



Prenatal and Labor Experiences of Immigrant Mothers in Finland: Interventions to Improve Cultural-Sensitive Nursing Care

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Abstract

Finland has seen a rise in immigration over the past couple of decades. This increased number of foreigners come from different cultural backgrounds, making the Finnish society more culturally diverse. Immigrant pregnant women are seen to have more negative experiences, and worse pregnancy outcomes in the maternal care system, as compared to Finnish native women. This phenomenon is seen to be the same in Nordic countries as well as other countries that have had longer histories of immigration.

This literature review was done with the aim of improving the pregnancy experiences of migrant women in Finland. Its purpose is to provide interventions that can be used to improve culturally sensitive nursing care. The study aimed to answer the following question: What interventions can be used to improve culturally sensitive maternal nursing care?

The databases that were used to collect the articles were PubMed, CINAHL and Medline, and through a direct google search. Using inclusion and exclusion criteria and through thorough analysis of the literature articles, 11 suitable articles were chosen to be used. The articles' content was analyzed, and the result of the analyses used to answer the research question.

The results revealed four main intervention themes: 'enhance cultural knowledge', 'patient-centered care, inclusive patient involvement and continuum of care', 'communication and language', and 'community involvement'.

Countries with longer immigration histories provide an example to a young multicultural nation like Finland on how unaddressed disparities in maternal care system can lead to further escalation of the negative pregnancy experiences. Interventions should therefore be put in place to improve culturally sensitive maternal nursing care.

Keywords/tags (subjects)

Cultural nursing, culturally sensitive nursing care, immigration, immigrants, maternity care, and pregnancy experiences.

Miscellaneous (Confidential information)

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1 Introduction

Immigration is steadily growing in the world today as people seek to immigrate for better opportunities, education and for greener pastures. This has led to a rapid change of demographics in areas whose population has stayed unchanged for centuries. Growing immigration introduces cultural diversity within a population, therefore, posing a challenge on how the existing services in a country will adopt to a growing multicultural society. Such services include maternal services provided in clinical settings. Different cultures have their own unique ways on how they perceive pregnancy, childbirth, and childcare needs (Pratami, Sukesu, & Supraji, 2022). With a growing immigrant community, a gap will naturally develop between the quality of services provided in a country's healthcare system to its natives and to the immigrant communities. Without adaptation, the immigrants will receive subpar healthcare services i.e., maternal services, that leads to poor birth outcomes and negative experiences by the expectant mothers (Gieles, Tankink, van Midde, Düker, van der Lans, Wessels & Browne 2019).

There is, therefore, a need for transcultural nursing and culturally competent nursing care from the nursing community. Leininger coined the term transcultural nursing, and she defined it as:

...a legitimate and formal area of study, research, and practice, focused on culturally based care beliefs, values, and practices to help cultures or subcultures maintain or regain their health (wellbeing) and face disabilities or death in culturally congruent and beneficial caring ways. (Leininger, 1999).

Culturally competent nursing care requires the healthcare provider to be competent in considering the patient's cultural background and factors that may affect their attitude towards healthcare, and providing them with culturally appropriate care (Liu, Chen, Chang, & Lin, 2022). In a society where a nurse interacts with a culturally and linguistically diverse population, cultural competence becomes an essential tool to maintain the quality of healthcare throughout the population (Kaihlanen, Hietapakka, & Heponiemi, 2019). Studies show that maternity healthcare services is of lower quality among minority groups in a society, including Finland, directly manifesting itself in the maternal health outcomes that tend to be poorer, as compared to the native population (Almeida, Caldas, Ayres-de-Campos, Salcedo-Barrientos & Dias, 2013; Tasa, Holmberg, Sainio, Kankunen, & Vehviläinen-Julkunen, 2021).

This thesis focuses on the prenatal and labor experiences of immigrant mothers in Finland. It highlights several unique challenges that are mostly faced by immigrant mothers in the country as well as other countries, for comparison. The thesis then looks into the various interventions that have shown to improve culturally sensitive care among immigrants. These interventions have been proposed and have been seen to work in improving the general experiences of immigrant communities in the maternal healthcare system.

2 Multiculturalism and its Effect on Maternal Nursing Care

2.1 Multicultural Finland

Finland is slowly becoming an intercultural country, with the immigration from different nations numbers rising (Statistics Finland, 2022). These migration patterns introduce cultural diversity and socioeconomic differences in societies, as a mixture of new opportunity seekers and asylum seekers have both immigrated into Finland (Murray & Marx, 2013). According to Statistics Finland (2022), a total of 501,597 people have immigrated into Finland since 1990. A visible spike in the data is evident in the recent ten or so years as seen in Figure 1 below. The increase in the immigrant community has, inevitably, led to a diversity in the demography in Finland.

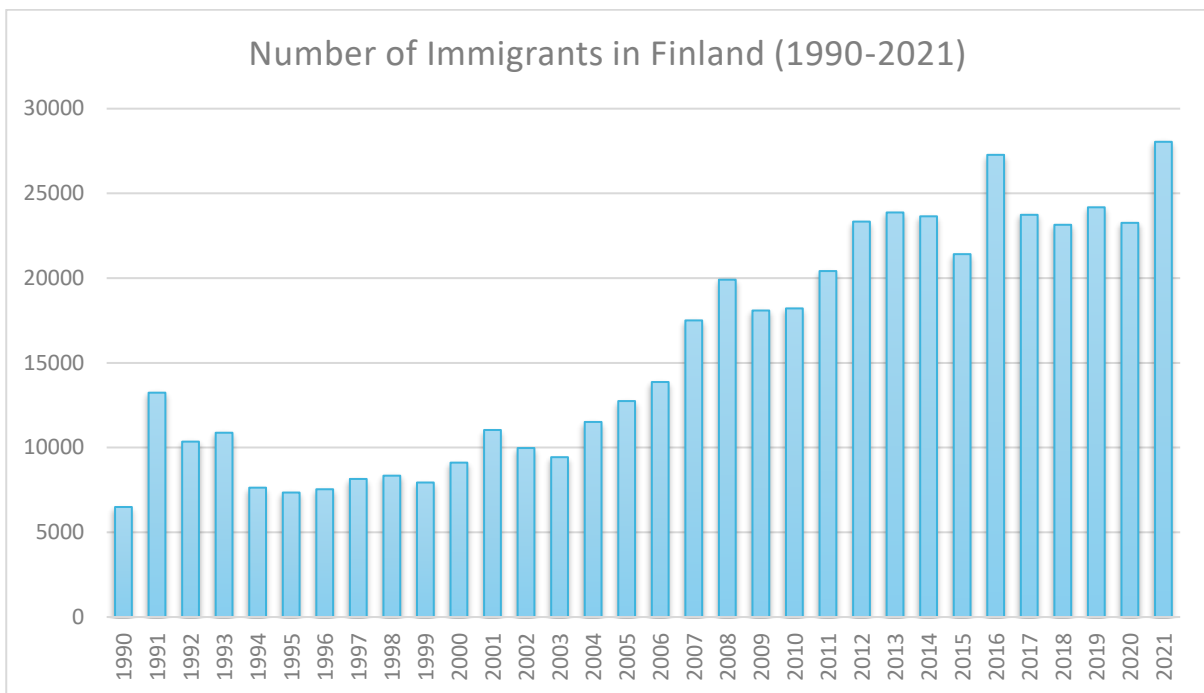


Figure 1 Total Number of Immigrants in Finland, 1990-2021

As shown in Figure 2 below, the shares of persons with foreign origin is on the increase, with numbers as high as 8.5% for the total of persons with foreign backgrounds in 2021, and 8.3% for the share of persons with a foreign language (Statistics Finland, 2022a). According to the figure, the numbers of persons born abroad, with a foreign background, and a foreign language are significantly high, despite the 'Share of foreign citizens, %' curve being lower, especially in the recent years. The non-Finnish foreign background and language naturally introduces a cultural difference in the society.

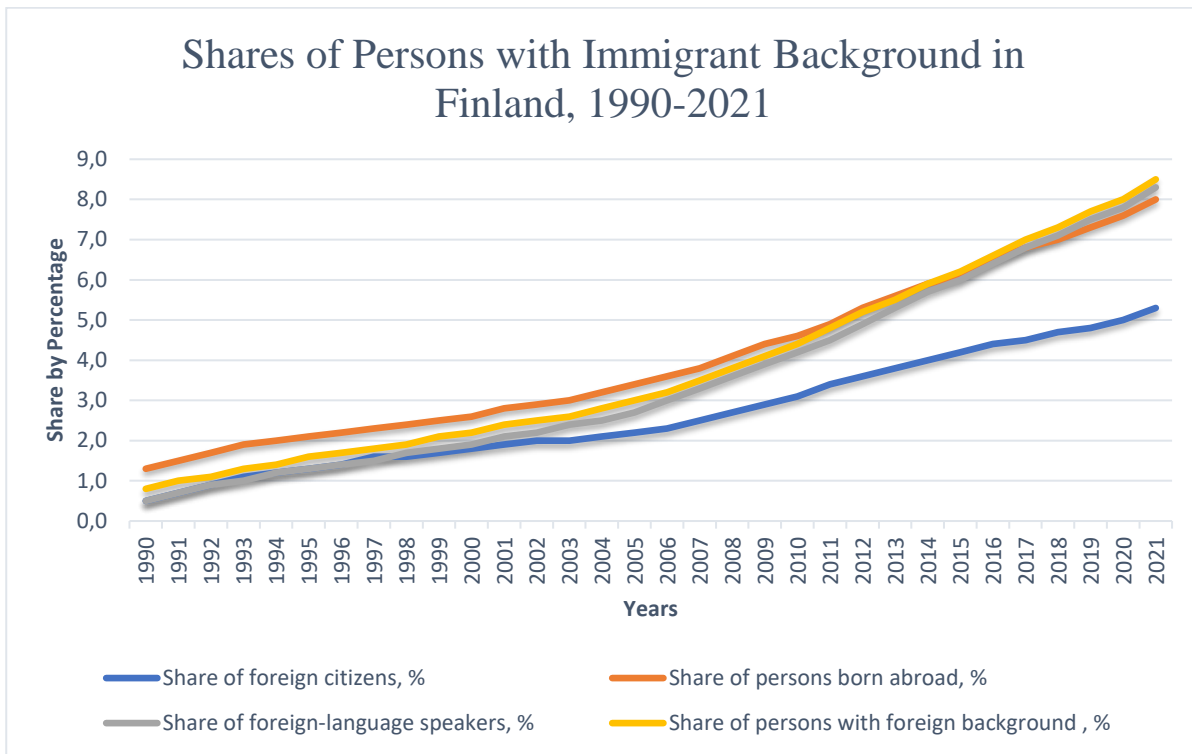


Figure 2 Shares of Persons with Immigrant Background in Finland, 1990-2021

This change in demography has had an effect in the healthcare system as people from different cultural backgrounds have different experiences in the Finnish healthcare system. There is a significant increase in the number of foreigners going through the Finnish maternal healthcare system. According to data, as shown in figure 3, there is a significant increase in the number of births by foreigners, as compared to the decrease of births from persons of Finnish background over the years (Statistics Finland, 2022b).

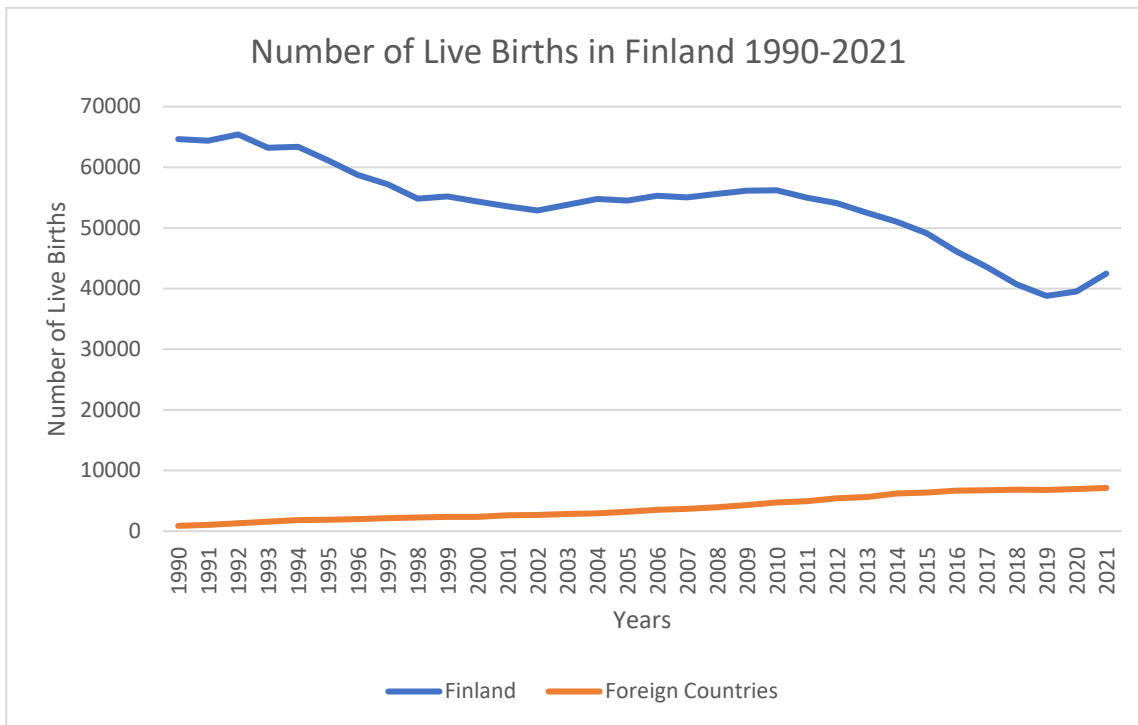


Figure 3 Number of Live Births in Finland, 1990-2021

2.2 General Immigrant Health and Wellbeing in Finland

The immigrant community is a unique portion of the society, as they have a different country of origin, and therefore a different language, culture, and norms. In Finland, residents are allowed to utilize the public healthcare system, and are only required to pay a minimal fee, just like local citizens (Kela, 2022). In general, studies have shown that some immigrant communities have reduced access to healthcare facilities and tend to utilize the healthcare system less often, as compared to the locals (Almeida *et al.*, 2013; Mölsä, Tiilikainen & Punamäki, 2019). In Finland, immigrants have low access to family doctors and various health services, as compared to Finns (Mölsä *et al.*, 2019). Among the refugee community in Finland, the healthcare system may seem unfamiliar and there's an evident underutilization of the healthcare system, due to lack of information on their rights to medical services (Tasa *et al.*, 2021).

Among immigrants, a significant language barrier exists, in most cases, and this influences the quality of services received (Tasa *et al.*, 2021). In medical setups, a language barrier causes challenges such as lower levels of customer satisfaction and the quality of services offered, miscommunication between the patient and the healthcare professional, and a decline in overall patient safety (Al Shamsi, Almutairi, Al Mashrafi & Al Kalbani, 2020). In Finland, it is common to find this

language barrier that limits health care provision and the communication of health information (Nyqvist, Häkkinen & Renaud, 2021). A study done in Finland on migrant groups (Russian, Arabic, and Somali) revealed that during the Covid-19 pandemic, a portion of this immigrant groups was unaware of where to find information and where to seek for help. The language barrier among the group made it difficult to receive official local communication on guidelines and therefore leaving room for misinformation, as information will be sought in social media and other unofficial outlets (Finell, Tiilikainen, Jasinskaja-Lahti, Hasan & Muthana, 2021). Generally, the communication barrier between patients and caregivers is generally higher, among the refugee community (Almeida *et al.*, 2013).

2.3 Immigrant Mothers in Finland

Historically, Finland has ranked among the world's safest places to experience pregnancy and child delivery (Schmidt & Bachmann, 2021). However, the Finnish Institute for Health and Welfare (THL) has recognized that persons of foreign origin don't fare as well as native Finns when it comes to maternal morbidity and mortality (THL, 2022). According to studies done in Finland, immigrants from poorer countries in particular, fare worse than native Finns when it comes to perinatal outcomes (Väisänen, Remes, & Martikainen, 2022). Women with African origin have the highest rates of perinatal mortality in Finland (Malin & Gissler, 2009). This is a direct result of the differences in the caregiving provided, which varies depending on country of origin and ethnicity, discrimination, and language differences (Väisänen *et al.*, 2022; Malin *et al.*, 2009).

Among the immigrant communities, refugees tend to be the most vulnerable, and this is evident in the number of infant deaths and still births. According to Malin *et al.* (2009), non-European immigrants to Europe have the highest infant mortality rates and mortality risk, as compared to other migrant groups. This increase is said to result from the higher number of preterm births (Malin *et al.*, 2009). One of the causes of infant, perinatal and neonatal deaths is congenital anomalies (Santoro, Coi, Pierini, Rankin, Glinianaia, Tan, Reid, Garne, Loane, Given, Aizpurua, Astolfi, Barisic, Caverro-Carbonell, de Walle, Den Hond, García-Villodre, Gatt, Gissler, Jordan & Morris, 2022). This is detected earlier by screening and testing during the pregnancy, and pregnancy termination can be recommended by the doctor. However, there's a significant cultural difference and attitude towards pregnancy termination and screening among different cultures, further increasing the difference in birth outcomes (Malin, *et al.*, 2009).

Tasa et al. (2021) did research on the utilization of maternal healthcare among undocumented migrant pregnant women in Finland. One of their main findings was that, despite Finland giving access to the public maternal healthcare, undocumented women tend to have their first prenatal care appointment after the first trimester. This is more than a month later, when compared to the rest of the expectant women in the country. The research also showed that they received inadequate prenatal care, and generally had less total prenatal visits.

2.4 Experiences of Immigrant Pregnant Women in Prenatal and Labor in Finland

Studies have been done in various Finnish maternity wards on the experiences of immigrant mothers in Finland. Research was done on Somali-born immigrants and reported mostly positive experiences of the women with regard to the general quality of maternity care in the country. However, he noted that Somali women are viewed as a problematic group in the medical community, and therefore, they don't get the best treatment. He also noted that the religious aspect of the group, mostly Islamic, and the additional cultural aspect that comes from religion, such as views on abortion and cesarean delivery, affected their prenatal and labor experiences (Degni, Suominen, El Ansari, Vehviläinen-Julkunen, & Essen, 2014).

The significance of cultural differences create in the experiences of new mothers is significant. According to Wikberg, Eriksson, & Bondas, 2014, cultural differences mean a difference in expectations with regards to childbearing i.e., the pregnancy, labor, and postpartum period. The researchers did a study to investigate intercultural care. The study was done in a Finnish maternity ward and involved immigrant mothers from twelve countries. Results from the study showed a difference in expectations of the mothers as compared to the services and recommendations they received. In this study, the mothers expected more support to be available from the extended family, they didn't understand the high position of the healthcare professional in maternity care, and they mostly expected most of their cultural aspects of childbirth to be taken into consideration. This caused tension between the mothers and nurses. In some cases, the mothers felt that some Finnish maternity care traditions were imposed on them. According to another study, the differences in pain expression in different cultures was understood differently and this highly affected the level of care they received (Wikberg et al. 2012).

Juslén (2012) did a study to investigate the experiences of immigrant women who gave birth in Tampere University Hospital. The study uncovered some ethnocentric views by caregivers and pre-conceived stereotypical notions imposed on the women. This included the caregivers automatically assuming a refugee background, lower economic and societal status, a poor Finnish language competence and a general assumption of their preferences. Some of the women felt the pressure to conform to Finnish cultural norms to make themselves appear more respectable. This made the women feel unheard when they felt like they couldn't ask further questions on their concerns. The immigrant women also felt the need to adopt to the regulations in the hospital, ignoring their need to rest and receive food and care from extended family members.

2.5 Experiences of Immigrant Pregnant Women in Other Countries

This section looks how immigration has affected the maternal care system in other countries by looking into the experiences of migrant mothers in these countries' healthcare systems. The thesis reports on the experiences of migrant mothers in countries with similar demographic change i.e., the Nordic countries, and other countries with longer histories of immigration.

2.5.1 Countries with Similar Demographic Change

The neighboring Nordic countries i.e., Norway and Sweden have faced demographic changes similar to Finland in the recent decades. The population growth in these countries is largely attributed to migration, as two thirds of the 4 million growth experienced between 1990 and 2018 is from other European, Asian, and African immigrant communities (Calmfors and Gassen, 2019). Some of the challenges faced by the immigrant groups are similar to those faced by the Finnish immigrants. The risk for maternal morbidity for immigrants in Sweden and Norway is higher than that of native-born women i.e., 2.5 and 1.5-fold respectively (Leppälä, Lamminpää, Gissler & Vehviläinen-Julkunen, 2020). According Leppälä *et al.* (2020), two thirds of maternal morbidity is as a result of the lack of optimal care.

In Sweden, the law guarantees all women equal access to maternal care and information access, but data and experiences show that the asylum-seekers, migrant communities, and the undocumented population fared worse as compared to native Swedish women (Liu, Ahlberg, Hjern, & Stephansson, 2019). Studies show that migrant women with insecure residence status in Sweden

have poor maternal health in comparison to other immigrant groups (Liu, Wall-Wieler, Urquia, Carmichael & Stephansson, 2020). Liu *et al.* (2020) note that despite the universal healthcare system, there are undocumented immigrants seeking asylum in Sweden still face barriers and challenges when trying to access maternal care services.

Like Finland, the undocumented migrants in Sweden and Norway have similar experiences when it comes to prenatal care i.e., accessed later in pregnancy and fewer in number as compared to natives, increased risk of bleeding, post-partum depression, infections, premature births, higher risks of stillbirth, lower infant weight at birth, gestational diabetes, and higher chances of tears in the anal sphincter (Tasa *et al.*, 2021; Leppälä *et al.*, 2020; Liu *et al.*, 2019). Immigrant women in these Nordic countries tend to receive crucial information relevant in pregnancy in an unsystematic way and it did not reflect or consider the women's cultural beliefs or did not consider the issues of the cultural differences present (Leppälä *et al.*, 2020). Immigrant pregnant women saw the Norway has a laidback approach to pregnancy, there was fear of the laxity of follow-ups and monitoring and the approach to birth seemed confusing due to the poor communication of the process (Mehrara, Olaus Gjernes, & Young, 2022).

2.5.2 Countries with Longer Immigration Histories: An International Perspective

Other multicultural societies underwent the influx of immigration long before Finland did. The term superdiversity has been used to describe some of these multiculturally advanced societies. Superdiversity is the process of diversification and eventual restructuring of the social setup in a society in a way that supersedes the previous forms of population diversity in the communities (Vertovec, 2023). In some urban communities, no ethnical group is seen to hold a majority in the population, leading to inevitable cultural adjustments (Alba & Duyvendak, 2019).

In terms of the maternal healthcare system, statistics show that out of the total live births, 28.8% of children were born to non-native mothers in the UK in 2021 (Office for National Statistics, 2021), and 22% in 2020, in USA (The Annie Casey E. Foundation, 2022). Looking into the experiences of migrant mothers in these advanced multicultural countries, the findings show that the maternal outcomes and general experiences are very similar to those in Finland and other Nordic countries.

I. United States of America

In America, the delivery of services in healthcare and the experiences in the healthcare system has been strongly associated with racism and discrimination (Adebayo, Parcell, Mkandawire-Valhmu, & Olukotun, 2022). Research and data show that maternal and birth outcomes and experiences of black women in the maternal healthcare system is still poor, as compared to women of other races and ethnicities (Njoku, Evans, Nimo-Sefah, & Bailey, 2023; Adebayo *et al.*, 2022). This is clearly seen in the disparities in maternal healthcare and birth outcomes in African American women who are up to four times likely to pass away as a result of complications in pregnancy; have their health symptoms dismissed; and experience unjust mistreatment and preventable adverse birth outcomes when compared to their white, non-Hispanic, counterparts (Chambers, Taylor, Nelson, Harrison, Bell, O'Leary, Arega, Hashemi, McKenzie-Sampson, Scott, Raine-Bennett, Jackson, Kuppermann, & McLemore, 2022; Adebayo *et al.*, 2022).

Racism is systematically embedded into the healthcare system, leading to poor experiences by black mothers with unequal access to reproductive health services as compared to white non-Hispanic women (Njoku *et al.*, 2023). Regardless of their socio-economic status, there is disparity in the pregnancy outcomes of the African American mothers, pointing to the larger structural issue in the delivery of maternal healthcare (Crear-Perry, Correa-de-Araujo, Lewis Johnson, McLemore, Neilson, & Wallace, 2021; Adebayo *et al.*, 2022). According to Adebayo *et al.* (2022), poor maternal outcomes is also seen in American Indian and Alaska native women who are likely to experience maternal death two to three times more than other ethnic groups.

Immigrants in America are subjected to discriminatory policies and laws that limit the quality of healthcare they are provided, health insurance access and other medical services. Women in the immigrant community are less likely to visit a gynecologist before pregnancy, while undocumented migrants are legally barred from accessing funded health care (NYC Health, 2022; Asees Bhasin, 2021). Immigrants from Sub-Saharan Africa, South America, Central America and, South Asia, and who have stayed in the U.S. for less than five years also have less access to maternal health care (NYC Health, 2022). Research shows that some African refugees received maternal care in the second trimester, and the women reported the inadequacy of the prenatal care they received which

wasn't comparable to the services provided to American-born non-Hispanic white women (Agbemenu, Auerbach, Murshid, Shelton, & Amutah-Onukagha, 2019).

Evidence from studies show mixed findings on the pregnancy outcomes and general experiences of Latina immigrant mothers. The phrase 'Latina Paradox' is used to describe the favorable outcomes in birth of children born to Latina immigrants, despite their low socio-economic status and their disadvantaged position in the country (Winn, Hetherington, & Tough, 2017; McGlade, Saha, & Dahlstrom, 2004). This phenomenon is also seen to be true among African refugees in America whose birth outcomes were shown to be better than that of the locals, with the women experiencing less maternal risk factors and medical interventions, and low chances of preterm births and low birth weight (Agbemenu *et al.*, 2019). Winn *et al.* (2017) attributed this to the extensive social support the women receive from the refugee communities, their health status before immigration and the period of stay in America.

II. United Kingdom

Studies examining the experiences of immigrant mothers in maternity care in the UK yielded both positive and negative results. Higginbottom, Evans, Morgan, Bharj, Eldridge, & Hussain (2019) report on some positive experiences including good relationships between healthcare professionals and the women. The healthcare workers were described as caring, and good communicators that effectively met the needs of their patients, while some indicate discriminatory and cultural insensitive practices by some healthcare professionals. Research also shows that some of the points of concern in the Finnish maternal system is similar to those in the UK. These include communication barrier, stereotyping by medical professionals, prejudice in regard to large families and inferior treatment (Aronson, Burgess, Phelan, & Juarez, 2013). Phillimore (2016) conducted a study in West-Midlands, UK showed that some of the migrant mothers did not fully comprehend the information provided on procedures and routines, and the medical requirements, such as blood tests, and had to seek help from friends and family. The maternal monitoring process wasn't clear to some immigrants, and this left some asylum seekers scared of their status and that of their babies.

III. Australia

An ethnographic study was done by Carolan & Cassar (2010) in an African Women's Clinic in Melbourne, in a region known for high African immigrant population. The mothers who took part in the study spoke of their appreciation and importance of the advice they received in the maternal care system. They appreciated having healthcare professionals who understood their background, culture, and religious beliefs, and didn't make them feel like they are a nuisance. Their prior knowledge on pregnancy was also acknowledged. The environment in the maternal unit was seen to be accommodating, and interpreters were readily available. Most of the women lacked knowledge in maternal procedures and struggled to comply, when they contradicted with their cultural beliefs. A similar study was done on Afghan immigrants in the maternal care system in Australia. The findings show that the level of satisfaction on their labor and intrapartum experiences was seventy percent, and forty nine percent for the prenatal care experiences. The women experiences were both positive and negative in the prenatal care units where some healthcare providers were seen as rude, unfriendly, and treated the women poorly, while some reported the opposite (Shafiei, Small, & McLachlan, 2012). Studies done on Eastern African immigrants showed a higher tendency to experience episiotomy during childbirth i.e., 30.5% as compared to 17.2% in native women. They also had a higher chance of experiencing perineal trauma during childbirth (Belihu, Small and Harvey, 2017).

3 Aim and Purpose

The aim of this thesis is to improve the pregnancy and labor experiences of immigrant pregnant women in the Finnish maternal healthcare system, and to improve their birth outcomes. The purpose of the research is to provide interventions that have proven to work in improving culturally sensitive maternal nursing care of immigrant minorities. The research question in the thesis is: What interventions can be used to improve culturally sensitive maternal nursing care?

4 Methodology

4.1 Literature review

This thesis research study done through the reviewing literature on topics addressed in this study. Literature review is the process of evaluating and analyzing precious research studies and publications. This is done to identify relevant literature and to compare the findings on different literature, in a particular field of study (Paul & Criado, 2020). The purpose is to help the researcher acquire knowledge on the topic, find out what has already been research, how the research process was done, and to identify key issues that were raised by different researchers and the process is grouped into three phases. First is the planning phase. This involves identifying the research question and developing suitable procedure for the process. The second phase is carrying out the review. This phase involves literature search and selection of relevant literature in the topic, assessing the quality of the literature and analyzing, synthesizing, and extracting the data and findings. The last phase is the reporting stage where the information gathered is written down in a suitable format (Templier & Paré, 2015).

4.2 Literature search

The online database used for literature search were PubMed, CINAHL and Medline. The search was done by using Boolean operators AND, OR and NOT, with specific keywords in the online databases. The keywords that were used are: cultural competence, maternal care, maternal services, nursing, immigrant, migrants, transcultural nursing, collaboration, ethnic minority, and maternal health services. These keywords were combined as shown in Table 2 for the literature search. A third-party website was also used to access literature that isn't available to JAMK students. The criteria for inclusion eligibility of the research article was performed through analysis of the title and the abstract to determine the relevance of the paper to the research aims and purpose. The articles selected were then read in full and the final articles included were in the nursing field, were peer-reviewed, had full text available for download and answered the research question i.e., interventions to improve cultural-sensitive care. The search process is represented in the Prisma chart below. To assist this process, a PICOS table was used as shown in Table 1 below. The prisma flow chart below shows the article search process.

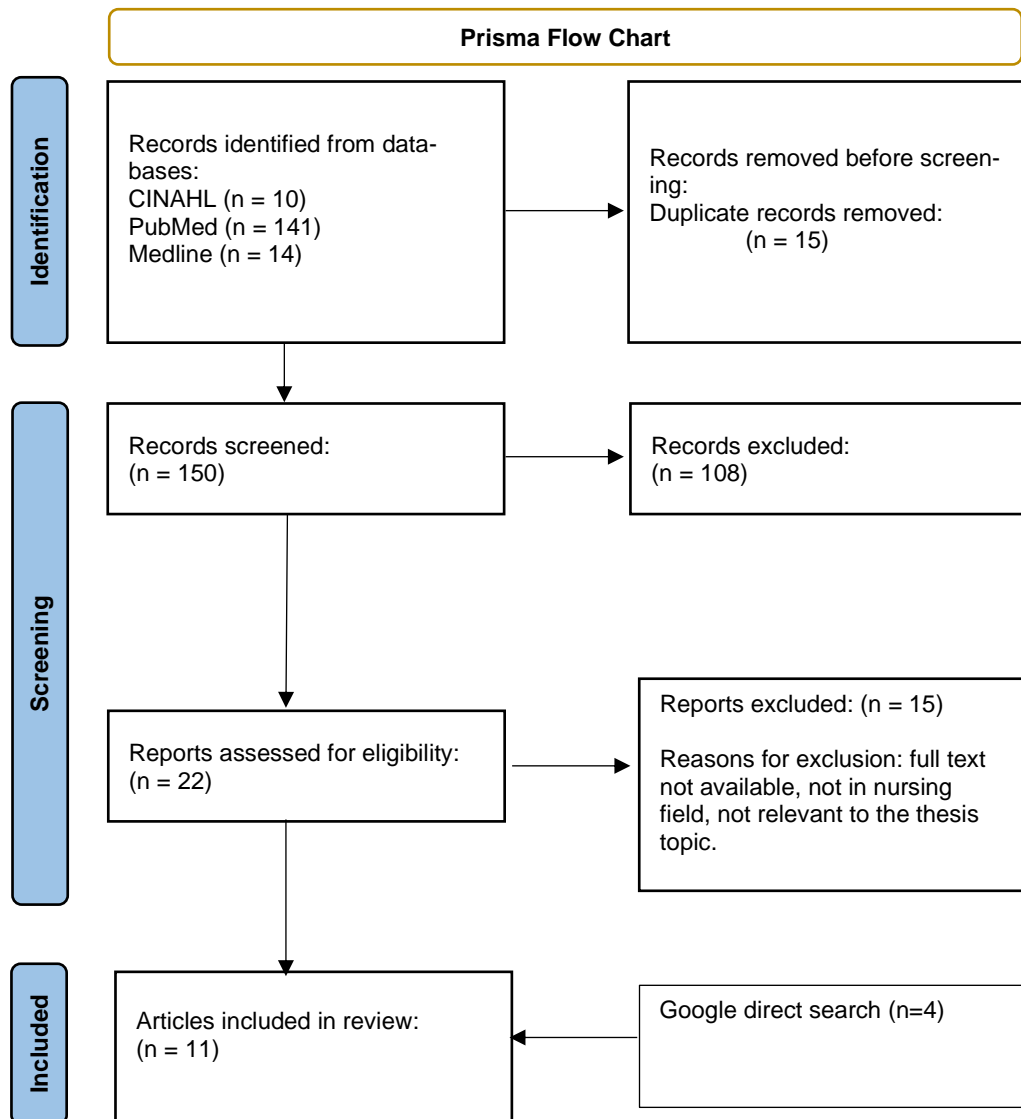


Table 1 PICOS table for literature review

PICOS Table	
Population	Immigrant women in the maternal healthcare system.
Intervention	Culturally sensitive maternal care.
Context	Prenatal and labor.
Outcome	English language, peer reviewed and full text available.

Table 2 Keyword Combinations

Keyword Combinations
Maternal care AND Cultural competence AND Nursing NOT Midwife
Culturally appropriate care AND Intervention AND Nursing AND Pregnancy AND Maternity care NOT Midwife
Cultural competency AND Immigrant OR Migrant AND Transcultural nursing
Maternal care AND Cultural competence AND Nursing
Ethnic minority AND Maternal health services AND Migrant NOT Midwife

4.3 Data analysis

Content data analysis is a data analysis method commonly used in small-scale healthcare related research studies. This method employs the use of research data that is text or image based (Vears & Gillam, 2022). Linnenluecke, Marrone, & Singh (2020) provide a framework that can be used as guidance on how to perform literature review and some of the methods demonstrated in the article were used in the study. In this study, the author read and familiarized themselves with the research papers. The abstract was mainly used to inspect if the articles were relevant to the thesis research topic. More emphasis was then put into the introduction, findings, and the discussion sections, and relevant articles that addressed the research question were chosen. The research paper was then thoroughly read and the information that was found relevant was highlighted, labelled using different colors, and copied to a word document. The different labels were themed into groups, where information on the same theme from different articles were grouped together. Further subcategories were developed from the main themes and additional literature sources were found to support the findings that were seen to need more elaboration and supporting information. The final data was then used to compile the literature review process where different themes fit in different sections of the study. The data was then copied onto a single word document that was used to write the results section of this thesis. Table 3 shows the results of the content analysis themes and subcategories. Appendix 2 shows a detailed view of all the articles used in the literature review process. The detailed view shows the aims, main findings and the categories and subcategories extracted from each research paper. An example of the content analysis process is shown in Appendix 1. A critical appraisal of the articles chosen was also done and the results are shown in Appendix 3.

Table 3 Content Analysis Table

Main research question: What interventions can be used to improve culturally sensitive nursing care?	Enhance Cultural Knowledge	Cultural competence training
		Collaborative cultural learning
	Patient-Centered Care, Inclusive Patient Involvement and Continuum of Care	
	Communication and Language	
	Community Involvement	Community Programs
		Community Participation

5 Results

Interventions to Improve Cultural-Sensitive Nursing Care

A literature review was done on the interventions that could be applied in order to improve culturally sensitive nursing care in a diverse society. The interventions could be grouped into different themes as shown in Table 3. The themes are discussed in section 5 below.

5.1 Interventions to Enhance Cultural Knowledge

There is an existing cultural difference between nurses and patients from different backgrounds. To improve cultural care means to equip nursing staff with knowledge on cultural competence in various cultural backgrounds. Interventions discussed below can be used to improve cultural care, with regards to differences in cultural knowledge.

5.1.1 Cultural competence training

The aim of implementing a cultural competence training course is for the improvement of effective communication between the nursing staff and the patient, increase the nurse's awareness on the perceptions immigrant women have on healthcare and to prevent racial-based discrimination (Sami, Quack Lötscher, Eperon, Gonik, Martinez de Tejada, Epiney, & Schmidt, 2019). Park & Kweon (2013) did research on the effects of having a promotional program on cultural competence in maternity nursing care. The results of the study showed the importance of incorporating cultural competency systematically from undergraduate studies into the professional life. According to Smit & Tremethick (2013), a useful strategy that can be used with nursing students to improve their cultural competence is to immerse them in interdisciplinary programs that will enable them to interact with individuals from other backgrounds. Through this, the students are able to become aware of the existing cultural differences, as they become aware of their own cultures and the existing strengths and uniqueness of other cultures. This enables the nursing students to build respect for other cultures.

Park & Kweon, (2013) performed a cultural competency training program among nurses working in maternal care. The program used two groups, an experimental group and one that didn't take part in the program, to act as control, to compare the effectiveness of the training program. The

program showed a significant difference in the cultural knowledge, awareness, and acceptance among the groups. A difference was also visible in their attitudes towards multicultural patients, with the former group still carrying a discriminatory attitude and the latter having a more open and positive attitude at the end of the training program. Sustano (2018) describes a similar program among public health nurses who work in maternal and childcare among immigrant communities. The nurses underwent a training program that was successful in improving the healthcare workers' sensitivity for health issues and concerns that are present among immigrant communities.

Park & Kweon, (2013) highlight the importance of creating an education program for the nursing care of multicultural women, in a maternity setup. Such a program should incorporate cases that can enhance the nurse's awareness of cultural behavior of mothers through the different stages of pregnancy and childbirth. A cultural competence training program is, therefore, a useful intervention for improving knowledge, awareness, and acceptance of other cultures, and it should be provided for both nursing students and practicing nurses (Park & Kweon, 2013; Coast, Jones, Lattof, & Portela, 2016). It is important to also incorporate transcultural nursing care programs in Doctor of Nursing Practice education levels, as the graduates usually get leadership responsibilities in clinical settings (Felsenstein, 2019). Felsenstein (2019) notes that having culturally competent nurses in leadership roles will generally boost the general outlook and approach towards cultural differences of the medical facility. According to the researcher, the provision of resources and material that are crucial to nursing care is a useful method towards educating nurses on transcultural nursing care.

5.1.2 Collaborative cultural learning

In superdiverse metropolitan areas, the existing diversity in cultural backgrounds could be overwhelming and many nurses tend to be familiar with only their own cultural care aspects and have little knowledge of that of the rest of the society around them (Hilgenberg & Schlickau, 2002). The researchers, collaborative care is necessary to build transcultural knowledge. The authors suggest for collaboration to be done among nurses in various metropolitan areas through sharing of nurses' firsthand experiences with clients from different cultural backgrounds. Through collaboration, expertise can be drawn from other colleagues with more experiences, complex problems and cases can be solved, knowledge can be earned, and tools and resources shared. This expands the

general expertise of the nurses, and a similar collaborative program can be applied to nursing through case studies (Hilgenberg & Schlickau, 2002). Nursing students could be given the opportunity to participate in programs that allows for collaboration with other disciplines with other international students (Smit & Tremethick, 2013). The researchers describe a collaborative program that allowed students to gain cultural competence through interdisciplinary collaboration and interaction. The students were able to appreciate their culture and those of others, learnt of the differences with other cultures, and hence gained cultural awareness.

5.2 Interventions through Patient-Centered Care, Inclusive Patient Involvement and Continuity of Care

Cultural competence improvement enhances the overall quality of healthcare as it promotes patient centeredness and inclusive patient involvement in the process (De Freitas, Massag, Amorim, & Feaga, 2020). Suboptimal care and poor interaction between the maternal service users and providers was found to be an issue when it came to the maternal care provided to migrant women, as they participate less, and voice their preferences less often, as compared to native women (De Freitas *et al*, 2020; Jones, Lattof, & Coast, 2017).

De Freitas *et al.* (2020) present several interventions that could be implemented to improve patient involvement. The research team note that the nurse will need to create a respectful relationship between them and the patient, they also need to be committed to reduce the gap in the knowledge between them and the patient through the provision of adequate material and information, the opportunity for decision making will need to be given to the patient when seen fit, healthcare workers will need to devolve power to the patient, resources and materials that are culturally sensitive need to be made available, and sufficient times need to be made available for consultations. According to Jones *et al.*, (2017) improving the interaction between the caregivers and the immigrant women is helpful in facilitating the implementation of the interventions. To improve the interpersonal relations, Jones and the colleagues recommend for the nurse to build a respectful relationship that is friendly, trusting, non-judgmental, friendly, empowering to the women and culturally sensitive.

Jones *et al.* (2017) noted that some maternal care services may lack cohesiveness across the service system. According to the research group, some services have been culturally adopted adhered

to cultural-sensitive care principles, while other services provided are standard and the same for whole population. This lack of cohesiveness is a significant barrier when it comes to implementing culturally appropriate care in the maternal service system. An intervention proposed by the research group to improve the continuity of care is to establish links and partnerships between the various services that the immigrant mothers and their families interact with (i.e., a link between the community health workers and other service providers), and the coordination between the healthcare service providers. The research team sees the need of having a standardized approach throughout the maternal care system and note that the lack of it in a multi-agency maternal system may have a negative effect on the provision of culturally sensitive nursing care.

De Freitas *et al.* (2020) and Sustano (2018) call for further research on how to adapt the different aspects of involvement to immigrant communities. They see the need for further participatory research on the attitudes of nurses and healthcare providers on involvement and how their view may be impacted by cultural competence and the kind of immigrant they are working with (De Freitas, 2020). Further research involving nurses, public health nurses and immigrant communities needs to be done in order to develop a suitable maternal and child healthcare program (Sustano, 2018).

5.3 Interventions to Improve Communication and Language Barrier

Negative pregnancy experiences and birth outcomes, and inability or delay in service access are known to be associated with poor communication and language barrier (De Freitas *et al.*, 2020). While the use of interpreters could be useful, De Freitas and her colleagues find that the use of suboptimal interpreter systems to be less effective in breaching the communication gap as the immigrant women will still feel disempowered, left out of making important decisions for their pregnancy and will give them fears of having their privacy and their confidentiality breached. According to Felsenstein (2019), it is crucial to use optimal interpreter services in interactions between a nurse and a patient where a language barrier exists. It is the responsibility of the nurse to try their best to close the language barrier that may exist between them and the patient (Squires, 2017).

According to Squires (2017), medical interpreters facilitate the communication between the nurse and the patient; and also serve as cultural brokers. With a professional medical interpreter helping

to bridge the language and the cultural differences, the information passed from the nurse to the patient, and vice-versa, is not only clear, but also passed and phrased in a culturally appropriate manner. The researcher recommends for the nurse to speak directly to the patient, use shorter sentences, and not interrupt the translation process, when using an interpreter. To make the translation process easier, healthcare professionals can be trained in ways to avoid the overload of information, and the use of plain language when relaying information to the medical interpreter (Origlia Ikhilor, Hasenberg, Kurth, Asefaw, Pehlke-Milde, & Cignacco, 2019). According to research, telephone interpreter services tend to depersonalize the nurse-patient interaction, and an alternative such as live video interpretation can be used instead (Squires, 2017).

To reduce the communication and language barrier, and to improve immigrants access to quality maternal services, the improvement on bicultural and bilingual competency among nurses is also important (Sustano, 2018). The continuous development of transcultural competencies of healthcare workers should be done during medical practice, and institutionally, through integration into the education system (Origlia Ikhilor *et al.*, 2019). Coast *et al.*, 2016 stresses on the importance of adapting educational material to the community being served. Educational material on maternal and childcare should also be made available in multiple languages and explained comprehensively to migrant women (Sami *et al.*, 2019). There is also importance in increasing awareness among the immigrant communities on the availability of reliable interpreter services (Sami *et al.*, 2019). During maternal care, bridging of the communication gap is not only achieved through professional skills and individual effort, but also through the provision of appropriate and conducive conditions through the medical institutions and at policy level (Origlia Ikhilor *et al.*, 2019).

5.4 Interventions through Community Involvement

Interventions proposed that involve the community have been grouped into community programs and community participation, as discussed in the section below.

5.4.1 Community Programs

Sustano *et al.*, recommend the development of a comprehensive health promotion program among immigrant communities whose main focus is on maternal and child healthcare services and is based on cultural and social contexts of the immigrants. Community-based programs that are

developed between healthcare workers and immigrants, using a healthcare system framework, could provide quality healthcare services in a community setup. Services that are geared towards maternal and child healthcare should have an approach that is multiprogram and multisector, involving the nursing professionals and the immigrant population as well (Sustano *et al.*, 2018). In order to provide help with medical administrative procedures, programs that provide professional social accompaniment to appointments could also be developed (Sami *et al.*, 2019).

As immigrants tend to be community based, the development of community/ home-based interventions that also involve collaborative work between healthcare workers and volunteers from the immigrant communities, with bicultural and/or bilingual abilities could be helpful (Sustano *et al.*, 2018). According to Coast *et al.*, 2016, cultural interpreters and mediators play a crucial role in reducing the cultural and linguistic barrier that exists. Context can be provided by intercultural interpreters for both the local and the foreign cultural aspects, and they can also help in relating the separate cultural aspects to each other (Origlia Ikhilor *et al.*, 2019). This will produce a well-coordinated health team that is geared to serve the immigrant community. Social assistance providers, trained nurses, or integration officers can be used to guide immigrants through the healthcare system to help improve the integration into the healthcare system (Sami *et al.*, 2019; Origlia Ikhilor *et al.*, 2019). These health volunteers play a crucial role in health advocacy, health education and the provision of emotional support (Sustano *et al.*, 2018). Health advocacy is crucial in challenging health barriers that are systemic, reducing the gaps in the implementation of the health policies in a country, and ensuring every policy is translated into practice even at the immigrant community level (De Freitas *et al.*, 2020).

5.4.2 Community Participation

Community participation is an important in improving culturally sensitive maternal care (Jones *et al.*, 2017). Community participation shas proven to be a working strategy where members of the immigrant community were involved and consulted in designing community health programs (Coast *et al.*, 2016). To define the different aspects and characteristics of quality maternal services and care, cultural appropriateness, and the incorporation of the preferences of the immigrant women in maternal care, dialogue between the healthcare givers and the immigrant community members is needed (Jones *et al.*, 2017). Jones and his colleagues highlight the importance of the community

participating in not only the development of the community programs, but also in the implementation and the monitoring of the effectiveness of the programs and the interventions being implemented.

6 Discussion

6.1 Discussion of Results

Through literature review, several interventions were found that can be used towards improving intercultural maternal nursing care for the immigrant population in a growing diverse society, such as Finland. All the interventions are there to improve the experiences of migrant pregnant women. Implementation of the interventions will eventually equalize the quality of maternal nursing care provided throughout the society, both for natives and foreigners. The interventions are aimed to improve the cultural knowledge among nurses, improve communication to reduce the existing language barrier, involve the migrant pregnant woman more in the provision of care and also involving the migrant community and having community programs that are geared towards improving intercultural care of migrant mothers.

Having a cultural training and collaborative learning program in place for nurses provides an opportunity for continual improvement of nurses' cultural competence. Continuous training is important as population growth and immigration leads to the continual introduction of further cultural diversity and further cultural aspects that need to be considered when working with immigrant pregnant mothers. Intercultural learning through interregional collaboration could be helpful in a society like Finland where the bigger cities have larger populations of migrants as compared to the smaller towns and rural areas that are slowly experiencing diversity. This will help reduce the learning period when firsthand experiences and knowledge from other nurses are shared. Improved cultural knowledge among nurses ensures that migrant mothers have smooth pregnancy experiences, despite where they settle in the country.

Effective communication between nurse and the patient should not be taken for granted. By improving communication in a setting where language barrier is a challenge, the quality of nursing care provided is generally improved. Providing educational material in a language that can be understood by the immigrant community automatically removes the barrier introduced when one

more step is added to the communication process i.e., translation. On the other hand, providing medically sound information in a familiar language reduces the errors that could be made in the translation process. Effective communication also means the effective use of interpreter services and understanding that communication is not only the translation of one language to another, but it also involves non-verbal cues and body language. It is important for a nurse to be competent in the use of interpreter services as a lot of important information can be lost in the translation process. Since the nurse is not familiar with the migrant's language, attention will need to be paid to the other aspects of communication, besides the language spoken. The visual aspect of telephone interpreter services also aids in better understanding and improving communication as the interpreter is also able to properly visualize the other communication aspects and properly translate the information shared.

Communication is a key part in making a patient feel safe and secure in a medical setup. It is also important in creating a good relationship between the nurses and the migrant patient and encourage patient involvement in their maternal nursing care, especially in a medical system that is not as familiar to them. This helps to empower the migrant and help them to open up about their needs. This type of relationship needs to be maintained throughout the maternal medical system as a bad experience at a point in the maternal care could negatively affect the overall quality of care and introduce fear and/or disempowerment for the pregnant migrant women. Involving the patient in the nursing care means to understand their point of view and the level of knowledge they have about the care being provided and also the Finnish maternal care system. Through this, better, and culturally sensitive maternal care can be provided as the nursing care is patient centered. This makes it easier to fill the knowledge gap between the nurse and patient, and to provide relevant educational material.

Through community programs and the involvement of cultural mediators and interpreters, medical information can be effectively translated to the migrant mothers and important cultural aspects of care can be translated to nurses in return. Through this method, a migrant mother will be able to understand the need or importance of various medical procedures and therefore important medical decisions are made when both parties are fully aware of the implications of the medical interventions. This is especially important when decisions that have heavy cultural significance in some societies need to be made i.e., medical abortion. Community participation provides

a checking system where the quality of maternal nursing care provided is reviewed by the community itself and therefore leading to continual improvement of the maternal caregiving system as a whole. Government health policies are always made to promote better healthcare practices for the whole society. The translation of health policies into culturally sensitive nursing care is a challenge when the cultural aspects of the migrant community is not fully understood. Health and cultural interpreters and volunteers in the community therefore become really crucial in the translation of health policies to the migrant population and ensuring that the quality of maternal nursing care provided is up to par.

Important linkages can be made in the interventions proposed. Patient centeredness and involvement, effective communication and community involvement all provide avenues for cultural enhancement for the nursing community. All these interventions give an avenue for the pregnant migrants to voice their opinions and preferences more, and hence providing more opportunities for the nursing community to further their cultural competence. Community involvement also provides an avenue for patient involvement and patient-centered nursing care. Community programs and participation in nursing care inevitably gives an opportunity for the migrant pregnant woman to be a part of the nursing care provided. Proper interaction with the immigrant mothers and their families provides an avenue for enhancing cultural knowledge. This can be achieved through the implementation of the interventions that ensure that the migrant pregnant woman is fully involved in the nursing care being provided and understands that their cultural practices and points of view is also important and is considered.

6.2 Ethical Considerations

All the articles used in this thesis were carefully considered and were all graded for ethics and bias as shown in Appendix 3. Only the articles that had good ethical standards and where consent was sought from all the participants in the studies were used. The data in the articles chosen was carefully analyzed and reported as is, without any omission or addition. All the methods used in content analysis were clearly outlined in the thesis. There was no falsification or plagiarism in the writing of this thesis and all the information used has been clearly cited and properly referenced. The author of this thesis had no conflict of interest.

7 Conclusion

Looking at the history and current state of countries with longer immigration history, like those mentioned in this thesis, it is clear to see how unaddressed challenges and bias in the maternal medical system could lead to long term negative pregnancy experiences and outcomes among the migrant community. In the last few decades, Finland and the neighboring Nordic countries have experienced an increase in immigration and statistics and studies already indicate the poor state of the maternal health and outcomes of immigrants as compared to the native population. As government administrations change and policies are formed, improved, and amended, care needs to be taken when speaking about and handling matters surrounding immigration and multiculturalism. Instilling a negative mindset on the native population takes generations to correct and this unfortunately trickles down to provision of services, including maternal nursing care, and implementation of policies around culturally sensitive nursing care.

As part of a study conducted by Kaihlanen, Hietapakka & Heponiemi (2019), cultural competence training was done for the medical staff in a hospital that is in an area with a large immigrant population in Finland. The training was done by personnel that are not in the healthcare field and the participants in the study suggested that immigrant groups could also be invited to share their points of views on integrating cultural sensitivity into medical care. Such a model could be used in other Finnish hospitals and healthcare centers to improve the nurses' understanding of cultural sensitive nursing care. Finland has several programs that are aimed at improving multicultural nursing care. The Finnish institute of health and welfare website has an online training course for professionals, including healthcare workers, that is aimed to reduce bias based on ethnicity and race (THL, 2023). Such government programs provided will help improve multicultural competence among nurses when working with migrant pregnant women.

In countries recently experiencing immigration, language barrier plays a really big role in the quality of medical care and services provided to the migrant community. However, looking at the United State, for example, where the English language is spoken by the black and native Americans as well, the maternal experiences and pregnancy outcomes within these communities is still poor. Therefore, countries, Finland included, should not use the language barrier to explain away

the current situation of inequality in the maternal care provided to immigrants. Integrating the migrant community into the society and closing the gap in communication will not solely improve prenatal and labor experiences of migrant women. An all-encompassing approach needs to be used to tackle the healthcare disparities in the Finnish society; to address the barriers to proper and equal maternity nursing care to the migrant community; and to have policies in place that will prevent the escalation of the situation and will improve culturally sensitive nursing care.

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Appendices

Appendix 1. Content Analysis Example

Table 4 Content Analysis Example

Original Expression from Article	Subcategories	Main Categories
<p><i>“In a rapidly changing globalized society, it has become very important and urgent to train nurses with cultural competence. This means that it is effective to implement multicultural education to enhance the cultural competency of nurses who care for multicultural patients.”</i> (Park & Kweon, 2013).</p>	Cultural competence training	Enhance cultural knowledge
<p><i>“One strategy to promote the development of cultural competence in nurses is an interdisciplinary international program that offers students the unique opportunity to experience diversity both within the program group and within the international community.”</i> (Smit & Tremethick 2013).</p>		

<p><i>“The programs started with training programs among public health providers regarding maternal and child healthcare. The training program for health providers has been very successful in enhancing healthcare providers’ sensitivity toward immigrant health issues, which improves knowledge and attitudes of participants.” (Sustano, 2018.)</i></p>		
<p><i>“One way to enhance transcultural learning is to develop specific pedagogical strategies that promote students’ development of cultural competence. Collaboration can be an important process to increase cultural knowledge.” (Hilgenberg, & Schlickau ,2002).</i></p>	Collaborative cultural learning	
<p><i>“Nursing education programs can explore the feasibility of collaborating with other disciplines to offer international service learning experiences that will be of benefit to both nursing students and others.” Smit & Tremethick (2013).</i></p>		
<p><i>“They assert the need for four basic elements to be present for involvement to unfold: (a) a respectful relationship between health professionals and service users, (b) commitment to reduce the knowledge gap between</i></p>	Patient-Centered Care, Inclusive Patient Involvement and Continuum of Care	

<p><i>the parties involved through the provision of adequate information, (c) devolution of power to service users by health professionals and (d) opportunity for involvement in treatment decision-making by users to the extent they see fit.” (De Freitas et al., 2020)</i></p>	
<p><i>In the absence of standardised protocols and reliable systems for information sharing, multi-agency maternity provision is not ideal and indeed, may impact negatively on the quality of care provided’. (Jones et al., 2017).</i></p>	
<p><i>“Culturally sensitive nursing care of immigrant patients includes several considerations: Making use of interpreter services when needed is crucial.” (Felsenstein, 2019)</i></p>	Communication and language barrier
<p><i>“The improvement of bilingual or bicultural PHN competency could reduce the barriers to or limitations of immigrants in accessing healthcare services in communities.” (Sustano, 2018)</i></p>	

<p><i>“Training in the use of plain language and avoidance of information overload would lower language barriers and make translation easier.” (Origlia Ikhilor et al., 2019)</i></p>		
<p><i>“Therefore, efforts should be undertaken by health institutions to increase awareness of the availability of such [interoperator] services. Specific information should be provided for migrant women in multiple languages and actively delivered. The availability of trained interpreters must be highlighted and made easily accessible to HCPs to overcome language barriers.” (Sami et al., 2019)</i></p>		
<p><i>“Community and home-based MCHC programs are developed between PHNs and immigrants to provide comprehensive healthcare in community settings...” (Sustano, 2018).</i></p>	Community Programs	Community Involvement

<p><i>“Therefore, comprehensive immigrant health promotion and healthcare services that focus on MCHC should be designed which use a combined healthcare system framework in conjunction with healthcare providers, families, and communities, based on immigrants’ social and cultural contexts, so as to facilitate adaptation to the unfamiliar system of healthcare services in their new places of residence.” (Sustano, 2018)</i></p>		
<p><i>“Community participation was a strategy explicitly described in multiple studies, albeit to varying extents. Approaches ranged from consulting communities in the design of intervention strategies to providing community-controlled health services.” (Coast et al., 2016)</i></p>	Community Participation	

<p><i>“Dialogue between health providers and communities was seen as ‘crucial in building mutual respect’. The WHO recommends ongoing dialogue with communities as an essential component in defining the characteristics of culturally-appropriate, quality maternity care services that address the needs of women and incorporate their cultural preferences.” (Jones et al., 2017).</i></p>		
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Appendix 2: Reviewed Articles

Table 5 Reviewed Articles

No.	Author, Year & Country	Title	Aims and Purpose	Research Method	Main Results	Intervention Categories and Subcategories
1	Coast, E., Jones, E., Lattof, S. R., & Portela, A. (2016). United Kingdom.	Effectiveness of interventions to provide culturally appropriate maternity care in increasing uptake of skilled maternity care: a systematic review.	The aim is to examine the available evidence on the effectiveness of interventions for the provision of culturally competent maternity care with respect to access to skilled maternity care during pregnancy, birth or the postnatal period.	Systematic qualitative literature review	Interventions used to provide culturally appropriate maternity care had positive results in the increased skill in maternity care. To further improve skilled maternity care, policies and programs	Interventions to enhance cultural knowledge (Cultural competence training). Interventions to improve communication and language barrier. Interventions through community involvement (Community programs and Community participation).

					should aim to establish a supportive environment that incorporates dialogue with the community.	
2	De Freitas, C., Massag, J., Amorim, M., (2020). Portugal.	Involvement in maternal care by migrants and ethnic minorities: a narrative review.	To understand and identify ethnic minority and migrant involvement in maternal care, based on dimensions of communication, information, decision-making and expression of preferences.	Literature review of quantitative, qualitative, and mixed method studies.	Migrants and ethnic minorities lacked access to adequate information, had suboptimal communication with healthcare providers as a result of language barrier and subpar interpreter services, didn't express their preferences	Interventions through patient-centered care, inclusive patient involvement and continuum of care. Interventions to improve communication and language barrier. Interventions through community involvement (Community programs).

					often and had less involvement in decision making.	
3	Felsenstein D. R. (2019). United States of America.	Providing Culturally Sensitive Nursing Care for Vulnerable Immigrant Populations.	To identify culturally sensitive nursing care considerations for vulnerable and undocumented immigrant communities.	Case study	Nurses should consider cultural, spiritual, religious and language factors when planning for family-, population-, and individual-centered care.	Interventions to enhance cultural knowledge (Cultural competence training). Interventions to improve communication and language barrier.
4	Hilgenberg, C., & Schlickau, J. (2002). United States of America.	Building transcultural knowledge through inter-collegiate collaboration.	To improve student's transcultural knowledge through	An experimental study	Knowledge was increased in among students who participated in the in-	Interventions to enhance cultural knowledge (Collaborative cultural learning).

			innovative collaboration.		tercollegiate programs, and they had a more in-depth understanding for culturally sensitive care.	
5	Jones, E., Lattof, S. R., & Coast, E. (2017). United Kingdom.	Interventions to provide culturally-appropriate maternity care services: factors affecting implementation.	To explore stakeholder perspectives and experiences regarding interventions to provide culturally competent maternity care. Examining barriers and facilitators to implementation.	Systematic literature review	Participation of the community is important in understanding the problem with the existing maternity services and providing possible solutions and interventions. Person-centered and respectful care should be at the	Interventions to enhance cultural knowledge (Cultural competence training). Interventions through patient-centered care, inclusive patient involvement and continuum of care.

			To examine how the effects of interventions are associated with care-seeking outcomes.		core of the interventions.	Interventions through community involvement (Community participation)
6	Origlia Ikhilor, P., Hasenberg, G., Kurth, E., Asefaw, F., Pehlke-Milde, J., & Cignacco, E. (2019). Switzerland.	Communication barriers in maternity care of allophone migrants: Experiences of women, healthcare professionals, and intercultural interpreters.	Describing the communication barriers allophone immigrant women face in maternity care from the perspectives of immigrant women, medical professionals, and cross-cultural interpreters.	Qualitative explorative study	Intercultural interpreting services are an important step in breaking communication barriers in the medical system. Healthcare practitioners need to develop their transcultural communication continuously.	Interventions to improve communication and language barrier. Interventions through community involvement (Community programs).

7	Park, M. S., & Kweon, Y. R. (2013). South Korea.	Effects of a Cultural Competence Promotion Program for Multicultural Maternity Nursing Care: Case-based Small Group Learning.	Investigating the impact of a program to improve the cultural competency of maternity nurses.	A quasi-experimental study	Cultural competence program is a useful intervention to improve multicultural nursing.	Interventions to enhance cultural knowledge (Cultural competence training).
8	Sami, J., Quack Lötscher, K. C., Eperon, I., Gonik, L., Martinez de Tejada, B., Epiney, M., & Schmidt, N. C. (2019). Switzerland.	Giving birth in Switzerland: a qualitative study exploring migrant women's experiences during pregnancy and childbirth in Geneva and Zurich using focus groups.	To explore the experiences of migrants in the maternal health services in University Hospitals of Geneva and Zurich. To investigate the experiences of immigrants in maternal health services at Geneva University Hospital and Zurich University Hospital.	Qualitative study	Structural adaptation is vital in order to meet the needs of a diverse society, including cultural competence training programs, availability of trained interpreters, the provision of information material in multiple languages and the	Interventions to enhance cultural knowledge (Cultural competence training). Interventions to improve communication and language barrier. Interventions through community involvement (Community programs).

			To describe barriers to maternity services.		availability of trained nurses to guide migrants through the health system.	
9	Smit, E. M., & Tremethick, M. J. (2013). United States of America.	Development of an international interdisciplinary course: a strategy to promote cultural competence and collaboration.	To describe the development, implementation, and outcomes of an interdisciplinary cultural immersion program that provided participants with an opportunity to learn about the similarities and differences between participants with different career paths, while	Qualitative study	The interdisciplinary course improved the students' cultural competence. The students gained different perspectives on nursing and community health.	Interventions to enhance cultural knowledge (Cultural competence training and Collaborative cultural learning).

			immersing them in another culture.			
10	Sustano T., (2018). Indonesia.	Public Health Nurse Services for Maternal-Child Immigrant Healthcare: A Literature Review.	Examining the impact of regulatory complexity and restrictive policies on the accessibility of health services, particularly child and maternal health care, for immigrants.	Literature review	Barriers exist in the provision of child and healthcare services to immigrants and interventions should be implemented to improve the competence of public health nurses.	Interventions to enhance cultural knowledge (Cultural competence training). Interventions through patient-centered care, inclusive patient involvement and continuum of care. Interventions to improve communication and language barrier. Interventions through community involvement (Community programs).

11	Squires A. (2017). United States of America.	Evidence-based approaches to breaking down language barriers.	To provide infor- mation on the lan- guage barriers be- tween nurses and patients and to give strategies that will close the existing gaps.	Literature review	The practice- based strategies that can be used to improve com- munication be- tween nurses and patients that will improve patient outcomes and re- duce the readmis- sion of patients.	Interventions to improve communication and lan- guage barrier.
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Appendix 3. Quality of Articles

Table 6 Quality of Articles

Author	Abstract/Title	Introduction and aims	Methods and data	Sampling	Data analysis	Ethics and bias	Results	Transferability or generalizability	Implications and usefulness	Total
Coast <i>et al.</i> , 2016	4	5	4	5	5	5	5	5	5	43
De Freitas <i>et al.</i> , 2020	5	5	4	4	5	4	5	5	4	41
Felsenstein <i>et al.</i> , 2019	5	4	4	4	5	5	5	4	4	41
Hilgenberg <i>et al.</i> , 2002	4	4	4	4	3	4	5	5	5	40
Jones <i>et al.</i> , 2017	5	5	5	4	4	5	5	5	5	43
Origlia Ikhilor <i>et al.</i> , 2019	5	4	5	4	4	5	5	5	5	42
Park <i>et al.</i> , 2013	5	5	5	4	4	5	4	5	5	42

Sami <i>et al.</i> , 2019	5	4	4	5	5	5	5	5	5	43
Smit <i>et al.</i> , 2013	5	4	5	5	5	4	5	5	4	42
Sustano <i>et al.</i> , 2018	5	5	5	5	4	4	5	5	5	43
Squires, 2017.	5	4	4	5	5	5	4	5	5	42