

# **Multiculturalism in healthcare in Finland**

## **Literature review**

LAB University of Applied Sciences

Bachelor of Health Care

Degree Program in Nursing

Autumn 2021

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## ABSTRACT

Author(s)	Publication type	Published
Tobah, Kevin Waingi	Thesis, UAS	Autumn 2021
Ndayishimiye, Eric	Number of pages 41	
Title of Publication		
<b>Multiculturalism in healthcare Finland</b>		
Literature review		
Degree and field of study		
Bachelor of Health Care in Nursing		
Tutor (s)		
Sini Hämäläinen,		
Abstract		
<p>Multiculturalism is both a challenge and a concern in the 21st century healthcare environment. The ever-increasing immigration and demand for foreign labor, has both positive and negative effects on the daily lives of health professionals. In their work, they encounter people from different religions, different ethnic groups, and different geographical backgrounds.</p> <p>In multicultural nursing, health professionals must respect and value cultural diversity. An open and receptive approach to people's diversity, promotes professional growth and leads to a greater understanding of the specificities of different cultures. The internalisation of social structures and diversity also provides a basis for accepting the differences of the broad human spectrum. Gender roles, sexuality, and social status are examples of these.</p> <p>This literature review addresses the work-related challenges and benefits faced by healthcare professionals in a multicultural work environment. The thesis also presents solutions to these challenges. The literature review has been based on scientific publications as well as other reliable academic sources and databases, such as EBSCO, PUBMED, Sage Journals, GOOGLE Scholar, Science direct and Cinahl andmaster's Literature Review, 2011-2021.</p> <p>The thesis on multicultural health care covers most aspects of the health care system for citizens and immigrants (health care personnel) and solutions to a global nursing phenomenon.</p>		
Keywords		
Multiculturalism, cultural sensitivity, cultural competency, transcultural nurse, cultural diversity		

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## 1 Introduction

Finland has long been on the roadmap towards a multicultural society. Statistics Finland's data for 2020 shows that eight (8) per cent of those aged 30-34, living permanently in Helsinki, have a multicultural background. This demographic development is also reflected in nursing and health care professions. It follows that health care professionals must adapt and approve work guidelines from the point of view of multiculturalism (Vartiainen et al. 2016; Flinkman et al. 2013).

The increase in multiculturalism is particularly evident in health care. This is partly explained by the fact that immigrants have come to Finland from countries at war and as victims of natural disasters. There are of course other reasons behind immigration, such as work, study, human rights violations at home and family reunification. It is natural for people to seek out and settle in a place where living conditions are even better (Vartiainen et al. 2016; Flinkman et al. 2013).

In 2020, 5,500 foreigners moved to Finland. The growth of foreigners moving permanently to Finland is reflected in the need to provide health care services in languages other than Finnish and Swedish. The number of nurses who are not native Finns is also growing. This implies the expectation that nurses who speak Finnish and Swedish as their mother tongues should learn English and become acquainted with working in a multicultural environment (Tarkoma 2019; Flinkman et al. 2013)

Despite Finland's immigration figures, the shortage of nurses is constant. Many nurses have applied for another profession or other vocational training. The Ministry of Employment and the Economy and the Ministry of Education and Culture have considered supporting projects such as TAKASA through the Talent Boost program. A new English-language polytechnic degree was created as a solution to the acute shortage of nurses (Ministry of economic affairs and employment 2016).

The purpose of the thesis was to find out the work challenges nurses encounter while providing care to clients coming from unfamiliar cultural backgrounds. In addition, this could be used in health institutions to provide suitable guidelines when facing culturally based comparable situation (Chad 2015; Zarzycka et al. 2020).

## 2 Theoretical background

### 2.1 Multiculturalism

Multiculturalism is the ability to adapt to the different cultural values and social differences of a society. Differences between individuals (ethnic background, cultural origin, and race, etc.) contribute to social inclusion. This again contributes to the development of society as a state of culture. Multiculturalism challenges liberal democracy in a society that requires equal treatment for all (Crowder 2013, 167; Duncan & Popp 2017).

Technological innovations and fast means of transport make it easier for people to move from place to place. As people move, so does culture with them. This has led citizens to invite their leaders to identify cultural differences and use it as a source of labor. The goal of multiculturalism is social cohesion and integration, which enhances the sense of diversity. The current younger generation understands the importance of respecting the majority, without cultural domination of the minority (Pakulski 2011).

### 2.2 Cultural sensitivity

The fact that people see different values, beliefs, and behaviours are known as cultural sensitivity. According to Chad 2015, identifying the client's cultural background will improve the positive outcomes of nursing and nursing management. Increased migration of people around the world has led to an increase in the cultural spectrum of individuals seeking treatment (Sekerci&KirBicer 2019).

It is paramount that nurses are sensitive and culturally aware of their client's cultural heritage. The caregiver does not have to be aware of every little detail that shows a difference, but they must take care of them with dignity and individuality. Individual focus is sure to satisfy the customer's cultural needs as well (Hemberg&Vilander 2017).

Cultural diversity also leads to challenges for clients and healthcare professionals. When health care staff are well aware of cultural sensitivity, it helps to understand the client's needs, communication is easy, the quality of care is improved, equality is promoted, and racial segregation is reduced. The majority of health care staff and nursing students always try to care for patients with their own cultural heritage (Sekerci&KirBicer2019). This is also the way clients perceived, responded, and were satisfied with the care they received (Chad 2015).

### 2.3 Cultural competence

Cultural competence is the ability to acquire knowledge about the characteristics of communities or individuals, while respecting the patient's own norms, beliefs, and values. In nursing, cultural competence is the ability of a nurse to care for each patient as an individual, without prejudice and with respect for their culturally sensitive cultural values (Purnell2018).

A culturally competent nurse can ask questions to help her identify patients' needs. The question may be related to, for example, a cultural ritual. Such a nurse is able to avoid judging patients despite his or her own potentially divergent cultural preferences and prejudices (Handtke et al. 2019).

The knowledge of health care workers about the impact of different cultural habits can be seen as an ongoing process of diverse skills learning (Dellenborg et al. 2012; Chad 2015). When looking at cultural competence systematically, it is a combination of rules, codes of conduct, attitudes that are institutionalized in a Nation, organization, or group of persons in the same professional field. This could be seen in various levels of working life and ensures smooth working conditions in a diverse environment (Handtke et al. 2019).

According to Chad (2015), cultural competence can also be seen as a health care institution, system, or person who constantly seeks knowledge about their cultural norms, behaviours, and lifestyles. According to Zarzycka et al. (2020), cultural skills refer to different factors. Some writers considered it religious beliefs. It is the ability to know or recognize a patient's culture, and in general, the ability to notice and respect cultural differences (Suk et al. 2018). There must be an open mind in the treatment of a client representing a foreign cultural background and in the planning of care (Zarzycka et al. 2020).

The spectrum of cultural differences is wide. For example, Hispanic men generally believe that diabetes is a death sentence. Muslims, on the other hand, may only want treatment from a member of their own sex. To be culturally competent, a caregiver must have appropriate training in different cultures in order to interact positively with clients from different backgrounds. One may also have cultural Encounters with clients from a diverse culture thus ensuring poor judgments on a given culture. Also, respect should be shown, and things observed from the client's own cultural point of view (Chad 2015; Zarzycka et al. 2020).

The cultural competency model used to provide health care looks at five different skills needed to ensure appropriate care. It is the skill, knowledge or knowledge of other cultures, the encounter of people of another cultural heritage, the awareness or ability to identify cultural needs and the great enthusiasm to help individuals. The cultural evaluation model of Giger and Davidhizartrans highlighted six cultural aspects (Chad 2015).

These patterns consist of communication skills, i.e., the use of a particular language, non-verbal actions, and silence. In other words: how someone stays close to or separated from another person, appearance and what he or she wants to eat, interactions with individuals in other communities, how they view their time and cultural habits in terms of health care (Zarzycka et al. 2020).

## 2.4 Transcultural nursing

Leininger`s theory first defined transcultural nursing as “the humanistic and scientific study of all people from diverse cultures in the world with thought to the ways the nurse can assist people with their daily health and living needs”. Transcultural nursing is also defined as research or practice based on a comparison of similarities and differences in health care values, norms, beliefs, and cultural harmony that benefit and benefit the population (McFarland&Wehbe-Alamah2019).

As healthcare professionals, we need to understand our client’s cultural heritage. When healthcare staff are aware of their client’s cultural background, it helps them work effectively. Transcultural identity means mastering multiple cultures. Transcultural nursing is based on knowledge of different cultural values, beliefs, and what is similar or different in a particular group or individual (Albougami et al. 2016; Amiri et al. 2016).

According to Campelo et al. (2018), transcultural care is a field of nursing that highlights differences and similarities between different cultures, respects nursing norms and beliefs, and aims to ensure quality care in accordance with their cultural settings.

Transcultural nurses should be able to identify their own prejudices against a particular population or individual and their implications for their own working life. This means that nurses must be sensitive to other people’s cultural norms and beliefs. This also means that they are assumed to be professionally trained in the specificities of different cultures. The use of a professional interpreter can help bridge the gap between clients and nurses (Ausmed2019).

An example of a transcultural model used during practice was the access model. This includes knowledge of the client's cultural approach, the verbal and non-verbal concept of communication, the ability to see things from the client's cultural perspective, and respect for clients' cultural values that contribute to their safety while ensuring sensitive cultural care in a multicultural community (Ausmed2019;Albougami et al. 2016).

## 2.5 Cultural diversity

Sagar (2012, 95-117) defined diversity as "differences in characteristics related to race, ethnic origin, nationality, religion, gender, sexual orientation, ability or disability, social and economic status or class, education, and social groups". Cultural diversity is a collection of different human societies or individuals with differences in race, ethnicity, and culture at the local and/or global level.

Working as a nurse in a multicultural society requires awareness and skill in their attitudes toward patients with different norms, beliefs, values, and cultures (Sagar2012,95). The healthcare sector, like any other organization, faces its life as a reality of cultural diversity. Working as a health care professional in the community that has differences like religion, language, ethnicity, and race can easily create misunderstanding,behaviour adaptive barriers as well as poor diagnoses followed by lower quality of care (Logan 2012).

Because of the impact of cultural diversity, professionals must respect and accept client values, norms, and traditions. At the same time, he/she must be able to challenge the client's opinions, beliefs and thoughts with arguments based on science and facts. This can be as positive an event as diversity in an organization and society. This can lead to the creation of innovative ideas, social inclusion, adaptation of new knowledge and professional Networking even though it can be Harder to build Unity (Logan 2012).

## 2.6 Today`s world as society of multiculturalism

There is a phenomenon of movement going on all over the world, known as transition and seen as migration. The phenomenon is leading to an increase in multiculturalism. The movement phenomenon brings challenges to integration and raises economic, political rights, health, and cultural issues (McAuliffe et al.2020).

Globalization has also had consequences for the health care systems of different countries, for the provision of health care for immigrants, and for differences in health values and beliefs. The multiculturalism of health care is very broad and is increasing due to



many external causes such as political instability, unemployment, educational needs, tourism, insecurity, and coping change (McAuliffe et al. 2020). Multiculturalism is also on the rise due to business ventures and large-scale immigration movements. All of these receive their health care services within the framework of universal health care services (Zhao & Coombs 2012; Duncan & Popp 2017).

Nurses working in multicultural societies face a wide range of challenges during treatment, such as ethical issues and traditional as well as religious beliefs. At the same time, they will also gain a better understanding of the global growth of culture. This in turn gives them the power to work in a society where they were not born, raised, or educated (McAuliffe et al. 2020).

Due to the shortage of nurses in Finland, efforts are being made here to recruit nurses from abroad. The biggest challenges for nurses coming from abroad are related to the ethical aspects of Finnish society, language skills (Finnish and Swedish, the key to communication), relations with other healthcare personnel and time management. These factors affect safety and efficient customer handling (McAuliffe et al. 2020).

## 2.7 Immigration in Finland

Within 2020 the immigrated people to Finland are around 32,900 (Table 1) which indicates how the society is becoming multicultural as people moves in with their norms, traditional values, and preferences therefore, immigrants are integrating into Finnish culture and Finnish citizens also get chance to see and experience the foreign cultural. This affects all sectors including health care sector whereas immigrants are getting health services which may differ from services they would get from their home countries in terms of ethics, communication and religions believes (Clausnitzer 2021).

Finnish migration 2020		
Net immigration 511958	Immigration 31106	
	Emigration 19148	

Intermunicipal	Intramunicipal
288443	595638

Table 1. Finnish immigration 2020

Finland has had a greater internal migration whereas a region like Helsinki gained 8,297 people who speaks other languages than Finnish and Swedish. Emigration has reduced in year 2020 compared to previous years but surprisingly migration greatly increased in total of 32,898 persons who moved in Finland from different continents which is an indication of how Finnish society is becoming multicultural (Tarkoma 2020) (Table 2).

Helsinki permanent inhabitants	Finnish background	Country of birth (Finland)
		5049340
	Foreign Background	Country of birth (foreign)
		52458
4234494	Country of birth (Finland)	
	71773	
		Country of birth (foreign)
		351721

Table 2. Helsinki inhabitants 2020

As one of the countries in the European Union (EU), Finland is facing the population aging concern while the politic and economic stability are priority, the demand of globalization processes for recruitment is high. This has been a recent trend for foreign labor migration increase to fix the gaps of local aging. Finnish system is built to make life easy for immigrants to integrate into the Finnish society. This is seen as first step for Finns to learn other cultures too (Privara 2017).

Finland is recently seen as a multicultural society through methodologies that allow immigration possible like foreign labor immigration, immigration policy and university studies as well as vocational education that are given in English increase the number of immigrants moving to Finland, though putting tuition fees to non-EU student has been not welcomed

as a good gesture for globalization instead, this has been seen as support for rising anti-immigration movement as it has made education very expensive in Finland (Nikunen&Horsti 2013; Clausnitzer2021).

Finland's immigration policy and entry conditions were tightened with amendments to the law made in 2013 (Nationality Act 359 / 2003, the Act on Asylum Seekers and the Integration of Immigrants 493/1999 and the Aliens Act 301/2004). Finland is still open to foreign labor and immigrants and they are offered a wide range of means of integration. This is also reflected in the healthcare sector (Privara 2017).

### **3 The purpose, aim and research question**

The purpose of this thesis is to identify the challenges nurses face in dealing with clients from different cultural backgrounds.

The structure of the thesis is such that nursing supervisors can also use this as a source for teaching. The thesis provides basic information for nursing students and health care professionals, but also for those interested in the multiculturalism of nursing.

This work addresses two research questions:

1. What difficulties / challenges do nurses face in providing health care services to clients from different cultures?
2. What added value does working in multicultural nursing bring to the caregiver.

## 4 Research method

This thesis is in the form of a literature review, but it could also have been done as a scope review, a qualitative synthesis, or a systematic review.

The findings and suggestions made here support any other research that may be carried out on the subject, as well as for the identification and guidance of best practices. The thesis was done as a systematic review. In its clarity, logic, and chronology, this method is the most appropriate way to conduct research on this topic. This approach has identified the dangers of preconception and the question of reliability of the articles used as source material (Dodgson2021; Ward-Smith 2016).

The keywords used in the literature review have been chosen so that they correlate with the research questions and produce a valid result and the most reliable conclusion possible. The answers have also been analysed and compared with each other, with the aim of identifying new concepts and new information relevant to the research. The level of critical analysis of research and the ability to produce or present current ideas or information (Dodgson 2021).

### 4.1 Data collection

It goes a long way in elaborating how the research work or thesis has been carried out. This gives the topic of the research work and how it has been exploited. The findings found and the possible suggestions or recommendation for future studies or practiced guidelines(Ward-Smith2016). This thesis is done as a systematic review. Systematic reviews are clear, logical, and chronological way of carrying out a research work. There is the limitation of bias possible and the use of different data bases in other to get reliable articles suitable for the topic. The information used is collected from different research work. The amount of different data bases searched gives the research its quality and reducing bias (Dodgson 2021).

As part of student learning growth, carrying out research and thesis writing allows the student to have a much broader knowledge of the course or field of studies (Dodgson 2021).

The different studies selected should be well analysed and compared. This has as objectives in bringing out new concepts or knowledge about a given subjects (Dodgson 2021). The level of critically analysing research and being able to initiate or present new

ideas or information requires lots of expertise and learning process (Dodgson2021). The presence of a supervisor, and who gave constant feedback on which items are relevant or important for inclusion or exclusion of the research work.

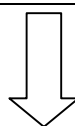
The key words are chosen that corresponds with the research question. These various keywords used helps to outline and provide answers to the research questions. Some keywords were left out as they do not answer the research questions. The keywords were searched from different data bases and a total of 19 articles were chosen and analyzed (Table 4). This data was retrievable with the help of the LAB academic data sources. This data retrieval method was limited to a given set of criteria. That is the articles were all in English language, not paid, free full text, related to the topic, written between the year 2011 and 2021 (Table 5). All the articles that did not fulfill the set criteria were left out.

Keywords(s)	Databases						Science direct
	Pubmed	CINAHL full text	Joanabriggs	ovidMEDLINE	Google scholar	Sage journals	
Multiculturalism AND cultural diversity	31	950	7	210	17200	113	14
Cultural competence AND cultural sensitivity AND cultural awareness AND cultural diversity	80554	2472	22	3069	23100	8888	6
Cultural diversity OR transcultural model	3500	3573	4	109	1530000	44	12
Cultural sensitivity, cul-	213	146	4	1557	16300	13028	3

tural awareness, or cultural competence							
Cultural diversity OR cultural sensitivity OR multiculturalism in nursing	37082	192	31	1	1700	18243	5
Diversity in healthcare	967	143	161	31	1010000	23108	6

Table 3: Keywords and results per database

screening	PUB-MED 1256	GOOGLESCHOLAR 23100	JOANABRIGGS 20 selected 0	Sage journal 293	Science direct	OVID-MEDLINE 12538
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Free fulltext reviewed n=456	Duplicates excluded No=30
Eligible articles N= 426	Titles/ abstracts and methods n=321
Inclusion criteria N=19	Exclusion criteria N=86

Table 4: The fourth table shows the various reasons for which certain articles were left out and then narrowed down to the final articles used

The third table shows the various reasons for which certain articles were left out and then narrowed down to the final articles used. Seen in table 3

<b>Criteria for inclusion</b>	<b>Criteria for exclusion</b>
Only articles in English language	Articles that are not in English language
Articles from 2011 till 2021	Any article before 2011
Fulltext articles that are related to the topic (Multiculturalism and nursing)	Articles that are not related to the topic or not full text.
Evidence based articles related to the topic multiculturalism in healthcare.	Articles or research work that are not evidence based.
Unpaid articles	Paid articles
Articles related to Multiculturalism and Nursing.	Articles not related to Multiculturalism and Nursing.

Table 5: Inclusion and exclusion criteria for data collection

## 4.2 Data analysis

According to Grbich (2013), data analysis but not the authors own perceived ideas, and it shows on the data collection and analyses. It also presents the various methods used and the different ways it was managed. The presentation of the data is the last aspect. This shows the author's interpretation of the data collected and allows future readers to have access to it. There are many sources from which data can be collected from focus groups, interviews, internet web pages, history from clinical studies, radios, books, videos, and emails. These data sources are usually with principle aim to answer the author's research questions (Grbich 2013,15-16).

The authors collected their data from textbooks, online articles, and official web pages. Deductive data analysis is the application of theory to data to test the theory being used. In deductive analysis codes are made up then apply to the data. Inductive data analysis is the collection of data and the forming of codes. Data collection is either qualitative or quantitative (Grbich 2013, 15-16).

Data coding can be inductive or deductive. It begins during the data collection phase (Kohonen et al. 2019). In this work, the inductive approach was used to perceive the data, analyse it, and draw conclusions. inductive data collection is the analysis and the genera-



tion of codes from current data. This allows the researcher to identify meanings and derivative themes and to apply research theory to explain the results of his work. Selected articles were analysed and coded, reading their titles, abstracts, and content multiple times, while ensuring that they reflected research questions. The text of the material was coded and later grouped into subtopics and themes. Through this working method, answers to research questions were sought (Grbich 2013,15-16).

As noted above, in the analysis of the study source material, the data were coded and grouped into entities according to sub-topics and themes. According to Popenoe et al. (2021), the classification of data aims to ensure that the result is not a reflection of researchers' preconceptions, own ideas, or opinions. Opinions and conclusions must be reported, even if they do not correspond to the authors' perceptions. Sub-Themes such as the relationship of nursing and the implications for the health care provider were derived from the research articles and correlated with the codes (Table 6).

<b>Study objective</b>	<b>Theme</b>	<b>Sub themes</b>	<b>codes</b>
The challenges nurses encounter when working in a culturally diverse environment	Challenges in nursing care	Nursing care relationship	Use of interpreters Communication Care preferences Beliefs Social status Educational level Religious views and norms
		Effects on the health care provider	Frustration, Burnout and Conflict
The benefits of nurses when working in a multicultural environment	Benefits of nursing care		Job satisfaction Peace of mind

Table 6: outlined the coding process

## **5 Findings**

Healthcare personnel may face a variety of challenges in the care of a person from a foreign cultural background.

### **Nursing care relationships**

From the selected research data, it can be seen that cultural background can influence how people experience and react to health-related questions. Perspectives and attitudes to the treatment offered vary. Studies on this point emphasize communication, beliefs, the use of interpreters, care choices, social status, level of education, religious views, and norms (Heer et al. 2014; Van Keer et al. 2019; Hietapakka et al. 2019).

### **Communication**

Communication is one of the biggest challenges in a culturally diverse healthcare environment. Communication is both verbal and non-verbal (Heer et al. 2014). To enable effective culturally acceptable communication, effective communication is needed, as this enhances client trust and promotes teamwork among members (Javanmard et al. 2017).

Difficulties in oral communication can lead to poor patient assessment, diagnosis, treatment management, and lack of patient acceptance for all interventions (Wiener et al. 2012).

When speaking to someone from a different cultural heritage, looking in directly into their eyes is considered as offensive. Meanwhile in other countries it is considered as being disrespectful when speaking to someone and not looking into their eyes. (Chad 2015). There is an increased need for health personnel to be culturally capable of assisting clients in their day-to-day life. This is due to the increased multicultural nature in our different countries (Hietapakka et al. 2019).

The culturally competent health personnel are reducing the chances of inequality amongst clients during care (Hietapakka et al. 2019). The lack of common language of communication between personnel and clients reduces the quality-of-care clients will be receiving. Some personnel can easily develop anxiety while trying to care for someone from a diverse cultural background. That is not feeling confident or ready to care for culturally diverse clients (Hietapakka et al. 2019).

Therapeutic communication can also be in the form of touch. However, other cultures regard touching someone has different significance. Men are not allowed in Hispanic and Arab cultures to touch women. While Asians do not accept the touching of their head as it is a source of energy to them. Arab men do not allow female personnel to offer care to them (Chad 2015). The lack of touch or greeting of female staffs by a Muslim client, causes staffs to feel angry and see it as lack of respect (Dollenborg et al. 2012).

### **Use of interpreters**

The use of interpreters does not always interpret accurately, and this could lead to frustration and wrong assessment (Heer et al. 2014). The client can feel ashamed sometimes when the interpreter is their next of kin. The absent of an interpreter prevent communication and keeps a gap between clients and the health care provider. The use of interpreters during nursing care interviews to connect the patient and the nurses always at times leads to misinterpretation (Hemberg&Vilander 2017).

### **Family orientation**

The lack of involvement of family members in client's care makes it quite difficult for nurses to obtain vital information about clients. This causes nurses to spend more time in having closer monitoring of the client (Ka-shing et al. 2017).

The variation in cultural preferences regarding decision taking within a given family is also a call of concern. Some major decisions about a client wellbeing are at times taken by their family members. This usually poses challenges when different family members may have different points of views about the same given situation. This leads to difficulties coming to a consensus. The patient might have a preference on a certain member's opinions than any other person. Subsequently, lead to a delay in care procedures as the family members always take time to decide on client's treatment progression when there are conflicting ideas (Ka-shing et al. 2017).

The family members of patients should always be considered during care treatment to ensure holistic and quality care. The communication between family members and nurses leads to conflicts due to the differences in culture they might have. Families can have a different point of view on deciding to end their client's life, thus leading to conflicts (VanKeer et al. 2019).

## **Care preferences**

Clients due prefer alternative medicine at times in place of modern medicines. This usually leads to obstruction of treatment. This can lead to delay in treatment outcomes as they seek modern treatment late(Pulido-Fuentes et al. 2017). Most people from diverse cultural heritages like in some countries in Asia do not visit health services early as they believe family problems or challenges should be managed by the family. This always led to a late arrival at health services or when the situation is in an aggravated state (Heer et al. 2014).

## **Religious views norms and beliefs**

The ability to work in a multicultural environment in healthcare implies the health staff needs to be aware of other cultures. It is common for individual to always wants clients to adopt the cultural believes and norms of the country they are residing in. (Hermberg&Vilander2017). When speaking to someone from a different cultural heritage, looking directly into their eyes is considered as offensive. Meanwhile in other countries it is considered as being disrespectful when speaking to someone and not looking into their eyes (Chad 2015).

In most western countries like United States of America (USA) and most European Union (EU) countries, keeping eye contact during conversations is considered as polite and showing interest in the person speaking. On the other hand, people from Asia, Africa and the Middle East might consider eye contact as being impolite. Another non-verbal communication is keeping silent during a conversation. This is considered as sign of respect when speaking to an elderly person from Asian or Arabic cultures. It is also a sign of accordance with what the other person is saying in Russian, Spanish, and French communities. While in the United State of America (USA), not saying a word is considered as disapproval of the information received (Chad 2015).

## **Social status and level of education**

How some patients see themselves or uphold themselves in a community affects the attitudes towards care received. This can result in the refusal of certain care procedures proposed to them. Some might even indicate the inability to implement care guidelines after patient education due to the lack of means or in adaptation of their homes (K-Shinget al. 2017).

It is usually difficult to figure out a client's social or cultural preferences. This is not well noted in client's files. This makes it difficult to know exactly what is appropriate for the client given, especially when they are from other cultures. Given how educated and all the experiences nurses might have, they are still not showing if their actions will be accepted by their clients. That is, not knowing what the best decision for the clients will be. This creates a lack of confidence and hopelessness, especially when administering care (K-Shing et al. 2017).

According to K-Shing et al. (2017), patients do not respect treatment plans or nursing education given to them in respect of their health. This neglect of self by clients causes them to have poor health outcome. Leading to frustration of nurses as healing is not progressive as thought. Clients prefer alternative medicine at times in place of modern medicines. This usually leads to obstruction of treatment. The financial situation forces many clients to refuse care proposed to them. Some might even indicate the inability to implement care guidelines after patient education due to the lack of means or in adaptation of their homes (K-Shing et al. 2017).

### **Institutional Organization**

The way health care services are organized also has a role to play when creating conflicts between families and personnel. That is limiting the amount or time a person can visit his/her loved ones. Preventing them from having a continuous bond and dialogue will end up causing conflicts and dissatisfaction (Van Keer et al. 2019). This can also be seen when family members are restricted or limited to see their close ones. For example, the parents are allowed while uncles or other relations are not (Wiebe & Young 2011).

Some institutions have nurse's breaks during visiting hours. This prevents the client's relatives from having a proper dialogue with the nurse. Health staff or nurses also lack enough time to plan dialogue amongst each other before meeting with client relatives. Planning beforehand will help them to have the same information about the client. This prevents contradicting information about the same client from another staff (Van Keer et al. 2019).

### **Effects on the healthcare provider**

#### **Frustration**

The ability not to speak your own mother tongue during practice can lead to loneliness. It can also have a change in behaviour of an individual from an outspoken person to a si-

lence person. This could be seen through their physical manifestations, stress, and homesick (Javanmardet al. 2017). The nurse feels frustrated when they cannot understand their client and be able to administer optimal care (Handtke et al. 2019). Patients do not respect treatment plan or nursing education given to them irrespective of their health. This neglect of self by clients causes them to have poor health outcome. Leading to frustration of nurses as healing isn't progressive as thought (K-Shinget al. 2017).

It is usually difficult to figure out clients social or cultural preferences. This is not well noted in client's files. This makes it difficult to know what is appropriate for the client, given especially when they are from different cultural heritage. It does not matter how educated, and all the experiences nurses might have, they are still not certain if their actions will be accepted by their clients. That is, not knowing what will be the best decision for the clients. This creates a lack of confidence, frustration, and hopelessness especially when administering care (K-Shing et al. 2017).

Nurses from different ethnicities or cultural backgrounds as their workmates usually have disputed views during client's care plan. The limited knowledge of a client's cultural heritage causes difficulties in communication between colleagues, clients, and family members (Van Keer et al. 2019).

### **Level of education**

A nurse who is culturally diverse or multicultural will not have many issues in coping with a client from a diverse cultural heritage. The mastering of different languages also gives the health provider or nurses an added advantage in understanding the client and limiting communication barriers (Shiferaw 2011). Most nurses coming from different countries outside of Europe especially from Asia and Africa continents, usually are under rated or required to study again in order to practice. No matter how educated he or she might be (Munkejord & Tingvold 2019).

### **Conflicts**

Working as an immigrant nurse in a foreign nation which you are not well familiar with the way healthcare system operates can often lead to certain problems. Cultural clash can occur among health personnel when working in a multicultural community. This usual happens as immigrant workers lack or has limited knowledge about the host country cultural believes and norms. Sometimes staffs from minority group or race often face unequal-

ity and racism. This often causes the healthcare staff or nurse to feel frustrated, excluded, humiliated and lack of professional autonomy and self-confidence (Javanmard et al. 2017)

### **Advantages of multiculturalism in healthcare**

The importance of a multicultural working environment provides a better administration of healthcare services to minority groups. This improves same identity interaction. Multicultural working environment also improves health coverage to communities that might not have enough healthcare access due to lack of personnel that reflect the community. This also promotes studies on discrimination due to cultural differences (Peggy et al. 2016).

The use of interpreters during nursing care interviews to connect the patient and the nurses, at times may lead to misinterpretation. A nurse who is culturally diverse or multicultural will not have this issue and the use of family members as interpreters is not usually advisable since it might turn to incorrect information or discomfort for clients (Plaza del Pino&Veiga 2014).

### **Preventing cultural-related conflict among professionals**

Continuous coaching of staff, changes in recruitment and organization policy prevent conflicts. Nurses lunch time should not be at the same time as the family members visit hours. This could give a wrong signal to the family members as abandonment of their loved ones. Personnel should also have same and updated information when doing client or family education for preventing different version of information or conflicting ideas (Van Keer et al. 2019).

Health professional should always try to learn about client's cultural heritage to avoid assumptions and misjudgement (Plaza del Pino 2017). The introduction of a communication facilitator can ensure smooth communication between the healthcare personnel, family members and clients. The use of intercultural mediators is also an effective way to limit cultural problems and communication barriers. Continues research should be done to analyse the effects on working in a diverse or multicultural environment. Although conflicts are bond to exist, the use of some of these measures can greatly reduce some of these conflicts (Van Keer et al 2019).

## **General view of working in a multicultural environment in health care**

When a patient from a different cultural heritage has been cared for by healthcare workers, there is bound to be mistrust and difficulties for them both. If the healthcare provider is well educated or informed about the cultural issues of their client's, the frustrations they face will be less (Dellenborg et al. 2012).

Most person from different cultural heritage like in some Asian countries do not visit health services on time. They do visit only when symptoms start to elevate, since they believe family problems or challenges should be managed by the family. This always leads to a late arrival at healthcare services or when the situation is in an aggravated state (Heer et al. 2014).

Working as a nurse in a culturally diverse society there are some standard guidelines that are required to be followed. They are supposed to be used by nurses to ensure superior quality care. Nurses are supposed to be fair to their client, show respect and dignity. The fundamental human rights are supposed to be respected and client's rights always defend. Practitioners of nursing should have self-evaluation and to know their own personal norms and cultural beliefs. They should also understand the cultural values of others to be able to provide right care (Marilyn et al. 2011).

Nurses should also have a broader knowledge of different cultures and thereby avoid assumptions and prejudice. An understanding on how people behave in an individual and community level. The many ways of communicating at different levels of society are supposed to be understood by the healthcare provider. All care should be backed by evidence based practiced which is ensured to research work, the client core values and experience while working with the clients (Marilyn et al 2011).

The working skills of the nurse should be able to contribute to the advancement of policies in both the private and public sectors. The healthcare worker is required to have a broader cultural knowledge that will enable her or him to work effectively as a leader. A good cultural non-verbal and verbal communication skills are needed to actively evaluate client's needs and desires. When clients do not express the same language as the care provider, the use of interpreter is required (Marilyn et al 2011).

Nursing education is the key, nurses are supposed to have a profound knowledge of other cultures. This allows them to have a global knowledge of various cultures. This knowledge should focus on cultural practice of different personal and collective be-



liefs. They should also be a cultural mix within the working team. As this gives a good representation of the patient and professional's disparities. The health care authorities are supposed to provide the necessary aid structures to give culturally acceptable care. Nurses should be able to act as clients advocates by making their opinions heard (Marilyn et al. 2011).

## 6 Conclusion of results

The articles had different challenges suffered by nurses while working in a multicultural environment. Going through the different studies, it could be seen that there are several challenges health personnel face especially nurses such as communication, religious beliefs and norms, family orientation. There is also the difficulty and frustration face by nurses when they are unable to provide appropriate care due to lack of understanding of client language. Most of the authors pointed the importance of language in care offering. This led to poor communication amongst the staff and the patient (Javanmard et al. 2017; Van Keer et al. 2019).

Some of the findings showed the lack of information about a client cultural background inhibits the nurse to offer adequate care. The lack of appropriate knowledge about the patient culture causes them to have a negative presumptive opinion to their care. This leads to difficulties in the care of the client. There are some patients who will not want person with a different sex to care for them. With the limited idea of client's norms, belief and religious preference of patient will leads to a feeling of frustration (K-Shinget al. 2017).

It was also noticed from the studies that some nurses don't make any efforts in learning other cultures in order to better understand the clients from their own cultural point of view. This can lead to misconception and difficulties in patient care. Although client could be from the same religious group, does not imply they have the same cultural preferences. A broader idea of this prevents stereotypes (Plaza del Pino 2017).

Despite the different challenges found in most of the data search, a fewer percentage also mention the importance or benefits healthcare, or nurse has while working in a multicultural environment. They found a sense of self belongings despite the fact that they are from a different cultural background (Munkejordet al. 2019).

## **7 Thesis writing process**

### **7.1 Process**

This has been a great learning process for the authors. It has developed their skills in working as a pair and doing things objectively and time management. The skills of data search and analysis have also improved. The authors searching for information skills before had mostly been in Google, but now they have a great understanding of different databases and where to get reliable and trustworthy information. A deeper knowledge about multiculturalism in the professional working environment has been obtained.

The author's initial understanding about multiculturalism was mostly about different languages, beliefs, and nationality. Multiculturalism in healthcare is more than just languages, belief, or nationality. It involves institutional settings. The different policies in each country also have an impact on the working culture. It is unique to different individuals. Although people might have the same languages, they could have diverse cultural preferences. It is important to understand people's individual cultural preferences for optimal care.

Just learning about someone's culture is not always enough as encountering the person helps you get it first-hand while avoiding stereotypes. They had an initial idea of religious perspective like Muslim always one's same sex personnel to care for them. But this is not always true as some Muslims don't really care if someone of the other sex can care for them. A broader knowledge had been gained about different cultures and how one own way of thinking can hinder care. The author's knowledge of multiculturalism has improved, and it prepares them for working life.

### **7.2 Thesis development**

#### **Planning phrase**

As colleagues, we discussed the topic related to nursing field that needs more attentions and as student nurses in foreign country, we thought about multiculturalism. Then we decided to investigate our current challenge of not being able to speaker Finnish nor Swedish language as local language in Finland.

When we started to discuss deeply about this topic, we find out that they are many other crucial challenges both local and international nurses face during care delivery worldwide

but particularly in Finland as our host country. Then we concluded to focus on culturally based challenges and coping strategies in nursing field and investigate Finnish society path towards multicultural environment.

While planning, we made objectives, aims and purposes to narrow the topic of our thesis. Described in the chapter 3 and seen in the introduction.

### **Implementation phrase**

For us to understand the high demand of nursing skills to work in multicultural environments and find evidence-based coping methods to rely on while facing cultural differences in care delivery, we talked with our guiding teachers and decided to do literature review by using scientific articles, reliable databases and looking into another research concerning this topic.

We have been working in multi-professional teams during our university planned clinical practical placements which gave us an idea of where to start and what to focus on. Communication comes as first tool in nursing field followed by implementing learnt theory into practice to provide high quality care to the client, so this led us to meet often and discuss about it as culturally based challenges in healthcare are triggered by how professionals communicate. See chapter 2 and 6.

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### **Searching data and studying phrase**

Relying on the gathered information from national and international guidelines, government officials' websites, scientific articles, and database, we furthermore read literature reviews for Comparison and data quality scaling. Though there are not a lot said about nursing challenges while working in multicultural society, we were able to get more data for our study implementation. See chapter 4 that shows how we were able to briefly identify the nurse`s challenges and found solutions with pointing out the benefits of working in multicultural society.

## **8 Discussion**

The research work focused mostly about the different challenges nurses face in a multicultural environment. The authors used more than four different databases in order to make their work reliable and have validity. It is mostly limited to studies mostly done in Europe, Australia, America, with emphasis on Finland. The authors were able to bring out some challenges nurses faced and some benefits while working in a multicultural environment. This implies not only difficulties are encountered but also good memories.

Although only a few challenges were outlined, this also give room for more research work to be done on this topic. It should also be noted that in order to improve in an effective multicultural environment, schools should offer courses on multiculturalism. This will prepare the nurses in their working life to adapt in different situations. The different institutional policies should also be addressed in order to make different workplaces multicultural friendly. Managers of different health institutions should diversify their work staff, offer constant training to their personnel on multiculturalism.

## 9 Recommendation

Any continuation of nursing research work should be backed with a particular theory model. This is essential for improving nursing practiced. Research article should be recent and cited in the text.

Many researchers in transcultural nursing have significantly improves the cultural nursing care practice. Thus, gives room for more research work to be done in the improvement and continuation of nurse information on cultural awareness on how cultures are similar or different from one another. Cultural base care should be use and its success determined. The use of evidence base practiced focused on the different cultures should be prioritized. This practice should be a reflection of the cultural needs of the specific clients, administrative and educational institutions not forgetting the geo-political environment(McFarland &Wehbe-Alamah 2019).

The explicit use of cultural care theory as a tool for diverse cultural practice is essential in nursing schools. The cultural care projects should be encouraged in nursing practiced that are evidence based. Such projects can help to evaluate the success or failures of cultural care during care practice (McFarland &Wehbe-Alamah 2019). The use of interpreters is usually advisable in given patient information when they are language difference. The present of a health staff of the same ethnic language to help as an interpreter is much more preferred than his or her relatives. (Van Keer et al. 2019).

Recruitment of nurses should include nurses from different ethnic heritage. Visiting hours should be adjusted so that significant orders can have access to client any given time (Van Keer et al. 2019). In schools of nursing, student should be taught the different cultures how they should be culturally aware. Continues research should be done to analyse the effects on working in a diverse or multicultural environment. Although conflicts are bond to exist, the use of some of these measures can greatly reduce some of these challenges or conflicts.

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## Appendix

Table of the research articles included in the literature review.

No.	Author (s), (year), country and title	Purpose of the article	Used research method	Key findings of the article
1	Sekerci, G. Y.&KirBicer, E. 2019, Turkey. Cultural sensitivity in immigrant patient's Healthcare: How is it perceived by interning Medical Nursing students?	To describe how culture sensitive medical and nursing students and what factors associated to it. Also, to relate if during healthcare learning a cultural approach was used.	It was a comparative correlation study	The medical student had a higher level of cultural sensitivity than nursing student with a moderate sensitivity in total.  Studies in universities should be designed to improve cultural sensitivity and language.
2	Handtke, O., Schilgen, B.&Möske, M. 2019, US. Culturally competent healthcare: A scoping review of strategies implemented in healthcare organizations and model of culturally competent healthcare provision.	Be able to arrange factors identified to a culturally competent model in healthcare.	A systematic literature review	The patients had positive appreciation to culturally competent healthcare.
3	Zarzycka, D.,Bak, J.,Chrzan-Rodak, A.,Niedorzy-Karczmarczyk, B.&Ślusarka, B. 2020, Poland. Nurse cultural competence-cultural adaptation and validation of the Polish version of the nurse cultural competence scale and prelimi-	To assess nurse cultural competence on regarding the Polish language and nurse cultural competence scale	A diagnostic cross disciplinary research method	Nurses were more culturally aware and culturally sensitive. They lack adequate cultural skill and a fair cultural knowledge.

	nary research results			
4	Javanmard, M., Vernon, R.& Newnham, E. 2017, Australia. Experiences of internationally qualified midwives and nurses in Australia and other developed nations: A structured literature review.	The experience of international qualified midwives and nurses from English and non-English speaking background.	Coopers five stages of literature review	Challenges for nurses and midwives where, communication, discrimination, bullying and displacement of culture.
5	McFarland, M.R.& Wehbe-Alamah, H.B. 2019. Leininger's theory of culture care diversity and universality: An overview with a historical retrospective and a view toward the future.	To facilitate the work of clinicians and researchers how care and culture correlates and recognizing the similarities and differences between cultures.		Provision of guidelines to administrators, policy makers, encourage admission of student's different backgrounds.
6	Wiebe, A.& Young, B. 2011, Canada. Parent perspectives from a neonatal intensive care unit: A missing piece of the culturally congruent care puzzle	To understand client's perspective of cultural care	The study method was an exploratory qualitative study.	The major findings were communication, spiritual and social support, personnel-clients relationship and how the structure is organized.
7	Dellenborg, L., Skott, C.& Jakobsson, E. 2012, Sweden. Transcultural encounters in a medical ward in Sweden: Experience of health care practitioners	To explore adopted approach by health providers that are handling transcultural encounters	The study was action research	The main findings were on the difference in gender and the difficulties with stereotypic ideas.
8	Heer, K., Larkin, M.& Rose, J. 2014, United Kingdom. The chal-	It is to find out how it is challenging to offer culturally competent care to services	The use of focus group and interpretative analysis	The main difficulties were communication and language and the

	allenges of providing of culturally competent care within a disability focused team: A phenomenological exploration of staff experiences	that are disabled		use of interpreters.
10	Van-Keer, R., Deschepper, R., Huyghens, L.&Bilsen, J. 2019, Belgium. Preventing conflicts between nurses and families of a multi-ethnic patient population during critical medical situations in a hospital.	Means to prevent intercultural problems between families and nurses.	The use of literature and expert opinions	They should be a creation of ward policy about nurse end of life, also constant support of nurses continues education and research should be carried on with the allocation of information of families to see.
11	Wiener, L.,Lotella, L.,McConnell, D.G. &Ludi, E.2012, Maryland. Cultural and religious considerations in pediatric palliative care.	To see how religion and culture impact on palliative care	A literature review	The things that impact palliative care are the people's faith and the clergy involvement, telling children about death, what is death and dying, pain and suffering and where is end of life care.
12	Hietapakka L., Elovainio, M., Wesolowska, K.,Aalto, A.M., Sinervo, T.& Heponiemi, T. 2019, Finland. Testing the psychometric properties of the Finnish version of the cross-cultural competence instrument of healthcare	To evaluate how feasible, it is to use the healthcare professional cross-cultural competent tool.	The used of questionnaire Exploratory and structural equation modeling	It provides a useful instrument to control and better the cross-cultural competences of nurses and health professionals.

	professionals.			
13	Pulido-Fuentes, M., González, L.A., Martins, M.F.S.V.&Martos, J.A.F. 2017, Almeria, Spain. Health competence from a transcultural perspective: Knowing how to approach a transcultural care.	Aim to understand the social and cultural dynamics at work, essential for the acceptance and adoption of the cultural competence programs	The main data collection methods were participative observation and in-depth interviews	The findings were revealing a lack of continuity in the healthcare and lack of professionalism combined with local knowledge to match client's cultural context.
14	Suk, M.H., Oh, w.&Im, Y. 2018, South Korean. Factors affecting the cultural competence of visiting nurses for rural multicultural family support in South Korea.	Examine the level of cultural competence, employment and factors that affects immigrant nurses in multicultural society.	A cross sectional descriptive study design	Three factors that affects cultural competence that is cultural. education experience, empathy, and perceived work.
15	Munkejord, M.C.&Tingvold, L. 2019, Norway. Staff perceptions of competence in a multicultural nursing home in Norway.	How the majority or minority personnel looks at competence	By interviews and Analysis of themes	The health worker who is competent should be able to care for client professionally, speak well with the enthusiasm to improve on skills and interest to work.
16	Plaza del Pino, J.F. 2017, Spain. Nurses and Muslim patients: two perspectives on Islamic culture in the hospital.	To understand how nurses care of patient from a Muslim heritage and how Muslim patients responds to hospital care.	Grounded Theory data collection by interviews	The close mindedness of nurses determined their interaction with Muslim patients. Shows respect even though with little knowledge about their culture. Patient's puts religion in second place to health.



18	Plaza del Pino, J.F.&Veiga, M.2014, Spain. Communication with African patients: The reality in the hospitals of Southern Spain.	To measure the difficulties in communication between nurses and African patients.	The use of grounded theory	The use of no translators or no communication and the use of interpreters. that weren't professional interpreters.
19	Hemberg, J.A.V.& Vilander, S. 2017, Finland. Cultural and communicative competence in the caring relationship with patients from another culture.	The ability to have new knowledge between clients and nurses when they don't have same language of communication during care.	The use questionnaires with a hermeneutical method	The love of humanity is fundamental in building in care relationship as it breaks any limitations of cultural differences. Be courageous is important in improving communication and gaining trust through continues communication.