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SOCIAL SERVICES, HEALTH AND SPORTS

PREPARING 3-6-YEAR-OLD MULTICULTURAL CHILDREN TO DAY SURGICAL OPERATION

Literature Review

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Abstract

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<p>Abstract</p> <p>Day surgery offers several benefits, including cost-effectiveness, predictability, improved patient satisfaction, and reduced recovery time. However, the key to success is effective preparation. Especially with children, surgery can be frightening and cause extreme anxiety. Child patients and their family members may face fears that intensify due to cultural differences and limited familiarity with health care systems. This can bring a wide range of difficulties, such as language barriers, understanding religious beliefs, cultural practices, and expectations regarding health care.</p> <p>This thesis examined how 3-6-year-old multicultural children are prepared for day surgical operation. The aim was to contribute to the work of pediatric nurses by deepening the knowledge regarding preoperative preparations when there is a language barrier between the healthcare professionals and the multicultural family. Literature review was used as a research method for this study. Eight (n=8) articles were chosen for this study from Cinahl and PubMed. The data was analyzed by using content analysis. The partner organization for this study was Wellbeing Services County of North Savo, Kuopio University Hospital. The results showed that preparing multicultural children for day surgical operations consists of taking care of the preoperative guidance, supporting the child, parental guidance and supporting parenthood. The results are also focused on communication, interaction, cultural differences and language barriers.</p> <p>Preparing multicultural families for surgical operations is becoming more usual than before and needs acknowledgement. The inclusion of a multicultural perspective is important. Research can provide valuable information for understanding how to provide information on the educational needs of nursing staff to face multicultural patients and designing an individualized care plan that respects the cultural values and beliefs of the child and his or her family. Results highlight linguistic and cultural challenges that can affect effective communication with the patient and his or her family. This information can help healthcare staff to address ethical issues such as in decision making on behalf of the child and the impact of cultural differences on decision making.</p>	
<p>Keywords</p> <p>Pediatric nursing, day surgery, child, parent, language barrier, preoperative preparations</p>	

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1 INTRODUCTION

Communication is a fundamentally important component of adequate care which has considerable impact on contentment to patient care. Finland as a society is growing to be increasingly diverse and multicultural. There is an expanding need to provide culturally competent care to patients with diverse backgrounds. Day surgery as a procedure offers significant advantages including reduced costs, predictability, improved patient satisfaction and recovery time. However, success relies heavily on effective means of preparation. For children, surgery can be intimidating and cause extreme anxiety. Child patients and family members may experience fear which can be intensified due to cultural differences and the family's unfamiliarity with the healthcare system. This may cause difficulties including, but not only limited to language barrier, religious beliefs, cultural practices, and expectations towards healthcare.

Preparation for the procedure begins already at home, where the parents have a role in preparing the child for the day surgical procedure, and to adapt to an environment that may be distressing to the child. According to studies, preparation for procedures can be carried out using different preparation methods including spoken language, written, illustrative pictures, and through play. Good preparation can be used to increase the child's and family's awareness of the procedure, which eases anxiety and increases the child's means of survival in the day surgical procedure.

Analyzing the available evidence, this study gathers information and considerations such as culturally sensitive communication techniques, providing of interpreters during care, value of proper engagement with family members, comprehensible preoperative educational materials, and the incorporation of cultural practices to alleviate anxiety and promote valid cooperation with families.

The purpose of this thesis is to identify considerations involved in preparing child patients and their families with multicultural backgrounds for day surgical operation. This thesis is done as a literature review on what kind of preparations needs to be done for children aged three to six years with multicultural background before day surgery. The findings of this study will contribute to the knowledge of pediatric wards on preparing child patients and their families with multicultural backgrounds for day surgical operations. The partner organization of this thesis work was Wellbeing Services County of North Savo and the pediatric ward in Kuopio University Hospital.

2 PSYCHOLOGICAL AND SOCIAL DEVELOPMENT OF 3-6 YEARS OLD

In early childhood, spanning the ages of three to six, it is crucial in terms of children's psychological and social growth. Rapid development in the areas of cognition, emotion, and social interaction determines a time where children learn and develop a variety of skills and talents, laying the groundwork for their future growth (Hockenberry, Rodgers & Wilson 2017). Development of communication skills starts from the first moments of life and proceeds as a continuum, thereby acquired skills are the prerequisite for sustainable growth and learning of skills and development of speech in further phases of growth (Niemitalo-Haapola 2020).

2.1 Progress of communication skills

Niemitalo-Haapola (2020) acknowledges, that the custom to care varies by culture, and children are taken care of in terms of what the parents wish for the future development of the child. Minority group members are vulnerable to encounter obstacles, for instance the way of speech, communication strategies and ways of being in interaction might be different to the majority population. Language and communication reflect the cultural way of performing individual thoughts and their selves and cultural values are inextricably linked to them.

Most of the public perception of good care for children is based on research of middle-class, western mothers. For instance, the prescription for bilateral prelinguistic development, which claims that common interaction between a child and parent is marked by abundant interaction, eye contact, and chatting to the child, represents the western culture of empathizing the individual (Niemitalo-Haapola 2020).

Adaptation of new skills requires one's active function, thereby communication skills accumulate only if the child has plenty of opportunities to be in interaction with other individuals. It is substantial that the child can practice self-expression, but also to oversee how people in the same environment reach to their behavior (Niemitalo-Haapola 2020). A child requires a supportive environment and at least one strong maternal relationship for normal growth. Maternal bond is indispensable, since a child needs experience of a mutual relationship where their needs are met. This bond is formed early as in the womb where the child is in physical interaction with the mother. The mother and the child communicate reciprocally and form a close maternal bond (Niemitalo-Haapola 2020).

In a safe attachment bond, a child has grown in coherent surroundings, where the caregiver has responded to child's expression of feelings. Safe attachment creates a base for growth and development. It models the child's attachment in future relationships. In insecure attachment bonds, such as contradictory attachment bonds, the child's experience of the caregiver is equivocal, for their needs are not answered or they have been fulfilled irrationally. As a result, the child might convey their emotions barely or too intensively. Insecure relationship bonds appear in mistreated children. The quality of a maternal bond can be evaluated when the child is separated momentarily from the caregiver. (Niemitalo-Haapola 2020).

Linguistic skills are a key part of any communication. Children are born with built functioning to develop and learn speech and skills for language, but this is not spontaneous and requires environment to acquire these skills. Children's knowledge of vocabulary is always higher than their articulated word stock at all stages of language development, and this development includes constant speech modification that involves both word acquisition and extending previously learned meanings for learned words (Hockenberry et al. 2017, 46).

At the age of three, children's cognitive development is characterized by their increasing ability to use language to communicate their needs and feelings, as they begin to develop a basic understanding of concepts such as size, shape, and color and can name familiar objects (Hockenberry et al. 2017). At the age of three to four years, development of speech is rapid. In this age the child is most responsive to learning new words and can learn up to 10 new words a day (Storvik-Sydänmaa et al. 2019, 25).

Storvik-Sydänmaa et al. (2019, 25) argue that through speech children learn to express themselves and their inner experiences, and with language they can interact with their surroundings. Starting from the age of three, children enter a phase of asking, which is a central part of linguistic development. At the age of four the asking phase is at its peak and a child can use sentences including five to six words. At the age of five a child can do storytelling, use difficult phonetics and conjugate words (Storvik-Sydänmaa et al. 2019, 26).

2.2 Psychological development

At the age of 3 children also start to understand cause-and-effect relationships and can follow simple directions, additionally, their memory and attention span continue to improve. Developing a sense of autonomy while overcoming feelings of shame and guilt is a developmental task of toddlerhood (Hockenberry et al. 2017, 355-356).

Thinking and thought of concepts will further expand. Work memory is improved and learned things are recorded to episodic memory. The child channels his or her thoughts to play. At four years old they become active, inquisitive, and eager to learn about their surroundings. At the age of five ability of imagination is intensified. Imagination can form fear, because the child is not fully capable of separating if it is true or false (Storvik-Sydänmaa et al. 2019).

Through cognitive growth children comply with rules in their play and are keen about them, settled rules must be clear and simple (Storvik-Sydänmaa et al. 2019). At the age of 4-6 a child can understand the differences between good and bad, right and wrong. With the support from parents' the child is able to think about the consequences of their actions even though sticking to their own perspective is still quite strong (Korhonen 2021).

Psychosocial development in school-aged children centers in self-image, psychological self-regulation, emotional life, and social affairs whilst in self-concept veracity and realities increases and the child learns to understand their own boundaries and skills (Storvik-Sydänmaa et al. 2019).

Psychological self-control relates to a child's need to learn to tolerate failures, even though recognition of success is meaningful from parents and teachers. Regarding emotional-life, children learn to hide their feelings and process thoughts ably. In social affairs the significance of friendships is emphasized although the child still needs care and attention from adults (Storvik-Sydänmaa et al. 2019).

School-aged children are willing to experiment and are testing their limits and push their physical and mental boundaries. They don't consider their own demise or physical limitations, but they are able to comprehend the possibility of losing their parents or friends (Storvik-Sydänmaa et al. 2019).

2.3 Social development

At the age of three to six, children are venturesome and have reached a stage when they are often wild and daring, yet actions are now adapted to their purpose and have increasingly an independent initiative (Korhonen 2021). Most children live in close-knit civilizations and cultures, where the family and surrounding society are seen more important than the needs of a single individual. In such cultures the child lives their early years in fixed physical interaction with their mother and can observe their surroundings mostly from the back of their mother, whereupon one-to-one face-to-face situations of commerce do not occur (Niemitalo-Haapola 2020). In close-knit cultures physical touch can be seen as the principal way for interaction and is seen as way to bring feeling of nurture and safety to the child. This is contradictory to western countries, where the parents tend to be physically more distant to their children (Niemitalo-Haapola 2020).

Enhanced social skills appear as improved skills to consideration of other individuals, as regulation of feelings and behavior mature, aids the child's concentration, and supports following directions. (Korhonen 2021). Playing with others becomes more interesting at the age of three and above. Roleplays are more common when turning four and first plays with rules at the age of five. In group setting the child learns division of work in the play, the way of acting and respect towards the rules (Pulkkinen 2022).

Child finds delight of their acquired skills and exhibiting them to others (Korhonen 2021). According to Korhonen (2021) Praise, attention nurture healthy self-esteem and encourages to learn new skills, cotemporally the child easily hurt one's feelings and searches consolation of adults to overcome their reactions. (Figure 1.)

Age	Psychological and social development	Development of speech and communication
3v	<ul style="list-style-type: none"> - Play in small groups, roleplay - Knows their own age 	<ul style="list-style-type: none"> - Uses 3–5-word sentences - Conjugates verbs according to actor - Age when the child starts to ask questions starts
4v	<ul style="list-style-type: none"> - Seeks the company of same aged children - uses their imagination in versatile way 	<ul style="list-style-type: none"> - Uses 5–6-word sentences - Peek of age of asking questions
5v	<ul style="list-style-type: none"> - Role models and friendships are important 	<ul style="list-style-type: none"> - Telling of stories is fluent - Moral understanding develops
6v	<ul style="list-style-type: none"> - Values friendships - Play and learning common rules are important 	<ul style="list-style-type: none"> - Is interested about letters and reading - Understands the difference between right and wrong.

FIGURE 1. Stages of psychological and social development and development of speech and communication (Storvik-Sydänmaa et al. 2019).

3 MULTICULTURAL ENCOUNTERING IN CHILDREN'S HEALTHCARE

Multicultural refers to diversity in both ethnicity and culture. When a society is multicultural, many different languages are spoken, many religions are followed, diverse customs and traditions are upheld, and there are many distinct ways of life. Ethnicity is seen as an individual's national or societal base or identity is differentiated from culture, for in modern societies it is even more difficult to infer cultural characteristics or practices based on a person's place of birth or what community the individual views itself to belong to (Saukkonen 2013).

Saukkonen (2013) states that cultural differences based on their collective identities and awareness of divergency in social or political meaning can manifest even in groups where all the members share the same understanding of mutual background. Dialects, religions, and subcultures all differ in this regard.

Law on Act on the status and right of patients (1992/785 § 3) states that "The mother tongue, individual needs and culture of the patient have to be taken into account as far as possible in his/her care and other treatment". Working with the assistance of an interpreter has become more common in healthcare settings. The demand for these services is only growing. The healthcare professionals have an obligation to assess if the client can understand the context of the care. (Hirvonen, Kinnunen, 2020, 46.) Using an interpreter ensures that both healthcare professional and client are understood in different healthcare situations. Interpreter services should be used whenever the client's language skills are insufficient. Using these services reduces the likelihood of misunderstanding and due to that makes the service also cost-effective (THL 2023).

The population of foreign citizens in Finland has increased over the years. At the end of 2021 over 296 000 people in Finland were foreign citizens as pointed out in Figure 2. The number increased 6% compared to the year 2020 (Tilastokeskus 2021). Multicultural culture can be seen in many ways in Finland. Economic, political and cultural phenomenon increases the interaction between cultures thereby it requires new knowledge and expertise from every healthcare worker (Rautava-Nurmi, Westergård, Henttonen, Ojala, Vuorinen 2019).

Culture affects the way people behave and act. The significance of culture is highlighted in different interactions between people. Culture has a strong effect on illness and health even though it might be subconscious. Identifying and respecting cultural beliefs and manners is essential in healthcare without forgetting certain rules, laws and norms. Different cultures and languages are setting up a challenge to the care nurses provides. Good communication, interaction and relationship skills are required in different encountering situations (Rautava-Nurmi et al. 2019).

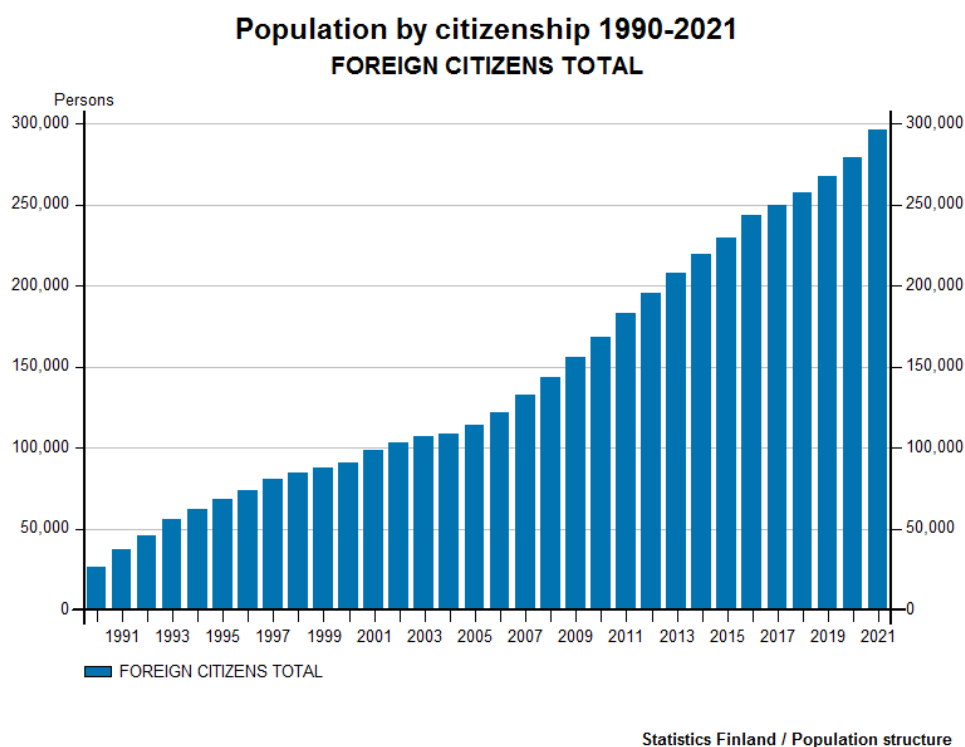


FIGURE 2 Foreign citizens in Finland (Tilastokeskus, 2021)

As Storvik-Sydänmaa et al. (2019) point out, healthcare services increasingly involve engaging with individuals and families from various cultural backgrounds. Families with multicultural backgrounds have partly different needs regarding healthcare compared to their Finnish counterparts and the right to adequate care belongs to everyone regardless of their background or ethnicity (Storvik-Sydänmaa et al. 2019, 68). Cultural beliefs towards illness and means of care may bring challenges to proceed nursing interventions, what we would interpret to illness and sickness might be viewed as a part of everyday life in other cultures (Storvik-Sydänmaa et al. 2019, 68).

According to a study conducted by Öner al. (2023) nurses face numerous difficulties when caring for migrant children and their caregivers. In the study, all participants acknowledged that language-related issues ultimately prevented them from communicating with both patients and their relatives. Consequently, the nurses' workload increased and caused inability to build a trustworthy relationship with their patients and caregivers due to a lack of biliteral interaction.

Different cultures, values and lifestyles meet in the interaction between nurses and patients. Understanding different cultures and religions when encountering multicultural patients is important tool to nurses. Situations where patients are not able to express themselves in their own language are stressful. Therefore compassion, empathy and listening shown by nurses are key elements in building a care relationship (Rautava-Nurmi et al. 2019).

Seeing patients' point of view from their cultural aspect and understanding different stages of adaptation can help in the work. Presented in Figure 3. adapted by Irena Papadopoulus, the core qualities nurses should acquire are the ability to show empathy, a way of communicating, a way of work-

ing openly, an ability to build trust, and an ability to respect one another and to accept other people. Good judgement and diagnostic skills, clinical skills, questioning preconceptions and discrimination are included in cultural competence (Rautava-Nurmi et al. 2019).

Multicultural care is care that is being done in a way that the patient can feel respected, and the atmosphere can remind them of their own cultural surroundings. The goal for multicultural care is to improve nursing practices and add cultural sensitivity of healthcare professionals. Also, to advance cultural equality and respect the value of people in the care (Rautava-Nurmi et al. 2019).

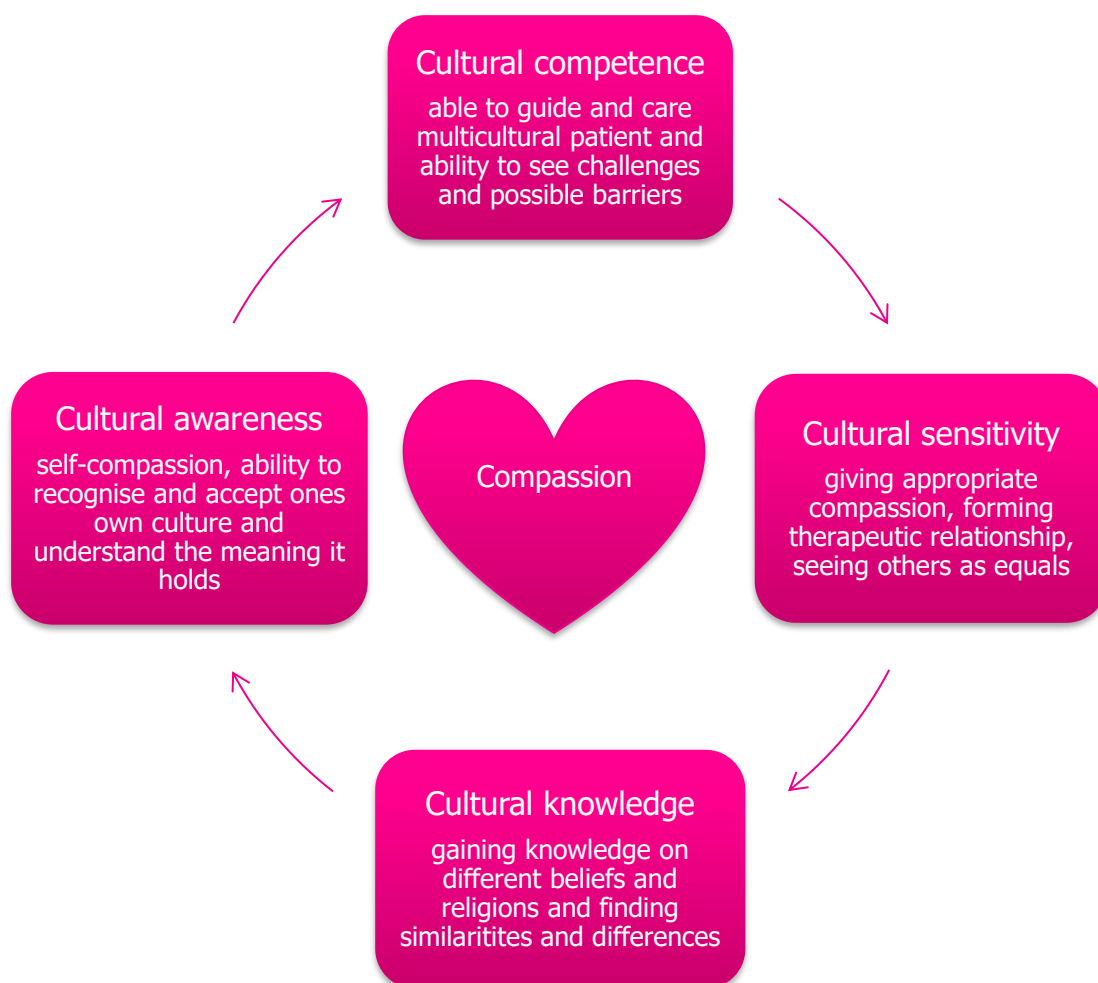


FIGURE 3. Cultural care adapted by Irena Papadopoulus (Rautava-Nurmi et al. 2019)

4 PREOPERATIVE PREPARATIONS BEFORE DAYSURGERY

Preoperative nursing care is defined as care that is done before surgery. The preoperative process starts with the surgery decision and ends when the child enters the operation room. Preoperative care consists of everything that is being done before the surgery. Guidance of the family and the child, examinations such as laboratory tests and preoperative preparations are all preoperative care. Ensuring these things are done properly gives reassurance to the whole family and safe ground to start from. Guidance and counselling are the key elements in preoperative care (Storvik-Sydänmaa et al. 2019, 269).

The child has a right to know about the surgery and what preparations are included. Everything is to be told based on the child's level of understanding. The goal is to give enough information and guidance to the family before the surgery and give an opportunity to have discussion after the surgery. Preparations done accordingly reduce the child's and their families fears and anxiety. It also gives a feeling of security, and that way cooperation is easier for the hospital staff and for the child and family (Storvik-Sydänmaa et al. 2019, 338).

The parents are in a significant role in preoperative preparations. They can ensure possible fasting or be part of giving premedication before going to operation room. Parents should be provided with necessary information in advance, to have enough time to familiarize themselves with the guidelines and information regarding the upcoming surgery. The chance for the family to talk and ask about the surgery from nurses and with the operating surgeon is preferred (Storvik-Sydänmaa et al. 2019, 338-339). Having certain information regarding the child and the parents helps the nurses to prepare the family. Information such as is the surgery premeditated or urgent or how much time is there to prepare are important to know. In Figure 4. (adapted by Storvik-Sydänmaa et al.) are things listed that should be considered when preparing children and their parents and what preparation things should be known.

Nurses need to consider different options on how to talk about the upcoming surgery to the child and taking into consideration the appropriate age level. Words and phrases that are used needs to be thought of beforehand. It is recommended to integrate play with preoperative preparations to enhance their effectiveness. Use of teddy bear as a "patient" is common. It gives an opportunity for the child to follow the situation and see a demonstration of care procedures done from a safe distance (Storvik-Sydänmaa et al. 2019, 339).

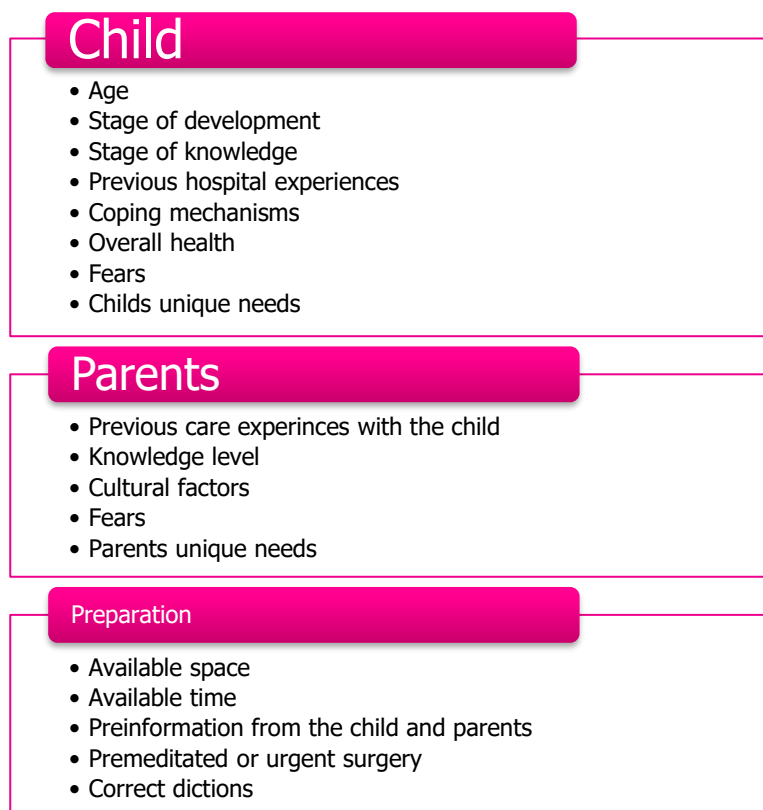


FIGURE 4. Things to consider when preparing the family (Storvik-Sydänmaa et al. 2019)

Preoperative anxiety is common with children. Over 60% experience it before day surgery. Age of the child, previous hospital experiences, social maladjustment, lack of coping mechanisms, lack of pre-medication and the parents' anxiety are factors that make the child more prone to preoperative anxiety (Korhonen, Kaakinen, Mäkelä, Miettinen 2016).

Parents' participation to day surgical care should be promoted. It maintains the child's feeling of safety and trust and ensuring functioning care pathway. Parents know their child the best and can interpret their feelings along the way of the care. (Korhonen, Kaakinen, Mäkelä, Miettinen 2016). By words and acting calm, the parents can signal to the child that everything is alright and together we will cope with this new situation. Nurses are informing the parents and the child all the time about what is going to happen next. Parents can hold the child during small procedures such as placing a cannula. Comforting the child with every step is important. Comforting can be shown by using reassuring words, explaining what is happening, holding the child or by holding hands (Terveyskylä, Lastentalo 2018).

The child is not the only one experiencing anxiety during day surgery. Relieving the parents' anxiety is also part of the care. Children mirror their parents' emotions and reflections and the anxiety from parents can resonate to the child. It should be considered that the parents' anxiety during day surgical care cannot be relieved fully. The concern of one's own child is a normal part of parenting along with protecting the child in new unfamiliar situations (Korhonen et al. 2016).

When separated, the child's separation behaviors including phases of protest and sadness, must be understood. It is acceptable for the child to express feelings (Hockenberry 2017, 561) When the child

rejects outsiders, the nurse can offer support by being present. Being physically close to the child while employing a low tone of voice, suitable choice of words, eye contact, and touch to build connection and convey empathy is referred to as presence (Hockenberry et al. 2017, 561). Being present does not require a common language.

Without common language, communicating with the child can be challenging. Using pictures as a way of communicating is used more all the time. Picture communicating means using pictures and symbols as a non-verbal communication. Pictures can be used to express things that are hard to explain by words (Kaisa Laine 2020; Papunet). Finnish website Papunet (www.papunet.net) offers free picture bank that offers pictures for day-to-day communication in society but also for communication situations in healthcare settings. In Picture 1., is shown examples of pictures can be used in picture communicating.



PICTURE 1. Examples of picture cards (Papunetin kuvapankki, papunet.net, Elina Vanninen, Sergio Palao / ARASAAC & Sclera)

Another way of communicating is using play. Child is more able to understand things that are happening in the hospital through play. Being able to explore, feel, touch, and do things by themselves gives a child a more concrete understanding of things. Hospital play is therapeutic and a good tool to process care experiences. Healthcare professionals should encourage parents and their child to use play as a method before day surgery (Terveyskylä, Lastentalo 2017).

Care procedures can be played at home or at the hospital. Use of teddy bear can be combined to the play. Child can practice doing examinations to the teddy bear and that way familiarize hospital examination tools. Roles can also be changed. It gives the child an experience on what it is like to be the one caring and being cared for (Terveyskylä, Lastentalo 2017).

5 PURPOSE AND AIMS OF THE STUDY

This study's purpose was to find out how to prepare children with multicultural backgrounds from age 3-6 for a day surgical operation without common language with the family. The aim is to support healthcare workers' knowledge on preoperative preparations and encountering multicultural families in health care settings.

1. How preoperative preparations are done with the multicultural children before day surgery?
2. How to encounter multicultural family members without a common language?

6 IMPLEMENTATION

6.1 Literature review

The method for this study is the literature review. A literature review is a summary that includes analysis gathered from several pieces of research on a chosen topic. The purpose is to collect already existing data, new knowledge, and possible information gaps in the literature. Literature review is supposed to give a comprehensive, objective and logical summary of the current knowledge on the topic that has been chosen. Collecting and gathering the literature should be done in a systematic way to ensure all the relevant information has been included. That way the study can provide critical discussion to the topic. That allows pointing out similarities and inconsistencies in the already existing literature and giving a bigger picture to the topic (Coughlan & Cronin 2021, 2).

The first step in writing a literature review is to identify its aim and purpose. The aim is to help the reader to identify what topic is under investigation and why. The aim needs to be clear so that the review is focused to the right direction. The next step is to search the literature. It should be done systematically and in an organized way. Synthesis of the gathered information and the knowledge from the literature is combined and as the last step to get the conclusion everything is summarized at the review (Coughlan & Cronin 2021, 3–4).

Authors first set the aim and purpose of the study that was followed by gathering the needed theory. After that, research questions were set and researching the articles and gathering data was started. Lastly the results were presented. These steps are pointed out in Figure 5.



FIGURE 5. Steps of the literature review process

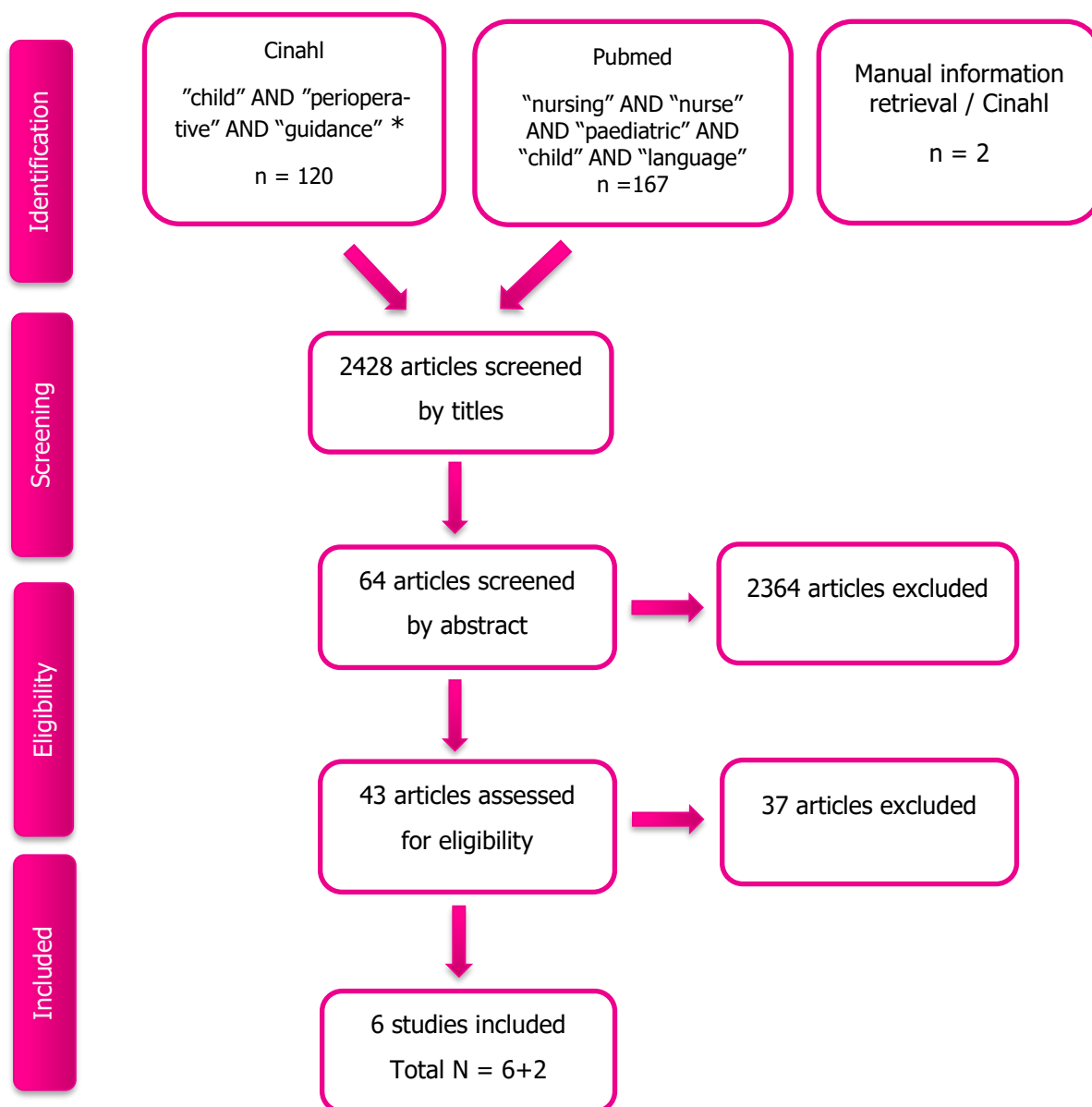
6.2 Data collection

Searching for literature can be a long process and it should be done systematically. The internet is full of information so in order to get the correct literature the data collection is following a logical and well-thought-out process. The research questions are setting the eligibility criteria to the chosen literature. The review needs to be transparent so it can be repeated. It is important to use the databases that suit the literature you are seeking. The process of data collections should be duplicatable, transparent and documented (Pursell & McCrae 2020, 31, 43).

The articles for this study were chosen from electronic databases. The process of data collection was started in March 2023. The article selection process was started by choosing the databases and using correct keywords. First articles were screened by titles and then by abstract. Next the articles chosen were assessed for eligibility and lastly the right ones were chosen. The process has been described in Figure 6. The databases used for this study were Cinahl complete and PubMed. Cinahl complete is popular database providing research and articles of nursing and healthcare (EBSCO s.a.). Pubmed provides free archive of over 30 million research and literature articles regarding bio-medical and life sciences (National Library Of Medicine s.a.). A librarian from Savonia UAS was also consulted on finding the correct search words and keywords for this review. Inclusion and exclusion criteria were set from the start to get up-to-date studies and to increase the authenticity and reliability. Inclusion and exclusion criteria are presented below (Table 1.).

TABLE 1. Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> • Written in English or Finnish 	<ul style="list-style-type: none"> • Written in other language
<ul style="list-style-type: none"> • Research articles 	<ul style="list-style-type: none"> • Not research articles
<ul style="list-style-type: none"> • Full free text and abstract available 	<ul style="list-style-type: none"> • No full free text or abstract available
<ul style="list-style-type: none"> • Published between 2015–2023 	<ul style="list-style-type: none"> • Not published between 2015–2023
<ul style="list-style-type: none"> • Related to the research topic 	<ul style="list-style-type: none"> • Not related to the research topic



* "Child OR Children OR Pediatric" AND "Ambulatory Surgical Procedures" OR "Ambulatory Surgery" OR "Preoperative Period" OR "Perioperative Care" OR "Perioperative Nursing" OR "Perioperative Period" AND "Patient Education" OR "Patient Participation" OR Counseling OR Guidance OR Communication OR "Preoperative Education"

FIGURE 6. Article selection process

6.3 Content analysis

Content analysis is a qualitative analysis method, and it is useful due to its ability to analyze different types of open data. This method allows researchers to systematically and objectively describe research phenomena at the theoretical level. It is used to create themes, concepts and categories that can be further broadened to create conceptual structures and models. Content analysis is often used to describe human experiences and perspectives in the context of their personal life settings.

In nursing science, the context can be patient records, articles, meetings and books (Kyngäs, Mikko-
nen, Kääriäinen, 2020, 11, 13).

The authors chose inductive content analysis for this literature review. Inductive content analysis allows the data collection approach to be open and follows loosely defined themes. The phases of basic inductive content analysis are data reduction, data grouping, and the formation of concepts that can be used to answer research questions that the authors have put on (Kyngäs et al. 2020, 14). The authors identified the main themes and categories by doing the analysis of the research articles. First finding the original expressions and then continuing to data reduction, followed by grouping to sub-categories. From sub-categories the grouping was done into generic category. Lastly from generic category grouping was made into main category. Example of the phases of content analysis is presented in Figure 7. and a more precise example of the data grouping in Table 2.

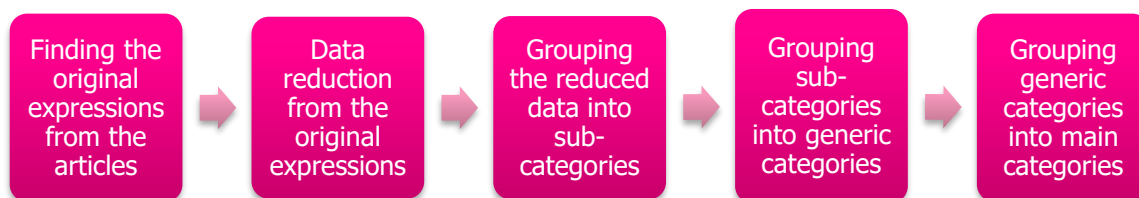


FIGURE 7. The process of content analysis

TABLE 2. Example of content analysis

Original expression	Data reduction	Sub-category	Generic category	Main category
The picture sheet and picture book were valuable aids to prepare small children for anesthesia and surgery by explaining the procedures that would take place	Picture sheet and picture book explaining procedures helped to prepare the child for surgery	Informative picture book	Preoperative guidance	Preparing the child and parents for day surgery
The parents expressed that knowledge of the procedures made them and the child feel secure	Knowledge from procedures gave security to family			

7 RESULTS

The results show that preparing multicultural children for day surgical operation consists of many different points of views that need to be considered. Such as giving information and taking care of the child, parents and the family as a whole. Encountering pediatric patients and their family members with a multicultural background or no common language can pose challenges in providing effective care. Language barriers and cultural differences can affect the quality of care and understanding between healthcare professionals and family members. A culturally attuned approach may help in overcoming this barrier and ensure effective communication and care.

7.1 Preparing children for day surgery

Preoperative guidance was found to be effective, and parents mostly required information regarding the upcoming day surgery, for example medical information and orientation to hospital (Kosta et al. 2015; Gabriel et al. 2018, 145). Especially written and spoken information was found useful along with digital media, visit to hospital and talking to hospital staff (Kerimaa et al. 2021, 1713). Picture sheet and picture book explaining procedures helped the child for the surgery. Knowledge of procedures made the parents and the child feel secure (Nilsson et al. 2016, 30). Parents believed that they and their child had enough preparations done. The information was found to be clear and that it contained everything they needed to know in advance (Nilsson et al. 2016, 33). Picture books can also support less experienced staff in caring for children (Nilsson et al. 2016, 35).

Supporting the child Children have the right to receive information they can understand regarding the coming surgery or procedure. The information given must be adapted to the child's needs (Nilsson et al. 2016, 30). The information needs to be clear and given through the day surgery pathway (Kerimaa et al. 2021, 1714). Visual information in the form of picture book made children feel safe, and by feeling secure they accept the procedure better (Gimble Berglund et al. 2013; Nilsson et al. 2016, 34).

Research shows that hospital clowns, puppets, targeted books and interactive games have alleviating effect on children's anxiety before surgery (Tunney, Boore 2013; Dionigi et al 2014; Fernandes et al. 2014; Nilsson et al. 2016, 30). Re-operative therapeutic play as an intervention has also been found to be affecting positively on anxiety. It led to less anxiety and fear before and after the surgery for the child (He et al 2015a; He et al 2015b, Nilsson et al 2016, 31).

Parental guidance Preparing a child for day surgery is partly the responsibility of the parents. In the preparations the aim is to increase children's and parents' knowledge, improve co-operation between the child and health care professionals and provide support for the child and whole family (Chang et al. 2020; Kerimaa et al. 2021, 1706). Parents play a significant role in preparing the child for the preoperative phase of day surgery since most of the preparation occurs at the child's home (Healy, 2013; Kerimaa et al. 2021, 1714). It is important for the parents to understand their role in the hospital, and can reduce anxiety by being present, providing distractions as well as encouraging and rewarding the child (Chang et al., 2020; Kerimaa et al. 2021, 1714). Informational DVD – that

covered topics such as the role of parents in the hospital, operating room, and recovery room – encouraged the parents to take more responsibility for their child’s care and preparations regarding day surgery (Chartrand et al., 2015; Kerimaa et al. 2021, 1714). Secure parent is a good source of support for a child, which is why it is important that the parent is well prepared (Adams 2011, Fincher et al. 2012, Gimbler Berglund et al. 2013; Nilsson et al. 2016, 30). Parents found the picture book and picture sheet give them sense of control on what was going to happen and were more able to support their child during the day of surgery (Nilsson et al. 2016, 34). Discussing to parents about the risks and possible complications of the procedure, discussing being in the hospital and providing parents with emotional support significantly reduced parent’s anxiety (Landier et al. 2018; Kerimaa et al. 2021, 1711).

Supporting parenthood It is studied that surgical patients and their family’s needs include informational, emotional and practical support throughout the perioperative pathway (Lauri, Lepisto, Kappeli, 1997; Gabriel et al. 2018, 134). Reviewing children’s and parents’ experiences and needs relating to day surgery is highly important (Gabriel et al. 2018, 134). Children observe, model and reference their parents as the primary influence regarding their emotion regulation, potentially affecting the way they react and cope with adverse situations such as surgery (Morris et al. 2007; Gabriel et al. 2018, 147). Children who experienced anxiety and fear of the parents were experiencing similar symptoms (Kain et al. 1996; Li & Lam 2003; Gabriel et al. 2018, 147). Perioperative interventions targeted toward the whole family may be more effective rather than directed toward the child or parent alone (Gabriel et al. 2018, 147). (Figure 7.)

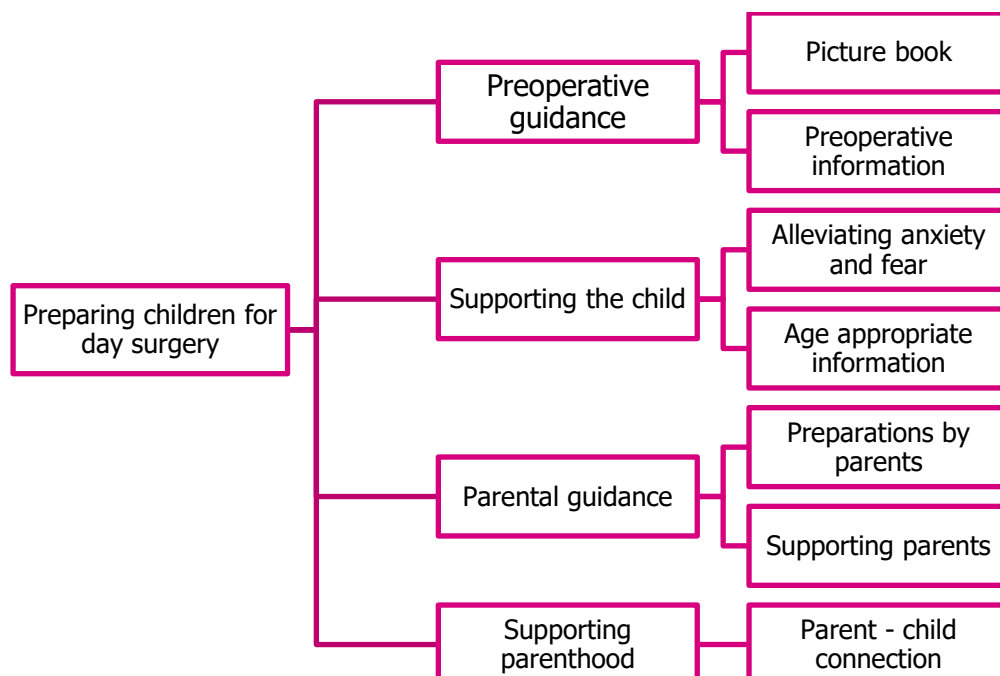


FIGURE 7. Preparing children for day surgery

7.2 Encountering family members without a common language

Communication Regardless of the clinical area or specialty a nurse is working in, communication was identified as crucial for care provision and a significant component of a nurse's professional role (Ali, Watson 2018). Nurses frequently face communication challenges when dealing with migrant patients, originating from their varied cultures and languages. These challenges can lead to disagreements, conflicts, and failure to give optimal care, impacting the nurse-patient relationship (Öner et al. 2023). The risk for adverse effects is especially high in the pediatric setting, where parents or other caregivers may not speak the language only little or not at all, and still may be fully in charge of providing long-term care for the child at home, even though the patient; the child speaks English (Williams, Oulton, Sell, Wray 2018).

The study conducted by Ali and Watson (2018) stated that the participants recognized the value of interpretation services in resolving language barriers and ensuring patients receive safe care. Still, the majority of participants acknowledged that using interpreting services has limitations. These include challenges with arrangements, accessibility and availability of services, ease of use, but also concerns about privacy and confidentiality, and effects to the patient's comfort.

Interaction While the risk of miscommunication or misunderstanding cannot be eliminated, language barriers do not arise when nurses and their patients speak the same language. Ensuring that the patient and the provider speak the same language is not always possible. The use of interpreters is one method of minimizing the impact of language barriers, but obstacles and errors limit the effectiveness of using them. It is stated that interaction using interpreters can never be as satisfying as the direct interaction between the participants (Ali, Watson, 2018). Language support services were frequently restricted by scheduling to certain times, which did not always align with when families would have concerns or questions (Williams et al. 2018).

Healthcare professionals and interpreter participants identified several factors that influenced communication and interaction with non-English speaking families in hospital environment, these included time, not being sure about their roles, and how culture and gender are connected (Williams et al. 2018).

Several vocal and nonverbal communication techniques were used by the nurses. Written techniques included info cards, forms, and instruction papers. Stickers and toys were used as distraction and inventive nursing strategies to engage with the patient. To understand the needs of the patient and family, nurses used hand signals, charades or picking up and pointing to things. Other techniques included using a self-made vocabulary worksheet or displaying images and videos. The help of formal and unofficial translators was frequently requested by nurses, and occasionally Google Translate and other computer translation tools were used for translating non-medical phrases (Stephen, 2021).

"Nurses often attempted to compensate for communication barriers by staying longer in the patient's room to increase parental comfort. Nurses anticipated that non-English speaking parents

lacked knowledge and understanding about financial and social resources, medical procedures, and access to meals during hospitalization and adapted care to meet these needs” (Stephen, 2021).

Cultural differences Offering culturally appropriate nursing care was linked to higher patient satisfaction, better treatment compliance, and improved results. It helps minimize errors in care, prevents discriminatory actions, and ensures efficient yet affordable, high-quality care services. (Öner et al. 2023). Cultural differences are also linked in overcoming language barriers. In a study conducted by Williams et al. (2018) showed that cultural elements influenced the interpreter's role and the effectiveness of communication via interpretation. Staff members mentioned instances where interpreters might refrain from conveying certain information due to their awareness of cultural sensitivities.

As obstacles in communication in providing care reduce, findings indicate that nurses can become more proficient in providing complete, culturally sensitive, willing, and effective treatment. It is discovered that nurses assigned to burn units struggled to build trustworthy relationships with migrant child patients who suffered burns as well as their families due to communication issues (Öner et al. 2023).

Language barrier Most preferred solution in most hospital settings was to use telephone interpretation services; however, there were found to be various issues associated with it. For instance, it requires extra time (Parveen Azam, Watson 2018). It was recognized that language barriers might cause issues such as missed appointments and/or difficulties in arranging appointments or giving information of the treatment and procedures to patients (Parveen azam, Watson 2018). Lack of common language also created uncertainty about the extent of parental comprehension, particularly when it came to understanding the child's condition, treatment, and in making complex decisions (Williams et al. 2018). In Stephens (2021) study nurses felt that if the child was older and could communicate in some amount of English, it was easier to connect with the patient; however, the nurse was still unable to create an emotional connection with the family but communication with the child did not compensate for the lack of connection with the family members.

Greater likelihood of misdiagnosis, weak patient understanding and adherence to recommended treatment, lower patient satisfaction, lower quality of care, a higher risk of experiencing adverse events, insufficient management of chronic illness, and worse health outcomes can all be linked to language barriers (Williams et al. 2018).

Nurses felt there was inconsistencies in their personal definition of care, when caring for patients and families with limited English proficiency. Nurses expressed feelings of empathy, compassion, and a strong desire to build a connection to the patient and family, while delivering physical, mental, and emotional care. The language barrier made difficulties to provide proper holistic care (Stephen, 2021). Encountering without a common language is a mix of various structures inside the terms of communication. (Figure 8.)

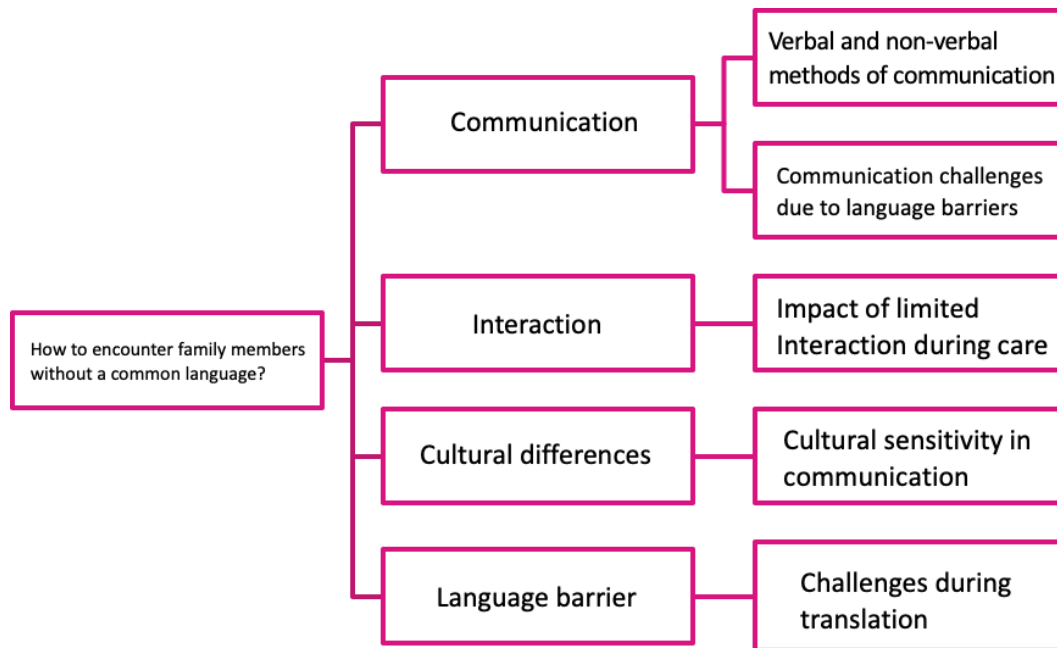


FIGURE 8. How to encounter family members without a common language

8 CONCLUSION

8.1 Consideration on results

The purpose of the thesis was to use a literature review to study the aids used in preparing three- to six-year-old with multicultural children to day surgery and this thesis focuses on communication. The aim was to make a literature review that can be used by the nursing staff working with children with multicultural backgrounds as well as by any person outside the healthcare staff, for example, a parent.

The data retrieval table illustrates that there was enough research found within the topic to make it valid. However, only selected studies were able to be utilized that were related to the topics of this thesis. Most of the studies did not deal with the right target group, and it was not appropriate to extend the topic, for example to a larger age group. The scarcity of material also set its own challenges for the thesis. Studies in Finnish were not available or did not correspond to the purpose of the work.

Results indicate that providing culturally mindful nursing not only shows a positive association with patient satisfaction, fosters commitment to care and leads to better health outcomes, but also reduces professional errors among nurses, prevents discrimination, and provides more effective, reliable, and high-quality care services (Öner et al. 2023, 2). The effects of language barriers can be far-reaching and significant in achieving good treatment outcomes. Language barriers are a potential source of health inequalities.

Children under school age still rely heavily on their parents in decision making. Parental support has a great impact on supporting the child. It is known that a child is sensitive to the emotional states of his or her parents and thus the fear, anxiety, and stress of the parent can affect the child, causing the child to have anxiousness. These negative feelings can increase when there is a language barrier between the child and nurses. Williams et al. (2018) in their study point out that even if the child and the nurses have a common language to communicate, the chance of negative side effects in care show to increase when his or her parents or the guardian have little or no common language with the nursing staff, and yet they may be responsible for the child's further care at home.

Preoperative guidance was found to be effective and very needed from the healthcare professionals' point of view but also from the families' point of view (Gabriel et al. 2018, 145). Clear and compact information given before the day surgery gave a more secure feeling to the patient and their family. Using pictures as a visual tool was found to be useful for the children considering their age and developmental state (Nilsson et al. 2016, 33). Perioperative interventions were found to be more effective when targeted toward the whole family not only toward the child or parent alone (Gabriel et al. 2018, 147).

Nurses actively seek to identify ways to provide effective care to their patients; therefore, they must be involved in the decision-making process. Nurses should be encouraged to provide feedback on

the usefulness of the language and interpreting services used or their shortcomings in their workplaces (Ali, Watson 2018, 7). In addition to interpreting services, nonverbal communication was an important and frequently used way of communicating needs and conveying care.

Based on the results, it can be concluded that giving accurate and clear information has a clear anxiety-reducing effect for the child patients and their parents. Adequate information also strengthens the child patient's sense of parental control, as well as increasing confidence in their child's overall care.

8.2 Ethicalness and reliability

Each research depends on eligibility, reliability, and ethics. The reason for this research is to clarify the answers to our questions and provide a more in-depth study of the topic. In this context, it must be ensured that the information we collect from and through various sources is accurate, reliable and ethically correct. If the data collection methods and the final data we collect are not reliable, consistent and correct, the results and findings will suffer enormously (Dobakhti 2020). The basic principles of good scientific practice are reliability, integrity, respect and accountability, according to the European Code of Conduct for Research (Tutkimuseettinen neuvottelukunta 2023).

Authors followed the thesis ethical guidelines made for Finnish University of Applied Sciences by Arene (2020, 3-12). The reliability of the work was ensured by using accurate keywords as well as limiting the results of the studies to the results that came within the years 2015–2023. The articles were searched reliably from nursing science and medical databases, articles chosen were peer-reviewed to ensure credibility. Both authors read all the articles chosen not only to increase the reliability of the thesis but also the reliability of the results of the data.

The guidance received from the thesis supervisor and the librarian contributed to the reliability of the work. The descriptive literature review has been criticized as a research method, because of its subjectivity and randomness. On the other hand, the strength of this method has been attributed to its argumentation and the possibility of justifiably directing the review to specific issues (Kangasniemi, Utriainen, Ahonen, Pietilä, Jääskeläinen, Liikanen 2013).

In this work, attention has been drawn to the source references. Good source criticism was followed to ensure the reliability of the work. When assessing sources, the authenticity, age, origin and impartiality of the source were taken into account. An illustrative table was created of the research results. The ethical issues of the thesis are mainly related to language. To take on consideration, reliability of this thesis can be affected by the fact that most sources for the theory of this thesis were Finnish origin and were translated by the writers of this thesis. In translating the source, consideration was used in effort to stay true to the written text in Finnish.

Another ethical issue relating to the research process was the limited number of perioperative articles that included the participants to be between the age of 3-6. This narrowed down many articles. Also, as a student at Savonia University of Applied Sciences articles that were used and accessed in this study were available in full text. This means that some data might not be available for every reader and could affect the reliability of this study. Among from the chosen articles, one was from

Finland (n=1), two from United-Kingdom (n=2), Australia (n=1), Turkey (n=1), Spain (n=1), Sweden (n=1) and USA (n=1). Therefore, this study is applicable to many parts of the world. On the other hand, not enough research has been done from the authors home country, as it can be seen in the numbers of studies coming from Finland.

Approvals and arrangements needed in this thesis project were the agreement on thesis project and supervision, and the thesis permission application. The agreement concerning the thesis project and its supervision was successfully verified through the support and backing of both the supervising instructor, and our collaborative partner at the Kuopio University Hospital. Furthermore, the application for permission related to the thesis was submitted and routed through the department's head nurse.

Appendix 1. that presents the selected articles for this thesis gives reliability and chance for the reader to find the same ones. Little research has been done about the subject of preparation of child patients for surgery. From a nursing point of view, it was difficult to find studies on selected topics. The issues raised in the thesis, from the preparation of a child to the day surgical procedure, could be transferred to the Finnish pediatric health care.

8.3 Professional growth

Doing a literature review was a new subject for both authors. Studying literature review as a method and getting to know the steps of research process took its own time. For both authors academic writing needed adjusting and learning. Research information for theoretical framework was started in January and ended in August. Both authors were motivated by the thesis topic and upcoming graduation. Content analysis was well implemented and the steps to do it were easy to follow. Authors became familiar with the research process and gained knowledge on implementing a thesis from start to finish.

Throughout the thesis process the authors were working together and divided the work equally. Thesis supervisor was also working closely and guiding through the whole thesis process. Working as a team developed both authors problem-solving skills and knowledge of open communication. Weekly meetings by the authors were helpful to keep track of the ongoing process. Regular meetings with the thesis supervisor were held and beneficial and instructive feedback was given.

Thesis topic was found to be interesting and needed in the nursing field and developing ideas were discovered. The topic has not been researched enough and needs more attention in the future. Both authors also benefitted from the topic due to having the similar aim to work in pediatric nursing in the future. The authors learned more about engaging children and families without a common language and how preoperative preparations can be done and what is found useful.

This thesis process has developed many competencies that are listed in the curriculum of Bachelor of Health Care education of European and Finnish level 6 (National reference framework). Both authors have developed evidence-based practice and decision-making such as capability of retrieving

information from the health sciences databases. Also, the ability to study and critically assess scientific publications and understanding the concept of evidence-based practice and the significance of EBP in social and health care.

8.4 Applicability and development ideas

Nursing is a profession that requires continuous professional growth and gaining new knowledge. Finland's population is growing more multicultural, not only in the larger wellbeing services counties, but all around in the provinces. The potential cultural and religious characteristics in the multicultural backgrounded children and their family's communication must be taken into account and respected. There is a risk of emotional distress for nurses when caring for patients and their families who have multicultural backgrounds, when the staff feels that their experienced personal level of giving quality care is compromised. Challenges can be associated with requirements for the nurses having to alter their usual nursing care processes and having to utilize multiple verbal and nonverbal communication methods.

Challenges may occur when the nurse has to make decisions that are not fully align with the parents or the child's will or hopes for the care. In such a situation, communication with the parents and the child must be done as clearly and neutrally as possible, in order to maintain a relationship of trust and keep the quality of care. The differences in the child's and family's communication such as language must always be considered and, if necessary, various support tools, such as an interpreter or pictures, can be selected to support communication. Despite the possible multicultural background of the patient and families, a functional means of giving information must be sought for the child and parents, for the patient always has the right of gaining accurate information of their care by law. Communicating with children with multicultural backgrounds in nursing is demanding and involves a lot of different factors that must be considered at the same time.

Language barriers are always going to be a challenge in the healthcare field. Many studies have been made regarding the nurses and healthcare professionals' point of view. Studies involve their opinions and the challenges that language brings. However, not as many studies have been done from the family's point of view and how they see and feel the language barrier. In developing the tools for overcoming these challenges it is crucial to hear the families and what their needs and wishes are. Authors would have wished to use more local studies in the review, but this was not possible. The closest study has been made in Sweden but having more studies in Finland would be beneficial.

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APPENDIX 1. PRESENTATION OF THE SELECTED STUDIES

	Authors, title, country and published year	Purpose	Study desing	Participants	Main findings
1.	Anna Williams, Kate Oulton, Debbie Sell and Jo Wray Healthcare professional and interpreter perspectives on working with and caring for non-English speaking families in a tertiary paediatric healthcare setting United-Kingdom 2018	Understand the perspectives of healthcare professionals and interpreters in relation to working with and caring for non-English speaking families accessing National Health Service paediatric tertiary health care services.	Descriptive qualitative study	Nurses (n=12) and interpreters (n=11)	The impact of language barriers. How nurse- interpreter collaboration works and how to improve it.
2.	Kerimaa Heli, Ruotsalainen Heidi, Kyngäs Helvi, Miettunen Jouko, Pölkki Tarja Effectiveness of interventions used to prepare preschool children and their parents for day surgery: A systematic review and meta-analysis of randomised controlled trials Finland 2021	To evaluate how effective preparatory interventions for paediatric day surgery are at reducing parents' anxiety and stress and children's pain and fear	A systematic review and meta-analysis of randomised controlled trials	Parents of a preschool (2- to 6-year-old) (n=1514)	What preoperative preparations should be considered when preparing the whole family. Importance of reducing parental anxiety
3.	Maider Belintxon, Nisha Dogra, Paula McGee, Maria Jesus Pumar-Mendez, Olga Lopez-Dicastillo Encounters between children's nurses and culturally diverse parents in primary health care Spain 2019	Analyze the healthcare encounters between nurses and parents of different cultural backgrounds in primary health care	Descriptive qualitative study	Composed of 455 h of participant observations and interviews with five nurses. Nurse would introduce the researcher to the families as a nurse who was conducting a study and would ask their permission for her to stay during the consultation	Four main themes were found: lack of mutual understanding, electronic records (e-records) hamper the interaction, professionals' lack of cultural awareness and skills, and the establishment of superficial or distant relationship.
4.	Mark G. Gabriel, Claire E. Wakefield, Janine Vetsch, Jonathan S. Karpelowsky, Anne-Sophie E. Darlington, David M. Grant, & Christina Signorelli	Aimed to summarize pediatric patients' and parents' psychosocial experiences and needs in surgery	Descriptive literature review	11 eligible studies representing 1,307 children undergoing surgery and their parents	By supporting the parents correctly effects the child a lot. Preoperative interventions should be targeted toward the whole family not separately

	The Psychosocial Experiences and Needs of Children Undergoing Surgery and Their Parents: A Systematic Review Australia 2017				
5.	Mücahide Öner , Bilge Kalanla , Sabri Demir, Neşe Özyurt, Abdurrahman Erul, Emrah Şenel Challenges, expectations, and cultural care experiences of nurses regarding migrant children receiving burn treatment and their caregivers: A qualitative study Turkey 2023	Aimed to reveal the challenges, expectations, and cultural care experiences of nurses regarding migrant children receiving burn treatment and their caregivers.	Descriptive qualitative study	Nurses (n=12) who worked in the pediatric burn unit, cared for migrant patients	Difficulties due to language barriers. Such as forming the care relationship, feeling of not providing good enough care. Importance of culturally sensitive care.
6.	Nilsson Elisabeth, Svensson Gunnar, Frisman Gunilla Picture book support for preparing children ahead of and during day surgery Sweden 2016	To develop and evaluate the use of a specific picture book aiming to prepare children for anaesthesia and surgery.	Descriptive intervention study	Parents (n=104) of children aged 2-12 years	Pre- perioperative information in the form of pictures was found to be useful for the whole family
7.	Parveen Azam Ali, Roger Watson Language barriers and their impact on provision of care to patients with limited English proficiency: Nurses' perspectives United-Kingdom 2017	To explore nurses' perspectives of language barriers and their impact on the provision of care to patients with limited English proficiency from diverse linguistic background	Descriptive qualitative study	Nurses (n=59)	Importance of communication regarding language barriers and how to overcome them by understanding the phenomenon first
8.	Stephen Jennifer Pediatric Nurses' Experiences in Caring for Non-English Speaking Patients and Families USA 2021	The purposes of this phenomenological study were to understand pediatric nurses' experiences in caring for patients and families with limited English proficiency and to explore how nurses navigate the communication gap.	A qualitative exploratory phenomenological design	Nurses (n=15)	Limitations that language barriers bring and how to overcome them.