



MULTI-PROFESSIONAL VIEW ON HEALTH  
AND CULTURE OF ELDERLY IMMIGRANTS

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## **BACHELOR'S THESIS**

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### **Summary**

This study is part of a joint project named 'Leading for a Change - Placing the Elderly in the Centre'. The project was ordered by Medibothnia (see Appendix 1), starting from 1.9.2010-29.8.2011. The aim of this study is to gain knowledge and understanding based on the views of the multi-professional team regarding culture and to get information on the possibilities of activities to promote health of the elderly immigrants.

The theoretical framework used was based on Madeleine Leininger regarding trans-cultural nursing: diversity and universality. The respondent used a qualitative approach using a semi-structured questionnaire by conducting an interview in a refugee camp in eastern Finland.

The result indicated that increased knowledge of culture could assist the caregiver when maintaining and promoting the health of elderly immigrants. In addition it appeared that the informants viewed health as being healthy but not necessarily free from illness. The health of the elderly immigrants was interconnected with their behaviours, related lifestyle, nutrition and how they handle stress since stress is the major cause of unhealthy behaviours and diseases. Based on the few elderly immigrants' activities, the result emphasized that physical activities bring a positive alteration in self-awareness and wellbeing of the elderly.

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Language: English.

Key words: Multi-professional team, health, culture, culture care, cultural awareness and elderly immigrants.

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# 1 INTRODUCTION

The world today is becoming more multi-cultural and the trend of aging is expanding and migrating rapidly and there will be need of cultural diversity care by the health multi-professional team. The need to provide culture care requires the multi-professional team<sup>1</sup> to be able to consider and take into account the elderly immigrants' health beliefs, practices and cultural needs (Leininger & McFarland 2002, p. 1-2). Cultural care modifies the outlook of nursing care delivery as it enables the team to understand the expression of the elderly immigrant cultural heritage and life strategies (Bennett & Ebrahim 2007, pp 178).

The aim of this study is to gain knowledge and understanding based on the views of the multi-professional team regarding culture and to get information on the possibilities of activities to promote health of the elderly immigrants. The respondent described health in relation to culture care offered by the multi-professional team. Spector (2000, p. 91) describes cultural health care providers as having a momentous gained knowledge greater than that of the client. This completely suits the team to discover options and new ideas concerning health to change their approach to correspond with requirements of particular clients.

The multi-professional team ought to reflect and perform with a universal perception as they might meet and aid elderly people from nearly all different parts of the world. The globe has developed into being multifaceted and diverse as health care professionals support the elderly from many diverse cultures with their concerns, way of life, principles and values. The cultural knowledge, concepts and values have assisted several health care professionals in managing in the present world of cultural diversity

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<sup>1</sup> A Multi-professional team refers to a group of people who have studied and trained in different fields of health care for the purpose of improving care for ethnic minority clients (Redfern & Ross (1993). In this thesis the multi-professional team consists of doctors, nurses, social workers, interpreters and psychiatrists.

in promotion of health within nursing. Culture care and interrelated ideas are considered appropriate and significant to all health care professionals providing health to dissimilar groups (Leininger & McFarland, pp. 4-5).

In this thesis health is defined as a state of well-being or restitution state that is culturally composed, valued and practiced by individuals or groups, which allows them to have purpose in daily life (Leininger & McFarland 2002, p. 4-5). To promote the elderly immigrant health the first preliminary action is to undertake the client as part of promoting own health. Edelman and Mandle (1986, p. 207) discuss several significant goals used in promoting elderly health. The first is to put emphasis on the significance of individual dependability and responsibility in caring for one's own health, this includes promoting oneself with healthy habits and practices. The second one is to offer the elderly a healthier perceptive of assisting self and protecting care. The last one is to educate the elderly on the health benefits of using health care facilities and resources efficiently to ensure they are healthy (Edelman & Mandle 1986, p. 207).

## 2 AIM

The aim of this study is to gain knowledge and understanding based on the views of the multi-professional team regarding culture and to get information on the possibilities of activities that promote health of the elderly immigrants.

### 2.1 The Research Questions:

1. How do the multi-professional teams describe health and how do they promote health of the elderly immigrants?
2. How do the multi-professional teams describe culture and how does cultural awareness mitigate health of the elderly immigrant's?

### 3 LITERATURE REVIEW

The search for relevant literature was done using the EBSCO and CINAHL databases. The collected data had been published between the years 1994-2010 with an exception of few sources that were published before that period because the respondent found the data as significant in this study. The keywords used were elderly immigrants, health, culture care, cultural awareness, multi-professional team and activities.

Health is defined as a state of well-being or restitution state that is culturally composed, valued and practiced by individuals or groups that allow them to have a purpose in their daily lives (Leininger in Tommy & Alligood 2006, p. 479). WHO (1986) describes health promotion as a process that enables societies to improve their health condition. This is further than one's own personality, behaviours towards a wide range of social and environmental interventions. Health promotion has been regarded as a successful strategy to progress the nation's health and to achieve well-being for the young, adults and the elderly (Kyong, Sohng & Yeom 2002).

The United Nations (2009) documented that the satisfaction of the highest achievable standard of health is a fundamental right of all elderly immigrants. The basic resources of health are: shelter, food, education, peace, income, socio-justice and equality. Health promotion is the process of enabling the elderly immigrants to increase control over, to improve their health and to reach a state of complete physical, mental and social well-being. Therefore health is seen as a resource for everyday life (United Nations 2009).

### 3.1 Health of Elderly Immigrants

As the populace ages, the main predicament is to reflect on how to enhance the value and existence of healthy livelihood. Several countries are taking action on these predicaments by increasing and employing guidelines to encourage healthy aging. Healthy aging is illustrated as a life extended procedure of enhancing chances for developing and maintaining health physically, socially and mentally to attaining well-being, self-determination, life excellence and improving victorious life path alterations. To attain these aims the United Nations have set research memos on elderly health for the 21<sup>st</sup> millennium. These Memos summarize the precedence to require investigation of knowledge about elderly health with the intention of the effectiveness of protective living and therapeutical approach of health involvement. (United Nations world population aging 2009).

The elderly immigrant's health or being healthy is quoted by Kyong, Sohng & Yeom (2002) in two themes: '*Living a normal life*' and '*free from illness*'. The first theme, '*living a normal life*' is portrayed as the ability to do anything that one desires which could be attained or maintained. The second theme, '*free from illness*' symbolizes the lack of physical symptoms or conditions of any diseases. Therefore health as a whole is viewed as a state of complete physical, social and mental well-being.

According to Second World Assembly (2002), national goals planned will help in increasing the elderly immigrants' years of health and eliminating health inequality. This will be achieved through four goals: Promoting healthy behaviors of the elderly immigrant, assuring quality of health services same as those of the majority, protecting health and promoting activities that promote health. According to the Second World Assembly (2002), the four goals mentioned above reflecting elderly and a more culturally diverse population will place new demands on the health care systems and in return this primary care model on elderly immigrants will improve their health outcomes.

### 3.1.1 Health Promotion of Elderly Immigrants

A healthcare multi-professional team ought to promote health and wellbeing procedures of the elderly by providing sufficient knowledge to the elderly regarding the importance of health. The team ought to plan and evaluate the health of the elderly clients by collecting the clients' data, implementation and evaluation of health outcome. The dynamic responsibility for the improvement of the health care policy includes classification, organization and arrangement of resources that would assist in improving the client's health (Edelman & Mandle 1986, p. 549).

The preventive measures of appalling health can be taken only by the client, for example, exercise, nutrition and bad habits which might induce chronic diseases (Edelman & Mandle 1986, p. 542 ). Since age comes with physical changes that affect the elderly's body systems, the elderly face diverse organ diseases like gastrointestinal, neurological and cardiovascular diseases. The risks of these factors increase when an elderly immigrant has migrated from third world countries and has had fewer opportunities to visit the health care centers due to financial causes (Edelman & Mandle 1986, p. 542).

The health care multi-professional team ought to consider these variations and plan health guidelines in relation to promoting health. The multi-professional team can implement physical activities with the elderly by inquiring which activities the elderly took pleasure in the past. The team could assist the elderly to regain energy and participate in activities, and if certain activities are impracticable, suggest new activities that are essential in promoting the elderly's health. An individual belief is taught in the beginning of one's life and therefore it is not easily changed (Edelman & Mandle 1986, pp. 542-543).

According to Edelman & Mandle (1986, p. 524 ), several people do not like change of values and beliefs, however when it comes to health issues knowledgeable ideas are taken into consideration and thus improve one's health. The healthcare multi-



professional team should strive to promote new habits regarding healthy life of the elderly. Several elderly people are accustomed to the habits that were learnt years ago and which they have been practicing throughout their years and these may be high risk factors of health.

To promote elderly health, the health care team performs a health evaluation which is composed of one's principles and attitudes regarding health, pattern of way of life, broad awareness of health and view of health-applied practice. The first preliminary action is to undertake the client part of promoting own health. Edelman and Mandel (1986, p. 525) discuss several significant goals used in promoting elderly health. The first one is to put emphasis on the significance of individual dependability and responsibility in caring for own health, this includes promoting oneself with healthy habits and practices. The second one is to offer clients a healthier perceptive of assisting self and protecting care and the last one is to educate clients on the health benefits of using health care facilities and resources efficiently to ensure they are healthy (Edelman & Mandel, 1986, p. 525).

According to Matteson and Eleanor (1988, p. 360-362), the lack of knowledge and accessibility of health care centers might stop the elderly from participating in health promotion services. Elderly people may perhaps be unaware of the importance of health check up services that would be of assistance to them. They might associate health care with illnesses and health care medical problems and become unwilling to spare the moment and cash on health promotion plans. As a larger figure of the populace lives to a higher age, it is advantageous to the public to reduce the episodes of chronic diseases and to maintain the elderly groups practical and self-determining for a longer period to abbreviate the phase of reliance.

### 3.1.2 Social Support that Promotes Health in Elderly Immigrants

Quite a lot of elderly immigrants, as mentioned by Heikkila & Ekman (2003), wish to be in familiar surroundings and be with people to whom they are well-known. This is mentioned as an important necessity to elderly immigrant care and social support. According to Portero & Oliva (2007) family is the basis for crucial support of elderly persons. In the case of elderly immigrants who do not have family members and friends around them, doctors, nurses, and the entire multi-professional team are the base for the social support. Portero & Oliva (2007) highlight that social support on the other hand promotes a good state of health and aids in adjustments which reflects in psychological well-being and this in turn affects physical and mental health.

Physical, social and cultural environment has been known to be a major importance for the well-being of elderly people when they become in need of care in a different socio-cultural environment. The wish of the elderly immigrants to be able to live in familiar settings is because admittance to a refugee setting poses many discontinuities in lifestyle and requires new adjustments. This is quoted by the author as '*at homeness*' which is an understanding of oneself as being present and alive and a feeling of connection. Elderly people accentuate the significance of lifelong stability in order to sustain and validate their sense of identity (Heikkila & Ekman 2003).

Positive aging is an important factor that includes social and learning activities.

According to Portero & Oliva (2007), learning activities make elderly people active and agile in mental health, giving an elderly person the sense of importance and acceptance in society. Educational activities have a positive impact on memory and attention and affect a person's wellbeing and health. According to Ardelt (2000), the potential for a person's learning remains unchanged throughout their life unless affected by neurophysiological illnesses such as Alzheimer's and dementia. According to United Nations 2009, it is hard for the elderly immigrants to engage in educational activities such as learning a new language due to lack of funding and social support. The health

care and social support in the new countries is usually planned and organized to suit the needs of the majority population (Heikkila & Ekman 2003).

The recognition of these factors is only the beginning of understanding the complications of how the health difficulties, including the lack of adequate access to health services in other parts of the world, affect the well-being of elderly immigrants (Lee 2007). Recent research has recognized that the limitations faced by elderly immigrants correlate with their lack of knowledge of verbal communication, availability of services and cultural incompatibility. To facilitate access to these service availabilities, providers should foresee the difficulties faced by elderly immigrants and provide them with proper facilities to work things out (Lee 2007).

### 3.2 Culture and Its Influence on Health of Elderly Immigrants

There is no word that can describe culture precisely therefore culture has no general real meaning. Culture has been described and quoted by Spector (2000, p. 78) as “the term socially inherited characteristics of a human group that comprises everything which one generation can tell, convey, or hand down to the next, in other words the hereditary qualities we acquire”. Culture is viewed as traits that are learnt from our families and later in life transmitted to our children. These include habits, beliefs, norms, practices, customs and rituals. Another way of defining culture in the area of traditional health is that culture is not only expressed verbally but comprises our behaviours. Therefore culture is seen in the manner an individual thinks, believes and does, both voluntarily and involuntarily, and this is established through our cultural background (Spector 2000, pp. 78-79).

Ginger and Davidhizar (in Spector 2007, p. 84) discovered six cultural phenomena that differ amongst cultural groups, thus affecting the outcome of health care. The respondent will concentrate on the three cultural phenomena associated with this study and they are: environmental factors, social organization and communication. The first cultural phenomenon is the environmental factor, which is the capacity of an individual

member of a particular cultural group to prepare activities that have power over nature. This includes the preparation of traditional medicines by medicine healers. This phenomenon plays a critically significant role in the way elderly patients act in response to health care, experiences that may effect their perception on health and well-being and use of health care assets and social system (Spector 2000, p. 84).

The second cultural phenomenon that may affect the health care of elderly immigrants is social environment. The way individuals are brought up in life and live plays a vital role in their cultural improvement and recognition. Children learn their cultural traits from their family members and ethnic and religious groups. The surrounding social group (nuclear and extended families, religious or ethnic) builds a family unit that makes a social organization. Encounters with social barriers such as poverty, unemployment, homelessness and lack of health care insurance can hinder a culturally diverse group of people from entering the health care facilities (Spector 2000, p. 85).

Communication disparity is the third phenomenon that varies among cultural groups. A language barrier is generally an essential hindrance when providing multicultural health care services because it influences the results of the relationship between client and the multi-professional team. The differences may occur in numerous ways, spoken and non-spoken behaviours. Clear and efficient communication is fundamental when dealing with clients. Health care analysis, treatment and counselling are impracticable if the care giver does not understand the client. When the client feels that he/she is not understood the client tends to avoid verbal communication, hence does not realize the consequences of nonverbal behaviours. Most of the clients who are in unfamiliar environments and do not understand the language and suffer from cultural shock feel isolated from the majority group. And the end result will be withdrawing from the rest, being uncooperative or hostile (Spector 2000, p. 85).

In restitution of health, elderly immigrants in modern countries may employ measurable traditional remedies such as special food combinations and herbal tea to

restore their health. These are limitless ways for them to illustrate health care practices and beliefs and were passed down from generations and these are the reasons why the elderly prefer to use traditional rather than modern health care facilities. These reasons contribute to difficult early treatment of the underlying illnesses found in elderly immigrants (Spector 2000, p. 93)

### 3.3 Health Promotion by Health Care Multi-Professional Team

An important characteristic of health care of the elderly immigrants is the reliance on teamwork as the core of working. The main purpose of working in a team is to show efficiency in the following areas: Communication is about the way the team communicates with each other and makes an improvement by listening to each other's points and objections in order to make a decision. Responsibility in a team is a state of being in charge of someone and making sure that what they do or what happens to them is satisfactory. Accountability is being answerable and liable for someone or for the activity in the teamwork (Bennette & Ebrahim 2007, pp.79-80).

A multi-professional team consists of the following: Doctors make diagnoses and are the leaders of the group. Nurses assess the elderly immigrant's insecurities and help them to regain their well-being both physically and emotionally by giving holistic care. Social workers aid the elderly through counseling and enable them to obtain those services that are appropriate to the elderly. Interpreters help in translations from one language to another (Bennette & Ebrahim 2007, pp 180-181).

The above mentioned are described as a multi-professional team since the medical needs and well-being of elderly immigrants require the skills of many different professionals who give care individually and later share their findings to come to a decision on the plan of action. This type of care given by multi-professionals who take care of the elderly immigrants is considered as cultural care since it involves elderly immigrants who come from different cultural backgrounds. Culture care has developed into a professional nursing care that is culturally sensitive, culturally appropriate, and

culturally competent. According to Tabloski (2010, p. 89), culture care nursing is essential to meet the compound nursing care requirements of elderly immigrants and is a provision of nursing care across cultural borders that takes into consideration the background in which the client lives as well as the situations in which the elderly immigrant's health problems arises (Tabloski 2010, p. 89).

To develop and implement knowledge, multi-professional teams use three ways and skills necessary to incorporate cultural care into nursing care. The first one is being culturally competent which in a multi-professional team is to understand and focus on the total circumstances of the elderly person's condition and is a context combination of knowledge, skills and attitudes. For example, if the elderly immigrant insists on not taking meat or dairy products the team respects that and looks for another alternative for the client (Tabloski 2010, p. 89-90).

The second, being culturally appropriate, relates to the underlying background knowledge to give the elderly immigrant the best possible health care. For example, if the client prefers care from a staff of the same sex because of beliefs and values the team will respect the client's beliefs. If impossible they will strive to communicate about it with the patient. The third, being culturally sensitive, is to acquire basic knowledge and useful attitudes towards the health traditions observed among the diverse cultural groups found in the practice setting. If the elderly immigrant does not want immunizations, blood transfusions or various types of medication, the elderly person's wishes will be granted and respected (Tabloski 2010, p. 89-90).

The need to provide cultural care requires the multi-professional team to be able to consider and take into account the elderly immigrant's health beliefs, practices and cultural needs. Cultural care modifies the outlook of nursing care delivery as it enables the team to understand the expression of the elderly immigrant's cultural heritage and life strategies. The team must serve as a link in the elderly community and in the long

term care settings between the client and the caregiver who are from different cultural backgrounds (Bennette & Ebrahim 2007, p. 214).

### 3.4 Elderly Immigrants' Own Perception of Life and Expectation

Lazarus & Folkman (in Lee 2007) point out that perception of life arises from “the relationship between the person and the environment and coping is the process used to mediate this relationship”. Prior studies have shown that traditional family values of elderly people continue even when they migrate to new societies. Despite the rapid increase of elderly immigrants seeking refuge in different countries, there have been a few studies done to perceptions of stressors and changes in family relationships because of immigration (Lee 2007).

In coping with and settling their emotional and cultural conflicts in their new diverse society, immigrants may experience many difficulties. The most common difficulties experienced are financial background problems that formulates into poverty. Language barriers have led to isolation, loneliness and depression related to unemployment and social resources. These problems give the elderly immigrants a feeling of not belonging to the majority society and a sense of uneasiness and confusion from the effect of unfamiliar environment and this may lead to psychological problems associated with depression and suicide (Lee 2007).

According to Lee (2007), these problems experienced by immigrants' impact the immigrant's well-being. Being an immigrant is a traumatic process because of all the readjustments that they experience to fit in the new society. This becomes worse for an elderly who had not been given any information about the new environment, location and no prior preparation for certain changes in life. Traditional values and beliefs differ; for example, in Africa and Asia caring for elderly is never optional but a honorable responsibility of the adult child in the family. This may or may not cause emotional tribulations to the elderly and is characterized by how the circumstance is viewed by the elderly in terms of its significance (Lee 2007).

Several elderly immigrants would desire to be independent and not to disturb their children for financial support since they are worried about being a burden to them. Most of the elderly argue that after moving with their children they become powerless and ineffective since they cannot raise their own opinions in any matter. Elderly immigrants, according to different communities in different countries, especially in Africa, are the most respected people in the society (Lee 2007).

According to Heikkila & Ekman (2003), in order to offer care to elderly immigrants, it is important to be able to give care with an outcome that will result in connection with the elderly immigrant's familiarity of care. This involves giving care closely based on the elderly immigrant's culture. Several elderly immigrants' expectation and wish is to live in their home environment as long as possible and since that is not possible for many elderly immigrants who are unemployed and do not have legal papers they are forced to adapt to different environmental settings. Most elderly immigrants do not know what their situation will be in the future since most of them cannot afford the health services offered by the majority. It is therefore evident that the elderly future is fuzzy (Heikkila & Ekman 2003).

#### 4 THEORETICAL FRAMEWORK

Madeleine Leininger's theory *Culture Care Theory of Diversity and Universality*, in addition to *well-being* has been chosen as the theoretical framework for guiding this study. Madeleine Leininger is the founder of the trans-cultural nursing movement in education research and practice. The reason why her work is used as a pillar and foundation for this study is the fact that it is based on the belief that people of different cultures can inform and are capable of guiding professionals to receive the kind of care they desire or need from others. Care, according to Leininger in Tomey & Alligood (2006, p. 472), is an existing phenomenon associated with supporting,



sustaining practices or behavior toward others with a call to recover human health (Tomey & Alligood p. 472).

Leininger describes the importance of trans-cultural nursing : *‘Transcultural nursing has been defined as a formal area of study and practice focused on comparative human-care(caring) differences and similarities of the beliefs, values and patterned lifeways of cultures to provide culturally congruent meaningful and beneficial health care to people’* (Leininger and McFarland 2002, p.6)

#### 4.1 Culture Care Diversity and Universality

Culture refers to values, beliefs and practices of persons or groups that are discovered, joint or transmitted from one age group to another. Culture care diversity refers to cultural differences in care beliefs, meanings and life customs within and between culture and human beings while on the other hand culture universality refers to common or similar based care truths, patterns and beliefs reflecting care as a universal humanity (Tomey & Alligood 2006, pp.478-480).

These two concepts of Leininger’s, Culture care diversity and universality, should be taken into account when caring for multi-cultural clients. According to Leininger (1991, p. 47), culture care theory explains diversity and universality as culturally based care factors that influence health and well-being of individuals or groups. The purpose of Leininger’s culture care theory is to use research findings to offer culturally congruent, safe, and meaningful care to clients of diverse and similar cultures. Leininger presumes that care is the fundamental nature of nursing. Culturally based care is important for well-being, health and personal growth (Leininger 1991, p. 45).

According to Leininger & McFarland (2002, pp. 117-118), cultural care concepts, meanings, expressions, patterns, processes and structural forms vary trans-culturally, with diversities and similarities. The findings have shown that culture care theory has been a significant contribution to establish and maintain the discipline of trans-cultural nursing. The holistic ways of Leininger’s trans-cultural theory have led to a new vision

of knowledge and care phenomena that helps today's multi-professional team to gain knowledge about cultural differences and similarities in care (Leininger & McFarland 2002, p. 177-118).

Leininger (1991, pp. 49-56) highlights four detailed and culturally based caring knowledges and practices that should differentiate nursing aid from those of other disciplines because Leininger believes that care is an intangible fact often variable in cultural ways and values. The first reason for studying cultural theory is that the construct of care has been critical to human growth, development, and survival for human beings from the beginning of the human species. The second reason is to explicate and fully understand cultural knowledge and the roles of caregivers and care recipients in different cultures to provide culturally harmonious care. Third, care knowledge is discovered and used as essential to promote healing and well-being of patients to ensure the survival of human cultures. The fourth is that the nursing profession needs to systematically gain cultural knowledge in holistic culture perspective to discover the expressions and meanings of care, health, illness and well-being as nursing knowledge (Leininger 1991, pp. 49-56).

Leininger's Sunrise Model is designed to aid in understanding the components in her theory. The model is formed as a rising sun and contains all the elements Leininger finds important in giving culturally congruent care for health and well-being, and the key elements used in support of diversity are: individual, families, groups, communities, cultures and institutions (Leininger 1991, 49).

According to Leininger (1991, p.39), using the cultural care theory with the sunrise model helps the health care team to reflect about the cultures holistically and to discover their meaningful life ways that relate to their health, illness, or dying process. The theory assists the health care team in learning from multiple diverse people in order to establish scientific and humanistic care and health practices. Observations,

participant experiences and use of material and non-material culture symbols remain important to identify and understand culture care phenomena (Leininger 1991, p. 39).

The worldview that surrounds Leininger's (1991, p. 45) key elements refers to the way elderly immigrants can be aware of and understand the world around them as a value, picture and perception of their life. These key elements concur with Tabloski's Cultural Diversity (2010, p.89) where the author states that cultural background and language walk hand in hand regarding how patients and health care multi-professional teams work within the health systems. Tabloski (2010, pp. 89-90) gives two main goals relating to delivery of cultural competence care and these are: developing cultural and linguistic proficiency by nurses and other health care providers, and for the health care organization recognizing and responding efficiently to the cultural and linguistic needs brought by both patients and care givers to the health care practice (Tabloski 2010, p. 90).

Leininger & McFarland (1991, pp. 535-536) state that in the future more multi-professional teams who have been using the cultural care theory will discover it has benefits relating to the goal of developing nursing care performance by addition of culture care knowledge. The cultural care theory can give guidance and, care knowledge and practice associated with skilled interdisciplinary professionals and health care. The theory of cultural care is realistic and essential for learning individual or group caring trans-culturally since it presents a proportional center that makes health care teams eagerly aware of divergence and resemblance that must be familiar in order for them to care for clients.

Cultural care concerning relationships of diversities and universalities has become exclusive amongst present theories. Theories have built a need for health care professionals to learn more on cultural diversity and not to concentrate simply on universalities. This will develop a major need for the health care team to study new

ways of thinking and practice in progression of trans-cultural clients (Leininger & McFarland 1991, p.538).

## 5 METHODOLOGY – Qualitative Research

The respondent chose to use a qualitative research approach. An interview was conducted in order to investigate health promotion in relation to elderly immigrants. The qualitative research method is the analysis of ideas in depth and in a holistic way through the collection of available materials using a flexible research design. In qualitative research, findings are accepted by looking at the data to decide if the data certifies the conclusion (Polit & Beck 2004 p. 729).

Qualitative research recognizes that there is no single truth or one understanding, rather it commends individual differences. It may be used to research issues such as client's experiences or the views of healthcare staff. In order to gain understanding the researcher needs to engage with the study participants in a significant way to gain a holistic picture of life experiences. Qualitative research uses observation and interviews as the major methods of collecting data to promote an interactive and subjective approach (Moule & Goodman 2009, p. 171).

The main positive characteristic of the qualitative research approach is that it is flexible and expandable and the researcher is capable of adjusting to what is being learnt during the data collection in the field. It also tends to be holistic, motivating for an understanding of the whole study. According to Polit & Beck (2004, p.245), qualitative research often involves integration of various information that is collected. On the other hand, it requires the concentration of the researcher involved, often remaining in the field for longer hours. In addition it requires on-going evaluation of data to formulate resulting plans and to decide when the fieldwork is done (Polit & Beck 2004, p. 245).

## 5.1 Data Collection

The data collection was done through conducting semi-structured individual interviews with the multi-professional team who works in supporting and caring for the elderly immigrants in a refugee centre in eastern Finland. The respondent explored the perceptions, experiences and opinions of the multi-professional team on promoting health among elderly immigrants. The multi-professionals team in the centre consists of doctors, nurses and social workers. Data was recorded using an audio tape recorder. The interview was guided by a semi-structured questionnaire that was generally structured with the interviewer following up specific issues or areas of interest raised by the participant. The interviewer needs to consider a suitable environment for data collection that will allow the participant to relax. An audio or video recording of the interview enables the interviewer to focus on the conversation and concentrate on certain issues that emerge in the discussion (Moule & Goodman 2009, p. 172).

The positive characteristics of interviews include a high response rate. The response rates when conducting an interview is likely to be high since it is face to face. Several people will be reluctant to refuse to talk to an interviewer who is directly asking for their cooperation while they may ignore questionnaires. Clarity is assured as the interviewer offers protection against questions that could be confusing or misunderstood and this could help against misinterpretation of the questions. Thus the interviewer will successfully reach a better conclusion. Missing information is less likely as the participant will be less liable to give 'I don't know' answers or leave some questions unanswered which is more likely to happen in questionnaires. In an interview the researcher has control over the questions asked and well-arranged questions would less likely lead to bias in the conclusion. A face to face interview is more likely to lead to additional data through observation of the respondent's level of understanding, which in return could be useful in interpreting responses (Griffiths 2009, pp, 128-133).

However, the participants may lie due to nervousness, embarrassment or confusion when the interview is being recorded, which is the preferred method when undertaking interviews, and this could affect the response (Wimmer & Dominick 1997, p, 162). This method may be expensive since the interviewer has to travel to a specific area to undertake the interviews. It is also time consuming, the interviewer has to spend so much time in the field (Griffiths 2009 pp, 125-126).

## 5.2 Content Analysis

The aim of data analysis is to establish order on a large amount of information so that general conclusions can be reached and communicated in a research report (Polit & Hungler 1987, p. 365). Qualitative content analysis often begins at the start of the research and continues throughout the period of data collection and beyond (Moule & Goodman 2009, p. 173).

According to Moule & Goodman (2009, p. 173), content analysis is the simplest form of data processing that involves labeling the data for retrieval. The researcher starts with the textual data, for example taking interview transcripts. The researcher initially reads through the transcripts, identifying key words to reflect on individual interpretations. The content of the data is examined, reducing the data by the process of coding. Coding is where the researcher organizes data into themes and categories in ways that are meaningful (Moule & Goodman 2009, p. 173).

A theme is a molar unit of the content analysis. It can be a phrase, sentence or paragraph representing ideas or making an assertion about some topic. Themes can be detected through different tones or grammatical structures. Once the data has been clustered into themes, the next step is to develop a category system for classifying units of content. Using a category system increases the scientific validity of a content analysis by making the analysis more objective and systematic (Polit & Hungler 1987, p. 366). Content analysis is appropriate and efficient in its use of available materials. However it

has several disadvantages such as the amount of tedious work involved and the risk of subjectivity (Polit & Hungler 1987, pp. 366-367).

## 6 ETHICAL CONSIDERATION

The ethical concerns of the International Centre for Nursing Ethics (ICNE) are recognized in an attempt to international agreement on ethical actions while conducting research. The first concern of ICNE is to reassess theoretical matters, to identify early circumstances of ethical manner and inspect code of behavioural plan and actions. The International Centre for Nursing Ethics is a global broad organization that encourages international nursing research and assists in the expansion of cultural knowledge and understanding. The goal of the International Centre for Nursing Ethics regarding research is to classify ethical topics that nurses who are conducting a research ought to observe concerning nursing investigations towards inspiring communication. The objective of ICNE is to further increase agreement amongst nurses conducting nursing research internationally (Nursing Ethics 2003)

The respondent would consider a theoretical topic discussed by ICNE that outlines this issue. The debate on theoretical matters offers conditions for the principled reflection of precise plans and process features of global research conducted by nurses. The International Centre for Nursing Ethics proposes five main ideologies to structure the preliminary debates and expansion of guiding principles for the ethical demeanour of global nursing research. The first principle for nursing researchers to identify is respect for a human being as a person. Though the code of value for individuals is comprehensive and sufficient to acquire approval in the global society, the highlighted concern for respect for independence has been frequently disapproved of as peculiar to the West and the USA in particular (Nursing Ethics 2003).

The second and the third themes: benefit and integrity, are also to be considered by nursing researchers. This is regarded as the code that the researcher should pursue for the profit of his/her subjects by exploiting positive characteristics and reducing or avoiding harmful circumstances. In research principles, integrity indicates reasonable management of the subjects and societies and the reasonable delivery of assistance of nurse researchers and society levels (Nursing Ethics 2003).

The last rule to consider is interrelated caring. In interrelated caring the researcher should proceed willingly and with caring concerns. The need to care is a call that is within a person and it forms a behaviour that is strongly bound to one's emotional response. The attitude and need to care persuade the reflections what might be well and may perhaps be implemented for another whom you might be responsible for, further than the enforced state of what is obligatory and optional (Nursing Ethics 2003).

There are three preliminary circumstances for the principled behaviour of international nursing research that can be functional and practical in general and can avoid research mistreatment in underdeveloped countries. The three preliminaries are the following: The first is that the community can be given a chance to participate in the ideology of the research, for example the aim and methodology of the research. The second is that the research would bring benefits to the community at large and the third is that there ought to be a reasonable motive in choosing a certain group of people for the conduction of the research (Nursing Ethics 2003).

## 7 IMPLEMENTATION OF THE RESULT

To be able to present the results the respondent had formed a questionnaire with semi-structured questions (see Appendix 2) and conducted an interview in a refugee camp which is in eastern Finland. The respondent asked permission to conduct the interview



by sending an approval letter with the plan of the study and the aim of the study (see Appendix 3). Data was collected in the camps by conducting an interview using an audio tape recorder. After the collection of data the respondent transcribed the data into the computer word by word, and then read through it and found the meaning of the data collected. The data was analysed by content analysis, categorising the data into themes.

The respondent categorised the data using the deductive content analysis that is described by Elo & Kyngäs (2007) as a method that involves the researcher to using a categorised matrix of employing the main themes and later sub-categorizing them. The respondent categorised the data into two head categories that are the main themes of the study and of immediate concern, and sub-categories supporting the head categories. The head categories are shown in a bold font and the sub-categories in italics. This was done to assist the reader in understanding the differences and the meanings in the text (Elo & Kyngäs 2007).

The findings were reflected according to the study question, theoretical framework and the literature review. Presenting the results of the study, the respondent explained in general the head categories or themes, arranging them according to the questions in the questionnaire. The sub-categories will be shown with quotation marks and the content of the quotations is the informants' statements. The comments between the quotations are short since they indicate what the respondent found meaningful in the informants' answers.

## 8 RESULTS

The respondent has rearranged the answers by the informants to fit into the three categories of the aim of the study and these are: Description of health, description of culture and description of activities. The respondent has connected the informants'

answers based on the study since the questions in the questionnaire were based on the aim of the study which included health, culture and activities that the elderly immigrants engage in as part of the health promotion. The questions were set carefully without shortenings the words in order for the informants to understand, since English is not the informants' mother tongue.

The respondent focused on the health and cultural understanding of the informants caring for the elderly immigrants. The content from the recording was categorized but a few of the questions did not convey any meaning to the study conducted since they did not fully relate to the aim of the study. Another problem that the respondent came across when analyzing the data was the language barrier between the informants and the respondent since the informants were not sure of the words they wanted to say in English. Due to the unclear speech the respondent had to leave out a few responses in order not to misinterpret the content.

An additional obstacle faced by the respondent was the fact that the refugee camp did not have numerous elderly since according to the informants, 'the elderly people do not flee from their country of origin in times of wars and disaster, the reason being they are too old to flee due to disabilities, blindness and financial difficulties'. Thus their opinions were based on the few that they had encountered and on how it could be if they have more elderly in the future. The respondent offered protection against questions that could be confusing or misunderstood and this assisted against misinterpretation of the questions, thus successfully getting a healthier conclusion.

## 8.1 Description of Health

In the first question in the questionnaire, the informants are asked to define health, and ways used to improve the health of the elderly immigrants in their own point of view. The informants described health as being healthy but not necessarily free from illness. The informants viewed health as an important factor for the elderly since the elderly people are prone to different diseases than younger people. The head categories

regarding health according to the informants were: **health behaviours in the elderly immigrants, health related lifestyle, health and nutrition, health and stress.**

In the head category **health** and **behaviour**, sub-categories like *attitudes* and *accomplishment* were found.

In the sub-category *change*, the informants noted that the use of behavioural change program helps the elderly immigrants in awareness of emotional behaviours. The elderly immigrants may possibly make positive choices for several behavioural changes in their new society. The informants viewed behavioural changes in different groupings: sensitivity, harmony and respect.

*'Happy people are peaceful'*

*'This people will have stress and also depression if we do not give enough care to them'*

The informants described *sensitivity* as a connection between the elderly and the environment surroundings, helping the patient to cope with the daily living and making them aware of dressing mode for different seasons.

*'Helping this elderly people to manage in winter with warm clothes make them feel welcome '*

*'Our work as nurses is to be listen to this elderly immigrants''*

The informants saw that the compassion under the sub-category *harmony* to the elderly immigrants was becoming close to God, they saw it as emphasizing since most of the elderly immigrants used the phrase 'Thank you God' as a way of giving appreciation and this was emphasizing to the multi-professionals the need to provide further sympathy and empathy to give hope.

*'You would see here many old people like Somali pray'*

*'When something good happen many people you hear them say, thank you God, people use that word so much'*

The informants mentioned *respect*. The informants view respect as an important key when giving health care services since they have to respect the elderly immigrants' culture and this includes their beliefs and practices. The informants also took into account the principles of the elderly immigrants, connecting it to the care given, thus the health care will suit the elderly immigrants' needs and wishes.

*'We respect the old people wishes and what they have to say'*

In the sub-category *accomplishments*, the informants described the promotion of health of the elderly immigrants as a sense of achievement since the elderly appreciate the care given to them and follow the do's and dont's of health set for them.

Accomplishment was grouped in three classes: *delight*, *creativity* and *transcendence*.

The informants pointed out *delight* as pleasure from daily living, as a way of promoting health. The informants found that enjoyment of life leads to positive living, thus avoiding stress. The multi-professional team sets daily activities like walks and they saw that it lead to social interaction and less isolation. They also saw the importance of teachings regarding health.

*'We teach them about healthy food to avoid diseases'*

*'We make them understand health and its importance and how they can maintain it'*

The informants described creativity as maximum use of abilities. They become aware of the strengths and weaknesses of the elderly immigrants and strive to fit them into groups that they would be comfortable in.

*'We need to have policies that may let us make decisions that will improve the old people's needs'*

In *transcendence* the informants mentioned the need of the immigrants for freedom, the elderly immigrants ought to feel free and thus they will have a feeling of belonging. The informants also mentioned the importance of accord between the elderly and the environment they are receiving care in.

*'When the old people come here they are weak because of being in different place but they become better after staying long'*

*'Freedom to know the elderly immigrants will not be taken back to their countries e.g with wars and drought'*

In the sub-category *attitudes*, one informant mentioned attitude as an important key when caring for the elderly immigrants. Attitude according to the informant was viewed as optimism, relevancy and competency.

*Optimism* according to the informants was viewed as the work of the multi-professional team when giving care to the elderly immigrant, the team's task according to the informants is to give hope and be trustful.

*'Without hope this elderly will not be psychologically healthy'*

*'Taking into account the problems that elderly have been through, hope will make life worth living'*

The informants viewed *competency* as helping the elderly immigrants to face different challenges in life. The informants assist the elderly to have self-motivation to improve their health and they do this by giving knowledge to the elderly about health and the importance of health outcomes in life. This in turn will give the immigrants a purposeful life.

*'The elderly immigrants face different types of challenges in their new environment, and they need knowledge about food, weather and cultural behaviour to maintain health'*

*'To support an elderly who feel that he/she cannot make it with the changes make life better for him/her'*

The informants observed *relevancy* as significant when caring for the elderly immigrants. They noticed that the immigrants feel valued and cared for when the informants are involved in their well-being. Giving positive feedback to the elderly immigrants made them feel useful and more committed to what they accomplish.

*'It is our duty to always try to give positive comments to the elderly to make them continue learning or practicing the good things'*

*'I had a male elderly immigrant and he was constantly trying new things and was good in books too, I noticed that all the time when I mentioned something was good or he has improved in the language I found out that he tries even harder. The language was improving faster and his art and crafts were good. He would come show them to me and you can see how proud he become'*

In the head category **health** and **nutrition**, the informants described different cultural backgrounds as having different eating habits. The informants noticed that the elderly immigrants identify their eating habits from their country and origin in which different food was served. The informants also found out that a few elderly immigrants consumed more carbohydrates and fats in their diets, which is considered unhealthy and a major cause in weight gain. Another observation found by the informants was under-nutrition which according to the informants was probably due to being poor. The sub-categories *cultural beliefs*, *environmental factors* and *affective factors* were found.

In the sub-category *cultural belief*, the informants described the impact on elderly immigrants by their choice of food, which has led to over- and under-nutrition in several elderly immigrants. The informants stated that they respect and recognise the preference of food varieties of different cultural backgrounds. They also keep in mind that the nutrition of elderly immigrants should be maintained to avoid different types of diseases associated with weight. The informants have initiated methods to help the

elderly to change their eating habits, taking into consideration their cultural beliefs which the informants have to respect.

*'Support the nutritional that the old people were used to and are as positive'*

*'We should try and understand cultural beliefs between food and health'*

*'We advise for varying ingredients of the elderly food to lower fats and sodium but retaining the taste of their ethnic food'*

In the sub-category *environment*, the informants illustrated that the majority of elderly immigrants came from bad housing facilities and poor financial status and several of them could not afford health care facilities and quality food which led to difficulty in maintaining access to important healthy and nutritional foods. Due to the change of environment the informants mentioned the processes they have used to support the elderly immigrants in gaining nutritional foodstuffs to maintain their health.

*'Helping the elderly in shopping of the foodstuffs and grocery has increased an improvement in healthy eating habits'*

*'Helping the elderly in reading the labels of packaged food in the language Finnish has led to good nutrition information needed by the elderly'*

In the sub-category *affective factors*, the informants mentioned the importance of affective factors as activities to improve healthy nutrition of elderly patients. The informants noticed that affective factors such as boredom, powerlessness and other emotional problems make the elderly immigrants concentrate on eating and in return they end up eating unhealthy food rich in sugar and fats. The informants mentioned the importance of activities to engage the elderly immigrants in, to reduce boredom and make them feel useful.

*'To have a list of activities to be done has shown much improvement in the elderly eating habit'*

*'Different activities have shown to reduce emotional problems, which in turn leads to unhealthy eating'*

In the head category **stress** and **health**, the informants described that the main problem the elderly immigrants face that affects their health is stress. Stress is related to diminished life fulfilment. The informants mentioned the importance of having a psychologist to assist the immigrants mentally since many of them have passed through hardships in their previous countries and still are facing it in their current environment. The sub-categories were *infirmity, isolation, support*.

In the sub-category *infirmity*, the informants mentioned the treatment of underlying illnesses as a way of improving the immigrants' health. The informants revealed that several of the elderly immigrants had illnesses but few knew about. The ones who did not know claimed that they barely visited health care centres in their home countries. The informants found it important to perform different tests on the elderly immigrants to rule out illness and to promote health by avoiding stressful circumstances caused by illness.

*'In cases of acute medical care, we take not only the elderly but all immigrants to the specialist in the hospital and we pay for the whole medical fees'*

*'Taking blood sugar, blood pressure e.g., helps to determine the underlying illnesses that some old people did not know about it'*

Under the sub-category *isolation*, the informants described isolation as a crisis when taking care of the elderly immigrants. The informants explained that isolation is related to stress and consequently to health and illnesses. The informants revealed that the major cause of isolation is language barriers between the immigrants' ethnic groups. The informants found that the elderly reside according to their language similarities. The informants mentioned that they found out that the ones who did not fit in spoke less and seemed stressed. The informants controlled isolation by engaging the elderly immigrant's in language classes with similar activities.



*'The social activities are conducted for both men and to prevent prejudice'*

*'Physical activities are planned according to health of the individuals, men are believed to handle hard work than women'*

*'The elderly immigrants' wishes are respected but we trying to inform them of the importance assists them in persuading the importance of activities arranged'*

## 8.2 Description of Culture

In the respondent's second question in the questionnaire the informants are asked what defines culture and how it affects the health of the elderly immigrants. Head categories that appeared are **values, origin, beliefs** and **tradition**.

In the head category **Origin**, sub-categories found were **background** status and a feeling of **belonging**.

The informants identified cultural background as the way an individual was brought up and the surroundings the individual was brought up in.

*'The place and type of environment where the person was brought up is a person's background'*

*'The tradition of a person mostly determined the people the immigrant has reserved with'*

**Belonging** was mentioned as also defining culture. The informants revealed that culture is constituted by one's nationality, race and community including the family members.

*'The family members'*

*'An immigrant's culture is defined by the kind of community he has grown up in'*

*'Nationality of a person could also be defined as using a different language'*

In the head category **tradition**, *habits*, *behaviour* and *norms* were found.

The informants revealed *habits* as a way of defining culture.

*'The people's habits'*

*'The daily life of living'*

*'By defining the right and wrong'*

According to the informants, *behaviour* reveals another component of culture.

*'How an individual behaves towards certain things'*

*'Social activities within a given group now maybe this old people'*

In the head category **beliefs** and **values** the sub-categories found were *religion* and *views*.

The informants mentioned belief, whether *religious* or *non-religious*, as away of defining culture.

*'Belonging to different religion'*

*'Spiritual background maybe a Muslim or Christian'*

*'What a person believes in'*

Another informant mentioned *views* as a way of revealing culture.

*'I think it our own views regarding people and places'*

### 8.3 Description of Activities Engaged in by Elderly Immigrants

In the third question in the questionnaire the informant are asked to describe the activities and the importance of physical and social activities to the elderly immigrants. Descriptions and importance of physical and social activities were found in other parts of the literature review, therefore the respondent has used this to support the descriptions found in question one. Head categories that appeared were **physical activities**, **cognitive activities** and **social activities**.

Under the head category **physical activities**, the informants described the importance of physical activities to the elderly as it assists in improving their joint mobility, digestion, and also blood circulation. The informants emphasized that physical activities bring a positive alteration in self-awareness and well-being, enhancement in self-confidence and consciousness. These assisted in progression of coping strategies and increased capability of coping with everyday activities. The sub-categories *self-esteem*, *willingness* and *contentment* were found.

In the sub-category *self-esteem*, the informants put emphasis on the importance of physical activities as a way of improving elderly immigrants' confidence. The informants mentioned that physical activities like gym, short and long walks have shown reduction in stress, depression and anxiety in elderly immigrants. The informants also state that the elderly immigrants are not to be engaged in difficult physical activities since their body muscles are not able to handle heavy exercise, the informants respect them when they are not capable of undertaking various exercises scheduled for them.

*Physical activities play a important part in life. Physical ability would make the elderly live as fully as possible since it prevents several diseases'*

*'Activities offered are intended not only to honour the elderly favourite activities, but to engage the elderly body and mind'*

*'Mixture of physical activities leads to a fulfilled and positive life, elderly immigrants activities are made with a plan to suit them'*

*'Exercise can be associated to reduce state of anxiety'*

In the sub-category *willingness*, one informant mentioned willingness as a desire to understand. When the caregiver understands the patient, it helps the patient to feel free and ask questions. The caregiver should be able to listen, give feedback in the language understood by the elderly immigrant and in the case of a language barrier use an interpreter. The willingness of engage in physical activity should be the decision of the elderly immigrant and not the caregiver.

*'Giving advice is the work of the caregiver but the last decision is from them to make'*

The sub-category *contentment* was described by the informants as confidence, optimism and ways of coping with challenges and stress, aiding the patients by taking time to listen to them. The informants found that it is simply important to be there when the elderly need someone to talk to as it gives them hope.

*'To listen to the elderly and expressing concern, kindness and care will give them hope and it will show them love'*

In the head category **cognitive activities**, the informants saw the need of language skills as an important key for the elderly immigrant. The informants mentioned that the brain requires mental exercise to continue functioning. According to the informants, answering questions and explaining procedures becomes easier with the elderly with the help of teachers who teach the elderly immigrants the language and also with an interpreter who helps with interpretations. The informants saw listening and confidence as requirements for establishing a communicative relationship with the elderly immigrants. This according to the informants stimulated the brain for long-

lasting positive effects like reasoning and thinking. The sub-categories *knowledge*, *awareness*, *judgement*, and *support* were found.

In the sub-category *knowledge*, the informants mentioned that the introduction of the new knowledge to the elderly immigrants would be a way of improving their cognitive skills. The informants felt that learning the new language would assist the immigrants in coping with everyday life in their new environment. The informants also mentioned that communicating more with the elderly immigrants has helped in improved openness between the elderly and the multi-professional team.

*'Our own learning institution teach the national language Finnish and also Swedish, the idea is to make the elderly improve or continue using books to avoid brain death'*

*'All the elderly people and even young are required to try and speak the language taught in school, since it's a way of improving communication by every single one of them'*

*'For us caring for the elderly ought to be open and recognize different culture without judging'*

In the sub-category *awareness*, the informants explained that the elderly immigrants feel detached from the rest of the public; since they are not aware of the new technology they tend to withdraw themselves from social interaction with others since the generation is changing fast. The informants mentioned that asking the elderly immigrants for assistance and guidance gave them a feeling of self-worth. The informants expressed communicating with the elderly immigrants as a tool in stimulating their mind.

*'Being aware of the new environment helps in improving confidence in elderly immigrants'*

*'The elderly are considered to have great ideas, we the caregiver could get knowledge of their culture through them if we are interested to learn more about them'*

In the sub-category *judgement*, the informants found good judgement as a positive virtue when giving care to the elderly immigrants. The informants realised that several of the elderly immigrants are intelligent and have had huge careers in their adult age. The informants felt that this positive observation had aided them in improving the cognitive skill of the elderly, depending on their interest and capability, by providing them with pleasurable activities of their interest.

*Judging the elderly immigrant positively in their wood work has improved self-esteem'*

*'Knitting has shown improvement by the women and this shows the continuation of what they enjoyed doing previously'*

The head category **social activities** were mentioned by the informants as an act of the integration of the elderly to social networks. The informants categorised social activity in two ways: perceived social support, which the informants described as capability of support which influences one's well-being, and behavioural support, which illustrates the definite emotional help received and financial support. Although immigrants flee from their country of origin, leaving family members behind, it does not mean that they do not get social support in their new environment. Apart from getting support from the multi-professional team, elderly immigrants assemble new social networks surrounded by their cultural communities within the mass society. In the refugee camps the most common source of support is the close family members if the immigrant have them, then friends, but most of all the health care team in the refugee camp.

*'Caring and raising the elderly immigrant self-esteem aids in improving comfort and is supposed as social support'*

In the last question in the questionnaire, the multi-professional team is asked about the importance and challenges they face when taking care of the elderly immigrants. The head categories that emerged were **professionalism** and **awareness**.

In the head category **professionalism**, sub-categories like *knowledge*, *accountability* and *responsibility* were found.

In the sub-category *knowledge*, the informants mentioned the importance of education to the health caregiver concerning taking care of patients from a different culture. This would assist them in giving quality care to the elderly immigrants. One informant mentioned that the best way of caring for different cultural clients is placing professionalism and nurse expertise at the front in all circumstances.

*'The elderly immigrants should be aware that even when us the caregivers are from different culture, we have skills needed'*

*'The elderly should understand that it is hard for both sides them and the caregiver because of culture difference so they should assist each us too'*

*'Since change of voice could be think about as rude in some cultures, we as professionals try the soft tone when communicating'*

In the sub-category *accountability*, the informants explained that they are accountable for the elderly immigrants' health and well-being, since the elderly trust them to strive for the best to create a comfortable atmosphere exclusive of physical and psychological problems that may affect health, thus promoting health and well-being. One informant also mentioned that the health care team caring for the elderly immigrant should be answerable and liable at all times.

*'As a caregiver I give advice on the health of the elderly and if no improvement seen it is my duty to look for other options to solve the problem'*

*'I contact the doctor if there are issues that I cannot solve myself'*

*'It is my duty to solve the financial status of my clients, I have to make sure that they have all the basic needs needed for survival'*

In the sub-category *responsibility*, the informants revealed that they are responsible for the elderly immigrants' wellness and give care that is satisfactory to them. The informants mentioned that the health of elderly immigrants is planned from the time of arrival since several of them had not visited the health care centers for a while, thus having few health care problems. The informants also revealed that health care advice to the elderly immigrant is part of their work and this includes the advantages and disadvantages of their health care lifestyle and its significance.

*'It is my duty to respect the culture and not to judge'*

*'Elderly have to be treated individually'*

*'Understanding one's culture and the values is respect'*

In the head category **awareness**, sub-categories like *respect, communication, assessment, compliance* and *confidentiality* were found.

In the sub-category *respect*, the informants mentioned the importance of respecting the elderly immigrants and their cultural beliefs and habits. The informants mentioned that respect of one's cultural beliefs and habits is part of giving care. Treating the elderly immigrants as who they are and not where they come from is considered professional. The informants also mentioned that respect in the health care team is important too since it assists them in finding new ideas of how to handle different things differently and successfully.

*'Respect between us staffs end in high-quality planning and outcomes'*

*'Respect one's culture, give ideas but leave the last decision to him/her self'*

*'Respect is required in health care team since the work is not performed individually'*

In the sub-category *communication*, the informants mentioned that high quality care is created and maintained by communication. Communication with each other improves



work since different people have different ideas and listening to diverse suggestions brings new ideas. The informants mentioned that gaining knowledge from their clients and employing the knowledge that fits the clients' cultural prospects and requirements can bring fulfillment to the caregiver.

*'Communication is the main key in proving care since it brings a connection to the client and the caregiver'*

*'Communication between us the health care team helps in improving the elderly health life'*

*'Communication is improved with the help of interpreters'*

The informants revealed that *assessment* of the patient's health care history is another way of improving health. According to the informants assessment is the initial element of the nursing procedure, and thus outlines the foundation of care preparation. The necessary condition of precise review is to consider the clients' wholeness and recognize their actual needs.

*'The history is taken straight from the immigrants since many do not have records'*

*'Assessment is always done to know past health problems and in that way improve the future health'*

One informant also mentioned *compliance*. The informants mentioned that they help the elderly immigrants who have chronic diseases to follow their treatment and medication and the best way of doing this is having an open relationship with the client.

*'Some elderly people need to be reminded of their medication'*

*'Educating the elderly people on the importance of medication to his/her health'*

The informants also mentioned *confidentiality* as their duty in health care of the elderly immigrants; this according to the informants applies to all visiting health care facilities.

*'This is the most important thing in health care'*

*'Even as elderly and immigrations their confidentiality is kept'*

## 9 FINAL FINDINGS

In this chapter the respondent will interpret the final findings of the study according to the head themes that emerged from the collected data of the qualitative research. In the study it appeared that the informants viewed health as being healthy but not necessarily free from illness. The health of the elderly immigrants was interconnected with their behaviours, related lifestyle, nutrition and how they handle stress since stress is a major cause of unhealthy behaviours and diseases. The informants saw health as an important part of caring for the elderly immigrants since they are aware that preventive measures lead to non-occurrence and defence against diseases.

The informants viewed health not merely as a condition but an educational issue. The informants mentioned the implication of educating the elderly immigrants to live a successful life with restrictions. In the study it appeared that the informants trained the elderly immigrants in the importance of reducing risk factors like immobility, excessive cholesterol ingestion and blood pressure for deterrence of chronic illnesses. This can be referenced to Spector (2000, p. 91) who states that the health care multi-professional team giving care to cultural clients should merge into the culture of their clients and learn habits, norms, beliefs, likes, dislikes and practices which would assist them as professionals in gaining more knowledge when giving care.

Spector (2000, p. 99) mentioned that knowledge regarding health of immigrants would assist the professionals in recognizing variations in one's background and hence in providing appropriate care in relation to the individual. Spector (2000, p. 91) describes cultural health care providers as having a momentous gained knowledge greater than

that of the client. This completely suits them in their endeavour to discover options and new ideas concerning health and to change their approach to correspond with requirements of particular clients.

In the head theme **activities** it appeared that the informants saw the importance of physical activities for the elderly as it assists them in improving their joint mobility, digestion, and also blood circulation. The informants emphasized that physical activities bring a positive alteration in self-awareness and well-being. The informants have mentioned positive factors of improving the physical mobility of elderly immigrants as coping strategies that may assist in capability of coping with everyday activities. The informants mentioned willingness of the elderly as a determining factor in physical activities as a promotion of self-esteem and thus health.

According to the informants, cognitive and social activities appeared to be an important factor when determining health since cognitive activities, listening and confidence are a requirement for establishing a communicative relationship with the elderly immigrants. According to the informants this stimulates the brain for long-lasting positive effects like reasoning and thinking. The informants mentioned the social activities as helping the elderly immigrant's integration to the social system. This, according to the informants, motivates them to socialize with other group members, not only family members but also health care providers and others from different cultural societies.

This can be referenced to Matteson & Eleanor (1988, pp. 373- 377), who mention improvements of cognitive capabilities. The authors describe continuations of ways used to enhance cognitive function of the elderly. The authors mention that the caregiver ought to assist the elderly through difficult exercise routines and involvement of the exercise should be individualized for avoidance of fear of the elderly to participate. This might aid the elderly in improvement of confidence and self-esteem.

In the head theme **culture**, the informants viewed culture as practices, beliefs, tradition and origin associated with one's background environment. Culture according to the

informants is constituted by one's nationality, beliefs and norms that are passed on from one generation to the other through practices. This could be referenced to Leininger (1991, p. 24), where culture is described as mutual and passed-on values, norms, life ways and beliefs of a certain group that direct their opinions, choices and deeds in quality ways. According to Davidhizar & Ginger (2002), the values, norms and beliefs are shaped by culture and are mutual in cultural groups.

According to the study it appeared that the informants saw cultural knowledge as a necessity for the caregiver. They revealed the importance of cultural knowledge when taking care of the elderly immigrant, especially when educating the elderly on matters regarding health promotion. The informants revealed that providing individual care could not be achieved without cultural beliefs and traditions being taken into consideration. According to Leininger (1991, p. 49), the culturally corresponding health caregiver ought to consign to cognitive foundation assistance, maintenance, provision, or permitting acts or choices that are modified or set to one's cultural values, life habits and beliefs to bid and offer or sustain momentous, favourable and fulfilling services of health care or well-being.

Interpretation of health and cultural awareness according to the study was revealed as significant by the informants when taking care of clients of a different culture than their own, to respect their culture. The informants revealed that respecting the client's habits, beliefs and practices makes it undemanding for both the caregiver and the client when giving care. It also appeared in the study that the informants saw significance in understanding the client's condition, wishes and background during the nursing care. The awareness of the client's cultural values, faith and ways of life assisted the informants in understanding that there is no culture superior to another and cultural awareness involves recognition of one's assumptions about individuals who are different.

This can be referenced to Leininger & McFarland (2002, p. 46) who reveal that the reason for studying cultural theory by health care professionals is that the construct of care has been critical to human growth, development, and survival for human beings. It is necessary for the caregiver to explicate and fully understand cultural knowledge, roles and care recipients in different cultures to provide culturally harmonious care. Leininger & McFarland (2002, p. 47) continue by stating that the nursing profession needs to gain cultural study from a broad and holistic culture perspective to discover the expressions and meanings of care, health, illness and well-being as nursing knowledge.

## 10 CRITICAL REVIEW

The respondent will follow guidelines outlined by Magdalena & Kirchoff (1991, p. 44) when critically reviewing her study. The demeanor of the study will be examined in all parts and the credibility and visibility will be addressed. According to the Magdalena & Kirchoff (1991, p. 44), research is a significant approach that creates nursing awareness leading to knowledge based on nursing practice. Nurses are obliged to gain knowledge to be able to proceed methodically and to give explanation regarding nursing and practices that make an improvement in the client care. The study is based on Madeleine Leininger's theory on culture diversity and universality. The result of this study can be useful to recognize the need of cultural knowledge within caring while improving health issues.

Magdalena & Kirchoff (1991, pp. 44-45) state that the data collection of research is an important way of gaining further knowledge on the fundamentals of research. Collection of data is essential since the researcher can in addition obtain a vision concerning the study aim and how to categorize the information for analysis. This study was done in a refugee camp in eastern Finland using a qualitative method since

the view on culture needs to be understood bit by bit. The semi-structured interview was used to give the informants a broader chance of giving more information related to this study. For the questionnaire, the respondent selected the words carefully, without the use of abbreviations that might convey a different meaning to the questions asked.

The informants were informed about the purpose of the study both in a letter of motivation and over the telephone. The respondent informed the informants about rights of privacy and confidentiality and the right of withdrawal from the study at any point if desired. According to Magdalena & Kirchoff (1991, p. 44), the process of acquiring approval differs amid clinical set. Issues to be addressed other than the official research require credentials of the institution in advance to get admittance to research subjects since research guidelines are concerned with the safety of the subject matter (human) from risks. Appliance to an institution for approval to perform a research study can be extensively prejudiced by the institution's prior incidents with research (Magdalena & Kirchoff 1991, p. 44-45).

Magdalena & Kirchoff (1991, pp. 45-46) state that the researcher must address the credibility, which indicates that the researcher can recognize the profit of the study, sharing it with the informants for promotion of new knowledge to the clients' care service. Additionally it is significant for the health care team to know how this knowledge will aid them in formulating steps of making work simple and healthier. Visibility expresses the suggestion that the researcher is individually fascinated with the improvement of the study, the value of the information produced and the new knowledge the researcher would gain after the study. The respondent did not fully address the credibility and visibility of the study during the data analysis since the study conducted was of short duration.

The findings of this research can be used to educate and provide more knowledge on describing how the multi-professional teams caring for elderly people from another

culture view cultural awareness when promoting health. The study has significance since it investigates the ideas of extensive examples important to health of the elderly immigrants and portrays culture, traditions and socialization between the client and the caregiver. Future studies about cultural awareness by the health care team are significant in health care service, as all components of human behavior are understood through an individual's background and culture. The study pointed out the difficulties encountered by health care teams caring for elderly immigrants and it points out factors like the language barrier which is the main obstacle when giving multicultural health care since it influences all parts of a relationship between the client and the caregiver.

## 11 DISCUSSION

The aim of this study is to gain knowledge and understanding based on the views of the multi-professional team regarding culture and to get information on the possibilities of activities to promote health of the elderly immigrants. The respondent used semi-structured questions through conduction of an interview.

The cultural knowledge, concepts and values have assisted several health care professionals in managing in the present world of cultural diversity in promotion of health within nursing. This cultural care and interrelated ideas are appropriate and significant to all health care professionals providing health to diverse groups (Leininger and McFarland 2002, pp. 4-5). According to the results the elderly immigrants have responded to the health care professionals since they understand them properly.

The multi-professional team mentioned the difficulties they face within the care of elderly immigrants and this included language barriers, their traditional way of performing and their limited understanding of cultural knowledge. The respondent assumes that cultural understanding and skills could assist the professionals in learning

efficient techniques to provide a foundation of care for culturally diverse elderly with suitable measures and choices. Without this cultural knowledge the professional care for the elderly immigrants would cause cultural offences that would lead to frustrations both to the elderly and the professionals.

According to the study, one of the problems faced by several countries in health care services is to help health care professionals to expand adequate knowledge of cultural understanding to be effective professionals. Placing health care professionals to provide care to the elderly immigrants without cultural awareness and understanding can be vicious and causing harmful costs. The main difficulties have subsisted in teaching the health care professionals globally to work with the elderly immigrants, creating significance in health.

It appeared in the study that the multi-professional team has improved the cultural understanding when promoting health to the elderly and this could be seen by the way they take the elderly practices, habits and beliefs into consideration. The team has considered the health of the elderly by providing them with health activities both physically and cognitively which has improved the elderly mobility and learning abilities. Moreover, the health care team has mentioned different ways of improving the elderly immigrants' health through diets and nutrition that assist them in maintaining blood pressure and cholesterol values since these are the setback faced by most elderly people.



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# 13 APPENDICES

## APPENDIX 1A

**YRKESHÖGSKOLAN**  
**NOVIA**

**UPPDRAGSAVTAL MELLAN STUDERANDE OCH UPPDRAGSGIVARE**

**Uppdragsgivare**  
Namn Projekt Medvårdenia  
Kontaktperson Yvonne Hilli  
Kontaktuppgifter Yvonne.hilli@sofuk.fi

**Studerande**  
Namn KIMANI MARGARET  
Kontaktuppgifter marggkim2001@yahoo.com  
Utbildningsprogram NURSING 08

**Handledare**  
Uppdragsgivaren: Namn \_\_\_\_\_  
Kontaktuppgifter \_\_\_\_\_

Yrkehögskolan Novia: Namn Pika Levy-Malmberg  
Kontaktuppgifter pika.levy-malmberg@novia.fi

**Examensarbetet**  
• Syfte Aim of the study is to gain knowledge and understanding based on the views of the multi-professional team regarding culture and to get information on the possibilities of activities to promote health of the elderly immigrants.  
• **ARBETSUTBRIK** Multi-professional view on health and culture of elderly immigrants.  
Upplägg och tidsdisposition

**Upphovsrätt**  
Upphavs- och äganderätten till examensarbetets resultat tillhör alltid den/de studerande. Uppdragsgivaren ges med detta avtal oinskränkt rätt att använda examensarbetets resultat      Ja  Nej \_\_\_\_\_

**Övriga villkor**  
Uppdragsgivaren betalar antingen Yrkehögskolan Novia eller den studerande för examensarbetet      Ja \_\_\_\_\_ Nej

Uppdragsgivaren har för avsikt att utnyttja resultaten i sin verksamhet      Ja  Nej \_\_\_\_\_

För övriga villkor som exempelvis tystnadsplikt, publicering eller ekonomisk ersättning avtalas separat.

Datum och underskrift  
26.8.2011  
Yvonne Hilli      [Signature]      \_\_\_\_\_  
Uppdragsgivare      Studerande      PA/representant YH Novia



# APPENDIX 1B

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SEKTORN FÖR HÄLSOVÅRD OCH DET SOCIALA OMRÅDE H:\LÄRDOMSPROVBESTÄLLNINGAR\HADB41.DOC  
HADP29

HADB41

## BESTÄLLNING AV LÄRDOMSPROV

1. Enhet/avdelning, organisation, adressuppgifter project Medibothia
2. E-mail adress \_\_\_\_\_
3. Projektets syfte och innehåll Aim of the study is to gain knowledge and understanding based on the views of the multi-professional team regarding culture and to get information on the possibilities of activities to promote health of the and elderly immigrants to promote health of elderly immigrants
4. Projektet skall utmynna i \_\_\_\_\_
5. Lämplig tidpunkt för projektets utförande 1.9.2010 - 29.8.2011
6. Projektansvarig på enheten/avdelningen \_\_\_\_\_
7. Deltar avdelningspersonalen i projektet.  Ja  Nej
8. Önskemål om antal studerande som deltar i projektet \_\_\_\_\_
9. Projektet finansieras av beställaren\*.  Helt  Delvis  Inte alls
10. Övrigt \_\_\_\_\_

Ort/Datum Vasa 26.8.2011

Namnunderskrift Yrkes Helt

Tjänsteställning Projektledare

Beställningen skickas till

Yrkehögskolan Novia  
Hälsovård och det sociala området  
Seriegatan 2,  
65 320 Vasa

\* separat avtal uppgörs vid behov.

## **APPENDIX 2**

### **INFORMATION LETTER**

Dear informant,

The world today is becoming more multicultural and according to United Nations Convention people have migrated for various reasons, it could be due to environmental causes and social migrations. The immigrants include the elderly, which is the main theme of the respondent's research study. The concept of being an elderly immigrant whether it is by preference or the reasons given above is becoming more common, but the impact of migration on the aging process remains an ignored topic. This is the reason why the respondent is motivated to conduct this study.

I am a student at the degree program in nursing at Novia University of Applied Sciences, Vaasa, Finland. I am doing a study on the "Views of a Multi-Professional Team on Health and Culture of Elderly Immigrants" within the project "Leading for a Change - Placing the Elderly in the Centre". The aim of this study is to gain knowledge and understanding based on the views of the multi-professional team regarding culture and to get information on the possibilities of activities that promote health of the elderly immigrants.

Your participation will be of significance and of assistance. The respondent will use a tape recorder during the interview, your rights of privacy and confidentiality will be maintained throughout the study. I hope that you will feel comfortable in giving your opinions. If you prefer not to answer any particular questions please feel free to say so. If you have any questions concerning the interview or the questions asked please do not hesitate to contact me. Thank you for your participation.

Yours sincerely,

Margaret Kimani

+358400107620.

### APPENDIX 3

#### INTERVIEW QUESTIONS:

1. Tell me a little about this place.

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2. What kinds of activities are arranged for the elderly immigrants in the refugee camp?

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3. In your opinion what other activity would be good for the immigrants to engage in during their free time?

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4. How would you define health?

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5. Do you offer health screenings and/or health risk management programmes to the elderly immigrants? (e.g cholesterol level, high blood pressure, BMI etc.)

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6. What are the ways used to promote the elderly immigrants' health?

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7. How would you describe health in relation to people from different cultures?

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8. How would you define culture?

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9. What are the important considerations to take when taking care of the elderly from different cultures?

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10. Does the multi-professional team offer ongoing lifestyle behaviour change programmes such as psychiatric counselling etc.?

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11. What challenges does the multi-professional team face regarding the health promotion programmes in this camp?

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12. Apart from all that is asked would you like to add anything?

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