 2009. 233-239.

Leininger, M. 1996. Transcultural nursing: Essentials for excellence. Nursing 96. Vol 26.

Lundgren, SM; Holmberg, M; Valmari, G; Skott, C. Home Care Encounters in a Multicultural Context- A Diverse Space for Caring. Home Care Encounters. Vol.15. No.1. 23-29

McCorry, V.2019 An overview of the role of the district nurse caring for individuals with complex needs. British Journal of Community Nursing. 2019 vol 24 No 1 20-26

Murphy, K. 2011. The importance of cultural competence. Nursing Made Incredibly Easy. Vol 9 No.2. 5

Polkinghorne, D.2007. Validity Issues in Narrative Research. Qualitative Inquiry. Vol 12 No.4. 471-486

Restrepo-Madero, R; Trianes-Torres, M; Munoz-Garcia, A; Alarcon, R. 2017. Cultural and Religious/Spiritual Beliefs and the Impact on that Fear to Death has on Gender and Age, Among a Minority Group from Shouthern Spain. J Immigrant Minortiy Health (2017) 9:392–397

Rickhardso, S, H. Oxford University Press 2012. MORAL ENTANGLEMENTS. Vol.3.No3 376-409

Sheikh, A. 1998 Death and dying- a Muslim perspective. JOURNAL OF THE ROYAL SOCIETY OD MEDICINE 1998. Vol 91, 138-140

THL, Romanit <https://thl.fi/fi/web/maahanmuutto-ja-kulttuurinen-moninaisuus/kieli-ja-kulttuurivahemmistot/romanit>

Walton, L; Akram, F; Hossain, F. Helath. 2014. Health Beliefs of Muslim Women and Implicationsfor Health Care Providers: Exploratory Study onthe Health Beliefs of Muslim Women. Online Journal of Health Ethics. Vol 10 No 2

YLE: Romaninainen kantaa asunsa ylpeänä, vaikka kivuista kärsien 2017

<https://yle.fi/uutiset/3-9554347>

YLE Tutkimus 2015: Suomessa Muslimien määrä lähes viisikertaistunut:

<https://yle.fi/uutiset/3-7909301>