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A literature review on ethical and cultural questions in multicultural counseling

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Seinäjoen ammattikorkeakoulu
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Thesis Abstract

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The thesis was written with the aim of identifying and describing the existing multicultural and ethical issues that nurses in Finland require to be aware of while counseling patients of different cultures from their own. Therefore, a background of differences of cultures was examined to determine what contributes to the similarities in cultures. A description of the multicultural groups living in Finland was also done. With the main focus being multiculture and nursing ethics, the nurses' perspective on these subjects was researched.

The thesis sought to answer the research question that was as follows: What are the major issues that nurses need to be attentive to when counseling multi-cultural patients?

In order to answer the research question, an inclusion and exclusion criteria was used to determine what material would be beneficial. The databases used for the thesis were Academic search elite and CINAHL both hosted by Ebsco. Using the below mentioned keywords and keywords combinations, a total of 21 journals were identified and used after reviewing an extensive amount of literature.

The result of the search was a number of detailed themes including communication, religion, attitude, ethnicity and race, gender and sexual orientation, professional integrity, autonomy and informed consent and finally confidentiality that were described as paramount to ethical multicultural counseling. These results can be used as a guideline for nurses while counseling multicultural patients.

There were a few future recommendations made specifically regarding further research of the subject, integration of multicultural studies in nursing curriculum as well as translation of counseling material and use of professional interpreters.

Keywords: Multi-culture, counseling, nursing ethics, culture, nursing, Cross-culture, cultural differences, ethical nursing

SEINÄJOEN AMMATTIKORKEAKOULU

Opinnäytetyön tiivistelmä

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Opinnäytetyö on kirjoitettu tavoitteena tunnistaa ja kuvailla olemassa olevia monikulttuurisia ja eettisiä kysymyksiä, joista sairaanhoitajien Suomessa tarvitsee olla tietoinen neuvoessaan potilaita, jotka tulevat eri kulttuurista kuin heidän omansa. Sen vuoksi tutkittiin taustalla olevia kulttuurien eroja, jotta voidaan määrittää, mikä edistää kulttuurien yhtäläisyyksiä. Myös Suomessa asuvien monikulttuuristen ryhmien kuvaus tehtiin. Pääpainon ollessa monikulttuurisuudessa ja hoitotyön etiikassa tutkittiin sairaanhoitajien näkökulmaa näihin aiheisiin.

Opinnäytetyö pyrki vastaamaan seuraavaan tutkimuskysymykseen: Mitkä ovat pääkohdat, jotka hoitajien täytyy huomioida neuvoessaan monikulttuurisia potilaita?

Jotta voitaisiin vastata tutkimuskysymykseen käytettiin poissulkukriteereitä määrittämään, mikä materiaali olisi hyödyllistä. Opinnäytetyössä käytetyt tietokannat olivat Academic search elite ja CINAHL, joita kumpaakin ylläpitää Ebsco. Käyttämällä alla mainittuja avainsanoja ja avainsanayhdistelmiä valittiin suuresta määrästä tutkittua kirjallisuutta yhteensä 21 lehteä käyttöön.

Haun tuloksena oli useita yksityiskohtaisia teemoja kuten viestintä, uskonto, asenne, etnisyys ja rotu, sukupuoli tai sukupuolinen suuntautuminen, ammatillinen rehellisyys, autonomia ja tietoinen suostumus sekä lopuksi luottamuksellisuus, jotka kuvattiin tärkeimmiksi eettisessä monikulttuurisessa neuvonnassa. Näitä tuloksia voidaan käyttää ohjeena sairaanhoitajille, kun he neuvovat monikulttuurisia potilaita.

Erityisesti aiheen lisätutkimuksia varten annettiin muutama suositus, monikulttuurisuuden sisällyttäminen hoitotyön opetussuunnitelmaan sekä neuvontamateriaalin kääntäminen eri kielille ja ammattitulkkien käytön mahdollisuus.

Keywords: Multi-culture, counseling, nursing ethics, culture, nursing, Cross-culture, cultural differences, ethical nursing

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Abbreviations

ABNF: Association of Black Nursing Foundation

ICN: International Council of Nurses

IV Intravenous

LPD: Large Power Distance

SPD: Small Power Distance

US: United States of America

1 Introduction

The diversity and unique characteristics that exist in people are mainly influenced by their culture. What one culture regards as normal is actually learned behavior people become accustomed to over a period of time. For this reason, similarities, mainly in mannerism, do exist in people of the same cultural background. There are many other contributors to cultural similarities that this thesis examines and expounds on.

Finland, as many other countries, has in the recent past experienced an increase in the number of culturally diverse people. These people have at one point or the other, required health care services. The nurses in Finland are largely of Finnish background and culture. How these nurses interact and counsel these multicultural patients is determined by how knowledgeable they are about different cultures.

The author acknowledges that nurses cannot possibly know every detail regarding all the multicultural groups or uphold all their requirements, but nonetheless, being conversant with the practices enhances a more wholesome and ethical care as the patient is made to feel more comfortable.

The thesis notes that care should be taken not to cluster all people from similar backgrounds into a predetermined notion but instead to be aware of similarities as well as to discuss with the patients that which may not be clear.

2 Background

2.1 Multi-culture

Encyclopedia Britannica [ref. 15 October 2013] describes multiculturalism as an aspect of appreciating and accepting differences in religion and culture and supporting harmonious coexistence.

In order to provide Individualized care, nurses should be aware of the patient as a holistic person. Therefore, the psychological, social, physical, emotional as well as spiritual needs must be taken into consideration. Cultural differences are accounted for while providing this much needed holistic care. By doing this, patients experience a sense of comfort in the fact that they are understood and cared for as individuals (Lorentz 2008, 37).

In this respect therefore, it is important for nurses to understand how multi-culturalism plays a role in formation of a peoples' personalities. For nurses to fully comprehend this, it is vital to first understand the description of culture. Although people as individuals are different, there are distinct similarities groups from the same culture possess and these guide the counseling process and play a major role on their health.

2.2 The five dimensions of culture as described by Hofstede

Deschepper et al. (2008, 2-3) describe culture in five dimensions, which, in definition, are features through which different cultures can be compared to one another, as described below:

2.2.1 Power distance

Power distance is otherwise known as hierarchy distance whereby the less powerful members of a society expect and actually accept inequality in power distribution (Deschepper et al.2008, 2). In societies where there is large power distance (LPD), there is no open unrestricted communication between people in

positions beamed of authority and those under them. Nurses may be viewed, by patients from this kind of culture, as being in a position of authority and therefore communication is reserved. The patients also rely heavily on the nurses' direction and expect the nurse to make decisions on their behalf. This is the opposite of cultures where there exists a small power distance (SPD). In the latter cultures, all people are viewed as equal and there is no restricted communication. Therefore, patients are expected to be more independent in their decision making while at the same time being vocal.

2.2.2 Individualism

As opposed to collectivism, which is assigning importance to a whole group of people where one belongs, individualism ascribes to a person caring for themselves and the immediate family only (Deschepper et al.2008, 2). Patients from cultures with high scores of individualism involve their family members and friends in their daily lives. Nurses should be aware of this and offer advice to family members with consent from the patient.

2.2.3 Masculinity

Deschepper et al. (2008, 2) continue in describing masculinity in a culture where the scores are high, that the emotional responsibilities of both men and women are said to be equal whereas the lower scores indicate a clear separation between men and women, the roles they are expected to play in their societies and how they interact with each other differ. Male nurses may be intimidating and a source of awkwardness when caring for patients from a low masculinity score culture.

2.2.4 Uncertainty avoidance

This is illustrated as a society's ability to tolerate ambiguity. The higher a culture scores, the higher the discomfort with unexpected situations (Deschepper et al. (2008, 2). How patients respond to news of a diagnosis is greatly influenced by the score of the uncertainty avoidance.

2.2.5 Long-term orientation

Resolution and caution are believed to be features of high scoring long-term orientation whereas the low scoring long-term orientation indicates reverence for tradition, fulfilling social obligations in order to not lose face and expecting quick results (Deschepper et al. (2008, 2). So, some patients will want to adhere to traditional treatment in-conjunction with the conventional treatment they receive from the health care providers.

2.3 Different cultures in Finland

According to the Finnish Ministry of Foreign Affairs [ref.23 October 2013], the different ethnic groups living in Finland as Finnish citizens are as follows:

The Sámi: The Sámi people are the only existing indigenous group in the European Union. They occupy the Northern part of Finland and practice mainly reindeer farming. Although they are Finnish, they speak Sámi language and their cultural practices differ from other Finns. There are approximately 9000 Sámi in Finland. Russians: Russians started migrating to inland Finland from the Karelia province (formerly Eastern Finland) in the 18th century and their numbers continue to rise. The Roma: The Roma people have been living in Finland for over 500 years and are located throughout the country. Roma people maintain and practice their own culture although most of them are Finnish citizens. The most noticeable attribute being their way of dressing. Jews: The number of Finnish Jews is about 1,300 and they mainly live in the capital region. The Tatars: Tatars are originally Turks and they follow the Muslim faith. Like the Finnish Jews, Tatars mainly live in the Helsinki metropolitan area.

Foreigners living in Finland

The highest number of foreigners living in Finland is from Estonia with a total of 39,763. Russia takes the second position with 30,183 while in third place is Sweden with 8,412. Somalia 7,468 is in fourth place followed in fifth and sixth places by China 6,622 and Thailand 6,031. Iraq, Turkey, India and Germany,

5,919, 4,272, 4,030, and 3,906 respectively, are in seventh, eighth, ninth and tenth places. A combined total number of foreigners from other countries is 78,905 which then brings the total to 195,511 foreigners living in Finland by end of 2012…(Statistics Finland 2012, [ref. 15.10.2013]). These numbers are projected to continue rising in future.

3 Central concepts of the thesis

The topic of this thesis leads to two main concepts to be examined. These central concepts are: Multicultural counseling and Nursing ethics.

3.1 Multicultural counseling

The word multiculture has a number of synonyms; trans-culture and cross-culture are but a few of them. Multiculture is described as plurality of different groups of people who possess profound and unique views as well as practices that differ from the society they currently live in, usually handed from generation to generation (Grant 2011, 16, 17).

How well nurses understand multiculture affect what kind of counseling they, nurses, offer to a multicultural patient or patient group. In many societies, it is very easy for members of that society to discuss certain issues and ignore others. Racism is most of the time not addressed but in its place, race is as are other negative ideologies that do exist. In this respect, the counseling nurse is to be aware of their own prejudices and endeavor to curb them while caring for patients of different races. These prejudices, Green (2005, 298) alleges, exist mainly due to the picture the media paints of any particular people. Unaware, people are conditioned to think that a particular people are privileged while others are destitute desperate for help, or a certain group is to be trusted while another is considered untrustworthy and dangerous, and so forth, therefore, creating a stereotypical picture.

A number of barriers exist when the patient and nurse are from different cultures. One major barrier is language that can hinder effective health care provision. Also, a number of misconceptions can arise when the nurse does not understand the culture of the patient (El-amouri & O'neill 2011, 241). For this reason, it is of paramount importance for the nurse to be culturally competent.

What contributes to competence in counseling multicultural patients? Mc Cann & Accordino (2005, 174) state that, travelling and interacting with people of different cultures as well as working in cities where there are many foreigners are some of the contributing factors of cultural competence.

Lewis (2006, 152) argues that there are resources that every counselor contributes to a counseling session. These resources are attributes an individual possesses as well as learned behavior that is as a result of a person's profession or personal life. Lewis further continues to describe these resources as stereotypes one might possess, recognizing one's weaknesses such as people that one cannot work with due to previous experiences, as well as the normal routines and strategies used in counseling.

Icebreakers can also be used to create rapport with the patients, done by asking about personal interests. It is, nevertheless, important to note that some cultures prohibit professionals asking personal questions. Chinese patients, culturally, question the person counseling them with personal questions and if these are not answered, rapport is not developed and this compromises the effectiveness of the counseling (Lo 2012, s34; Chen 2001).

3.2 Nursing ethics

A number of authors argue that the principles of nursing ethics should not be universally uniform due to cultural differences. Harding (2013, 6) claims that there are two major types of cultures in the world; individualistic and collective, the descriptions of which are discussed earlier, and as such, one group should not be obliged to adhere to another's values. However, there are commonalities in nursing ethics applicable to all members of each distinct culture. In an account of her experiences in Nigeria, Crigger (2008, 17 & 18) acknowledges the much required need for justice and equality in providing health care service. Additionally, nurses are urged to counter any social injustices that may occur in patient care. This serves as an example of areas that are common across cultures or multicultural societies.

Dignity and maintenance of dignity is required of the nursing profession. Lin *et al.* (2013, 169) note that, many western countries regard maintenance of patient dignity as a sign of respect for the basic human rights of a person. Some cultures consider it necessary to have a chaperone when a man is to examine a female patient. This is to be respected as a cultural right of these patients and in so doing, patient dignity is maintained.

The International Code of Ethics for Nurses provides guidance for all nurses around the world in providing ethical care. The guide urges upholding the human rights specifically people's right to life, to being treated with respect and maintenance of dignity. This code includes four main elements that summarize the principles of ethical conduct. These four elements are: Nurses and people, nurses and practice, nurses and profession, and nurses and co-workers. Regarding nurses and people, the code states that the basic obligation of nurses is providing care for people in need of it, in which case human rights, spiritual values, morals and cultural practices are respected. Furthermore, nurses are urged to avail their patients with precise, up-to-date and reliable information so that they can make proper decisions regarding their health. In addition, this information ought to be provided in a manner befitting the culture of the patient. (The International Code of Ethics for Nurses [ref. 10.2.2014]).

4 Aim and objectives of the research

As nursing ethics have to be upheld in patient counseling, a number of issues may be unintentionally overlooked by the nurses counseling multicultural patients. Hence, this study sought to identify and describe the existing multicultural and ethical issues that nurses require to be attentive to while counseling patients of different cultures from their own.

The research paper recommends provision of continued education in regard to multi-cultural counseling for nurses as well as multicultural lessons provided in the nursing curriculum.

The research question to be answered by this thesis is as follows: What are the major issues that nurses need to be attentive to when counseling multi-cultural patients?

5 The systematic literature review process

A literature review is an analysis of published and unpublished literal material in any specific subject. These literal materials are, usually, from different sources and the analyzer examines them and relates or compares them to one another in a systematic manner so as to provide justifiable information that can lead to previously unknown and/or unidentified findings. A research question has to be formulated in the beginning of the process. This method of analysis is important due to the fact that there are currently numerous amounts of literature available for health care professionals. For the literature review to be termed as a systematic review, a strict predetermined step by step process has to be followed. A systematic review, therefore, provides a summary of all different literatures from many different sources on a specific topic that can then be easily read. The predetermined steps undertaken tend towards answering the already formulated research question. This then automatically creates the inclusion and exclusion criteria that determine what information is relevant to answering the research question and henceforth cited in the literature, and that which is not. The information found is then critically examined by the author(s) in order to only include reliable as well as dependable quality of work. Once this is done, the results can then be combined and discussed. (Aveyard 2010, 5-14).

Concerning this thesis, the author followed the steps of a systematic literature review. After receiving the research topic, the author began the process by researching the different meanings of the words culture, multiculture, ethics, nursing ethics and counseling. Once these were understood, the research question was identified which was thought to be closely associated with the topic. From the research question came the aims and objectives.

Data was then collected using Academic search elite hosted by EBSCO and CINAHL, also hosted by EBSCO. Key words were inserted and resulted in a number of articles found and therefore limits were set as described below in the inclusion and exclusion criteria. This allowed for only relevant information being

cited. The results were then discussed and what the author considered lacking was noted as a future recommendation.

5.1 Inclusion and exclusion criteria

The articles were filtered according to the inclusion and exclusion criteria (See Table 1) as well as the quality of the literature. Although the thesis' focus was Finland, articles written in Finnish were not included because the author lacks the sufficient language proficiency to analyze data in Finnish. Consequently, only articles in English were selected.

Table 1: Description of the inclusion and exclusion criteria

Inclusion criteria	**Exclusion criteria**
Articles from the year 2003 to 2013	Articles older than 2003
Articles with an abstract included	Articles without an abstract
Articles with full text	Articles with no full text
Articles in English language only	Articles in any other languages
Articles about nurse/patient relationship	Articles about nurses relationships with other health professionals
Scientific articles	Non-scientific articles
Themes mentioned at least twice	

5.2 Data bases

By using the synonyms of the word multiculture, further searches were made. Cross-culture, cultural difference and trans-culture were the main synonyms that were used in the data search process with each of them producing different results.

To maximize the chances of finding suitable results, different search combinations were used in the search process.

With the truncated keywords multiculture and nursing, 413 results were found on academic search elite data base. Further filtration was conducted to include articles written within the time period 2003-2013, with full text, and in English only. The result was 30 articles. One more filtration was done by selecting only articles from the journal of cultural diversity with 20 articles found. The articles were analyzed and 7 of them were thought to have the preferred results and were utilized (Figure 1).

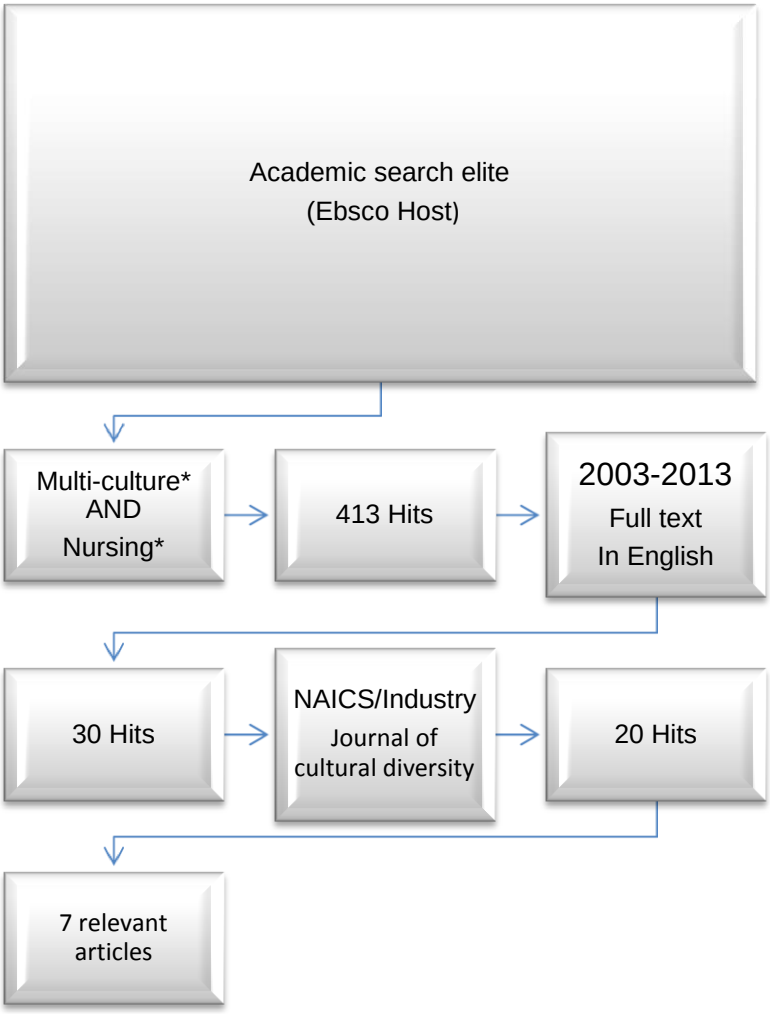

Figure 1: Academic search elite process regarding multicultural counseling

Academic search elite was also used to find articles on ethics (Figure2). Once again, truncated key word culture and ethical nursing were inserted resulting in 108 articles. Filtered further using the inclusion criteria, 76 articles were found. To identify the relevant articles, the NAICS/Industry was selected with 8 articles resulting and 1 article was thought relevant.

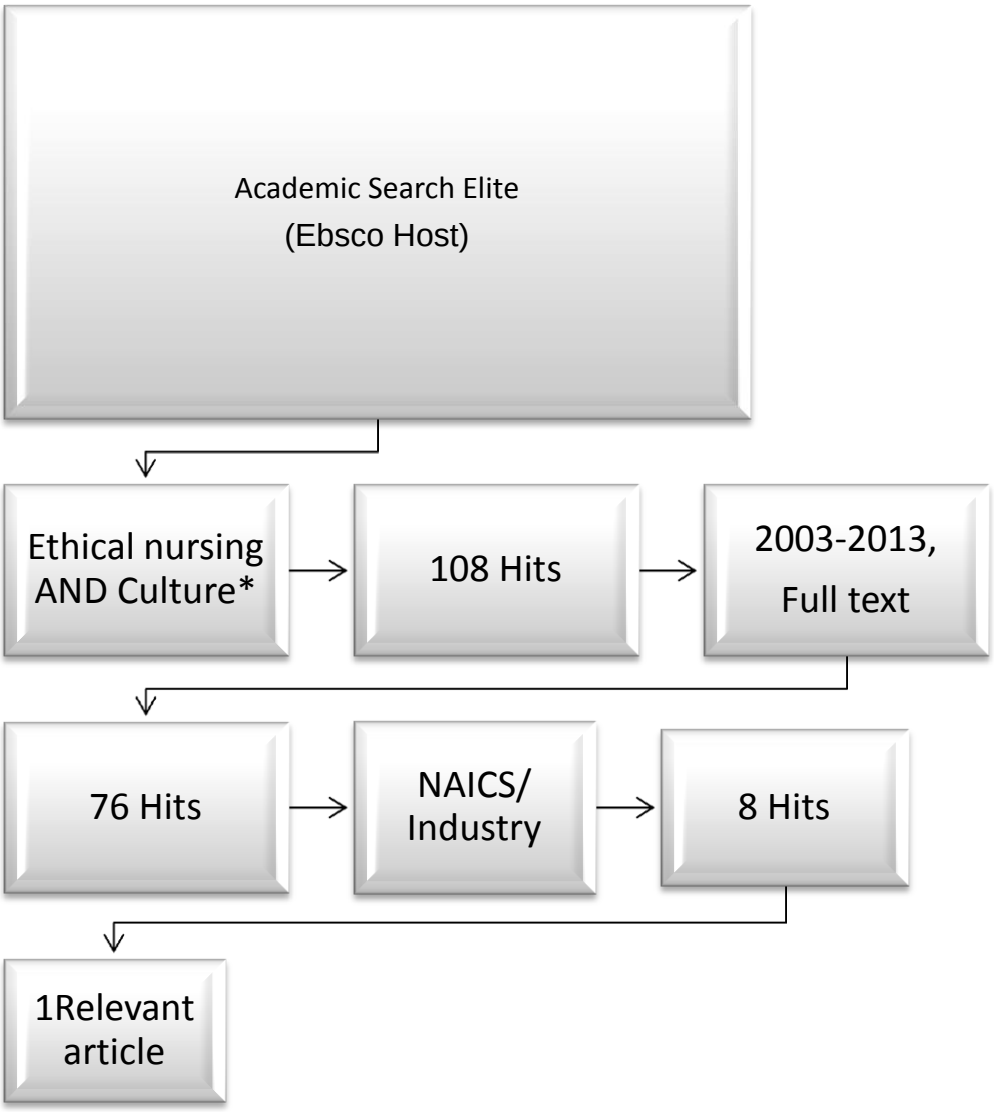

Figure 2: Academic search elite process regarding nursing ethics

Using the truncated key words culture, counseling and nursing, and selecting full text and limiting the publication years to 2003-2013, of articles that included abstracts, the search was carried out on CINAHL. 3 relevant articles were identified and used (Figure 3)

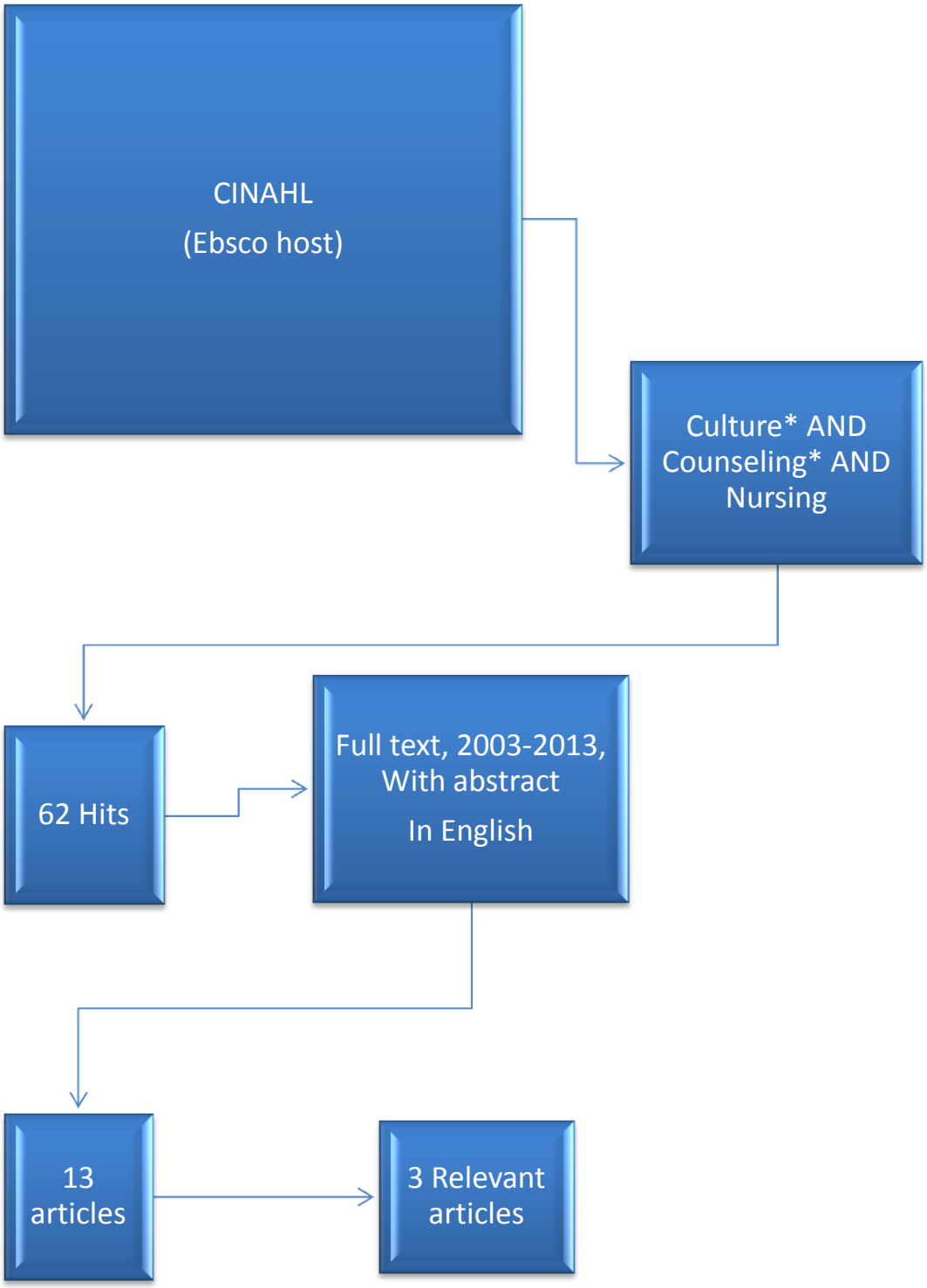

Figure 3: CINAHL first process regarding multicultural counseling

The same procedure as was previously described was followed in the CINAHL second process regarding multicultural counseling with the result being 1 article (Figure 4).

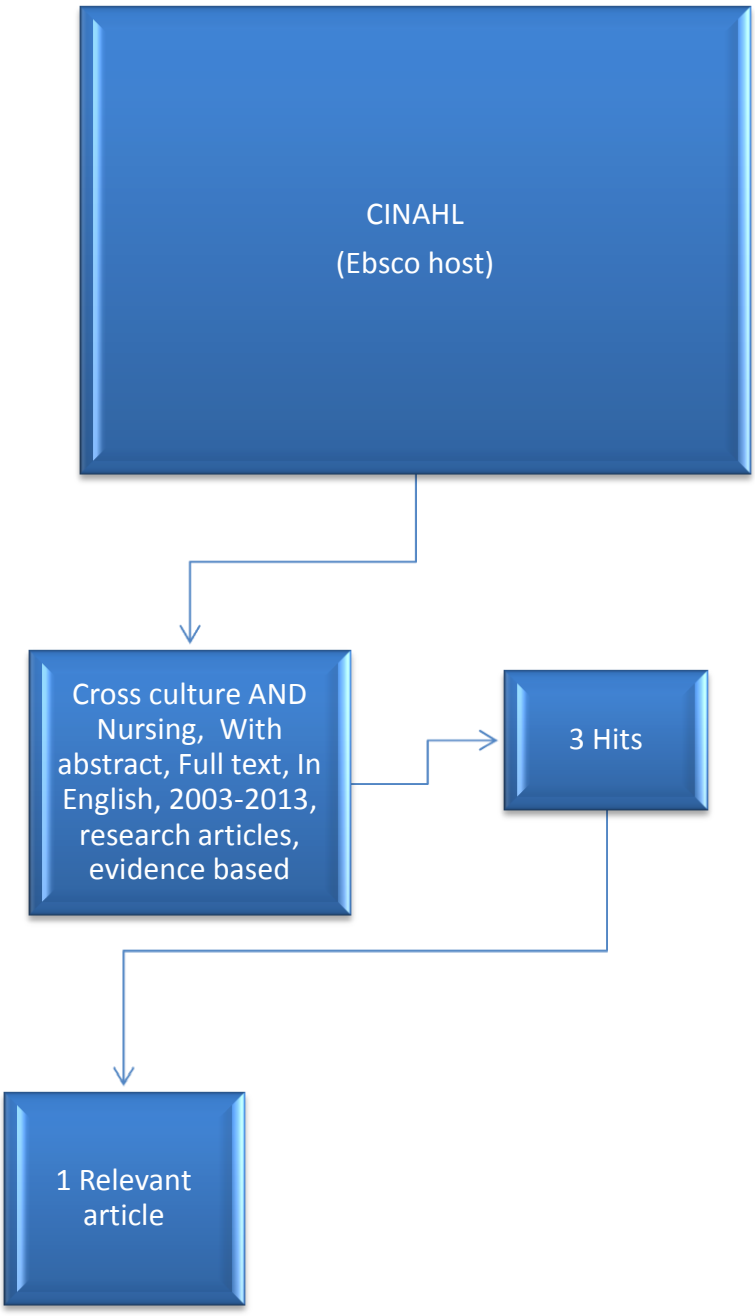

Figure 4: CINAHL second process regarding multicultural counseling

The resulting 5 relevant articles were identified in a similar manner as other articles found on CINAHL. The key words used were cultural differences and nursing the resultant of which was 420 articles. By further narrowing down the search to full text articles, that included an abstract written between 2003 and 2013 in English, 97 articles were found. The major heading trans-cultural nursing was used to find any relevant results. Out of the 14 found, 5 were thought to be relevant to the study and were therefore selected (Figure 5)

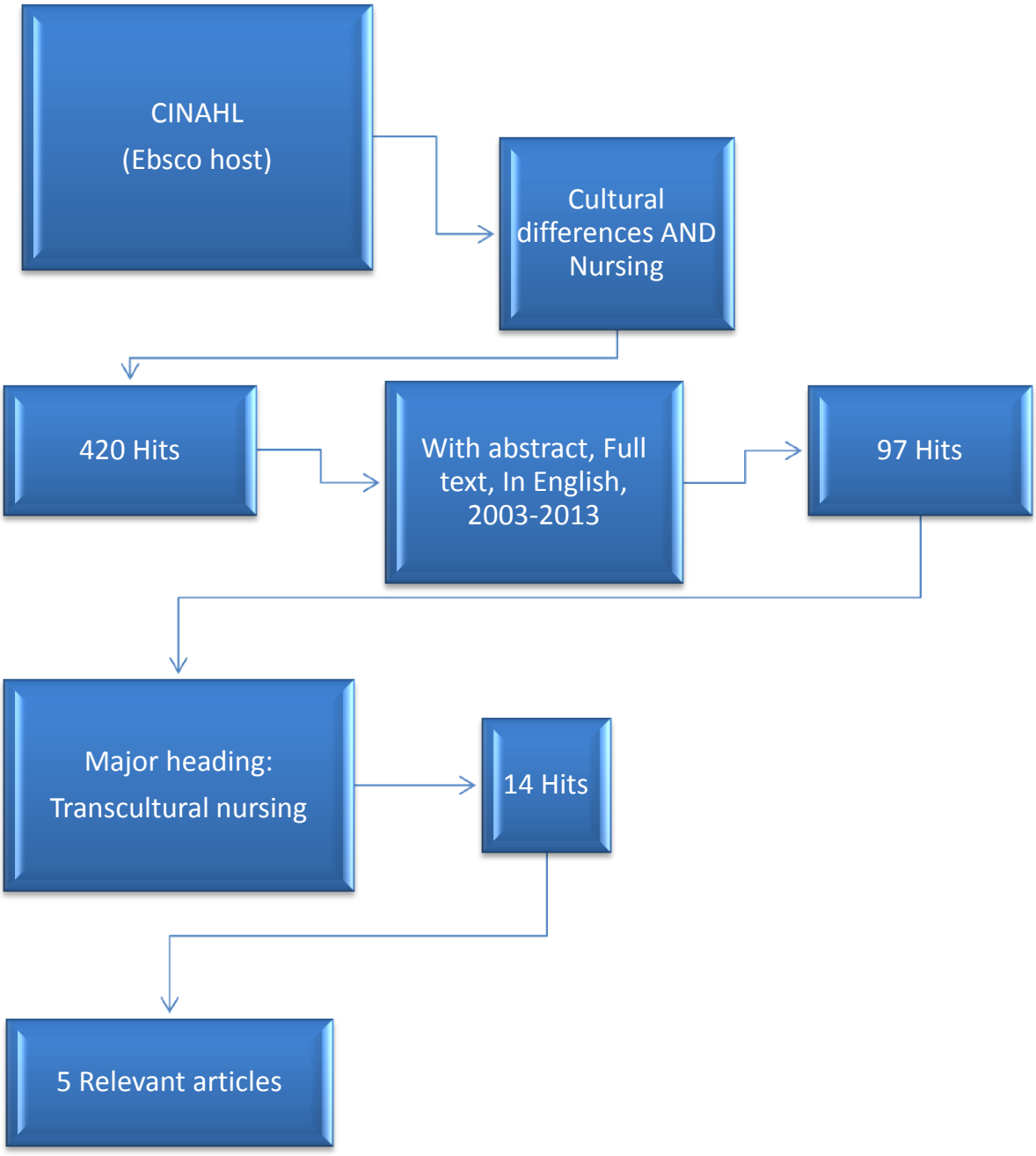

Figure 5: CINAHL third process regarding multicultural counseling

The search method continued in a similar method and regarding issues concerning nursing ethics, CINAHL data base (Figure 6) resulted in 4 usable articles.

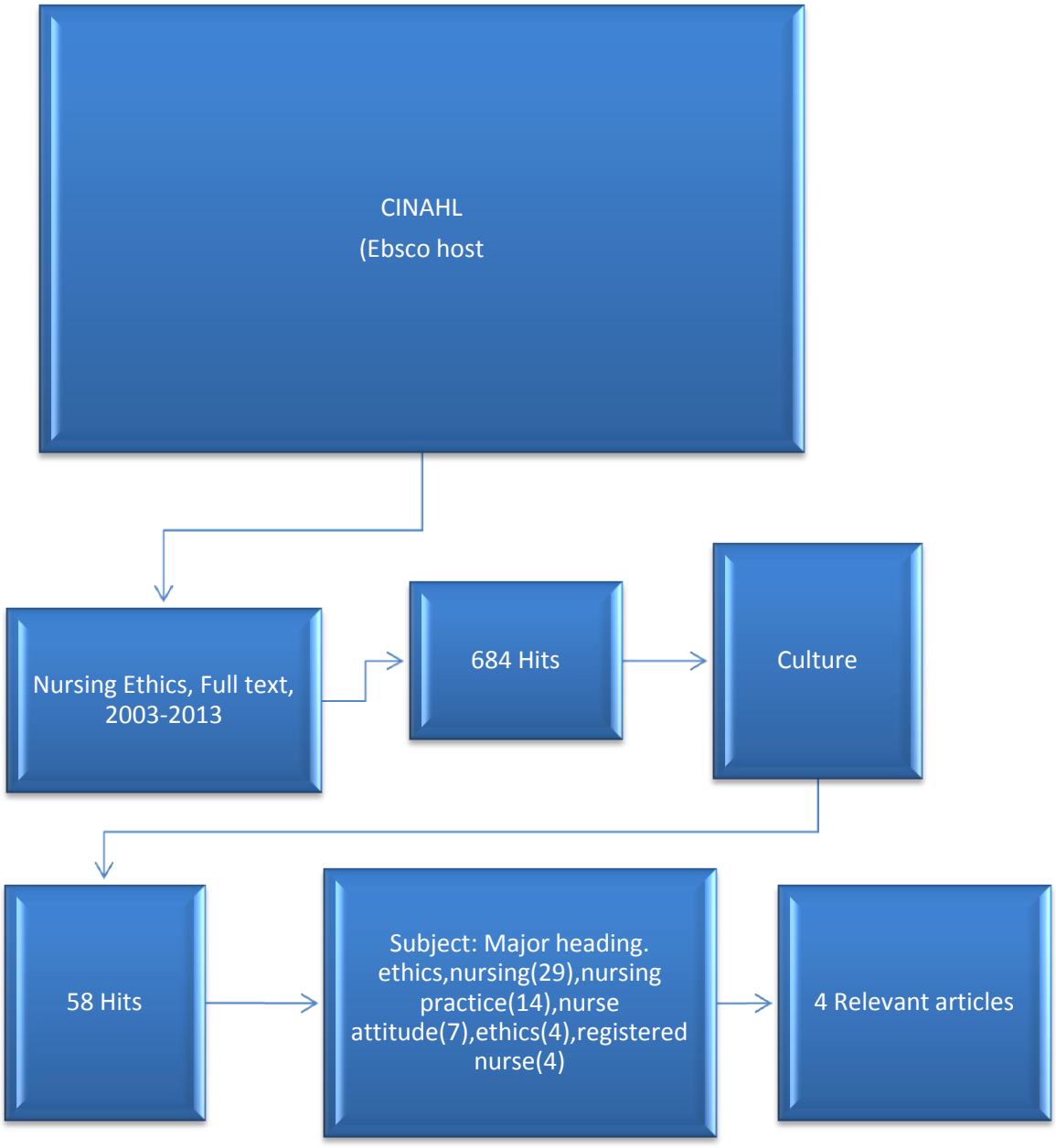

Figure 6: CINAHL process regarding nursing ethics

6 Data analysis process

Initially, only the keywords multi-culture, counseling, nursing and ethics had been thought of as a beginning to the search process. These keywords were derived from the topic of the thesis. They were used individually or as a combination to find out what kind of information was available from the data bases of the library of Seinäjoki University of Applied Sciences. The author had decided beforehand to use only electronic sources as these were thought to be more easily accessible throughout the writing process. The data bases searched were CINAHL, Academic search elite and OVID full text journals. These data bases were used due to the fact that they included multidisciplinary journals as well as journals of nursing and medicine. CINAHL and Academic search elite proved more efficient as compared to OVID full text which requires one to search by journal name. The former two data bases require only keywords and one has a choice to narrow the search using an inclusion and exclusion criteria. The numbers of hits found from the two data bases were quite extensive and therefore there was no need to search any other databases. Furthermore, some of the journals found in one data base were also found in the other and the author's opinion was that this would keep occurring with other data bases. These were the deciding factors for the choice of these two data bases.

The next step was examining the abstracts of some of the journals found. By so doing, the author was able to identify and note a number of recurring issues. Synonyms were also found relating to the initial keywords and these were noted. Then, the author wanted to narrow the number of journals and therefore journals written in English, with full text and from the time period of 2003-2013 were searched. The ten year period was considered to contain relevant and currently applicable information. Again, some of the abstracts were sampled and the author noticed that not all the journals found contained abstracts. This led to the decision of including only journals with abstracts to the inclusion criteria. As the process continued, further discoveries of journals that were actually newspaper extracts were made. One more inclusion criteria of only scientific journals was decided upon. Due to the fact that the author had decided to use the nurses' perspective, and the research question had been formulated with regard to nurses and

patients, it was thought logical to include only information regarding nurse in relation to patients as opposed to nurses and other healthcare professionals.

Once the comprehensive inclusion and exclusion criteria was devised, it was easier to analyze the content of the journals found and utilize the information. This meant reading through the journals and deciding what was relevant and what was not. The content was read through a number of times before deciding. In the end, even though certain journals met the inclusion criteria, the information they contained was considered irrelevant to the thesis.

Inductive content analysis was used due to the fact that the information was fragmented from one journal to the other. With the central concept being multi-cultural counseling and nursing ethics, several themes were identified and discussed. The themes that were included had to meet the inclusion criteria and the ones that did not were not mentioned. Furthermore, at least two references had to mention the theme in order to be included. In the end, the author used the results to create the abstraction by categorizing the themes individually into sub, generic and main categories (Appendix 1). These main categories encompass the overall ideas discussed.

7 Results

In order to answer the research question, a number of recurring results were identified as major contributors to ethical multicultural counseling.

7.1 Communication

Merriam-Webster online dictionary [ref. 16 October 2013] defines communication as a process of exchanging information by means of behavior, symbols and signs. These means of communication refer to more than just verbal but communication that is commonly used in nursing while counseling patients.

Nurses express frustration and discomfort in their inability to interpret nonverbal cues from patients of different cultures from their own. These nonverbal cues include eye contact, touch, silence, space and distance, and healthcare beliefs (Lorentz 2008, 38-39).

Eye contact: American nurses usually maintain eye contact with their patients as they are taught to do so in their nursing studies. Arabs on the other hand, regard direct eye contact as rude and a sign of hostility as do Native Americans to whom staring at the floor is a sign of attentiveness. These are examples of how different cultures perceive eye contact and hence, in order to communicate effectively with their patients, nurses should recognize that different cultures translate eye contact differently (Lorentz *op. cit.* 39).

Touch. Lorentz (*op. cit.* 39) continues that although in America nurses are trained to use touch as a means to reassure the patient, there are cultures that prohibit touching certain parts of the body. Certain Asian cultures do not allow touching of the head while others restrict female-male touching. If a nurse is to touch a patient, it is advisable to explain the reason for it so as there is no misconceptions.

Nodding. Chinese people are said to be extremely polite and avoid conflict with strangers at all costs. They also use nodding to indicate attentiveness rather than agreement. A nurse may confuse a nod to mean consent and a conflict occurs

which in turn places the patient in a very awkward position as their culture does not allow them to argue with strangers or a professional (Lo 2012, s34; Chen 2001).

Silence. In certain Asian cultures, silence is a sign of respect while Russians, French and Spaniards use it to illustrate agreement. With this understood, nurses are able to not misjudge the meaning of a patient's silence (Lorentz *op. cit.* 39).

Space and distance. Patients position themselves in close or far proximity to the nurse according to their culture. Nursing being a profession that requires closeness most of the time, it is challenging for the nurse to distance themselves sufficiently from those who need most space. However, with explanation this can be resolved (Lorentz *op. cit.* 39).

Healthcare beliefs. There are people from cultures that believe that they have a degree of control over their health and consequently are willing to adhere to prescribed health care advice. In contrast others believe that they have less control over what happens to them health-wise and therefore do not comply with advice (Lorentz *op. cit.* 39).

Language. In the Oxford English online dictionary [ref. 17 October 2013] , language is defined as a mode of communication both written and spoken using words in a regular and structured manner as well as a non-verbal method of expressing oneself.

In the nursing field language is a principal tool in provision of quality health care. Nurses' ability to communicate properly with their patients determines whether or not tasks are accomplished with desirable results. When nurses and patients are from different cultures, there is bound to be some misinterpretation of either the verbal or non-verbal communication.

Focusing on ethical issues like developing a trusting relationship with the patient, obtaining consent for procedures and maintaining patient dignity are obtained by use of language. However, linguistic barriers between the patient and the nurse do

exist and contribute to discrimination and compromising nursing care. Lack of proper understanding necessitates increase in excessive use of intense interventions which are expensive, and elevate risk of clinical errors. An example is cited where the risk of misdiagnosis, improper management of pain, and ineffective management of chronic diseases like asthma and diabetes are linked to language barriers. Moreover, nurses are seen as less likely to provide proper and adequate information to the patients who speak a different language from their own leading to lower patients' adherence to treatment (Carnevale, Vissandjee, Nyland & Bonin 2009, 813-836)

In the ABNF journal, Easterby et al. (2012, 81) describe language barriers as major contributory factors of feelings of weariness and helplessness for both patients and nurses. When these language barriers arise, the nurse then experiences difficulties obtaining a proper medical history or tackling the patients' concerns. Moreover, obtaining informed consent on surgical and medical procedures and follow-up thereafter becomes an issue as appropriate information is not relayed to the patient. This then raises the issue of autonomy and nurses allowing the patient to make an informed decision on their health.

In order for nurses to accomplish their tasks successfully, interpreters are therefore required. In most instances, family members and friends are the only option available for translation. This presents one major ethical concern for the nurses; confidentiality. How does a nurse maintain confidentiality while communicating with a patient through another person?

Trained and certified interpreters are the most appropriate choice for interpretation as compared to family members and/or friends. This is because they are unbiased whereas a family member, or friend, may express their own feelings or opinions within the interpretation. Another challenging issue arising as ethically sensitive to certain cultures during interpretation using family members and friends was the age of the interpreter. In certain cultures, it is considered disrespectful and even embarrassing for a younger person to discuss certain matters with an elder. Nevertheless, nurses in emergency cases, have no alternative other than to utilize any available help from an interpreter (Cutilli 2006).

7.2 Religion

Religion plays a major role in people's lives. People's response to illness or health will be majorly influenced by the religious or spiritual believes of that people. Most people's diets ''do's and don'ts'', preference of caring for a patient or dying, are also highly influenced by religion. However, Taylor & Carr (2009, 710) claim that though people may share the same religious beliefs, their interpretations of the doctrines of that religion may differ depending on how liberal or conservative they choose to be.

In chapter 2 section 11 of the Finnish constitution [ref. 23 October 2013], every individual is allowed the freedom of religion and conscience. It further defines this freedom of religion and conscience as ''the right to profess and practice a religion, the right to express one's convictions and the right to be a member of or decline to be a member of a religious community. No one is under the obligation, against his or her conscience, to participate in the practice of a religion''. Section 6 of the same chapter also provides that all people should not be handled differently based on any matters relating to them as persons including religion. These laws are applicable also in nursing.

Different denominations of Christianity exist all over the world. The primary religion in Finland is Christianity with the Evangelical-Lutheran being the main denomination. 76.4% of the population is registered with the Lutheran national church while 1.1% is to the Greek Orthodox Church in Finland. 1.4% registered to other religious groups and 24% of the population is of unknown religious belief as of 2012 (Statistics Finland [ref. 7 December 2013]).

In regard to a dying patient, Romanian people prefer dying in the comfort of their homes, outside surrounded by family members with a candle, or any other source of light, under their bed in order, as the Romanians believe, to guide the spirit to the next life (Ashurst 2007, 114).

The Seventh Day Adventist (SDA) church is one of these denominations in Finland. The SDAs practices include abstaining from eating meat and observing

the Sabbath (Saturday) in which they fast from dawn to dusk. Usage of traditional medication is also common with those who practice the SDA faith. It is also of paramount importance for an SDA to be in balance in all spheres of life including physically, psychologically and spiritually. (Taylor & Carr 2009, 711).

In Buddhism, ill health is inevitable and it comes as a consequence of the deeds of a person. Buddhists further believe that, people have to suffer in this life time or the subsequent one(s). Therefore a disease is not extremely shocking to the family members of a patient. A Buddhist prefers dying in a peaceful and quiet place while a monk, or family member, chants to them so that the dying patient's mind is filled with thoughts that are considered honest and clean. In so doing, the pain is eliminated and the patient passes to the state of insight and perfect elucidation and peace is achieved before dying (Somjai & Chaipoom 2006, 380).

Muslims attribute all aspects of their lives to Allah (the Muslim deity) and his will. Whether the patients' condition improves or deteriorates, it is resigned to Allah. Furthermore, sleeping and resting are interrupted as Muslims have to pray five times daily, without fail, while facing mecca. In cases where the patient cannot move, assistance is required. They are also obliged to wash their hands and faces before prayer. Additionally, Muslims believe that life does not stop until the heart beats its last beat. Therefore, a patient with no brain activity, the relatives believe, continues living. In order to fulfill the spiritual needs of the patients and their family members, nurses should remember these attributes of Islam and attempt to uphold and respect them. (Halligan 2006, 1568). One other important aspect of the Muslim faith is the food they eat. Muslims do not eat pork and meat is not acceptable if the animal was slaughtered in an inhumane manner. Therefore hospital food may be rejected by Muslim patients who feel that the food is not adequately prepared (Somjai & Chaipoom 2006, 386). Muslims also observe Ramadhan (Muslim holy month) which is usually not at the same time every year since the Muslim calendar differs from the conventional. During this month, a Muslim will fast from dawn to dusk. Diabetic patients need to be properly advised on how to adjust their medication so that they do not, for instance, administer insulin injection when they are hypoglycemic (Hill 2007, 52).

Kirkham S.R. (2009, 412, 413) describes Sikhs as having a lived religion meaning that the practitioners derive their morals, and day to day behavior from their religion. The way they eat, dress, engage in hygiene rituals and relate to one another is all connected to Sikhism. Furthermore, Sikhs do not shave their body hair and therefore, when nurses shave the arms to prepare the site for IV infusion without acknowledgment, it is deemed disrespectful. While hospitalized, it is difficult to practice and express one's religious rituals and have all the spiritual needs met leading to feelings of degradation. This raises ethical concerns for the nurses who are mandated to uphold the code of conduct which stipulates that people are not to be degraded based on their religion.

Fowler M.D. (2009, 396) states that, religion plays a major role in patients' lives and this influence on the nursing care they therefore receive. Consequently, if whole-person care is to be provided, and if patients are to be understood, it is important for nurses to familiarize themselves with the patient's religion.

7.3 Attitude

In Thailand, Burnard *et al* (2006, 745-749) declare, a great number of the population believes that mental diseases are caused by evil spirits that come as a result of a person's mistakes. Consequently, traditional treatment is more commonly sought to treat mental health and even where modern conventional methods are sought, the Thai people usually combine it with traditional healing methods.

Alternative medication is commonly used by Southern Asians. Herbs are commonly used to control diabetes to the extent that some patients seize the use of insulin. However, studies have shown that some of these herbs contain active ingredients that can in the long run cause hypoglycemia (Hill 2007, 53-54)

7.4 Ethnicity and race

Does ethnicity have any kind of influence on a patient? Evidence suggests that, there is a relationship between ethnic groups and certain diseases. This is due to

the fact that people have married within their own ethnic groups while others (especially in the Middle East) marry their cousins, and as a result, genetic mutations are common to certain groups of people. For example, sickle cell anemia is exhibited in people of African heritage, while hemophilia is commonly exhibited by Mediterranean Caucasians. (Middleton et.al. 2005, 53). This is important for nurses to understand and to remember so as not to overlook or dismiss various signs and symptoms that are not familiar to them.

Ethnicity also plays a role in influencing a patient's approach to health care. Black Americans tend to not seek much required surgical procedures because they believe that their race predisposes them to a lower quality of health care. This is not only a phenomenon in America but also in Australia, Canada and New Zealand where, indigenous and/or people that are not Caucasian tend to not fully utilize health care facilities and services available due to their race. This impression has been created over a long period of time where people from these races have had negative experiences that were caused by lack of cultural competence of the health care providers as well as prejudice. Nurses counseling these patients should be aware of these facts and encourage the patients adequately. (El-amouri & O'neill 2011, 241-243).

7.5 Gender and sexual orientation

Women from Thailand report the lowest incidence of mammography in the US. The low incidence is attributed to, among others, these women being extremely inhibited. The Thai women do not expose their bodies to each other or to others especially not to strangers. Moreover, they do not talk about their breasts health status as secrecy concerning breast cancer is part of the Thai culture. (Clark & Shah 2008, 217)

There are cultures that believe gender identity is not a person's choosing but a condition that can be surgically corrected to correspond with the psychological and inner felt sense of the person (Jenner 2010, 404).

7.6 Professional integrity

Due to the intricacy of the term, there are numerous amounts of descriptions and definitions of professional integrity. Integrity applies to the core of the individual themselves and what they are willing or not willing to compromise due to their profession of choice. According to Edgar & Pattison (2011, 98) professional integrity means setting aside one's own opinions for the benefit of delivering ethical service. To ensure maintenance of professional integrity, nurses require an open mind, respect and competence. Clinical judgment arising due to financial status of a patient or differences in moral values should not be allowed to interfere with patient care (Jenner 2010, 406).

7.7 Autonomy and informed consent

Autonomy refers to an individual's right to decide on matters concerning their lives without anyone else interfering (Donkor & Andrew 2011, 112).

When the nurse and patient are not in agreement on a course of treatment or intervention due to differences in cultures, the nurse provides all available information so as to help the patient decide. This however can be seen as robotic fulfilling of obligation and coercing a patient to decide. Autonomy should have a foundation of actual and well understood knowledge for it to be considered concrete. (Hanssen 2004, 35)

Cultures regard autonomy differently. Giger, Davidhizar & Fordham (2008, 5) note that, in the US, where a patient-focused (the patient decides without any influence from other parties) decision making is widely used, autonomy is considered inspiring whereas Koreans, who follow a patient-family focus model (the family decides together with the patient how care is to be administered), view it as an isolating burden that leaves one hopeless.

The ICN declares that the patient has the right to accept or decline treatment after the nurse has provided and explained all the necessary information [ref.3.11.2013]. This is what is meant by informed consent.

7.8 Confidentiality

When a patient is diagnosed with certain sexually transmissible diseases asks that it be kept confidential from sexual partners, what is the proper response from the nurse? In Ghanaian culture, as is commonplace in many African cultures, sharing of this kind of information leads to stigmatization and isolation by other family members (Donkor & Andrew 2011, 112). The nurse counseling such patients experiences an ethical dilemma of whether to keep the patient's confidentiality or to also provide the obviously required care to anyone else who might require it as is the responsibility of a nurse (The ICN code of Ethics for nurses [ref. 10.11.2013]) in providing care to the people .

8 Ethics, validity and reliability

The author sought to avoid plagiarism by use of paraphrasing and referencing as recommended. Primary sources were also cited in the text and the full reference provided in the bibliography. There arose an instance when direct quotation had to be used as the meaning would have been lost in paraphrasing. In that instance, quotation marks were used sufficiently and reference provided.

The thesis had to be dependable and therefore, the author begun by describing the background of the topic. The details of the data collection process were also depicted in a way that can be easily confirmed. This guarantees dependability.

To the best knowledge of the author, all the information used in composing the thesis was valid. There arose no evidence, suggestions or doubts from the references used of the authenticity of the material. Furthermore, only scientific articles, with some being evidence based, were used to proliferate authenticity.

The thesis, on the other hand, excluded certain themes that the author supposed would have sufficed the topic and contributed to answering the research question. These themes were excluded due to the fact that the search process was rigidly restricted to a particular method that could not be changed because doing so would have translated to data manipulation which would have affected the legitimacy of the thesis.

The scarcity of information received from the databases used in this thesis about multi-cultural nursing in Finland, cannot guarantee that there is indeed lack of this information. There might be information on this subject in Finnish or Swedish which the writer could not analyze due to lack of sufficient proficiency of the mentioned languages.

9 Discussion

Finland has a number of foreigners living both permanently and temporarily. This number continues to grow yearly and as such, nurses require cultural competence.

The background of this thesis did not delve much into hypothesizing the details of ethical multicultural counseling as it was evident that these were the same as the results. Therefore, only scarce information was discussed in the background living room for proper exploration in the results.

Communication was identified as one of the major issues that determine how counseling is undertaken and therefore understood by the patient. When a nurse encounters a multicultural patient who does not exhibit the communication cues that the nurse is accustomed to, how does that interpret for the nurse? The most appropriate question the nurse should ask themselves in this situation would be: How does the patient's culture influence non-verbal communication? In determining this, the nurse can deliver fully understandable counseling. If a patient will tend towards looking elsewhere while being counseled, the nurse should determine what exactly is going on. By asking direct questions regarding how well the information given is understood by the patient, the nurse is able to interpret the lack of eye contact as a cultural influence rather than rudeness or medical condition. In all aspects of counseling, the nurse should inform the patient of all procedures to be undertaken so that if the nurse requires touching the patient, it is expected and not a surprise. A patient who nods a lot may only mean that they hear what is said although they may not necessarily agree or fully understand what is said. Again, direct questions regarding the information given should be used. Nurses are also to expect different usage of silence from multicultural patients and interpret it appropriately. In ensuring that the patient is comfortable while being counseled, the nurse should determine how the patient reacts to close proximity. The nurse may be necessitated to be very close to the patient and once again, explanations are to be offered beforehand. In regard to health believes, if a patient believes that they can indeed influence their health, encouragement and motivation to improve the health status is what the patient requires. If the patient

is, however, of the opposite mindset, not only do they require encouragement and motivation but more so follow-up.

Language, on the other hand, determines the efficacy of counseling. The nurse should determine what language the multicultural patient understands rather that what the nurse themself is comfortable speaking. The English language is widely spoken by a majority of multicultural people living in Finland. However, there are those who do not speak English and in this case, appropriate, professional interpreters should be used. Nurses ability, or lack thereof, to interpret what a patient's non-verbal cues as well as verbal expression mean is highly influenced by how culturally competent the nurse is.

Patients from the SDA church require proper counseling regarding the substitutes they can consume due to the fact that meat is not eaten by this group of people which, therefore, puts them at a risk of anemia. Because of the need to feel balanced in all spheres of their lives, the SDA patient might require information on exactly how they can take control of their lives. What kind of adjustments they might require and where they can receive any further information is of psychological importance to these patients.

Counseling a Buddhist patient may be very easy for the nurse because of the belief that ill health is to be expected. The Buddhists, nonetheless, require being in a peaceful place where they can meditate. Allowing for as little interruption as is possible may be the most the nurse can offer the patient. These patients also have a high regard for their spiritual leaders. Allowing monks to visit them, in an in-patient scenario, may assist these patients who might have pain.

While counseling Muslim patients, the nurse is to remember that the routines and rituals they undertake are normal aspects of a Muslim. It might seem very strange to a nurse who has not encountered Muslim people before that they require washing their hands and faces before praying five times in a day. This might also be interpreted wrongly as a mental disorder. Proper counseling is also to be offered during the month of Ramadhan, especially for diabetics. How the patient adjusts the medication in order to not run a risk of hypoglycemia will be defined by

the counseling they receive from the nurse. In a culturally competent nurse, these aspects of Islam are well understood and assistance where required is offered.

Sikhs who do not shave their hair will require prior counseling to shaving. It is easier for a patient to come to terms with something they are not used to when information is availed in advance.

If certain cultural or religious practices cannot be provided in Finland, it is important for the nurses to understand and empathize with the patient and the family members. The Romanians whose religious beliefs tend towards a preference to die outside might not receive this rite in Finland. Nevertheless, other provisions can be availed for them. For example, in a nursing home, a small lamp can be provided to place under the bed and family members also allowed to be present without time limits as this honor the traditions of the dying patient as well as provide psychological comfort for them and their families.

Regarding the attitude towards diseases, the nurse should, at the beginning of counseling relationship, establish how the multicultural patient regards their illness. This will set the direction of the counseling. The nurse must not attempt to prove that the patient's attitude is wrong but rather provide the information that the patient requires to understand the illness. There may be difficulties in convincing a patient to use only the medication prescribed by a doctor, as the patient may want to use traditional herbs. The nurse should clarify to the patient that the herbs interaction with the conventional medicines is not known and therefore, suggest seizing usage of herbs for the entire period of medication. This is a challenging undertaking for the nurse.

Some patients may have preconceived notions regarding how they are treated by healthcare workers due to their ethnicity and race. These notions can be changed by the nurse counseling them in such a manner that they are not left with feelings of being victims of prejudice and uncertainty. The nurse counseling such patients should therefore treat the multicultural patients the same way they treat other patients from their own cultures. The nurse also contributes to the multicultural

patient’s confidence in the healthcare system by encouraging them to seek help whenever they require it.

The patients from cultures that feel shy bearing their bodies to others are to be encouraged before any procedures. These patients do not need to be hurried as the procedures may cause them anxiety or even trauma leading them to withdrawing from further medical procedures they may require. In regard to patients with different sexual orientation, proper and intense psychological counseling is required regardless of what the nurse’s opinion might be.

No one can be taught to have an open mind. This is an aspect that one possesses or does not. Nurses require open-mindedness even before the beginning of their carriers in order to maintain professional integrity. This is achieved by respecting all patients and not counseling them differently from others. Recognizing that cultures are indeed different, those differences should never compromise the integrity of the nurses.

Nurses should ask whether or not the patient would prefer having family members involved before any life changing decisions are made. This will help those patients who consider autonomy as isolating. Nevertheless, it is always the patients decision and family members must not be allowed to influence the situation to the point that the patient is left with no other choice than to involve the family members. In regard to informed consent, the nurse may have an opinion on what should be done as far as the patient’s health is concerned. However, although this opinion can be verbalized to the patient, the nurse must never impose it on a patient.

Confidentiality must always be maintained in order to protect the patient. Nonetheless, if keeping information confidential may put others in harm’s way, then proper procedures must be taken while still attempting to maintain the patient’s confidentiality. With the example given of a sexually transmissible disease, the nurse in that case can encourage the patient to inform the partners of the situation at hand. Another option would be to counsel the patient as well as the partners together. That way, the patient is in a safe place and care is provided to

all those who need it. This is a very difficult situation as all attempts may still fail and the patient's confidentiality must still be maintained.

There were a few themes that the author believed contribute to ethical multicultural counseling but were not included due to unavailability of information. Themes like age, educational level and psychological issues which contribute to how well counseling is received were excluded. Despite this setback, multiple important themes were identified and illustrated in detail.

Although it would be practically impossible for nurses to learn and adhere to all the practices of all the different multi-cultural patients they care for, particular information and consciousness (Dike 2013, 50) would serve to better the counseling provided. However, patient care ought to be individualized (Badger et.al. 2012, 1732). Stereotyping a patient could lead to counseling and treatment based on very scarce information known about the particular culture, then, only superficial care is provided. Therefore, it is best for the nurse to discuss with the patient matters regarding their care as concerned with the knowledge the nurse might have about the particular culture. Since an assumption of what is could be wrong.

10 Recommendations for the future

Further multi-cultural nursing research is recommended in Finland as evidenced by the fact that there was very limited information on this topic regarding Finland. This information also needs to be available in English so that it can appeal to a wider range of nurses from other countries.

As this thesis' focus was from the nurses' point of view, future studies should also include investigating issues from the patients' points of view so that reliable and applicable conclusions can be drawn. Also, there is need to investigate the cultural competence of foreign nurses working in Finland. Finding out what challenges these foreign nurses face would be a step forward in finding effective solutions.

In order to be culturally competent, nurses should appreciate how customs, convictions, culture and living in different cultures than a patient's own, affect a person's physical, psychological and emotional health (Dike 2013, 44). Therefore, this study recommends multi-cultural studies be integrated into the nursing curriculum. In addition, as nurses in Finland are required to continue education by means of study modules arranged by their work places, multi-cultural studies ought to be integrated into those study modules so that those in working life do not miss the opportunity.

As language was noted as a major aspect of consideration, the nursing counseling material should be translated into the major foreign languages that foreign patients speak. If a language cannot be translated, then the use of professional interpreters should be considered.

This thesis did not exhaust all the details and aspects of different cultures that nurses need to be aware of. This was due to the fact that resources and time were limited. The author undertook the research alone and this also caused some issues being overlooked. Therefore, future studies can research further and suggest more aspects of cultures that may affect ethical counseling.

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APPENDICES

APPENDIX 1. Inductive content analysis

Sub category	Generic category	Main category
• Direct eye contact with those in conversation with • Looking elsewhere	Eye contact while counseling	RECOGNIZING AND CORRECTLY INTEPRETING VERBAL AND NON-VERBAL COMMUNICATION
• Method of comforting patients • Prohibition of touching parts of the body • Gender implications of touch	Use of touch and restrictions of it	
• Used as a sign of respect • Indication of agreement • Normal way of life	Silence and its significance	

• Invasion of personal space • Need for wide or small personal space	How much space and distance one requires	
• Personal control over one's health situation • Health status predetermined by destiny	Health beliefs depending on culture	
• Ability to talk with the patient, • Developing a trusting relationship • Receiving informed consent • Maintaining dignity Providing proper and adequate information, • Using interpreters	Language skills and usability	

Sub category	**Generic category**	**Main category**
• Treating all people equally and with respect regardless of their religion as provided for in the Finnish constitution • Various rituals Muslims undertake • End of life to Muslims • Moral values of the Sikh • Maintaining body hair on the a Sikh	• Abiding to the Finnish laws on religion • Christianity as a major religion in Finland • Different denominations of Christianity and their practices • The Muslim patient and their various practices • The Sikhs' moral values and practices	UPHOLDING THE LAWS REGARDING RELIGION, APPRECIATING DIFFERENCES IN RELIGIOUS PRACTICES AND COUNSELING WITH REGARD TO THESE.

Sub category	**Generic category**	**Main category**
• Mental diseases believed to be caused by evil spirits • Traditional and conventional treatments together sought for better results	• How do patients regard certain diseases? • How are diseases treated?	BELIEFS ON CAUSES OF DISEASES AND PREFERENCE OF TREATMENT

Sub category	Generic category	Main Category
• How race influences the kind of diseases on is predisposed to • Patients of different races not seeking medical care due to negative experiences in their history	• Diseases common to certain races • Patient's expectations of care they receive due to race	GENETIC INFLUENCE OF RACE ON PARTICULAR DISEASES AND PERCEPTION OF CARE DUE TO RACE
• How women who suffer from breast cancer treat the news and do they share with others to receive knowledge • People from different cultures consider gender differently and what nurses' response should be	• Secrecy among women regarding health status • Different perceptions of gender in diverse cultures and counseling accordingly	COUNSELING WITH AWARENESS OF SECRECY ON HEALTH STATUS AND GENDER PERCEPTION

Sub category	Generic category	Main Category
• The issues one wills to overlook or not in order to deliver ethical care defines professional integrity • Requirement of an open mind and respect so as to be termed culturally competent • Not allowing economic status of the patient and owns moral values to interfere with nursing activities • Not allowing notable differences in cultures to compromise care	• Defining professional integrity • Requirements leading one to be cultural competence • Personal opinions and cultural differences that might compromise professional integrity	UNDERSTANDING WHAT PROFESSIONAL INTEGRITY MEANS, PREREQUISITES OF CULTURAL COMPETENCE AND VIEWPOINTS INFLUENCING INTEGRITY
• Nurse and patient disagree on course of treatment • Seeking to help the patient understand by providing information and appropriate counseling • Involvement or lack thereof, of family members when deciding	• Process of encouraging patients to decide for themselves by providing adequate and understandable information	MAKING INFORMED DECISIONS AFTER PROPER COUNSELING,

• Provision of the ICN on matters concerning autonomy	• Patients' perception of autonomy • Patients' rights regarding autonomy	PATIENT INTERPRETATION OF AUTONOMY AND ETHICAL PROVISIONS
• Patient requests information be concealed from sexual partners • Isolation of patient by community members due to sexually transmitted disease • Ethics of keeping confidentiality and providing health care for all who are in need of it	• Requests for secrecy • Reaction of community members to sexual illness • Keeping information from sexual partners or not to keep and providing care	APPEALING FOR CONFIDENTIALITY, IMPLICATION OF SEXUAL ILLNESS IN COMMUNITY AND NURSING DILEMMA