

OSHUWA JANE OJO

ISATA MONICA BALOGUN

Nurses Cultural Competence of Palliative Care: Literature Review

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Abstract <p>This thesis is about Nurse's cultural competences of palliative care. The purpose of this literature review thesis is to carry out in-depth research on our topic "Nurses cultural competences of palliative care" and our objective is to suggest ways on how to improve good cultural competences among nurses in palliative care.</p> <p>The literature review answered to research questions: what are the studies of nurse's cultural competence of palliative care? What are the outcomes of nurse's cultural competences of palliative care?</p> <p>A scoping review method was selected for this literature review thesis. The following electronic databases were searched through systematically with time constraints: manual search, CINAHL complete, and PubMed. The searches were restricted to English and Finnish research and centered on peer-reviewed publications having an abstract.</p> <p>This thesis is based on 11 articles gathered in the literature retrieval process from sources worldwide that have carried out in-depth studies based on cultural competences in palliative care. The data were analyzed by content analysis. Studies showed that nurses play an important role in the introduction and practices of cultural competences in palliative care when caring for terminally ill patients.</p> <p>Furthermore, the practices of cultural competences in palliative care have not gained ground but different research has been carried out and more research is ongoing to see ways on how the practices of cultural competences can be well integrated into their health care system because of the increasing large population of immigrants increasing in Finland, Demark, Sweden, Switzerland and New Zealand. Study shows that, been able to express yourself in a language the nurse and patient understands is the first foundation in building a good cultural competence in palliative care.</p>		
Keywords Nursing, Palliative care, Cultural competency		

Abstrakti

Tämä opinnäytetyö käsittelee sairaanhoitajien kulttuurista osaamista palliatiivisessa hoidossa. Opinnäytetyön tarkoituksena oli tehdä kartoittava kirjallisuuskatsaus aiheesta ja sen tavoitteena tuottaa ehdotuksia tavoista, millä kulttuurista osaamista voidaan palliatiivisessa sairaanhoidossa kehittää. Kirjallisuuskatsauksena toteutettu opinnäytetyö vastasi kysymyksiin ja Tarkasteltavaksi valikoitui yksitoista tutkimusartikkelia ja aineisto analysoitiin (induktiivisella eli aineistolähtöisellä?) sisällönanalyysillä.

Opinnäytetyö on jaoteltu kolmeen osioon: Menetelmäksi valittu kartoittava katsaus tarjosi lähestymistapana tutkimustulosten synteesin, minkä päätarkoituksena oli kartoittaa tarkastelun kohteena olevasta aiheesta jo olemassa olevaa kirjallisuutta liittyen sen määrään, luonteeseen ja erityispiirteisiin.

Käytettävissä olevan ajan puitteissa sähköisiin tietokantahakuihin päätyi manuaalisen haun lisäksi hyödynnettäväksi CINAHL ja PubMed. Tarkasteltavaksi valittiin suunnitelman mukaisesti vain englannin tai suomenkieliset vertaisarvioidut tiivistelmälliset tutkimukset. Valikoituneet tutkimukset käsittelivät palliatiivista hoitotyötä kulttuurisen osaamisen näkökulmasta.

Tämän opinnäytetyön tulokset perustuvat yhdentoista valitun kansainvälisen artikkelin tarkasteluun, missä on tehty syväluotavaa tutkimusta kulttuurisesta osaamisesta palliatiivisessa hoidossa. Tutkimusten mukaan hoitajat ovat merkittävässä asemassa kulttuurisen osaamisen kehittämisessä ja käytäntöön viemisessä palliatiivisessa elämän loppuvaiheen hoidossa. Tarkasteltujen artikkelien mukaan Kanadassa ja USA:ssa on aloitettu kulttuurisen osaamisen kehittämisen toimintatapoja palliatiivisessa hoidossa maiden merkittävän maahanmuuttajaväestömäärien vuoksi.

Lisäksi tarkasteltaessa koko Eurooppaa on havaittavissa kulttuurien osaamisen lisäämisen toimintatapojen vähyyttä, mutta lisätutkimusta aiheesta tehdään, koska kulttuurisen osaamisen lisäämisen merkitys hoitotyössä on kasvavaa Suomen, Tanskan, Ruotsin, Sveitsin ja Uudenseelannin kasvavien maahanmuuttajamäärien

vuoksi. Tutkimukset osoittavat että itseilmaisu hoitajan ja potilaan yhteisen kielen kautta luo pohjan hyvälle kulttuuriselle osaamiselle palliativisessa hoidossa.

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1 INTRODUCTION

Cultural competence is defined as a way of respecting people with different cultural backgrounds that aim at establishing and promoting an atmosphere of non-discrimination in society. It can also be seen as a way of providing availability and accessibility of services in a way of ensuring the needs of people with diverse cultural backgrounds are considered. (Finnish Institute for Health and Welfare, 2021).

In the health care system in present times, cultural competence is an important key element in every area of nursing care, such as palliative care, and this has been backed up vividly by scientific evidence-based research. In the area of palliative care, cultural competence and cultural consideration is required around important issues such as symptoms and pain management that results in decision making process. This has been said because cultural values, beliefs, religion, experiences and family define patients' definition of a good end of life care. (Givler, Bhatt, & Maani-Fogelman, 2021).

World Health Organization (2020) indicated that palliative care is an approach that improves the quality of life of patients and their loved ones who are facing problems associated with life threatening illness. There has been a rise in the number of persons with terminal and life-threatening illnesses across the globe, especially among the elderly. As a result, the need for palliative care has increased (WHO, 2020).

However, according to Finland's Ministry of Social Affairs and Health (2017) around 30,000 individuals in Finland are anticipated to need palliative care in their final years of life, with an even higher number requiring it earlier in their illness. This is due to a growth in the number of persons who are afflicted with chronic, terminal, or life-threatening illnesses.

It has been stated that palliative care is not included in the health system, so its availability is unequal in different areas. Expertise in palliative care and hospice care must be increased to ensure the basic competence of palliative care. (Saarto et al., 2019).

There is an urgent need to provide palliative care, ensuring equal access to care requires the integration of palliative care into public health care and the staggering of services to the basic and specialist levels. According to STM (2019) recommendation, palliative care and convalescent care services are divided into basic level which are all social and health care units, primary care units (level A), special districts in hospital districts (level B) and demanding special centers in university hospitals (level C). (Saarto et al., 2019.)

Furthermore, in the nurse-patient relationship cultural competence is the foundation and bedrock. Well trained health care professionals who are filled with up-to-date evidence-based information are the best nurses, who are not only technically sound but also experts in cultural competence and that is why we as nursing students would love to carry out vivid research on our research topic to have more insight and understanding of palliative care. In view of the above statement, our purpose for this literature review thesis is to carry out research on our topic “Nurses cultural competences of palliative care” and our objective is to suggest ways on how to improve good cultural competences among nurses in palliative care.

This thesis has been researched for Satakunta University of Applied Sciences to improve the knowledge of the nursing students and the upcoming nursing students on the importance's of nurse's cultural competence of palliative care.

2 THEORETICAL BASIS

2.1 Palliative care

Palliative care is defined as a medical issue that has to do with patients that are in end-of-life care. According to the world health organization, the term palliative care intends to accelerate the improvement of the patient and their family. Palliative care helps identify and assess the prompt treatment of physical health problems such as pain, psychosocial, and spiritual management of the patient's well-being. The early introduction of palliative care and nursing intervention help improves symptoms

burden, pain management, and quality of life of the patient as death draws closer. (Carey& Osgood, 2021, p.113.)

To improve the quality-of-life care of patients, it is important to have a comprehensive approach to the provision of palliative care, which includes the promotion of an active patient role, interdisciplinary working, sharing decision-making, treatment of all types of chronic noncommunicable diseases and providing emotional support to the patient and their relatives. Patient-centered care has been addressed as holistic needs in a way that places the patient's beliefs, values, needs, wants, and desires at the center of decision-making. Patients are treated fully with care needs according to the course of the disease. (Kmetec et al., 2020, p.2.)

International organizations in palliative care (Chair of Palliative Care, WHO Collaborating Centre Public Health Palliative Care Programmed and Worldwide Hospice Palliative Care Alliance) recommend a new model of early patient-centered palliative care for patient and their relatives. The new model of palliative care includes the provision of a patient-centered approach for all chronic noncommunicable diseases, provided in all health systems globally, with a focus on preventing disturbing symptoms through advanced care planning. (Kmetec et al., 2020, p.3)

Furthermore, items of palliative care interpersonal communication are the central aspect part of taking care of a patient who is at the end of life. The aim of this care is addressing the patient's physical, psychological, social, and spiritual needs at the end of life and in terminal illness. Communication skills are therefore essential in palliative care, and they play a great part in training in palliative medicine aimed at the acquisition of the skills. (Semlali et al., 2020.pp. 1-3).

According to the STM model of Finland organizing palliative care and hospice care, a three-tiered palliative care service chain has been built in order to ensure equal and need-based access to care throughout the country. It is stated that every person has an equal right to palliative care at home or in a social and health care unit as required by their illness and treatment needs. Based on the organizational model, palliative care and hospice care are divided into three different levels in addition to the level of basic competence: A – basic level hospice care units, B – special level palliative care and

hospice care units and centers, and C – demanding special level palliative care centers. (Saarto et al., 2019.)

2.2 Principles of Palliative Care

The principle of palliative care is seen as one important aspect when caring for patients who are in end-of-life care. A well planned and organized palliative care principle improves the patient's caring process, pain management and wellbeing. According to a few concepts, palliative care encompasses the whole individual, involving family or loved ones. It is focused not only on the intensity of the sickness, but also on the individual's remaining quality of life and how the family and friends can cope during the patient's illness and in their own grief. (Nyatanga, 2013).

The time at the end of life is different for each person, because everyone has a unique need for information and support. Knowledge about end-of-life decisions and principles of care is essential to support a patient during decision making and in end-of-life closure in ways that recognize their unique response to illness in order to support their values, beliefs and goals. Improvement of the quality of life for both patients and families is one of the main focuses of palliative care. This principle, among other principles, cannot be overlooked or over emphasized. This can also lead to the focus of quality of care and not quantity. Nurses can improve the quality of life of a terminal ill patient by comforting the patient and relieving the symptoms. (Hugar et al., 2021).

Furthermore, patients in the palliative care unit are usually afraid of dying with severe pain and one of the challenges experienced by patients in this category is that they are usually diagnosed with more than one disease which brings about the severity of pain. Symptom control and pain management in palliative care is an important principle that must be well addressed and implemented appropriately in order to give meaning and improve the quality of life. The study also states that symptom and pain management is one of the most important assessment principles in palliative care. (Hugar et al., 2021).

In addition, the care administered to patients in palliative care unit is evidence based, clinically and culturally safe, and effective. By ensuring clinical, cultural, and psychological safety, it simply means that patients experience no negative consequences. Finland is known to have one of the best health care systems in the world. And this is because Finland has well trained health care professionals who are well educated with evidence base knowledge on how to care for patient in the palliative care unit, and their goal is to alleviate pain and improve the quality of life for the patient and the family. (Finnish institute for health and welfare, 2021).

2.3 Cultural Competence

Cultural awareness can be defined as an examination of our personal cultural value base and its influence on people's health beliefs, and professional background," whereas cultural knowledge is defined as "the process of being in contact with people from different ethnic groups that can enhance knowledge around their health belief by obtaining a sound educational foundation about diverse culture. Cultural skill refers to the terms of gathering and processing culturally specific information and performing thorough, patient-specific assessments. The construct of cultural encounters encompasses active and meaningful cross-cultural interactions, and the construct of cultural desire involves the aspiration to partake in the lifelong journey of becoming culturally competent. (Brown et al., 2021, pp.2.)

Cultural competence refers to sensitive and creative practices to adapt to patients' and their families' values, beliefs, lifestyles, and needs. More precisely, they refer to a complex integration of knowledge, attitudes and skills that enhance intercultural communication and allow appropriate and effective interactions. The most important variable of this stage of development is the ability to recognize and challenge racism and other forms of discrimination and oppressive practice (Figure 1). (Vasiliou et al., 2013.)

Figure 1: The Papadopoulos, Tilki and Taylor Model for Developing Cultural Competence

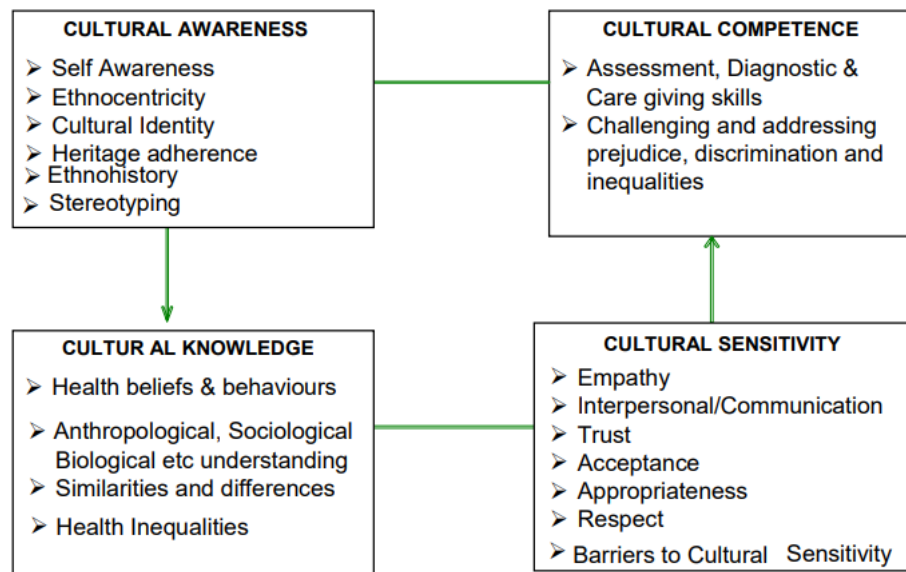


Figure. 1: The Papadopoulos, Tilki and Taylor model for the development of cultural competence in nursing. (Vasiliou et al., 2013).

2.4 Culturally competent care

Providing culturally competent care for patient during the end of life is one of the ways to reduce social exclusion and can boost their confidence and knowledge of health care professionals, giving them the necessary skills and education to competently handle any situation, regardless of language, culture, or ethnicity. (Jovanovic & Maja, 2012).

It was said that culture can influence a person’s health decisions, and it is compulsory for healthcare professionals to be as culturally competent as possible when dealing with people of different ethnic and religious backgrounds. Culture and health intersect in the most delicate of manners, particularly with end-of-life issues. Cultures vary in how they perceive illnesses, medication, the role of physicians, hospitals, and their views on palliative care treatment. The healthcare system must be able to handle the ethnic and cultural diversity of the palliative care service user by ensuring that patients have equal access to end-of-life healthcare services. (Jovanovic & Maja,2012).

Cultural competence is realized when providers display personal awareness and culturally specific skills in delivering care to a multicultural patient population.

Culturally competent care empowers patients and puts them at ease with medical treatments. Lack of culturally competent care negatively affects patients. (Brown et al., 2021, pp.2).

In Finland, competence is one of the major key points that has been practiced among nurses in terms of hospice and palliative care. Which includes communication, care planning, the interaction of patients and relatives, and multi-professionalism. Furthermore, nurses are very competent in terms of medicine, nursing science, physiology, emotion processing, religion, culture, medication, and pharmacology. Also, competence is being practiced in pain and somatic symptom management. Individualized hospice and palliative care, basic care, precious death, ethical and legislative, and well-being at work are considered important in the health care system. Cultural competence is yet to be practiced in Finland. The Finns believe in the Act of law and legislation law by valvirä and THL. Furthermore, cultural and spiritual competence is an issue when caring for patients from different cultural backgrounds but focusing on the treatment plan from the doctor and Act of law (THL and Valvira). (Haavisto et al., 2020).

According to the Papadopoulos, Tilki and Taylor model it is important for every nurse to understand their own perspective beliefs and value system as to understand and respect those of their patients. This is the initial step to becoming culturally competent.

2.5 Cultural Sensitivity

When discussing cultural sensitivity, it refers to awareness and attitude of health professionals view patient in their care, towards culture as well as understanding the implications of culture. Acquiring through self-awareness is a complex set of perceptions about culture, oneself, and the dynamics associated with the issues of differences in care relationships. In other words, it underlies reflections on three different strands, including understanding the concept of culture, understanding the values, biases and prejudices facing one's own culture and understanding the issues arising from differences. Furthermore, equal partnerships involve trust, acceptance and respect as well as facilitation and negotiations. (Vasiliou et al., 2013).

2.6 Cultural Competences in Palliative Care

Cultural competences in palliative care refers to a process of nurses observing and understanding how a patient's cultural beliefs, values and behaviors can have a positive impact on the patient caring needs and how well their illness and pain can be managed as death draws closer. With the increasing cultural diversity population emerging in society, health care providers and nurses need to understand how a patient's cultural norms and values can affect how the patient expresses themselves when in pain. Pain is the most common symptom of patients in palliative care and be able to manage the patient pain so they can have good quality care in their few days of life required a degree of self – awareness of the patient cultural backgrounds, values, and spirituality. (Givler et al., 2022).

Due to the high-quality care for a person living with terminal illness and the pains and trauma it has brought to his or her loved ones. Cultural beliefs, values and practices are particularly important with patient and family members encounters of suffering. But this kind of cultural belief can be poorly understood by clinicians and nurses in palliative care due to the differences in cultural backgrounds between the nurse and the patient. Also, lack of sufficient knowledge on the part of nurses in palliative care about how a patient cultural beliefs and practices gives meaning to the disease and illness they are suffering from and how well they want their wishes to be followed and respected in their few days of life, can lead to differences in palliative care during the caring process. (Cain et al., 2018).

Cultural competence in palliative care enhances communication patterns which in return can help build trust between the health care provider and patient. This is so because good communication in palliative care enables the organization and individual to work effectively cross-culturally and allows health care providers to collect and put together accurate medical information. Good communication skills in palliative care regarding cultural competence encourage active dialogues in which patients and providers can ask questions and create an appropriate platform for correcting misunderstanding. (Cain et al., 2018).

Furthermore, good palliative care is the most important care for people with severe health conditions. It is important to know that cultural beliefs regarding pain and death influence the patient and family preferences for palliative care. Adequate cultural competence in this area of care enables nurses who are well educated to realize that pain is a social barrier to recognizing other symptoms such as psychological, social, physical and spiritual needs in terminal ill patients. The goal of proper pain management in palliative care is to improve the quality of life for both the patient and the family. (Givler et al., 2022). Campinha-Bacote's model of cultural competence in the delivery of healthcare (2007) has been used in this literature review and it will be explained further in the next paragraph.

2.7 The Campinha- Bacote's Model of Cultural Competence in Health Care Delivery

The Campinha- Bacote's (2007; 2011) gave a detailed explanation on how cultural competences is a process of becoming and not a state of being. He lay emphasis on how our values, cultural beliefs and caring for one another can help us build the foundation of good cultural competency skills in the delivery and caring for patients from different cultural backgrounds. The five model constructs developed by Campinha- Bacote (2007) which include, cultural awareness, cultural knowledge, cultural skills, cultural encounters and cultural desires are presented next and their usefulness for health care workers for the delivery of culturally competent care to patients from different cultural backgrounds. (Sagar, 2011 pp. 41-42).

2.7.1 Cultural awareness

The fact that one's own self is an important starting point in the journey of cultural competence can't be over-emphasized. therefore, Involving in self-examination and in-depth exploration of one's own cultural and professional background, kicks-start the process of cultural awareness. This process highlights the identification of one's biases, prejudices and assumptions about persons who represent a different culture and steps should be taken to prevent cultural imposition. Cultural imposition is the

tendency of an individual to impose their beliefs, values, and patterns of behaviour on another culture. (Sagar, 2011 pp. 41-42). The first stage in the model is cultural awareness which refer to self-examination of one's personal value base and beliefs. This basically means how nature influences cultural identity, as well as its effect on people's health beliefs and practices is viewed as necessary planks of a learning platform. (Vasiliou et al., 2013.)

2.7.2 Cultural Knowledge

Cultural knowledge is a process that involves seeking and obtaining a sound educational foundation regarding diverse cultural and ethnic groups. The healthcare professionals will through this process understand different worldviews, obtaining this knowledge can be through textbooks, computer programs, literary works, and spiritual sources. Obtaining cultural knowledge about the client's health-related beliefs and values involves understanding their worldview and their cultural backgrounds. (Sagar, 2011 pp. 41-42). Cultural knowledge (the second stage) can be acquired in different ways. By coming across people from different ethnic groups can enhance knowledge around their health beliefs and behaviors as well as raise understanding around the problems they are going through in life. Based on sociological study, the nurses should be encouraged to learn about power, such as professional power and control. (Vasiliou et al., 2013).

2.7.3 Cultural Skills

Cultural skills are the ability to collect and assess relevant physical cultural data regarding the client's status, by collecting and combining relevant information to aid the health care provider in determining the need for care and follow up with the most appropriate interventions. The healthcare provider is expected to be able to ascertain how a client's physical, biological, and physiological developments influence their ability to carry out an accurate and appropriate physical evaluation. (Sagar, 2011 pp. 41- 42).

2.7.4 Cultural Encounters

Cultural encounter is the process that encourages the health care provider to directly engage in cross-cultural interactions with clients from culturally diverse backgrounds. This involves face to face cultural interactions with diverse clients for validation and clarification of beliefs concerning these groups. It is believed that these encounters will further refine and modify the care givers' pre-existing beliefs on the specific culture and possibly prevent any wrong influence. (Sagar, 2011 pp 41-42).

2.7.5 Cultural Desire

Cultural desires are the motivation and thrive by the health care provider to want to, rather than have to, be involved in the process of becoming culturally aware, knowledgeable, and skillful. Cultural desire involves the concept of caring. The health care professional should have a genuine passion to be open and willing to understand and accept different worldviews, and to learn from the clients as cultural informants. (Sagar, 2011 pp. 41-42).

3 PURPOSE AND OBJECTIVE OF THE RESEARCH AND THE RESEARCH QUESTIONS

The purpose for this thesis is to carry out a literature review on our topic “Nurses cultural competences of palliative care”, and our objective is to suggest ways on how to improve good cultural competences among nurses in palliative care. The research questions were:

1. What are the studies of nurse's cultural competence in palliative care?
2. What are the outcomes of nurse's cultural competences of palliative care?

4 RESEARCH METHODOLOGY

4.1 Scoping Literature Review

A scoping review was chosen as the research method for this literature review. This method is an analysis of potential size and scope of available and evidence-based research literature on a topic (Munn et al., 2018, p. 2). The scoping review methodology is an approach that helps in synthesizing research evidence, the main aim of the scoping review is to help map out the existing literature in a field of interest in terms of the volume, nature, and characteristics of the primary research. (Pham et al., 2014). The scoping literature review examines the depth of research on a specific topic, in this case, the literature on palliative nursing care skills from a spiritual viewpoint.

4.2 The five stages of the scoping review method

In 2005, Arksey and O`Malley published the five-stages methodological framework for conducting scoping studies it includes: Identify the research question, identify relevant studies, Study selection, Charting the data and Collating, summarizing and reporting the results. Levac et al (2010), proposed recommendations on building each stage of the scoping study framework, by highlighting considerations for advancements, application, and relevance of scoping studies in health research. (Brien et al., 2016). And these five stages give the authors a guiding step that were followed and utilized by the authors when carrying out the literature review. And this is discussed below.

5 RESULTS

5.1 Identify the research questions

The PICO approach was utilized in defining the research questions. That is referring P as Patient, Problem, or Population. Also referring to I as Intervention and C for Comparison/ Control, or Comparator while O stands for Outcome (s). (Roever, 2018). Arksey and O`Malley acknowledge the need to maintain a broad scope to a research question (Levac et al., 2010). The main idea of this thesis is to describe and present an overview of different countries who have integrated the practice of cultural competences in palliative care. And the research question which guided the authors for evidence base studies is “What are the studies of nurse's cultural competences in palliative care?” and “What are the outcomes of nurse's cultural competences of palliative care.

5.2 Identifying the relevant studies

This stage involves identifying the relevant studies and developing a plan from where to search, the key words that will be used in searching for articles that will give the author answers to the research questions. The following electronic databases were searched through systematically with time constraints: manual search, CINAHL complete, and PubMed. The searches were restricted to English language and Finnish research and centered on peer-reviewed publications having an abstract. The studies that were included are reports on palliative nursing care from a cultural competence viewpoint. (Kumar, 2011)

5.3 Study selection

The study selection involves an iterative process that involved searching through the literature, refining the search strategy and reviewing articles for study inclusion and exclusion criteria. (Levac et al., 2010). The inclusion and exclusion criteria were fully

utilized in the study selection of this thesis, to give us a clearer understanding of what we need. The authors were able to read through the 11 articles repeatedly to get a clearer understanding of what needs to be excluded. For example, studies not related to the research questions 1& 2 and studies without outcomes. Both inclusion and exclusion criteria were used to get relevant data in the web-based source information, which also are supported by scientific content material, year boundaries, languages, access capacity, and selection types. (Table 1).

Table 1. The inclusion and exclusion criteria of the literature retrieval.

	Inclusion criteria	Exclusion criteria
Language	Published in English and Finnish.	Published in other languages than English and Finnish were not considered in our research.
Selection of article	Articles selected during the literature retrieval are in relation to the topic of our literature review i.e., Nurses cultural competences of palliative care. And have answers to our research questions.	On the other hand, all other articles that are not related to our research topic were not considered.
Full text	Full text access to articles was considered during the literature retrieval	No access to full text articles was not considered.
Access to data source	We were able to make use of a good database and got articles that are related to our thesis topic and answers to the research questions in full text.	Articles that did not give us access to full text or that required to be purchased were not accepted.

When doing the searches, we were able to get technical assistance and seek guidance from the university librarian on the proper search keywords and databases to utilize. Moreover, it helped us to know how to locate the right copies of the articles on multiple occasions. (Elo & Kyngäs, 2008).

The articles accepted were related to our thesis topic, the articles explain in full text about our thesis topic based on cultural competency, palliative care, understanding culture, and nursing. When reading through the articles we were able to find answers to our research questions which gave us a better understanding of our thesis topic.

After going through the headline, abstract, introduction and conclusion of each article during the literature retrieval, we were able to exclude articles that did not match with our thesis topic or answer to our research questions for example, the 247 study articles excluded from PubMed and the 194 excluded from CINAHL did not give access to full text. The study articles that gave access to full text which we think were interesting were focusing on a particular illness. For example, breast cancer, lung cancer and prostate cancer patients that required palliative care. Also, some of the articles were based on palliative care for children which we think are not relevant for our thesis topic or answer to the research questions (Table 2).

Table 2 Keywords and findings of the literature review

DATABASE	KEYWORDS	RESULTS	ACCEPTED ARTICLES	REJECTED ARTICLES	CASP CHECKLIST
PubMed	“Nursing” “Palliative care” “Cultural competency” OR “Cultural competency” “Nursing” Palliative care”	9 (2011 -2022)	3	6	Good
PubMed	*Palliative And Cultural Competence* OR *Cultural Competence* Palliative Care* *Nursing*	108 (2012 - 2022)	1	107	Good
		136 (2010 – 2022)	2	134	Good
CINAHL Complete	“Nursing” “Palliative care” “Cultural competency” OR “Cultural competency” “Nursing”	200 (2012-2022)	6	194	Good
		138 (2010-2022)		138	Good

	"Palliative care"				
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5.4 Charting the data

Charting the data is defined as a process of synthesizing and interpreting qualitative data. (Westphaln et.al., 2021). The data that was extracted for this literature review thesis was explained in the form of a table format and the structure of these table includes; Authors, year, country, topic, method of research, purpose of research, outcome of research and findings & key points from different countries (Appendix 1). During the literature retrieval for our thesis, articles that fit into the inclusion criteria were tabulated in a table format that include Authors, Year, Country, Topic, Method of research, Outcome of the research, Findings and key points from different countries based on cultural competences of palliative care. The findings for the first research question, *What are the studies of nurse's cultural competences in palliative care*, are described below.

The total amount of the chosen articles was 11 out of the eleven (11) articles, two (2) of the articles were literature reviews, six (6) were qualitative research studies, two (2) of the articles were scoping review methods and one (1) of the articles was a developmental project of end-of-life-care. The articles were published between the years 2012- 2021. Two (2) of the articles were conducted in Canada, five (5) from united states of America (USA), and four (4) from Europe, two (2) from Denmark, one (1) from Switzerland and one (1) from New Zealand. (Appendix 1)

This thesis is based on 11 articles gathered in the literature retrieval process from sources worldwide that have carried out in-depth studies based on cultural competences in palliative care. Studies also show that nurses play an important role in the introduction and practices of cultural competences in palliative care when caring for terminally ill patients. When reading through the eleven (11) articles that were accepted, studies show that Canada and USA have started the practices of cultural competences in palliative care for the terminally ill because of the vast population of immigrants. Canada and USA are still carrying out more research studies and findings based on cultural competences in palliative care to make their nurses and doctors in

palliative better equipped and culturally aware when caring for patients in palliative care who have strong cultural backgrounds and beliefs. Also, similarities were found among these countries based on these studies and outcomes. Study shows that for a well culturally appropriate care for patient in palliative care clinicians need to consider the background, assumptions and values of themselves and their patients to be able to provide good and holistic care. (Schill & Caxaj, 2019).

5.5 Collating, summarizing, and reporting the results

Stage five of the Arksey and O'Malley framework describes the process of building an analytical framework that explains the scope of the literature and recognizes priority areas within that literature (Levac et al., 2010). At this stage of the thesis, the authors were able to gather data that will be analyzed, summarized and compare the results of the findings to make sure it answers the research questions and purpose of our thesis. At this stage the outcomes are presented in a descriptive report and the key findings related to the research questions are presented in the results sections.

In this literature review the data was analyzed using content analysis. Content analysis is a research method used to identify patterns in recorded communication. To be able to conduct a content analysis one needs to systematically collect data from a set of text which can be written, oral, or visual. (Luo, 2019). To synthesize and communicate what is known about the issue, an inductive content analysis was performed. (Kumar, 2011). To be able to analyze the data that was gathered for our research topic, a content analysis approach was used in analyzing the acquired data.

In the first stage of the analysis, we read through the accepted articles first and second time to make sure all the accepted data are recorded. The purpose of using the content analysis is to assist us in analyzing our data and transforming large text of the selected articles for the research topic into a well-organized format. In the process of interpreting the selected articles, the content analysis helped us categorize words, themes and concepts within the text and analyze the data for reliable results. (Erlingsson & Brysiewicz, 2017).

5.1.1 What are the outcomes of nurse's cultural competences of palliative care?

The authors read through the outcomes of the 11 articles accepted for this thesis, the authors of the articles all lay emphasis on the following outcomes that can help health care providers practice cultural competences in palliative care. These outcomes include shared knowledge and decision making, religious and spirituality, family involvement, communication and cultural traditions and pain management.

Shared knowledge and decision making

Shared knowledge and decision making is seen as one important key points that attributes a patient centered care, which enables a patient in palliative care to make medical decisions about his or her care plan and the caring process based on their values, cultural beliefs and preferences. In some cultures, like Nigeria, shared knowledge and decision making is not based on the terminally sick patient alone, but it encompasses the whole family members and religious groups all throughout the caring process. These kinds of interventions will help support nurses and doctors in palliative care to have full knowledge about the patient's cultural background and treatment plan. (Baik et al., 2018).

Religious and spirituality

Religious and spirituality belief is seen as a lifetime development practices that a committed individual practices forever until death. It is also, seen as one aspect that play an important role across cultures globally, in some cultures spirituality and religious beliefs is considered as a vital tool that helps an individual connects, seeking meaning, purpose and transcendence in life. Some cultures believe that life threatening illness gives an individual the opportunity for religious and spiritual growth. Due to the large movement of different cultural groups migrating into different countries all over the world with different cultural backgrounds. Also, with the diverse ethnic and religious groups emerging. Study shows that there is a high responsibility from health care providers who are working in palliative care and at the end-of-life care to acquire

more trainings, knowledge and skills on the importance's of be culturally competent when caring for patients. Also, it is very important for nurses and doctors caring for a patient in palliative care to pay attention to the patient's cultural, spiritual identity and spiritual needs during the care plan and caring process. (Guay& Marvin, 2014).

Family Involvement

Family involvement is defined as any supportive adult or close relative.

Involvement of relatives plays a significant role in the patient´s life. It gives the patient hope and encouragement as they make their way through their illness. The loved ones need emotional support from the nurses for their own mental, physical and to maintain their social health. It is important that the nurse responds to the loved one to the need for support. (Bray,2013). Providing support to a loved one should be targeted in detail for each person to a loved one, since the same support is not suitable for everyone. The emotional support of family members' needs is increased by the compassion shown by a loved one towards the patient, as well as to enable them to survival from a difficult life situation. Nurses support is related to comforting, caring, giving a listening ear to the patient and family to establishing mutual trust, feeling close, sympathy, acceptance and giving hope. (Schill & Caxaj. 2019).

Communication

In a society full of diverse cultures, everyone has the right to communicate. The easiest way of expression is to speak, but it can be disrupted for various reasons, or it can be either completely absent or otherwise deficient. Nursing and health care professionals should be trained in their skills of interaction and encounter, as well as identifying and supporting possible communication changes. Furthermore, it is essential for the patients and their relatives to be heard, understood and encountered for the rest of their lives. The goal is to find a common language or ways to interact, encounter and understand patients. Health care professionals should use interpreters in order to facilitate other forms of communication and interaction with patients. Interaction is

essential between the patients and loved ones in palliative and hospice care (Silva et al., 2015).

Cultural traditions and pain management

There are different aspects of culture, such as religion, language, gender differences, and elder people's role in society, which can have an impact on pain management. Pain, for example, is viewed as a judgment on patients by Hispanics and Latinos. Patients are intended to experience pain in an apathetic way, because pain is seen as something to be accepted and endured. It is commonly believed that pain is a punishment for the patient's bad or immoral behavior. And in terms of Chinese culture pain is seen as result of blockage. It was said that to retreat the patient's pain, blockage must be removed for the patient to get back to his/her state of harmony. Rather the Chinese patient don't believe in complaining of pain will help them get better, rather they may see the pain as a trial or sacrifice needed to recreate the balance and harmony in the patient's life. (Bray, 2013).

Pain has been studied to be very harmful in terms of the patient's quality of life. Pain has been classified as chronic when it lasts three months or longer, with no predictable or foreseeable end. The goals of the treatment are the alleviation of pain and the improvement of quality of life and ability to function. Pain management is always planned according to the individual needs of each patient. It was said that nurses must have professional skills and knowledge in recognizing pain and treating it with many different methods. Health care professionals need to be aware of their own values and perceptions as they affect how they evaluate the patient's response to pain and ultimately how pain is treated. (Erynn & Monett, 2021.)

5.5.2 Evaluation of the data

The authors went through the CASP check list tool. The CASP check helped the authors in evaluating and appraising the reliability of the 11 accepted articles with a scale of good and very good. (Table 2). (CASP Checklist, 2022). Authors were able to get limited articles clearly concentrating on this topic, only a limited number of articles

were found concentrating on this topic. There was no literature included in this thesis concentrating on Finland but presumably, cultural competence is yet to be study in Finland.

5.6 Ethical viewpoints

Ethics is defined as a set of collective rules of conduct that require a practical basis for recognizing what kinds of actions, intention and motives are respected. (Haddad& Geiger, 2021).

According to the World health organization ethics in research helps regulate the standard of conduct for scientific researchers. When carrying out research it is very important to follow the ethical principles in protecting the dignity, rights and welfare of the participants taking part in the research. It is also considered that all research concerning human beings should be investigated by an ethics committee to ensure that the appropriate ethical requirements are being maintained. (WHO, 2016).

The principles of ethics are important aspect for researchers to put into consideration when carrying out research. The principle of Autonomy states that participants taking part in research should be respected, and they have the right to make their own choice. Participants also have the right to know what risk to expect and an alternative option. The principle of Beneficence states that the researcher needs to act in the best interest of the participants by assessing the risk and benefits of the research that will cause no harm to the participants. The principle on Nonmaleficence requires the researcher not to allow the participants involved in research that can cause them harm because the participants taking part in the research has the right to know if there are risks involved. The principle of Confidentiality is one important aspect in research ethics, researchers are obligated not to disclose confidential information about their participants to another party without first getting full authorization from the participants. (Kanti Das & Sil, 2017).

The principle of informed consent is important in research ethics, this is when the researcher informed the participants what is involved in the research that will give

them a full understanding of the risk and benefits involved which will determine if they want to be part of the research. (Bhandari, 2021).

This thesis will follow the right principle of research ethics and the responsible conduct of research. According to TENK (2012), the researcher must put into account the work and achievements of other researchers by respecting their work, citing their publication appropriately. Since our thesis does not involve direct contacts with participants but to carry out literature review research on nurse's cultural competences of palliative care, and in the process of searching for articles that will give answers to our research questions using the scoping review method, we will make sure the analysis of the literature for our thesis will be ethically followed by respectfully citing the right sources and giving credit to the original authors. We will also make sure to use articles that are scientific base and follow the Satakunta university of Applied Sciences thesis guidelines. Lastly, we will make sure the Samk thesis writing instructions are well followed all through the process of writing our thesis.

6 DISCUSSION

Our thesis focused on cultural competence in palliative care and mostly likely about the different model of Cultural competence in health care delivery from Campinha-Bacote model. The authors used two databases (PubMed & CINAHL) in order to make their work reliable and evidence based. Our research is mostly limited to studies that are mostly done in America, Denmark, Switzerland, Finland and Canada. The authors were able to bring out the different cultural competence that is practiced in all these countries. The cultural competence of palliative care is a complicated topic that hasn't gotten nearly enough attention from a spiritual standpoint. Furthermore, there is more room to discuss, and it is more tolerant of large themes that have not been well researched, as is the case with this topic. (Kumar, 2011). Therefore, the competencies to be developed would contribute to mastering the necessary socio-cultural instruments to interact with knowledge, allow interaction in diverse groups, enhance

the act autonomously and understand the context. From this point of view, there is a convergence between knowledge and the management of social interactions, emotions and feelings, and the ability to recognize, interpret and accept others.

The purpose of this literature review is to analyze and find answers to the two research questions, what are the studies of nurse's cultural competence in palliative care and what are the outcomes of nurse's cultural competence in palliative care. During the literature retrieval, 11 articles gave us answers to research questions one and two. Studies shows that Canada, London and United State of America has started the practices of cultural competences in palliative care because of the large population of people migrating to these countries. Canada believes that cultural understanding leads to cultural competences because the more opportunities health care providers create in building good relationship between them and the patient in palliative care especially, from a patient whose cultural beliefs, values, religious and spirituality differ from one's own culture there is a possibility the patient will be cared for more compassionately and putting the patient wishes in the caring process. (Johnson et al., 2012). On the other hand, the USA is putting more focus on the rural areas because of the large population of the black and African Americans due to their stronger cultural backgrounds. (Monett, 2021).

This thesis aimed to map available evidence from literature to get an overview of what is known of cultural competence in palliative care. With scoping review method, we gather information about our thesis topic using credible databases such as CINAHL, PubMed, and based on the evidence-based articles that was accepted during the literature retrieval, we were able to find answers to the research question 1&2 which helped us to have a head way on how to continue with our thesis. Also, after reading through the abstract, introduction and conclusion of each article we were able to exclude the articles that were not needed and work with the accepted articles to get a reliable result.

During our research the authors faced few challenges by not getting enough articles from Finland about how cultural competence has been practiced in health care. It would have been nice to get an article from Finland were it talk on how to improve an effective multicultural environment; schools should offer courses on multiculturalism. This will prepare nurses in their working life to adapt in different situations. The

different institutional policies should also be addressed in order to make different workplaces multiculturally friendly.

To develop intercultural competencies in health teams and professionals in training, a transdisciplinary perspective is necessary, which at the same time improves and strengthens complex, critical and creative thinking. In addition to having to raise awareness of the population to palliative and end-of-life care. our research from all the articles also shows the need to increase awareness of cultural competencies among health care professionals, supporting the cultural competences of nurses is important in developing good cultural skills when caring for the terminally ill patient in palliative care.

The health care providers are making sure access to palliative care is made available for the terminally ill and making sure doctors and nurses with similar cultural background are put in key positions that can assist in educating the population in the rural part of American. The importance's of palliative care for patients who are sick with terminal illness. London believes that integrating nurses and doctors from all over the world into their health care system has really helped them improve their cultural competences in palliative care because there you find nurses and doctors from different cultural background working in different key positions at the health care sector. Also, when reading through the abstract, introduction and conclusion of the 11 articles accepted during the literature retrieval, we found out these three countries all have similarities on what has helped them improved their cultural competences in palliative care. These include; Language & communication, Religion & spirituality, Role of family, Acceptances of one's own cultural beliefs and Respect. (Bray, 2013; Schim & Doorenbos, 2011; Schill & Caxaj, 2019).

Looking at the whole of Europe, the practices of cultural competences in palliative care have not gained ground but different research has been carried out and more research is ongoing to see ways on how the practices of cultural competences can be well integrated into their health care system because of the increasing large population of immigrants increasing in Finland, Demark, Sweden, Switzerland and New Zealand. Study shows that, been able to express yourself in a language the nurse and patient understands is the first foundation in building a good cultural competence in palliative care. (Schill & Caxaj, 2019; Monett, 2021).

This thesis gave an overview of what literature says about nurse's cultural competences of palliative care. The main findings about this topic shows that the study of cultural competences of palliative care has been well study and acknowledged in most countries like Canada, United State of America and the United Kingdom. Authors were able to get limited numbers of articles focusing on this topic, cultural competences of nurses in palliative care. Also, study shows that Finland has a good palliative care system, but it was difficult for the authors to find articles about the practices of cultural competences in palliative care. There was no literature included in this thesis concentrating on Finland but presumably, cultural competence is yet to be study in Finland and other European countries.

7 CONCLUSION AND RECOMMENDATIONS

The literature review is concluded with the information that was collected from the 11 articles accepted during the inclusion and exclusion criteria. The whole idea about this literature review is to find out from different research and evidence-based articles on how cultural competences are practiced in palliative care and how nurses can improve their cultural competencies in palliative care. We were able to find answers to research questions 1&2 which gave us more understanding on how cultural competences is practiced in palliative care from different countries based on the research articles. The most interesting aspect of this research is how these countries who has started the practices of cultural competences in palliative care all have similarities on how they were able to manage and improve the practices of cultural competences when caring for the terminally ill patients with strong cultural backgrounds.

One important aspect of an appropriate culturally care, is for doctors and nurses to have a full knowledge about the client, family and community by making sure the patients and family preferences, beliefs and values from his or her cultural background are well followed in the care planning process. (Schill& Caxaj, 2019). Looking at the

theory behind the literature review which explains nurses accepting and adjusting to one's own cultural beliefs can be very challenging and demanding. Especially, when these patients own cultural beliefs works against the well-being of the patients and the ethics of treatments of the health care system but been able to communicate in a language that the patient and nurse understands during the care planning process helps supports acceptances and understanding towards providing comfort, truth-telling, decision-making that involves family roles and helping them have the best of life in their last days as death draws closer. (Johnston et al., 2012).

Cultural competences in palliative care are an interesting topic with so much research been carried out on this topic from different countries, in the process of reading through the 11 articles accepted for this thesis, we found out Europe is still far behind in the practices of cultural competences in palliative care. We therefore recommend that further research should be carried out on different strategies on how to integrate cultural competences in palliative care, and the focus should be on Europe.

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AUTHORS, YEAR, COUNTRY	TOPIC	METHOD OF RESEARCH	PURPOSE OF THE RESEARCH	OUTCOME OF THE RESEARCH	Findings and key points from different countries based on cultural competences in palliative care.
Kaela Schill & Susana Caxaj 2019, Canada	Cultural Safety Strategies for Rural Indigenous Palliative Care: A scoping review	A scoping review method was used, this is to help the researcher explore the body of literature about palliative care in indigenous rural contexts	The purpose of the research article is to identify strategies that can help deepen the researchers understanding of culturally safe approach to palliative care within Rural and small-town setting in Canada.	The outcome of this research states that a culturally competent strategies in palliative care should focused on building opportunities and creating space to welcome the unique values and traditions of Indigenous patients, families and communities. The researchers also state that the importance's of cultural competence in palliative care will only be more valuable if it is applied with a great deal of humility and genuine curiosity for the individuality and uniqueness of each client.	The study in this article focuses on how cultural competences in palliative care can be integrated in the rural part of Canada because of the large population of immigrants with stronger cultural beliefs and traditions. Researchers were able to lay down some key points in their findings that can help improved cultural competences in palliative care for the rural part in Canada. These key points include: Providing a language interpreter for smooth communication between the patient and the health care provider, respecting patient wishes before and after death, Patient religion and spirituality needs to be respected, Cultural beliefs, values and traditions of a dying patient needs to be well understood and respected. Also, family involvement in the patient and giving family feedback on the dying process of the patient is very important in some cultures
Betty Ferrell, Pam Malloy & Rose Virani 2015, Washington D.C USA	The End-of-Life Nursing Education Nursing Consortium Project	A developmental project of end- of –life care	The aim of this project is to share the international experiences of the ELNEC project and raise awareness of the continued	The outcome of the research project states that nurses play an important role in practicing cultural competences and care to	The following key points were noted in this article on how nurses can take care of the terminally ill patient in palliative care which include;

			needs to advance palliative care internationally	patients in palliative care. It also stated that one main principle is for nurses to recognize the importance's of promoting the physical, psychological, spiritual and social needs of the terminally ill patients in palliative care.	Spending time with patients will help nurses to get familiar with the patient and their family and it will also help health care providers understand the patient's goal of care and cultural background. Also, the researchers noted the importance's of including a detailed curricula to nursing schools about the importance's of cultural competences when caring for the sick and patient in palliative care, because it will help enhances the knowledge of nurses and get them ready for the working life
Schim Stephanie Myers & Doorenbos Ardith. 2015, Michigan, USA	A three- dimensional model of cultural congruence: Framework for intervention	A three-dimensional model of culturally-congruent care	The purpose of the article is to describe an emerging model of culturally congruent care and discuss ways in which it can guide intervention for social workers, nurses, mental health professionals and other health care workers for diverse patients, families, and communities.	The outcome of the articles states that it is important for all members of the health care team to work individually and collectively to improve cultural competences in palliative care. Also, advocating culturally-congruent care plays an important part when caring for patient at the end-of-life care.	In this study, a four-step approach intervention was recommended on how cultural competences can be practiced in palliative care which include: Appreciation approach: This is when health care providers observe and learn about the patient's cultural beliefs, values, patterns, customs and rituals Accommodation approach: This is when the health care provider observes and explores the cultural beliefs, values, and desired behaviors of the patient to find ways in which they can accommodated the different values and beliefs of the patient. Negotiation approach: The main aim of this approach is to have a winning solution that helps meet the needs of

					<p>patient, family, and health care provider. It brings about communication and commitment to understanding and meeting the patient and family needs.</p> <p>Explanation approach: this approach comes into effect when other approach fails. It comes into effect when what a patient wants, and needs are immoral, illegal, abusive and unsafe for them and which cannot be negotiated.</p>
<p>Erynn M. Monett 2021, Ontario Canada</p>	<p>Cultural Considerations in Palliative Care Provision: A Scoping Review of Canadian Literature</p>	<p>A scoping review of the medical databases was conducted to identify recent Canadian literature connecting culture and palliative care provision. The review yielded 21 relevant results from the past 10 years.</p>	<p>The purpose of this article is to identify key concepts and issues arising from offering culturally relevant palliative care by reviewing how the concept of culture has been discussed in Canadian palliative care literature</p>	<p>The outcome states that health care providers can create culturally accessible palliative programs that can help nurses working in palliative care understand some cultural norms relating to view of patient life, illness & death, spiritual and psychosocial needs and lastly, the involvement of family members also plays an important role when caring for the terminally sick patient.</p>	<p>In providing awareness for culturally relevant care for patients with stronger values and cultural beliefs, the following key points were discussed in this article that can help health care providers improve their cultural competences in palliative care. These include: Language and communication (provision of interpreters), Family and community involvement. Respect for one's cultural decisions as death draws closer. Spirituality and religious care. Health care providers can create culturally accessible palliative care programs for cultural minorities</p>
<p>Cindy L. Cain, Antonella Surbone, Ronit Elk, Marjorie Kagawa- Singer. 2019, California, USA</p>	<p>Culture and palliative care: Preferences, Communication, Meaning and mutual decision making</p>	<p>A research article on cultural diversity and palliative care</p>	<p>The goal of this study is to illustrate tensions in the delivery of palliative care for diverse patient populations to help</p>	<p>The outcome of the article lays emphasis that at the end-of-life care, it is very important for nurses to recognize patient's cultural</p>	<p>In this research article four (4) areas were illustrated on how cultural competences are important in the provision of high- quality palliative care which include</p>

			clinicians to improve care for all and the terminally ill patients in palliative care.	interpretations which will help nurses and clinicians put more efforts in accompanying the dying patients and their families with utmost respect.	Preferences for care Communication patterns Meaning of suffering Decision- making processes.
Watts. K.A., Gazaway. S., Malone. E., Elk. R., Tucker. R., McCammon. S., Goldhagen. M., Graham. J., Tassin. V., Hauser. J., Rhoades. S., Singer. M.K., Wallace. E., McElligott. J., Kennedy. R., & Bakitas. M. 2020 Alabama, U.S.A	Community Tele- Pal: A community- developed culturally based palliative care Tele- consult randomized controlled trial for African American and white rural southern elders with life- limiting illness.	A research article on developing a community Tele-pal that will help test the efficacy of a community-developed culturally based palliative care tele consult program for hospitalized rural African American and older Adults with life limiting illnesses	The purpose is to develop a randomized clinical trial that will help clinicians and nurses compare a culturally based tele-consult program developed for rural southern African American and white population to the usual hospital care to determine the impact on symptom burden and care quality of patient life	The outcome of the article states that a culturally based intervention will be one key aspect of palliative care for the African Americans and the white population in the rural areas. It states that culture shapes how an individual in the rural population makes meaning out of illness, suffering, dying and how it strongly influences their response to diagnosis and treatment preferences The researchers strongly believes that the development of the Tele-Consult care model will help give doctors and nurses a full medical knowledge of the older African Americans and the white population with life limiting illnesses and a culturally care pattern to follow that will improve	Due to the low access of palliative care in the Southeastern part of the United States where a large population are rural and African American, study shows that the rural patient with life-limiting illnesses is at increased risk of not receiving the appropriate care they desire due to a limited palliative care workforce, long distances to treatment centers, and limited palliative care clinical expertise. To be able to address these issues in the rural part in this study, a Tele-Health was developed that will help in the delivery of healthcare services and sharing medical knowledge about the patient using telecommunication. The whole idea about the tele-health is to help health care system provide a special palliative care consultation through a secure videoconferencing platform for the older African Americans and the white population with life-limiting illnesses and be able to arrange a care plan for them. It also, states that the Tele-health has been used as an opportunity to improve patient care in

				patient care and wishes as death draws closer.	remote parts of the united State for different illnesses.
Panagiotis, Pentaris & Louise L, Thomsen 2018, England and Denmark	Cultural and Religious Diversity in Hospice and Palliative Care: A Qualitative Cross-Country Comparative Analysis of the Challenges of Health-Care Professionals	Literature review (qualitative comparative analysis)	The purpose of the research is to know how health care professionals in English and Danish are open to the conversation about how death, dying, and bereavement are managed within institutional care, with a focus on cultural and religious contexts.	It was stated that in improving and developing palliative care professional skills better for people with other cultures and religion, a constant evaluation and development plan that will effect changes on organizational foundation and organizational culture which are the core of palliative care settings. This simply means that changes in the organizational culture must be supported by changes in social policies, and changes in professional attitudes and practices must be supported by changes in the organizational culture because it is from the core of the palliative care settings that professionals see and employ various approaches	Due to the changing cultural and religious preferences of the population in Denmark and England, palliative care expert is faced with the needs and cultural preferences they are not exposed to. Study shows that the following interventions need to be well understood by nurses and clinicians need to have full knowledge about the patient's cultural backgrounds before the plan of treatments. Some of the interventions that were noted in this study Include: Having a full knowledge about faith and religious belief of the patient/client, Language and communication, understanding the kind of food that reflects their cultural backgrounds, Interaction with patient and family and knowledge about the patient rituals belief before and after death.
Semlali, Tamches, Singy & Webe. 2020	Introducing cross-cultural education in palliative care:	qualitative research (thematic content analysis)	The aim was to provide interested educators and decision makers with ideas	Based on the outcome of the research, it was stated that addressing cross-	Based on the intervention stated the aspects of cross-cultural competence and sensitivity should be distributed

Switzerland	focus groups with experts on practical strategies		for how to implement cross-cultural training in palliative care	cultural issues in end-of-life care, including in medical disciplines outside of palliative care (e.g., geriatrics, oncology, intensive care). All these courses should be embedded in existing training offerings and should appear at all stages of curricula for end-of-life specialists. Two trends emerged related to course content.	throughout curricula e.g., undergraduate, postgraduate, continuing education) of all kinds for professionals working in palliative care. Fundamentals of cross-cultural education could be taught at the undergraduate level, where specific content related to diversity at the end of life could be introduced at later stages. Furthermore, collaboration should be necessary among experts in palliative and end-of-life. Communication skills training and cross-cultural training were also pointed out as one important aspect when caring for a patient in palliative care.
Raunkiaer & Timm. 2013, Denmark	Interventions concerning competence building in community palliative care services a literature review	Literature review	The purpose of the was a literature review which was used to examine experiences with interventions regarding the development of competencies within community palliative care services	It was stated that competence building has a positive effect according to the professionals. It is unknown whether or how patients and relatives feel a positive effect from the interventions just as it is unknown how the development of competencies has led to a more developed practice. The effect of local competence building in palliative care in the primary sector is lacking.	The study states that good collaboration, well planned training programs, shared knowledge, training the palliative groups and the introduction of cultural competences update structure will help health care system developed a cultural competences skill in palliative care

<p>Jovanovic & Maja. 2012 USA</p>	<p>Cultural Competency and Diversity Among Hospice Palliative Care Volunteers.</p>	<p>The method used was a case study (it was to in-depth interviews and questionnaires with volunteer participants)</p>	<p>The research was to examine the current state of culturally competent care in a hospice setting, and the challenges to providing culturally competent care in a hospice in the GTA</p>	<p>The outcomes of the research revealed that volunteers encountered cultural clashes when their level of cultural competency was weak. Second, volunteers revealed there was a lack of adequate cultural competency training with their hospice, and finally, there was a lack of ethnic, cultural, and linguistic diversity among the hospice volunteers</p>	<p>It was stated that cultural competency training is not a requirement of the Hospice Organization of Ontario, only a 30-hour intensive training that touches briefly on the topic and not enough to prepare volunteers for job experiences. There is a need for greater training in cultural competency and refresher courses on different learning material should be taken home along in order to improve their knowledge.</p>
<p>Bray 2013 New Zealand</p>	<p>Patient and family perceptions of hospice services: 'I knew they weren't like hospitals</p>	<p>Qualitative research</p>	<p>The aim of this research was to gain a patient-and-their-family perspective on the hospice, including exploration of components of service care that could be improved for various cultural groups.</p>	<p>Based on the findings it was stated that there was a general lack of awareness of what services are provided, the philosophy of care and what hospice stands for, and indeed, the perception that when hospice gets involved, death is sure and imminent. This latter misperception has long been a barrier to access and requires address in education. The cultural perceptions revealed in this area were important insights for the service. The reasons described for</p>	<p>The health care system in New Zealand focuses on the following strategy in improving cultural competences in palliative care. These include: Understanding patients' level of spirituality and religious beliefs, Family involvement in patient care, Values and sense of connectedness and identity and awareness of the patient's cultural background.</p>

				Pacific peoples' hesitance in accessing care included a genuine lack of awareness of what is available, that accessing services for their dying family member is simply 'not their way', or that they are too shy to access a service that is predominantly European in concept	
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