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**Bachelor's Thesis**

**ACCESSING HEALTH CARE: A look into the  
culture of foreigners living in Salo, Finland for  
better service provision**

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**Degree Program in Nursing**

**2009**

## TURKU UNIVERSITY OF APPLIED SCIENCES ABSTRACT

Degree Programme: Degree Programme in Nursing
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Title: Accessing Health Care: A look into the Cultures of Foreigners living in Salo Finland for Better Service Provision
Research supervisors: Seija Alho, Heikki Ellilä
Date: August 2009
Total number of pages: 40
<p>The purpose of this research was to find out how immigrants living in the city of Salo could utilize the healthcare services better by informing the healthcare personnel of their needs as people from diverse religious and cultural upbringing. This bachelor's thesis discusses culture, its implications and acts as a directing tool to the health care providers.</p> <p>Systematic literature review and interviews n=20 were the methods used to approach this study. Relevant literature was analyzed by the authors then compared to the feedback from the interviews. No existing past study on this topic was found in Salo.</p> <p>The findings indicate a lack of cultural tolerance and understanding from both the immigrants and the healthcare workers. Most immigrants feel that their cultural and religious preferences are not understood by the health care personnel. The quest for this awareness is vital for the general immigrant population of Salo for they will be able to consume the health services provided comfortably and the healthcare workers will be able to do their work efficiently equipped with the relevant cultural competence. Since this study was requested by the city of Salo, a further study of a qualitative nature should be conducted on the experiences of the healthcare personnel while providing services to the immigrants. This can provide a general scope of the situation and lead to lasting solutions.</p>
Keywords: Culture and health, Multiculturalism, Religious practices, Transcultural nursing

## **Table of Contents**

1. INTRODUCTION .....	1
2. BACKGROUND .....	2
2.1. The impact of religions .....	3
2.2. Benefits of providing culturally competent healthcare .....	6
2.3. The main immigrants communities in Salo region .....	8
2.4. Three case studies .....	10
3. THE AIM OF THE STUDY .....	12
4. METHODS .....	13
4.1. Systematic literature review .....	13
4.2. Interviews.....	14
5. LITERATURE REVIEW .....	15
5.1. Systematic literature review.....	15
5.2. Analysis of the material .....	17
6. THE MAIN INTERVIEW RESULTS.....	22
6.1. Language Barrier.....	23
6.2. Social Interaction .....	24
6.3. Care Preferences .....	24
6.4. Introduction of herbs into health care system .....	25
6.5. Introduction of religious books in health care .....	25
7. THE GUIDE .....	27
8. DISCUSSION/EVALUATION OF THE GUIDE.....	31
9. CONCLUSION .....	33
10. REFERENCES .....	35
11. APPENDICES .....	38

### **TABLES**

TABLE 1.....	19
TABLE 2.....	20
TABLE 3.....	23

### **FIGURES**

Religious groups and Medical Procedures.....	30
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## 1. INTRODUCTION

The bachelors' thesis focuses on the culture of immigrants living in the Salo region of Finland. This is because Salo is a cosmopolitan city and immigrants living there have diverse cultural practices. Leininger & McFarland (2006) defined culture as "the learned, shared, and transmitted values, beliefs, norms, and life ways of particular culture that guides thinking, decisions, and actions in patterned ways and often inter-generational.

Immigrants leave all or most of their family members behind and so when they visit a new culture where some of their culture is incorporated they feel like they belong to the society. The knowledge of culture will promote and enhance relationships with patients and families as well as enlighten a sense of world view and in return the view will promote culturally appropriate nursing care, which can lead to improved health and well being for patients and their families. (Leininger & McFarland 2002.)

The purpose of this bachelor thesis was to produce a guide for the healthcare personnel as a guide when providing care for foreigners living in Salo region in Finland. The Salo immigration department requested for the guide as well as the healthcare workers. This study will guide them in relation to providing better health care to immigrants. It will also help health care personnel in understanding the culture of the immigrants for better service provision.

## 2. BACKGROUND

The authors being foreigners and having experienced totally different ways of health care delivery in the health care centre in Salo region had the curiosity of knowing how fellow foreigners faced challenges when accessing healthcare. The Authors also wanted to know how they could assist the health care workers into considering immigrants cultures for better provision of health care, and this gave them the motivation to research more about other foreigners. The rising number of immigrants has given the necessity for transcultural nursing, which is very essential for health care personnel, especially nurses. According to Mashaba et al (1994), transcultural nursing is a creative learning process that requires nurses to select concepts, principles and knowledge that might be beneficial to those receiving care. This guides the caregivers to make appropriate nursing care decision and take appropriate measures. (Brink, McGraw & Mashaba 1994.)

Culture itself is learned and passed on from the older generations to the newer ones. Campinha-Bacote (2003) suggests that the process of cultural competence includes cultural assessment, cultural knowledge, cultural skill, and cultural encounter, and it begins with cultural desire. It is imperative that health care workers approach care in a way that suggests a desire to promote care that is congruent with the culture of the individual, family, or community. (Campinha-Bacote 2003.)

It has long been acknowledged that a patient's health beliefs and communication style plays critical roles in medical care. The issues of cross-cultural communication and variations in health beliefs do not only impact patient satisfaction, but can also impact clinical outcomes. Multiculturally competent nurses have knowledge, awareness, and skills that enable them to interact successfully and respectfully with patients of different backgrounds, viewpoints and values. They demonstrate a good understanding of the power structure in society, while acknowledging commonalities across cultures. They support social justice and move beyond tolerance to a more profound understanding of diversity. Cultural competence is never a fully attained state, but continues to develop throughout an individual's lifetime. (Pope & Reynolds 2003.)

A good number of nurses in Salo have done their practical placement abroad when they were in school hence making this a first step towards experiencing and appreciating other cultures. Most healthcare personnel have the multicultural awareness but lack the multicultural knowledge. Most cultures adhere to their religious values when it comes to health issues and therefore background knowledge of these values and practices are what makes a nurse or a doctor multiculturally competent. (Pope & Reynolds 2003.)

### **2.1. The impact of religions**

Religious culture identifies deeply with healthcare procedures as people often refer to their religious teachings when undergoing a major intervention in their life or when making important decisions. It is therefore detailed here in order to reinforce the background of this study. The religion and religious practices of the major immigrant communities living in Salo region of Finland are explained in relation to healthcare. (A guide for immigrants city of Salo 2007.)

## **Christianity**

The Christian religion is worldly known but very few people understand the history part of it. Christianity was founded in the early 1st century AD, with the teaching, miracles, crucifixion and resurrection of Jesus of Nazareth. Today it is the largest religion in the world, with around 2 billion followers. Especially dominant in the western world, today's Christianity has a wide variety of forms, beliefs and practices but all center around faith in Jesus Christ. (Masters, Rahman & Kaka 2008.)

It shares a number of beliefs and practices with other religions, particularly Islam. Both believe in one God, who created the universe and all that is in it. All believe that this God is active in history, guiding and teaching his people. There are a multitude of forms of Christianity which have developed either because of disagreements on dogma, adaptation to different cultures, or simply personal taste. For this reason there can be a great difference between the various forms of Christianity they may seem like different religions to some people. Taking into account this belief differential, different denominations have various stand on medical procedures with one unifying factor that human life is sacred.

Blood transfusion and transplantation is not objected. The church encourage blood donation and often makes meetings and events for these purposes. (Masters, Rahman & Kaka 2008.) Family members are informed accordingly and the decision is one for individuals and families to make, coupled with competent medical advice and confirmation through prayer. Jehovah Witnesses however, do not accept blood transfusion or organ donation. (Masters, Rahman & Kaka 2008.)

## **Buddhism**

Buddhists attitude to Medical Staff and Illnesses is a positive one as helping people is fundamental to Buddhist ideas and so the patient will always respect the doctor and nurses for helping them. It is unlikely there will be a problem with blood transfusion.

Transplantation however, can be more complex as it has only become available recently; opinions on what is best may vary. The moment of clinical death is not seen as the end of the death process, removal of organs at this time might be considered unwise. This consideration may extend to include organs donated by animals. Buddhists to maintain a clear mind when they are ill they might therefore refuse to take pain killers as it can impair alertness. They might need a peaceful environment for meditation and for receiving visitors from the same local community. Buddhists generally prefer cremation to burial and it is a symbol of the impermanence of the body. Some might also be hesitant to donate their own organs as this will imply deliberately allowing harm to be caused. (Adamson 1997.)

### **Islam**

According to the teachings of Islam, Almighty God is absolutely one and His Oneness should never be compromised by associating partners with Him - neither in worship nor in belief. Due to this, Muslims are required to maintain a direct relationship with God, and therefore all intermediaries are absolutely forbidden. (Adamson 1997.)

Muslims believe that good or bad can only take place with the consent of Allah and according to his judgments and distinction as nothing can happen in this domination against his will. Most Muslims do not prefer their opposite sex to see their nakedness when dressing up. They prefer to pray whilst on their hospital bed and want to be clean all the time. (Masters, Rahman & Kaka 2008.)

The question of organ donation has been much discussed and although it has been declared as permitted, it is a complicated issue and will often be met with reluctance. As always, the decision lies with the individuals and their family. Some patients may wish to consult their local religious leaders. (Masters, Rahman & Kaka 2008.)

## **Hinduism**

Most Hindus worship a multitude of gods and goddesses, some 300,000 of them. Hindus see their position in life as based on their actions in a previous life. If their behavior was evil, they might experience tremendous hardships in this life. A Hindu's goal is to become free from the law of karma to be free from continuous reincarnations. (Adamson 1997.)

A personal benefit of Hinduism is that a person has the freedom to choose how to work toward spiritual perfection. Another plus is, Hinduism has an explanation for the suffering and evil in the world. In Hinduism, the suffering anyone experiences, whether it is sickness or starvation or a disaster, is due that person because of their own evil actions usually from a previous lifetime. Only the soul matters which will one day be free of the cycle of rebirths and be at rest. (Adamson 1997.)

The general attitude towards medical and social work staff is that Hindu patients willingly accept the authorities of the professional health care staff whether male or female, they are inclined to favor home remedies for ailments such as cough and need to be shown to seek medical attention. They have no problem with blood transfusion and transplant. (Adamson 1997.)

### **2.2. Benefits of providing culturally competent healthcare**

Cultural competency is the ability to interact effectively with people of different cultures. In the healthcare environment, it increases effective use of time with patients because of quick understanding of the nature of the patient's problem. Understanding the needs of a patient usually saves time in figuring out the right method of treatment or where to refer them. Building of trust is based on understanding. It breeds appreciation and applies in the healthcare setting just as much. The patient feels understood and the doctor or nurse feels appreciated for the care provided.

Clinical outcomes are mostly reached when there is sense of inclusion of the patient in their healthcare plan. The patient is readily able to inform the nurse or doctor on their prognosis and state of mind, thus, making it easier to monitor their state and provide the necessary care needed. (Pope & Reynolds 2003.)

Increase of difference in opinions, cultural competency plays a major role in knowing how to deal with certain issues in a particular culture. In some cultures for example, a patient cannot receive bad news alone, the family members have to be present for support and inquiries, because for them, the sick relative has no capacity to reason rationally under the circumstance. Ethically, as a nurse, you might view this as a breach to patient's privacy and right to determination. Cultural competency also gives one the skills to persuade a patient to drop a particular belief if its hindering treatment or it is a threat to their lives. Cultural competency increases compliance to treatment protocol as it makes it easy for patient to receive detailed explanation on the expectations of the health institution and how far nurses can go in accommodating the cultural considerations. For instance, some religions require the circumcision of male babies within the first week of birth. It is a big celebration and involves a lot of rituals which cannot be allowed in most hospital settings, this result in the procedure being done in the hospital within the first week of birth. (Jeffrey & Marianne 2006.)

A middle ground is reached because the hospital activities are not disrupted by rituals and celebration and the baby boy still gets to be circumcised in good time. It also decreases stress both to the patient and the staff. Once the healthcare personnel is familiar with a particular culture's practices and ways of life, it becomes easier to care for patients from the same community or other communities who adhere to the same practices. (Jeffrey & Marianne 2006.)

### **2.3. The main immigrants communities in Salo region**

This part of the project focuses on the majority of immigrant groups living in Salo. It describes their way of life thus promoting cultural competency. Pregnancy Practices of Russians vary. Some Russian patients believe that prenatal care is only useful when something is wrong. Bad news is believed to be harmful to the baby and therefore pregnant women are not supposed to be told any bad news. Throughout the entire pregnancy term, expectant mothers are discouraged from skipping any steps when climbing or descending the stairs, and lifting heavy objects for fear of losing the baby. During the last trimester, pregnant women are especially discouraged from lifting heavy objects, such as chairs or boxes, and from performing heavy exercise, such as jumping or jogging. These activities are believed to be potentially harmful to the baby; for example, the umbilical cord may become wrapped around the baby, the baby might choke, move to breech position, or become past due. Being aware of potential Russian pregnancy practices can aid in providing culturally competent health care. (Lipson, Dibble, & Minarik 1997, p 239-249.)

The doctor is expected to transmit the medical news to the family members or to the patient and not the nurse. Family plays a major role in supporting the sick person. Usually there is a family member nursing day and night at the bedside. Relatives and friends are all expected to visit the patient. And prayer may or may not be part of the visit. Religious icons may be brought in the room depending on the religion and the level of practice of the people involved. In accordance with the Jewish tradition, Russian Jews want to bury the dead within 24 hours, except when the death occurs on Friday after sundown, on Saturday, on a Jewish holiday, or when waiting for family members to arrive. (Lipson, Dibble, & Minarik 1997.)

The Somali community constitute the largest number of immigrants from Africa in Salo. The political instability in Somalia resulted in many of them seeking safety in stable societies. Finland opened its gates to Somali refugees from the early 90s therefore a great number of them are fairly well integrated and the Finnish healthcare professionals have an acceptable knowledge of their ways of life. The Somali people have a strong belief in traditional medicine. This is widely used within the community and ‘traditional doctors’ are entrusted to heal some particular diseases. (Lewis 1996.)

Traditional doctors are also responsible for helping to cure illnesses caused by spirits. Somalis have a concept of spirits residing within each individual. When the spirits become angry, illnesses such as fever, headache, dizziness, and weakness can result. The illness is cured by a healing ceremony designed to appease the spirits. These ceremonies involve reading the Koran, eating special foods, and burning incense. The illness is usually cured within 1 or 2 days of the ceremony. Circumcision is universally practiced for both males and females. It is viewed as a rite of passage, allowing a person to become a fully accepted adult member of the community. It is commonly viewed as necessary for marriage, as uncircumcised people are seen as unclean. (Lewis 1996.)

## **2.4. Three case studies**

A case study is defined as an empirical inquiry that investigates a phenomenon within its real-life context. In order to elaborate further and to support the importance of culture to the community, case studies proved to be an important tool in the method of research. Examples of case studies which best illustrates the significance of culture are explained in this research. (Benavides et al. 2007.)

### **Case study 1**

Mrs.Rahab a 25 year old pregnant woman from Ghana went to hospital in Salo to give birth. The labour was successful and her family and friends went to visit her. The nurse in charge refused them to see the mother and the newly born baby. All of her friends being foreigners like her, were surprised because it was normal for them to see the mother after delivery according to their culture. The visit brings love between them. Based on this findings, the authors suggest that family members and friends should be allowed to visit the mother after delivery. (Rahab 15.6.2009.)

### **Case study 2**

Fatima Ibrahim a 49 year old Somalia woman went to hospital for her first prenatal care appointments. When she got into the hospital, the health care provider asked Fatima at her first obstetrical appointment if the pregnancy is a wanted one. This may seem inappropriate and offensive since Somali families view children as gifts from Allah and would be opposed to the idea of terminating a pregnancy. For women who are unfamiliar with health care in the U.S and other part of Europe, it may be appropriate to ask the patient if she would like to use the first prenatal visit to discuss pregnancy and prenatal care and have the pelvic examination on the next visit. (Benavides et al. 2007.)

Subsequent visits should provide education about fetal monitoring and the significance of fetal monitoring, options regarding comfort measures, provider call systems, and information on teaching hospitals. (Benavides et al. 2007.)

### **Case study 3**

Onyango S. is a 60-year-old male who is next on the list at a busy urology clinic. After briefly reviewing his chart, the nurse notes that the primary complaint is back pain. It is further noted that Onyango is a migrant worker and has been referred to the clinic by the nurse practitioner at the local migrant clinic. The nurse enters the examination room to find the patient with several women of different age groups, a man, and a young female holding a small child. The nurse makes eye contact with the patient and asks, "Why are you here?" Onyango begins to tell the nurse about his work and his family. The nurse interrupts and says, "I need to know why you are here. Are you having a urologic problem?" Onyango again begins to talk about his job and family. The nurse interrupts him by saying and I quote, "I need you to tell me why you are here." When he does not respond, the nurse turns to the other individuals in the room and asks, "Can any of you tell me why he is here?" Onyango rises, states, "Thank you." and leaves. His family follows him. The nurse makes a comment to her colleague, "Well, what a waste of my time." (Zoucha 2000). The above case study took place in Mexico city. It clearly shows how some culture prefers 'small talk' with the health care workers when receiving care. These makes them feel wanted and are therefore more open and willing to receive treatment. The 'small talk' is also a cultural value among the Africans as recommended at the interview part of this study

### 3. **THE AIM OF THE STUDY**

The authors' main objective of this bachelor thesis was to produce a guide for the healthcare personnel to assist them when providing care for foreigners living in Salo region in Finland. The Salo immigration department requested for the study to help in better understanding of immigrants needs in healthcare system.

The guide was as a result of literature review and one-on-one interview method. The names of the people interviewed in the study were left anonymous for privacy and ethical rules were also observed.

## 4. METHODS

In this chapter, the methods used in this research with the aim of finding relevant answers to the research questions are discussed.

### 4.1. Systematic literature review

One-on-one interview method was mainly used in this bachelor's thesis. This was done in order to find answers from the immigrants residing in Salo area as related to the research question. Systematic literature review was also used to find an answer to the research question. This chapter explains what systematic literature review means and reasons for using it in the analysis of this study. Systematic literature review is an independent study with the purpose gathering information about particular topic based on already existing research articles. It provides a summary of the already existing material written from a particular topic. Important thing in systematic literature review is that the process of finding and choosing the research articles is well described. (Johansson 2007.) People reading the review ought to be able to repeat the search with the instructions of the initial author of the review if they want to. For this reason, it is good to form a clear research strategy how to proceed with the systematic literature review once it has started. (Aveyard 2007.)

The core of the systematic literature review is the research question, and the goal is to find an answer to it. Several answers can be used to answer one question. (Johansson 2007.) Inclusion and exclusion criteria are formed to limit the number of research articles which are chosen to be used in the review (Aveyard 2007). Reliability of the research is also important. All possible and reliable sources of information should be gone through when searching for good articles, and the researcher should not just pick those articles which please him/her the most and only support the possible existing hypotheses. All the research articles fulfilling the inclusion criteria should be taken as a part of the review and if not, reasons for exclusion ought to be explained. (Aveyard 2007.)

The process of doing a systematic literature review is long and sometimes tiring, and for that reason, it is recommended to do this kind of a study in a co-operation of at least two people. Changing ideas about the topic can provide many useful points of view for the review to turn better. (Johansson 2007.) Systematic literature reviews have turned out to be a good source of information within health and social care. People working in these fields should know about the new researches done related to their work, but reading many different articles is very time consuming and sometimes confusing, if two almost similar researches give reverse results. A well written systemic review can provide the information of ten articles squeezed into one in an informative way which is easy to comprehend. (Aveyard 2007.)

#### **4.2. Interviews**

Interview as a method of research was used mainly because of lack of enough research done in the past concerning the topic. Also it proved to be efficient since information was derived from the immigrant's point of view. An interview is defined as a conversation between two or more people whereby questions are asked by the interviewer (who in this case is the person doing the interview) to obtain information from the interviewee (the person to whom the questions are addressed to). Because of the complexity of culture and the absence of enough research done in the past concerning it, interviews was chosen as one of the methods of this research. (McGraw 2002.)

## **5. LITERATURE REVIEW**

### **5.1. Systematic literature review**

The initial idea was to find fifteen articles discussing about the culture of immigrants residing specifically in the Salo region of Finland in order to answer the research question well. The process of finding these articles was harder than expected; most of the articles were written concerning the cultural practices of immigrants living outside Finland and specifically Salo. Almost no article was found discussing about immigrants living in Salo. Very few of the articles were able to answer the research question satisfactorily. The process of finding these selected articles is described here in detail to give picture about how it was done in a manner that the search for them can be repeated in the future if needed.

The search for the articles took place between January and May 2009. The articles were searched from four databases, Academic Search Elite (Ebsco host), PubMed, and Your Journals @ Ovid, through the library web pages of Turku University of Applied Sciences. These databases were chosen because they had been proven to be easy to use in the past, and they provide cost free full-text articles; a factor which was also considered to be very beneficial. The articles were all written in English language, and it was also the language that the searches were made in. For the finding of the research articles which would fulfil the inclusion and exclusion criteria and also broadly give an answer to the research question, combinations of search terms were used.

Inclusion criteria for the accepted research articles were:

- a. The article had to relate within the concept of our research that is culture, health, religion and immigrants.
- b. The research articles were published in a scientific journal between the years 1995-2009.

Exclusion criteria for the research articles were:

- i. Study focuses specifically on only the areas outside culture, health, religion and immigrants.
- ii. The research articles were published from the year >1995.

In order to start finding research articles which would fulfil the inclusion and exclusion criteria and broadly give an answer to the research question, combinations of search terms were used. Many hits in every database came when the used the term 'culture', so other search terms were required to reduce that number. Since the topic of this literature review was ,accessing health care: a look into the cultures of foreigners living in Salo Finland for better service provision, the terms "culture" and "foreigners" were often put together and then some additional word was added to that to bring the potential research articles. "Culture" and "foreigners" were combined with terms such as "health care", "multiculturalism", "competency" and "immigrants". Also terms that can have relation to culture and would bring suitable articles, like "language barrier", "traditional practices" was used together with "culture" and "foreigners". Sometimes the term "foreigners" was left out if "culture" was combined with a term which was likely to be associated with culture; these terms were like "Christianity" and "society". All together the search terms brought several interesting headings, but only 25 of them seemed like the type that could have been read further.

Within these 20 promising headings, seventeen articles provided an abstract which was then read. As a result of this, three research articles were excluded. One out of these seventeen articles did not relate within the concept of our research that is culture, health, religion and immigrants. Two out of these five were excluded since the research had been done under the year 1994. From the remaining excluded articles, one discussed about reports on efforts in Syria to make the country more "Arabic" after the Arab League named Damascus the 2008 Capital of Arab Culture but the sample was small and the study was rather limited. Another study discussed about culture competency without telling anything else in the study and one was about only cultural competency in relation to healthcare providers only, it did not mention anything about the foreigners. Both of them were excluded from the review, as well as the last one which did not discuss cultural competency in a manner that would have contributed this review well enough. Based on these inclusion and exclusion criteria, only twelve research articles from the fully read were found to answer the research question and were accepted to this literature review. When the search was on process, Academic search Elite (Ebsco host) turned out to be the best source of suitable articles, followed by Your Journals @ Ovid and lastly pubmed. Out of the twelve articles chosen, six of them were found from Academic search Elite (Ebsco host) and the six remaining from pubmed and research book. The articles found from Your Journals @ Ovid had mostly same information from the two other databases.

## **5.2. Analysis of the material**

In this chapter the twelve studies accepted for the literature review are shortly discussed from. Two exceptions were made in fulfilling the inclusion criteria and in order for this review to be professional; these exceptions ought to be explained first.

Even though one inclusion criteria was that the research samples consisted of publication year above 1995, one article fail to fill this criteria. The first study that does not match with inclusion criteria is a study about nursing education, an international perspective. This study answers the research question very well that the fact that the year limits for this study were 1995 and above has to be ignored.

From the cultural point of view, multiculturalism is mainly experienced in an international level so the presence of this particular study in the review is justified. In continuation with the inclusion criteria; the articles accepted had to be relatively new. The oldest article was published in the year 1997 and the latest was published in year 2008. Table 1 shows how many articles were published and the year.

*TABLE 1: Publication data [13<sup>th</sup> July 2009]*

<i>Year of publication</i>	1997	2000	2001	2002	2003	2006	2007	2008
<i>Number of researches</i>	1	2	1	2	2	1	2	1

Interviews were used as a method of research in all the articles and the population were randomly picked. In five of the studies, interviews were done one-on-one and in the remaining two studies, group discussions were used. Six studies had information about cultural competency. One study explained about different religious groups and practices in detail. While the last one explained about inequality in health care provision among immigrants living in Salo region, Finland. Below is the review of the relevant articles that highlight the study question on description-result basis.

TABLE 2: References data [13<sup>th</sup> july 2009]

Abdur R, Daniel M	2008	To describe mainstream religious groups and how their culture influence the delivery of health care services.	Religious groups namely: Christianity, Buddhism, Hinduism, and Islam were discussed.
Madeline M, Maier L.	2007	It looks into steps of attaining competence in a broader sense.	The three steps described for achieving cultural competency are: Adopting attitudes to promote transcultural nursing care , Developing awareness for cultural differences and Cultural Assessment.
Aveyard	2007	A practical guide when doing a literature review in health and social care.	It guides on how to do literature review in an orderly manner.
Perkiö- Mäkelä M, Hirvonen M, Elo A et al	2006	To determine the causes of inequality in health care among immigrants living in Salo, Finland.	Inequality in health care provision was mainly shown. Foreigners were found to have used less health care services in Finland as compared to Finnish people. This was associated with lack of funds, poor language communication among other factors.
Campinha- Bacote ,,J	2003	To define and describe the process of cultural competence in the delivery of healthcare services.	Cultural competence is described as the ability of an individual to have knowledge, awareness, and skills that enable them to interact successfully and respectfully with people of different backgrounds, viewpoints, and values The process involves: cultural knowledge, cultural skill, and cultural encounter, and it begins with cultural desire.

Pope & Reynolds	2003	To elaborate the need of cultural competent health care personnel.	It suggests that most cultures adhere to their religious values when it comes to health issues and therefore background knowledge of these values and practices are what makes a nurse or a doctor multiculturally competent.
McGraw	2003	To define interview as a method	Interview is defined as a conversation between two or more people whereby questions are asked by the interviewer
Leininger M., McFarland M.	2002	To define the term culture in relation to health care	Culture is defined as the subjectively and objectively learned and transmitted values, beliefs, and patterned lifeways that assist, support, facilitate ,or enable another individual or group to maintain their wellbeing and improve their human condition and lifeway, or to deal with illness, handicaps, or death
Jeffreys, Zoucha R.	2001	To promote awareness of multiculturalism in the health care system in order to make the healthcare workers to acknowledge the multiracial patients.	Culturally different clients are defined as people whose ethnic, gender, socio economic and or identities are different from the health care professional or student. Awareness is achieved through teaching cultural competence in nursing schools and in healthcare settings.
Zoucha R.	2000	To describe the significance of culture in caring for Mexicans Americans in a home health setting.	Importance of culture include promotion of culturally congruent care, Understanding the cultural self as a starting point for giving care to patients.

A number of studies described the importance of culture and cultural competency and its importance to health care. One of the article gave the definition of culturally different clients as people whose ethnic, gender, socio economic and or identities are different from the health care professional or student.( Jeffreys & Zoucha 2001.)

Culture is viewed as one of the organizing concepts upon which nursing is based and defined. Zoucha's (2000) view on the significance of culture demands for imperativeness of nurses and other healthcare professionals to understand the importance of culture and its relationship to individuals, their family, and the community regarding health and well being. Those receiving health care represent a variety of distinct cultural and ethnic backgrounds. This knowledge assists the nurse in understanding common values usually found in the culture related to health and well being, and it should be used as a starting point until the patient informs the nurse that the value or care need is not important or significant to them. (Leininger & McFarland 2002.)

The article by Campinha-Bacote (2003) also explains the importance of cultural competency in the healthcare system. According to Zoucha & Husted (2000) the author explains about the importance of multicultural care in the nursing settings in depth. Pope & Reynolds (2003) goes further to give relevant examples on how to put cultural competency into practice. It suggests that most cultures adhere to their religious values when it comes to health issues and therefore background knowledge of these values and practices are what makes a nurse or a doctor multiculturally competent.

According to an article Madeline & Maier (2007) the three steps for achieving cultural competency are described as;adopting attitudes to promote transcultural nursing care , developing awareness for cultural differences and cultural assessment.

Another article was done to determine the causes of inequality in health care among immigrants living in Salo, Finland. (Perkiö-Mäkelä & Hirvonen 2006.)

The main causes of inequality in health care provision were mainly shown. Foreigners were found to have used less health care services in Finland as compared to Finnish people. This was associated with lack of funds; cultural differences such as poor communication between the healthcare providers. The last remaining articles described literature review. According to Aveyard (2007) definition of systematic review is the main aim. The article outlines the guides on how to do literature review in an orderly manner. An article McGraw (2002) defined an interview as a conversation between two or more people whereby questions are asked by the interviewer (who in this case is the person doing the interview) to obtain information from the interviewee (the person to whom the questions are addressed to).

## **6. THE MAIN INTERVIEW RESULTS**

During the interviews with the foreigners, open ended question and semi-structured method was used as the main data collection instrument. Random sampling was used to recruit 20 participants living in Salo area. The participants' ages ranged between 23 to 45 years of which ten were females and ten were males. Their length of stay in Finland ranged 6 months to 5 years. In this thesis, data were collected through semi structured interviews. The feedback from the participants was written down by the authors who then transferred them to this study. No tape recorder was used. The researcher explained the aims and research questions to each participant. On agreeing to participate, participants were given an appointment for the interview, date and time of which were planned according to the participant' preference. A total number of three questions were used and each interview began with broad open ended question. The answers of the interview are summarized in the table below and the main findings are explained below:

*TABLE 3: Interviews [15<sup>th</sup> June 2009]*

Interview Questions	Good	Fair	Poor
What are your personal thoughts about healthcare in Salo?	16	2	2
Do medics understand your needs as a foreigner?	10	5	5
Are you able to undergo traditional/religious practices that require medical procedures?	2	1	7

At the end of the interviews, the authors came to a conclusion that areas includes language difficulties, social interactions and care preferences which were mentioned by the participants were also experienced during their clinical placements in Salo.

### **6.1. Language Barrier**

Even though most of the foreigners are very satisfied with the health care they receive, some of the foreigners feel that their cultural aspects are not met by the healthcare professionals as seen from the above feedback. Language being a very big part of cultural aspect is greatly affected through immigration. Mary said and I quote” I came to Finland as an exchange student from France, and all the time I go to the hospital I am addressed to in Finnish language.’ I remember this day I was in great pain and the doctor kept on interviewing me in Finnish language even with the knowledge that I was not a Finnish resident, I tried telling him that I did not understand but he still kept on talking”. This is a very big challenge to the healthcare profession as it is not possible for them to learn all the different languages in the world”. She suggested that it would be better for the hospital to hire more personnel who speak and understand English language. This is because it is a universal language and it is understood worldwide.

Also, there should be a translator present in case there is language barrier shown in a research study conducted in the USA whereby nurses were been taught Spanish language in order for them to be able to communicate with the Spanish patients for better services. The same should be done to teach the nurses English language.

## **6.2. Social Interaction**

The first meeting encounter between the patient and the healthcare providers is very crucial. The manner in which the healthcare providers speak with the patient determines a lot on how they are going to comply with treatment. Out of the 20 foreigners interviewed, this issue was very common. Majority of the Africans suggested that the healthcare providers should interact with the patients. Most of the healthcare professionals are so serious in a way that they go straight to the patient's diagnosis and care instead of asking how they have been according to the interviews done. An African man said and I quote," Back in Africa, nurses and other health care professionals use 'small talk', whereby they make jokes with the patients a lot and talk more often in addition to caring. Patients feel wanted and develop trust with the health care providers. The above issue was suggested by most people interviewed. When trust is developed and built the patient will openly tell the health care providers about their problems such as financial and social problems which in return would lead to better service provision by the health care workers.

## **6.3. Care Preferences**

Romanians form a large group of Salo residents, an interview with a man from Romania revealed that it is against their culture for a male nurse and doctor to attend to a female patient for clinical practice that involves touching and the seeing of the naked female body. A female body is meant to be seen and touched only by her marital husband.

This culture may seem to differ between communities so the health care workers should always ask the patients preferences before and during the admission into a health care facility.

#### **6.4. Introduction of herbs into health care system**

As difficult as it may be to introduce herbs in the healthcare system, according to the results from the interviews, a lot of immigrants preferred medical herbs as compared to other medications. A one-on-one interview with an African man done in Turku University of applied sciences said he prefers African herbs available back in Ghana. "In most of the western African countries, doctor's can prescribe herbs to the patient as compared to here, he says". Most of Africans who come to Finland expect health care system to be the same as their country and when they find it different, they experience culture shock.

In every culture, there are behaviors that are considered acceptable and unacceptable to the overall cultural norm and value system. In order to promote culturally congruent care, nurses need to understand the known cultural care needs of care of the individual, family, and community, thus providing ethically motivated care. (Zoucha & Husted 2000.)

The health care institutions should be in a unique position to both encourage and expect ongoing cultural competence development and culturally congruent patient care .

#### **6.5. Introduction of religious books in health care**

Finland has a law that confirms the rights to profess and practice religion, and the right to belong or not to belong to a religious community. Finnish people belong to the religious groups for sacred rites such as: infant baptism, church weddings, and funeral blessings. It is believed that attending church every Sunday alone makes you a Christian.

A Kenyan lady from Africa suggested that there should be Bibles and Korans available in the hospital wards and during admission the nurse can ask the patients their religion and offer the patient with either the Bible or the Koran.

Also the hospital should arrange with the priest so that he can be visiting the hospital once in a while to pray and preach to the sick. "That is how it is done in Kenya and it really uplifts patient's spiritual health as they recover during their hospital stays.

## 7. THE GUIDE

This guide is intended to help healthcare workers meet the cultural needs of immigrants living in Salo and its environments. It is a summary of the main results in this study that sort to find the barrier between the immigrants in Salo and the healthcare workers.

### Purpose of the Guide

- Increase access to care
- Improve care outcomes and health status among immigrants
- Increase patient-client satisfaction
- Improve utilization of health services by the immigrants

### Religious Groups

#### Buddhists

Buddhism does not have a particular belief system. The main aim of a Buddhist is to help others and not to cause harm. They believe in re-birth and take full responsibility for their actions. They often use their family names and should be addressed as such unless they personally permit you to use their first names. (Adamson 1997.)

A devoted Buddhist might ask for a peaceful environment for meditation and will only eat vegetable, salads, fruits and rice. They might refuse to take painkillers especially when they are terminally ill because they prefer to maintain a clear mind in their last days. Most Buddhist will not consent to abortion but they have no objection to the use of contraception. The body of the dead should be treated with utmost respect. Buddhists generally prefer cremation to burial. (Adamson 1997.)

### Christians

Due to multitude forms of Christianity, it becomes complex to categorize preferences in the provision of healthcare and therefore only the general practices are mentioned. It is advisable for the medical personnel to ask for clarification incase of uncertainty. They may require a priest or a pastor to offer prayers to them. Christians often like reading the Bible and it might be necessary to allow the clients to carry one. Community and socializing is part of a Christian life and this can mean that they will have many visitors coming in and out. (Masters,Rahman & Kaka 2008.)

### Muslims

Muslims are more particular with their preferences. They often want to consult a same sex medical personnel. They will/might get uneasy when being examined especially if the medic is not from the same gender. A Muslim will not eat food containing pork. Socialization is part of their religion because of that they do receive a lot of visitors in the hospital. The choice of clothing given to them during their stay in hospital should be wisely chosen so that it does not expose most of their body parts. (Master et al. 2008.)

### Hindus

Hindus beliefs that individuals' identity is as an eternal soul. There are important spiritual practices and rites of passage to be performed before and after death. If this is not done it can cause distress to both the dying patient and the family. The healthcare facility should be able to find a special room for these kinds of practices incase the patient requests for such a service.Hindus forbid active euthanasia but organ donation and transplantation are not explicitly prohibited. The body of the dead is cremated except in certain cases.

Care is needed in the presentation of the body after post mortem. Healthcare professionals need to be culturally competent in order to meet the needs of their clients.

They need to be encouraged to learn and be abreast on issues that surround culture and practices of communities that live within Salo. It should however be noted that cultural competency is never acquired in at once, it is a continuous process. (Adamson 1997.)

Immigrant communities living in Salo.

#### Language

Language barrier remains the most challenging problem for the immigrant community in Salo. The immigrant communities suggested that the documents given to them during their visit at the health centers or hospitals should be translated to them. Apart from translations of documents and prescriptions, a translator should be present to help where there is miscommunication.

#### Hospitality

The admitting or the front office nurse should have skills in public relations. A welcoming gesture is the first move to client centered care. Nurse patient rapport highly depends on the level of hospitality

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#### Treatment

Care choice preferences should be encouraged. Eventually it's the patients choice that prevails therefore the nurse must first confirm these preferences before undertaking any care procedures based on the patient's culture or religious practice.

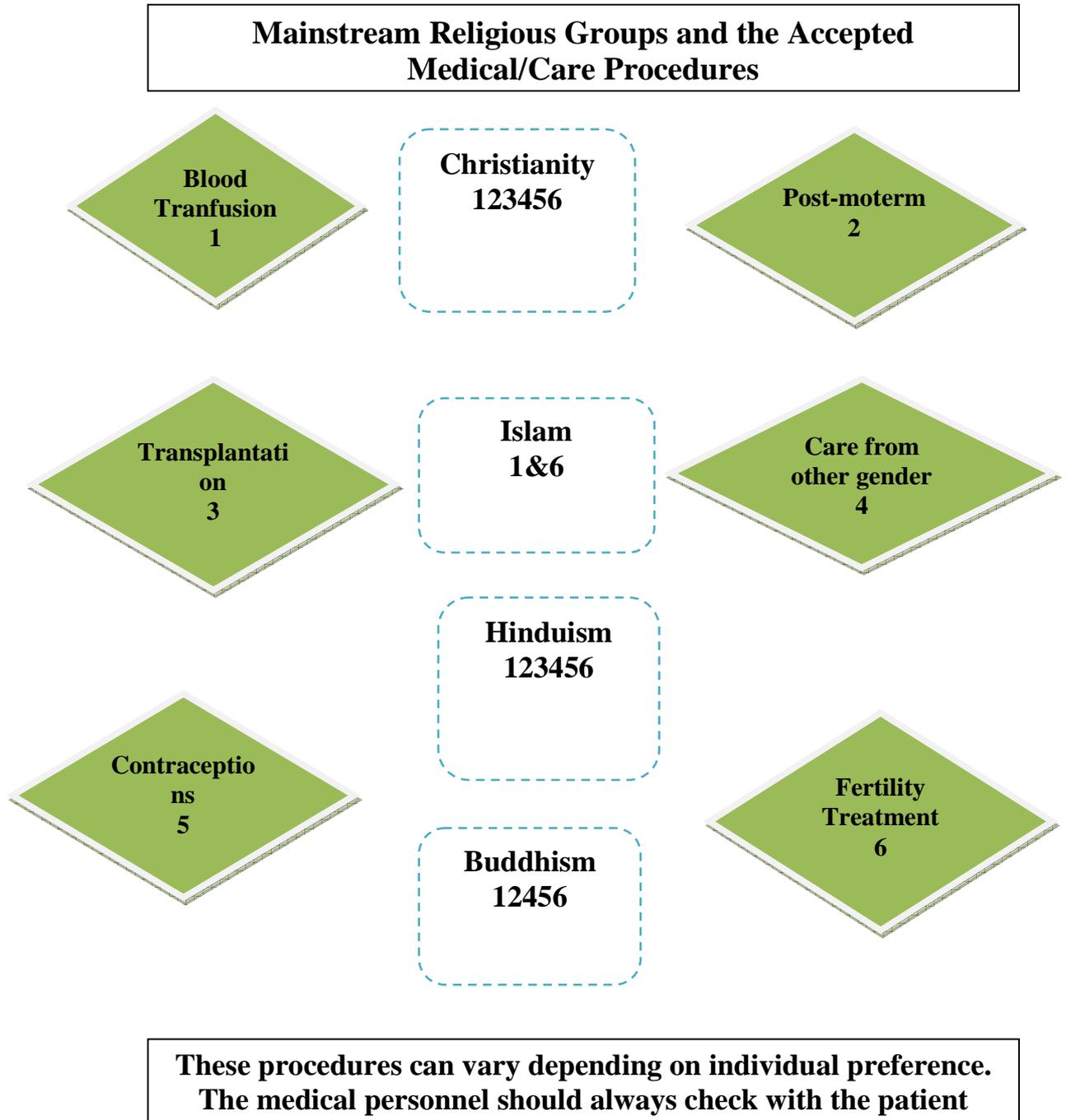
#### Listening Skills

The nurse should be ready to actively listen to the patient. This involves both verbal and non-verbal communication. Better understanding and connection with the patient is derived from listening.

#### Family

Family bond plays a major role in most immigrant communities. It can be the source of resolution as well as controversy in determining the right type of care for a patient.

The nurse should be objective while meeting the needs of both the family and the patient. It is vital to know that the patient has the final word.



*Figure 1: Religious groups and medical procedures*

## 8. **DISCUSSION/EVALUATION OF THE GUIDE**

Limitations which were encountered during the writing of the thesis dictated how deeper the research could go. One of the cons was lack of enough and relevant research articles. Less research has been done in the past on how to guide the health care personnel when dealing with multicultural patients. This could have a negative influence on the results represented in this study. It could have been better if the healthcare personnel were interviewed. A good number of immigrants living in Salo are not utilizing the health care facilities in Salo, they prefer to use their home remedies also, it was difficult to explain healthcare procedures such as blood transfusion to the immigrants, this might have a negative effect for the accuracy of the research. Another con was that most of the relevant articles written concerning the bachelor thesis were mostly in Finnish language. The authors being foreigners could not use most of these articles due to language problem even though they had relevant materials. Culture being a broad topic, the authors of this thesis could not research on all the aspects of it. This can be seen as a limitation to the readers who may be interested in knowing more about culture.

Interviews played majorly in gathering first hand information which greatly contributed to the compilation of this study. One on one interviews which made the thesis more reliable since the data was collected from the immigrants' point of view. This guide comes as an important aid. Finland is accepting more immigrants in the country and health care settings are becoming more multicultural. This puts a lot of challenges to the healthcare professional who give health care services to the immigrants.

The guide describes different religious cultural groups living in the Salo region. The description of religious groups and their practices in details is done to assist the personnel in understanding the patients' background and needs. The guide should be given to the Salo immigration office and to the health care workers in the Salo region for better service provision and as requested by them.

The implementation for our thesis is to help the health care personnel's in Salo to work effectively. This study will guide them in relation to providing better health care to the immigrants in Salo. It will also help health care personnel in understanding the culture of the immigrants for better service provision. The topic for the project was requested by the city of Salo and it was welcome by our teachers in Turku University of Applied Sciences. This study plays an important role in this modern health care system and as immigration continues to influence the Salo community so will the need cater for unique and special needs of immigrants. The study provides a starting point for mutual cooperation and understanding between the locals and immigrants.

The authors started writing this project last year 2008 autumn and completed it by the end of August 2009. The language used was clear enough to read and understandable.

When implementing this guide the health care personnel's should consider the ethical rules in the area or institution they are working in before implementing it. A copy of the guide will be distributed to the various hospitals, clinics, communities and the health care professionals in Salo. Implementing this guide the health care personnel in charge should ask the clients before making use of this guide.

## 9. CONCLUSION

The awareness generated by this research leads the researchers to conclude that the health care officials should be culturally competent when providing health care to the patients as it increases effective use of time with patients because of quick understanding of the nature of the problem.

Even though the health care personnel cannot be able to know all the different cultures of the patients, they should have background idea when attending to foreigners. The three major cultural problem that arose from the one on one interviews with the foreigners were the 'language barrier', Lack of 'small talk' in conversations and lack of prescription of traditional herbs. The remedies to the above problems are not mandatory to be incorporated to the health care environment but are just suggestions from the immigrant's point of view. The suggestions of the problem solving to the language barrier was employing more personnel with English knowledge skills, this is because English is a universal language and is known to most foreigners.

The seriousness of the health care workers was repeated in most interviews as it made most clients uncomfortable. It was described as lack of 'warmth' in conversation especially among the Africans. They felt that the health care workers went on straight to the problems instead of engaging in 'small talk'. Recommendations from the interviewed persons and the authors own experience was that health care personnel should engage in 'small talk' with them by speaking in a friendly manner with smiles and shaking hands. Prescription of traditional herbs kept coming up among the Somali interviewees although they accepted it was an uphill task. Many of their problems they said would be solved by the introduction of traditional herbs into the health care settings.

As difficult as it may be to the health care worker(s), a lot needs to be learnt about the immigrants' culture to allow room for better provision of health care, for no professional satisfaction can be achieved by lack of understanding and mutual appreciation between a client and the service provider.

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## **11. APPENDICES**

### **THE GUIDE**

*This guide is intended to help healthcare workers meet the cultural needs of immigrants living in Salo and its environs. It is a summary of the main results in this study that sort to find the barrier between the immigrants in Salo and the healthcare workers.*

#### **8.1 Purpose of the Guide**

- I. Increase access to care*
- II. Improve care outcomes and health status among immigrants*
- III. Increase patient-client satisfaction*
- IV. Improve utilization of health services by the immigrants*

#### **8.2. Religious Groups**

##### **Buddhists**

*Buddhism does not have a particular belief system. The main aim of a Buddhist is to help others and not to cause harm. They believe in re-birth and take full responsibility for their actions. They often use their family names and should be addressed as such unless they personally permit you to use their first names (Adamson 1997.)*

*A devoted Buddhist might ask for a peaceful environment for meditation and will only eat vegetable, salads, fruits and rice.*

*They might refuse to take painkillers especially when they are terminally ill because they prefer to maintain a clear mind in their last days. Most Buddhist will not consent to abortion but they have no objection to the use of contraception.*

*The body of the dead should be treated with utmost respect. Buddhists generally prefer cremation to burial. (Adamson 1997.)*

##### **Christians**

*Due to multitude forms of Christianity, it becomes complex to categorize preferences in the provision of healthcare and therefore only the general practices are mentioned. It is advisable for the medical personnel to ask for clarification incase of uncertainty.*

*They may require a priest or a pastor to offer prayers to them. Christians often like reading the Bible and it might be necessary to allow the clients to carry one.*

*Community and socializing is part of a Christian life and this can mean that they will have many visitors coming in and out. (Masters,Rahman & Kaka 2008.)*

### ***Muslims***

*Muslims are more particular with their preferences. They often want to consult a same sex medical personnel. They will/might get uneasy when being examined especially if the medic is not from the same gender. A Muslim will not eat food containing pork. Socialization is part of their religion because of that they do receive a lot of visitors in the hospital. The choice of clothing given to them during their stay in hospital should be wisely chosen so that it does not expose most of their body parts. (Masters,Rahman & Kaka 2008.)*

### ***Hindus***

*Hindus beliefs that individuals' identity is as an eternal soul. There are important spiritual practices and rites of passage to be perform before and after death. If this is not done it can cause distress to both the dying patient and the family. The healthcare facility should be able to find a special room for these kinds of practices incase the patient requests for such a service.Hindus forbid active euthanasia but organ donation and transplantation are not explicitly prohibited. The body of the dead is cremated except in certain cases. Care is needed in the presentation of the body after post mortem. Healthcare professionals need to be culturally competent in order to meet the needs of their clients. They need to be encouraged to learn and be abreast on issues that surround culture and practices of communities that live within Salo. It should however be noted that cultural competency is never acquired in at once, it is a continuous process. (Adamson 1997.)*

### ***8.3. Immigrant communities living in Salo.***

#### ***Language***

*Language barrier remains the most challenging problem for the immigrant community in Salo. The immigrant communities suggested that the documents given to them during their visit at the health centers or hospitals should be translated to them. Apart from translations of documents and prescriptions, a translator should be present to help where there is miscommunication*

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*The admitting or the front office nurse should have skills in public relations. A welcoming gesture is the first move to client centered care. Nurse patient rapport highly depends on the level of hospitality.*

***Treatment***

*Care choice preferences should be encouraged. Eventually it's the patients choice that prevails therefore the nurse must first confirm these preferences before undertaking any care procedures based on the patient's culture or religious practice.*

***Listening Skills***

*The nurse should be ready to actively listen to the patient. This involves both verbal and non-verbal communication. Better understanding and connection with the patient is derived from listening.*

***Family***

*Family bond plays a major role in most immigrant communities. It can be the source of resolution as well as controversy in determining the right type of care for a patient. The nurse should be objective while meeting the needs of both the family and the patient. It is vital to know that the patient has the final word.*