LAMK Lahden ammattikorkeakoulu
Lahti University of Applied Sciences

MULTICULTURAL SIMULATION SCENARIOS FOR NURSING EDUCATION

LAHTI UNIVERSITY OF APPLIED SCIENCES
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Multicultural Simulation Scenarios for Nursing Education

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ABSTRACT

Multicultural nursing in nursing education and health care system is very important aspect. To provide adequate cultural care a nurse need to be culturally competent. Simulation scenarios in nursing education are one of the many initiatives worldwide to create and enhance cultural competence and prepare the nurses to work in multicultural environment.

The aim of this development project was to develop multicultural nursing education in Lahti UAS nursing degree programme. Development was done by collecting nursing student`s experiences about multicultural issues using questionnaires and by developing two simulation scenarios for simulation education. The purpose of this final development project was to describe the experience of the nursing students in a multicultural environment and enable the nursing students in Lahti UAS enhance cultural competence skills.

Data collection method used was qualitative analysis. Key words were used in search. Databases used were: Sage journals, PUB Med and CINALH all with full text. A total of 56 relevant sources and more sources searched manually were used.

Result of this development project showed that nurses in line of duty encounter multicultural issues which pose a challenge in providing cultural care to patients with different cultures, beliefs and values. The results suggested that use of culturally-based simulation scenarios in nursing education can enhance knowledge, skills and cultural competence of nurses. This can only be achieved through the promotion and development of multicultural education in nursing education by the ministry of education and Lahti UAS faculty of social and health care.

Key words: Nursing education, simulation in nursing, multiculturalism and cultural competence.

Lahden ammattikorkeakoulu

Koulutusohjelma

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Monikulttuuriset Simulointi Skenaario hoitotyön koulutukseen.

Hoitotyön opinnäytetyö

40 sivua, 7 liitesivua

Kevät 2017

TIIVISTELMÄ

Monikulttuurinen hoitotyö on erittäin tärkeä asia hoitotyön koulutuksessa ja terveydenhuollossa. Laadukkaan hoitotyön toteuttaminen edellyttää hoitajalta hyvää kulttuurista osaamista. Simulaatiot ovat yksi monista hoitotyön koulutuksessa käytettävistä maailmanlaajuisista toimenpiteistä joilla luodaan ja kasvatetaan opiskelijoiden kulttuurista osaamista. Näin heille annetaan valmiuksia työskennellä monikulttuurisessa ympäristössä.

Kehittämishankeen tavoitteena oli kehittää monikulttuurisen hoitotyön opetusta Lahden ammattikorkeakoulun hoitotyön koulutusohjelmassa. Hanke toteutettiin kartoittamala hoitotyön opiskelijoiden kokemuksia monikulttuurisuudesta kysymyksistä kyselylomakkeiden avulla ja suunnittelemalla kaksi simulaatiokertaa simulaatio-opetukseen. Lopullinen tavoite oli kuvata hoitotyön opiskelijoiden kokemuksia monikulttuurisessa ympäristössä ja mahdollistaa heille tarvittavan kulttuuriosaaminen oppiminen. Tarkoituksena oli myös tukea monikulttuurista hoitotyön koulutusta Lahden ammattikorkeakoulun hoitotyön koulutusohjelmissa.

Käytetty tiedonkeruumenetelmä oli kvalitatiivinen analyysi. Tiedonhaussa käytettiin avainsanoja. Tiedonhaku tehtiin seuraavista tietokannoista: Sage Journals, Pubmed ja Cinahl. Haku rajattiin kokoteksteihin. Nain löydettiin 56 relevanttia lähdettä. Lisäksi lähteitä loydettin manuaalisen hauan avulla.

Tulokset osoittivat, että sairaanhoitajat kohtaavat työssään haastavia kulttuuriin, uskomuksiin ja asenteisiin liittyviä kysymyksiä. Tuulosten mukaan kulttuuripohjaisten simulaatioiden käyttäminen hoitotyön opetuksessa voisi lisästä sairaanhoitajien tietja monikulttuurisuuteen liittyen. Siksi monikulttuurisen koulutuksen lisääminen hoitotyön opetuksessa on tärkeää.

Asiasanat: Hoitotyön koulutus, simulaatio hoitotyössä, monikulttuurisuus ja kulttuurinen osaaminen.

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1 INTRODUCTION

At present global migration is a worldwide phenomenon that is inevitable. There is a fast increase in multicultural and multilingual population in the world, in Europe and especially in Finland. In Finland the current population is 5,538,988 (citizens and immigrants included) as of month of May Saturday 13, 2017 and this is according to the latest United Nations estimates (Worldometers, 2017). Immigration causes many challenges and one of the consequences is cultural diversity in many societies. Cultural multiplicity among patients presents specific difficulties to health care workers especially nurses. In community where cultural care is provided, there are challenges such as language barriers, religion differences, ethnic background, social-economic status and epidemiological health differences between communities and despite this all problems cultural diversity gets little attention in health care system and in nursing education system. (Van Wieringen, Kijlstra, Schulpen, 2003, 815-819.)

Multicultural nursing in nursing education and health care is a crucial aspect today and in the near future. In Finland the Finnish national government's program advocated that, "multiculturalism and the needs of different language groups will be taken into account" during the formulation of the government policy (government of Finland, 2003) and later in 2007 government program, it is mentioned that "Finland belongs to everyone, regardless of place of residence, life situation, mother tongue, or ethnic background". The government of Finland is fully aware of the challenges caused by multicultural population ans is devoted in supporting multiculturalism and bilingualism in cities more so in Greater Helsinki Region (Prime Minister`s Office 2007, 4). Living in culturally diverse communities and cultural backgrounds play a vital role in the formation of our health beliefs and practices therefore, nurses must be educated in the way that will empower them to deliver care that is both efficient and culturally acceptable (Papadopoulos 2006, 8). Health care system and education system should identify, acknowledge and appreciate cultural differences in health care beliefs, values and customs. For this to be

achieved and accomplished nurses must acquire required knowledge and skills in cultural competency which will lead to establishment of culturally competent nursing care.

To provide the best quality of nursing care, nurses and student nurses should be able to recognize, acknowledge and deal with the multicultural challenges. Hence, nursing education system should address multiculturalism both theoretically and practically (Asgary, 2013, 907-908). According to Gundara (2006, 2) the Universal Declaration of Human rights in Article 26.1 offers an equal right to education for everyone without discrimination. Article 26.2 states, “Education shall be directed to the full development of human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial and religious groups.”

Multiculturalism in nursing education is a point of concern thus in multicultural countries, cultural competence is an central aspect in the community, which needs to get attention in nursing education to prepare students for clinical training and working as nurses (Frenk, Chen & Cohen, 2010). Simulation scenarios is one of many initiatives worldwide to create and raise awareness for cultural competence in nursing education for nursing student nationally and locally. The Oxford Learner`s Dictionaries online (2017) defines simulation as a technique to intensify experience that evoke or replicate significant aspects of the real life situation in a fully interactive way. According to Morgan (2006, 155-161) simulation is an organized and danger free set-up that reproduces real life scenarios allowing students to learn, practice and apply skills before going for clinical practice where one will apply them confidently. Studies has shown that simulation is the most reliable way of gaining knowledge and skills but less is known of use of simulations in social issues for example, communication and cultural sensitivity (Dieckmann, Gaba & Rall, 2007, 183-193).

Nursing education has currently advanced very rapidly hence, cultural knowledge and understanding of nurses and other health care providers about patients’ culture is an important element in providing effective care

(Cioffi 2005, 78-86). Simulation provides a tool that health care students can use to practice as much as possible to gain nursing care experience and confidence without posing any harm to the real patient (Jeffries 2007, 613-623). Hence, the purpose of the final development project was to describe the experience of the nursing students in a multicultural environment and enable the nursing students in Lahti University of Applied Sciences (Lahti UAS) enhance cultural competence skills. The aim of this development project was to develop multicultural nursing education in Lahti UAS nursing degree programme. Development is done by collecting nursing student`s experiences about multicultural issues and by developing two simulation scenarios for simulation education.

To find out high quality and readily accessible materials to offer state of knowledge about this development project, the Literature information search was done from online databases such as the SAGE, Cumulative Index of Nursing and Allied Health Literature (CINHAL), PubMed, Elsevier data journals, books, scientific journal and articles. The main key words for the search include “simulation in nursing”, “nursing education”, “cultural competence” and “multiculturalism”. The search years were from 2000-2017 to find relevant and reliable scientific information. Figure 1 below shows the data search process.

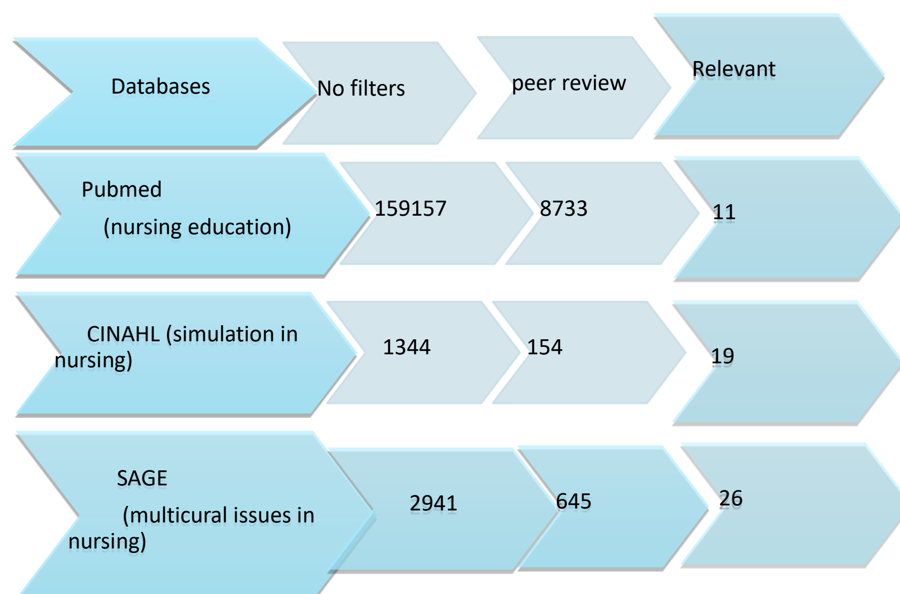


Figure 1: Showing data search process

The Sage database produced 645 peer-reviewed materials with the word multicultural issues in nursing and out of which 26 were relevant. From CINAHL database, the word simulation in nursing produced 154 peer-reviewed materials and 19 of them were relevant. PubMed database with the word nursing education resulted into 8733 peer reviewed materials and 11 of them were applicable.

2 SIMULATION IN NURSING EDUCATION

Simulation is an educational approach and not a technology but simulation equipment are used in enhacing the whole practise (Decker, Sportman, Puetz and Billings 2008, 74-80, Gaba 2004, 2-10, Rickets 2011, 650-654). The purpose of simulation is to achieve particular goals related to learning or evaluation. Simulation does not replace the need for learning in the clinical practice setting, but it allows the student to develop their assessment, critical thinking and decision-making skills in a safe and supportive environment. (Medley & Horne, 2005, 31-34, Valler-Jones 2011, 628-631.) This also allows for the assessment and the evaluation of the student's performance, whereby if the student demonstrates a mistake inaccurate patient assessment or slow clinical decision making, patient health is not affected and the student has the opportunity to learn from the experience. Ricketts (2011, 650-654) pointed out that simulation improves patient safety and helps nurses achieve competence linking their theoretical knowledge with clinical practice. Table 1 below lists different types of simulations used to prepare student nurses before they face the real clinical environment.

Table 1: Showing types of simulations

Type of simulation	Description
Role playing	Involves asking learners to act out an event or situation. (Aldrich, 2005).
Standardized patients	Utilized in teaching students to conduct physical assessment and helps students to gain self-awareness of their communication and clinical strengths and weaknesses, their reaction and stressful situations, and also their biases. (Shemanko & Jones, 2008
Partial task trainers	Are designed to replicate a part of a system or process. The learning objective are often task specific. (Beaubien & Baker 2004, 51-56).
Intergrated simulators(human body simulators)	They are whole body mannequins that are capable of responding to certain medication and subsequent responses (Durham & Alden, 2008).
Comålex task trainers	These virtual-reality scenarios offer an opportunity for the learner to practice skills. These refined systems are sometimes housed in a partial task trainer to lend greater fidelity to the partial task trainer educational experience (Decker, Sportsman, Puetz, & Billings 2008, 74-80).

3 HISTORY OF SIMULATION IN NURSING EDUCATION

Simulation as a means of teaching psychomotor skills and physical assessment has long been used in skills workshop with manikins and in basic health assessment courses using standardized patient (Comer 2005, 357-361 and Jeffries et al. 2009, 613-623). As a result, educators in universities and hospitals have increasingly introduced simulation modalities with the goal of increasing competencies and safety while decreasing errors. Simulation is identified and used as a safe way to practice skills with undergraduate nursing students in physical assessment, psychomotor skills development and communication techniques (Winter, Hauck, Riggs 2003, 472-476).

Multiple factors in the current healthcare environment have resulted in increased interest in simulation as a viable teaching modality: employer demand for safe, competent professionals; increased advances in technology and scientific knowledge; increased student enrolment with decreased faculty: and increased competition for clinical sites (Galloway 2009). Nursing educators have found that undergraduate students also gain and retain significant cognitive knowledge from simulation activities (Kaakinen & Arwood 2009, 1-20). Research has demonstrated increased student self-confidence and high level of student satisfaction with simulation as a teaching methodology in undergraduate nursing curricula (Smith & Roehrs 2009, 74-78).

Nursing education has long utilized simulation in some form of teaching and passing skills of nursing care to students. Models of anatomic parts, whole body mannequins, and various computer-based learning programs have provided educators with training tools for students seeking to become professional nurses. Current interest in simulation as a clinical teaching tool has largely been driven by development of the human patient simulation. Human patient simulation is relatively new teaching strategy that allows learners to develop, refine, and apply knowledge and skills in a realistic clinical situation as they participate in interactive learning experiences designed to meet their educational needs. Learners

participate in simulated patient care scenarios within a specific clinical environment, gaining experience, learning and refining skills and developing competencies; all this is accomplished without fear of harm to a patient. The use of simulation as a teaching method can contribute to patient safety and optimize outcomes of care, providing learners with opportunities to experience scenarios and intervene in clinical situations within a safe, supervised setting without posing risk to patients. (Durham & Alden, 2008.)

Simulaions in school of applied sciences and other learning institutions provides a safe environment for teaching and learining through different types of scenarios surrounded with important nursing program results such as critical thinking, safety of the patient, entrustment, communication, nursing competence and gaining knowledge (Haskvitz & Koop 2004, 181-184; Jeffries, 2007; Radhakrishnan, Roche, & Cunningham 2007, 1-10).

4 MULTICULTURALISM

Banks (2009b, 1-45) defines multicultural education as, “an idea, an educational reform movement and a process”. As an idea, multicultural education seeks to create equal educational opportunities for all students, including those from different racial, ethnic, and social-class groups. Multicultural education tries to create equal educational opportunities for all students by changing the total school environment so that it will reflect the diverse cultures and groups within society and within the nation`s classrooms. Multicultural education is a process because it´s goals are ideals that teachers and administrators should constantly strive to achieve.

Multiculturalism in society poses challenges that health care system must confront and come up with solutions. Health care providers need to actively adjust to survive and meet the new demands and through education programmes this will be achieved. Cultural awareness and cultural knowledge are some of the important skills for health care providers to acquire. Promotion of cultural competence and intercultural competence among health care providers is important in response to increasing multiculturalism in community across the world. (Graham & Norman 2008, 189-194.) Cultural competence and intercultural competence among nurses of today is necessary in multicultural health care to provide efficient and culturally acceptable care.

Leininger & McFarland (2006) defines cultural competence in nursing as being able to provide care for patients while considering their cultural background. In the other hand, intercultural competence is described as the attitudes and skills needed to function effectively and sensitively in multicultural environment, irrespective of whether cultural differences exist between health care professionals or between healthcare providers and patients (Koskinen 2003, 111-120).

Quality health care occurs within the cultural context of a patient. A nurse should develop cultural sensitivity. It is important to assess each patient individually without making cultural assumptions about their beliefs and

health practices. Assessment should be done broadly and should include awareness of illness and treatment by the patient, the social organisation fundamentally the family, communication behaviours, pain expression, past experience with health care and language. The definition of family varies from culture to culture. Others define it as the immediate nuclear family; others consider the entire extended family while others include close friends and neighbours. After determining who family is, a nurse should be able to identify who the health care decision maker is for the patient. It could be the patient, an individual in the family or the entire family. Communication is the key and by asking the patient and their family on what they perceive as the cause of illness and what health practices the patient follows, a nurse will be able to develop an individualised culturally sensitive care plan (Chang & Kelly, 2007, 411-417.)

Transcultural nursing is very important word to know when dealing with multicultural nursing care. Transcultural nursing care is defined by Leininger (1995, 58) as: “A substantive area of study and practice focussed on comparative cultural care, value, beliefs and practices of individuals or groups of similar or different cultures with the goal of providing culture-specific and universal nursing care practice in promoting health or well-being or to help people to face unfavourable human conditions, illness or death in culturally meaningful way.”

Leininger came up with sunrise model as shown in figure 2. Sunrise model is a wholistic and comprehensive approach that addresses things that influences the nurse-patient relationship in health and illness and enhances nursing practices. It provides care measures that are in harmony with the clients’ cultural beliefs, values and practices (Leininger, 2006 1-41).Cultural care values, beliefs, practices which guides nursing care practices is influenced by religion, language, education, economic, social, political, technological, environment and ethnic historical factors. Leininger emphasises on the appropriate cultural assessment of client/groups to provide culturally congruent care and more so it helps nurses to be creative and come up with new methods to understand and advance nursing care and practices.

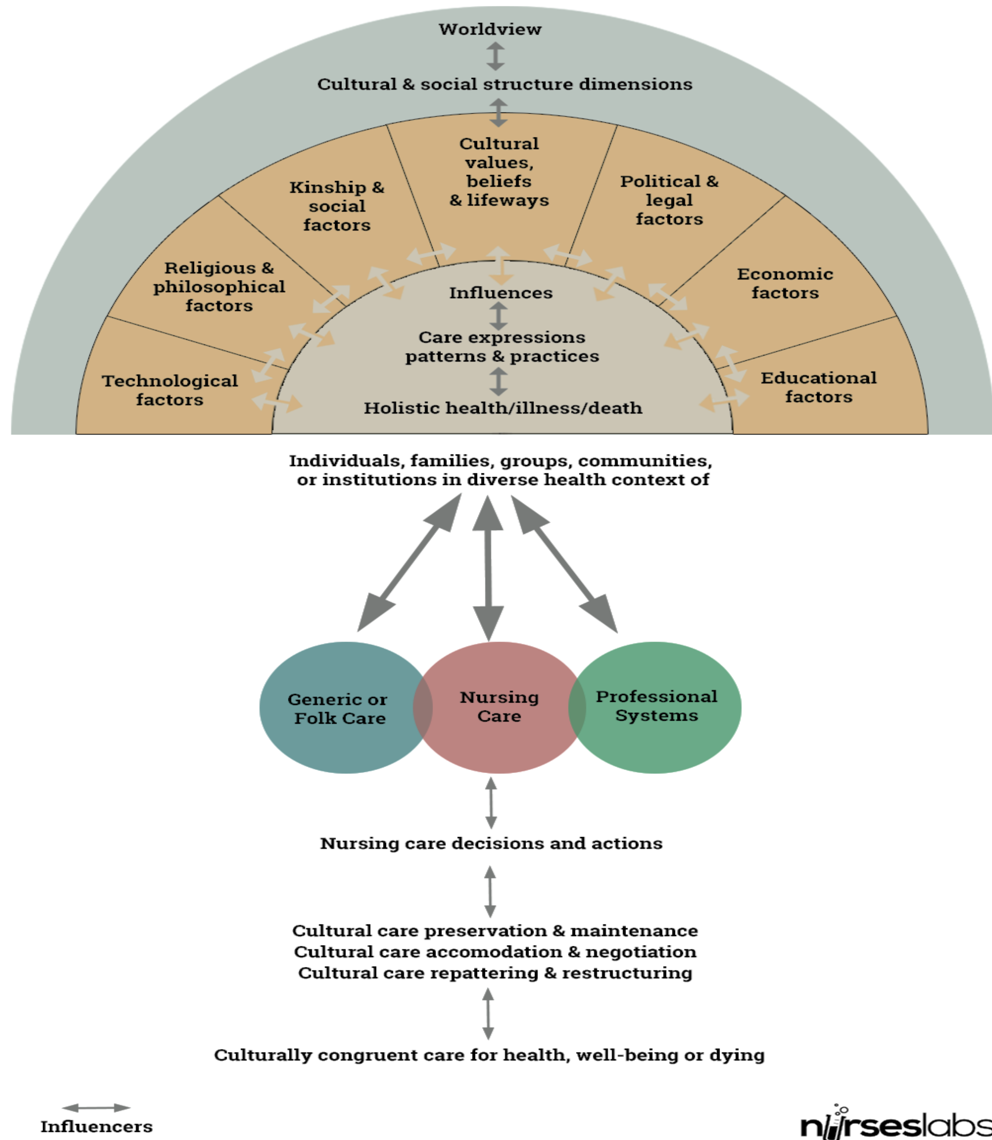


Figure 2: Showing sunrise model

The model above shows the interalations of culture care diversity and how the word views the cultural care. It demonstrates the major components of leiniger`s sunrise model and illustrates the factors influenzing care needed to be included in a culturally competent care. It is very useful model and valuable guide for doing cultural competence assessment required for providing congruent cultural care. The fundamental parts of the model include cultural care meanings and practises. The structure has three basic levels and the first level reflects someoes`s world view on cultural

care dimensions. The second levels mirror the person with different parts which includes factors such as technological, religious and philosophical, kinship and social, cultural values, belief and lifeways, political and legal, economic and educational factors. It shows that the person is the product of their culture hence the person is greatly influenced by their environment.

The third level represents the health (well-being). It gives information abut folk and professional systems. The folk care system consists of the client`s traditional beliefs and practises on health and in the other hand the professional care system are those nursing practices learned cognitively through former professional learning instistution of learning. The combination of the folk health system and professional health system meet the biological, psycological and cultural needs of the patient. At this level the nurse acts as a bridge between the folk system and professional system.

The fourth level represents the nursing part and shows the three modes of nursing care actions. The first mode is the cultural care preservation. Here when the nurse decline the patient`s cultural beliefs, the family maintain or preserve their belifs and values. The second mode is the cultural care accomdation. Here the nurse negotiates with the client for culturally congruent, safe and effective care for their health, wellbeing or to deal with illness or death. The final mode is the cultural care repatterning, which first is directed to the nursing action and decisions to help the client and the family to restrure or change their lifestyle for new and different patterns that are are culturally meaningful, satisfying or supportative of a healthful life. This model is very importants in educating and encouraging nurses on how to offer culturally accepted care in their actions and decisions.

5 AIM AND PURPOSE

5.1 Aim

The aim of this development project was to develop multicultural nursing education in Lahti UAS nursing degree programme.

Development was done by collecting nursing student`s experiences about multicultural issues and by developing two simulation scenarios for simulation education.

5.2 Purpose

The purpose of this final development project was to describe the experience of the nursing students in a multicultural environment and enable the nursing students in Lahti UAS enhance cultural competence skills. This will support multicultural nursing education in Lahti UAS nursing degree programmes, and the simulation scenarios conducted were culturally based.

6 METHODOLOGY

6.1 Design

This is a development project where simulation scenarios were used to enhance nursing students' cultural competence skills. British Standard (BS) 6079/2010 "Guide to Project Management" state that a project is; "A unique set of co-ordinated activities, with definite starting and finishing points, undertaken by an individual or organization to meet specific objective within defined schedule, cost and performance parameters".

The information was collected using questionnaires. The questionnaire is a well-established tool, which can either be developed by the researcher or can be ready made. For this project questionnaires were designed. Questionnaires designed involves open-ended and closed-ended questions used for acquiring information from participant's social characteristics, beliefs, standard behaviours, attitudes and reasons for action with respect to the topic under investigation (Bulmer 2004, 354). Questionnaire attached in appendix 4.

Simulation as described by Hayden, Smiley, Alexander, Kardong-Edgren & Jefferies (2014, 1-65) is an activity or event reproducing clinical practice using scenarios/set-ups, high-fidelity manikins, medium-fidelity manikins, standardized patients, playing the roles, skill stations and computer-based critical thinking simulations. For this case the simulation scenarios used were cultural-based as showed in appendix 1. Two simulation cases were developed and were approved by the supervising teacher. Simulation scenarios were conducted at Lahti UAS.

6.2 Participants

The participants were the first year students and second year nursing degree students studying in English in Lahti UAS, which consist of 50 students. The students have knowledge in nursing and care and have participated in at least one clinical training hence their encounter during

the training will allow them to share their experiences concerning multicultural issues in health care.

6.3 Setting

Simulation was carried out at Lahti UAS in first aid room. The room had necessary facilities which were needed to conduct the simulation scenario. It was spacious enough and thus accommodated the entire activity. There were key factors that were considered when planning for the simulation scenarios, per European Centre for Disease Prevention and Control (2014). Table 2 below shows the key aspects to consider when planning for simulation scenario

Table 2: showing key aspects considered when planning simulation

Aims and objectives
The aims and objectives of the simulation exercise should be established early. It is difficult to receive the support of participants for an exercise that lacks properly considered aims and objectives.
Timetable
The timetable of the simulation exercise and the time required of those managing and participating should be estimated and suggested.
Budget
The cost of the exercise, (general cost, expenses and resources) must be established prior to initiating the exercise planning process
Resources
It is important to determine the equipments, funds that the exercise will require.

ECDC; 2014

6.4 Data analysis

Data analysis is important in any research work or development project work because it answers the questions, acquires usable and useful

information and gives the conclusion of the project's or research outcome. After data are collected the analysis of the data was driven by the type of data collected for study, data that was in word form needed qualitative data analysis and the data that was in numerical form was statistically analysed. This development project sought to understand how the nursing student of Lahti UAS see their experience and how they feel working in multicultural health care environment. To gain good enquiry and insight into the participant`s world, questionnaire as a method was used to engage them. The experiences of the paricipants cannot be measured in any meaningful means therefore, qualitative methods allow an understanding into participant`s world which it cannot be reached using quantitative methodologies was used (Ellis 2013, 23-43). In addition, charts, tables and graphs were used to enhance the clarity and comprehensibility of the project result report. According to Polonsky and Waller (2011, 189) frequency distribution deals with the numbers of response due to occurrence or questions of a phenomenon of interest so that information is easily interpreted. Figure 3 below outlines the process of this research project.

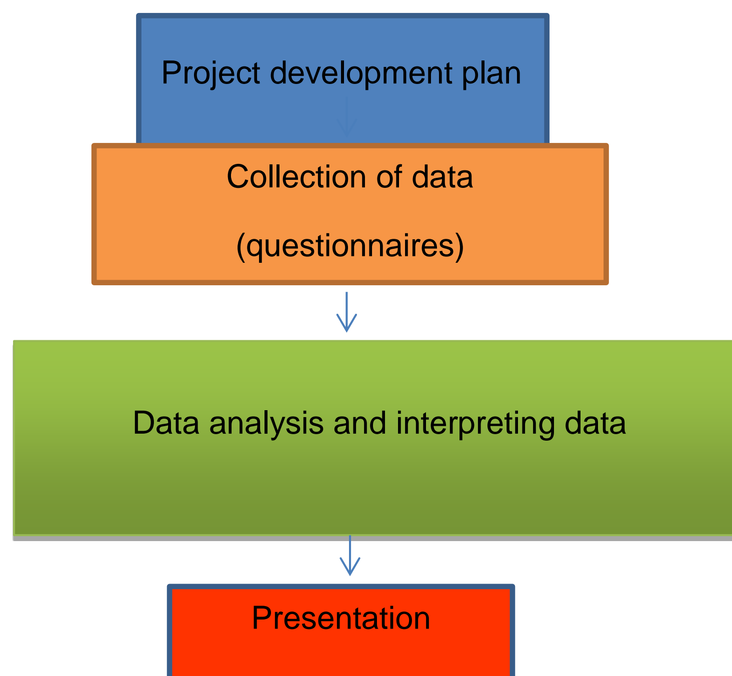


Figure 3: The process of this research project.

7 ETHICAL ISSUES

7.1 Ethical Considerations

Ethics are there to keep things in order and ethical considerations were taken into considerations accordingly during this development project. The Ethical principles that may be put into consideration and which were followed when dealing with human beings are beneficence (doing good), autonomy (respecting choice), non-maleficence (doing no harm) and justice (fairness) in observing the moral and ethical obligations of human beings (Beauchamp & Childress, 2008). Application for this development project's plan was presented to the Faculty of Social and Health Care of Lahti UAS for approval and permission was granted by Lahti UAS Director (Education, RDI). The participants were the English nursing degree students which consist of students from diverse cultural, beliefs, racial and religious backgrounds. Since the Lahti UAS students were involved in this project, a research permit was applied for. Per Lahti UAS Instructions for Research Permit (2016), a research permit must be sought for when carrying collection process involving students and the staff. A research permit application form was filled and forwarded for approval and the permission was granted by Lahti UAS Director (Education, RDI). Measures concerning ethical issues during simulation scenarios were taken into consideration to avoid biasness and violation of ethical requirements.

Finnish Advisory Board on Research Integrity (TENK) gives guidelines to ensure that research is conducted in ethical manner to prevent violation of conduct in institutions such as University of Applied Sciences, Universities and Research Institutions. Students of Lahti UAS carrying out research work are encouraged to adhere to these guidelines in the process (Finnish Advisory Board on Research Integrity, Guidelines, 2012, 28-40).

7.2 Informed Consent and Confidentiality

According to guidelines on graduation thesis of Lahti UAS, a student has a right to have their information handled with confidentiality. An informed

consent is required in order for the student to participate in the project. The widely accepted definition of informed consent is defined by Nuremberg (1986, 425-426) as “The voluntary consent of the human subject … (in which) the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching or other ulterior form of constraints coercion and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make and understanding and enlightened decision.”

Getting the consent from the participants was not gained in one day, it followed a series of events and per the National Research Ethics Service (NRES,2008) and Nursing and Midwifery Council (NMC, 2008) gaining consent is an ongoing process. The information about this project was introduced to the students present in class by the project developers. The information included the aim, purpose and outcomes of the project. Participant`s consent was sort before distributing the questionnaires with the use of consent form. In addition, confidentiality, anonymity and privacy of the participants was assured. Voluntary participation in the study was encouraged and there was no penalization for withdrawal at any one time. After proper explanation about the informed consent and confidentiality, the questionnaires were distributed to student present in class in the date of data collection.

8 IMPLEMENTATION

Before the actual simulation day, the teacher responsible for the students who participated in the simulation will be informed on the 13th week about the introduction of the development project and simulation scenarios. Permission was sought so that the students would be allowed to participate. In this case the teacher briefed the students on the reason as to why they are being requested for participation. Further briefing of the participants was done 5th April 2017, before their actual participation. This enhanced their understanding and preparedness for the simulation scenarios.

The actual participation was on 21st April, 2017, and a total of nine students turned up. The cases were handled by two groups whose members were randomly picked from the participants. An Assessment, Communication, Cultural negotiation and compromise, Establishing respect and rapport, Sensitivity and Safety (ACCESS) Model tool attached as appendix 7 was distributed to the participants so that they would identify the cultural needs of the patient and family, and implement these needs as appropriate in the care provided (Narayanasamy, 2002). The group members were thereafter briefed on the case and chose their roles by themselves. The groups presented the cases to the other participants who were following their presentation. After every case, a brief discussion with the whole group was carried out. A conclusion was reached by explaining the learning objectives and discussing together on the whole case as a team. The presentation of the cases and the discussions helped in analysing on how well the participants were prepared to handle multicultural issues and their level of creativity in the nursing field. Baeubien and Baker (2004) stresses that post simulation feedback enhances the ability of a learner to integrate correct behaviour into their skills. Simulation helps in identifying gaps in the knowledge of a learner. During feedback, a learner identifies their areas of strength and weakness.

At the end of presentation and debriefing, the participants filled in the simulation evaluation tool attached as appendix 5 and the questionnaires attached as appendix 4.

Each simulation scenario took 15 minutes plus 15 minutes of questions and feedback. After the implementation of simulation and collection of data using questionnaires data analysis was done immediately. The simulation day timetable is attached as appendix 2.

9 DATA ANALYSIS

The questionnaires consisted of 6 closed and open ended questions each. They were filled by 9 students who participated in the simulation as well as 14 more who willingly dedicated their time to fill the questionnaires. A frequency distribution method was used to analyse data collected from the questionnaires and the results are as shown below.

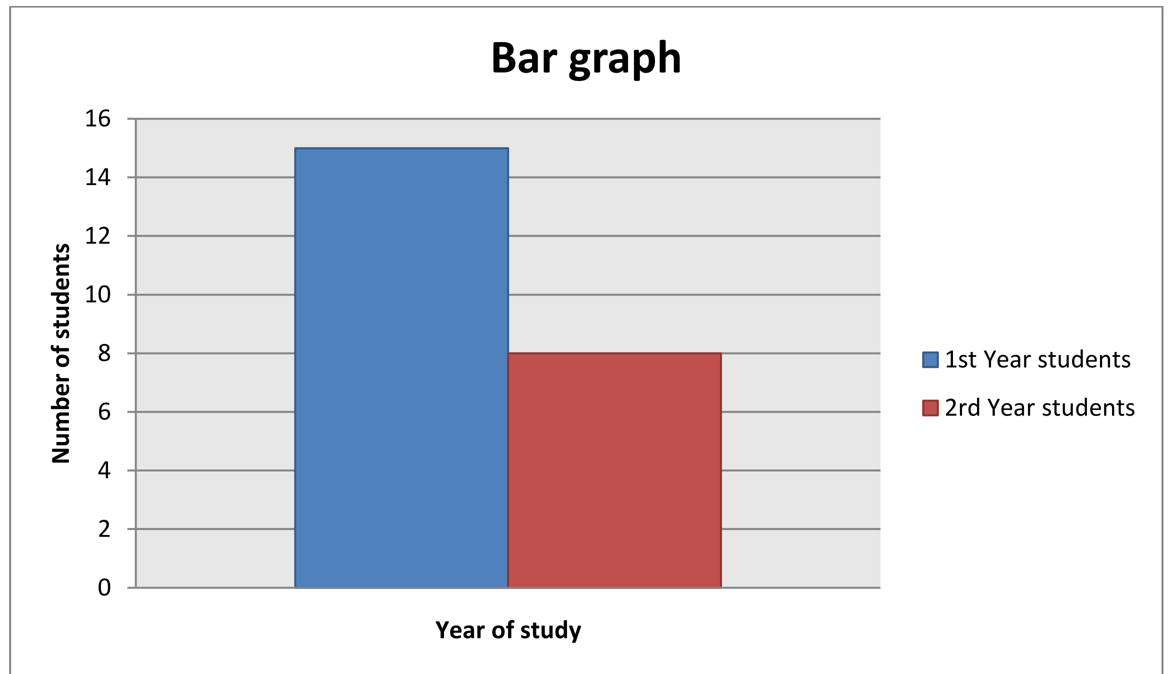


Figure 5:Showing demography.

The participants who participated in filling the questionnaires were 15 first year students and 8 second year students from Lahti UAS who are from different nations.

9.1 Clinical training experience

All the participants that participated in filling the questionnaires had attended at least one clinical training and in the questionnaire, they had a space to freely express their multicultural experience in their various clinical training done in different places. All of them had varying experience on cultural difficulties in providing health care. Below are some of the views from the participants.

"During one of my clinical training, I was in the morning shift and I and my supervisor entered into one of the patients' room to take the blood sugar and blood pressure, I was told to take the blood sugar and blood pressure. I ask the patient to give me the hand but the patient shouted angry at me and asked if there were no Finnish nurses in the entire ward so that a foreigner can take her blood sugar.......i was so scared and demoralized"

Blofeld (2003) suggest that in a multicultural environment, racism is one of the factors that affect the experience of the foreigners. Therefore, this should be included in the nursing education system. In addition, the nursing educators should adequately prepare students to work competently in a multicultural environment (Nairn, Hardy & Harling 2012, 203-207).

9.2 Professional courses

The result drawn from the questionnaire on the question as to whether professional courses adequately prepare nursing to deal with multicultural issues is tabulated in figure 5 below.

Figure 5: Bar chart on professional courses results

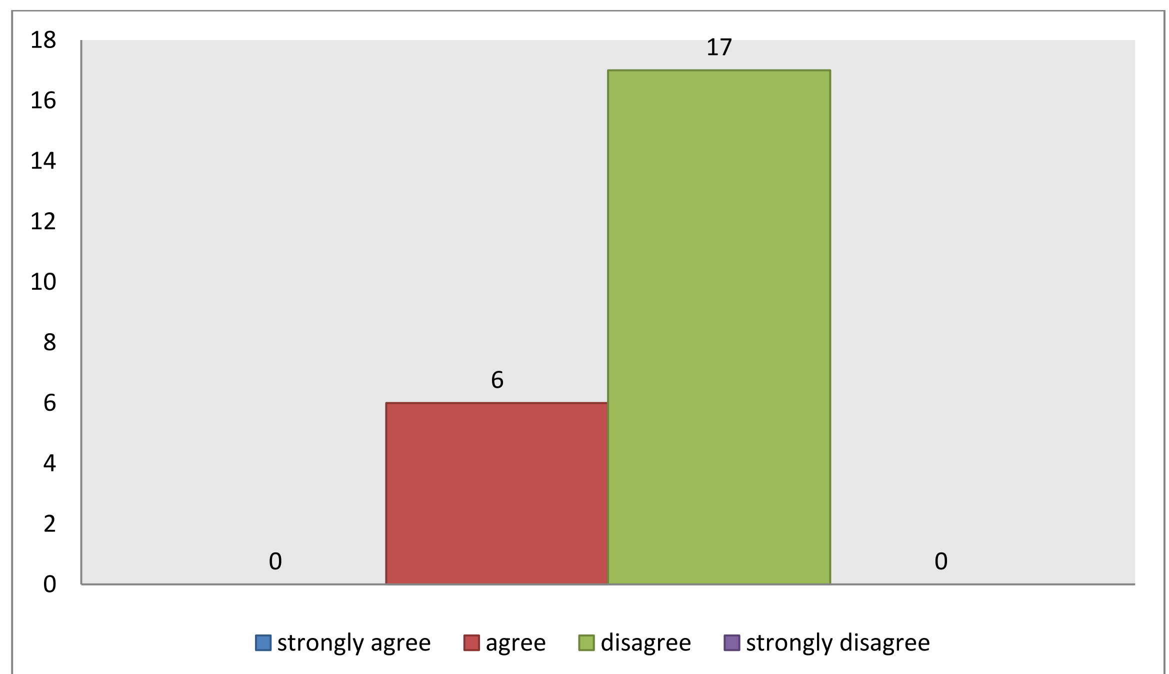


Figure 6: Showing results on professional courses

The results above shows that majority of the participants disagreed that professional courses inadequately improves their multicultural skills. In Lahti UAS cultural competence courses are offered as elective courses therefore chances of students taking it is limited. However, 6 students agreed that if cultural competence courses will be offered as main courses it will equip them with adequate knowledge. Literature suggests that; “The notion of cultural knowledge increases the process of learning about the worldviews, languages, and the other components of cultures that are different from one’s own but which are essential for cultural competence (Suh, 2004).”

9.3 Cultural competence skills through simulation

Figure 6 below shows that 31% of the participants strongly agreed and 65% of the participants agreed that cultural competence skills improve through simulation. However, 4% of the participants disagreed on the matter claiming that some of the simulation cases are not culturally based.

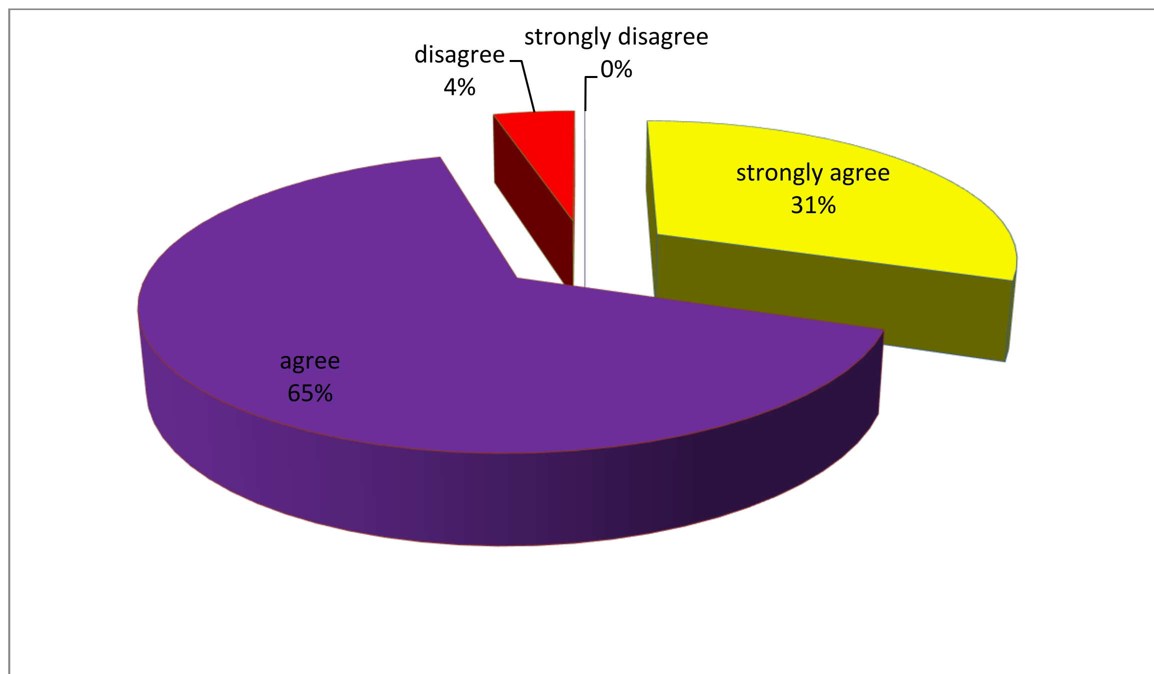


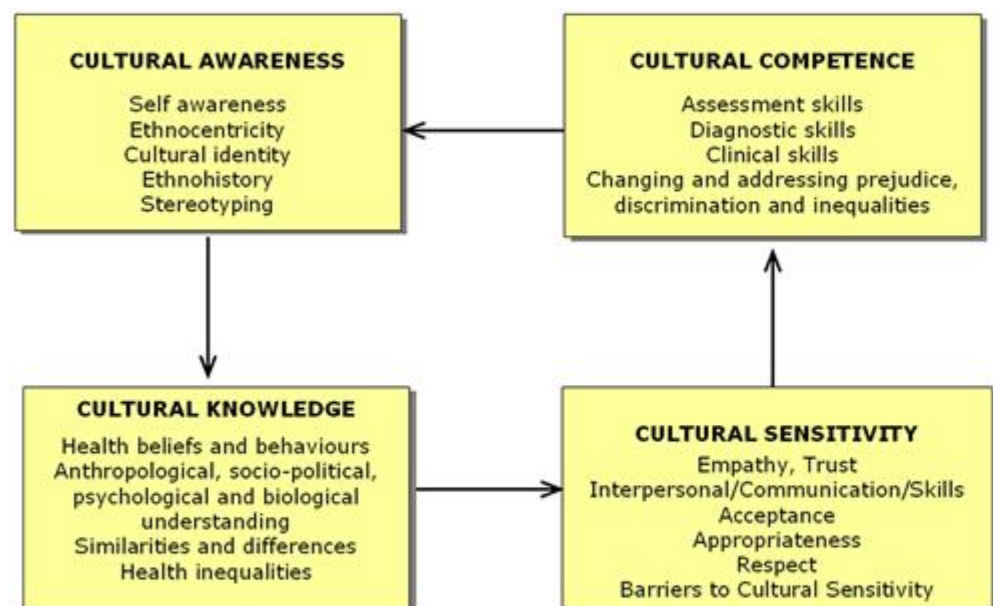
Figure 7: Showing cultural competence skills through simulation

In this development project, simulation scenarios were used as a means of enhancing cultural competence of nurses in nursing

education. Even though the European Union (EU) (European parliament, 2013) and the Finnish Ministry of Education have well-defined core competences of any graduating nursing student multicultural nursing counted in (Ministry of Education, 2006), the big question remains to be, how will teaching multicultural nursing be applied in nursing education in Finland more so in Lahti UAS? In Finland, all polytechnics are allowed to choose how and to what level multicultural nursing is to be taught because there is no national curriculum that state multicultural nursing must be included in the nursing syllabus.

Cultural competence for nurses is very important. Cultural competence according to Gerrish (2000, 91-99) is described as knowledge, attitudes, skills, judgement required by nurses to provide cultural care to multicultural patients and more so, enable nurses to challenge marginalization and discrimination in multicultural environment.

Up to date, some nurses still lack cultural competence hence, they cannot practice or provide cultural care (Cioffi, 2003). There is an agent need to equip nursing student during their period of studies to be culturally competent. As a professional, one can develop cultural competence through several stages as shown in figure 7 below.



Papadopoulos, Tilki and Taylor (PTT), 2008.

Figure 8: Showing model on cultural competence

PTT model consist of four main stages which include cultural awareness, cultural knowledge, cultural sensitivity and finally cultural competence.

Cultural awareness: Is a deep self-examination of one's own background, beliefs and values

Cultural knowledge: This knowledge gained through different ways such as educational foundation, on different cultures and by interacting with people from different cultural backgrounds.

Cultural sensitivity: Is how healthcare providers handle their patients based on their culture with respect, trust and acceptance.

Cultural competence: Is developed through the combination of cultural awareness, cultural knowledge and cultural sensitivity. Clinical, diagnostic and assessment skills are very important when providing cultural care. The most essential component in this stage is the capability to identify all forms of discrimination such as racism and challenge cruel practices such as power oppression.

For a nurse to be culturally competent it involves several stages as mentioned in figure 8. Qualities are developed one by one.

10 SIMULATION CASES REACTION

There were two simulation cases used in this development project to find out how the students of Lahti UAS are culturally competent. The cases are shown in appendix 1. Most of the students that participated in the simulation had some challenges in solving the “patient’s” cultural problems. The culturally based cases presented sort of challenges to their cultural competence abilities and this proved that most of the students are inadequately prepared to provide cross-cultural care in a multicultural environment despite the fact they know and have heard of multicultural issues in nursing. Research shows that most healthcare workers (especially nurses) lack the skills necessary to identify cultural traditions that affect the healthcare system (Weissman, Betancourt & Campell (2005). It is well known that culture immensely affects healthcare values and behaviour and religious beliefs are evident in culture through ethical values and beliefs (Betancourt, 2004).

From case one as showed in appendix 1 below, the Muslim lady had difficulty in walking, breathing, urinating and having a bowel movement after falling from stair and the first thing that the Emergency room (ER) nurse could do after taking the report from the ambulance staffs was to immediately call the Doctor (Dr.) on duty (the only Dr. in the night shift). The Dr. had to do a physical exam to examine if she had a spinal cord injury because of the signs and symptoms. The Dr. informed her that he was going to do the examination but she adamantly said “please do not do it”. The Dr. had to explain in detail the importance of the physical examination. After the explanation, she accepted only lungs and heart to be examined. After a long persuasion and insisting on doing back examination, she allowed the Dr. to examine the back with gloves on his hands (to avoid direct skin to skin contact) and the Dr. discovered spinal tenderness. Furthermore, rectal tone examination was to be carried out due to difficulty in bowel movement. The Dr. again requested to perform rectal examination but she steadfastly refused and asked to go and

see her female nurse. Because of the patient's autonomy, the Dr. did not carry out the rectal examination despite its importance. The patient was later admitted in the observation unit overnight. In the observation room, she was placed on cardiac monitor and an appointment with a neurologist and magnetic resonance image (MRI) were made. In the room, she requested to use the washroom (she refused to use the diapers) but her request was declined. It is medically not advised to make any movement while under a cardiac monitor.

In this case, there is one major cross-cultural dilemma which arose from religious and cultural values. The first issue encountered was for a male Dr. to take care of a female Muslim patient and per Islamic medical ethics; there is a system in which a Muslim patient should choose a physician. It is preferred that a Muslim physician attends to a same gender patient, followed by a non-Muslim of the same gender then a Muslim physician of opposite gender and finally, a non-Muslim physician of the opposite gender (Al-Munajjid 2006, Saqr & Afana 2006). The big deal is, when should we bend the rule of respecting one's culture? And is it morally acceptable?

Other ethical dilemmas that arose included rectal examination and refusal to use the diapers and this is according Islamic concept of privacy and cleanliness respectively. Ilkilic's (2002) model of biomedical ethics argues that respect for patient autonomy conflicted with the physician obligation of beneficence and according to Al-Munajjid (2006), modesty is when men and women who are not married or closely related by blood are not supposed to see the *awrah* (area that should not be seen by anybody should not be publicly exposed. However, Ibn Muflih (2006) states that "if a woman is sick and no female doctor is available, a male doctor my treat her. In such a case, the doctor is permitted to examine her, including her genitals." In case of any emergency care, religious boundaries or cultural beliefs do not interfere with the medical care to be done by opposite gender (Al-Misri, 2006). In addition, patient autonomy dictates that cultural

sensitivity and informed consent should be well-adjusted to provide the best care to the patient.

In case two as shown in appendix 1, the patient in the ward refuses to lie down bed like other patients. The beds in the ward were arrange in such a manner that the feet of a patients face towards the door. He claimed that according to his culture, the death are the one lying in that position because they are ready to go cemetery and so this was a bad omen. This posed a challenge to the nurses on duty since the medical equipment to be used were fixed to suit the position of the bed and were immobile. The nurses who were attending to him declined his request despite the fact that he had given a personal reason. The patient was agitated and asked for assistance from another nurse. A senior nurse came and instructed the other nurses to adapt a space to reposition the bed to suit the patient wish. The patient finally got to sleep with the feet facing away from the door.

According to Ethical guidelines nursing 2014, states that; “The nurse is responsible to her action, first of all, to the patient who needs her help and care. The nurse protects human life and improves the individual well-being of patients. The nurse encounters her patients as valuable human beings and creates a nursing environment which takes into consideration the values, conviction and traditions of individuals. The nurse respects the autonomy of individual and self-determination of the patient and gives him an opportunity to participate in decisions concerning his own care.”

Hence the nurses are supposed to critically think and be innovative to come up with appropriate decisions which favour both their health care delivery and patients.

10.1 Simulation evaluation criteria

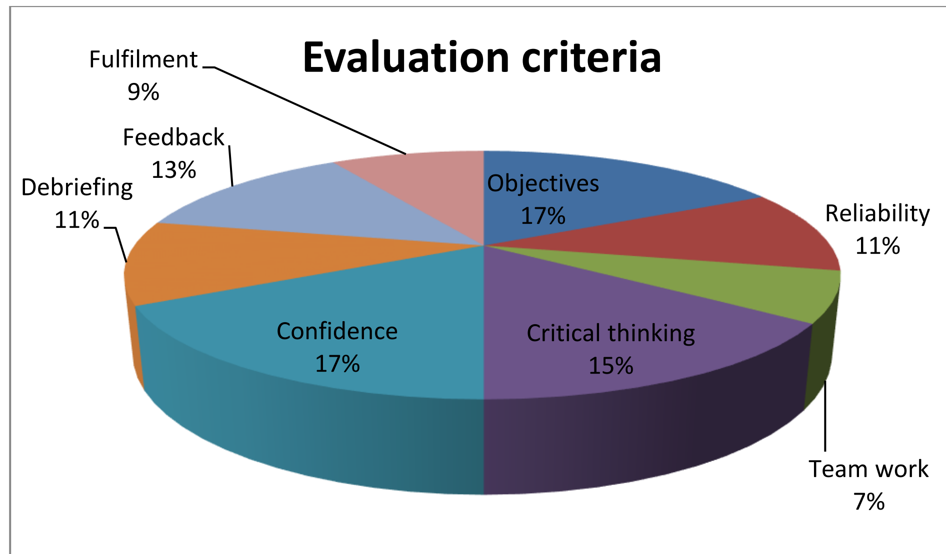


Figure 4: Piechart showing feedback on evalution of simulation.

The evaluation forms used in analysing the simulation scenarios using assessment themes were filled by all the 9 students who participated in the simulation process. The themes were to be evaluated as strongly agreed, agreed, disagreed or strongly disagreed depending on the decision of the participants. The simulation assessment themes were objectives, reliability, teamwork, critical thinking, confidence, debriefing, feedback and fulfilment as shown in appendix 5 and the results were tabulated in a pie chart as shown in figure 4 above and appendix 6

11 CONCLUSIONS

Nursing simulation scenarios has been proven through this development project as one of the ways to promote and apply multicultural nursing in nursing education in Lahti UAS.As nurses we are called to adjust to the patients' needs to deliver culturally sensitive care. Cultural competence is considered insignificant issue but in real sense it is very important because health care providers encounter cultural issues in their line of duty. When offering cross-cultural care in emergency situations, saving life is a priority over maintaining perception of the patients` cultural beliefs.

To Lahti UAS and ministry of Education, the big question is, how will teaching multicultural nursing be applied in the nursing education to adequately prepare the nursing students to work in multicultural environment.

More research on nursing simulation scenarios should be carried out to prove if it is one of the ways to implement multicultural nursing in Finland.

The deep desire or motivation of a nurse to want to participate in the process of becoming culturally competent in deliverying health care services needs honest desire and commitment to be flexible and free interact, listen to the clients`s views and accept others. A nurse should learn to compare differences and sililarities, but never diminish the client`s views but rather, respect and understand the different cultures, beliefs and values and in the end, promote the accepted cultural care and talk about hamful culture care and repattern. A nurse must be wlling to learn from clients and family hence creating self awareness and humility.

Cultural competence in health care system greatly improve the health care outcomes and increases the client`s safisfaction.

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13 APPENDICES

Appendix 1: Simulation scenarios

Case 1

Fatuma 26 year old Muslim lady was brought to the emergency unit at 22:00 pm by an ambulance accompanied by her husband. She had fallen on her back on the stair cases and she had severe back pain, difficulty in breathing, difficulty in walking and was not able to use washroom (loss bowel control and loss bladder) within that short period.

You are about to start your shift and the patient has just arrived to emergency unit, and waiting for you. Dr. Ben is the only doctor working in the emergency unit and his number is on a board, if you are going to need his help.

Learning outcomes (LO): After the simulation case students are able to.

LO 1) Develop understanding of cultural belief and values of others based on reflective thinking.

LO 2) Develop more positive attitudes towards different cultures

Case 2

Patient Y has just been admitted in ward Z and there seems to be a problem. Your colleague explains that patient Y is upset and frustrated and she refused to lie down on the bed in the room. Patient seems to be on a bad mood and says that the nurses are treating her badly, and she is demanding to talk with other nurses. You are about to go in and help the patient Y.

Learning outcomes (LO): After the simulation case students are able to;

LO 1) Understand the difficulties faced by nurses in managing physical space due to different cultural beliefs.

LO 2) Encourage the nursing student to be creative and innovative in solving the challenges faced by nurses in multicultural environment

Appendix 2: Simulation day timetable

Time	Activity
9:30-9:40	Introduction of development project and simulation
9:40-9:55	Case 1: Implementation (Group 1)
9:55-10:10	Case 1: Reflection and De-briefing
10:10-10:25	Case 2: Implementation (Group 2)
10:25-10:40	Case 2: Reflection and De-briefing
10:40-10:45	Q & A
10:45-11:00	Filling in the questionnaire and Evaluation form

Appendix 3: Inform consent

Date: 21.04.2014

Dear participant,

We are the senior Nursing students from the faculty of social and health care. You as the nurse student are invited to participate in this study where you will play an important role. Approximately 10-15 minutes of your time will be required to fill the questionnaire that is provided alongside this consent. Participation in this study is voluntary and withdrawal is also at will. This is therefore to request you to respond appropriately to the questions given below, express your views freely without fear or favor, and please note that information given will be treated with utmost confidentiality and in case of any clarification please feel free to ask. There is no emotional and physical harm you will experience if you participate in this study.

The data will be used purposely for this development project and later the questionnaire will be destroyed. Many thanks for your acceptance with regards to participation in this study.

I have read this consent and have thoroughly understood the verbal explanation. I am therefore voluntarily accepting to participate in this study.

Participant's signature ………………….. Date ……………………

I certify that I have explained to the above individual the nature and purpose and significance of the study. I have also answered questions raised concerning research on the date stated on this consent form.

Signature of project developers……………………….. ……………………………

Date…………………………..

If you have any further questions or concerns about this study, please contact

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Appendix 4: Questionnaire

Questionnaire

1. Status
    a) 1st year nursing student
    b) 2nd year nursing student
    c) 3rd year nursing student
    d) Others (Specify)____________________________________
2. Nationality
    a)____________________
3. Have you ever been in practical training?
    a) Yes
    b) No

    If yes, have you encountered multicultural issues? Share your

experience.

4. Do you believe that the professional courses prepare you to deal with multicultural issues in nursing career?
    [ ] Strongly agree [ ] Agree [ ] Disagree [ ] Strongly disagree

5. Do you think multicultural skills are important in healthcare?
    a. Yes
    b. No

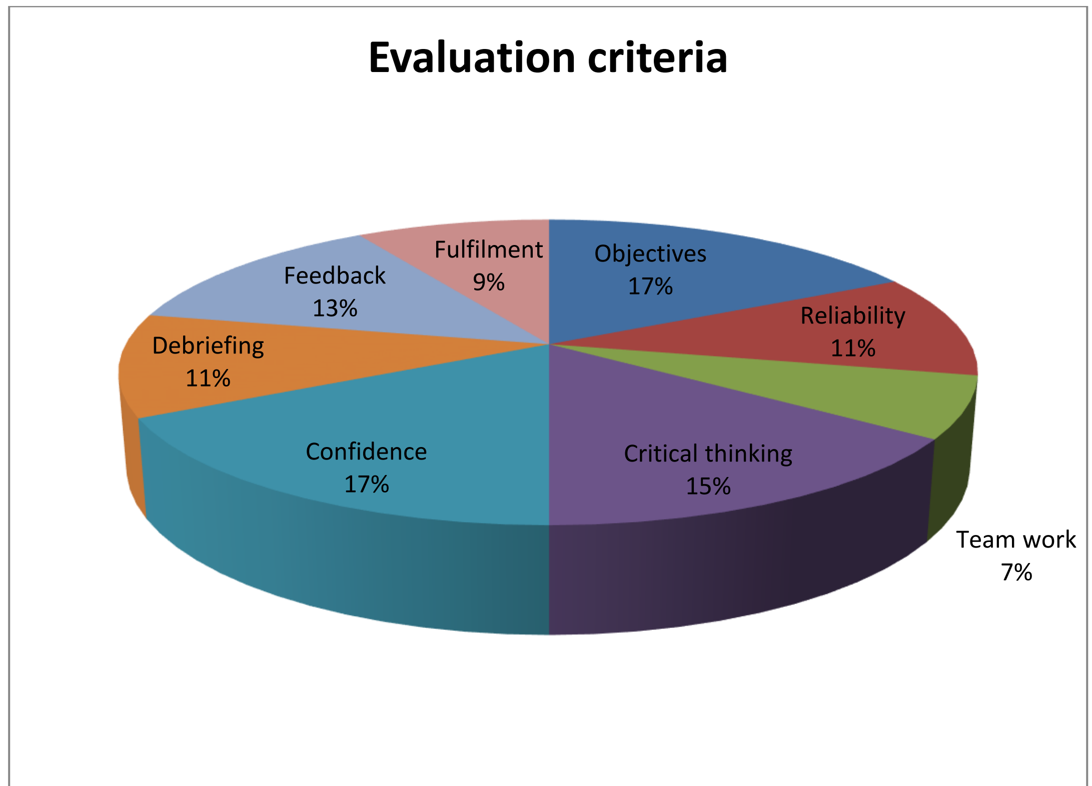
    Give your opinion.
6. Do students` cultural competence skills improve through simulation?

    [ ] Strongly agree [ ] Agree [ ] Disagree [ ] Strongly disagree

Appendix 5: Evaluation form

Evaluation criteria		**Strongly Agree** **4**	**Agree** **3**	**Disagree** **2**
Objective of the simulation	I clearly understood the purpose and the objective of the simulation			
Reliability	Real life scenes and situations were built into the simulation scenarios			
Team work	I cooperated effectively with colleagues during the simulation			
Critical thinking	The method used in this simulation triggered critical thinking in decision making			
Confidence	I am confident that the simulation has helped in improving my ability to provide safe and culturally competent care.			
Debriefing	I actively participated in the discussion session after the simulation			
Feedback	Feedback provided was constructive and centered around multicultural nursing care and patient safety			
Fulfilment	Generally I am contented with this simulation.			

Appendix 6: Chart showing the results of evaluation feedback



Appendix 7: Access model

ACCESS MODEL

ASSESSMENT	focus on cultural aspects of client's lifestyle, health beliefs, and health practices
COMMUNICATION	Be aware of variations in verbal and non-verbal responses
CULTURAL NEGOTIATION and COMPROMISE	become more aware of aspects of other people's culture as well as understanding client's views and explaining their problems
ESTABLISHING RESPECT and RAPPORT	A therapeutic relation which portrays genuine respect for client's cultural beliefs and values is required
SENSITIVITY	Deliver culturally sensitive care to a culturally diverse group
SAFETY	Enable clients to derive a sense of cultural safety

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