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# Trust in the relationship between nurses and foreign patients: A Literature Study

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**Abstract**

Global migration is increasingly noticeable throughout the years, and it is impossible to ignore. The increase in immigration leads to a growth in demand for multicultural healthcare. Cultural care often mentioned while talking about providing health care for the patient with different background. Trust, therefore, is essential in the relationship between nurse and patient. The thesis aims to understand the effect of trust between nurses and foreign patients, leading to trusty care. The author also seeks to explore the roles of nurses while providing trusty care for foreigners.

The thesis's research method is a literature study with a qualitative approach to content analysis. The author chooses to use a literature review on 11 different articles. The articles were selected carefully based on data collection requirements, including exclusive and inclusive criteria.

The result shows that the nurse acts in different roles throughout stages of care, and trust is present in all phases. The results also show that specific aspects influence the trust in the relationship of the nurse-foreign patient. The main finding in this thesis is the language barrier and diversity in beliefs. Language barriers affect more refugees and asylum seekers than immigrants as immigrants come to the native country for job and study purpose; meanwhile, diverse belief needs to be approached with respect and awareness.

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Language: English Keywords: trusty care, nurse-patient relationship, transcultural care, foreign patient.

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# 1. Introduction

Every day, people worldwide make difficult decisions to leave their country searching for jobs and better lives: migrants. The most considerable discussion on migration is the number. In 2020, the estimated amount of global migration was around 281 million, equating to 3,6 percent of the global population (UN migration, 2020). Over the years, the estimation of international migrants has increased. The comparison gives 128 million migrants more than the statistic in 1990 and three times the statistic in 1970 (UN migration, 2020). The long-term growing evidence on migration in history demonstrates that immigration plays a significant role in global economics, social health, and politics. Europe and North America are two continents that host the most migrants globally, where the statistic of migrants takes 12-16 percent of the total population (UN migration, 2020).

According to the Finnish immigration service, Migri, in 2020, the foreigner comes to Finland to work, living and study. The number has been affected by the Covid-19 situation as the number of applications is decreased compared to the previous year. However, there is an increase in granting resident permits for the essential worker and prolong staying visa for the seasonal worker (Migri, 2021). The age range is from 0-65 years, and the number of men is slightly more than the number of women (Migri, 2021). According to the statistics of UN migration that was taken in January 2021, the total number of migrants in Finland is about 300 000, which made it 7 percent of the total population.

The increase in migration globally leads to a growth in demand for multicultural healthcare. Cultural care is often mentioned while talking about providing health care for the patient with different background. Providing healthcare to foreigners is considered a countless conflict since it predicates cultural misunderstanding (Spector, 2010). Since culture is different from each human being, the misconception will be unique within healthcare delivered (Spector, 2010). In researching experiences with caring for foreigners, Sandhu defines the difficulty in developing trust as one of the problems for nurses when providing healthcare for a foreigner. Sandhu also describes the factors that lead to this problem: the language barrier, misunderstanding, and cultural differences. The researchers indicate a big chance that those patients' diagnoses will be unclear, and sometimes it will lead to complications.

Peplau indicated to create a general relationship between two human beings does have many challenges. It is interesting to see how certain factors influence the relationship between two

people with different backgrounds. Trust is essential when it comes to health care and nursing relation. The presence of trust was reported as a factor in satisfying care. The lack of trust affects the relationship between nurse patients in general, but when it comes to providing care for foreigners, more challenges come to achieve the goals of providing good care. (Naess A, 2019).

# 2. Aim

This thesis aims to understand the factors that influence trust between nurses and foreign patients while seeking to explore the roles of the nurse while providing trusty care for the patient with different backgrounds.

## 2.1 Research Questions

Two research questions will be used as guidelines throughout the whole thesis:

1. What influences the trust in the relationship between the nurse and the foreigner patient?

2. What are the nurse's roles in providing trusty care for a foreigner?

# 3. Background

People left their country seeking for jobs, education, and better life. The terms used for each migrated group are confusing.

Immigrant is used to describing a person who comes to a different country permanently. Immigrants researched their destination, explored employment opportunities, and studied the language, but there are still complications in providing health care (Rescue Committee, 2021). An immigrant makes a conscious decision to leave his or her own country and move to a foreign country (Rescue Committee, 2021).

A refugee is someone who has been forced to leave their own country for a non-warning reason, for example, war, execution, and violence. On the other hand, asylum seeker is looking for international protection from danger in their own country. Asylum seekers need to apply for protection from the destinated country and meet the criteria to be covered with refugee protection. Therefore, not all of them will be recognized as refugees. Meanwhile,

immigrants choose to leave their country willingly, asylum seekers and refugees are forced to leave their own country (UN migration, 2020).

## 3.1 Definition and value of trust within healthcare.

According to the dictionary, trust is a charge of the duty imposed in faith or confidence of any relationship (Merriam-Webster, 2019). Trust is one of the leading roles within healthcare, the definition of trust has been interested in many theorists and researchers. Trust has been mentioned clearly within the different nursing theories of caring. The meaning of trust is shown in a lot of evidence throughout arguments, research, and various literature reviews (Eriksson and Nilsson 2008; Dinç and Gastmans 2011; Berg and Danielson 2007).

One article in the journal of "Nursing Inquiry" believes that caring requires nurses to establish trust toward the patient to provide fully satisfying healthcare. They also describe trust as an attitude, relying confidence on someone. They define trust as important as the nurse educators are responsible for ensuring nurses' perspective and knowledge to establish nurses' and patients' trust relationships. The process needs time to build up, and when established, the trust will grow bigger. (Dinç and Gastmans 2011)

Since trusting involves a certain amount of willingness, the nurse needs to be professional (Dinç and Gastmans 2011). Since the patient cannot meet their healthcare needs by themselves, therefore they have to trust and rely on the nurse to help them achieve those needs (Nortvedt 1998). This moment highlights the importance of trust in healthcare provision, especially for patients with different backgrounds. The trust between a nurse and a patient starts with a thought, where the patient entrusts their health to the nurse with the expectation of receiving satisfied care (Dinç and Gastmans 2011).

Trust has a normative value, which means that trust in every healthcare act will be related to an evaluating standard. Therefore, the meaning of trust will be evaluated based on how a healthcare provider gives good or inadequate care (Dinç and Gastmans 2011). On the other hand, the meaning of trust does have a normative value and contains a mechanism of the power relationship within nursing caring (Gilbert 2005). Carter describes trust as an intrinsic normative value. The meaning of trust stands for any acts of care, which is more fundamental than the duties to make a benefit. Carter believes that nobody would have a reason to take on any responsibilities in the first place without trust. Therefore, in creating

trust with the patient, the nurse must commit to helping each individual achieve the health goal to sustain their responsibilities, own value, and rights.

Trust is an essential element in improving patient's healthcare (Washington 1990; Johns 1996). This makes trust becomes one of the critical factors discovering and arguing by researchers: a trusty relationship between nurses and patients can help collect information necessary to correct nursing diagnosis (Washington 1990). The trust relationship between healthcare is present between patients and nurses and between colleagues in one healthcare team to provide great teamwork and make the care process effective (Peter and Moran 2011).

The outcome of trust becomes more positive or negative depending on the patients' expectations (Dinç and Gastmans 2011; De Raeve, 2002). The value of the trust has been told to be parallel with the morality of nurses. To become trustworthy, the nurse must show the nursing care character, show compromises capacities, and make a responsible assessment (Dinç and Gastmans 2011; Sellman 2006). Others can say that the value of trust in a healthcare relationship can include the nurses': compassion, honesty, ethical standard, responsibilities, rights, loyalty, confident decision making, and nursing skills (Dinç and Gastmans 2011; De Raeve 2002; Carter 2009; Crigger 2009).

## 3.2 Communication and difficulty in developing trust.

*"Good communication between healthcare provider and patients is essential for the successful outcome of individualized nursing care of each patient" (Kourkouta and Papathanasiou 2014).*

Communication in healthcare is vital in nursing practice to provide effective intervention, treatment, therapy, rehabilitation, education, and health promotion (Fakhr-Movahedi, Salsali, Negarandeh, Rahnavard 2011). Since the nurse is the primary health professional to interact with the patient, the correct diagnosis is needed to collect data and symptoms. In the interpersonal study, effective communication includes physical space, culture, social value, and psychological conditions (Verderber 1998). Contact not only indicates talking but also listening. The nurse needs to listen to the patient to understand and empathize. By communicating, the nurse creates a personal relationship with the patient. A good personal relationship will be made when the nurse knows how to ask questions with kindness and comfort to demonstrate interest and acceptance. A good personal relationship will also create

trust and a harmonious relationship between the nurse and the patient (Kourkouta and Papathanasiou 2014).

### 3.2.1 Language barrier

Since communication is the key in nursing practice, the lack of a common language will lead to many misunderstood nursing care and nursing diagnoses (Sandhu et al., 2012). Poor communication is the consequence of a language barrier (Gerrish, Chau, Sobowale, and Birks 2004). Without the common language, misunderstanding and bad communication will appear; therefore, trust will be difficult to create (Sandhu et al., 2012).

For patients with different backgrounds who have not got the opportunity to learn a different language yet, like refugees and asylum seekers, it is difficult for them to receive care instruction from the nurse in the host country due to the language barrier.

The language barrier is the first problem when it comes to communication. There can be that the nurse and patient have no common language or different dialects. In non-verbal communication, some gestures state different meanings in various areas globally, so using the wrong motion can also lead to misunderstanding (Bowen and Moissac, 2018).

### 3.2.2 Interpreter

Communication is defined as a transaction of messages (Kourkouta and Papathanasiou 2014). Therefore, if several factors affect the nurse and patient's communication as language barriers or difficulty speaking of hearing, there will be a third person involved: the interpreter. The use of interpreters can affect both positive and negative outcomes. To provide the solution to the language barrier, having access to the interpreter for patients with a foreign background provides nurses with a more precise assessment to communicate and nursing diagnosis. It is good to contact an interpreter when it comes to providing care to foreigners. Interpreters can affect the trust relationship between nurses and patients: non-professional interpreters as a family member or when it comes to sensitive topics such as contraception or incontinence (Gerrish, Chau, Sobowale and Birks 2004).

## 3.3 Different beliefs and difficulty in developing trust.

Different person has different beliefs and spiritual systems. The diverse belief systems will make a big challenge for healthcare provider through a complication in diagnosing,

misunderstanding, hard to diagnosing between symptoms and belief within mental health, and therefore make it difficult in the developing trust between nurses and patients (Sandhu et al. 2012)

### 3.3.1 Cultural belief

Culture does not have a universal definition, but people choose to believe that it is the ideas, customs, and social behavior of a particular human being or society (Cambridge dictionary, 2021). Culture is a collection of knowledge and experiences that one human being had been collected all through the lifetime or inherited from generations. Therefore, the culture of one human being can be changed through time (Bonney, 2004).

Cultural differences and cultural awareness are constantly being mentioned when discussing nursing practice for patients with a foreign background. Cultural diversity is one of the healthcare provider's challenges worldwide (Fatahi, Mattson, Lundgren, and Hellström, 2009). Every country has its own culture, and the healthcare provider needs to respect each patient's culture to create and maintain the patient's trust. Patients from different backgrounds tend to have difficulty developing confidence toward the healthcare provider from other countries (Sandhu et al., 2012).

Cultural differences tend to lead to misunderstanding and therefore develop complications while making a nursing diagnosis. The patient will not willingly trust the nurse who has less cultural awareness and respect toward the patient's culture. On the other hand, the patient who has different cultural backgrounds will not know and understand several illnesses, diseases, and symptoms (Sandhu et al. 2012).

One knows when to achieve cultural awareness is when there is an understanding of differences between themselves and people from different backgrounds. On the other hand, respect encompassed and developed a positive attitude toward different diverse stages and values. Developing cultural competencies and sensitivity means being aware of the similarity and differences and approaching them with acceptance and respect (Spector, 2010).

### 3.3.2 Religious belief

Religion is the connection of every individual living to the spiritual that is regarded as holistic. Religion acts to bring comfort when there is a matter between life and death. The

concept of religious belief and cultural belief seems to be quite similar but so different when it comes to practicality (Bonney, 2004). Religion is a belief in a superhuman or God and gods (Cambridge dictionary,2021).

Religion is a collection of cultural systems, belief systems connected to humanity, spirituality, and morals values. It is found in minors' groups: tribes and bigger groups: Christianity, Hinduism, and Buddhism. The practice in religion is shown in living life: art, tradition, worship, music, sacrifices, and health (Spector, 2010).

The belief in the spiritual dimensions has existed over centuries, and it has been influencing the identity, history, and the approach toward other religions (Woodhead and Catto, 2009). The growth in religious belief is strong within individuals, and it can lead to a declaration of the different kinds of care (Spector 2010). The patient who has diverse religious background can declare the type of healthcare since they do not trust the new system. Since there will be no engagement, there will be no restorative care (Spector. 2010).

In nursing care, the nurse is taking care of the physical health of the patient and holistic. When there is a patient with different religion, there will be a big challenge for the nurse, and if the nurse approaches the differences the wrong way, there will be a disaster. Since the belief is strong and there is a presence of bias, the patient will not trust the healthcare system of the native country. One cannot change the belief of one other (Spector, 2010). Develop religious competencies for the nurse when it comes to providing care for this type of patient. Religion competencies do not require the nurse to know all the religions, be aware of the differences and similarities, and understand and approach the differences with respect (Psychiatric Times, 2021).

# 4. Theoretical Framework

In this chapter, two theories are chosen to help the author understand the challenges in providing care for foreign patients. The author chooses Peplau's theory of interpersonal relationship to understand the nurse's role in the nurse-patient relationship, therefore comparing the differences where there is a patient with different background. The second theory is Leininger's transcultural theory. The author chooses this theory to explore the aspects influencing the nurse's care to diverse backgrounds.

## 4.1 Peplau's Theory of Interpersonal relationship

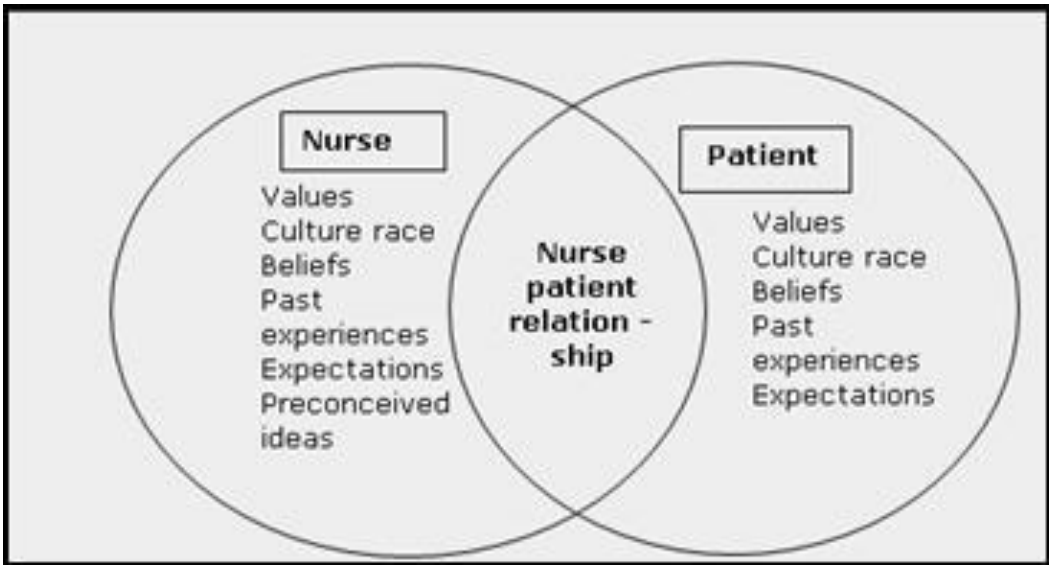
The theory of Interpersonal Relations of Peplau is considered a middle-range theory, which indicates nursing's purpose, which is to help others indent their difficulties. (Farlex 2009).

Peplau defined nursing as a significant therapeutic interpersonal process. Its function is to cooperate with other humans to make health possible for individuals in communities (Peplau, 1988: as cited by Sitzman and Eichelberger, 2017). She believes that it is essential for nurses to interact with the patient because the relationship between the nurse and the patient is therapeutic. Therefore, nurses can be beneficial to human beings. (Fawcett, 2010).

In the interpersonal relationship theory, she discovered that nurses act in different roles, presented throughout four sequential phases (Sitzman and Eichelberger, 2017).

### 4.1.1 Orientation phase

The orientation phase is when the nurse starts to meet the patient. In this phase, the nurse's role will be identified as a stranger, which means that the nurse will receive the client in the same way one meets a stranger in other life situations provides an accepting climate that builds trust (Peplau 2004). Trust-building is very important at this phase since both nurse and patient are strangers, but some factors can influence building trust in this nurse-patient relation.




**Picture 1: Factors influencing orientation phase.**

Nurses and patients are two different individuals with different values, cultural care, belief, past experiences, and expectations. The nurse-patient relationship can form where the

differences of the two different human beings meet and immerge with understanding, respect, and Trust (Peplau 2004).

### 4.1.1 Identification phase

During this phase, the patient has met the nurse several times before, and maintaining trust is essential since most of the nurse-patient relationship will occur here. In this phase, the nurse will act as a resource person who provides information and understanding needed and diagnosis and planning (Senn 2013).

In the identification phase, the nurse needs to use their knowledge, skills, education to help the patient. In this period, the patient will start identifying the nurse as consistently helping, providing care, and empathy. The patient begins to have a feeling of belonging and a capability of dealing with the problem, which decreases the feeling of helplessness and hopelessness (Peplau,1991). The trust will start rising or falling depends on how the nurse performs or how the patient identifies the nurse (Senn 2013). An effective care plan will be made based on the patient's health situation and goals (Sitzman and Eichelberger, 2017).

### 4.1.2 Exploitation phase

In the exploitation phase, the patient will make many requests to gain attention since the nurse's advantage is based on the need and interest of the patient. During this phase, the nurse will lose trust from the patient if they ignore the patient's minor request. Therefore, the nurse must use interview techniques, such as interviews, to explore and understand the patient. The nurse also needs to be aware of different complications, like cultural differences and language barriers, while communicating with the patient. The nurse needs to provide and help the patient reach their health goals (Sitzman and Eichelberger, 2017). The nurse is now acting as a counselor and help the progress of stepping forward to the final step (Sitzman and Eichelberger, 2017)

### 4.1.3 Resolution phase

The last phase of Peplau's theory of interpersonal relations is the resolution phase. In this phase, the nurse and the patient's relationship has been through a long time of collaboration. The last phase is indicated that the patient and the nurse must serve and dissolve the ties between them. It is difficult because psychological dependence still exists, and the relationship still contains emotion. The best way to break this connection is that both the

nurse and patient become mature individuals and willingly leave this relationship. This phase indicates the nursing process's evaluation, and the assessment is based on the patient's health situation and the achievable goal (Sitzman and Eichelberger, 2017).

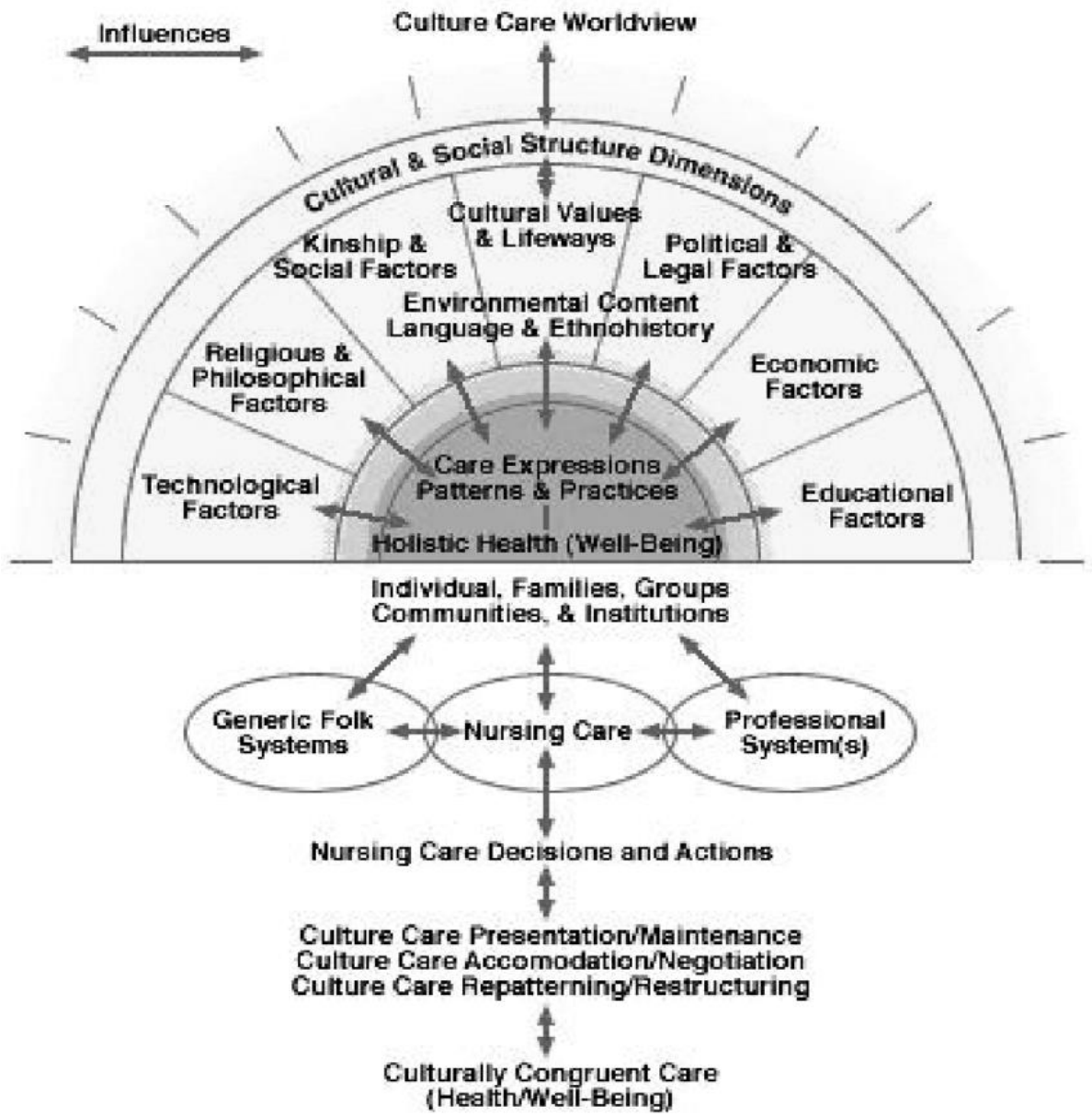
## 4.2 Madeleine Leininger's Transcultural Nursing Theory

The transcultural nursing theory of Leininger provides culturally congruent nursing care through different perspectives which will be shown in the sunrise model, as beliefs, lives ways, institution's cultural values and more" ( Gonzalo, 2021).

Leininger describes care and caring as essential for humans' survival, and nursing has a central purpose of serving human beings' health. She also mentions that nurses and patients with different backgrounds are affected by various factors such as values, beliefs, culture, and more (Gonzalo, 2021). Trust is a critical element in improving patient's healthcare (Washington 1990; Johns 1996). Therefore, trust in nurses and patients with different cultural backgrounds is essential to good health (Gonzalo, 2021).

Leininger wants to focus on making nursing care fit and have beneficial meaning and health outcomes for people with different cultural backgrounds. With the idea, she developed a Sunrise model, demonstrating the interrelationship of the concept of culture care ( Gonzalo, 2021).

The sunrise model is used to show the components of cultural care diversity and university. The model explains that each culture contains a culture care worldview, cultural and social structure dimension, learning through the environment, language, and practice context. These contexts include technological factors, religious factors, social factors, cultural values, politics, economics, and education. Care expression and well-being of each individual, family, group, and community will influence the above factors. The factors that affect each human being will be considered in different systems: generic folk system, professional system, and nursing care. Therefore, the nursing care decision and action will be affected by culture care presentation, accommodation, and repatterning to provide culturally congruent care (Alligood., 2018).




**Picture 2: Sunrise model. Leininger 2002 (Alligood A. R., 2018)**

The model shapes as a rising sun which represents care. In the first upper half of the circle, the model depicts the social structure and world view factors that influence care and health through language and environment. These factors will then control the lower part of the circle where generic folk systems, nursing care, and professional system. Nursing care acts as a bridge between the generic folk system and the professional system. It then leads them through the three types of nursing care and actions: Cultural care presentation, cultural care accommodation, and culture care repatterning. All the two parts of the model will form a full sun, representing the culture universal of care that the nurse needs to consider (Alligood, 2018).

Cultural care presentation is also known as the action of maintaining. In this mode, the factors included are assistive, supporting, facilitative, enabling professional activities, and decisions that will help the people in a particular culture to preserve the care value so that they can maintain their well-being (Leininger, 1991). Cultural care accommodation, known as negotiation, is the mode of nursing where all the possible care factors consider helping a person of a designated culture adapt or negotiate the possible beneficial health with the professional care provider. Cultural care repatterning or restructuring is where a change to accept the new lifeway leads to different but beneficial health. In this nursing care mode, the person later will develop respect and understanding toward the diverse culture (Leininger, 1991).

# 5. Methodology

The method of this thesis is a systematic literature review with a qualitative approach. The information will be received through review from different articles and objectively analysis (Hammarberg, Kirkman and Lacey, 2016)

## 5.1 Literature Study

The literature review is a method where studies articles have been screen and overview on the current topic. In this case, these articles will be about the trust in the relationship between nurses and foreign patients. This method allows identifying relevant theories, methods, and gaps existing in further research. To follow this method, the author will collect, evaluate, and analyze the data from journal articles relevant to the thesis topic (McCombes, 2019)

The method will provide an overview of the thesis topic's current state and allow the author to identify and compare different sources while collecting various articles. (McCombes, 2019).

## 5.2 Data collection

Since the literature review will give an extensive range of resources to choose from, the information will be too broad. To collect specific and accurate data, the author decides the articles and materials through several criteria. The criteria are divided into two groups: inclusion and exclusion. Inclusion criteria are everything that a paper must have to be used

in the thesis. Exclusion criteria will include the factors that make the articles ineligible for the study (Marczyk. 2005).

**Table 1**: Inclusion and Exclusion criteria's

| Inclusion | Exclusion |
|---|---|
| Language of the article: English | Non-English article |
| Scientific article with a qualitative approach | Non-scientific article with another approach |
| Articles with full text to accesses | Articles with abstract |
| The year between 2009 and 2021 | Years which are older than ten years |

Using the inclusive and exclusive criteria protocol minimizes the risk of bias, increases transparency, and ensures uniformity (Marczyk. 2005).

For this thesis, the inclusion and exclusion criteria will be included in the article's language, the type of articles, the years of publication, and if the article can access the full text. The reports must be conducted in English, so there is no need for translation. In the article, the nurses and the patient must have different cultural backgrounds and language barriers because the thesis aims to determine the factors that affect the relationship between nurses and immigrant patients. The nurse will be a person from the native country who has the same culture and language background as the majority; meanwhile, the patient is unfamiliar and has different cultures and language backgrounds. The publishing year will be between 2009 and 2021 because the author wants to have articles in a specific time zone. Since 2009 is not too far away from our current time zone so the healthcare system will not change much (Marczyk. 2005).

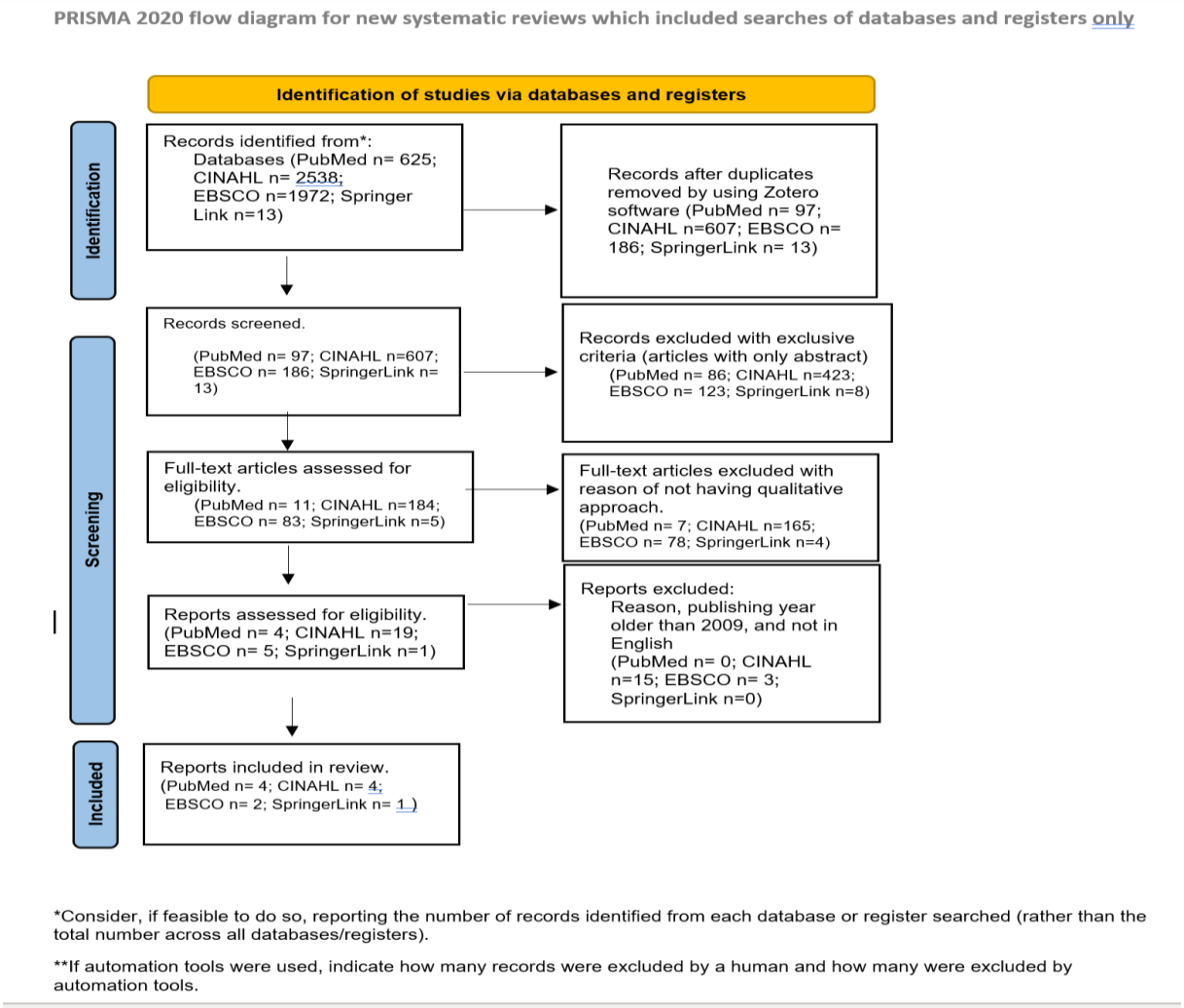
Journal articles are used from different nursing databases: PubMed, CINAHL, Med-Line, and Springer Link. Collecting data from other databases provides the author an open option to find more articles with different perspectives about the current study.

Since there are many articles after selecting exclusive and inclusive criteria, a PRISMA chart is chosen to narrow down the number of papers used for the thesis. PRISMA stands for

preferred reporting items for systematic reviews and meta-analyses. The charts are aiming to help the author to improve the reporting of a systematic review. The PRISMA statement consists of a checklist in which divided into four phases flow diagram. Nine steps will show although the chart stage: Preparation, Doing the database search, additional source, remove all duplicates, screening, eligibility, records excluded and included. Since the author chooses to find the material in four different databases, the Prisma flow will be screened through all the databases to produce the number of articles included in the thesis. The PRISMA chart allows the author to limit articles' duplication and get a specific number of valuable articles for the thesis (PRISMA, 2015).

The author produces the PRISMA chart below after screening the databases through all the four stages flow diagrams. Move along the chart; the more going low, the lesser the article will be.

**Table 2:** The PRISMA chart



In the identification stage, the article is identified through the databases, where n stands for the number of articles founded. The number of identified is found by using the keywords in each database. The keyword is used to search for the articles. The keyword is combined in different combinations using the boolean operator AND. Later the number of articles is reduced by using a systematic and reasonable excluded screening. The reason for removal is based on table 1, where there are inclusive and exclusive criteria (Page, Moher, Bossuyt, 2020)

**Table 3**: Number of articles are used in the thesis.

| Databases | Keywords/Search words | Years | Choose for the thesis study |
|---|---|---|---|
| **PubMed** | Trust, nurse and patient relation, foreigner, transcultural | 2009-2021 | 4 |
| **CINAHL** | Trust, nurse and patient relation, foreigner, transcultural | 2009-2021 | 4 |
| **Med-Line** | Trust, nurse and patient relation, foreigner, transcultural | 2009-2021 | 2 |
| **Springer Link** | Trust, nurse and patient relation, foreigner, transcultural | 2009-2021 | 1 |

This table shows the number of articles is included in this thesis. In the first column are the databases. The author chooses to use four different databases: PubMed, CINAHL, Med-Line, and Springer Link. The next column is the keywords used to search the article. Using the keywords, the author can easily find the article with the same topic and link to this thesis topic. The third column is the years. The author chooses the year between 2009-2020 because they are not too old, and the healthcare system will not change much. The protocol is in the criteria for excluded and included (table 1). The last column is the number of articles chosen to use in this thesis. After the PRISMA flow diagram, the author got four articles

from PubMed, four articles from CINAHL, two articles from Med-Line, and one article from Springer Link. The total number of the article using in this thesis is eleven articles.

## 5.3 Data analyses

Content analyses are chosen in this thesis. Content analysis is a research method where documents, cultural products, and media were analyzed and interpreted by words. The work will look at how the materials are used. It is observational, narrative, and relies less on the experimental elements normally associated with scientific research (reliability, validity, and generalizability) (from Ethnography, Observational Research, and Narrative Inquiry, 1994-2012) (Polit and Beck, 2010).

In this thesis, there are 11 articles will be analyzed. The finding will be divided into categories and sub-categories. The method of content analyses will provide a comparison between the materials. Therefore, allow the author to see the similarities and explore the differences connected to the thesis topics (Bengtsson, 2016).

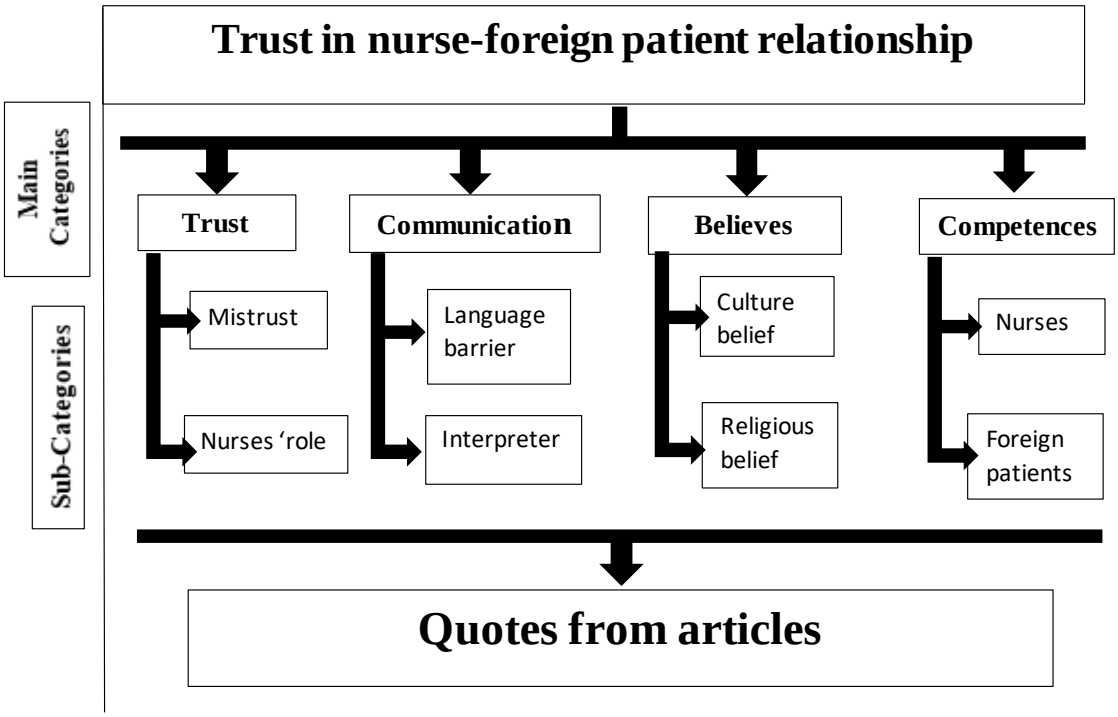
## 5.4 Ethical Consideration

In a literature review, ethics is considered to show respect to the authors of the works on which the thesis is based on. Ethical consideration will help to raise the standard research and avoid replicator of errors. Several ethical considerations need to take into account. Avoid plagiarism and self-plagiarism and cite the source of the works that the thesis is based on. To avoid bias, also consider articles with a good point of view. To avoid misunderstanding the author's argument by reading the material several times and taking time to understand it (Polit and Beck, 2010; tenk.fi, 2021).

# 6. Result.

In this chapter, the result will be presented. The table below shows the data that the author has collected with ethical consideration from the materials. The materials can be found in appendix 1, where there is the name of articles, year of publication, author, method, and quotes.

Table 3: The result




After collecting the data from different articles, the author will put them into a table of categories by using content analyses. The table's main topic is the Nurse-Immigrant patient relationship, and the topic will be divided into four different main categories: Trust, Communication, Believes, and Competences. The four main categories will later be divided into detailed subcategories: Mistrust, nurses' roles, language barrier, interpreter, religious belief, cultural belief, nurses point of views, and foreign patients' point of views.

## 6.1 Trust

Trust is an essential factor in the act of creating a relationship between two people. The challenges of creating trust presences in every human being. In healthcare, to create trusty care, the nurse is required to keep a trusty relationship with the patient. If the patient and the

nurse have a different background, there will be several factor influencings, and mistrust seems to be easier to present in this relationship (Johnstone, 2018).

### 6.1.1 Mistrust

*"Trust not regarded as in empty, superficial affiliation, but as fundamentally involving their giving something of themselves in the relationship" (Johnstone, 2018)*

It is not difficult to create trust but to keep it is hard. As trust is shown in Peplau's interpersonal relationship phases and therefore indicated as one of the most important reasons, that leads to a happy relationship and care. Although Peplau's stages, the theory describes that trust-building must be worked on all the time to maintain it. Different factors are mentioned when it comes to the building or keeping of Trust: Language, culture, and belief. According to the interpersonal relationship of Peplau and the result from the articles, the finding shows that when there is no fundamental understanding, respect, and communication, a decline of trust will happen. Fostering of Trust is suggested to keep the faith (Johnstone M.J et al. 2018).

The founding also shows that mistrust can lead to a severe healthcare problem since the factors that lead to mistrust are language, culture, and belief. The patients have not got the type of care they expected, or the nurses cannot give a quality care. Social determinants and the factors that lead to mistrust lead to misunderstanding and low healthcare satisfaction.

### 6.1.2 Nurses´ roles

*´´ We do not have time to socialize with our patients. It is the nurses who have more time to communicate and interact with the patient ´´ (Kallakorpi, 2018)*

The nurse is known to be the one who first interacts with the patient in the process of care. The nurses´ job is to collect information, acting as a bridge between doctor and patient: explain diagnoses, processes, and giving nursing care. The nurse and the patient will spend a great time together throughout the process of assessment and care. Any changes with the patient's condition; the nurse will be the first who noticed and put things into action (Butler, 2018). Therefore, the nurse needs to keep a good relationship with the patient to provide good care.

The nurse also acts as an educator because one of theirs job is to educate the patient about their condition and the care process. There must be trust in the relationship of nurse and

patient. If the patient is a foreigner, it is a challenge for the nurses to give trusty care. Factors influenced by language barriers, diverse cultures, and religion hinder the nurses from performing their tasks.

The nurses´ roles in giving trusty care for a foreigner patient are required to be open and flexible. To develop trust in the relationship of two diverse background person, education about the differences, respect, and awareness are required (Kallakorpi, 2018).

### 6.2 Communication

Communication in a medical encounter is a complex issue. The complexity increases even more where the healthcare provider and patient speak different languages, share diverse value systems, and come from different backgrounds. Trust, therefore, is challenging to build, when the two people are not able to communicate. Earlier in this thesis, there is a different group of migrants: refugee, asylum seeker, and immigrant, the problem of communication is slightly affected immigrant patient, but is a big concern when it comes to refugee and asylum seekers (Degni, 2011).

#### 6.2.1 Language barrier

*"The development of trust was seen as integral to open an honest communication in any therapeutic relationship" (Sandhu et al. 2011)*

*"Language barrier is the first thing that comes up in the study of relationship since communication is key" (Eklöf et al. 2014)*

The study results that communication is the key to a relationship. Since the work shows that trust is difficult to create between people who have different languages, misunderstood is present. Communication indicates talking and listening, and the information can be delivered and understood differently (Eknöf, 2014).

A decline in trust can be build up when a person does not understand what is being communicated. Therefore, the person will automatically not be sharing his/her information. In the case of foreigner who have different languages than the native country nurse, the misunderstanding will lead to a huge mislead toward the health assessment and play a significant role in healthcare quality (Eknöf, 2014).

### 6.2.2 Interpreter

*"Even though the decision to use an interpreter should be based on the right of the patient, it is challenged to create the relation between nurses and patients because of some complication" (Eklöf N et al. 2014)*

*"The nurses need to trust the interpreter since he/she is the only language link between them" (Eknöf N., 2014)*

*"The use of an interpreter can be ethical and problematical since it has to do with decision making" (Eknöf N., 2014)*

The language barrier is mentioned as a factor in the misunderstanding and difficulty in communication. An interpreter is one of the solutions that can be named and used a lot in healthcare. This solution aims for the nurse and patient to understand each other and avoid chances that lead to misunderstanding. The interpreter is the middle person to transfer the information. The interpreter acts as a bridge between the nurse and the patient. When there is another person in the conversation, the patient must trust both the interpreter and the nurse. The quality of the communication in the situation with language barriers depends on the interpreter's comprehension (Eknöf, 2014).

The patient prefers family members as an interpreter because they find it easy to trust them (Eknöf , 2014). The problem for relatives, children, or friends as an interpreter is that they will lack knowledge in medical terms. Poor language skills can lead to mistranslation and affect the relationship building between nurses and patients. A child is considered immature to carry such responsibility as an interpreter for parents (Eknöf, 2014).

The question about ethics when it comes to the independence of the interpreter is unraveling. The patient has the right to choose yes or no to the use of an interpreter, but there is an ethical problem, putting the patient in an unequal position. In some cases, there are not many other choices than using an interpreter. In other cases, the patient's privacy will be revealed to a stranger: the interpreter, who makes this solution unethical.

### 6.3 Believes

The diversity in believes in the health care system can hinder the diagnoses and create conflict with healthcare practitioners. The expectation of treatment and biases lead to complications in healthcare. Trust is difficult to be created where there is conflict in the way of treatment and consultation. Strong believe approached with disrespect, and there will be no trust created (Walton, 2011).

#### 6.3.1 Cultural believes

*"Culture and linguistic barriers have a large impact on how a patient responds to the illness or clinical situation." (Fatahi, 2009)*

*"Divergent belief systems between practitioners and patients with different background have the potential to influence not the only interpretation of symptom, but also the expectation of treatment, further complication diagnosis as a consequence." (Naess, 2019)*

The same as the language barrier, diverse beliefs bring a significant impact on the nurse-patient relationship. In this thesis, the target group of patients comes from different backgrounds. The diversity in the culture of this patient group will bring a significant challenge to the nurse. Patients from different backgrounds tend to have a different way of diagnosing and treating health; this group of patients will not trust the diagnosis made by the host country healthcare.

The patient will not trust the host country's healthcare system because the belief of his/her country's healthcare is vital. The bias toward an individual healthcare system will affect the trust of the patient and the nurse. In some psychotic illness cases, culture belief pressure can lead the patient to decline treatment from the host country´s healthcare. When it comes to a group of refugee and asylum seekers, the expectation and traumatic experiences will affect the trust in healthcare.

#### 6.3.2 Religious believes

*´´Emphasize the problem of mistrust ibn nurse-patient relationship can be named as cultural factors, language, and religious congruence and those can be identified as factor provides the basic fostering trust´´ (Johnstone, 2018)*

Patients from different religious beliefs in a different way of treating health. The patient has a strong belief and bias toward the way of care in their own religion, which will lead to a conflict in consultation and nursing diagnosis in the healthcare system of the native country. For example: The Hmong and their belief in shaman, different awareness for mental health, or the awareness of lactose intolerance in various areas in the world. (WHO, 2021).

There will be a declaration of receiving care from the host country healthcare system where there is no trust from the patient. Another example to show that diverse religious beliefs can cause complication to create trust in health can be named the acceptance of blood transfusion and vaccination. Jehovah´s witnesses has strong prohibited against blood transfusion and vaccination. If the nurses approach this type of patient with forceful care, the patient will feel disrespect (Swihart, Naga and Martin, 2021). Therefore, if religious belief does not interact with respect, there will be conflict, and no trust will be created in the relationship.

### 6.4 Competences

*"Cultural competencies is an ongoing process requiring more than formal knowledge." (Easterby, 2012)*

*"Cultural competencies teaching at school and globally experiences can promote the increase of cultural awareness" (Walton, 2011)*

*"Cultural competence training studies do not usually include the full cultural understanding of healthcare professionals because it does not focus on individual beliefs." (Walton, 2011)*

There are so many cultural backgrounds and so many beliefs, and it is difficult for one living to know all of them. If patients and nurses come from different countries, the diversity in cultures and religions is not exceptional. Trust is a firm belief in the reliability, truth, or ability of someone or something. In this thesis, we find that trust is essential in healthcare because there is a risk for the patient who is reliant on the competence and intentions of the healthcare professional. We also find a lack of cultural respect and competencies among the factor: the difficulty of communicate, different cultures and beliefs, a deficiency of trust between healthcare providers and patients with diverse backgrounds. As mentioned above, knowing all the cultures is complex but too aware of them is required (Walton, 2011).

### 6.4.1 Nurses

As nurses, it is needed to respect the cultural background of the patient. It is also required to be open and flexible when building trust in the nurse-patient relationship. In this thesis, where the patient has a different background, cultural awareness is needed to build trust. On the other hand, having cultural awareness, cultural competencies, and cultural sensitivity education will prepare future nurses for cultural diversity in healthcare. Culture competency training usually increases healthcare professionals' competencies, but it does not cover every individual belief. With cultural study at school and global experience, the nurse can be able to increase the cultural competencies and sensitivity (Fatahi, 2009)

### 6.4.2 Foreign patients

To create a relationship, two or more people must develop cultural sensitivity (Cambridge dictionary). The foreigner patient also needs to respect the host country's culture for the trust-building to grow in the nurse-patient relationship. As cultural competencies are an ongoing process requiring knowledge, the nurse is not the only person who needs to develop cultural sensitivity. As the nurse is required to approach the foreign patient with respect, the patient also needs to respect the host country's healthcare system in order for the trust to grow in the relationship of the nurse-patient (Easterby, 2012).

# 7. Discussion

From the finding, the articles' information supports that trust is needed to create a relationship from one to another, especially in health care, trust is essential.

## 7.1 Discussion in relation to theory and background.

Peplau discovered that nurses act in different roles when it comes to interaction with the patient; therefore, trust in the relation between nurse and patient will be differed from time to time. She also described that nurses and patients are two different human beings with different values. A quality trust in the relationship will be created where the differences meet and immerge with understanding, respect, and Trust (Peplau, 1988).

In the theory of interpersonal relationships, Peplau indicates that nursing practice is a long interpersonal process. In each stage of the process, the nurse will be faced different challenges (Sitzmann and Eicchelberger, 2017). Peplau's sequential phases of creating an interpersonal relationship, communication, and respect are keys to building trust. The language barrier is the reason for unsatisfied contact. If the nurse and patient have a different language, it is difficult for them to communicate and understand each other. Therefore, no information has been passed, and no trust has been created. It is good to be aware of the complication, differences and be ready to accept and respect them (Petiprin, 2016).

In Peplau's interpersonal relationship theory, orientation phase, the nurse and patient are described as a stranger toward each other. In this phase, it is essential to have an awareness of the differences. Both nurses and patients need to be careful and slow in the relationship for the trust to grow (Peplau, 1988). In the subsequent two phases: identification and exploitation, the nurses, will act more as counselors to use their knowledge and skills to advise the patient. In this case, communication takes more of the part, and the language barrier is an inhibitor. Together with empathy from the nurse, listening and understanding will promote building trust (Petiprin, 2016).

On the other hand, Madeleine Leininger has long expected the difficulty in nursing care for a patient with diverse backgrounds. She predicted the elements that will influence the quality of care for various background patients and make a model to demonstrate the interrelationship concept of culture care (Gonzalo, 2019). In the Sunrise model, Leininger shows that the general picture of culture is based on the knowledge about individuals, families, groups, communities, and institutions to influence diverse healthcare systems. The individuals mentioned in the Sunrise model, such as religion, economic, cultural values, language, and ethnohistory, influences the nursing care decisions and actions. Moving down the model, there are three modes of nursing care decisions and actions. These modes are where the nursing care is delivered and will influence the quality of the care. The ways of nursing care, offer the steps that are needed in trust-building in a nurse-patient relationship. The actions are maintenance, negotiation, and restructure (Leininger 1991) as the whole activity of emerging yourself into a different culture is time-consuming. The nurses and patients need to take time to learn about each other with respect and understanding.

The value of trust does go parallel with the morality of nurses. To become trustworthy, the nurse must show the character where the nursing care presence, show compromising capacities and make a responsible assessment (Dinç and Gasman’s 2011; Sellman 2006).

The thesis has shown that the aspects that influence the trust in nurse-foreign patient relation are mainly diverse in languages and beliefs. There is no real solution to solve these problems, but there are valuable recommendations.

Differences in languages will be solved when there is a mutual language between the nurse and patient. An immigrant is a person who comes to live permanently in a foreign country (Rescue,2020). Immigrants come to a foreign country for a reason of study and job. Therefore, they will have great knowledge about the global language: English, therefore the language barrier is not the challenge for this type of foreigner. The longer time the immigrants live in the host country, the more adept they will be. The immigrants will later be able to learn the native language, and as generations pass, the immigrants will be able to speak the native language fluently. When it comes to this period, there will be no language barrier problem (Sandhu et al., 2012).

The language barrier is a concern for refugees and asylum seekers. This group of foreigners is forced to leave their country because of war and unexpected disasters. Therefore, the first challenge for this type of patient is first mentioned as language barrier. Communication is difficult when it comes to this type of patient. The diversity in language can prohibit communication between the nurse and this foreign patient. On the other hand, trauma, previous experiences, and the fear of sending back to their country will also prohibit refugee and asylum seekers from trusting the host country´s nurse (Verderber 1998).

As mentioned, the interpreter can be an excellent solution to the problem of the language barrier. There are still many problems that come along with the interpreter. The main problem-focused in this thesis is: ethical. The conversation between the nurse and patient will not remain private when there is a third person: an interpreter. Ethics also comes when patients use children as interpreters. The child is too young to carry such big responsibility, and the child does not translate appropriately. The family member will be so cast in the case of lack of medical terms when translating. Even though there is a list against the use of an interpreter, we cannot decline that interpreter does somehow to solve the language problem. The nurse must ask for the patient's permission before using an interpreter and choose the interpreter professionally. When the patients wish to have family members be their interpreter, check with the patient if they can translate. Gesture language can be helpful. As a nurse, when it comes to the interpreter's presence, we need to remember that we need to interact and communicate with the patient not to feel left out from the conversation. The

interaction between humans and humans is verbal and non-verbal, such as facial expression, gesture, proximity, touch, eye contact, and appearance (Stanley and Curtis, 2002).

The concern about diversity in beliefs is challenging in both practical and holistic ways. Cultural believes can be differed and changed from individuals. It is challenging to know all the culture since there is a lot of them. It is also difficult to change one human being's belief. Cultural awareness and cultural competence are needed in now time healthcare. By achieving cultural awareness and cultural competence, the nurse can respect the diversity of culture and religion. The nurse can also use perceiving one's cultural background to increase one's understanding of other cultures (Spector, 2010).

On the other hand, the nurse can be open and patient to ask the patient about their values and beliefs instead of assuming. To increase cultural competencies, the nurse can show interest in different cultures, reflect on the effect and significance of cultural background and personal attitude. The nurse, later on, can develop the courage to encounter the patient as an individual rather than representative of a particular culture (Sandhu et al. 2012).

Religious belief is more complicated as this type of belief is rotated within a group of human beings. Where culture can exist without religion but religion without culture is impossible. The patient has a strong belief in their religious way of treating health, making them distrust the native country's healthcare system. Religion is a way of life, it has been there for a century, and it is impossible to erase it. The nurse needs to be aware and treat this patient with sensitivity and respect—approach with respect and acceptance toward the differences. The patient is required since the process is time-consuming (Bonney, 2004).

Teaching about cultural differences and competencies is needed in the early education of the nurse. By bringing the courses containing cultural awareness and competencies, we can be prepared future nurses and increase their cultural sensitivity for the future (Sandhu et al. 2012).

## 7.2 Discussion related to methodology

The thesis produces results that there are aspects that can influence trust in the nurse-foreign patient relationship. The time and length of this thesis do not allow the author to bring all the aspects. As looking at Leininger's sunrise model, there are more than just languages and beliefs. The aspects such as education and economics can also play a significant role.

The method gives a qualitative approach which gives flexibility and encourages the discussion. The author can explore the topic in-depth and analyses at the attitude and behavior between the materials. However, the number of articles is small (eleven articles), bias will be presented in article selection. Literature reviews give a systematic way of comparing the similarity and differences within already made research. In this way, the method may bias the perspective since grey literature is not usually included. This method is more time-consuming compared to other methods (Polit and Beck, 2010).

As foreigner defines a group of people, more aspects can affect the relationship between nurse and foreign patient, such as age, gender, and human behavior. The author realizes that the method of using literature review gave general results. Recommendation to try another way, such as an interview for broader findings, or using a more significant number of articles to provide more extensive comparisons. The author also recommended considering making a research range, as the age range of the patient, gender, and time living in the native country, to research more in detail (Polit and Beck, 2010).

Content analyses produce a pattern of results that lead to trust in the nurse-foreign patient relationship challenges. The method gives the author the advantage of seeing the similarity and differences between texts from different articles. The process is time-consuming. The disadvantage is that the method can be objective since personal interpretation is involved. The method is also reductive when it comes to complex texts (Polit and Beck, 2010).

# 8. Conclusion

This chapter includes a brief reflection on the thesis results, the data, analyses, and discussion. This thesis's topic was first chosen to find the influences of trust in a nurse-patient relationship. The author has chosen to focus on patients with a diverse background with the nurse and foreign patients. The result shows that there is difficulties and challenges in providing care for this patient group.

From the data of scientific articles, discussion, and analyses, the nurse roles are differed from time to time. In general, it was stated that the nurse acts as a person who helps the patient move towards improving health. The goal for a nurse is to provide satisfied and beneficial healthcare for the patient and a result of improvement. Leininger believes that the universality of nursing care will take much time consumed before it reaches satisfaction. The

nurses' roles are different; some influences of trust in the relationship will also need to be considered from time to time (Gonzalo, 2019).

The results show that the nurse acts like a stranger, friend, counselor, and healthcare provider. The most challenging stage where trust needs to be built is when the nurse is a stranger to the patient. In the first meeting, when a person is seeking healthcare, the nurse will be the first approached person. Since doctors do not have time to socialize with the patient, nurses will mainly communicate. The nurse is required to keep a good relationship with the patient to provide good care (Peplau, 1988).

It is easy to see the idea of a good relationship between nurse and patient in theory. Leininger did an outstanding job of creating a model to show which influences nurses to need to consider, but it is more complicated in action. The nurse cannot be fully knowledgeable for every situation, but readiness and preparedness are required. The nurse's influences are found in this thesis are mainly focused on languages and beliefs.

Different languages are shown to be an inhibitor for creating trust in a relationship. Without communication, the two strangers are impossible to develop trust. Communication is one of the biggest challenges when it comes to healthcare for a patient with different background. The diversity in languages is difficult to handle, but there are ideas of solutions. In some cases, the immigrant patients who have lived in the native country will know the native language or international language (ex. English). Other possibilities are when giving care for refugee or asylum seeker, and there are needs to use an interpreter. The solution of using an interpreter is practical but unethical (Eknöf, 2014).

Diverse beliefs are the second major topic focused on in this thesis. The issue is significant since the circumstance of research is broad. According to the results, the author found out that patients from different religions believe in a different way of treating health. It is difficult to create trust in the nurse-patient relationship when there is no respect in both persons. The thesis results show that different healthcare treatments from different religious backgrounds will make conflict in consultation; therefore, it is challenged to create trust toward the host country's healthcare system. On the other hand, cultural beliefs, and cultural pressure lead to the declaration of trust from the patient because they do not understand the seriousness of some psychotic illness. We cannot change a person´s beliefs but respect them (Walton, 2011).

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# Appendices

## Table 1: Overview of the article.

| Year | Article title | Author | Aim | Method | Quotes that relevant to the topic |
|---|---|---|---|---|---|
| 2011 | Communication and Cultural Issues in Providing Reproductive Health care to the immigrant woman: Health care providers' experiences in meeting Somali women living in Finland | Degni F., Suominen S., Essén B., Ansari W. E., Vehviläinen-Julkenen K. | To explore physicians-nurses/midwives' communication when providing reproductive and maternity health care to Somali woman in Finland | A qualitative approach with open-ended questions. | "communication and cultural problems in the medical encounter are complex issues. The complexity is increased even more when the provider and the patient speak a different language, share different value systems, and are from different cultural backgrounds."<br><br>It is not easy to build a good relationship with a person who does not speak the same language, stranger and |

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| | | | | | does not trust anybody, and feels like living in a different world.<br><br>Understand, respect, and listen to the story, culture, religion, and how the patient's life changes after leaving their home country impact their health and trust in the health care provider.<br><br>"Once they get to know you, they can trust you and talk with you about any issue." |
| 2019 | Trust, Cultural health capital, and immigrants' health care | Naess A. | To examine trust in the context of health care integration | Qualitative method. Interview | "Trust pertains to a particular attitude towards the future outcomes of decision |

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| | integration in Norway | | | | (Luhmanm,1979)"<br><br>Health beliefs are often shaped indirectly, based on immigrants' exchange of experiences and stories.<br><br>Cultural insights and person-centredness among health care providers are essential for immigrants' health and the health system's reputation and trustworthiness.<br><br>"Trust cannot simply be imposed to replace individuals' uncertainties, but requires active negotiation of its basic |

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| | | | | | (Giddens,1991) " |
| 2011 | Experience with treating immigrants: a qualitative study in mental health services across 16 European countries | Sandhu S. et al. | To explore the professionals' experiences of delivering care to immigrants in districts densely populated with immigrants across Europe | Qualitative method. Interview | The issue regarding the development of trust was specific for immigrant patients' with misstrust for unfamilirity with how services operated in the host country: language barrier, belief systems, cultural expectations, and previous traumatic experiences.<br><br>Trust development was seen as integral to open honest communication in any therapeutic relationship: reduction or |

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| | | | | | marginalization, understanding different cultural expectations, and belief systems. |
| 2009 | Nurse radiographer's experiences of communication with patients who do not speak the native language | Fatahi N., Mattson B., Lundgren S. M., Hellström M. | To explore the experiences of radiographer nurses in examining patients who do not speak the native language | Qualitative method. Group interview | Culture and linguistic barriers have a large impact on how a patient responds to the illness or clinical situation<br><br>The quality of the communication in the situation when with language barriers depends on the interpreter's competence.<br><br>Relatives, children, or friends should be avoided as interpreters because of lack of |

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| | | | | | clinical/medical language knowledge and impartiality.<br><br>The child is considered to be immature to carry such responsibility to become an interpreter for their parent, |
| 2014 | Nurses'perception of working with immigrant patients and interpreters in Finland | Eklöf N., et al. | To describe nurses' perceptions of the factors to consider when using interpreters in primary health care nursing with immigrant patients. | Qualitative method. Interview | Even though the decision to use an interpreter should be based on the right of the patient, the need for an interpreter, and the duties of the nurse, it is challenged to create the relation between nurse and patient because of some complications, such as the patient do not trust the interpreter and |

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| | | | | | use family members as interpreter, poor language skill and mistranslating can lead to poor trusty building in the relationship of the nurse and the patient.<br><br>The nurse needs to trust the interpreter since he/she is the only language link between the patient and the nurse since communication is critical.<br><br>The use of an interpreter can be an ethical problem that has to do with the decision making of nurses, which will put the patient in an unequal position, the |

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| | | | | | privacy of the patient- related to the confidentiality of interpreter, and the autonomy of patient- can choose if they wish to use an interpreter. |
| 2018 | Fostering trusting relationships with older immigrants hospitalizes for end-of-life care | Johnstone M. J., Rawson H., Hutchinson A. M., Redley B. | To explore and describe the specific processes that nurses use to foster trust and overcome possible cultural mistrust when caring for older immigrants of non-English speaking backgrounds hospitalized for end-of-life care. | Qualitative method.<br><br>Qualitative exploratory descriptive approached. | The study found that the patient and the family may only trust an individual nurse but not the whole system and vise versa.<br><br>To keep the form of trust, the process of fostering trust oscillated along a continuum, ranging from naive trust, disenchanted trust, and ultimately guarded alliance. |

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| | | | | | Emphasizing the mistrust problem in a nurse-patient relationship can be named cultural factors, language, and religious conguence. Those can be identified as factors that provide the basis for fostering trust.<br><br>Trust nor regarded as sin "empty, superficial affiliation" but as fundamentally involving their giving "something of themselves" to the relationship. |
| 2017 | Informal interpreting in general practice: Are the interpreter's role | Zendedel R., Schouten B. C., Weert J. CM., Bas | To examine how often and which informal interpreters performed during | Qualitative method | the conflict of a language barrier between the patient and health care |

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| | related to perceived control, trust, and satisfaction? | van den Putte | consultations between Turkish-Dutch migrant patients and general practitioners.<br><br>To observe the relationship between these roles and patients' and general practitioners' perceived control, trust in the informal interpreter, and satisfaction with the consultation. | | providers will affect an interpreter's role since the patient may misunderstand the nurse about the interpreter's presenting and purpose.<br><br>The patient does not understand what the informal interpreter is translating, so the trust is declining. |
| 2018 | Nurses Experience Caring for Immigrant Patient in Psychiatric Units | Kallakorpi S., Haatainen K., Kankkunen P. | To describe nurses' experiences caring for immigrant patients in a psychiatric unit. | Qualitative method | In the study, I found that some nurses were uncertain whether to trust the patients' story of being persecuted in their home country or whether it was a symptom of psychotic.<br><br>The challenges of developing a |

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| | | | | | trusting relationship are considered to the patients'negative experiences from previous experiences of torture, oppression, and ethnic conflict.<br><br>There is a need to detect illness early, share information about psychiatric services, and create a trust relationship. |
| 2012 | A transcultural immersion experience: Implications for nursing education | Easterby L. M., Siebert B., Woodfield C. J., Holloway K., Gilbert P., Zoucha R., Turk M. W. | To understand the cultural influences on health systems with interpretations related to nursing education. | Qualitative method | "Cultural competence is an ongoing process requiring more than formal knowledge."<br><br>Developed cultural competence in the education for a student such as a nurse |

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| | | | | | student is needed to increase self-awareness of own cultural values and gain self-confidence, and at the same time improve the communication skills in the clinical setting when it comes to caring for a patient with different background.<br><br>Cultural competencies teaching at school and global experiences can promote cultural awareness of the health care students. |
| 2021 | Cultural religious competence in clinical practice | Swihart D, L, Naga s.. Martin R. L. | This activity highlights the importance of cultural | Qualitative method | Religion and spirituality should be incorporated |

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| | | | competence in clinical medicine and its consequences. | | into the healthcare practitioner's armamentarium of knowledge in communicating with patients.<br><br>Knowledge of religious and spiritual beliefs and practices can result in decreased medical errors, earlier patient release, and reliable communication between patient and healthcare provider that results in improved healthcare delivery. |
| 2011 | Can a one-hour presentation make an impact on cultural awareness | Walton J. | To provide an overview of cultural differences and give the impact of the differences on health care. At the same time, value | Qualitative method | Cultural competency training does not usually increase healthcare professionals' competence |

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| | | | understanding and respecting cultural differences. | | because it does not focus on individual beliefs but group beliefs or practices.<br><br>More importance than competence, the healthcare provider needs to develop cultural sensitivity.<br><br>The healthcare providers must be open and flexible in building relationships with patients, developing trust, and being educated about the culture. |