

The importance of nurses being culturally competent

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Abstract:	
<p>The aim of this study is to explore the importance of nurses being culturally competent, especially as our society evolves into an increasingly multicultural society. Cultural competence has become an essential component in the nursing profession and a critical skill all nurses need to encompass in-order to give good quality care for their patients of different backgrounds. This is a literature review study, which was done using inductive content analysis. The theories used were Papadopoulos, Tilkki and Taylor model for developing cultural competence and Allport Gordon's contact theory. There were two research questions answered with twenty peer-reviewed articles to answer them. Research question no. 1: Why is it crucial to be culturally competent in the nursing profession? Research question no. 2: How is cultural competency taught at universities? The method used to conduct this study was a literature review; Where the articles were collected using different databases provided by the Arcada website.</p> <p>The results for this literary review found that cultural competence necessitates deep knowledge and ability that enhance nurse's skills in order to cater to the health care needs of diverse population. Recognizing cultural behaviors particularly of a sociocultural nature is crucial in analyzing the impact of cultural beliefs in thinking, reasoning, remembering and problem-solving. Cultural competency among nursing students and nursing professionals is a critical skill that must be taught and learned. One of the most effective ways to do this, is for students to engage and interact with individuals from different cultural background than one's own.</p>	
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Acronyms

ANMC - Australian Nursing and Midwifery Council

ICN - International Council of Nurses

NBHW - The National Board of Health and Welfare

PTT - Papadopoulos Taylor and Tilkki

UKCC - The United Kingdom Central Council for Nursing

FOREWORD

First and foremost, we would like to thank God, then both of our families for their continues love and support during the process of writing this thesis. We would also like to extend our gratitude's to our supervisor Pamela Gray for her continues guidance and motivation.

1 INTRODUCTION

As our societies are becoming increasingly multicultural, transcultural nursing has become an imperative element for nurses in healthcare. Transcultural nursing is a branch of nursing that has evolved and advanced nursing knowledge and skills to enhance patient care (Murphy, 2006).

An increasing number of immigrants moving to Finland means that multiculturalism and interaction between diverse cultural groups in our society are increasing and bringing its own challenges. It is also challenging the Finnish health care system, since the health care system is designed to cater to the needs of the majority of the demographics, so it cannot insure that all the healthcare needs and desires of immigrants are fully considered (Airola, 2013). This means that cultural competency is important in Finnish health care if it wants to extend its health services to the minority cultural groups. Transcultural nursing is an important element of the nursing discipline, mandating that nurses are culturally competent in their nursing practice. Culturally competent nurses are knowledgeable of cultures that are not their own and are equipped with skills that recognize specific cultural patterns. This enables nurses to develop individualized care plans for patients from culturally diverse backgrounds (Maier-Lorentz, 2008).

This thesis is a literature review study, which was done using inductive content analysis. This topic is important for nursing because healthcare professionals have been finding challenging to cope with it in the last few decades due to the world becoming increasingly multicultural and diverse. Leininger, argues that for nurses and other healthcare professionals to provide culturally congruent and holistic care, they need to gain deeper knowledge about their client's cultural background and implement this knowledge into nursing practice.

The professional education of nurses needs to produce practitioners who have cultural knowledge and skills to acknowledge and understand the customs, values, and beliefs of patients. Therefore, this thesis focuses on the importance of cultural competency to

be able to give holistic care to patients of different ethnicity and culture, and its impact in the nursing field. It will also look at the variety of teaching methods used in nursing schools and their effects.

2 BACKGROUND

In the background chapter the concepts of the research are explained in detail. The immigration in Finland is also discussed.

The phenomena cultural competence consists of two parts - “culture and “competence”- which will be further defined in detail below. Also, cultural competence in nursing and the importance of cultural competence in the nursing profession is additionally explained.

2.1 The effects of immigration on nursing in Finland

Finland is a northern European nation with a population of about 5.5 million people. It is a Nordic country located geographically between Russia and Sweden. Finland is a bilingual nation with official languages being Finnish and Swedish (Official Statistics of Finland, 2014). Due to globalization, the population demographics in the country have transformed significantly during the last two decades. According to the Official statistics in Finland (2014), about 5.5% of the people are immigrants, with the largest immigrant ethnicity being Russians (24.6%), Estonians (13.6%), and Somalis (5.2%). Finland also has its own ethnic minorities that reside in the country known as Swedes, Finnish Roma, and Sami people (Official statistics of Finland, 2014) (Leino-Kilpo, et al 2017).

Yet while the Finnish population continues to rapidly grow in diversity, nurses in the country have remained a homogenous group. A study conducted in 2008 found that approximately over 97% of the registered nurses in Finland are ethnically Finns. (Koiviniemi, 2012). In 2010, 146 nurses from EU/ETA countries have applied for work permit in Finland. Most permits were granted to Estonian nurses (108), second most permits were granted to Swedish nurses (20), and third most permits were granted to German nurses (7) (Koiviniemi, 2012). The growing cultural diversity in the Finnish population and few numbers of non-Finnish registered nurses calls attention to the need for addressing the issue of cultural competency.

Nurses treat patients from different ethnic groups regularly. According to Finnish Ministry of Justice (1992), health care that considers patients cultural needs and preferences is declared as patient's right in national and international legislation, and also in the professional ethical codes of International council of nurses. For that reason, nurses have both a moral and a legal duty to be culturally competent to cater to the health care needs of the diverse population in Finland (Repo, et al 2017).

2.2 Cultural competence

In order to simplify the comprehension of the study, the authors have broken down the fundamental components of this research.

Culture

In order to obtain an understanding of the phenomena, the meaning of the word "Culture" needs to be analyzed first. Culture can be defined in different ways, however one way of defining it is the learned, shared knowledge and symbols that certain groups apply to interpret their experience of reality and to guide their thinking and behavior (Jirwe, 2008). According to Dreachslin, Gilbert and Malone (2012), an apparent approach of the world, people, relationships and events may be unique to an ethnic group or it may be a worldview that is shared by a nation (Prosen, 2014)

Culture encompasses ethnicity, geographical background, life experiences, beliefs, physiology, and working styles. Extending respect to all of these components is a vital enzyme in bridging cultural competence. Culture plays a massive role within individual's perception of health and illness. It also dictates whether a patient seeks a certain medical intervention.

Competence

The word competence derives from the Latin word *co'mpeto* and is oftentimes used synonymously with knowledge and qualification (Hammare, 2004). Since the beginning of the 20th century, the phenomena Competence has been debated on. Since then,

Competence has been given a broad meaning in compliance with aspects for humankind and the knowledge and skills necessary for life, and specific meaning in accordance.

There is no consensus among the researchers on the definition or method measuring competence. (Cuellar et al 2008). Nevertheless, Jirwe (2008) mentions, that the United Kingdom central council for nursing, midwifery and health visiting (UKCC, 1999) defines competence as: 'the ability of the nurse to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice'. The international Council of Nurses (ICN, 2005) defines competence as "a level of performance demonstrating the effective application of knowledge, skills, attitudes and judgements". The National Board of Health and welfare (2005) of Sweden defines the meaning of competence which includes the ability, desire, knowledge and skills to succeed as a nurse. The nursing standards in Sweden (NBHW 2005), consists of these crucial competencies to reach the health care requirements of today and in the future: necessary based work, multicultural knowledge and professional responsibility.

Cultural competence in nursing

There are as many varying definitions for the term cultural competence as there are for the term culture (Murphy, 2006). According to Papadopoulos (2006), cultural competence is a continuous process that the individual undertakes to "refine" and "develop" one's ability to provide effective health and social care considering people's cultural identities, attitudes and needs, in addition to the effects that societal and organizational structures may have on them. (Josepha Campinha-Bacote, 2002) puts it as "an ongoing process with a goal of attaining the ability and skills to work effectively with culturally diverse groups and communities with a detailed awareness, specific knowledge, refined skills, and personal and professional respect for cultural attributes, both differences and similarities".

Leininger and McFarland assign to the knowledge base that nurses need to be able to deliver culturally competent care to all patients regardless of the patients' cultural background (Jirwe, 2008). Leininger describes cultural competency as a skill set to as-

ness, plan, implement and evaluate nursing care for ethnically diverse communities in the society (Jirwe, 2008). Leininger clarifies that nurses must be equipped with knowledge and skills about the patient's culture and values to be able to provide culturally congruent care (Jirwe, 2008).

Jirwe, (2008) also discussed about the Māori nurse and nurse educator Irihapeti Ramsden who created a model for cultural competency in New Zealand which is known as cultural safety. Cultural safety works to cater to health care needs of patients regardless of their culture and beliefs. It is a component of the nursing standard according to the nursing council of New Zealand (Jirwe, 2008). Ramsden believes that cultural safety should be considered as a partnership between the nurse and the patient based on the above-mentioned framework. The model illustrates a process for development in attitude and beliefs. Due to a risk for stereotyping, Ramsden does not stress the importance for nurses to gain culture specific knowledge, but rather acknowledging the customs and health relates beliefs of the patient to form a trust (Jirwe, 2008).

Although Leininger and Papadopoulos's model for culture care (which will be discussed in detail later on), asserts the importance of nurses gaining culture specific knowledge to provide culturally congruent care, meanwhile Ramsden believes the contrary stating that acquiring culture specific knowledge may pose a risk of stereotyping to the patients. Regardless of these opposite beliefs, the common aim is to train nurses to respect and facilitate a care that is culturally congruent to patients in ethnically diverse communities (Jirwe, 2008).

Cultural competence in nursing comprises different healthcare providers, agencies and organization's acquiring the appropriate skills in order to acknowledge and respond to those whose cultural identity differ from the "dominant" culture (Truong et al 2014). Engebretson argues that cultural competency is a continues process rather than an end point or event (Prosen, 2014).

Gaining knowledge of the patients' cultural perspectives facilitates for the nurse to provide a more holistic care. For example, being conscious of one's religious and cul-

tural outlooks may help as a deciding factor against the administration of a blood transfusion for a patient who is a Jehovah's Witness since these individuals are forbidden to receive this medical treatment in their faith. Having specific knowledge about patient's cultures ensures holistic and cultural component nursing care (Chand. et al, 2014)

2.3 The importance of nurses being culturally competent

Due to the increased migration to and from the U.S and the rest of the globe, transcultural nursing has become a vital element in the nursing care (Maier-Lorentz, 2008). Madeline Leininger is regarded as the founder and pioneer of transcultural model of nursing (Murphy, 2006). Leininger observed the importance of caring in nursing early on in her career after receiving overwhelming phrases of appreciation from her clients. In 1950 while working as a mental health nurse in a child mental facility with clients from diverse background Leininger observed lack of cultural care and knowledge among the nurses which is the basis in supporting the patient's wellness, healing and compliance (Maier-Lorentz, 2008). This prompted Leininger to develop the theory of culture care and universality which promotes culturally congruent care through culture care re-search findings.

Culturally congruent care requires the nurse and the client to develop a care plan that utilizes both generic and professional knowledge to reach nursing care actions and goals (Gustafson, 2005). Nursing care knowledge and skills are generally designed for the best interest of the patients. Therefore, the care process calls for the cooperation of the client and the nurse working in harmony to recognize, develop, implement and assess each caring method for culturally congruent nursing care (Gustafson, 2005). These methods can promote nurses to advance nursing decisions and actions using new cultural knowledge that are essential to individuals, groups or institutions (Murphy, 2006). For nurses to successfully deliver a care that is holistic and culturally congruent, the literature emphasizes the importance for nurses to develop cultural knowledge and competency (Jirwe, 2008).

Main concepts in Leininger's culture care model

Madeline Leininger was the pioneer of this newfound discipline in nursing. Her research into this field began with her theory of "cultural care diversity and universality," which was later completed with the conceptual "sunrise model". (Murphy, 2006) Leininger breaks down the development of transcultural nursing into three stages:

- The finding of the field (1955-1975)
- Program and research development (1975-1983)
- Recognition of the transcultural nursing worldwide (1983 – present)

In the mid-1950s, nurses had no cultural knowledge or competency to assist them in their professional work despite working with diverse communities. Leininger composed the first literature in this field and created the terms "transcultural nursing" and "culturally congruent care" (Murphy, 2006). Leininger uses terms for transcultural nursing to explain the basic principles of it, which are critical to comprehend in order to understand it. Leininger summarizes the meaning of such principles:

Care: Leininger describes care as abstract and visible concept related to assistive, supportive, facilitating and enabling methods to assist others with obvious or predictable needs in order to advance health, a lifeway, human condition or to face death (Sitzman & Eichelberger, 2010).

Culture: Another term that which is regarded as important as care and has been defined as the worldview of individuals or group of people in regard to beliefs, values, norms, pattern and practices that are learned, shared and transmitted intergenerationally (Gustafson, 2005).

Cultural care: Describes the culture care-based decisions that are designed to assist, support, or facilitate actions toward or for another individual or group with obvious or expected healthcare demands which direct nursing decisions and actions that are re-

garded as extremely helpful to the overall wellbeing of the people, or to face disabilities, death or other human conditions (Gustafson, 2005).

Cultural care diversity: The different cultural characteristics in care meanings, patterns, values, symbols, and lifeway's in or amid cultures (Murphy, 2006).

Cultural care universality: This on the other hand defines connections between culturally based care meanings, patterns, values, symbols and lifestyles within or among cultures (Gustafson, 2005).

Culturally congruent nursing care: This refers to the desired actions or decisions in regard to a) culture care preservation or maintenance, b) culture care accommodation or negotiation, and/or c) culture care re-patterning which are in line with or are precisely tailored to accommodate clients' expectations in order to improve or maintain their health (Gustafson, 2005).

Cultural care re-patterning or restructuring: This refers to the culture inspired care decisions which are utilized in sophisticated ways to assist, support, enable innovative ways to inspire individual to opt for fresh and healthier life choices while appreciating the client's cultural views and beliefs (Gustafson, 2005).

Assumption of the model

- Care is the central principle that unifies in nursing practice
- Culturally based care is used to explain, interpret, and predict nursing care concepts. It also provides a framework for nursing decisions and actions
- Nursing is a transcultural humanistic and scientific care discipline
- All cultures around the globe possess both cultural knowledge and professional knowledge that vary transculturally
- Culture based care assumptions, beliefs and practices are impacted by the worldview, language, beliefs, socio-political, geographical situation of cultures.
- Culture based care can only be achieved when cultural expressions and values are acknowledged and exercised in ways that are congruent with culture

- Cultural frays and discomfort assume lack of professional care knowledge to exercise holistic and culture- based care (Sitzman & Eichelberger, 2010).

Sunrise enabler

The sunrise model (Figure 1) is designed to serve as a holistic framework to guide and enable researchers to explore various aspects relevant to the theoretical principles of the theory of culture care. The model is both comprehensive and distinguishing in regard to the different constituents that are studied consistently for the theory. As a matter of fact, the model is not exactly the theory but rather shows and proves aspects that need to be studied in regard to the different components of the theory and the specific phenomena under study.

Madeleine Leininger's Transcultural Nursing

The Sunrise Enabler to Discover Culture Care Sunrise Model

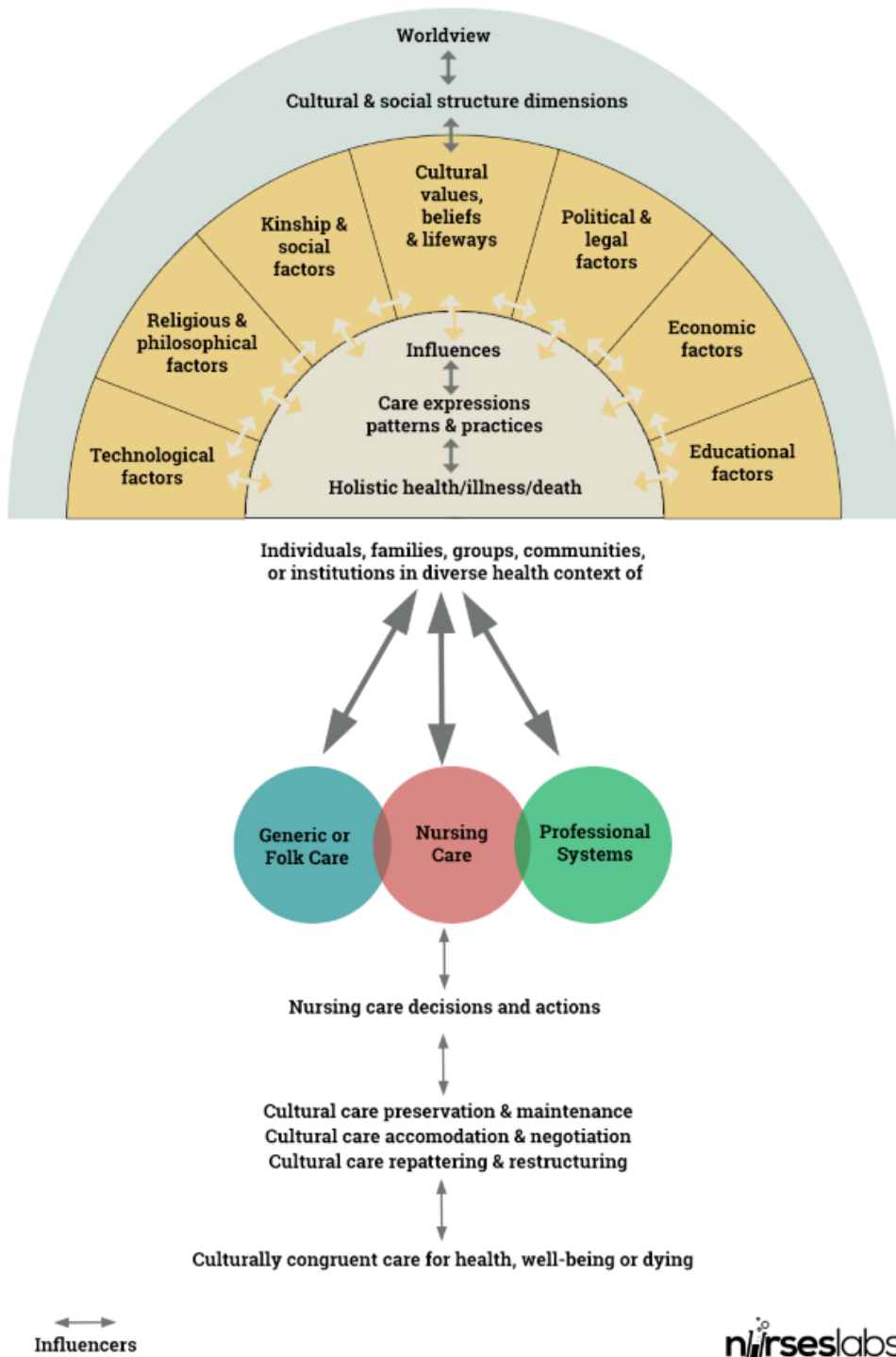


Figure 1 The sunrise enabler model

3 THEORETICAL FRAMEWORK

To achieve a better understanding in relation to the importance of nurses being culturally competent and to gain a deeper understanding of culture in the healthcare field, the study must have a theoretical framework otherwise the structure and vision of the study is unclear. Theoretical framework guides the research by providing a rationale for prediction about the relationship among variables of a research study.

This study has been conducted using two theoretical frameworks. The theories used are Papadopoulos Tilkki and Taylor model of developing cultural competence and Gordon Allport's contact theory model for teaching cultural competence.

The PTT model for developing cultural competence was used because it supports the first research question, "Why is it crucial to be culturally competent in the nursing profession?" and Allport's contact theory is supporting the second research question, "How is cultural competence taught at nursing universities?". The reasoning behind why the authors have chosen these two theories is because both frameworks believe that beneficial cultural knowledge can be attained through exposure to individuals from different cultural backgrounds, which further strengthens our results.

3.1 PTT model for developing cultural competence

The Papadopoulos Tilki and Taylor model (PTT model) for developing cultural competence (figure 2) is a model that consists of four stages: cultural competence, cultural awareness, cultural knowledge and cultural sensitivity (Papadopoulos et al 2008).

Cultural competence

Cultural competence is the ability to provide holistic care by taking into consideration individual's religious beliefs, behaviors and needs. Cultural competence is not necessarily the end, but rather a process to which we are continuously adding to through the knowledge we learn in our professional and personal experiences. To effectively

achieve cultural competence requires the combination of previously attained awareness, knowledge and sensitivity, and to utilize it in the nursing care process and other nursing procedures. The single most crucial principle in this stage is to recognize and challenge racism and all forms of discrimination and bullying.

Cultural awareness

Cultural awareness is the extent of ones' own awareness of their cultural values and identity. This aids in acknowledging the significance of our own cultural legacy and that of others and makes aware of the dangers of chauvinism. Cultural awareness is the initial step in attaining cultural competence and must therefore be complemented by cultural knowledge.

Cultural knowledge

Cultural knowledge can be attained through meaningful and deep interaction with individuals from different cultural backgrounds. This can increase their understanding of their own health conditions and behaviors as well as raise awareness around the health problems they face.

Cultural sensitivity

Cultural sensitivity ensures that we as nurses and other health care professionals do not use our powers in an oppressive way by ensuring that the clients are also considered and allowed to make their own choices and decisions about their healthcare. Cultural sensitivity cannot be achieved if the clients are not considered as true partners. Equal partnership requires trust, acceptance, respect in addition to assistance and compromise.

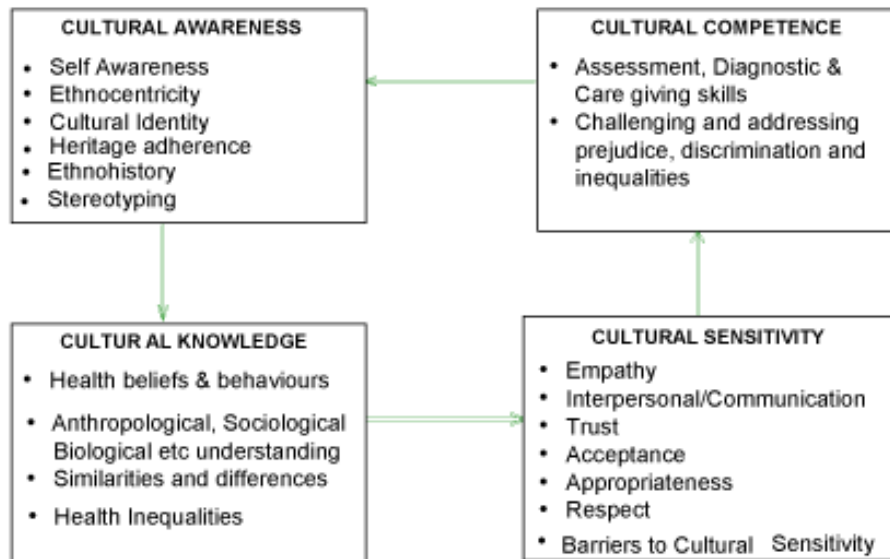


Figure 2 PTT model for developing cultural competence

3.2 Contact theory for teaching cultural competence

Gordon Allport’s Contact theory is a theory that was established in 1954 regarding intergroup contact implying that if situations were controlled conflict and prejudice amid groups could be decreased and attitudes enhanced (Pettigrew et al 2008). The contact theory provides a method for analyzing teaching strategies that utilize non-structured contact to enhance cultural competency. Allport (1994), proposed face to face interactions with individuals from different cultural background was the most effective method to reduce inter-group tensions. He suggested a number of elements that contributed to these results such as, equal status among group members, working together on common tasks, and institutional support to aid with dealing with miscommunication and conflict. The prejudice reducing effect of this type of contact is now well known.

The four conditions of Allport’s Contact Theory

Equal status: All members should have an equal relationship when performing a common task.

Cooperation: Members should be working together in a non-competitive atmosphere.

Common Goals: All members should count on each other to accomplish their shared goals.

Support by social and institutional authorities: There should be an institutional support when dealing with misunderstandings and disagreements.

Studies suggest that classes that only utilize lecture style teaching method, are less effective in reducing prejudice. However, conventional teaching strategies combined with experimental activities such as working in diverse groups and working on different social issues in a diverse community can engage students for both cognitive and emotional learning (Stough-Hunter et al 2016). Contact theory proposes that interaction among individuals can enhance cultural competency by decreasing prejudice among them (Stough-Hunter et al 2016).

4 AIM AND RESEARCH QUESTION

The aim of this research is to explore what cultural competence nursing means and why it is important for nurses to be culturally competent when caring for patients with different cultural backgrounds.

The following research questions were selected:

1. Why is it crucial to be culturally competent in the nursing profession?
2. How is cultural competence taught at nursing universities?

5 METHODOLOGY

This was a literature review study that was done using inductive content analysis, which is an account of what has been published on a topic by accredited scholars and researchers (Taylor, D. 2002). Twenty articles were chosen for the two research questions. The articles were then analyzed using inductive content analysis which is by forming main categories and subcategories.

5.1 Data collection

Prior to collecting the researched data, the authors first formulated their aim and research questions. The data collection method used for this research was a systematic collection, where the authors used a number of search engines provided by Arcada University of applied sciences. The search engines that were used were: Academic Search Elite (EBSCO), Sage and other google scholar. Below is a table that shows in detail how the articles were obtained. The key words used for the search are “cultural competence”, “care”, “cultural competence nursing education at universities” and “transcultural nursing education”. The Boolean operators was used for conjunction words to leave out or combine the keywords such as OR, AND, NOT or AND NOT. This helps the results of the searched articles to be more focused and have accurate hits (Elo & Kyngas, 2008).

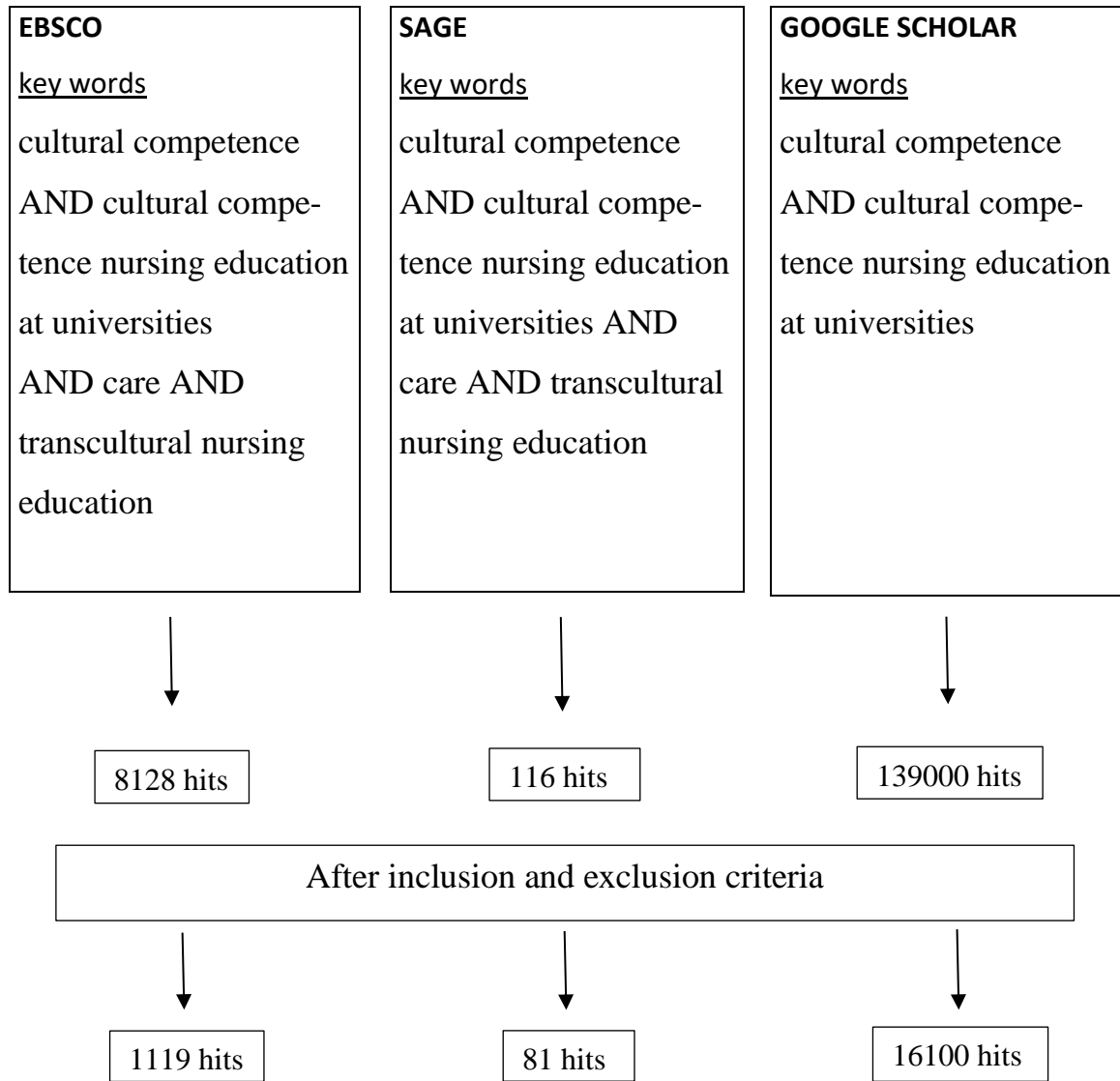
The twenty articles were chosen by reading through the abstract first to see if it contains one or more of the keywords, further skimmed through the articles and analyzed to see if it answers the research questions and fulfils the aim of this research. If the article had those potentials, then it was further read fully depending on how long the article was, then focused on the subheadings that were chosen.

The inclusion and exclusion criteria of how the twenty articles were chosen included:

1. How relevant the article was to the research question.
2. Articles including the chosen key words.

3. Articles published from the year 2005- till current.
4. Content only with full access articles that were free and full text.
5. English or Finnish language articles.

Figure 3 Article retrieval process



Since the hits from the key words were a large amount, the authors chose 55 articles to review, from EBSCO, 20 were reviewed, from these, 5 articles were chosen for the first question and 6 articles for the second research question. In the second search engine SAGE, 22 were reviewed, from these, 4 articles were chosen for the first question and 3 articles for the second question. From google scholar only 13 were reviewed and 1 article was chosen for each of the research questions.

5.2 List of articles chosen for the study

Research question no.1: 'Why is it crucial to be culturally competent in the nursing profession?'

1. Airola, E., (2013). Kun kulttuurit kohtaavat–Terveyspalvelujen monikulttuurisuus ja laatu terveydenhuoltohenkilöstön ja maahanmuuttajien kokemana, Tampereen yliopisto, Terveystieteiden yksikkö Kun kulttuurit kohtaavat.
2. Ang, W., (2017). Bridging culture and psychopathology in mental health care, *European Child & Adolescent Psychiatry*, 26, 2, pp. 263-266.
3. Cope, D.G., (2015). Cultural Competency in Nursing Research, *Oncology Nursing Forum*, 42, 3, pp. 305-307.
4. Heffernan, E, Andersen, K, & Kinner, S.A., (2015). Enhancing research quality through cultural competence: a case study in Queensland prisons.
5. Johansson, L, Golsäter, M, & Hedberg, B., (2016). Health dialogue with non-native-speaking parents: Child health nurses' experiences, *Nordic Journal of Nursing Research*: Vol 36, Issue 4, pp. 209 – 215.
6. Kirmayer, L.J., (2012). Rethinking cultural competence, *Transcultural Psychiatry* Vol 49, Issue 2, pp. 149 - 164
7. Koivuniemi, S., (2012). Maahanmuuttajataustainen koulutettu hoitohenkilöstö sosiaali- ja terveydenhuollon työyhteisöissä, Tehy ry.
8. Tavallali, A.G, Jirwe, M, & Kabir, Z., (2017). Cross-cultural care encounters in paediatric care: minority ethnic parents' experiences, *Scandinavian Journal of Caring Sciences*, 31, 1, pp. 54-62.
9. Truong, M., Paradies, Y., & Priest, N., (2014). Interventions to improve cultural competency in healthcare: A systematic review of reviews. *BMC Health Serv Res.* 2014; 14: 99.
10. Watters, A, Bergstrom, A, & Sandefer, R., (2016). Patients engagement and meaningful use: Assessing the impact of the EHR incentive program of cultural competence in healthcare, *Journal of Cultural Diversity*, 23, 3, pp. 114-120.

Research question no. 2: 'How is cultural competence taught at nursing universities?'

1. Goriup, J., (2016), Multicultural society and aging-challenges for nursing in Europe, *College of nursing in Celje*
2. Long, T.B., (2012). Overview of teaching strategies for cultural competence in nursing students, *Journal of Cultural Diversity* Vol. 19, No. 3.
3. Long, T.B., (2016). Influence of international service learning on nursing students' self-efficacy towards cultural competence, *Journal of Cultural Diversity* Vol. 23, No. 1
4. Maier-Lorentz, M.M., (2008). Transcultural nursing: its importance in nursing practice. *Journal of Cultural Diversity* Vol. 15, No. 1.
5. Noble, A, Rom, M., (2013). The Effect of a Cultural Competence Educational Intervention for First-Year Nursing Students in Israel, *Journal of Transcultural Nursing* Vol 25(1) 87–94.
6. Pacquiao, D., (2007). The Relationship Between Cultural Competence Education and Increasing Diversity in Nursing Schools and Practice Settings, *Journal of Transcultural Nursing*, Supplement to Vol. 18 No. 1.
7. Prosen, M., (2015). Introducing transcultural nursing education: Implementation of transcultural nursing in the postgraduate nursing curriculum, *Procedia - Social and Behavioral Sciences* 174 (2015) 149 – 155.
8. Repo, H, Vahlberg, T, Salminen, L, Papadopoulos, I & Leino-Kilp, H., (2017). The Cultural Competence of Graduating Nursing Students, *Journal of Transcultural Nursing* 2017, Vol. 28(1) 98–107.
9. Stough-Hunter, A, Guinan, J, & Hart, J.B., (2016). A comparison of teaching methods building cultural competency informed by contact theory. *Journey of Cultural Diversity* Vol. 23, No. 3.
10. Waite R, Calamaro C.J., (2010). Cultural Competence: A Systemic Challenge to Nursing Education, Knowledge Exchange, and the Knowledge Development Process Perspectives in Psychiatric Care Vol. 46, No. 1

5.3 Data analysis

Content analysis is widely used qualitative research method. Qualitative content analysis is one of the various qualitative methods known for interpreting and analyzing data (Schreier, 2012). It provides a logical and objective methods of describing and measuring data, as well as reduces data to concepts that describe the research aims by creating categories (Elo & Kyngäs, 2008). Qualitative content analysis is used either as an inductive or deductive way. Inductive and deductive content analysis techniques both involve three phases: preparation, organization and reporting of results. The preparation phase includes collection of relevant data for content analysis, making sense of the data, and selecting the unit of analysis. In the inductive method, the organization phase involves open coding, creating categories, and abstraction (Elo & Kyngäs, 2008). In deductive content analysis, the organization phase includes categorization matrix development, in other words the data is analyzed and coded for connection to the established categories. The categorization matrix can be approved if the categories chosen sufficiently captures what was intended (Schreier, 2012). In the reporting phase, the results are defined using the data in the categories describing the research questions using a chosen approach either deductive or inductive.

This was a literature review study, that was done using inductive content analysis. As the chosen twenty articles were read through and seen that it answers the research question, the phenomena that were mentioned repeatedly were coded with a certain color. These colors were selected as their own codes, so the commonly mentioned codes were selected to create the main categories. Through this approach the main themes were discovered.

The thesis had two authors and two research questions. A research question was assigned to each author. The first main categories formed from the first 10 articles were used to answer the first research question and the second main categories formed from the other ten were used to answer the second question. Three subcategories were developed in relation to the main categories and each research question. A table

of main and subcategories was created to simplify the concepts and for readers comprehension and can be found under the results section.

5.4 Ethical aspects of the research study

Ethics are the rules of conduct in a specific study. Research ethics provides knowledge, truth and prevents errors while protecting against fabrication, falsification or misrepresentation.

Stichler (2014) also claimed that following ethics in research, writing and publication are essential in nursing and that they strengthen social and moral values besides establishing the trustworthiness of the quality and integrity of the research. The purpose of any research is to provide learning through a better understanding of research and the impact it has on practice. Therefore, the researcher is obligated to abstain from any harm that could potentially discredit or invalidate the research. The researcher must behave in accordance with the appropriate ethical standards to protect the study and the institution from criticism or law suit.

In this thesis, ethics is taken into consideration by following the writing guide and rules and regulation given by Arcada University of Applied sciences. The work of the study was done using the ethical principles therefore both researchers have worked honestly and followed the principles of research ethics to avoid plagiarism, falsification and fabrication. The scientific articles that are used in the study were sought from scientific databases to ensure the validity and reliability of the research. To ensure the research ethics, the authors will cite and reference all the information used according to the school's guidelines and Harvard referencing style to avoid plagiarism. Below is the definition of some of the terms used in this chapter:

Plagiarism: This refers to taking other's work and using them as your own. Plagiarism can also be defined as in cooperating someone else's ideas or thoughts into your own work with or without their permission not fully acknowledging them (University of Oxford, 2016).

Falsification: Is manipulating any part of the research or modifying/concealing data or results without any scientific or statistical explanation (University of Melbourne: office for research ethics and integrity, 2013).

Fabrication: Is reporting or recording data or results that the author had made up. This research does not include fabrication as no data or results were included without correctly referencing its source. Although fabrication was avoided in this research, the authors were aware of their selection biases which they have taken into consideration in regard to the articles that were selected: publication bias, selection bias, language bias, cost bias and availability bias. The articles that were used consisted of free of charge due to the limited financial resources the authors had available to them.

6 RESULTS

In this chapter the authors present the results of the literature review. The twenty articles chosen for the two research questions are answered.

6.1 Cruciality of cultural competence in nursing

The first 10 articles were chosen to answer the first research question: Why is it crucial to be culturally competent in the nursing profession? The purpose of this question is to study why it is remarkably important for nurses to be culturally competent when caring for patients from other cultural backgrounds besides the nurse's own cultural background.

1. Why is it crucial to be culturally competent in the nursing profession?

MAIN CATEGORY	Importance of cultural competence
SUBCATOGORIES	In research, paediatric nurses dealing with immigrant parents and mental health.

Importance of cultural competence

An increasing number of immigrants moving to Finland means that multiculturalism and interaction between diverse cultural groups in our society are increasing and bringing its own challenges. It is also challenging the Finnish health care system, because the health care system is designed to cater to the needs of the majority of the demographics, so it cannot insure that all the healthcare needs and desires of immigrants are fully considered (Airola, 2013). This means that cultural competency is important in Finnish health care if it wants to extend its health services to the minority cultural groups.

Immigration is not only happening on societal level, but also among the healthcare professionals. Nurses are in demand almost in every country around the world, so nat-

urally nurses often travel abroad to work (Koivuniemi, 2012). This requires nurses to become culturally competent in their practice to provide a holistic nursing care. The aim of cultural competence in health care is to develop a method and an environment that is equipped to facilitate holistic care to diverse populations regardless of race, background or language. The healthcare sector has made efforts diminishing language barriers, however, cultural competency must stretch beyond linguistic interventions (Watters et al 2016). The cultural identity of a patient exceeds beyond language.

Cultural competency is vital in daily nursing practice due to the increasing number of patients from diverse ethnic backgrounds. This is a breeding ground for a lack of understanding and causes an enormous amount of challenges between nurses and patients when providing a holistic care that caters to their patients' individual cultural needs. In an attempt to solve this issue, nurses are required to understand cultural differences in healthcare values, beliefs and customs. It's essential that nurses possess an open mind and express positive attitude and enthusiasms to acquire knowledge of other cultural practices and methods. Transcultural knowledge is of great importance for nurses to learn in order for them to become culturally sensitive as they cater to the healthcare needs of their patients. As nurses are in a position of close proximity with their patients and are in charge of developing individual care plans that are compatible with the client's individual needs, it is fundamental for nurses to acknowledge, respect and cater to the patients' cultural needs. The most effective way to accomplish this is for nurses to increase their knowledge regarding cultural differences and become knowledgeable about the cultural preferences of their patients under their care (Maier-Lorentz., 2008).

Cultural competence necessitates deep knowledge and ability that enhance nurse's skills in order to cater to the health care needs of diverse population. Recognizing cultural behaviors particularly of a sociocultural nature is crucial in analyzing the impact of cultural beliefs in thinking, reasoning, remembering and problem solving. Cultural practices are evident in our everyday life, from the electronics that we use to our institutional and community practices and beliefs (Watters et al 2016).

The importance of cultural competency in research

Cultural competence in research is defined as “ the competence of research teams to produce accurate research that is conscious of the culture and diversity of the society when forming research aims, conducting research, and analyzing the accuracy of research results” (Cope, D. 2015). Cultural competence and sensitivity in nursing has a significant importance and powerful implications in practice and academic contexts. Cultural competency has been seen as the instrument to diminish health inequalities and improve access to quality care that is holistic and culturally congruent to the needs of the diverse patients. Multiple systematic reviews have proven the positive implications for healthcare providers adopting culturally competent educational methods. Cope. D, (2015), reports a systematic review of healthcare staff educational strategies conducted by Kirmayer, (2012), found that cultural competence training yielded positive results regarding the knowledge, skills and beliefs of health care providers and patient satisfaction. Cope (2015) also found a study conducted by Truong, et al. (2014) which reviewed methods to enhance cultural competency in healthcare staff, which revealed improvement in healthcare staff’s cultural knowledge, skills and attitudes. Although the research reviewed had utilized variety of teaching methods, patient groups, healthcare provider populations and outcome of care, the authors deduced that the phenomena of cultural competency in regard to practice and research is intricate and further research is required.

An important element in conducting culturally competent research is recruiting individuals from this specific culture to lead the research. This protects the cultural safety of the research and ensures that appropriate support and guidance is available. For example, a research conducted in Australia regarding indigenous health research appointed indigenous research manager to lead the project to protect the cultural safety of the research. Also, additional consultation was obtained from a trained reference group that consisted of four indigenous and three non-indigenous clinicians and academics. The group met frequently during the research design phase to monitor cultural integrity, minimize risks, and provide input into consultation, report writing and translation of findings (Heffernan et al 2015).

Research that examines cultural groups that is distinct from the researchers own cultural background will require a deep comprehension and examination of the chosen group's values and attitude before establishing the research study. Values and beliefs regarding health, for example the awareness about illness and interventions might have a huge implication on health and care. Likewise, recognizing perception about the research method is crucial to establish acceptance and consent in taking part of the research study. Failing to do so may jeopardize the quality of the research design, results and the study recruitment.

The importance of cultural competence for pediatric nurses dealing with immigrant parents

Due to the increasing diversity in Nordic countries, paediatric nurses deal with large group of children and their parents from variety different cultures and background. According to a research done in Sweden, immigrant parents more often than not, feel that they are dependent in regard to healthcare staff in the Swedish paediatric unit (Tavallali et al 2017). Therefore, it is crucial to recognize foreign parents' own beliefs and experiences culturally congruent care as well as their cross-cultural encounters and expectation in the health care.

Several studies have proved the importance of possessing cultural knowledge and competence when taking care of the patients' families. In one of these studies, immigrant guardians of children in the hospital have stressed the significance of nurses and other healthcare providers accepting and valuing their cultural practices and beliefs. In order for nurses to take care of these family members they must adopt culturally competent strategies in their daily nursing practice (Tavallali et al 2017). A study conducted by Johansson et al, (2016), found that paediatric nurses often are concerned and feel insecure when dealing with immigrant parents, however when they incorporate transcultural nursing in to their daily practice, it facilitates the nurses with tools for reaching their goal to deliver a culturally congruent care when dealing with parents. The study has also found that the parent's self-esteem, self-respect and cultural security increase when transcultural nursing is practiced. Transcultural nursing increases the possibility

that the health dialogue will be effective and will have a positive impact on the family's future health.

The importance of cultural competency in mental health

Cultural competence is recognized as a vital skill set for all mental health nurses, especially those working in multicultural communities or with ethnocultural minorities (Kirmayer, 2012). The growing number of incidents where the patients' racial, religious or cultural background are different from their nurses depicts the contemporary obstacles in delivering mental health services. Although the same mental health interventions and methods that are effective in diagnosing and curing mental health illnesses in mental health care for the general public can be also used to treat patients from diverse ethnic and cultural backgrounds. Researchers in the field suggest that for maximum effectiveness of the treatment equal attention must be given to cultural and societal problems that impact mental health. There is still much research to be done on the effect of culture in psychopathology, however there is now much evidence on the impact of culture on mental health illnesses. Cultural environments define the meaning of health and sickness, the period required to experience symptoms for diagnosis, and the effective treatment and the phenomenology of the syndrome as well as the choice of treatment of the illness (Ang, 2017).

The cultural differences in the expression of symptoms has a direct impact on the nurses' skills to recognize and understand the disorder. The manner in which an individual speaks and expresses oneself are means in which different cultures show, feel and handle distress. An example is the manifestation of psychological distress by the presentation of bodily or physical symptoms. Since there is a prevalence of anxiety and mental health syndromes across the world and are expressed and translated differently across cultures, it is therefore crucial to find a definition that is relevant to the patient, their family and the nurse. However, additional research is still required to examine the exact relationship between psychopathological developments and cultural idioms of distress in the genesis and course of disorders (Ang, 2017).

6.2 Cultural competence education

Ten articles were chosen to answer the second research question: How is cultural competency taught at nursing universities? The purpose of this research question was to figure out in which ways has cultural competence been implemented in nursing education in the past and to see how teachings in universities have improved. In the ten articles there were other heading that were discussed, however the focus for this question was on cultural competence nursing education, teaching methods and trainings.

2. How is cultural competence taught at nursing universities?

MAIN CATEGORIES	Cultural competence education	Cultural competency teaching methods	Cultural competence trainings
SUBCATOGORIES	Cultural competence in nursing education.	Lecture style, group discussion, student written report, clinical experiences, simulations, guest lectures, Contact Theory	

Cultural competence in nursing education

Nurses meet patients from different cultural backgrounds daily. Receiving equal, high-quality care acknowledging patients' cultural needs is defined as a patient's right in national and international legislation of Finnish Ministry of Justice since the year 1992, as well as in professional ethical codes International Council of Nurses of 2012 (Repo et al 2016).

Nurses have deliberately felt ill equipped to cater to the health care needs of their diverse patient groups from various ethnic backgrounds (Madeline, 2008). They have recognized the cultural barriers that exist between the healthcare providers and these individuals as they do not possess the transcultural knowledge needed to provide culturally sensitive nursing care. Nurses have admitted that the contemporary nursing curriculum did not provide the needed cultural training to tackle these issues (Madeline, 2008).

It's irrefutable that the principles of cross-cultural nursing serve a significant role in the practice of nursing in which education is a major component of it (Pacquiao, 2007). Extensive cultural knowledge of the individual's cultural, ethnic and racial identities facilitates an understanding and helps to remove the barriers that exist between the health care provider and the patient (Long, 2016). While there are numerous definitions and measurements of cross-cultural knowledge and competency, the objective of enhancing cultural competency and knowledge among students is agreed upon across many professions (Stough-Hunter et al 2016). A research has found that cultural competency is a skill which through training can be learned (Long, 2012).

Belonging to a minority group does not necessarily qualify a professional to be culturally competent as they carry their own worldview and previous experiences with them., which may affect their interaction with their clients. As the healthcare is now catering to wide range of people from variety of different backgrounds, the demand for education in cultural competence is universal for all health care professionals regardless of their ethnic or religious backgrounds (Noble & Rom, 2013). A research examining a group of International and United States medical alumni on diagnosis and treatment of late life depression discovered differential cultural perception of the meaning of depression and the importance for cross-cultural training for both groups (Pacquiao, 2007).

Interaction with internationally diverse students in a learning environment or in a clinical setting contributes to individual's awareness of cultural differences and promotes

an environment where communication and interactions are possible. Despite this, in order for these encounters to be practical and yield positive results for all the participants, it should be led by cultural educators and professionals. An environment should be fostered where open dialogue, sharing experiences and feelings in a respectful manner is possible under the guidance of a cultural educator who can interpret the contextualized understandings of the individuals (Prosen, 2015).

According to a research led by Lipson and Desantis found that some higher education institutions offer their students in an attempt to increase their cultural knowledge courses that focus on culture and how it effects the individual's health (Waite & Calamaro, 2010). These classes are led by specialized nurses who incorporate topics from anthropology with the nursing field. However, in these courses' students are rarely taught topics that highlight phenomena such multiculturalism, discrimination and health, although the notion of race forms the foundation of culture (Prosen, 2015).

Cultural competence teaching methods

As the nursing education is recognized to be the tool which enhances the development of cultural competence within the nursing practice as it constitutes an integral part in the improvement of skills, knowledge and character of nurses in providing holistic and care for their patients (Long, 2012). Below is a list of teaching methods that nursing schools utilize to equip their students with cultural competency:

Lecture style

It been quoted from Bond, Kardong-Edgren and Jones that lecture method has been used many centuries as the mainstream teaching method. Students taught using this mode of teaching not only successfully gain cultural knowledge but also admitted lectures delivered in a suitable setting that they were familiar were more enjoyable to them (Long, 2012). This method also facilitates for nurse educators to easily deliver the course content in a structured and coherent way to their students. The main disadvantage of lecture style as teaching method is lacks the interactive element in teaching

and has poor retention quality and its inability to develop behaviour change (Long, 2016).

Group discussions

Group discussions is a quite well-known method used in cultural competence teaching. The dynamic and effective learning process is one the many advantaged this learning method has as it facilitates great conversations and exchange of ideas. Nevertheless, diversions and failing to control the group dynamics can be obstacles (Long, 2012). Feedbacks from the participants are often collected at the end of the class has showed great progress in improvement in knowledge and attitudes of the students. There is no evidence of long term behaviour change.

Student written reports

This method is often used as evaluation method to examine the students' knowledge of the learning concepts. It has proven to retain little amount of the learning material as there is no discussion or conversation of the content. A major disadvantage in this learning method is that self-study is only proven to be successful for specific learning styles (Long, 2012).

Clinical experiences

Practical trainings and clinical experiences in real life clinical settings have improved and developed student nurses' confidence in their knowledge and skills in caring for patients from diverse cultural groups. With repeated exposure this has escalated (Long, 2012).

Due to the high number of nursing schools compared to the small number of available clinical placements creates a strong competition among the nursing schools. A research of the nursing school's competence and knowledge in regard to caring for patients from wide range of ethnic groups has revealed significant increase after multiple exposures to patients from other cultures (Waite & Calamaro, 2010).

Practical placements with culturally diverse patient groups seems to yield positive results in regard to cultural competency. Further research needs to be conducted involving the outcomes of cultural interaction during clinical placements to develop guidelines that can be shared globally with other schools (Waite & Calamaro, 2010).

Simulations

Controlled and guided simulations provide a safe and interactive environment for nursing students to practice clinical skills and cultural competency. The clinical and cultural skills learned during these virtual encounters are then evaluated by means of group feedbacks in debriefings (Long, 2012). This provides the opportunity for students to practice in a safe and controlled setting for repetition. Although this sounds attractive method of learning, the cost of the high technology mannequins and equipment and the appropriate training of the clinical staff can be steep.

Guest lectures

Guest speakers and lectures have proven to have increased the students' knowledge and wisdom. The students and the faculty have given positive feedback about the lectures and admitted having gained new insights that they wouldn't have otherwise gained without the competence of the lecturer (Long, 2012). In multicultural communities, inviting guest speakers from the community can serve as a positive outreach for the institutions.

Contact Theory for teaching cultural competence

Allport Gordon developed a theory that proposed engaging with individuals from different cultural backgrounds in person was the most effective method in reducing intergroup tensions. He suggested that there were multiple factors that contributed to this result such as equal status among the group members, cooperation on working on common goals, and institutional support to aid with dealing with miscommunication and conflict (Stough-Hunter et al 2016).

All the above-mentioned teaching methods to teach cultural competency to nursing students have proved to yield positive outcomes despite of the material, method, or curriculum chosen. Although there is yet to be produced research which compares the afore mentioned teaching methods, no educational model has declared to produce stronger results regarding cultural competency. Stough-Hunter et al (2016) has revealed that most nursing schools don't even report outcomes related to improvement in cultural competency. Since most studies have shown some positive results; however, none were able to describe the students as culturally competent (Long, 2012).

Cultural competence training

In an attempt to tackle these issues, the transcultural nursing discipline was introduced to the field of nursing. Different nurse educators and professionals have each contributed their expertise and knowledge in acknowledging the problem of facilitating health care that is suitable to the needs of diverse communities, particularly as demographic projections reveal an increase in ethnic diversity globally in the coming years. (Long, 2012).

The main aim of Health Resources and Services Administration (HRSA) is to utilize cultural competence training to enhance the quality of healthcare services in diverse communities and improve the value of managed care (Pacquiao, 2007)

Although nursing schools must include cultural competency module in their curriculum, research has yet to determine the most effective cultural competence training method to enhance students' skills and ability to work with ethnic and culturally diverse communities in their nursing profession. Conventional teaching strategies of lectures and readings have proved to be insufficient to prepare a nursing workforce that are skilled to respond appropriately to the diversity of patient's needs, choices and language (Long, 2012). Cultural competence for nurses is a continues process and a learned set of skills which facilitate culturally congruent care for the diverse individual needs of patients. Principles that constitute cultural competence include self-awareness, ambition, sensitivity, knowledge and interaction with people from different

cultures and background than one's own (Long, 2016). Self-confidence or an individual's belief in his or her innate ability to achieve desired skills is important in order to exercise cultural competence, and hence becomes the bridge between knowledge and success in a duty (Long, 2016).

Student nurses who have received cultural competence training and have gained experience with people from different cultures reveal that they have higher levels of confidence in their skills when working with diverse populations (Waite & Calamaro, 2010). Exchange study programs for nursing students have therefore been suggested as an intervention to help increase cultural competence and confidence for working with diverse communities (Long, 2016).

Aims of cultural competence training for nurses:

- To organize educational and training workshops to increase nurse's cultural knowledge in regard to patients from diverse cultural backgrounds who receive healthcare services in the facility.
- To organize educational workshops to increase nurses' skills in multicultural observation and communication.
- To establish protocols and procedures for securing quality culturally congruent nursing practice.
- To establish assessment methods to monitor the competence of nurses in meeting the health care needs of their diverse patients.
- To facilitate clinical and research workshops/conferences to disseminate evidence on practical methods to culturally competent nursing care. (Goriup, 2016).

7 DISCUSSION

The aim of this research is to explore the importance of nurses being culturally competent, especially now as the society is getting increasingly multicultural. Being culturally competent is a critical skill nurses need to have in order to provide a care that is culturally congruent. The theories used were Papadopoulos, Tilkki and Taylor model for developing cultural competence and Allport Gordon's contact theory. There were two research questions answered and twenty articles to answer them. Research question no. 1: Why is it crucial to be culturally competent in the nursing profession? Research question no. 2: How is cultural competency taught at universities?

7.1 The importance of cultural competence

The finding of the research study has confirmed that, there is an imperative and growing need for nurses to increase their cultural competency in an effort to engage their patients in their health care to decrease and diminish health disparities that are present in ethnically diverse communities (Watters et al 2016).

Majority of the articles selected for this study have recognized cultural competency as the ability for health care systems to deliver care to patients with diverse values, beliefs and behaviours while tailoring their services to meet individual's health care needs and values. The combination of cultural knowledge, skills and behaviour forms the groundwork for cultural competence. The nurse's knowledge and skills have to respond to the cultural related health beliefs and needs of the patient's health. Effective utilization of cultural knowledge and skills demands the clinician's own awareness of his or her cultural identity and the implicit assumptions that it brings (Ang, 2017). It is imperative that nurses examine their own cultural beliefs and values based on the reality that everyone has the potential to stereotype.

Although the healthcare industry has established that cultural competence is an imperative element in responding to the healthcare outcomes of the ongoing demographic change, there is still much work to be done combining cultural competence,

patient engagement, and healthcare decision-making. Cultural competence is crucial in healthcare since culture and health have a strong correlation (Watters et al 2016).

The articles studied for this thesis support the demand for increased cultural competence in nursing due to the fast-changing population, alarming health care disparities among ethnic minorities. Research also shows that cultural competence has a strong correlation with positive patient engagement (Watters et al 2016). However, additional research is needed to respond more effectively to health care needs and disparities in cultural communities through culturally competent research to ensure high-quality care in the future.

Interaction between the patient and the nurse is an inevitable occurrence in the nursing care. Acknowledging the patient's and their family member's beliefs and experiences of cross-cultural encounters can help the nurse tailor their method in their caring relationship with their patients. Language skills and the presence of nurses who speak more than one language in ethnically diverse societies can foster communication and facilitate more effective encounters between the nurse and the family members (Tavallali et al 2017).

The theoretical framework used for this research question was the PTT (Papadopoulos, Tilkki and Taylor model for developing cultural competence. This theory supports the results of the importance of cultural competence. The PTT model is a model that consists of four stages: cultural awareness, cultural knowledge, cultural sensitivity and cultural competence. Cultural awareness is the extent of ones' own awareness of their cultural values and identity. In this research we have found that being cognizant of one's own cultural beliefs and values is one of the first steps towards cultural competency. Cultural knowledge can be attained through meaningful and deep interaction with individuals from different cultural background. Cultural sensitivity ensures that we as nurses and other health care professionals do not use our powers in an oppressive way by ensuring that the clients are also considered and allowed to make their own choices and decisions about their healthcare (Papadopoulos 2006). Cultural competence is the ability to provide holistic care by taking into consideration individual's

religious beliefs, behaviors and needs. As the articles studied for this thesis have shown that culture has an enormous impact on mental health illnesses and services. It shapes how one views, defines and whether they will seek mental health services. In order to understand the views and beliefs one may have about certain mental health illnesses it's important for the nurse to form a trust and mutual understanding with their patients through cultural competence training. Therefore, this research question has confirmed that it is crucial for a nurse to understand his/her patients cultural background in order to provide holistic care.

7.2 Cultural competence education

Three of the articles display that it's not sufficient for nurses to become culturally competent by just acquiring knowledge about their patient's cultural background and health care beliefs, but it also requires nurses to reflect and analyze their own cultural prestige and achieve multifactorial prerequisites of cultural competence. Cultural competency has been defined as being an ongoing process which demands for the nurse's commitment to a new way of thinking (Papadopoulus, 2006), which may constantly develop with time and experience. To be able to successfully deliver a nursing care that is holistic and culturally congruent, it's important that nurses must recognize that cultural competence is not what one achieves but rather what one becomes.

As the results have proven that improving cultural competency and knowledge among students is an imperative element in the nursing practice (Stough-Hunter et al 2016). Including cultural content into the nursing program is in demand due to increase in demographic change. One article expressed that the combination of theoretical and practical knowledge will facilitate for students to link cultural competency with evidence-based practice. This will result in nurses to become culturally competent practitioners who are able to approach their patients holistically and deliver culturally congruent care (Prose, 2014).

The categories found in the article for cultural competence teaching methods were Lecture style, group discussion, student written reports, simulation, clinical experienc-

es, guest lectures and contact theory for teaching cultural competence. Despite these methods, from an academic viewpoint teaching transcultural nursing is a major challenge. Developing and implementing a study plan that equips students to become culturally competent requires a responsibility from the faculty and support from the organization (Prosen, 2014).

Teaching transcultural nursing requires continuous self-assessment. Included in this self-assessment is evaluation of one's comprehension of the multidimensional factors impacting nursing student's learning, growth, performance, confidence and cultural competence development. Therefore, the adaptability of the curriculum serves as an important element, because it is a stepping stone to the future teaching and learning intervention. Prosen (2014), mentioned that diverse and culturally competent organizations have become an important resource in the healthcare field as they are paving the way for organizational excellence. Hence, it's a great opportunity for nursing institutions to welcome diversity and cultural competence in their curriculum, particularly now due to the increased migration on a global scale (Prosen, 2014).

Four of the articles have mentioned no educational model has declared to produce stronger results regarding cultural competency. Therefore, developing new educational interventions and expanding the contemporary methods is in demand within the nursing education to produce leaders in the field who are highly skilled and acknowledge the growing diversity in our societies and the demands that its results in (Jirwe, 2008).

In conclusion, the faculty and administration of nursing schools need to regulate the nursing curriculum and the personal and professional development of the students, hence they'll become lifelong learners on the path to improving cultural competency (Waite et al 2010).

The theoretical framework used for this research question was the Allport Gordon's contact theory. The theory supports the findings of the cultural competence education chapter. Allport's contact theory is a theory that describes a method for analyzing

teaching strategies that utilize non-structured contact to enhance cultural competency. He proposed face to face interactions with individuals from different cultural background was the most effective method to reduce inter-group tensions. The aim of the contact theory is to enhance the learning strategies between professionals and patients (Stough-Hunter et al 2016). This framework was selected due to the fact that its beliefs that engaging with individuals from different cultural backgrounds in person was the most effective method in reducing inter-group tensions. He suggested that there were multiple factors that contributed to this result such as equal status among the group members, cooperation on working on common goals, and institutional support to aid with dealing with miscommunication and conflict (Stough-Hunter et al 2016). This proposal supports the results which have found that students who have had previous exposure to individuals from different background felt more competent than their counterparts who haven't had previous contact when dealing with patients from different background.

8 CONCLUSION

The aim of this research was to explore what cultural competence nursing means and why it is important for nurses to be culturally competent when caring for patients with different cultural backgrounds. There were two theoretical frameworks chosen to support this study, the Papadopoulos, Tilkki and Taylor (PTT) Model for developing cultural competence and Allport Gordon's Contact theory.

The articles studied for this thesis support the demand for increased cultural competence in nursing due to the fast-changing population and alarming health care disparities among ethnic minorities. Ten out of the twenty articles used for the results of the literature review highlights that cultural competency among nursing students and nursing professionals is a critical skill that must be taught and learned in order to engage ethically minority groups in their healthcare. As told by Papadopoulos that cultural competence is an enduring process of learning, and according to Allport, this skill can be learned by interacting with others from different cultures than one's own and learning from them. It is crucial for nurses to be culturally competent when working in the health care profession since culture is an integral part of individuals life and beliefs. The last ten articles pointed out the importance of teaching cultural competency in nursing school and provided methods in which they can be taught for maximum results. Although research has yet to determine the most effective cultural competence training method students have found that engaging and interacting with individuals from different cultural background than one's own has proved to be very impactful.

8.1 Strength, Limitation and Recommendation

This study was conducted over a period of 30 weeks. Ideally, a study that is to assess and investigate would be conducted for a longer period of time. The authors used twenty peer-reviewed articles which strengthens the findings. The strength of this qualitative research is that it helps in understanding culture and diversity within health care professionals especially within the nursing profession, another strength this study has is that there were two authors, and each was assigned with a research question to focus on and explore as much as possible following the inclusion and exclusion criteria. A limitation this study has faced was the lack of accessibility to the majority of the useful and high-quality scientific articles which would have made a difference to the study. It was also noted that it was much more difficult to find articles that were written on about 'The importance of nurses having cultural knowledge' which made it a challenge for the authors to find information on the topic. Due to the limited time that the authors had only three aspects of cultural competence nursing was looked into, although cultural competence is a wide topic. A recommendation for future research is to increase the knowledge base of culturally competent nursing and to enhance the education interventions for nurses. However, with only twenty articles and a short period of time all important information was not covered, Therefore, further research on this topic is required.

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