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**WRITTEN COUNSELLING MATERIAL FOR IMMIGRANT
PATIENTS: A Literature Review**

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ABSTRACT

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Name of thesis WRITTEN COUNSELLING MATERIAL FOR IMMIGRANT PATIENTS: A Literature Review		
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<p>The purpose of this study was to promote the quality of patient counselling as experienced by immigrants living in Finland, and to synthesise knowledge about the topic. In order to achieve that, the researcher sought to analyse and describe the attributes of written counselling material considered ideal by immigrant patients.</p> <p>The research was conducted as a literature review. Strict inclusion and exclusion criteria were designed to ensure the quality of the data. The process of data extraction was carefully documented to promote reliability, transparency and reproducibility. A deductive content analysis was performed on the collected global data, utilising Finnish frame material that brought the results into the local context.</p> <p>The results were divided into three categories, which were content-, purpose- and layout-related attributes of counselling material. The core findings of the research comprised the significance of target group acknowledgment and consideration of its needs. Moreover, ideal counselling material was discovered to avoid complexity of language, support coping and increase knowledge about available services. Such features ought to be minded when health care professionals and students produce counselling material for immigrant patients.</p>		

Key words

Content analysis, counselling material, foreigner, immigrant, patient education literature

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<p>Tämän työn tarkoituksena oli edistää Suomessa asuvien maahanmuuttajien kokeman potilasohjauksen laatua sekä koota tietoa aiheesta. Tutkimuksen tekijä pyrki tavoitteeseensa analysoimalla ja kuvailemalla maahanmuuttajille suunnatun kirjallisen potilasohjausmateriaalin ominaisuuksia, joita maahanmuuttajat itse pitävät ihanteellisina.</p> <p>Tutkimus toteutettiin kirjallisuuskatsauksena. Täsmälliset sisäänotto- ja ulosjättökriteerit laadittiin aineiston laadun takaamiseksi. Tiedon uuttaminen dokumentoitii tarkasti, jotta tutkimuksesta tulisi luotettava, läpinäkyvä ja toistettava. Maailmanlaajuisesti kootun aineiston deduktiivinen sisällönanalyysi toteutettiin käyttämällä suomalaista viitekehystä, joka edisti tulosten paikallisuutta.</p> <p>Tutkimuksen vastaukset jaoteltiin kolmeen kategoriaan, joita olivat potilasohjausmateriaalin sisältöön, tarkoitukseen ja ulkoasuun liittyvät ominaisuudet. Tärkein tutkimuslöydös korosti kohderyhmän tiedostamista ja sen tarpeiden pohtimista. Lisäksi ihanteellisen ohjausmateriaalin todettiin välttävän monimutkaista kieltä, tukevan selviytymistä ja levittävän tietoa saatavilla olevista palveluista. Kyseiset ominaisuudet tulisi ottaa huomioon, kun terveystieteen ammattilaiset ja opiskelijat tuottavat ohjausmateriaalia maahanmuuttajapotilaita varten.</p>		

Asiasanat

Maahanmuuttaja, ohjausmateriaali, potilasohjauskirjallisuus, sisällön analyysi, ulkomaalainen

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<p>Syftet med denna undersökning var att främja kvalitet i patienthandledning för invandrare i Finland och att syntetisera kunskap om temat. Forskaren strävade efter att analysera och beskriva egenskaper av informationsmaterial som invandrare ansåg idealiskt.</p> <p>Undersökningen genomfördes som en litteraturoversikt. Strikta inklusions- och exklusionskriterier upprättades för att säkerställa kvalitet i data. Dataextraktionen dokumenterades noggrant så att undersökningen var reliabel, transparent och reproducerbar. En deduktiv analys av det globala materialet utfördes med en finsk kategoriseringsmatris som gjorde undersökningen mer lokal.</p> <p>Resultatet uppdelades i tre teman som var innehåll-, syfte- och layoutrelaterade egenskaper av informationsmaterial. En slutsats av undersökningen var att idealiskt informationsmaterial borde erkänna målgrupp och överväga deras behov. Dessutom borde det undvika invecklat språket, stödja coping och öka kunskapen om tillgängliga tjänster. Sådana faktorer borde beaktas när vårdpersonal och studerande producerar informationsmaterial för invandrapatienter.</p>		

Nyckelord

Deduktiv analys, informationsmaterial, invandrare, patienthandledning, patientinformation, utlänning

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1 INTRODUCTION

Immigration has increased during the past decades both globally and locally. In 2014, immigrants formed 5,4% of Finland's population when defined by use of a foreign language (Tilastokeskus 2014a). The accelerated immigration has impacted health care. Multicultural interaction and related language differences might create communication challenges between care recipients and providers. Yet, successful transfer of relevant information has remained one of the requirements in the law (Laki potilaan asemasta ja oikeuksista 1992). Thus, effective patient counselling is vital in the health care (Jaakonsaari 2009, 6). Various materials have been used to support counselling processes (Kemi, Kääriäinen & Kyngäs 2009, 175). This research focused on written or printed counselling material, which was referred to as patient education literature or mere counselling material.

No clear guidelines appeared to exist for producing counselling material that would meet the specific needs of immigrants using health services in Finland. That fact inspired the researcher to act for conquering consequential health disparities and defending the immigrant patients' rights. This research was purposed to promote quality of counselling as experienced by immigrants in Finland, and to synthesise knowledge about the topic. The practical goal was to perform a literature review on the existing knowledge in order to analyse and describe the features that contribute to ideality of the counselling material produced for immigrant patients. The resulting knowledge was targeted to health care students and professionals involved in creating patient education literature for immigrant patients.

This research was undertaken by an individual researcher, which could be stated as the major limitation of the study. Hence, the quantity of reviewed literature had to be limited, and reciprocal analysis was not possible. Nonetheless, transparency was maintained via precise documentation. Only reliable databases were used, and the significant source material included publications by Kyngäs, Kääriäinen & Lipponen (2006) and Harvey & O'Brien (2011). A deductive content analysis was utilised to produce a coherent answer to the research question. It concerned the attributes of written counselling material that immigrant patients considered ideal.

2 FOUNDATION OF THE STUDY

A theoretical framework was developed to function as a foundation for formulating a relevant research question and for guiding the study process. Various scientific sources were utilised to synthesize background information related to written counselling material for immigrant patients. As a result, the key concepts of this particular study were discovered and defined in their context. Considering local readers of this research, relevant terms were also included in Finnish in parentheses. Nonetheless, via collection of background information, the researcher identified a gap in the existing knowledge and adjusted the aim of the study accordingly.

2.1 Patients versus Clients

The term 'patient' was derived from a Latin word for suffering (Stevenson & Lindberg 2010). It might thus have a negative connotation. On the other hand, the original Latin version of the word 'client' denoted a lowly person who took orders from and was protected by a patron (Stevenson et al. 2010). By that means, both of the terms could be viewed as questionable to be used for care recipients. The matter was further complicated when considering all the different care services that an individual may be utilising. Namely, according to a study about the matter, a majority (75%) of the 133 participants preferred to be called 'patients' by doctors, whereas almost half (44%) of them selected 'client' as the most preferable term to be used by a nurse (McGuire-Snieckus, McCabe & Priebe 2003, 307).

Pitkänen (2012, 14) contemplated the question in her master's thesis. According to that study, the term 'client' (*asiakas*) was used to describe a person or community who used, consumed or ordered any services. The thesis further defined 'patient' (*potilas*) as a client with health-related problems (Pitkänen 2012, 15). Therefore, when the particular services were connected to improving or maintaining health, the recipients of care could be considered both 'clients' and 'patients'. That was the case in this present research. Hence, the concepts 'patient' and 'client' were used overlappingly, yet without disregard or understatement to the care recipients.

The researcher was fully aware that each individual had an equal human value irrespective of their health status or any other factor such as a culture or language.

2.2 Immigrants versus Foreigners

The term foreigner (*ulkomaalainen*) has been commonly defined as a person who is not a citizen of a particular country, e.g. Finland (Kansalaisuuslaki 2003). Foreigners also include tourists and occasional workers staying in a country for a short time. On the contrary, an immigrant (*maahanmuuttaja*) refers to a foreign citizen who has immigrated or moved to another country with an intention to reside in it for an extended time period. Sometimes the expression 'immigrant' is used also to describe second-generation immigrants or individuals who have been born in a particular country, but whose parent or parents had first immigrated to it. The widest understanding of the term covers asylum seekers (*turvapaikanhakijat*), refugees (*pakolaiset*) and returning migrants (*paluumuuttajat*) (Miettinen 2014).

Yet, the researcher did not view it relevant to base the definition of the focus group on the duration of stay because every immigrant was in the beginning foreign to the society. The focus group could not be assumed to possess prior information about background topics such as the structure of health care. As a consequence, it appeared irrelevant to separate the terms 'foreigner' and 'immigrant' in this context; instead they could be used overlappingly. Similarly to other studies, in this research, both the terms 'immigrant' and 'foreigner' were utilised to indicate individuals who subjectively defined their mother tongue or the most fluent language as other than Finnish, Swedish or Sami, considering themselves users of other languages (*vieraskieliset* or *muunkieliset*) (Kuusela, Etelälähti, Hagman, Hievanen, Karppinen, Nissilä, Rönning & Siniharju 2008, 7; Sipola 2011, 34). Varying between geographic regions in Finland, the most common other languages included Russian, Estonian, Somali, English, Arabic, and Vietnamese (Rapo 2011).

In Finland, the migration level was 16,895 in 2000, whereas in 2013 an unprecedented number of 31,941 individuals immigrated into the country. Therefore, the level of annual immigration had nearly doubled in Finland since the millennium. In

year 2013, the number of those who spoke foreign languages – being almost 300,000 – exceeded that of the Swedish-speaking population in Finland. Thus, matters related to immigrants could not be considered as a minor theme. The topic was rather one with increasing significance and widely reaching impacts. Besides, in addition to linguistic differences, the whole cultural background of immigrants often differed from that of the Finnish people (Lahtinen & Pekansaari 2013, 6). Hence, although the chosen definition of the focus group was language-based, also culture – or customs, behaviour and attitudes – were taken into account as an important factor when discussing the research topic (Scala 2012, 36). (Tilastokeskus 2014b.)

2.3 Care Adherence

Care adherence (*hoitoon sitoutuminen*) refers to the commitment made by an individual patient to have an active role in his or her care process. As a term, care adherence has replaced the old 'compliance' (*hoitomyöntyvyys*), which reflected the patient's passivity and the nurse's authority. Modern knowledge was found to defend an equal care relationship, which presents companionship as a method to promote empowerment that would enable the patient to take responsibility and to adhere to the jointly agreed care. Counselling has been revealed to promote care adherence for instance via provision of knowledge, support, and motivation. (Palonen, Aho, Koivisto & Kaunonen 2012, 116.)

Care adherence has been described as a sum of internal and external factors. The first-mentioned includes cognitive factors as well as the individual personality, attitudes, beliefs and fears. External factors encompasses experiences of the care and its effects, the illness and its seriousness, support from the social network as well as factors related to the care provider and the health care system. The last-mentioned factors cover the availability, price, timeliness and continuity of the care. The factors related to care provider refer to topics such as trust to their expertise and the quality of communication, in which counselling – and more specifically counselling materials – were stated to have an important role. (Aho, Blek-Vehkaluoto, Ekola, Partamies, Sulosaari & Uski-Tallqvist, 2012, 40.)

2.4 Counselling

Counselling might be defined as an active, purposeful function occurring between a client and a counsellor (THL 2014). The mentioned parties could refer for instance to a patient and a nurse. A respected nursing theorist, Dr. Kyngäs, has presented patient education and patient guidance as related terms to counselling. In Finnish, the topic has been discussed as *potilasohjaus*, *potilasopetus*, *potilasneuvonta* and *terveysneuvonta* (Jaakonsaari 2009, 6). Counselling has been claimed a core factor in nursing. Its purposes include enhancing use of clients' own resources and control of life. It also correlates with understanding of care-related information; coping with daily life, care adherence and quality of care. (Kyngäs et al. 2006, 1.)

The components of counselling comprise communication, counselling activities and the patient's context (Kääriäinen, Kanste, Elo & Kyngäs 2008, 305). The contextual factors include physical, psychological and social backgrounds of the individuals. Ideally, the process should be manifested in an interactive and reciprocal counselling relationship that acknowledges both the counsellor and the counselee as experts of their own field. One or several counselling methods could be utilised depending on individual learning preferences. Existing counselling methods cover linguistic (oral or written), visual, kinaesthetic, musical, rhythmic and co-operative as well as detailed or context-focused methods. The focus of this research was written counselling material or patient education literature. (THL 2014.)

Due to the decreased resources, the opportunities for personal counselling have diminished in the Finnish health care (Prauda 2009, 9). Yet, clients are required to receive a sufficient amount of understandable information prior to, during, and after the care contact. Consequently, according to the theory by Kyngäs et al. (2006, 65), printed counselling materials have been used to complement oral guidance. Written instructions have been aimed to meet the need of information and to answer for potential questions that clients might have. Such materials have been claimed helpful in alleviating anxiety, preventing misunderstandings and assisting the clients in adapting to the stress triggered by their condition. (Kyngäs et al. 2006, 66.)

Moreover, patients have been claimed to possess legal rights to receive all available information about their current situation (Laki potilaan asemasta ja oikeuksista 1992). Appropriate counselling is to be viewed as a part of the client's autonomy, and it ought to be manifested in an understandable, open and honest manner. Thus, intelligibility could be considered a vital feature of any counselling material (Kallava, Virtanen & Leino-Kilpi 2010, 260). The need for intelligibility applies also to immigrant patients – even before they have learned Finnish or Swedish, which usage in health services has been ensured by the law (Terveystieteiden tutkimuskeskus 2010). Hence, it has been stated that immigrants are entitled to receive translated information whenever possible. Written counselling materials have been presented as highly beneficial in such situations. They may even convey the message of a client's status in the particular health care system. (Kyngäs et al. 2006, 66.)

2.5 Counselling of Immigrant Patients

According to Kyngäs and others (2006, 1), counselling-related researches have often been fragmental and rather counsellor-centred instead of patient-centred. Nevertheless, counselling has appeared a widely studied and timely theme, since patients must be responsible for their own self-care more commonly and sooner than before (Jaakonsaari 2009, 6). The increased immigration has also created new demands on counselling. Yet, only a few Finnish researches were found to focus on counselling of immigrant patients. Thus, the topic was studied internationally utilising several databases to conduct an initial scoping review or to collect background information for the thesis (Jesson, Matheson & Lacey 2012, 108).

A recent triangulation research performed in the Kokkola region investigated nurses' experiences in caring for immigrants within the field of sexual health (Kattilakoski 2012). The researcher emphasized language problems as the major concern of the interviewees. She further added that foreigners did not receive equal quality of education when compared with Finnish-speaking clients and that their counselling might be completely inadequate due to language problems (Kattilakoski 2012, 12). Therefore, reduction of language barriers was presented as an advocated practice within care-related counselling (Kattilakoski 2012, 13). (Kattilakoski 2012, 15.)

Another relevant and rather patient-centred research related to immigrant health focused on counselling of perioperative patients. The authors of that particular study, Lahtinen and Pekansaari (2013, 19) presented the combination of verbal guidance and informative material as a solution to the challenge that multicultural communication often presented. They specifically highlighted that written instructions were essential when the patient or client was supposed to take care of his or her health independently. That was the case for instance after surgical procedures, which were followed by rather swift discharges. When having received written guidance material, the operated individuals could lean on and check the instructions as needed also in their home environment. (Lahtinen et al. 2013, 20.)

2.6 Tailored Counselling Materials

According to Lahtinen and Pekansaari (2013, 33), it was highly recommended that necessary counselling materials would be available in English, as the majority of immigrant clients mastered it. Other researchers have confirmed that English is the most commonly used foreign language in the Finnish health care system (Henttinen 2011, 17). Obviously, there are also such foreign clients whose English language skills are either non-existent or deficient. Nonetheless, the particular language has been stated as the single most beneficial for foreign patient education materials. Besides, the effectiveness of literature could be improved by including visual objects or demonstrative pictures in the material (Henttinen 2011, 20).

Availability of English material was altogether claimed to be advantageous both for the client and the nurse. Namely, it saved the nurse from unnecessary translation of the instructions and at the same time promoted the client's understanding of the situation and given guidance, thus increasing care adherence and efficiency. Additionally, English leaflets were mentioned to be especially useful in cases where the nurses' skills in the specific language were lacking. In other words, written material could support the counselling process, protect clients from misunderstandings and hence promote quality of care. (Lahtinen et al. 2013, 39.)

International examples further confirmed the urgency of culturally tailored patient education literature. Similarly to the previously discussed publications, Harvey and O'Brien (2011, 182) mentioned language as the major subject in their research concerning production of counselling material for the Latino population living in the United States of America. Still, the particular study also revealed that there were additional demands on the features of the counselling material. For instance, the content and the reading level of the material ought to be considered to ensure comprehensibility and appeal (Harvey et al. 2011, 183). As a consequence, there were indisputably various details that had to be contemplated in the production of ideal patient education literature for foreign clients. Besides, it has been stated specifically that the target group should be considered when producing counselling material (Kyngäs et al 2006, 67).

3 RESEARCH QUESTION

The purpose of this research was to promote quality of counselling as experienced by immigrants living in Finland and to synthesise knowledge about the topic. As explained earlier, the demographic figures have changed in Finland during the past decades (Tilastokeskus 2010). That is mainly due to immigration, which consequences are prevalent also in the field of nursing. Nevertheless, each client is entitled to receive knowledge about their health, necessary care and available options in an understandable manner (Jaakonsaari 2009, 10). Culture and language should make no exception to that. Yet, it has been studied that the quality of immigrant counselling was lacking in Finland (Kattilakoski 2012, 12). As a result, the researcher viewed it relevant to analyse available data with the aim of revealing which kind of counselling material meets the needs of the foreigners.

The previously described scoping review indicated that the topic had been studied recently but yet not widely in Finland. No research was found to focus on the characteristics of the counselling material or on the attributes that ensured its ideality. Hence, the research question was formed as follows.

1. What are the attributes of written counselling material that is considered ideal by immigrant patients?

The practical goal of this research was set correspondingly to synthesise knowledge that would fill the identified gap of information. Therefore, the goal of this research was to perform a literature review on the existing knowledge in order to analyse and describe the features that contribute to the quality of the counselling materials produced for immigrant patients. The resulting knowledge was targeted to health care students and professionals involved in creating patient education literature for immigrant patients.

4 THE RESEARCH PROCESS

Counselling of foreign clients has been researched in various care settings. Yet, the publications appeared to lack a synthesis of features required in ideal material for immigrants. Thus, a valid research method for the process was a literature review. It allowed for studying the existing literature in an ordered way, seeking to develop a fresh view on the topic as well as identifying potential contraindications and voids (Jesson, Matheson & Lacey 2012, 10). The stages of literature review comprised defining a research question, designing the plan, searching for literature, applying exclusion and inclusion criteria, applying quality assessment and undertaking a content analysis (Jesson et al. 2012, 12). While the first stage was covered in the previous chapter, the other steps were considered next.

4.1 Literature Review

Prior to concentrating on this particular literature review, it was relevant to focus on the definition of the chosen research method. In its widest understanding, literature review refers to any written evaluation of the current knowledge on a given topic (Jesson et al. 2012, 10). More specifically, the term indicates a method of research used to evaluate scientific data within a limited field of interest with the aim of answering a chosen research question. Thus, a literature review provides the readers with a collection of information, which relevancy has already been assessed in the particular context. (Johansson, Axelin, Stolt & Ääri 2007, 2).

There are various subcategories for literature reviews. Those include narrative literature review, traditional literature review and systematic literature review or systematic overview (Johansson et al. 2007, 3). Sweet and Moynihan defined the last-mentioned research method in Jesson et al. (2012, 104) as follows:

Systematic reviews provide a systematic, transparent means for gathering, synthesising and appraising the findings of studies on a particular topic or question. The aim is to minimise the bias associated with single studies and non-systematic reviews.

Systematic review is commonly preferred due to its comprehensive, explicit, and rigorous features, which promote its transparency and replicability (Jesson et al. 2012, 24). Such characteristics reasoned its modified use also in this context. The researcher desired to produce a reliable review. Hence, the standardised structure that the method offered was considered suitable. The scoping view also indicated a manageable amount of data. For instance, the EBSCO collection of databases found 62 hits with the primary keywords “patient education OR counselling OR counselling” AND “immigrant OR foreigner” AND “written material OR literature”. Hence, a researcher could review the data systematically. Yet, this research did not comply with the format of a systematic review in the breadth of the material.

4.2 Collection of Literature

The theory material was researched using databases to which Centria University of Applied Sciences provided free access for students. Those included Science Direct (Elsevier), Academic Search Elite (EBSCO), Cumulative Index to Nursing and Allied Health (CINAHL), OvidSP and Google Scholar. Jesson et al. (2012, 20) has defended the use of the last-mentioned database in a literature review. In addition, the local perspective in the theoretical framework was developed utilising Finnish law texts, publications of Finnish nursing scientists as well as the material of the Institute of Health and Welfare, Terveystieteiden tutkimuskeskus and other related agencies.

4.3 Inclusion and Exclusion Criteria

The data search was an essential stage of the literature review. Its aim was to identify all publications that were relevant to the particular topic, since omitting important articles could compromise comprehensibility of the research (Johansson et al. 2007, 49). Furthermore, strict documentation of the process was essential to ensure that the research would be transparent and reproducible (Jesson et al. 2012, 116). Consequently, the researcher designed a clear search strategy in a form presented in Table 1 and further documented the contentual inclusion process of the hits in Table 6 in the appendices.

TABLE 1. Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
Full text available	Full text not available
Abstract available	Abstract not available
Free access	Charged access
Published between 2004 and 2014	Published before 2004 or after 2014
English, Finnish or Swedish text	Text not in English, Finnish or Swedish
Corresponding to the keywords	Not corresponding to the keywords

Table 1 presents the inclusion and exclusion criteria of the data search. The included articles were those where a full text and abstract were available, and which allowed free access. Moreover, the accepted articles have been published during the past ten years. Such a wide time sphere was justified by the relatively low number of related publications as revealed in the scoping review. English, Finnish and Swedish articles were included due to the fact that the researcher mastered those languages at a level required for a comprehensive analysis (Johansson et al. 2007, 22). Ultimately, the included articles had to correspond to the specifically designed keywords.

Based on the scoping review, the keywords consisted of 'patient education', 'counselling', 'counseling', 'immigrant', 'foreigner', 'written material' and 'literature'. Since the spelling of certain terms was mentioned to vary between linguistic areas, all the official forms had to be included (Johansson et al. 2007, 22). Hence, the use of both 'counselling' and 'counseling' as keywords was reasonable and even necessary. The keywords of the data search were combined and opted utilising Bole's logic or the operators AND, OR and NOT (Johansson et al. 2007, 24). Thus, the data search was implemented for instance as follows: "patient education OR counselling OR counseling" AND "immigrant OR foreigner" AND "written material OR literature".

TABLE 2. Data search process

Database	Keywords	Results
EBSCO	“patient education OR counseling OR counselling” AND “immigrant OR foreigner” AND “written material OR literature”	16 hits 3 included
EBSCO	“patient education OR counseling OR counselling” AND “immigrant OR foreigner OR multicultural OR intercultural” AND “material” AND “health”	13 hits 10 included +1 overlapped
EBSCO	“kirjallinen potilasohjaus” AND maahanmuuttaja	0 hits
EBSCO	“skriftlig patientinformation” AND invandrare	0 hits
OvidSP	“patient education OR counseling OR counselling” AND “immigrant OR foreigner OR multicultural OR intercultural” AND “material” AND “health”	11 hits 4 included
OvidSP	“kirjallinen potilasohjaus” AND maahanmuuttaja	0 hits
OvidSP	“skriftlig patientinformation” AND invandrare	0 hits
ScienceDirect	“patient education OR counseling OR counselling” AND “immigrant OR foreigner OR multicultural OR intercultural” AND “material” AND “health”	12 hits 2 included
ScienceDirect	“kirjallinen potilasohjaus” AND maahanmuuttaja	0 hits
ScienceDirect	“skriftlig patientinformation” AND invandrare	0 hits
GoogleScholar	“kirjallinen potilasohjaus” AND maahanmuuttaja	3 hits 2 included
GoogleScholar	“skriftlig patientinformation” AND invandrare	5 hits 2 included
Total		60 hits 23 included

Table 2 records the data search process comprising the hits by each set of keywords, the utilised databases and amounts of included articles. Various scientists acknowledged that the keywords might be adapted due to too large or small amount of hits. Yet, documentation and justification of the process was essential to

ensure reliability (Jesson et al. 2012, 108). Slight adjustment of the keywords had to be performed also in this research. The initial search at EBSCO revealed that the keyword group 'written material OR literature' resulted in literature reviews concerning career counselling or other irrelevant topics. On the other hand, it also excluded articles that discussed patient education literature as 'printed material' instead of 'written material'. Thus, the keyword group was simplified into 'material'.

Moreover, the keyword group 'immigrant OR foreigner' was expanded to the form 'immigrant OR foreigner OR multicultural OR intercultural', as that appeared to produce a wider range of articles discussing culturally sensitive patient education. An additional search term 'health' was further added to the keywords in order to achieve a higher proportion of results that were truly related to the context of health care. Finally, the Finnish keyword group "kirjallinen potilasohjaus" AND maahanmuuttaja' as well as the Swedish counterpart "skriftlig patientinformation" AND invandrare' were added to search for publications in the two local languages. Material written in Finland was found merely in the GoogleScholar database, which further confirmed that the topic had not been studied widely in Finland.

4.4 Data Assessment and Extraction

The collected material was next analysed by topicality, relevance and reliability of its contents. No limitations were set regarding the research methods used in the articles, regardless of the fact that certain quantitative methods – such as double-blind, cross-over randomised control trials – were generally preferred over other research methods e.g. qualitative studies. Yet, excessively strict filtering by quality of the material might have deprived the review of valuable insight. Quality assessment based on the type of study method was irrelevant also due to the relatively low amount of existing data. (Jesson et al. 2012, 116.)

Nevertheless, the collected data or the 60 publications were assessed to ensure that they corresponded to the keywords by content and not only randomly. A special focus was on the fact that the included articles had to discuss attributes of the counselling material for immigrants. Approximately half of the hits (37 articles) had

to be excluded. The reasons for exclusion were that the articles also focused on other types of counselling material – such as videos or websites – and did not discuss merely written materials (14 exclusions), or that they did not consider the cultural sensitivity of such materials (6 exclusions), or that they did not mention any ideal attributes of the culturally sensitive counselling materials (7 exclusions). Additionally, less common reasons for exclusion were that articles did not relate to health care settings at all (5 exclusions), or the access to a full text version was either charged (4 exclusions) or inexistent (1 exclusion).

Table 6 was compiled of the included 23 articles. During the next phase, the included articles were studied closely in order to highlight knowledge that replied to the research question. All the relevant data was collected into a data extraction form presented in the appendices as Table 7. The form specified each article by the reference, target group and the form of counselling material that was used. Moreover, the various attributes of the culturally sensitive material mentioned in the publications were condensed as explained in the following chapter, and then listed in the data extraction form. Such a form was stated to promote transparency of the data assessment and was thus viewed as necessary (Jesson et al. 2012, 122).

4.5 Content Analysis

Once the data was saturated – or considered sufficient for a coherent result – a content analysis of the extracted information was performed (Houser 2012, 225). A content analysis was defined as a systematic and objective method of analysing reduced data in order to produce reliable results in a meaningful entirety (Kyngäs, Elo, Pölkki, Kääriäinen & Kanste 2011, 139). The particular method was chosen because it was claimed to be convenient for describing a phenomenon and providing preliminary knowledge of the concepts and their relations (Kyngäs et al. 2011, 146). Furthermore, content analysis, which was also referred to as a descriptive synthesis, had recently gained popularity within literature reviews (Kyngäs et al. 2011, 141, 146). Thus, it seemed a relevant method of data analysis for this study.

A content analysis could be implemented inductively on conditions of the data, or deductively organising the data into a frame developed from previous knowledge (Kyngäs et al. 2011, 139). Deductive content analysis seemed relevant for this study, as the researcher discovered a valid guideline for written counselling material by Kyngäs et al. (2006). The guide did not focus on cultural sensitivity but on Finnish health care counselling in general. Yet, the researcher considered locality essential for drawing internationally discovered attributes of immigrant counselling material into the Finnish context. Moreover, use of the guideline as a frame material enabled the description of relations between recommendations made by care professionals and the actual needs experienced by the patients. The following Table 3 was compiled to present the attributes translated from the frame material.

TABLE 3. Frame of analysis (applied from Kyngäs et al. 2006, 66-68)

Categories	Subcategories
Purpose-related attributes	Providing accurate information
	Supporting the patient's autonomy
	Educating patients
	Answering daunting questions
	Meeting the need for knowledge
	Preventing and correcting misconceptions
	Reducing the patient's anxiety
	Increasing knowledge about available services
	Providing instructions related to the disease
	Preparing for care procedures
	Supporting adjustment to the disease
	Supporting coping with the disease or its treatment
	Transferring message about the patient's position
	Defining health and illness

(continues)

TABLE 3. (continues)

Categories	Subcategories
Content-related attributes	Acknowledging the target group
	Considering the particular needs of the target group
	Avoiding complexity of language
	Not requiring prior information about the matter
	Providing information that is meaningful for the patient
	Providing background information about the material
	Being unique and communicating about the producer
	Speaking to the patient (using 'You'-form)
	Reasoning the given advice
	Proceeding from the most important to less important
	Ensuring readability by use of titles and subheadings
	Utilising pictures to attract attention
	Utilising pictures to promote understanding
	Explaining pictures in words
	Avoiding to hurt anybody's feelings
Layout-related attributes	Using format that attracts attention
	Using format that promotes understanding
	Leaving space to create peaceful expression
	Using vertical / horizontal format relevantly
	Using colours with moderation
	Highlighting information with use of colours
	Using matt paper instead of glossy
	Leaving marginal to ensure readability
	Using relevant line length
	Using sufficiently large font size
	Using clear font
	Having short, clear and styled titles

Table 3 presents the frame of analysis comprising three main categories: purpose-related attributes, content-related attributes and layout-related attributes. Each of those included several practical features or subcategories, numbering 41 altogether. The frame served as an outline for answering the research question or describing the attributes of counselling material that immigrant patients considered ideal. The direct quotations of the extracted data were first translated into English if needed and then carefully condensed preserving the original wordings that described the attributes. Finally, the condensed forms were classified as attributes in the frame of analysis. The following Table 4 was created to illustrate the process.

TABLE 4. Example of the content analysis

Article	Direct quotation	Attribute	Subcategory	Category
(6)	<i>The findings of this study suggest that health materials developed in the community's language are highly effective in promoting self-management.</i>	Using the community's language	Considering the particular needs of the target group	Content-related attributes
(14)	<i>Kotihoito-ohje ikääntyville inkerinsuomalaisille ja venäjänkielisille maahanmuuttajille laaditaan suomeksi ja venäjäksi.</i>	Using both Finnish and Russian language		
(17)	<i>Studien visade däremot att om informationen var formad efter patienternas upplevelse och erfarenheter förstod patienterna informationen bättre.</i>	Taking into account the experiences of the focus group		
(22)	<i>In order to develop culturally competent programs and materials, they need to take into account the different ways that cultural diverse groups understand health behavior.</i>	Taking into account social and environmental factors and the cultural understanding of health behaviour		

Table 4 presents an example of the content analysis process or the organization of direct quotations from the included articles in a condensed format under the sub-categories and categories provided by the frame of analysis. It has been stated that maintenance of confidentiality is critical in performing a content analysis (Houser 2012, 490). Therefore, the entire form of content analysis – excluding the direct quotations, but including their condensed formats or the attributes – was presented as Table 8 in appendices. In the same way as in the previous Table 4, also in Table 8 the articles were referenced according to the numbers given to them in the data extraction form or Table 7 in the appendices.

The classification of the condensed attributes was reviewed after a month in order to ensure the quality. The data was further quantified by counting the amount of articles mentioning each attribute in order to evaluate its relative significance (Kyngäs et al. 2011, 139). The extracted data covered 47% or 7 of the 15 content-related attributes described in the frame material. Those were acknowledging the target group (13), considering the particular needs of the target group (16), avoiding complexity (5), not requiring prior information about the matter (2), utilising pictures to attract attention (2), reasoning the given advice (1) and explaining pictures in words (1). The numbers in parentheses indicated the amounts of articles discussing the attribute.

Moreover, out of the 14 purpose-related attributes mentioned in the frame material, five (36%) were discussed in the extracted data. Those comprised providing accurate information (1), supporting the patient's autonomy (1), increasing knowledge about available services (2), providing instructions related to the disease (1), and supporting coping with the disease or its treatment (4). Finally, only 15% or two of the 13 layout-related attributes were discussed. Those contained using formatting that attracts attention (1) and using formatting that promotes understanding (2).

5 ETHICAL CONSIDERATIONS

Ethics refer to the study of right and wrong. Thus, it encompasses discussion of values, rights, personal beliefs and societal norms (Houser 2012, 53). Various ethical problems are highly involved in research processes. The Ethical Principles and Guidelines for the Protection of Human Subjects of Research could be viewed as the cornerstone regarding research ethics. The statement – also known as the Belmont Report – presented three principles that ought to guide any and every research process related to human beings. The basic principles comprised respect for persons, beneficence or protection from harm and justice. (Houser 2012, 58.)

Within the literature review, there were no contacts to the people involved in the initial studies. Yet, the reviewed researches were included in the study only if they appeared to have respected the rights of participating individuals (Johansson et al. 2007, 73). Similarly, the researches were excluded if their results did not appear to be based on the stated data. All decisions to include articles were justified in the report. Such transparency was stated to increase reliability of a literature review. That was especially essential since there was only one researcher involved in the process (Johansson et al. 2007, 51). Yet, the complemented language skills of the researcher increased the quality of the research process that covered material in English, Finnish and Swedish, and required translation of data – even including the frame material that could not be found as an English publication.

In addition to the general research ethics, specific questions had to be discussed within a literature review. Since the researcher was personally involved in the process, objectivity had to be sought intentionally. Hence, the researcher aimed to reflect personal values during the project. That promoted integrity of the study process (Houser 2012, 66). Moreover, the quality of the collected data was discussed with the instructor. The theory material was researched utilising reliable databases and other recommended sources. Every source was assessed critically in order to ensure its quality and to avoid use of duplicates (Johansson et al. 2007, 53). All the quoted sources were indicated along the text and in the references. Thereby, transparency of the research process was also promoted.

6 IDEAL COUNSELLING MATERIAL FOR IMMIGRANTS

The literature review included 23 publications, which discussed the attributes of health care counselling materials considered ideal by immigrant patients. Results of this research were generated by organisation of the extracted data. The frame of analysis was developed from a guideline presented by Kyngäs et al. (2006, 66). The frame contained three categories – purpose, content and layout-related attributes – and 41 subcategories. The included data covered approximately one-third of the features mentioned in the frame material. The attributes recognised by the extracted data were listed in the following Table 5 in the order of prevalence.

TABLE 5. The ideal attributes of counselling material

Ideal attributes	Category
Considering the particular needs of the target group	Content-related
Acknowledging the target group	Content-related
Avoiding complexity of language	Content-related
Supporting coping with the disease or its treatment	Purpose-related
Increasing knowledge about available services	Purpose-related
Not requiring prior information about the matter	Content-related
Using format that promotes understanding	Layout-related
Utilising pictures to attract attention	Content-related
Explaining pictures in words	Content-related
Providing accurate information	Purpose-related
Providing instructions related to the disease	Purpose-related
Reasoning the given advice	Content-related
Supporting the patient's autonomy	Purpose-related
Using format that attracts attention	Layout-related

Table 5 describes ideal patient counselling material for immigrants. Firstly, the material should acknowledge the target group and consider its needs. It should be purposed to support patients' autonomy and coping, as well as to provide accurate information and instructions about the condition and available services. Moreover, complexity of language and requirements for prior information should be avoided. The contents should include attractive, well-explained pictures and reasons for advice. The layout should increase understandability and attract attention. Yet, as the significance of the attributes varied in the data, a further examination was due.

6.1 Content-Related Attributes

Approximately half of the content-related attributes listed in the frame material were also discussed in the included data. That might be interpreted as indication of the importance that the immigrant patients placed upon the contents of the counselling material. Especially, the attributes related to consideration of the target group were common. The remarkable number of 16 different articles recognised the attribute of 'considering the particular needs of the target group'. The majority of the related expressions were focused on the linguistic needs, preferring either use of the first languages of the patients or an international language such as English (Harvey et al. 2011, 186; Strunk, Townsend-Rocchiccioli & Sanford 2013, 48; Kleier 2010, 186; Hill 2006, 63; Valkky 2011, 23; Aronson & Karlsson 2014, 16).

In addition, the immigrant patients were discovered to appreciate counselling material with tailored contents that acknowledged the unique needs for example caused by deprivation in refugee camps or culturally specific dietary habits (Burke, Jackson, Thai, Stackhouse, Nguyen, Chen & Taylor 2004, 154; Serafica 2001, 133). In one article, the complex needs of the target group were divided in a particularly relevantly way into surface structures referring to the language tailoring and deep structures, or addressing the sociocultural background (Gucciardi & Chan 2013, 243). Altogether, tailored features of the counselling material were claimed to promote care adherence, reduce health disparities and ultimately meet the needs of the immigrant patients (Poureslami, Nimmon, Doyle-Waters, Rootman, Schulzer, Kuramoto & Fitzgerald 2012, 549; Aronson et al. 2014, 16).

Another exceptionally widely mentioned feature was the more general attribute of 'acknowledging the target group'. It was discussed in 13 of the included articles. The original wordings were most often connected to cultural matters. The patients were discovered to prefer counselling material that was culturally adapted, appropriate or relevant. Practically, utilisation of patient vignettes or real life stories and illustrations depicting members of the ethnic group were considered to reflect the acknowledgement of the target group (Weintraub, Maliski, Fink & Choe 2004, 278; Peterson, Link, Jobe, Winston, Klimasiewski & Allegrante 2014, 135). Consideration of social and environmental factors was also recognised under the particular attribute (Lopez-Dicastillo & Belintxon 2014, 523).

Out of those 13 publications discussing the target group acknowledgment, four specified it as involvement of the particular community into the process. Such a participatory approach was reasoned to promote embracement of cultural nuances and to encourage engagement in the self-care as a result (Poureslami et al. 2012, 549). Similarly, the other articles under that specific subcategory mentioned the promotion of care adherence as the major benefit of acknowledging the target group (Chunyan, Qingshan, Hongling, Li, Xianhua & Wei 2013, 7; Povlsen, Olsen & Ladelund 2005, 169). Furthermore, that attribute was claimed to promote the ability to relate to the information and even to be a prerequisite for immigrants who were to receive appropriate health services (Chalungsooth & Schneller 2011, 183).

Yet, two of the included articles presented a controversy towards the usefulness of the tailored patient education material in written form. According to those two publications, some immigrants have poor or non-existent literacy skills even in their own language. As a result, written sources of information were claimed insufficient regardless of their linguistic or cultural appropriateness or the idealness of their other attributes. Various methods were mentioned as a solution to the problem. For instance, providing a combination of written resources with audio and video material was stated to meet the needs of the poorly literate or illiterate immigrant patients. Another solution could be a culturally relevant group counselling organised by a group leader who would not only be knowledgeable of the particular health topic but also fluent in the language preferred by the patients. (Aronson et al. 2014, 16; Hill 2006, 63.)

The next commonly recognised content-related attribute or 'avoiding complexity of language' was discovered in five articles. Those supported the previously noted controversy by highlighting that mere choosing of the language was not sufficient, since also the literacy level should be considered (Burke et al. 2004, 161; Weintraub 2004, 278). The immigrants valued plain language, narrative illustrations and avoidance of complex medical terms (Harvey et al. 2011, 187; Brito-Ashurst, Perry, Sanders, Thomas, Dobbie & Yaqoob 2013, 407; Laurén & Kauppila 2013, 35). Such features were reasoned to promote understanding of provided information. The same benefit was linked with the attribute of 'not requiring prior information about the matter'. It was discussed in two articles. According to those, the patients preferred material that presented definitions and context of terms prior to discussing the topic more thoroughly (Burke et al. 2004, 161; Laurén et al. 2013, 36).

In addition, the attribute of 'reasoning the given advice' was specifically emphasised in one of the included publications. The particular research claimed that arguments to defend the given instructions promoted deeper understanding in the patients (Bircan & De Leon 2013, 14). The publication explained further that the resulting understanding lead to taking ownership of one's care and committing to it (Bircan et al. 2013, 15). Therefore, also this individual source supported the previously discussed essential connection between the intelligibility of the information and care adherence.

The rest of the content-related attributes covered by the included material were focused on the use of pictures. The attribute of 'utilising pictures to attract attention' was discussed in two separate publications. Those articles demonstrated that in particular clear and colourful pictures have been discovered to arouse interest and motivate immigrant patients to gain knowledge about the particular topic (Välkky 2011, 46; Hill 2006, 63). This indicated that utilisation of carefully chosen visual illustrations might contribute to the idealness of patient counselling material. Finally, the attribute of 'explaining pictures in words' was identified in one publication. That placed value on enclosing relevant descriptions for each of the pictures, as it was also noted to promote the intelligibility of the material (Välkky 2011, 46).

The included data ignored half of the content-related attributes listed in the frame material. Two of the ignored attributes focused on the material itself and its producer. The fact that the immigrant patients were not found to desire those features might reflect the relative irrelevancy of such background details from the perspective of the target group. Another reason for ignorance could be the fact that the immigrant patients were merely concerned about their health condition and hence expected that the material would provide information and instructions only related to the specific topic. Similar arguments might reason the ignorance of personal attributes such as ‘avoiding hurting of anybody’s feelings’ and ‘speaking to the patient (using ‘You’-form)’.

On the other hand, the absence of the attribute ‘proceeding from the most important to less important’ could be interpreted as a sign that the immigrant patients either viewed the order as an irrelevant factor to discuss, or they considered any information related to their condition as important. The last-mentioned argument might also reason the fact that the attribute of ‘providing information that is important for the patient’ was ignored. Finally, the researcher did not discover a major explanation for the absence of the last content-related attribute or ‘ensuring readability by use of titles and subheadings’.

6.2 Purpose-Related Attributes

The most prevalent purpose-related attribute of the patient education material for immigrants concerned provision of support. The attribute of ‘supporting coping with the disease or its treatment’ was covered specifically in four of the included articles. The immigrant patients were discovered to expect information that supported their daily life with a medical condition (e.g. diabetes) or after a related procedure (e.g. hip operation) (Bircan et al. 2013, 12; Välkky 2011, 23). Such information in a written form was noted to support the process of acculturation, to ensure equal quality of care for the ethnic minorities and to promote the patients’ participation in the self-care (Seráfica 2011, 133, Laurén et al. 2013, 15).

In addition, one included publication discussed supporting the patient's autonomy as an ideal attribute related to the purpose of the counselling materials. The study declared that the entire presentational design ought to reflect the privacy and personality of the condition. According to that specific research, immigrant patients preferred counselling material, which acknowledged sensitivity of the health topic (i.e. prostate cancer). Thereby, ideal patient education material was claimed to approach the matter from a personal level instead of the care provider's organisational perspective. Such an attribute was presented to promote patients' individuality and autonomy. (Kleier 2010, 186.)

Yet, the rest of the few purpose-related attributes mentioned in the extracted data focused on the provision of information about various care-related topics. The attribute of 'increasing knowledge about available services' was noted in two of the included articles. The immigrant patients were discovered to appreciate detailed information about the provided health services. Such knowledge was claimed to alleviate the culturally experienced hesitation about seeking help and to ensure equal quality of care for clients using foreign languages (Shpiko 2008, 335, 338; Laurén et al. 2013, 15). It appeared relevant that practical information was required about the services primarily, since the health care systems in the original living environments of the immigrant clients often differed from those of the current location. Ultimately, the immigrants could consider the health care service beneficial only when they were truly able to access it.

One publication further recognised the attribute of 'providing accurate information'. The attribute was reasoned as a method to replace wrong knowledge available via commonly used but less reliable sources such as the Internet. It was further stated that in order for patients to reach the correct information, it should be conveniently accessible. In addition to ensuring the accuracy and accessibility, it was noted equally essential to consider the literacy level of the immigrants and the fact that some of them might be illiterate. Therefore, written counselling material was stated once again as a beneficial tool for transferring information only in case where the patients could read. (Aronson et al. 2014, 16.)

Furthermore, the informative function of counselling materials was discussed in an article related to 'providing instructions related to the disease'. The patients were revealed to experience a lack of information about the cause, prognosis and daily impacts of their disease. Consequently, the corresponding attribute was presented as a method to transfer knowledge about the health condition and its risks. Such instructions were mentioned also to enable self-care and to promote participation, thereby improving general health as experienced by the patients. Hence, it could be concluded that immigrant patients appreciated counselling material, which provided practical information regarding both the particular condition and related care services. (Peterson, Link, Jobe, Winston, Klimasiewfski, Allegrante 2014, 138.)

The ignored purpose-related attributes included 'transferring message about the patient's position', 'reducing the patient's anxiety' as well as 'answering daunting questions'. The fact that such rather emotional attributes were not connected with the purpose of counselling material might be interpreted to reflect the limitations of written text as compared to human interaction. In other words, immigrant clients appeared to leave previously mentioned humane features of counselling for the face-to-face communication. On the other hand, the ignorance of deeper or wider purposes such as 'defining health and illness' or 'educating patients' could indicate the patients' practical perspective. The particular argument was further supported by the fact that the discussed attributes appeared quite pragmatic.

6.3 Layout-Related Attributes

The data discussed only two of the layout-related attributes recognised in the frame material. The attribute of 'using formatting that promotes understanding' was mentioned in two of the included articles. A poster-form was preferred, as it was considered an easy and quick reference (Chalungsooth et al. 2011, 186). Additionally, pamphlets and magazines were stated as relevant formats for transferring information about appropriate health care services (Niederhauser & Stark 2005, 384). The attribute of 'using formatting that attracts attention' was covered in one of the articles. That publication presented visual appeal as a method to motivate the immigrant clients to read the contents of the material (Harvey et al. 2011, 186).

It was noteworthy that the data appeared to focus merely on the general formatting, and even that was discussed rarely. Ignored attributes were 'leaving space to create peaceful expression', 'leaving marginal to ensure readability', 'highlighting information with use of colours', 'using colours with moderation', 'using vertical/ horizontal format relevantly' and 'using matt paper instead of glossy'. Omission of such matters was interpreted to reflect priorities. Topics such as relevancy and intelligibility seemed to be more commonly discussed than appearance of the material. However, the fact that the included articles covered some of the layout-related attributes proved that the immigrant patients placed some value on such aspects. Yet, layout of the counselling material was discovered clearly inferior to its contents and purpose.

7 DISCUSSION AND CONCLUSION

The objective of this study was to describe the features that contribute to the quality of counselling material produced for the use of immigrant clients. Hence, the researcher sought to promote the state of immigrant patient education. This study was conducted as a literature review, which complied with the basic principles of a systematic literature review, apart from the fact that there was only one researcher and the breadth of the data collection was limited. Nevertheless, the data was processed utilizing a deductive content analysis. The major result of this study comprised the significance of target group consideration as an ideal attribute of counselling material for immigrant patients.

The choice of a literature review as the research method appeared appropriate. Due to the limited resources, a single researcher could not have covered such a wide amount of participants by any other form of study. By performing a review on the specifically selected set of data, the researcher was able to gain a relatively holistic understanding of the needs and preferences of the immigrant clients living both in Finland and abroad. Besides, the final keywords that were modified during the data search process seemed to provide sufficiently wide knowledge related to the topic. In case of greater resources, a deeper data search could have been implemented for instance using keywords specialized to the common nationalities of immigrants living in Finland. Such groups of more complicated keywords could have resulted in a larger amount of local data, which was lacking in this study.

Nonetheless, the deductive content analysis was certainly a relevant choice for this particular research. On one hand, the chosen frame material was located in Finland. The frame material could also be considered excellent in regards to its quality, as it was a work of the famous nursing theorists Kyngäs and Kääriäinen. Hence, its reliability and locality brought the global data into the Finnish context. On the other hand, the frame material did not focus on multicultural patient education. Consequently, less specific requirements for consideration of the target group and its needs were highlighted as the most essential attributes of the counselling material produced for immigrants.

For the most part, the process of producing results was smooth and unproblematic. Yet, a few attributes did not correspond completely with the subcategories of the frame material. It was due to the previously discussed fact that the frame material did not focus on cultural sensitivity of patient education. For example, no specific subcategory existed for linguistic matters, which were discussed very commonly but were classified under the general subcategory of 'considering the particular needs of the target group'. Correspondingly, the frame material did not mention involving the target group in the process. Instead, the attributes related to the target community participation were organised under the vague subcategory of 'acknowledging the target group'. Despite the previous deficiencies, the content analysis produced coherent results of the ideal attributes of counselling material.

The expenses of this research were considered minor. Therefore, the researcher bore personally all the costs that occurred during the process. In addition to finances, also time might be viewed as a resource. Hence, it had been claimed vital to plan a literature review also considering the time and effort that it would require (Jesson et al. 2012, 24). The preliminary schedule of this research was developed in the format of a Gantt chart, in which the stages of the literature review were combined with the three main phases as presented by Johansson et al. (2007, 5). The initial planning phase included performing the scoping view and developing the research plan, whereas the second phase or the implementation comprised collecting the data and performing the content analysis as well as generating the results of the study. Finally, the third phase or reporting indicated the seminars, drawing the conclusion and discussion, and finalising the abstract.

The planning proceeded according to the preliminary timetable, whereas the implementation required less time than generously reserved. Thus, the rest of the process was also finished ahead of the schedule. The efficient progress of the research could be viewed as one of the major assets of performing the study alone. The independent work allowed for flexible use of time. On the other hand, having more than one researcher could have furthered transparency of the process. Yet, supervision by the thesis instructor continued throughout the project, including regular discussions and evaluation of the process. The researcher was willing to receive feedback and suggestions, and to reason every phase of the thesis.

The reliability of the process was further promoted by thorough consideration and careful documentation of each phase of the process. Originally, the initial scoping view ensured relevancy of the key concepts. Patients and clients, immigrants and foreigners as well as counselling and care adherence were all proven to be within the core of the theme. Furthermore, transparency of the data collection and extraction was promoted by complying with the high standards of a systematic literature review. That comprised documenting each decision concerning inclusions and incorporating the related table with the thesis. Consequently, also the results could be viewed as reliable and reproducible.

The results might be considered to answer the research question comprehensively, as they incorporated a specific set of attributes that were claimed ideal in written counselling material provided for immigrant patients. The results were presented both as a table and text to promote intelligibility. The significance of each attribute was considered based on its prevalence in the data, in order to emphasize the most essential results. The results relevantly reflected two of the components of counselling as stated in the theory: communication and patient's context were both clearly connected with the recognised importance of understandability and the need for linguistic and cultural tailoring of the material. However, the results did not present a particular connection with the third component or counselling activity. It could be explained by the study's limited focus on written counselling material. That required ignoring other activities related to counselling processes.

Another controversy appeared in relation to the role of the written materials when compared with previous research. Some researches questioned the benefit of the leaflets and posters due to the varying literacy levels of immigrant patients. Yet, the majority of the previous research and the included data recognised the role that written materials – particularly when combined with illustrative pictures – might have in patient education, which naturally required communicative contacts as well. The results of this study did not claim that written counselling materials would cover the entire component of communication. Instead, the results presented ideally produced patient education literature as one tool to support counselling processes and to promote the immigrant clients' rights as well as care adherence.

Both the counselling theory that the research was based on and the current trend have been towards a more patient-centred care, which was acknowledged in the entire study from formation of the research question to inclusion of the data and generating of the results. Thus, the chosen theme could also be claimed timely. The continuously increasing immigration was another major defence for relevancy of a multicultural topic. Still, previous researches revealed that the counselling materials available for immigrants living in Finland were either lacking or non-existent. Therefore, this research as an entirety was significant for the Finnish health care. Consequently, the researcher sought to get the work published in nursing journals, desiring to spread the knowledge and to motivate health care professionals participating in production of counselling material for immigrants.

As a reflection, this study process provided the researcher with a unique learning experience from choosing of the topic to finalisation of the thesis. The process promoted understanding of the complexity of a literature review and nursing science in general. Therefore, the researcher learned to appreciate the work of nursing scientists and to search for evidence-based information. The thesis process also taught about maintaining transparency and justifying decisions. In regards to the theme of this particular study, the researcher gained a wider perspective of counselling of immigrant patients. Moreover, after generating the results, the researcher felt more capable to participate in any given project related to producing patient education material for foreigners.

Due to the narrowness of this particular study, the researcher discovered that the topic required additional attention. The majority of the reviewed data was located abroad, while the researcher experienced a lack of Finnish publications. Thus, needs and preferences of immigrants living in Finland should be studied more precisely. The recommendations for further study comprise group interviews and action researches, which would analyse the experiences of the immigrants in regards to tailored patient education material, and ideally involve the target groups in the development of such products. Decisions about particularly relevant target groups could be made based on statistics about locally prevalent immigrants, since regional variations were discovered. Finally, the projects could utilize the language skills of health care professionals and students with foreign backgrounds.

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TABLE 6. Articles included in the systematic review

EBSCOhost	“patient education OR counseling OR counselling” AND “immigrant OR foreigner” AND “written material OR literature”			16 hits 3 included
Reference	Aim of study	Focus and location	Method	Reasons
Harvey, I. & O’Brien, M. 2011. Addressing Health Disparities Through Patient Education. The Development of Culturally-Tailored Health Education Materials at Puentes de Salud. Journal of Community Health Nursing. 28, 181-189.	To describe the development, implementation, and preliminary evaluation of a health information intervention.	Development of culturally and linguistically appropriate health brochures. Puentes de Salud, Philadelphia.	Systematic needs assessment using the PRECEED-PROCEDE model. 20 individual patient interviews.	Attributes of the culturally appropriate health brochures discussed.
Serafica, R. 2011. Concept Analysis of Acculturation in Filipino Immigrants Within Health Context. Nursing Forum. 46, 128-136.	To analyse and clarify the operational definition of acculturation of Filipino population within the context of health.	Elimination of health disparities by incorporating acculturation issues into nursing and health care. Hawaii, US.	Concept analysis of 20 articles.	Contents of the multicultural counseling material discussed.
Kreps, G. L. & Sparks, L. 2008. Meeting the health literacy needs of immigrant populations. Patient Education & Counseling. 71, 328-332.	To promote effective health communication to help immigrants recognise, minimise, and respond effectively to potential health problems.	Accessing and making sense of relevant health information. Virginia, US.	Literature review.	Specific communication interventions and strategies for immigrants discussed.

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EBSCOhost	“patient education OR counseling OR counselling” AND “immigrant OR foreigner OR multicultural OR intercultural” AND “material” AND “health”			13 hits 10 included +1 overlapped
Reference	Aim of study	Focus and location	Method	Reasons
Brito-Ashurst, I., Perry, L., Sanders, T. A. B., Thomas, J., Dobbie, H. & Yaqoob, M. M. 2013. Applying research in nutrition education planning. <i>Human Nutrition & Dietetics</i> . 26, 403-413.	To reduce dietary salt intake in the population group, with the aim of reducing their blood pressure and slowing kidney disease progression.	Dietary intervention for Bangladeshi chronic kidney disease patients. London, UK.	Design of a community-based education programme.	Attributes of the tailored education material discussed.
Strunk, J. A., Townsend-Rocchiccioli, J. & Sanford, J. T. 2013. The Aging Hispanic in America. <i>MED-SURG Nursing</i> . 22, 45-50.	To present the significant challenges facing the Hispanic population, and highlight the need for cultural sensitivity and its importance.	Promotion of culturally competent and patient-relevant care for the Hispanic population. Virginia, US.	Literature review of 40 articles.	Attributes of culturally sensitive patient education material discussed.
Poureslami, I., Nimmon, L., Doyle-Waters, M., Rootman, I., Schulzer, M. & Kuramoto, L. 2012. Effectiveness of Educational Interventions on Asthma Self-Management. <i>Journal of Asthma</i> . 49, 542-551.	To explore the effectiveness of different formats of culturally relevant information and its impact on asthma patients' self-management within the Punjabi, Mandarin, and Cantonese communities.	Asthma control of the ethnic minorities by promotion of understanding regarding the disease, health literacy and cultural issues. Vancouver, Canada.	Participatory approach with a randomized controlled trial of 92 adult asthma patients (47 Chinese and 45 Punjabi).	Attributes of culturally tailored patient educational material discussed.

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EBSCOhost	“patient education OR counseling OR counselling” AND “immigrant OR foreigner OR multicultural OR intercultural” AND “material” AND “health”			13 hits 10 included +1 overlapped
Reference	Aim of study	Focus and location	Method	Reasons
Chunyan, Z., Qingshan, G., Hongling, Y., Li, C., Xianhua, F. & Wei, J. 2013. Quality of life in China rural-to-urban female migrant factory workers. <i>Health & Quality of Life Outcomes</i> . 11, 1-9.	To report the health-related quality of life (HRQoL) of the female migrant workers in an educational project.	Health promotion package including educational material distributed to the female workers in the factory. Guangzhou, China.	Before-and-after study of a community-based health education intervention, with 934 participants.	Sociocultural attributes to consider in production of educational material discussed.
Shpilko, I. 2006. Russian–American health care: Bridging the communication gap between physicians and patients. <i>Patient Education & Counseling</i> . 64, 331-341.	To gather reliable information about Russian-Americans’ current outlook on health care, and to educate about the American health care system geared towards immigrants.	Potential health concerns for Russian immigrant communities and exploration of available educational materials. New York, US.	Literature review.	Attributes of culturally tailored patient educational material discussed.
Burke, N. J., Jackson, J. C., Thai, H., Stackhouse, F., Nguyen, T., Chen, A & Taylor, V. M. 2004. 'Honoring tradition, accepting new ways'. <i>Ethnicity & Health</i> . 9, 153-169.	To develop culturally informed hepatitis B intervention materials for Vietnamese-Americans.	Production of culturally and linguistically appropriate interventions to increase hepatitis B knowledge, and serologic testing. Seattle, US.	Qualitative sociocultural approach with 25 open-ended interviews focusing on hepatitis B and liver cancer.	Attributes of culturally tailored patient educational material discussed.

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EBSCOhost	"patient education OR counseling OR counselling" AND "immigrant OR foreigner OR multicultural OR intercultural" AND "material" AND "health"			13 hits 10 included +1 overlapped
Reference	Aim of study	Focus and location	Method	Reasons
Weintraub, D., Maliski, S. L., Fink, A., Choe, S. & Litwin, M. 2004. Suitability of prostate cancer education materials. <i>Patient Education & Counseling</i> . 55, 275-280.	To carefully assess written materials used for multicultural audiences.	Suitability assessment of materials instrument for the readability, and cultural appropriateness. Toronto, Canada.	Application of standardized assessment tool to currently available prostate cancer brochures and pamphlets.	Attributes of culturally relevant patient education material discussed.
Chalungsooth, P. & Schneller, G. R. 2011. Development of Translation Materials to Assess International Students' Mental Health Concerns. <i>Journal of Multicultural Counseling & Development</i> . 39, 180-189.	To describe the development of translation materials regarding international students' common mental health concerns.	School-related, emotional distress, interpersonal concerns, behavioral problems, environmental stressors, and physical health concerns. Arkansas, US	Qualitative study of commonly presenting mental health problems, and translation of developed material into 7 languages.	Attributes of multicultural counselling material discussed.
Povlsen, L., Olsen, B. & Ladelund, S. 2005. Educating families from ethnic minorities in type I diabetes. <i>Patient Education & Counseling</i> . 59, 164-170.	To provide suggestions for optimising education, and to call for new projects where ethnic minorities are active participants in development of appropriate materials.	Educational intervention focusing on immigrant families with children with type I diabetes. Denmark.	Intervention study of the experiences of 37 families representing various ethnic minorities.	Attributes of culturally appropriate patient education material discussed.

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EBSCOhost	“patient education OR counseling OR counselling” AND “immigrant OR foreigner OR multicultural OR intercultural” AND “material” AND “health”			13 hits 10 included +1 overlapped
Reference	Aim of study	Focus and location	Method	Reasons
Paez, K. A., Allen, J. K. & Carson, K. A. 2008. Provider and clinic cultural competence in primary care. <i>Social Science & Medicine</i> . 66, 1204-1216.	To enhance the cultural competence of clinicians and healthcare systems and to reduce racial/ethnic disparities in healthcare.	Culturally adapted education materials as a method to reduce racial disparities. Maryland, Delaware, US.	Cross-sectional study of 49 care providers from 23 clinics.	Attributes of culturally appropriate patient education material discussed.
GoogleScholar	“kirjallinen potilasohjaus” AND maahanmuuttaja			3 hits 2 included
Reference	Aim of study	Focus and location	Method	Reasons
Välkky, M. 2011. Kotihoito-ohje lonkan tekonivelleikkauksen jälkeisen kuntoutumisen tueksi. <i>Opinnäytetyö. Kymenlaakson AMK. Hoitotyö.</i>	To develop a Russian home-care guide for the Ingrian and Russian patients recovering from a hip operation.	Physical activity, movement limitations and helping tools in the post-operative self-care. Kouvola, Finland.	Project work in cooperation with Kouvola health care centre.	Attributes of linguistically appropriate patient education material discussed.
Laurén, J. & Kauppila, H. 2013. Kirjallinen potilasohjaus päiväkirurgisessa hoitotyössä. <i>Opinnäytetyö. Diakonia. Hoitotyö.</i>	To improve preoperative patient education at the department of otorhinolaryngology and increase the supply of information to the patients.	Written patient education material in ambulatory surgery. Helsinki, Finland.	Project work in cooperation with HYKS eye-ear hospital.	Attributes of linguistically appropriate patient education material discussed.

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GoogleScholar	"skriftlig patientinformation" AND invandrare			5 hits 2 included
Reference	Aim of study	Focus and location	Method	Reasons
Bircan, M. & De Leon, M. 2013. Individuanspassad information till patienter med typ 2 diabetes. Självständigt arbete i vårdvetenskap. Ersta Sköndal Högskola. Sjuksköterskeprogrammet.	To investigate the patient experiences about the information they have received concerning diabetes II.	Diabetes in the developed and developing countries.	Literature review of 12 articles.	Attributes of culturally relevant counseling material discussed.
Aronson, J. & Karlsson, H. 2014. Diabetes i ett mångkulturellt samhälle - sjuksköterskans kompetens och patientens upplevelse. Examinationsarbete. Sahlgrenska akademien. Sjuksköterskeprogrammet.	To develop a multicultural perspective about patients' experiences about living with diabetes and about the care received.	Patient-centred care of the multicultural clients with type II diabetes.	Literature review of 13 articles.	Attributes of culturally relevant counseling material discussed.

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OvidSP	“patient education OR counseling OR counselling” AND “immigrant OR foreigner OR multicultural OR intercultural” AND “material” AND “health”			11 hits 4 included
Reference	Aim of study	Focus and location	Method	Reasons
Peterson, J. C., Link, A. R., Jobe, J. B. & Winston. 2014. Developing self-management education in coronary artery disease. <i>Heart & Lung</i> . 43, 133-139.	To describe a three-step approach to develop and evaluate a novel coronary artery disease (CAD) self-management educational workbook.	Self-management education in coronary artery disease. New York, US.	Interviews using grounded theory methods. Longitudinal study of 225 people with CAD.	Attributes of cross-cultural counselling material discussed.
Kleier, J. A. 2010. Fear of and Susceptibility To Prostate Cancer as Predictors of Cancer Screening. <i>Urologic Nursing</i> . 30, 179-188.	To examine if perceived susceptibility to prostate cancer was congruent with the objectively measured disease risk.	Prostate cancer screening behaviors in Haitian-American men. Florida, US.	Correlational, cross-sectional design to obtain a sample of 143 Haitian-American men.	Attributes of culturally relevant patient education material discussed.
Hill, J. 2006. Management of diabetes in South Asian communities in UK. <i>Nursing Standard</i> . 20, 57-64.	To discuss the specific challenges related to the management of diabetes in patients of South Asian origin.	Traditional Asian culture and high risk for type II diabetes. Birmingham, UK.	Literature review of 54 articles.	Attributes of culturally relevant patient education material discussed.
Niederhauser, V. P. & Stark, M. 2005. Narrowing the Gap in Childhood Immunization Disparities. <i>Pediatric Nursing</i> . 31, 380-386.	To provide a review of the literature on disparities in immunisation rates of children and adolescents.	Intervention to minimize immunization disparities. Hawaii, US.	Literature review of 31 articles.	Attributes of culturally relevant counselling material discussed.

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ScienceDirect	“patient education OR counseling OR counselling” AND “immigrant OR foreigner OR multicultural OR intercultural” AND “material” AND “health”			12 hits 2 included
Reference	Aim of study	Focus and location	Method	Reasons
Lopez-Dicastillo, O., Belintxon, M. 2014. The Challenges of Participant Observations of Cultural Encounters within an Ethnographic Study. <i>Procedia - Social and Behavioral Sciences</i> . 132, 522-526.	To present the methodological challenges of an ethnographic study designed to gain better understanding of the cultural encounters (CE).	Health promotion and the incorporation of immigrant population. Spain.	Participant observations of the CE in between families with children and nurses were carried out, in the context of an ethnographic design.	Attributes of culturally competent counselling material discussed.
Gucciardi, E., Chan, V. W-S., Manuel, L., Sidani, S. 2013. A systematic literature review of diabetes self-management education features to improve diabetes education. <i>Patient Education and Counseling</i> . 92, 235-245.	To identify diabetes self-management education (DSME) features to improve diabetes education for Black African/ Caribbean and Hispanic/ Latin American women with Type II diabetes mellitus.	Ethnic disparity in the prevalence of diabetes and its related complications. Toronto, Canada.	Systematic literature review in six health databases for randomized controlled trials and comparative studies of 13 articles.	Attributes of culturally competent self-management education material discussed.

TABLE 7. Data extraction form

Reference	Target group	Counselling material	Attributes of the material
(1) Harvey, I. & O'Brien, M. 2011. Addressing Health Disparities Through Patient Education. <i>Community Health Nursing</i> . 28, 181-189.	Latino population living in Philadelphia US.	Culturally and linguistically appropriate health brochures or pamphlets.	Both English and Spanish text. Simplistic language. Visual appeal (pictures).
(2) Serafica, R. 2011. Concept Analysis of Acculturation in Filipino Immigrants Within Health Context. <i>Nursing Forum</i> . 46, 128-136.	Filipino population living in Hawaii, US.	Culturally sensitive material as part of a health promotion programme.	Tailored contents providing culture-specific dietary recommendations. Enhancing healthy behaviour more than identifying unhealthy behaviour.
(3) Kreps, G. L. & Sparks, L. 2008. Meeting the health literacy needs of immigrant populations. <i>Patient Education & Counseling</i> . 71, 328-332.	Vulnerable immigrant population.	Evidence-based, culturally sensitive material.	Integrating clients' perspectives. Discussing health disparities and public health issues.
(4) Brito-Ashurst, I., Perry, L., Sanders, T. A. B., Thomas, J., Dobbie, H. & Yaqoob, M. M. 2013. Applying research in nutrition education planning. <i>Human Nutrition & Dietetics</i> . 26, 403-413.	Bangladeshi population with chronic kidney disease living in the UK.	Combination of personalised education approaches reinforced by tailored printed information.	Assess the needs of the particular target group. Using narrative illustrations.
(5) Strunk, J. A., Townsend-Rocchiccioli, J. & Sanford, J. T. 2013. The Aging Hispanic in America. <i>MEDSURG Nursing</i> . 22, 45-50.	The aging Hispanic population living in the US.	Patient education materials to address prevention and treatment of commonly occurring disorders.	Using Spanish language.

(continues)

Reference	Target group	Counselling material	Attributes of the material
(6) Poureslami, I., Nimmon, L., Doyle-Waters, M., Rootman, I., Schulzer, M., Kuramoto, L. & FitzGerald, J. M. 2012. Effectiveness of Educational Interventions on Asthma Self-Management in Punjabi and Chinese Asthma Patients. <i>Asthma</i> . 49, 542-551.	Patients with diagnosed asthma among the Punjabi, Mandarin, and Cantonese communities living in Canada.	Culturally and linguistically appropriate educational intervention (pamphlets and video clips) focusing on the correct use of inhalers, medication adherence, and asthma knowledge.	Involving community in the process. Using the community's language. Applying relevant cultural beliefs and practices.
(7) Chunyan, Z., Qingshan, G., Hongling, Y., Li, C., Xianhua, F. & Wei, J. 2013. Quality of life in China rural-to-urban female migrant factory workers. <i>Health & Quality of Life Outcomes</i> . 11, 1-9.	A rural-to-urban female migrant worker community in China.	Health promotion package including educational material distributed to the female workers in the factory.	Community-based intervention. Designed according to the sociocultural context (female, young, lower social status, heavy physical work load and high prevalence of sexual ill-health).
(8) Shpilko, I. 2006. Russian-American health care. <i>Patient Education & Counseling</i> . 64, 331-341.	Russian-speaking population living in the US.	Free, electronic patient education materials in Russian.	Culturally and linguistically appropriate contents. Guidance about the available health care services.
(9) Burke, N. J., Jackson, J. C., Thai, H., Stackhouse, F., Nguyen, T., Chen, A & Taylor, V. M. 2004. 'Honoring tradition, accepting new ways'. <i>Ethnicity & Health</i> . 9, 153-169.	Vietnamese immigrant adults living in the Seattle area, US.	Intervention materials including a pamphlet, video, and barrier-specific counseling guidelines.	Including culturally appropriate images and themes. Written at appropriate literacy level Context prior to information.

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Reference	Target group	Counselling material	Attributes of the material
(10) Weintraub, D., Maliski, S. L., Fink, A. & Choe, S. 2004. Suitability of prostate cancer education materials. <i>Patient Education & Counseling</i> . 55, 275-280.	Multicultural patients with prostate cancer living in Canada.	Prostate cancer brochures and pamphlets.	Suitable for lower reading grade level. Containing specific cues (graphics, stimulation) for the target group.
(11) Chalungsooth, P. & Schneller, G. R. 2011. Development of Translation Materials to Assess International Students' Mental Health Concerns. <i>Multicultural Counseling & Development</i> . 39, 180-189.	International students from Colombia, France, Japan, China, Korea, Germany, and Saudi Arabia studying in Arkansas, US.	Translation of material about commonly presenting mental health problems into 7 languages.	Culturally tailored contents (e.g. perfectionism is not considered as an issue in the Japanese culture). Review by target group representatives. Bilingual experts, back-translation. Poster-sized format.
(12) Povlsen, L., Olsen, B. & Ladelund, S. 2005. Educating families from ethnic minorities in type 1 diabetes—experiences from a Danish intervention study. <i>Patient Education & Counseling</i> . 59, 164-170.	Ethnic minority families with type I diabetes living in Denmark.	Adapted educational material and guidelines for children, adolescent and parents.	Active participation by the ethnic minority group representatives. Acknowledging differences in culture, health/illness beliefs and level of education.
(13) Paez, K. A., Allen, J. K., Carson, K. A. & Cooper, L. A. 2008. Provider and clinic cultural competence. <i>Social Science & Medicine</i> . 66, 1204-1216.	Ethnic minorities in Maryland and Delaware, US.	Adapted patient education materials.	Tailored counselling materials for each ethnic minority.

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Reference	Target group	Counselling material	Attributes of the material
(14) Välkky, M. 2011. Kotihoito-ohje lonkan tekonivel-leikkauksen jälkeisen kuntoutumisen tueksi – projektin loppuraportti. Opinnäytetyö. Kymenlaakson ammattikorkeakoulu. Hoitotyön koulutusohjelma.	The Ingrian-Finnish returnees and Russian immigrants living in the Kouvola region, Finland.	Written guide for post-operative homecare.	Using both Russian and Finnish language. Pictures with short explanations. Colourful pictures to attract attention. Providing contact details for information and assistance. Instructing daily rehabilitation.
(15) Laurén, J. & Kauppila, H. 2013. Kirjallinen potilasohjaus päiväkirurgises-sa hoitotyössä. Opinnäytetyö. Diakonia ammattikorkeakoulu. Hoitotyön koulutusohjelma.	Patients of the HYKS eye-ear hospital.	Written counselling material for such immigrants who do not have the particular publication in their first language.	Using plain language Not requiring prior knowledge. Guiding self-care. Providing contact details in case problems occur.
(16) Bircan, M. & De Leon, M. 2013. Individanpassad information till patienter med typ 2 diabetes. Självständigt arbete. Ersta Sköndal Högskola. Sjuksköterskeprogrammet.	Patients with immigrant background and type II diabetes living in Sweden.	Written counselling material, which is not merely translated but culturally adapted.	Using everyday language. Providing information about the disease to support coping. Taking into account experiences of the focus group. Reasoning the information.

(continues)

Reference	Target group	Counselling material	Attributes of the material
(17) Aronson, J. & Karlsson, H. 2014. Diabetes i ett mångkulturellt samhälle - sjuksköterskans kompetens och patientens upplevelse. Examensarbete. Sahlgrenska akademien. Sjuksköterske-programmet.	Multicultural patients with type II diabetes living in Sweden.	Written counselling material provided ideally in the first languages of the focus groups.	Using the mother tongue of the patients. Providing reliable and relevant contents.
(18) Peterson, J. C., Link, A. R., Jobe, J. B., Winston, G. J. Klimasiewski, E. M. & Allegrante, J. P. 2014. Developing self-management education in coronary artery disease. Heart & Lung. 43, 133-139.	Caucasian, Hispanic and Afro-American population with CAD living in New York, US.	Cross-cultural educational workbook for patients with coronary artery disease (CAD).	Providing practical health information. Motivating to engage in behaviour change. Using patient vignettes. Adapting the material to its target population.
(19) Kleier, J. A. 2010. Fear of and Susceptibility To Prostate Cancer as Predictors Of Prostate Cancer Screening Among Haitian-American Men. Urologic Nursing. 30, 179-188.	Haitian-American men.	Culturally respectful care education material.	Using Haitian Creole. Reflecting the personal and private nature of the disease.
(20) Hill, J. 2006. Management of diabetes in South Asian communities in the UK. Nursing Standard. 20, 57-64.	Patients with South Asian origin living in the UK.	Linguistically appropriate leaflets for South Asian patients about diabetes.	Using Asian languages Using pictures and diagrams. Understanding cultural norms and health beliefs.

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Reference	Target group	Counselling material	Attributes of the material
(21) Nieder-hauser, V. P. & Stark, M. 2005. Narrowing the Gap in Childhood Immunization Disparities. <i>Pediatric Nursing</i> . 31, 380-386.	Hispanics, African Americans, Asian Pacific Islanders, and American Indians living in the US.	Culturally relevant educational material for ethnic minorities to reduce paediatric health disparities.	Maintaining sensitivity of culture and health literacy level. Including posters, magazines and pamphlets.
(22) Lopez-Dicastillo, O. & Belintxon, M. 2014. The Challenges of Participant Observations of Cultural Encounters. <i>Procedia</i> .132, 522-526.	The immigrant population living in Spain.	Culturally competent health promotion materials for ethnic minorities.	Taking into account socio-environmental factors Taking into account the cultural understanding of health behavior.
(23) Gucciardi, E., Chan, V. W-S., Manuel, L., Sidani, S. 2013. A systematic literature review of diabetes self-management education features to improve diabetes education. <i>Patient Education and Counseling</i> . 92, 235-245.	Women of Black African/ Caribbean and Hispanic/ Latin American ethnicity living in Canada.	Culturally appropriate diabetes self-management education for women from high-risk ethnic groups living with diabetes.	Considering surface structure (language tailoring). Considering deep structure (addressing cultural history, values, and norms).

(continues)

TABLE 8. Content analysis. Categories applied from Kyngäs et al. (2006, 66-68)

Category	Subcategory	Attribute	
Purpose-related attributes	Providing accurate information	Providing reliable and relevant contents (17)	
	Supporting the patient's autonomy	Reflecting personal and private nature of the disease (19)	
	Educating patients		
	Answering daunting questions		
	Meeting the need for knowledge		
	Preventing and correcting misconceptions		
	Reducing the patient's anxiety		
	Increasing knowledge about available services		Providing guidance about available health care services (8)
			Providing contact details for information and assistance (15)
			Providing contact details in case problems occur (15)
			Providing instructions related to the disease
	Preparing for care procedures		
	Supporting adjustment to the disease		
	Supporting coping with the disease or its treatment		Enhancing healthy behaviour more than identifying unhealthy behaviour (2)
			Instructing daily rehabilitation (14)
			Guiding self-care (15)
			Providing information about the disease to support coping (16)
	Transferring message about the patient's position		
Defining health and illness			

(continues)

Category	Subcategory	Attribute
Content-related attributes	Acknowledging the target group	Integrating clients' perspectives (3)
		Involving community into the process (6)
		Applying relevant cultural beliefs and practices (6)
		Community-based intervention (7)
		Containing specific cues (graphics, stimulation) for the target group (10)
		Review by the target group representatives (11)
		Bilingual experts, back-translation (11)
		Active participation by ethnic minority group representatives (12)
		Acknowledging culture, health/illness beliefs and level of education (12)
		Tailored counselling materials for each ethnic minority (13)
		Using patient vignettes (18)
		Adapting the material to its target population (18)
		Understanding cultural norms and health beliefs (20)
		Maintaining sensitivity of the culture and health literacy level (21)
Taking into account socio-environmental factors (22)		

(continues)

Category	Subcategory	Attribute
Content-related attributes (Cont.)	Considering the particular needs of the target group	Both English and Spanish text (1)
		Tailored contents that provide e.g. culturally specific dietary recommendations (2)
		Assess the needs of the particular target group (4)
		Using Spanish language (5)
		Using the community's language (6)
		Designed according to the socio-cultural context (7)
		Culturally and linguistically appropriate contents (8)
		Including culturally appropriate images and themes (9)
		Culturally tailored contents (11)
		Using both Russian and Finnish language (14)
		Taking into account experiences of the focus group (16)
		Using the mother tongue of the patients (17)
		Using Haitian Creole (19)
		Using Asian languages (20)
Taking into account social and environmental factors and the cultural understanding of health behavior (22)		
Considering surface structure (language tailoring) and deep structure (addressing cultural history, values, norms) (23)		

(continues)

TABLE 8. (continues)

Category	Subcategory	Attribute
Content-related attributes (Cont.)	Avoiding complexity of language	Simplistic language (1)
		Using narrative illustrations (4)
		Written at appropriate literacy level (9)
		Suitable for lower reading level (10)
		Using plain language (15)
	Not requiring prior information about the matter	Context prior to information (9)
		Not requiring prior knowledge (15)
	Providing information that is important for the patient	
	Providing background information about the material	
	Being unique and communicating about the producer	
	Speaking to the patient (using 'You'-form)	
	Reasoning the given advice	Reasoning the information (16)
	Proceeding from the most important to less important	
	Ensuring readability by use of titles and subheadings	
	Utilising pictures to attract attention	Using pictures and diagrams (20)
		Colourful pictures to attract attention (14)
	Utilising pictures to promote understanding	
Explaining pictures in words	Pictures with short explanations (14)	
Avoiding to hurt anybody's feelings		

(continues)

TABLE 8. (continues)

Category	Subcategory	Attribute
Layout-related attributes	Using format that attracts attention	Visual appeal (1)
	Using format that promotes understanding	Poster-sized format (11)
		Including posters, magazines and pamphlets (21)
	Leaving space to create peaceful expression	
	Using vertical / horizontal format relevantly	
	Using colours with moderation	
	Highlighting information with use of colours	
	Using matt paper instead of glossy	
	Leaving marginal to ensure readability	
	Using relevant line length	
	Using sufficiently large font size	
	Using clear font	
Having short, clear and styled titles		