NURSE'S KNOWLEDGE OF, AND SKILLS IN, MULTICULTURALISM IN WORKING ENVIRONMENT

A Literature Review

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ABSTRACT

Multiculturalism and changing diversities have become a major norm in the current health sectors hence the need for health care workers to learn and understand how to act when faced with this dynamic. Thus the literature review was conducted to gather and provide information on the impact of nurses' knowledge and skills of multiculturalism in working environment.

The aim of the thesis was to gather and provide information on nurses' knowledge and skills on multiculturalism in working environment. It was also aimed at gathering information on whether multicultural collaboration at work places can be used to improve healthcare service delivery. The purpose of the thesis was to provide information on the importance of nurses' knowledge and skills on multiculturalism which can be used to improve health care service delivery and enhance patient satisfaction.

A descriptive literature review was used as the research method and content analysis was used for the analysis of the various data collected. Whereby gathered data was categorized in to themes. With thorough reading through the data key information was singled out to answer the research questions.

The findings of the thesis indicated that provide safety, integrated health care to patients, culturally competent nursing care is the fundamental skill for all nurses. All nurse should have knowledge on cultural backgrounds of working environment for effective service delivery. Language as part of culture also emerged to be a key requirement for nurses to work effectively in Health care systems and organizations. Nurses should have cross-cultural leadership ability to make policies more especially in a multicultural working environment. The findings of this thesis can be used to improved multicultural collaboration of nurses in their working places.

Key words: Multiculturalism, Cultural diversity and Cultural competence.

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Asiasanat:

Monikulttuurisuus ja muuttuvat erilaisuudet ovat tulleet viime aikoina merkittäviksi normeiksi terveyden huollon sektoreilla joten, terveyden huollon työntekijöiden tarvitsee oppia ja ymmärtää miten kohdata tämänlaista dynamiikka. Näin kirjallisuuskatsauksen tehtiin kerätäkseen ja tarjotakseen tietoa sairaanhoitajien osaamista monikulttuurilaisuudesta työympäristössä.

Tämän opinnäytetyön tarkoitus on kerätä ja tarjota tietoa sairaanhoitajien osaamisesta monikulttuurisessa työympäristössä. Sen tarkoitus oli myös kerätä informaatiota voiko monikulttuurista yhteistyötä käyttää kehittämään terveydenhuollon palvelun tuottamista. Tämän opinnäytetyön tarkoitus oli tiedottaa sairaanhoitajien tietojen ja taitojen tärkeyttä monikulttuurisuudessa, jota voidaan käyttää terveydenhuollon parantamisessa sekä potilaiden tyytyväisyyden takaamisessa.

Kuvaavaa kirjallisuuskatsausta käytettiin tutkimusmenetelmänä ja sisällön analyysia käytettiin analysoimaan eri tietolähteitä. Joskus kerätty tieto oli jaettu eri kategorioituihin teemoihin. Perusteellisen lukemisen kautta lähteiden tiedot oli osoitettu esille tutkimuskysymyksien vastauksissa. Tämän opinnäytetyön tuloksena oli osoittaa, että tarjoamalla turvallisuutta, integroituna terveydenhuollon potilaille, kulttuurisesti pätevä hoitotyön taito on perusta kaikille sairaanhoitajille. Kaikilla sairaanhoitajilla pitäisi olla tieto eri kulttuurisista taustoista työympäristöjen tehokkaan palvelujen tarjoamiseen. Kieli osana kulttuuria on myös noussut avain vaatimukseksi sairaanhoitajille jotka työskentelevät tehokkaana osana terveydenhuollon järjestelmässä ja organisaatioissa. Sairaanhoitajilla tulisi olla monipuolinen johtamiskyky, tehdäkseen poliittisia päätöksiä eritoten monikulttuurisessa työympäristössä. Tämän opinnäytetyön lähteitä voidaan käyttää kehittämään monikulttuurista yhteistyötä sairaanhoitajien työpaikoilla.

Asiasanat:Monikulttuurisuus, Kulttuurinen monimuotoisuus ja Kulttuuriosaaminen

LIST OF ABBREVIATIONS

EU   European Union

JCAHO   Joint Commission on Accreditation of Healthcare Organizations

LAMK   Lahti University of Applied Sciences

LEP   Limited English Proficiency

MATTO   Maahanmuutto-ohjelmien tukirakenne

            Support structure for immigration programs

NCQA   National Committee for Quality Assurance

RCN   Royal College of Nursing

UK   United Kingdom

WHO   World Health Organization

CONTENTS

1 INTRODUCTION

Nursing knowledge and skills on multiculturalism are quite appreciated everywhere in the world for effectiveness of quality service delivery. In most of the countries nursing education encompasses comprehensive lessons on multiculturalism nursing ranging from nurse client relationship to co-worker's relations. On the other hand, the global migration of nurses and other health professional witnessed in different parts of the world has speeded the diversification of transcultural nursing thus nurse are able to offer cultural friendly nursing. Culturally competent care is based on the principles of social justice and human rights (Rawls 1971, according to Douglas, Rosenkoetter, Pacquiao, Callister, Hattar-Pollara, Lauderdale, Milstead, Nardi. & Purnel. 2014).

With most of the countries in Europe recruiting a great number of health workers from other countries, there is an equally great need to evaluate workers' multicultural knowledge and professional skills. Provision of multicultural health services is a facet of social justice. Social justice within the health care services context, is grounded in the belief that every individual is entitled to fair and equal opportunities for health care. Promoting culturally competent health care within social justice framework protects the dignity of all people (Judy, Anton. & Isabel, 2016).

This thesis observes multiculturalism in Finland, which is one of the countries that has recently recruited a great number of immigrant nurses. We are aiming at providing information about nurses' knowledge about and skills in multicultural work practices that might be used to improve delivery of health service. Through descriptive literature review the researchers will be able to affirm the background of multicultural workforce in health care setting especially in Finland – and evaluate its importance in health care. Culturally competent care contributes to reduction of health disparities through patient empowerment, integration of cultural beliefs in to patient care and expanded access for the vulnerable groups to health care services (World Health Organization, 2008).

Medical teams need to be able to communicate and understand co-workers coming from culturally and linguistically diverse backgrounds. Effective communication within healthcare teams is influenced by two factors: the use of clear, standardized protocols and relationships between team members; and the ability of medical teams to effectively and clearly communicate and exchange ideas with each other. These forms the foundation for provision of high-quality services to their clients. This thesis will show how these two factors, and others, might be employed to improve health care services.

2 MULTICULTURALISM

Multiculturalism is the acknowledgement of the fact that there are many different cultures and subcultures in the world that require to be identified, respected and understood for what they value, for their differences and similarities, as well. Transcultural nursing pays attention to the differences and similarities among the different cultures of healthcare providers (Leininger & McFarland, 2002.)

Culture is defined as a collection of common beliefs, traditions, customs, and gestures that get passed through generations over a long period of time, in areas ranging from religion to education. Culture, shapes and guides the behavior of a specific tribe or race. (Gustafson, 2005.)

Multiculturalism is a blend of different tribal or racial customs and traditions. Cultural incompetence is a major setback for effective nurse-patient interactions. Multiculturalism in a medical environment is when a hospital is staffed with nurses from diverse cultural backgrounds working together in that hospital taking care of patients of a particular dominant culture. However, these differences may cause cultural conflicts and, significant nurse-patient conflicts, because those from other cultures may fail to clearly understand the ways of life of the dominant culture. Therefore, recognizing other people's cultures and ways of life plays a key role in building a great nurse-patient relationship based on trust. According to Cherry & Jacob (2014) all healthcare practitioners must "promote and support the attitudes, behaviors, knowledge and skills necessary for staff to work respectfully and effectively with patients and each other in a culturally diverse work environment."

Multiculturalism does not just apply to nurse-patient interaction. Among healthcare practitioners, the worldwide mobility of nurses has caused a major cultural shift. Nurses may migrate from country to country or from continent to continent; therefore, adjusting to the new cultural system mostly turns out to be an up-hill task. Either way, if they are to give the best nursing care and fit well in to their new nursing team, then learning and adapting to the new culture is mandatory and inevitable for nurses. Ethnic and racial diversity and variation is increasing day by day, placing increasing demands for cultural flexibility on all nurses. Nurses must,

3

therefore, be equipped with background knowledge on different cultures. (Leininger & McFarland 2002.)

2.1 Multi-professionalism

Professionalism; refers to one's behavior in one's place of work. It's a value highly regarded at work. It is characterized by one having special knowledge of the sector or department they are working in, and being competent, honest, filled with integrity, accountable, and highly responsible in one's work place. (Epstein & Hundert 2002.)

Multi-professionalism in the healthcare sector involves different health practitioners like nurses, technicians, physicians, therapists, nutritionists and others, all working together but with different duties delegated to each one of them based on their fields of specialization. It requires values such as team spirit which is important in making the health care givers to achieve the desired goals in giving quality healthcare to their patients (Purnell, Davidhizar, Giger, Strickland, Fishman and Allison.2010). Relationships among professionals can affect patients either positively or negatively. When healthcare workers relate and work well, patients will often be safe but when professionals do not relate well and effectively, patients᾽ lives would be at risk as a result of medical errors which sometimes may occur. When healthcare professionals work as a team to achieve a mutual goal, in an environment of mutual trust and respect, solutions to healthcare problems are found since knowledge and skills are exchanged among them. (Scholes & Vaughan, 2002.)

Leininger & McFarland (2002) defined multiculturalism as the reality and understanding that there exist so many and diverse cultures and beliefs in the world that needed proper understanding on their differences and similarities. They defined multiculturalism in nursing as the equines and uniqueness in different cultures in the medical field, the wellbeing, diseases and the curing patterns, beliefs and values. Gustafson (2005) also defined transcultural nursing as "the humanistic and

4

scientific study of all people from different cultures in the world with thought to the ways the nurse can assist people with their daily health and living needs".

Multicultural nursing research works towards re-examining health and cultural believes, how people behave, pattern and how culture perspective would be included in the treatment the nurses give to their clients and to workmates who could be having different cultural background. The goal of multicultural nursing research is to develop culture specific and culture universal knowledge to guide practical nursing care (Andrews & Boyle 2003.) providing adequate knowledge is important for enabling cultural competence and comprehend nursing care, Hence the ultimate goal of multicultural nursing (Davidhizar, 2003.)

Cultural competence to be a continuous process thus the need for nurses to try and learn every time they experience new culture at work place to be culturally competent rather than being culturally incompetent, which would hinder the quality of health care they provide to their patients. To achieve this, nurses need to know one's attitude, beliefs and cultural practices. (Campinha, 2002.) It's important for health care providers to be flexible to adjust and learn when encountering different cultural views when working in a diverse environment and people may be having different opinions and values (Vanderpool, 2005).

It's important for Nurses to have a better knowledge and understanding when working in a multicultural environment, excising proper interaction skills and being able to handle the sensitivity of the different cultural believes and practices at work ought to be an important tool for the health care professionals. As the amount of different cultures encountered is increasing in a speed, it is becoming more challenging for a nurse to obtain culture specific knowledge. (Sainola Rodriquez 2009). There is need to emphasize the need for health care providers to learn more on cultural competency attitude and skills so as to be able to provide the care and services due to individuals of all cultures and ethnicities (Zander 2006).

According to Seeleman et al. (2009) Proper understanding of health care giver to multiculturalism and cultural diversity influences on the kind of care they give to their patients of different ethnic background and how the patients perceive illness. (Mohan et al. 2006) Having knowledge of the patient and other coworkers traditions

5

and cultural values, make the correlation of between health care workers an easy and a better one thus better effects on the quality of care they provide. This also helps boost the morale of works at work place and good intercommunication of different departments in the health facility resulting to good quality services provided. Attitude change and proper skills are one of the good end results that are associated with good understanding of the multiculturalism and diversity at work for health care givers. Thus making it major pillar for provision of high quality health care given by nurses (Seeleman et al. 2009.)

2.2 Nursing Diversity

Nursing as a discipline is diversified. The nursing profession identifies with many healthcare areas, placing it among the most widely studied disciplines. The healthcare field has a culture of its own; it embodies both multiculturalism and multi-professionalism. This is called enculturation. For instance, when new students commence nursing, they are subjected to the challenges of adjusting to learning the new culture of nursing education and when nursing students graduate they are presented with the challenges of nursing profession. There are expectations for any nursing student or professional. (Gustafson, 2005.)

The growth of cultural diversity in the world and characterization of it as a global village has made cultural competence in the healthcare system a basic requirement for provision of high quality healthcare by the health care givers. Cultural competence calls for nurses to understand the value that diversity brings to the care they give and help them manage the dynamics of difference thus helping them to adapt to diversity whenever they are in the different nursing departments. (Gustafson 2005.)

Cultural diversity of patients may vary and with it comes with a challenge that requires proper nursing competence and ethics for them to deal with it, as it influences the end results of the care they provide and the quality of care given (Compinha-Bacote 2011). Diversity in health care is necessary for nurses and other healthcare givers as it helps maintain mutual respects and foster growth and development among coworkers. It gives the nurses the competence to make

6

informed decisions when dealing in a multidisciplinary environment that may be culturally diverse, hence ensuring proper high quality care is given to the patients. (O`Connell et al. 2007.)

Education and Training in Culturally Competent Care: if organizations and individuals do not understand the knowledge of patient's 'cultural beliefs and values, the quality of care to the patients must be horrible even result in serious threats to life. General and specific cultural knowledge is needed during the different clinical phases such as assessments, care planning, and patient's education including treatments and prescriptions. (Purnell et al. 2010.)

Cultural competence education' is defined here as a process of developing the health care practitioner in order for the health care practitioner to have the capacity and enthusiasm to continuously develop self, in order to be able to respond and provide effective health care that is congruent to people's cultural needs. (Ephrain 2013.)

In Finland, "People coming to work or considering work in Finland need already in advance, when immigrating to Finland, clear and realistic information on opportunities to work and working life in Finland, together with initial guidance and orientation. The support structure MATTO falling under the Ministry of the Interior and funded with support from the European Social Fund, creates training systems for people coming to work in Finland, and for employers recruiting or planning to recruit employees abroad. Furthermore, the support structure develops instruments for passing on information about the Finnish labor market and Finnish working life". (Ministry of the Interior 2016.)

2.3 Cross cultural communication and leadership

 Communication capability in a cross-cultural setting refers to the capacity to overcome cultural and linguistic barriers to achieve shared understanding and convey information. It also requires the capacity to adapt communication styles, and take cues from people to achieve mutual understanding (Queensland Health, 2010). On the other hand, cross cultural leadership requires self-awareness and self-

7

reflection, sensitivity to cultural differences, and adaptability to various contexts of care. Nurses use leadership skills to implement system-wide programs for staff development in order to promote organizational cultural competence (Expert Panel on Global Nursing & Health, 2010).

The art of communication is the basis of service delivery in health care environment. Basically a health worker shall use cultural competence in verbal and nonverbal communication skills to identify client's values, beliefs, practices, perceptions and unique health care need (Judy, Anton & Isabel, 2016). In the same way the health worker should be able to exercise the same communication skills with work team-mates. On the other hand, relationship and hierarchy between the health care team may also scale down communication within a team. Some argue that it is not possible to communicate effectively when one does not care about the person with whom one is communicating (Burnard, 1997 according to Judy et al. 2016). When good relationships exist between members of a team, the resulting atmosphere of safety and reassurance fosters better communication. In such situations, nurses respond in a manner that is acknowledging and supporting of the other's circumstances rather than focusing on problem identification and resolution (Harrick, 1997 according to Judy et al. 2016).

However, there is need for foreign healthcare workers to be able to insert themselves into the dominant culture of the host countries easily, for language is the key to communication. Many scholars have lamented that language is part of communities' culture. For instance, since Finland is dominated by Finnish speaking communities there is need for foreign health workers to study and understand the culture and language of the Finnish people. However, a great need has also grown for Finnish healthcare workers to study and understand foreign cultures and languages due to the high number of immigrants. Research has revealed that even when language skills are tested it is not clear whether this guarantees sufficiently nuanced and cultural competence for clinical contexts. (Royal College of Nursing, 2014 according to Allan & Westwood, 2016.) A recent UK study with internationally educated nurses from the EU considered proficient in English, reported that the nurses nonetheless felt that they did not have the 'right' language skills for working successfully in nursing contexts. (RCN, 2014;

8

Stephenson, 2014 according to Allan et al, 2016.) A lack of the 'right' language skills can also impede successfully continuing professional development (Terry et al, 2013).

However, it's critical that employees are aware of their leaders' appreciation for individual cultural differences without personal bias (Nguyen & Umemoto, 2009). By doing so, leaders can better fulfill their responsibilities to create multicultural workplaces and a strategic foresight of organizational innovation (Szu-Fang, 2013).

2.4 Cultural Competence in Health Care Systems and Organizations

Cultural competence in the context of nursing and health care is defined here as a learned or developed skill that enables the healthcare practitioner to serve and interact appropriately, effectively and competently with people from diverse cultural backgrounds (Ephrain 2013).

A nation's health care systems and health policies should be designed or carried out to ensure that culturally competent care is provided by leaders and the workforce. In health care, racial and ethnic diversity is important. All workforces in health care systems should reflect diversity in delivery systems, staffs, providers, and senior managers. Minorities should be hired and promoted in the health care workforce. (Betancourt, Green & Carrillo 2002, 14)

Achieving cultural competence in health care systems should include conducting assessments, and implementing systems for collecting patient racial/ethnic and language preferences. Cultural and linguistically appropriate health education materials. Feed back means collecting the data in trace, ethnicity and language preference in health care delivery. (Betancourt et al 2002)

Leininger & McFarland (2002) defined multiculturalism as the reality and understanding that there exist many and diverse cultures and beliefs in the world, the differences and similarities of which must be properly understood. They defined multiculturalism in nursing as the equalness and unequalness in different cultures in the medical field, wellbeing, diseases and the curing patterns, and beliefs and

values. Gustafson (2005) also defined transcultural nursing as "the humanistic and scientific study of all people from different cultures in the world with thought to the ways the nurse can assist people with their daily health and living needs".

Multicultural nursing research works towards re-examining health and cultural beliefs, how people behave, and how cultural perspectives would be included in the treatment nurses give to their clients. It also includes co-workers who come from different cultural backgrounds. The goal of multicultural nursing research is to develop culture-specific and universal cultural knowledge to guide practical nursing care (Andrews & Boyle, 2003). Providing adequate knowledge is important for enabling cultural competence and comprehensive nursing care; hence, it is the ultimate goal of multicultural nursing (Davidhizar, 2003).

Campinha (2002, 181) described cultural competence as a continuous process, hence the need for nurses to try and learn every time they experience a new culture in their work place. Nurses should try to be culturally competent rather than being culturally incompetent, which would hinder the quality of health care they provide to their patients. To achieve this, nurses need to know patients' attitudes, beliefs and cultural practices. It's important for health care providers to be flexible, to adjust, and to learn from encounters with different views, opinions and values they meets in a diverse environment (Vanderpool 2005, 1925).

It is important for nurse to gain a better knowledge and understanding when working in a multicultural environment. Exercising proper interaction skills and being able to handle the sensitivity of the different cultural believes and practices at work ought to be an important tool for the health care professionals. As the amount of different cultures encountered is increasing in a speed, it is becoming more challenging for a nurse to obtain culture specific knowledge. (Sainola 2009, 52). There is need to emphasize the need for health care providers to learn more on cultural competency attitude and skills so as to be able to provide the care and services due to individuals of all cultures and ethnicities (Zander 2006, 50).

3 WORKING ENVIRONMENT

Appreciation of one's culture and autonomic integration to a new culture in working environment promotes upgrading of service outcomes thus satisfaction of patients. In this chapter the authors take a close look into general working environment for a nurse.

3.1 working force

Multicultural workforce means the work environment where people from different cultural backgrounds work together. The effective workforce is about creating individuals with respect, and developing an organizational culture that values individuals, it is not about a person's race or culture. Skilled communication and true collaboration are crucial for transforming work environments. (Markey et al. 2012, 9.)

One study shows in Finland the immigrant professional nurses are easily marginalized within the division of labor. After them receiving a license to be Finnish nurses, the immigrant nurses got easily employed and got respected positions in the division of labor as members of their profession. Nurses who came from abroad have to be educated to enter the labor market and practice the profession in work communities. (Nieminen 2011, 9.)

Aguilar (1999) announced that Asian immigrant nurses who work in Australian was conception that they came from post colonial area, the post colonial view means they have inferior technology, or less productive forms of governance in workforce, or inefficient, or simplistic. So they have to work harder to show their competence, even they could not make their own professional models of care (Xu, 2007). The clinical nursing practice of immigrant nurses was not evidence based, this inferiority feeling made them thought their practice was less than satisfying (Uttal, 2010; Xu 2007). The nurse works in West is more aspersive, independ or assertive compared to the Asian (Xu, 2007).

There are many cultural differences in nursing profession between Asian countries and West. For example, the basic nursing care or daily living such as bathing, in Asian cultural beliefs, it would like be done by family members than female nursing staff. (Willis & Xiao 2014, 6.)

3.2 Critical reflection and Evidence-Based Practice.

The understanding of one's culture and respecting their wishes, impacts on the kind of care given and has a positive effect on the patient care, this enhances the caregiver's attitude to deliver high quality healthcare to their patients and caring for all the patient's multicultural diversity believes and creating conducive environment for correlation with other workers that might have different cultural background as well. (Seeleman et al. 2009.)

In the healthcare setting this will directly impact on the kind of care that patients receive, hence high quality health care and reduced inequality through cultural sensitivity of both the patient and the caregiver (O`Connell et al 2007). Having right attitude, knowledge and skills concerning multicultural diversity influence the way caregiver care for their patients and how they deal with their coworkers thus providing a high quality care to their patients (Lowe & Archibald. 2009).

4 AIMS, PURPOSE AND RESEARCH QUESTIONS

Aims

The aim of the research is to gather and provide information on nurses' knowledge and skills on multiculturalism in working environment. It also aims at gathering information on weather multicultural collaboration at work place can be used to improve health care service delivery.

Purpose

The purpose of this thesis is to provide information on the importance of nurses' knowledge and skills on multiculturalism which can be used to improve health care service delivery and enhance patient satisfaction.

Research questions:

1. What do nurses understand about multicultural collaboration at work?
2. What are the impacts of multicultural collaboration in nursing?

5 METHODOLOGY

In this chapter the author explains the methodologies that he has used in his research work. Explanation of databases used and how data selection was done is also provided. The chapter will also provide ethical considerations issues.

Methodology entails part of the research where the writer gives all the information about the research intentions, data collection and the evidence based to support the intention of why the research was carried and the answers it provided. There should be a clear outlined way that will define and explains how the research has to be done so as to effectively and thoroughly give clear evaluation of the subject contained in the research objectives. (Moule & Goodman 2009, 138)

5.1 Descriptive Literature review

For this study, we used descriptive literature review as the study design of choice. This was guided by the wide pool of research information already available in published journals and unpublished research manuscripts on the topic in question. Selection of descriptive literature review was aimed at ensuring critical and in-depth analysis of findings of the many primary studies available with a view of integrating the results into scientifically sound and authoritative results. Additionally, this method prevented redundancy in the pool of scientific knowledge available. (Cooper, 2008; Baumeister, 2013.) For our thesis, we have chosen to do a descriptive literature review.

5.2 Literature Review.

This is a research that has information that is derived from ideas, figures and affirmations that illustrate a point to draw clear understanding in a given subject. It is broad, comprehensive, in depth and systematic organized critique of published as well as unpublished research reports and theoretical literature (LoBiondo-wood & Haber 2006:87). Literature review has to help fill the gaps that could have been left by previous researches, inspire new discoveries or help in development of new guidelines Polit and Beck (2006, 133). For a literature review to be substantial and avoid biasness in the topic, it has to be subjective and follow outlined systemic

14

review guidelines, appraises and summarizes the information on a given question so as to give a clear illusion to its answers (Polit & Beck 2006, 133).

The authors intend to use descriptive literature review to tackle the issue of nurse's knowledge and skills of multiculturalism at working environment. The ideas behind literature review is to develop the existing theories concerning the topic hence build up new theories based on the existing once with a close assessment them.

The choice of descriptive literature review suits this thesis since it gives descriptive and qualitative remedies to the raised research questions. The method has an objective of providing remedies to what already is known about the raised issue. It creates theoretical foundations of the study for advance knowledge and assist in theory development. (Webster & Watson 2002, 15)

5.3 Data search and collection

Studies reviewed in this systematic review were located from Electronic Scientific database sources. A search protocol was set up to search a number of databases, namely CINAHL, MELINDA and SAGE. A sensitive search criteria using Keywords was developed. The combinations of keywords searched include multiculturalism, nursing diversity and cultural competence. The combination of these keywords provided a wide range of peer-reviewed articles to select from. The search combination was adapted appropriately for the various databases.

Initially, a broad search strategy was carried out that included randomized controlled trials, quasi-experimental studies and observational studies as well as existing systematic reviews on the topic as well as scientific and government reports and review articles. This review only searched electronic sources

The inclusion and exclusion criterion was designed so as to assist in fulfilling the research objectives and questions. This was made possible by determining the relevance of the data researched on and year of publication being 2006-2016. We also chose those were fully available in English. (See figure 1 below.)
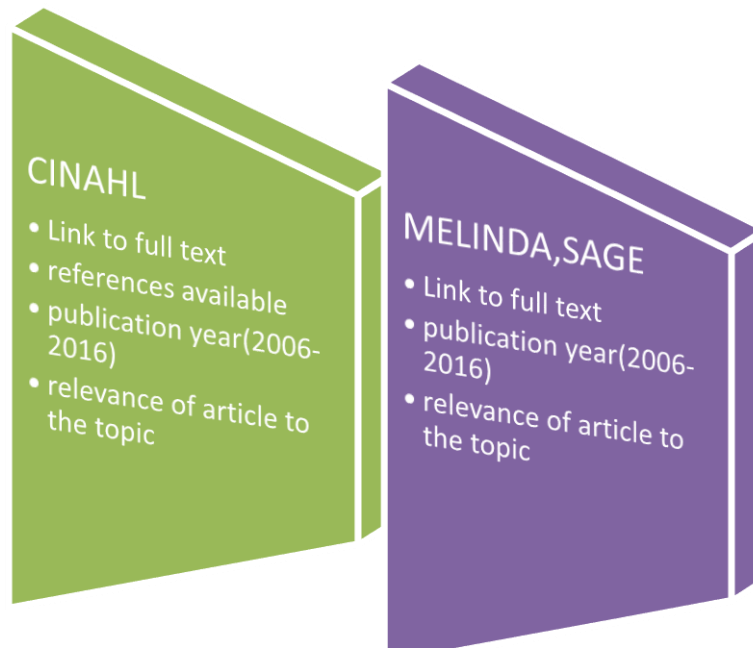
Figure 1: Filters used in database search

The results for the data sought was sorted with there relevance to the research topic. The authors managed to gather a wide range of data. Once the authors found some articles are not relevant to the topic, the articles were no longer considered. Also articles repeated in various data base where excluded. Below is the data search process. (Figure 2, Table 1 & Appendices 1)

Figure 2: Data search process

Databases	No Filters	Filters	selected upon titles	Selected upon content
CINAHL	527490	11002	66	16
MELINDA	3152	1993	59	5
SAGE	9917	1458	48	27
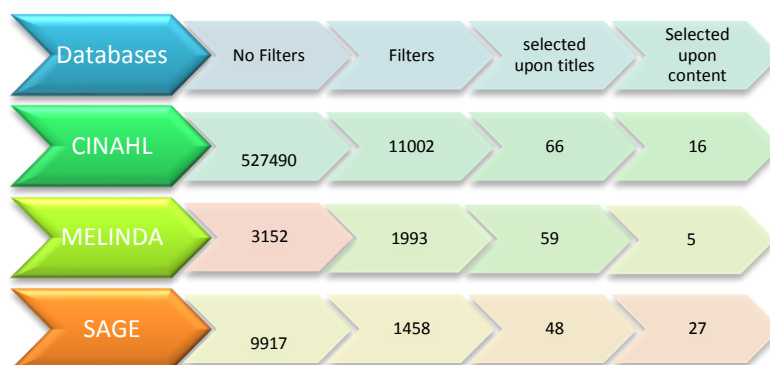
Table **1**: Data search process

Research questions:
1. What do nurses understand about multicultural collaboration at work?
2. What are the impacts of multicultural collaboration in nursing?
Research keywords:
multiculturalism, cultural diversity and cultural competence
Research databases:
Cinahl (n=527490), Melinda (n=3152), Sage (n=9917)

Criteria
Publication year 2006-2016
Peer Reviewed
English Language
Full Text available
Corresponds to the set of research questions

The articles come from databases: CINAHL(n=16), Melinda (n=5), Sage (n=27)
The basis of quality assessment and selected (n=48)
Some same articles come from different databases (n=10)
Together n=38

6 DATA ANALYSIS AND FINDINGS

In this chapter the authors provide information on how they analysed the various literatures they gathered. A step by step process of how thematic content analysis was carried out is also explained. The chapter will also provide the end findings of the literature review.

6.1 Data Analysis

In research work the main goal for data analysis is to come up with a systematic comparison between the collected information and to further look into the contexts of the existing information. It leads to drawing conclusions which is based on the research data collected. Once the initial overview has been completed it is necessary to return to the articles to undertake a more systematic and critical review of the content (Cronin, Coughlan & Ryan, 2008:40).

The authors have chosen to use thematic content analysis. The method entitles summarizing and synthesizing the chosen literatures rather than invention of new conclusions. Although there are slight variations in the criteria proposed in the indexing and summary systems, generally they are concerned with the title of the article, the author, the purpose and methodology used in a research study, and findings and outcomes. It is also useful to incorporate comments or key thoughts on your response to the article after it has been reviewed. (Cronin et al. 2008, 40-41.) Haikarainen (2014) laments that with the help of literature review, one can identify, evaluate, and connect previous studies with one another.

In respect to content analysis, with the help of the research questions the authors examined to identify the categories and their descriptions and interactions in relation to multicultural collaboration in nursing. Bearing in mind that content analysis describes a specific context within which certain kind of data was gathered and analysed, close re-reading of the chosen literatures was done to find answers to the research questions.

In this thesis the authors came up with three thematic categories, i.e. multicultural understanding, cultural competent nursing and impacts of multicultural collaboration. The research articles basically have been divided in accordance to

the key words. However, there has been overlapping of themes which have been sorted. Below is the data analysis categorization with more details been provided in the appendices? (Table 2.)

Table 2: Data analysis and categorization

Keyword	Code	Sub-theme	Theme
Cultural diversity	Factors affecting cultural diversity	Professional socialization at work place	Multicultural understanding and cultural competent nursing
		Cultural similarities	
Cultural competence	Essentials of cultural competence	Nursing education, Components of nursing research	Impact of multicultural collaboration
Multiculturalism	Effects of multiculturalism		

6.2 Findings

The whole world is getting older, particularly in Europe and North-America, the growing elder population need more nursing care (United Nations, 2015). So in health care sector, there exists a shortage of labors all around the world. The migrating nurses most of them come from developing countries have to take care of patients who have different cultural backgrounds. To provide safety, integration health care to patients, culturally competent nursing care is the foundational skill of nurses. (Douglas et al., 2014.)

19

To be a migrating nurse, what substance of cultural competence should keep in mind? It includes knowledge of cultures, education and training in culturally competent care, critical reflection, cross-cultural communication, culturally competent practice, culturally competent practice, cultural competence in health care systems and organizations, patient advocacy and empowerment, multicultural workforce, cross-cultural leadership, and evidence-based practice and research. (Douglas et al., 2014.)

To practice cultural competence in nursing care process, assessment, plan, implementation, and evaluation, nurses should understand patients' personal cultural perspectives, traditions, values, practices, and also social institutional, class, economic station (Leininger & McFarland, 2006 according to Douglas et al., 2014). Critical reflection means nurses have their own beliefs, values, at the same time respect for all cultures of customers (International Council of Nurses, 2006 according to Douglas et al., 2014). Cross-cultural communication skills intend nurses identify patients' cultural background by respect, dignity attitude as well as verbal or nonverbal language (Miller et al., 2008).

Health care systems and organizations should afford language needs to diverse clients as well as provide the structure and resources to develop nurses' cultural knowledge and skills. Patient advocacy and empowerment mean that nurses respect the individual decision the patients have made by their own cultural behaviours, beliefs and values. Nurses should have cross-cultural leadership ability to make policies, to organize group, to lead team, to educate others, to administrate systems. Nurse researchers would use evidence-based practice tool to promote multicultural nursing care. (Douglas et al., 2014)

7 CONCLUSION

The aim of the research was to gather and provide information about nurses'
knowledge about, and skills in, multiculturalism in work place. In this chapter we
will look into the ethical issues which we have been considering. Also a discussion
section will be highlighted. The discuss will provide a comparison of the literature
findings and the authors views.

7.1 Ethical consideration

Ethical consideration in research is crucial in helping identify the limits towards
which one can go in maintaining the originality of the research they are doing. It
helps in bringing out reliable results that can be credibly accepted and help give
solution to various questions that may arise. According to Doody and Noonan
(2016, 806) "Research ethics is fundamentally concerned with the safeguarding of
research participants from harm and limiting risk of harm".

In conducting this descriptive literature review the authors gathered information
from previous studies which were able to provide answers to the research questions.
Generally, it's a core component of descriptive literature review to look in to widely
discussed topic so as to ensure information availability for the topic been discussed.
The authors have ensured openness in data search, understanding and
summarization. It is important for any research done to determine its main
objectives and illustrate clearly its results and findings without committing research
misconducts that are against any outlined guidelines on ethical aspect. (Burns &
Grove, 2011.)

In this thesis information was gathered from scientific database Cinahl, Melinda
and Sage with a specific criteria being formulate to guard the process. The criteria
which included limiting ourselves only to free full text literatures available ensured
all then information was legally acquired.

To avoid plagiarism, the authors ensured adherence of Lahti University of Applied
sciences (LAMK) thesis guideline and advice from the supervising lecturer. Also
in this thesis only free full text was used to avoid misinterpretation. On the other
hand, LAMK reference format have been put in to use and references cross-checked

to ensure that there are no chances of plagiarism as provided for in to LAMK thesis guidelines.

7.2 Discussion:

The main source articles came from three databases Cinahl, Melinda, and Sage in this descriptive literature review. The search language has been limited in English due to the authors' language skill limited. So there is an obviously opportunity that some proper resource articles are lost, then maybe the finding have deviated from the core theme. There are advance multicultural nursing care theories and practices those have been confirmed. At the same time, the connected literature within other language multicultural countries such as French, Germany was lost. Particularly, the literature about immigrant nurses in Finland only four articles were found. More details of the information are in Finnish language. So the authors just are able to describe the parts of multiculturalism. On the other hand, the theories and practices are summarized from other land, those are not properly suitable to other countries such as Finland.

As nursing students who are going to graduate to work as nurses in Finland, the following are useful information.

In the Finnish health care sector, the number of foreign health professions has increased (Markkanen & Tammisto, 2005 according to Iheneche, 2010). To solve this dilemma, the Finnish government and private healthcare agents have asked for help to recruit nurses from abroad. Most of them came from Philippines and China (Markkanen & Tammisto, 2005). In the global trading of nursing workforce, Finland is an active agent to "buy" Filipino nurses (Näre & Nordberg, 2016). The reasons of foreign nurses moved to Finland include such as better prospects of employment, good working conditions, higher pay, and peaceful political and social environment (Markkanen & Tammisto, 2005). However, there is need for communities to be more multicultural more especially in health care service delivery.

Even immigrant nurses do not have enough language skills, they are still equal members in the work team. The attitude of Finnish colleagues to immigrant nurses has been appropriate. The real risk of the patients' safety is the lack of language

22

skills. In the working environment, the multicultural working plans are insufficient. About half of the immigrant nurses have been targets of racism at some stage of their career. (Markkanen & Tammisto, 2005) It is important that every nurses who like to work in country to study the domain language for language is part of culture, for instance, learn Finnish language if you want to work in Finland. As well as zero tolerance of racism is important.

Finally, we need more information about multicultural work environment in no English speaking socities. To provide proper, induvial cultural health care, nurses need more information, knowledge and research in multicultural nursing care. Therefore, there is still room for more research to be conducted on the topic in future.

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APPENDICES 1

NO	Author(s), year, place	title	Aim of the study/article	Data collection and analysis	Results of study / Main points of article	Key words
1	Jirwe. 20008 Sweden	Cultural competence in nursing	To define cultural competence	Qualitative research	Cultural competence means in nursing care consideration of patient's cultural background, beliefs, values and traditions	Cultural competence, transcultural nursing, cross-cultural encounters, cross-cultural communication,
2	Sagar. 2012 USA	Transcultural nursing theory and models	What is transcultural nursing	Literature review	In nursing education, practice, and administration, applicate transcultural nursing theory , models, and assessment guide	Transcultural nursing, Cultural Competence
3	Ernest Ihenech e. 2010 Finland	Cultural Diversity and Cultural Competen cy: New Issues for	In nursing homes of Finland, how cultural competence can be used by healthcare professional s in mitigate disparities	literature review	Cultural competency in health care practice is very essential when misunderstanding may occur between healthcare professionals and clients come from	Cultural diversity, Cultural Competence, Ethnocentrism, Cultural relativism

		Elderly Care and Services			different cultural background	
4	Markka nen. &Tamm isto 2007 Finland	Immigrants at the workplacein the health care sector	In Finland, explore information of immigrant workers in the social and health care sector, working conditions, and Multicultura lism.	Qualitative research	At the workplace immigrants workers have to encounter language difficulties, unacknowledged qualifications and multicultural issues	Multiculturalism, Multicultural workforce
5	Cowan. & Norman. 2006. United Kingdo m	Cultural Competence in Nursing: New Meanings	In UK, cultural diversity in Migrant nurses from EU countries	literature review	Nurse recruitment and retention problems experience in The United Kingdom	cultural competence; nursing; migration; diversity; enculturation
6	Kathlee n L Sitzman. 2007 USA	Diversity and the NCLEX-RN: A Double-Loop Approach	To afford culturally congruent care in USA, cultural diversity in	quantitative research	Double-loop interventions are useful tools to provide culturally congruent care. It focused on	NCLEX-RN; diversity; double-loop

			education of nursing programs, the National Council Licensure Examination for Registered Nurses.		cultural competence, formative and summative evaluations by quantitative, qualitative research , and evidence-based interventions	
7	Douglas et al. 2014 USA	Guidelines for Implementing Culturally Competent Nursing Care	To provide universally possible guidelines for culturally competent care in practicing.	literature review	The highest level guidelines for cultural competence nursing care practice, education and research	Culturally Competent Care, Cross-Cultural Communication, Multicultural workforce, Cross-Cultural Leadership
8	Desouza . 2008 New Zealand	Wellness for all: the possibilities of cultural safety and cultural competence in New Zealand	In New Zealand cultural diversity in nursing care theory and practice developmen ts	literature review	The relationship of Cultural safety and cultural competence is imperturbably connected each other.	cultural diversity; New Zealand; cultural safety; cultural competence
9	Xu 2009	Cultural Competence	The two original cases	literature review	Cultural competence can be applied	competence; cultural; toolkit;

	USA	"Took Kit" and Snapshot"	cultural competence analysis for nursing education and practice.		individuals and institutions.	snapshot; education; nursing
10	Xu 2007 USA	Making a Case for Cultural Competence in Nursing	Analysis a case for nursing education and for all health professions in cultural competence tool.	literature review	at the different levels such as nursing workers level, the system level, and the society level, cultural competence be handled	colleague; cultural; competency; international; national; local; context
11	Almutairi. et al. 2015 Australia	Understanding Cultural Competence in a Multicultural Nursing Workforce: Registered Nurses' Experience in Saudi Arabia	Cultural competence of Non-Saudi Arabian nurses working in a major hospital in Saudi Arabia	qualitative analysis	Nurses struggled with cultural competence within this culturally diverse environment	multicultural nursing workforce, cultural competence, qualitative analysis
12	Garneau. & Pepini.	Cultural Competence: A	What is constructivist definition of cultural	literature review	Develop knowledge of culture, cultural	cultural competence, cultural safety, constructivism,

	2015 Canada	Constructivist Definition	competence, culture, and cultural safety?		competence, and cultural safety.	culture, competence, social justice
13	Im. 2015 USA	What Makes an Intervention Culturally Competent?	What are essential components of culturally competent Interventions?	literature review	Afford concrete directions of culturally competent interventions	Cultural competence, Cross-cultural research, Cultural diversity
14	Purnell. 2016 USA	Are We Really Measuring Cultural Competence?	How to evaluate the organization's cultural diversity mission?	literature review	It need efforts come from inter professional education and research in the workforce	Cultural competence, measurement, nursing science
15	Kozub. 2013 USA	Through the Eyes of the Other: Using Event Analysis to Build Cultural Competence	Provide an active learning tool by event analysis to practice to build cultural competence	qualitative analysis	In the nurse's perspective leading to true cultural competence by event analysis as a tool.	cultural competence, self, reflection, transformational learning
16	Chrisman. 2007	Extending Cultural Competence Through Systems	Exposure a system approach to institutionalizing cultural	literature review	The system approach is constant of the basic cultural message across	multicultural community partnerships; organizational cultural

	USA	Change: Academic, Hospital, and Community Partnerships	competence in nursing.		practices, and institutions.	competence; systems change; community coalitions; community-based participatory research
17	Shen 2015 USA	Cultural Competence Models and Cultural Competence Assessment Instruments in Nursing: A Literature Review	Critiqued cultural competence models and cultural competence assessment instruments	literature review	The reviewed models and instruments have raised healthcare professionals providing cultural competent care and improving quality of care	cultural competence, cultural competence definitions, nursing models, transcultural nursing, cultural competence assessment, instrument construction, instrument validation, psychometric properties, health disparities, healthcare disparities
18	Xu. et al. 2006 USA	Advances in Conceptualizat ion of Cultural Care and Cultural Competence in	To review conceptualiz ation of cultural care	literature review	During the past few decades the conceptualization of cultural care and cultural competence have	conceptualization; cultural care; cultural competence

		Nursing: An Initial Assessment	and cultural competence		been significant developed	
19	Xu. 2006 USA	Cultural Competence: Substance or Lip Service?	To map the status of cultural competence	literature review	In 2006, cultural competence remains a poorly defined in nursing	Cultural Competence, cultural; accreditation; measuring; perception; grant; application
20	Halkoah o. et al 2015 Finland	Cultural aspects related to informed consent in health research: A systematic review	Give a description of the cultural aspects related to informed consent in health research	systematic review	In cultural understanding effective communication plays a vital role in cultural aspects.	Autonomy, cultural, informed consent, research ethics, systematic review
21	Foronda. et al 2015 USA	Cultural Humility: A Concept Analysis	What is cultural humility?	literature review	The term cultural humility is unclear, the concept analysis were mutual empowerment, partnerships, respect, optimal	cultural humility, nursing and cultural competence

					care, and lifelong learning.	
22	Dunaway. et al 2012 USA	Development and Validation of the Cultural Competence of Program Evaluators (CCPE) Self-Report Scale	Implement the CCPE and evaluate differences in level of cultural competence	Qualitative research	The CCPE showed appropriate psychometric properties in cultural competence training	cultural competence, survey development, validation, statistics
23	Kirmaye r. 2012 Canada	Rethinking cultural competence	How cultural competence can improve clinical services	Literature review	Cultural competence is not be coved the high levels of diversity around the world until 2012	Cultural competence, cultural diversity, Cultural safety
24	Näre. & Nordler g. 2016. Finland	Neoliberal post colonialism in the media: Constructing Filipino nurse subjects in Finland	Analyzes how Filipino subjects were constructed by the Finnish media.	Literature review	Filipino nurses has showed the interconnectednes s between neoliberal and postcolonial discourses	Filipino nurses, Finland, labor migration, media, migration, neoliberalism, nurse recruitment, Post colonialism, the Philippines
25	Walls. et al 2016	A Cautionary Tale: Examining the Interplay of Culturally	To put up empirical evidence Indigenous cultural	Quantities research (Empirical Article)	Indigenous spirituality link with little psychological	American Indians, culture and mental health, psychological stress, risk factors,

	USA	Specific Risk and Resilience Factors in Indigenous Communities	factors in psychological outcomes.		outcomes across several regions	sociocultural factors
26	Danso, 2016 Canada	Cultural competence and cultural humility: A critical reflection on key cultural diversity concepts	Critical reflection on cultural competence and cultural humility.	Literature review	Cultural humility exists to add more value to cultural than social work practice	Social work, anti-oppressive practice, critical reflection, cross-cultural, cultural competency, cultural diversity, cultural humility, culturally sensitive, postmodern
27	Zander. 2007 USA	Cultural Competence: Analyzing the Construct	Provide practical construct of cultural competence.	Literature review	Cultural competence includes awareness, knowledge, and skill	Cultural incompetence, diversity, ethnocentrism, transcultural
28	Cope 2015 USA	Cultural Competency in Nursing Research	To provide strategies to promote cultural competence in nursing research	Literature review	To provide culturally sensitive care in the practice, nurses need to know the knowledge and skills about	cultural sensitivity, cultural competence, Cultural Competency in Research

					different racial and ethnic	
29	Casida. & Pinto-Zipp. 2008 USA	Leadership-Organizational Culture Relationship in Nursing Units of Acute Care Hospitals	In an acute care hospital the relationship between leadership styles and nursing units	Qualitative research	Leaderships with nursing unit OC have the ability to balance in their nursing units and maintain organizational effectiveness.	Cultural competence, leadership, organizational effectiveness
30	Chenoweth. et al. 2006 Australia	Cultural competency and nursing care: an Australian perspective	In Australian nursing practice to facilitate cultural competence, an approach is designed	Literature review	Nurses must develop respect for consumer's value systems and make good interpersonal relationships with them.	Australia, Cultural Competence, Nursing, Professional Practice
31	Jirwe. et al. 2008 Sweden	Identifying the core components of cultural competence: findings from a Delphi study	From Swedish cultural experts, what the core components of cultural competence are	Delphi survey	In the aspects of ethno history, discrimination and racism, Swedish experts underline minor.	competence, culture, nurses, nursing, Sweden
32	Leever	Cultural competence:	In patient autonomy	Literature review	Respecting customers'	autonomy, cultural competence,

	2011 USA	Reflections on patient autonomy and patient good	and patient good care, how well cultural competence did.		cultural values should be in organizational approach.	fairness, organizational ethics, patient good
33	Ingram. 2011 USA	Using Campinha-Bacote's process of cultural competence model to examine the relationship between health literacy and cultural competence	In nursing practice, to discuss the relation between health literacy and cultural competence	Literature review	By increasing their own cultural competence, nurses can care for ethnic minorities and promote their health literacy	Campinha-Bacote, cultural competence, health literacy, nursing
34	Premji. & Etowa. 2014. Canada	Workforce utilization of visible and linguistic minorities in Canadian nursing	To map diversity of the nursing workforce in Canada	Quantities research	By the increased cultural and linguistic competence, diversity nursing workforce promote better quality of care for minority populations.	cultural competence, diversity, minorities, nursing, workforce utilization

35	Woodbridge. & Bland. 2010 New Zealand	Supporting Indian nurses migrating to New Zealand: a literature review	To support migrating nurses become registered nurses in the New Zealand, confirm the factors on practice environment	literature review	Contributing to a safe passage for migrating nurses become RN in New Zealand, the factors will help: ongoing professional education, cultural safety and good mentoring in practice environments	Cultural Safety, Globalization, India, New Zealand, Nurse Migration
36	Graham. & Norman 2008 USA	A reflective discussion: Questions about globalization and multiculturalism in nursing as revealed during a student/staff exchange programme	For exchange nursing student/staff, what globalization and multiculturalism elements are?	reflective discussion:	About nursing practice, the student or staff understood the mean of nursing programme, but it is difficult to describe, interpret or explain in second language.	globalization, multiculturalism, nursing discipline, nursing gestalt
37	Racine. 2008 Canada	Examining the conflation of multiculturalism, sexism, and religious fundamentalis	In the post-9/11 in Canadian healthcare settings, what is the	Literature review	To inform a culturally safe delivery of care to non-western populations, keep in mind Bakhtin's	nursing theory, nursing philosophy, post-colonial feminism,

		m through Taylor and Bakhtin: expanding post-colonial feminist epistemology	challenge culturally safe nursing care		concepts of dialogism and unfinalizability, then addressing racialization in nursing.	nursing care, non-Western populations, Bakhtin
38	Lowe 2009 USA	Cultural Diversity: The Intention of Nursing	Provide cultural diversity development in nursing and what actions boost it.	Literature review	To develop cultural diversity, nurses should study cultural physiological, psychological, spiritual and social factors.	Culture, diversity, intention, transcultural nursing