

**PERCEPTIONS OF CULTURE CARE IN HUMANITARIAN WORK
BY THE STUDENTS OF MASTERS' DEGREE IN GLOBAL
HEALTH CARE**

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Thesis, Fall 2016
Diaconia University of Applied Sciences
Master's Degree in Global Health Care
Master of Social and Health Care

ACKNOWLEDGEMENTS

As a researcher of this study, I must acknowledge the important people that contributed to the success of my research. First and foremost I must thank my Supervisor Dr. Ikali Karvinen, the Principal Lecturer and the Director of the Masters Programme at Diaconia University of Applied Sciences. Thank you so much for your tireless support and encouragement from the beginning of my research till to the end. You were always ready to help despite your busy schedules. You were the most helpful teacher that I have ever met. Thank you for making this research a success.

Secondly, I would like to acknowledge Dr. Joyce Owino, the head of nursing department at University of Eastern Africa, Baraton. Thank you so much for contributing to this research. Your support and encouragements during this process was really helpful. Thank you once again Dr. Joyce.

Thirdly, I would like to acknowledge the external reviewers. I would thank Titta Riihimäki (Health Care Lecturer at Diaconia University of Applied Sciences). Thank you Titta for taking your time to give the final and valuable comments. I will also appreciate my fellow student reviewer Prakash Khanal, thank you Prakash for your time and great comments.

Fourthly, I will acknowledge my fellow students of Masters in Global Health Care, who were the respondents of this study. If it were not for you to answer the questions, this research will not have been a success. Your time and sacrifice to fill in the questionnaires and return them to me wasn't an easy task. Thanks a lot for your dedication.

Fifthly, I will like to acknowledge my beautiful family for the support they gave me throughout my research period. I will first acknowledge my handsome husband (Stanley) for the support and encouragements he gave me. Thank you so much. I will not forget my two beautiful princesses (Mable and Mayne). Thank you for allowing mummy to study and do her research. Above all this, I thank God because he gave me the ability and good health to be able to achieve all this.

Lastly, I will acknowledge, Diaconia university of Applied Sciences, University of Eastern African, Baraton and Arcada University of Applied Sciences for the resources they provided towards the success of this research. I must especially thank Marketta Fredriksson (Information Specialist at Diaconia University of Applied Sciences) for helping me with the resources that was needed for this research. Thank you for your time and support Marketta.

ABSTRACT

As the world is increasingly becoming multicultural, the need for cultural competence education to students of health care is essential to ensure a culturally competent workforce. The main purpose of this study is to determine the students' perceptions of culture care and its importance in their work contexts. The main aim is to identify how students' worldview, cultural and socio-cultural factors influence the way of care to people of diverse cultures. Qualitative method was used in this study and an open-ended questionnaire was used to collect the data. The data was analysed through deductive/theory-based method whereby, data was analysed based on Leininger's Sunrise Enabler tool to discover culture care perceptions of the students. The results revealed were based on Leininger's theory of culture care and this include: Culture care values as inherited or learned by the students, Culture care values as influenced by the students' worldview, cultural and socio-cultural factors, and Culture care values as applied in students work contexts. From the results, it shows how culture care values are acquired by the students, what influences the students' culture care values and where culture care values can be applied by the students. In conclusion, culture plays a major role in caring for people from diverse cultures, and without the understanding of the cultural background of the clients you are working with; it will be difficult to satisfy their needs. However, the researcher recommends some actions to be taken by the faculties teaching health care students, these actions include teaching culture care without interfering with the students cultural beliefs of care, finding better ways and methods to teach culture care for better understanding and finally, designing their curriculum to accommodate the teaching of culture care to other healthcare students apart from nursing.

Keywords

Transcultural Nursing, Culture Care, Cultural Competence, Health Care Professionals, Global Health Care

CONTENTS

1. INTRODUCTION	5
2. CULTURE CARE THEORY AS A FRAMEWORK	7
2.1 Leininger’s Culture Care Theory	7
2.2 Knowledge and Perceptions of Culture Care	8
2.3 Culture care and humanitarian work	11
2.4 Multi-cultural aspects of multi-professional work	12
3. PURPOSE, AIM AND RESEARCH QUESTIONS	14
4. METHODOLOGY	15
4.1 Data Collection Methods	15
4.2 Data Analysis	16
.....	18
5. RESULTS	19
5.1 Culture Care values as inherited and learned by the students	19
5.2 Culture Care values as influenced by the students’ worldview, cultural and sociocultural factors.....	21
5.3 Culture Care values as applied in students work contexts	23
6. DISCUSSION	26
6.2 Ethical Consideration.....	29
6.3 Reliability, Validity and limitation of the study.....	30
6.4 Self-Reflection	30
REFERENCES	33
APPENDIX 1: Questionnaire to discover the students’ perceptions of culture care	40
APPENDIX 2: Letter of Consent.....	41
APPENDIX 3: Oriental definitions of the terms of culture care and its application in this study	42
APPENDIX 4: Data Collection Instruments.....	45

1. INTRODUCTION

As the world is increasingly becoming multicultural, the need for cultural competence education to students of health care is needed to ensure a culturally competent workforce. The increase in immigration indicates an increase in culturally diverse populations and with this demographic shift, understanding cultural beliefs of minority and immigrant populations is essential for multicultural health program development. Culturally sensitive programs may be perceived to be more relevant when cultural values are meaningful to community members. In recent years, the need for and benefits of cultural competency training in public health, social work, medicine, nursing, dental medicine, and other health professions has been a topic of increasing interest, significance, and debate (Cushman et al 2015).

Cultural competency education varies in curriculums for students in health sciences. Previous studies examined cultural competence of students in nursing, health science, occupational therapy, and pharmacy. It is critical for students to learn how their understanding of cultural differences and their cultural awareness affect providing quality care and health promotion. While student academic preparation includes efforts to expose students to different cultures, it is increasingly important to address cultural awareness. It is not sufficient to teach cultural knowledge or language proficiency. Students must learn to examine their own cultural knowledge, values, and beliefs to enhance their cultural competence. Otherwise, students' perceptions may limit their openness to work with other cultures (Kratzke et al 2013).

The respondents of this study are the students pursuing Master's in Global Health Care and because global health requires inter-professional collaboration, it is important to ensure that all of the disciplines that engage in global health activities have a basic set of common cross-cutting competencies. Because the highest level of education for some of the relevant disciplines may be at the undergraduate level (e.g., nursing, engineering, nutrition, psychology), identifying competencies for selected undergraduate programs as well as for graduate programs will be important. In addition to the common set of core inter-professional global health competencies, there is also a need to identify

discipline-specific competencies important for different disciplines engaged in global health (Wilson et al 2014).

Despite the differences in the ways that cultural care may be applied, healthcare educators are encouraged and required to teach students about culture care. However, little is known about the outcomes of current educational initiatives regarding culture or cultural care in nursing and healthcare. Vadenberg et al (2014) and other researchers stated on the need to do more research to understand and to critique how nursing students are taught about culture and cultural care but they didn't explore more on the cultural competence of other healthcare workers than nursing. And because of this reason, this study is going to explore on this area. The students who are the respondents of this study are pursuing a master of Global Health Care Programme. The students have different professional backgrounds other than nursing and they include: Nutritionists, Medical, Pharmacists, Social workers, Public Health Workers and the majority are Nurses. Also, the students come from different cultural backgrounds and work in different fields of health care. Since Global Health Care is a wide field including caring for people from diverse cultures, the knowledge of culture care is a necessity to be able to meet the needs of the clients. So, this research is going to explore on the students' knowledge and perceptions of culture care and its application in practice.

2. CULTURE CARE THEORY AS A FRAMEWORK

2.1 Leininger's Culture Care Theory

Culture Care Theory is the broadest, most comprehensive, holistic and universal theory for the discovery of new knowledge to help people of diverse cultures. Cultural lifeways, beliefs, values, and practices are powerful means to know and assist people of diverse cultures. The Culture Care Theory is a fresh and bold new theory, different from existing nursing theories, which can greatly transform nursing and health practices (Leininger et al 2005, 19).

Leininger uses worldview, social structure, language, ethno-history, environmental context, and the generic (folk) and professional systems to provide a comprehensive and holistic view of influences in culture care and well-being. The three modes of nursing decisions and action- culture care preservation and/or maintenance, culture care accommodation and/or negotiation, and culture care repatterning and/or restructuring- are presented to demonstrate ways to provide culturally congruent nursing care (Andrews et al 2003, 6).

Leininger's Sunrise Enabler is based on the concept of cultural care and shows three major nursing modalities that guide nursing judgements and activities to provide culturally congruent care- that is, care that is beneficial and meaningful to the people being served (Leininger, 1991,1995;Leininger & McFarland 2002). Leiningers Sunrise Model depicts components of theory of Cultural Care Diversity and Universality, and it provides a visual schematic representation of the key components of the theory and the interrelationships among its parts. As the world of nursing and health care has become increasingly multicultural, the theory's relevance has increased as well (Andrews et al 2003, 6).

The Sunrise Enabler has been widely used and valued to expand nurses' views and discoveries. The Sunrise Enabler is not a theory per se but depicts multiple factors predicted to influence culture care expressions and meanings. The figure 1 below is a visual diagram that was meant to remind the researcher to search broadly for diverse factors influencing care within any culture under study (McFarland 2015).

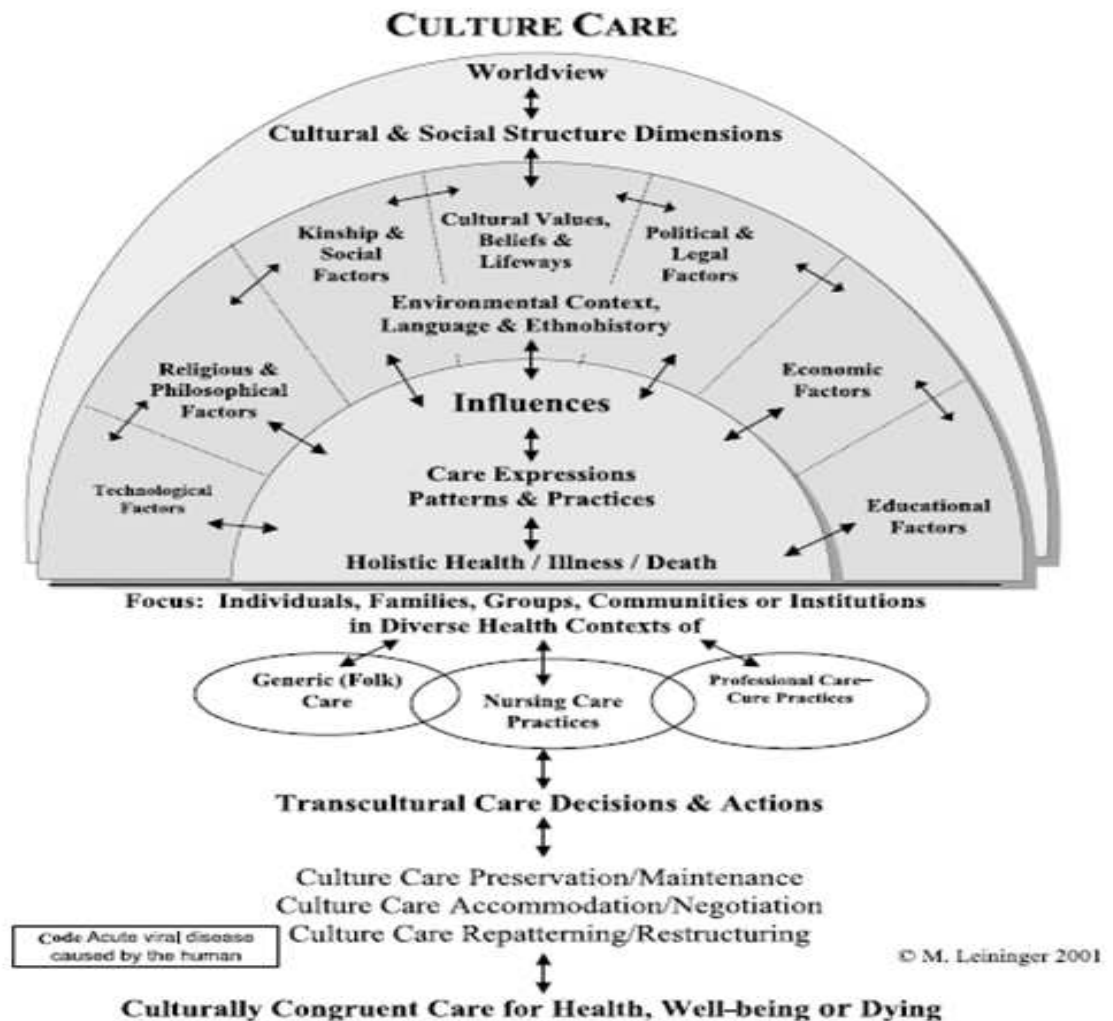


FIGURE 1: Leininger's Sunrise Enabler to discover Culture Care (Leininger 2004)

2.2 Knowledge and Perceptions of Culture Care

Our cultural background has an important role in formation of our health beliefs, values and health behaviours. Leininger defined culture care 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, health or to improve their human condition and lifeway or to deal with illness, handicap, or death (Leininger et al 2005). Culture has influence on how people would think, what language they would speak, how they would dress, how they would believe, how they would treat their patients, what they would do to their deceased and what they would eat. However, few studies have documented the already existing knowledge and perceived

competencies of professional nurses/nursing students or health care workers towards caring for clients of diverse cultures (Parlar et al 2014). Leininger (1998, 2006), the founder of transcultural nursing, studied universal and diverse human care/caring in approximately 58 cultures and found 175 emic care constructs, including love, respect, presence, listening, supporting, assisting, doing for/with, being kind, paying attention, providing comfort, and hope among others (Wikberg et al 2012).

Leininger found that, (a) nursing care that incorporates cultural values and practices will be positively related to patient satisfaction with nursing care, (b) patient compliance to treatment will be greater when the treatment plan incorporates the patient's cultural values and beliefs, and (c) conflict will result if nursing care conflicts with patients' belief systems (Michigan Nurse 2015). Cultural sufficiency in providing health care to the patients is of great importance, and so, all nurses need to address this issue, especially faculty members in the schools of nursing in which professional attitudes and behaviours are formed. The teaching of cultural competency in nursing and health care education programs has been required since 1986, but the outcomes of cultural competence training in nursing and health care education programs have been less than satisfactory (Long, 2012). Many institutions have emphasized cross-cultural education, but the type of curricula utilized is highly variable and not standardized, possibly due to a lack of research in this area. Further research of effective teaching strategies and client outcomes is needed (Mayo et al 2014).

Cultural competency training in public health, medicine, social work, nursing, dental medicine, and other health professions has been a topic of increasing interest and significance. Despite the now burgeoning literature that describes specific knowledge, attitudes, and skills that promote cultural "competence," fully defining this complex, multidimensional term and implementing activities to enhance it remain a challenge (Cushman et al 2015). In a more comprehensive perspective, culturally responsive caring entails building cultural awareness, generating cultural knowledge, engaging with culturally diverse individuals, applying cultural skills, and exploring multiculturalism in an attempt to notice and challenge the wider cultural assumptions that influence practice (Humbert et al 2012.)

The Cultural Competence Model has emerged as the primary conceptual framework for teaching cultural awareness to medical trainees. This model focuses on knowledge- and

attitudes-based programming around health disparities, and on improving provider awareness of the impact of sociocultural factors on patients' values and behaviours. A skills-building component is also built into this model to provide trainees with the opportunity to learn communication techniques to improve provider-patient communication and, ultimately, to improve patient care. Several educational frameworks and strategies have been proposed to more fully integrate cultural competency into medical, physician's assistant, nursing, mental health provider, health education, and social work curriculums. However, no standard cultural competency curriculum for health professionals exists, and a wide variety of strategies have been implemented from informal curricula that includes one short educational session to a formal full-scale integrated curriculum that is implemented over several years of study. Evaluation of cultural competency education shows promise in improving the intermediate outcomes of knowledge, attitudes, and skills of health professionals in dealing with patients and their communities (Fleckman et al 2015).

Perception is at the core of interpretation and is affected by many contextual dimensions consisting of past experiences, sociocultural context, emotions, motivation, cognition, ability, developmental capacity, and gender. However, nurses and health care workers need to go beyond this first encounter which clouds the perception of what one thinks about the other and look further at what is seen in order to understand and know the other. Nurses and health care workers need to be aware that "Ninety percent of culture is invisible. It's the bottom part of the iceberg -people's values, beliefs, history and geography – all those things that really make people act the way they act" (Gelbtuch, 2009, p. 6). This process takes time and practice because nurses and health care workers must set aside personal feelings and biases in order to see the patient more clearly (Wright 2010).

A variety of fields have conducted studies related to cultural understanding and competencies. These studies include different definitions according to interpretations of the researchers. No agreement has been reached on how concepts associated with cultural understanding and competencies should be defined. Deardorff argued that the lack of specificity in defining cultural understanding and competence is due to the difficulty of identifying the specific mechanisms of the concepts and could account for the lack of consensus and/or standardization for intercultural competency training in public health, as well as in other professional areas.

2.3 Culture care and humanitarian work

Hunt (2008) believes that, when health care professionals embark on humanitarian relief or development projects in other regions of the world they are placed in a unique situation. The shift from the health care context of a developed country to that of a developing nation or a country experiencing a ‘complex humanitarian emergency’ (CHE) represents far more than just a geographic change. In this new setting the manner in which health care is practiced will be significantly different due to a number of important factors. These features include knowledge and resource limitations—characterized by Michael and Zwi as ‘oceans of need’ – a potentially unstable health and political situation and a more population–based focus to health care. These characteristics, as well as frequent cultural and linguistic gaps between the health worker and the local population, add to the complexity of health care delivery. As a result of these different factors, health professionals experience new forms of ethical dilemmas that they may be poorly equipped to analyze and resolve (Hunt 2008).

In these kinds of humanitarian relief settings, there are often people of various cultural backgrounds among the affected population, including minorities or others who may be marginalized. Special attention must be given to providing assistance and protection to children, young girls and women, the elderly, persons with disabilities or HIV/AIDS, and members of ethnic or religious minority groups. Victims must be provided with information in a language that they understand and in a manner that is respectful of them and their culture (Powers et al 2010). Hunt (2008) believes that, culture determines how we relate with people, and what is all right and what is not all right to say and do (Hunt 2008). It is imperative that all forms of humanitarian assistance be provided without any discrimination and in full recognition of the human dignity and rights of the recipients. All persons involved in providing humanitarian assistance must be cognizant of the UN Universal Declaration of Human Rights, and the 30 articles outlining how people are to be treated by their governments and society (Powers et al 2010). This study will try to find out how the students will deal with this kind of a situation where the knowledge of culture is a necessity in caring for people from diverse culture.

2.4 Multi-cultural aspects of multi-professional work

Diversity is prevalent in different societies in the world, and the patients and co-workers in any health care system today clearly demonstrate that fact. The development of cultural competence in the nursing or in health care practice first requires us to have an awareness of the fact that many belief systems exist (Michigan Nurse 2015). Few studies have documented the already existing knowledge and perceived competencies of professional nurses/nursing students or health care workers towards caring for clients of diverse cultures. The determination of nursing or health care student competence regarding cultural diversity is also limited (Ayaz et al 2010). Increasing cultural competency among nurses and health care workers needs to start with cultural diversity education programs at school level (Long, 2012).

Cultural safety in nursing or health care work is a vital concept gaining global influence. It demonstrates ways in which culture and the sense of self are connected to safe and ethical care for patients/clients. It is argued that transcultural nursing and cultural competence preparation have tended to depict the 'diverse' patient/client as the 'other', while reaffirming the hegemony of the dominant culture. When caregiver interactions lack critical reflection, unequal treatment and poor patient/client outcomes are often the result. Engaging in personal and professional reflection can help healthcare workers understand their culture's own relative power and privilege. It is suggested that intercultural interactions need attitudes and skill sets that support cultural needs instead of reaffirming the dominant influence of one culture (Doutrich et al 2014).

All nurses or health care workers grow up with their own cultural identities, yet on a daily basis they encounter patients/clients and colleagues who have a culture different from their own. Wright (2010) believes that, many nurses or health care workers have difficulty understanding the elements of culture, and some may fear people of diverse cultures. These misunderstandings and apprehensions eventually may lead to distrust and, in the worst instances, possibly to a lack of quality nursing/health care. By studying another culture and coming to appreciate the values and practices of that culture, nurses or health care providers can learn to identify similarities and dissimilarities between their culture and that of the patients/clients they care for. They can also learn about aspects of different cultures that influence patient/client care and healing in important ways. By studying culture, nurses or health care workers can begin to break down

stereotypical barriers and promote understanding between themselves, their patients/clients, and student nurses/health care who will follow in their footsteps (Wright 2010).

3. PURPOSE, AIM AND RESEARCH QUESTIONS

The main purpose of this study is to determine the students' perceptions of culture care and its importance in their work contexts. The main aim is to identify how students' cultural beliefs of care, worldview, cultural and social-cultural factors influence the way of care to people of diverse cultures.

The main Research Questions of this study are:

- a) What is the students' perceptions of culture care?
- b) What are the culture care factors that are perceived by the students as important in working with diversity?

4. METHODOLOGY

Qualitative methodology was applied in this study .As Maxwell (2013) argues out that, “to design a qualitative study, you can just develop (or borrow) a logical strategy in advance and implement it faithfully. You need, to a substantial extent, to construct and reconstruct your research design. He further argues out that, a qualitative study design is a “do it yourself” rather than an “off-the-shelf” process, one that involves ‘tacking’ back and forth between the different components of the design, assessing their implications for one another. Kumar also believes that qualitative research method does not begin from a predetermined starting point or proceed through a fixed sequence of steps, but involves interconnection and interaction among the different design components.” (Kumar 2014)

This research design is good as it gathers data directly from the field and the analysis is easier as it classifies the main themes from the texts written. The method of data collection was through qualitative questionnaires send to the respondents via webropol system. The main task was to fill in and send it back to the researcher. Qualitative open-ended questionnaire as a method of collecting data in this study was an easy way to as it was not a time- consuming. The data was analysed using the deductive/theory-based analysis. A deductive approach is concerned with “developing a hypothesis (or hypotheses) based on existing theory, and then designing a research strategy to test the hypothesis”. In this study, the analysis was done based on Leininger Sunrise Enabler Tool of discovering the perceptions of culture care by the students.

4.1 Data Collection Methods

Qualitative questionnaire was formulated and send to all the students pursuing Masters in Global Health Care within the three universities Diaconia University of Applied Sciences (Finland), Arcada University of Applied Sciences (Finland) and University of Eastern Africa ,Baraton (Kenya)(refer to appendix 4 for questionnaire formulation criteria). The questions were set based on Leininger’s Sunrise Model of Culture Care (refer to appendix 1). The questions were formulated in a simple way for easy understanding to the respondents. The questionnaires were send by the researcher to the students via Webropol survey system. This is a system where it allows one to formulate

questions, send to the respondents, monitor the responses and analyse them online. This method of data collection was easy and cheap and it used a great anonymity. It saved time and money because the researcher didn't have to travel to interview the students face to face. Also, it was anonymous in that respondents were answering questions without being seen face to face by the researcher and that increased a chance of getting accurate information.

The participants of this study were all the students enrolled to the Masters programme in Global Health Care within the three Universities (Diaconia, Arcada and Baraton). The Degree of Global Health Care Programme is an area of study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Most of the students had been working before as nurses and the rest as health care and social workers. Most of the students had Finnish and Kenyan cultural background, and few other nationalities like Nepalese, Malawian and Ugandan. Some students were Kenyans living and studying in Finland. During the programme the students had a chance to interact with each other face to face through intensive course arranged in Kenya and through an exchange programme to Finland and Kenya. From this arrangements the students were able to familiarise themselves to the new cultures.

The target group were all the students of Masters in Global Health Care. The researcher chose this group because of the interest in different cultures of the students and their different health care professions. Also, another reason was because the students' future work includes working with people from diverse cultures and so the knowledge of culture care is a necessity. The students were thirty in number and their study period was (2014-2016). Taking the whole group was ideal to be able to get enough content for the study. The questionnaires were sent to all the thirty students of masters in Global Health Care and only thirteen questionnaires were returned.

4.2 Data Analysis

The raw data collected was analysed through deductive/theory based analysis whereby, the answers from the questionnaires were studied closely to identify the main themes. These themes were sorted out based on Leininger's Sunrise Enabler. The following were the steps that were followed by the researcher when doing the deductive analysis:

Step 1: *Identifying the themes*: These were based on Leininger's Sunrise Model Enabler of identifying culture care.

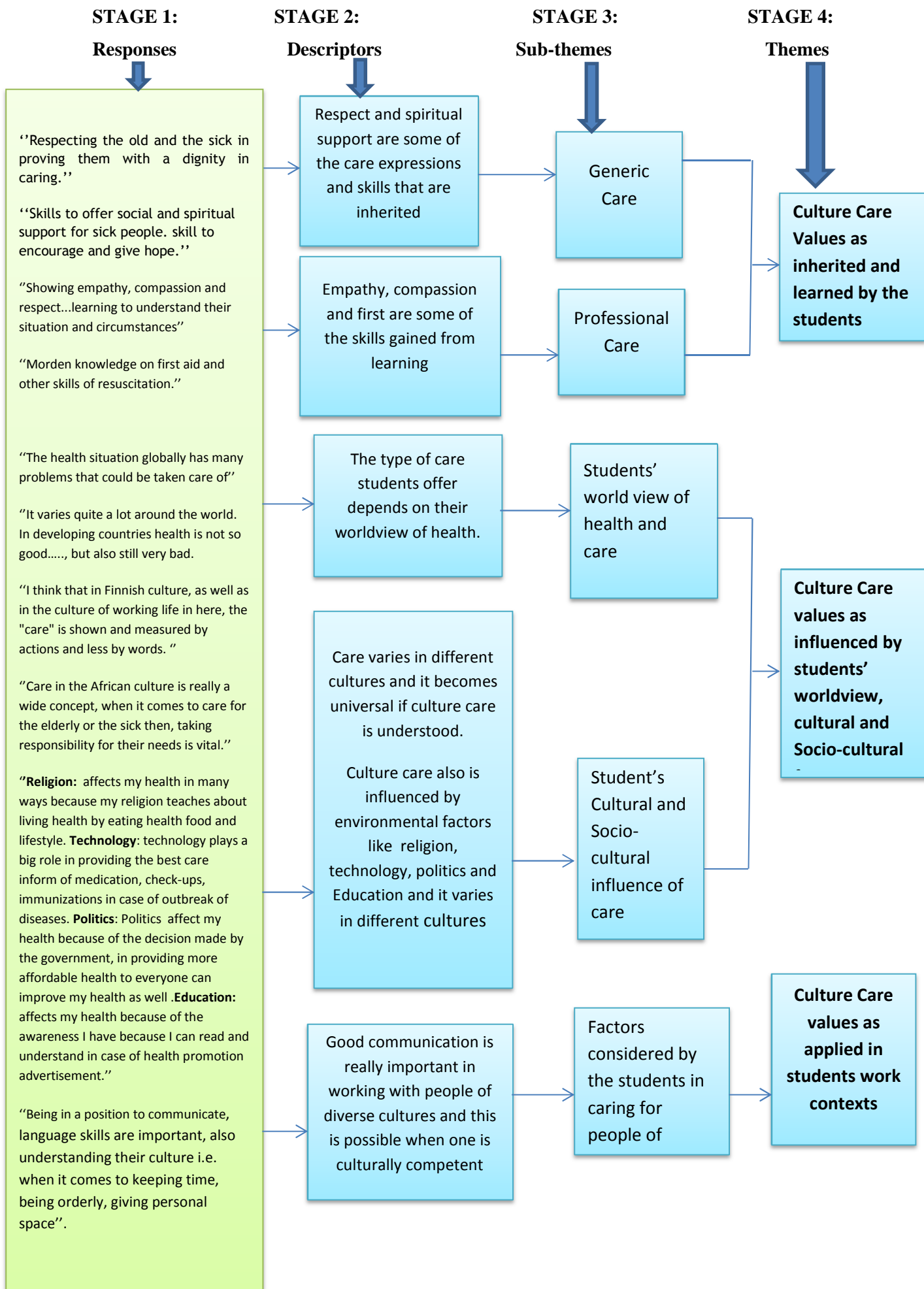
Step 2: *Assigning codes to the main themes*: The researcher coded similar answers from the respondents.

Step 3: *Classifying responses under the main themes*: The researcher was able to identify the similar answers from the respondents and group them together to form the themes.

Step 4: *Integrating themes and responses into the text of the report*: The researcher was able to explain and interpret the themes in the final report. (Kumar 2014, 318)

The table below shows the process of how the researcher analysed the data. The table shows only a sample of the whole data. The first stage was to write few of the responses made by the students. The second stage was to write some short description in relation to the theory of culture care. The third stage was to categorise the descriptors to form sub-themes. Then the last stage which is the fourth stage was to merge the subthemes to the main themes. The main themes formed the final write-up of this study.

Table 1: Shows the process of analysis



5. RESULTS

After analysing the data, the three main themes emerged. These includes: a) Culture Care values as inherited and learned by the students, b) Culture Care values as influenced by the students' worldview, cultural and socio-cultural factors and c) Culture Care Values as applied in students work contexts.

5.1 Culture Care values as inherited and learned by the students

From the responses made by the students it shows that care can be learned in an institution or can be inherited from one's own culture. According to Leininger, there are two types of care which are professional and generic care. Generic Care is a type of care that is inherited, while Professional Care is a type of care that is learned in an institution. From the responses, the generic type of care values perceived by the students as inherited is: respect, social and spiritual support.

‘‘Respecting the old and the sick in proving them with a dignity in caring.’’

‘‘Skills to offer social and spiritual support for sick people. skill to encourage and give hope.’’

Also, one of the respondents mentioned another inherited skill as the use of herbs as a first aid. This is a useful skill that can be cheap and accessible whereby people can use it locally to help out in case of an injury. Different cultures have their own way of care that was inherited and still is carried on from one generation to the other. Also, the use of ‘stone powder’ incase one is beaten by a snake is a skill that was inherited by one of the respondents.

‘‘First aid skill by use of herbs incase of an injury.’’

‘‘By using are type special stone powder in case one is beaten by snack to make the venom harmless.’’

Culture care expressions can be also learned in an institution. It is known as professional care. This is whereby the students are thought to be culturally competent. Most of the students had their past knowledge of cultural competence being thought in

their previous studies and some didn't have, since it was not included in their previous studies. From the students' responses, the students' previous professional knowledge shows that, empathy, compassion, respect, first aid and other skills were learned.

“Showing empathy, compassion and respect...learning to understand their situation and circumstances”

“Morden knowledge on first aid and other skills of resuscitation.”

These professional care values are being thought in institutions depending on the faculties. Most of the students didn't have a nursing background and therefore, they weren't thought about these values. The values like empathy, compassion and respect can be inherited and can also be learned. Empathy and compassion are among the core values of the Masters' Programme. First aid is the most important skill that is learned by the students especially when dealing with people in emergencies and also when working with people from diverse cultures. These values and skills are essential for the students who are preparing to care for people in emergencies and in the normal health care environment.

One respondent mentioned about confidentiality. This is the most common skill that students are thought in schools/institutions. Maintaining privacy of clients is really an essential thing in working with different clients of different cultures. Keeping the clients information confidential is an important factor as a caregiver. According to the respondent's observation, confidentiality is practiced mostly in Western Countries.

“Confidentiality in western culture is taken seriously”

Some respondents learned that, communication is the key when caring for people from diverse cultures. That if you aren't sure of anything it's better to ask about it especially when the client is from a culture different from owns culture.

“There has been some lectures in nursing school about multi-cultural nursing. I have learned during my career, that if you don't know, ask. There is no way someone can remember all the cultural aspects of all the cultures but it helps if you are genuenly willing to learn and respect the culture of your patient.”

5.2 Culture Care values as influenced by the students' worldview, cultural and sociocultural factors

Students' worldview was really important to know how they view the world in terms of health. Worldview can influence the way of care. From the students' responses, they see health as unequal globally and have a lot of challenges.

“The health situation globally has many problems that could be taken care of”

“It varies quite a lot around the world. In developing countries health is not so good....., but also still very bad.

Worldview of health and care is how one sees the world in terms of health. This view determines how one will provide care to other people. Different people have a different way of seeing the world. Most of the students in this study perceived the worldview of health in a more negative than a positive way. They view it as not providing equal health and have problems because it varies from country to country i.e. developed and developing countries. The students thought that something needs to be done in order to provide equal care.

Also care can be influenced by cultural and social cultural factors. Cultural factors include one's own cultural beliefs and values. And socio-cultural factors include technology, religion, politics and education. Since the respondents were multicultural, it was important to identify their cultural beliefs and values of care. According to their responses, their values and beliefs vary from one culture to the other.

“I think that in Finnish culture, as well as in the culture of working life in here, the "care" is shown and measured by actions and less by words. “

“Care in the African culture is really a wide concept, when it comes to care for the elderly or the sick then, taking responsibility for their needs is vital.”

Socio-cultural factors can influence the way of care. Socio-cultural factors includes: Religion, Education, Politics and Education. From the responses of this study it shows how these factors influence the students' way of care. Religion is one of the factors that influence care as it depends on what one believes on. There are those religious practices that can affect how we care for others and how other people care for us. For example, some religious beliefs about diet and how it affects health lifestyle. One respondent

believed that religion affects own health lifestyle because of the belief in eating some type of food.

“Religion: affects my health in many ways because my religion teaches about living health by eating health food and lifestyle.”

Technology varies a lot in different countries depending on how people get the meaning and use of it. Many diagnostic machines that use modern technology have been used to diagnose the chronic diseases and many other types of diseases. Many people believe in modern technology though some cultures have myths and misconceptions about some machines used in health care.

“Technology: technology plays a big role in providing the best care inform of medication, check-ups, immunizations in case of outbreak of diseases.”

“Similarly technological advancement in medical science have been useful for curing many disease and at the same time it have changed the lifestyle of people which are also cause of various health infirmities.”

When we talk of politics, it varies from one country to the other. Politics influences health and care because there are some polices made by the government concerning health and health care systems. Countries with good health care systems will take good care of their citizens in terms of health and countries with poor health care systems will provide poor health care. Students in this study come from different countries and from their responses; it shows how politics can affect their way of care and health.

“Politics: Politics affect my health because of the decision made by the government, in providing more affordable health to everyone can improve my health as well.”

“Good politics affects health positively for example if a politician uses money allocated for health purposes well.”

“Politics shape the health systems and policies for care in my country.”

Education also plays a major role in health and care. Through education, one can learn about care and health. Also, one can gain the knowledge and skills of care including caring for people from diversity. Poor education can lead to lack of knowledge and

skills of care. Different countries have different educational systems and this may depend upon the economic situation of each country. In some countries, the education is paid and some students study for free. From the responses of this study, the students' educational backgrounds and systems showed a variation.

“Personally I think only things, that really affect my health are technology and education. Meaning that I have a proper job and steady incomes, so I can afford to take care of my health and also afford for example procedures that require modern technology. Then again all of these are related to politics as well, because there are at some point made certain political decisions about education, wages and health care in my home country.”

“Education - it makes one to become more informed about health.”

“Education: affects my health because of the awareness I have because I can read and understand in case of health promotion advertisement.”

Social cultural factors also depend on one's cultural background and the country one is coming from, this is because political influence is not the same countrywide. Religion also depends on what one belief in. The use of technology is also different in each country. Also, each country has different education systems. So, from the students' responses, it shows that, the influence of these factors varied from one student to the other. And all these depended on students' cultural background and their country of origin. From the researcher's point of view, all these socio-cultural factors influence each other in one way or the other.

5.3 Culture Care values as applied in students work contexts

One of the aims of this study was to identify the main factors perceived by the students as important in caring for diversity. The students in this study may be working in future with people of diverse cultures and therefore there are some important factors considered to be essential before attending the clients in question. The students in this study were able to mention some few factors among the many that are considered in caring for people from diverse cultures. From the responses, one of the main factors mentioned by the respondents was good communication.

“Being in a position to communicate, language skills are important, also understanding their culture i.e. when it comes to keeping time, being orderly, giving personal space.”

When we talk about good communication it has a wide meaning. This can mean showing an understanding in what other people believe their language of communication and also being sensitive of their cultural values. This is really important when dealing with people from different cultures. If one understands other culture well, then providing a culturally congruent care will be really evident.

Respect was also one of the factors perceived by the students as important. Respect means valuing other people’s spiritual beliefs, gender, cultural believes, age, educational background etc. This is the most important factor especially when caring for clients from diverse cultures. Caring for diversity without interfering with their beliefs and values leads to providing a satisfactory care that is culturally congruent.

“I think the needs are more or less universal. It is all thought important to remember to respect the cultural background and habits of the person taken care of.”

To be culturally sensitive was also another important factor that was mention by the students. For example, one should know which culture he/ she is dealing with. Failing to be culture-sensitive will lead to poor satisfaction of care to the client. Health-care workers should always be careful not to generalise care as this can result into cultural biasness. Health care workers should offer care that respect and support the culture one is dealing with.

“It is important to be open-minded and culturally sensitive. Normally if you treat other people with respect and you listen to them it is easier to manage with the cultural difficulties. Of course there might still be the language problem. Education is always important, here meaning that you try to learn as much as you can about the other culture.”

Another important aspect that was mentioned by the students was close attention in that, families and relatives should be more close to the person in need of care. This is one of the ways that would help the patient to deal with illness and death. Close attention and support are the main actions that promote healing.

Considering the client's point of view was also one of the factors mentioned by the students as important when working with people of diverse cultures. This is important to know what the patients think about how they are cared for and how they need to be cared for. This will enable the healthcare workers to make decisions that cater for the clients' needs.

“Their perception about how they want to be cared. Consideration of what they think is their human write under their sickness circumstances.”

As a caregiver it is important to take time and study different cultures compared to own culture before offering care. The care-givers are not supposed to judge according to their own understanding of culture but to first identify the clients' culture, assess their needs and situation before dealing with them. One respondent in this study admitted that.

“Not to push things, but to make an open conversation about their needs expectations. Then I would find out how things are taken care off in his/her home country and then compare it to my way or my home country's way to deal with the matters. If there are major differencies, they should be brought up and talk with the competent and move on from there.”

In general, when it comes to caring to people from diverse cultures there are a lot of factors to consider, these includes; being aware of own cultural background, having the knowledge of dealing with other cultures, recognising that ethnicity and culture may have an impact on client's behaviour, assisting the clients to become aware of their own cultural values, respecting the client's beliefs, working to eliminate biases, providing information in a language that a client understands and finally providing information in writing along with oral information. All these and other factors are important in caring for people from diverse cultures.

6. DISCUSSION

6.1 Discussion of the Results

The researcher was determining the knowledge, perceptions and importance of culture in students work contexts. From the results, the students have demonstrated how they perceive and understand about culture care and have mentioned the factors considered when working with people from diversity. Leininger was concern about how culture care theory can be applied in nursing and explored a little on the application of culture care to other healthcare professionals. This study is trying to fill out the gap that was left by Leininger by applying the culture care theory to other health care professionals including nursing. The students of Masters in Global Healthcare were a sample group in this study since they were all from multicultural background and at the same time they were multi-professionals in healthcare. From the results, we can see that, the knowledge of culture care is really needed to be able to work with people of diverse cultures. The three major themes shows how the students percieved the knowledge of culture care, how their worldview, cultural and sociocultural factors influence their way of care, and how culture care can be applied in their work contexts.

The first theme states that *“Culture care values as inherited or learned by the students”*. These two types of care that are inherited and learned were referred by Leininger as generic and professional care. Generic care (caring) refers to the culturally learned and transmitted lay, indigenous (traditional), and largely emic folk knowledge and skills used by cultures. Whereas, professional (nursing) care (caring) refers to formally and cognitively learned etic knowledge and practice skills that have been thought and used by faculty and clinical services to provide professional care. Both cares have been identified to provide assistive, supportive, and facilitative care for the health and well-being of people or to help people face death or disabilities (Leininger et al 1995). From this study most of the respondents have demonstrated their expressions of care that are generic or professional which are in line with Leininger’s teaching of culture care. The students in this study come from different cultural background and therefore, there are those cultural care expressions that they inherited from their families

and are still beneficial to use it till now. Also, some students were able to learn from school in their previous studies about care which included learning about first aid, confidentiality, respect etc.

The culture care theory guides nurses to use generic or folk care, nursing care, and professional care-cure practices to provide culturally congruent care for well-being, health, growth, and survival and to face handicaps or death (Leininger 2002b: 79). ‘Every human culture has generic (lay, folk, or indigenous) care knowledge and practices and usually professional care knowledge and practices, which vary transculturally, and individually’ (Leininger 2002b: 79). Integrating generic and professional care concepts into advanced practice nursing within the nurse practitioner role is essential to achieving beneficial care outcomes for the client. ‘Beneficial, healthy, and satisfying culturally- based care influences the health and well-being of individuals, families, groups, and communities within their environmental context’ (Leininger 2002b: 79) (Madeline et al 1995).

The second theme that emerged from this study is “*Culture Care Values as influenced by the students’ worldview, cultural and social-cultural factors*”. Determining the students’ worldview in this study was really important to be able to know what they think about health and care worldwide. From the results, they view the health and care globally as low, inadequate and has a lot of problems. Leininger beliefs that, worldview is the way people look at the world and form a picture about their lives and the world. Also, cultural and socio-cultural factors influence care. From the results of this study it shows clearly how it influences the students’ way of care. According to the tenets of Leininger’s theory, the worldview is defined by cultural and social structure dimensions that involve dynamic patterns of a particular culture that include technological, religious, philosophical, kinship, social, political, economic, and educational interrelated factors as well as culture values and lifeways. The environmental context is the totality of an event or experience and gives meaning to human expressions, social interactions, and interpretations in particular physical, sociopolitical, ecological, and/or cultural settings (Leininger 2006)(Bibb 2006).

The Culture Care Theory factors influencing culture care values, practices, and beliefs and which are embedded in worldview include (but are not limited to) language, philosophy, religion and spirituality, kinship, social, political, legal, educational,

economic, technological, ethnohistorical, and environmental context (Leininger 2002b: 79) as is represented by the Sunrise Enabler. 'The Sunrise Enabler helps nurses to discover and reflect on their decisions and actions [using the three modes of care action and decision] and to arrive at the goal of the theory, namely culturally congruent care' (Hubbert 2006 cited in Leininger & McFarland 2006:355), and can be more expansively used by nurse practitioners in primary care contexts 'to show and predict relationships among worldview, sociocultural dimensions, environmental context, language and ethnohistory, diverse health systems and principles, and to guide [advanced practice] nursing actions and decisions' (Wenger 2006 cited in Leininger & McFarland 2006: 330) (McFarland et al 2008).

The Third theme is "*Culture care values as applied in students' work contexts*". The students in this study are going to be global health care experts where caring for diversity will be part of their work. So, the knowledge of culture care is important in their future work contexts to be able to provide care that is culturally congruent. Leininger in her theories focused more on the nurses' work environment and in this study the researcher used Leininger's theory of culture care to determine the application of culture care to nursing and also to other health care professionals. From the results, the students were able to mention a few among the many factors considered before caring for people from diversity.

Leininger stated that, "nurses had to acquire an in-depth knowledge of different cultures in order to provide care to people of various ethnicities. Moreover, it is the only theory that explicitly focused on the relationship between culture and care on health and wellness. She points out that the purpose and goal of her theory is for nurses to understand diverse and universal culturally based care factors. These factors influence the health, and well-being of others. An understanding of these factors enables nurses to provide care that is individualized and meaningful to individuals of various cultural backgrounds" (Maier-Lorentz 2008). In addition, Leininger thought that, "Healthcare providers and other professionals need substantive knowledge in their disciplines to guide their care decisions and actions as they move beyond local and national perspectives to a global worldview. Professionals also need access to the care knowledge of diverse cultures to guide their clinical practices, teaching, curricular work, consultation, research, and administration" (McFarland et al 2012).

In the USA and possibly worldwide, nurses and other health care providers are no longer caring for patients of a predominant ancestry, but are caring for clients with diverse cultural values, beliefs and practices. To facilitate culturally congruent care and ethical interactions with patients of diverse cultural backgrounds, nurses and other health care providers must not ignore the importance of culture and must recognise their own culture specific care interpretations, expressions and practices (Zoucha & Husted 2000). Leininger (2002) has long maintained that it is a human right to have one's cultural values, beliefs, practices and needs respected, understood and appropriately used within any caring or curing context. Such cultural values include generic care beliefs, practices and values held by individuals of diverse cultural backgrounds (Leininger & McFarland 2002).

As health care professionals, we have the duty to deliver holistic and culture-specific health care services to our patients. Ignoring unique individual cultural interpretations, beliefs and practices of diverse health related issues prevents providing culturally congruent care. Incorporating generic or folk (emic) care beliefs and practices in a professional (etic) plan of care facilitates the delivery of care that addresses professional scientific standards while attending to culture-specific needs and expectations of clients of diverse cultural backgrounds (Wehbe-Alamah 2008). In summary, the Culture care theory has four major tenets which has emerged out from this study and it includes: a) Culture care expressions, meanings, patterns, and practices are diverse and similar, b) Worldview, multiple social structure factors, ethnohistory, environmental context, generic care, and professional care are critical influencers on culture care and predict health and well-being, c) Generic/folk and professional care are essential for health and wellbeing d) Three action and decision modes guide the provision of culturally congruent care: Culture care preservation and/or maintenance, Culture care accommodation and/or negotiation and Culture care repatterning and/or restructuring. (Leininger, 2006a)(McFarland et al 2012).

6.2 Ethical Consideration

The permission of this research was approved by Diaconia University of Applied Sciences. The Researcher wrote a letter of informed consent to the respondents before

filling in the questionnaires. The respondents were also assured of their confidentiality. There were no names used by the researcher, only coding was used. The filling in of the questionnaires was done voluntarily as was explained before in the letter by the researcher, (refer to appendix 2). The questionnaires were sent through the webropol survey system whereby only the researcher could check the responses by logging in. The raw data was destroyed by the researcher after the final write up.

6.3 Reliability, Validity and limitation of the study

The researcher of this study used the latest articles. The researcher was able to follow the step by step process of putting together this whole study. These included planning and getting the suitable materials for the study. The researcher was being guided by the reliable theories and current literature. The tools used by the researcher to formulate the questionnaires, collect and analyse the data was reliable and had been used by other researchers like Leininger and others to produce good results.

This study was limited in that, most of the questionnaires were not returned. The reason for getting little responses might be because most of the students weren't familiar with the topic and some had no prior knowledge of culture care. Also, since the students were studying in different institutions it was a little challenging to follow them up. In addition, filling of questionnaires online can have challenges like lack of internet connections, time and motivation to fill in. So, face to face filling of questionnaires could have been easier to be able to collect enough data and also to provide room for the researcher to encourage the respondent and give them a better understanding of the questions. So, the 13 responses from the students were rich enough that could answer the research questions of this study. And that's why the researcher used those responses to form a final write-up of this study.

6.4 Self-Reflection

As a researcher, this has been a good experience and a learning process for me. I am one of the students of the Masters Programme in Global Health Care and exploring a lot on this topic of culture care has enabled me to get a deeper understanding of culture care theory and how it works. In addition, as a researcher, I am encouraged to do more research on the related topic and fill the gaps that will be left in this research. Moreover,

the process has given me the confidence to present the topic anywhere needed because I am familiar with the topic. Moreover, the Masters Programme has been an exciting programme for me because the teachers were very supportive and the curriculum was very unique and of high quality.

7. CONCLUSION AND RECOMMENDATIONS

Culture plays a major role in caring for people from diverse cultures, and without the understanding of the cultural background of the clients you are working with; it will be difficult to satisfy their needs. Culture care theory has been used by Leininger to teach transcultural nursing care; however, little research has been done to discover how other healthcare professionals apart from nursing acquire the knowledge of culture care. This research is an eye opener for the allied healthcare students/workers who are planning to work or are working with people from diverse cultures. This study may benefit the health care educators who would want to include culture care education in their curriculum. Some of the students in this study had the knowledge of culture care from their previous studies but some didn't have. The researcher hopes that this process helped them to gain the awareness of culture care in preparation for their future work with diversity.

In order to for the students to be culturally congruent, the researcher of this study will give the recommendations below to all the faculties teaching health care to the students. Leininger believed in the three modes of nursing care actions and decisions, which she used to create an understanding of how to become culturally congruent. These actions and decisions include: Culture care preservation/maintenance, Culture care accommodation/negotiation , Culture care repparttenning / restructuring.

Cultural care preservation or maintenance refers to nursing care activities that help people of particular cultures to retain and use core cultural care values related to healthcare concerns or conditions. From the results of this study, it shows that there are those care expressions that the students know and have used them before, still using them and don't let go. These practices have been known by the students and have helped them in improving their own health and other people's health. In this study the

researcher recommends that the faculty should teach the students about culture care without interfering with the students cultural beliefs.

Cultural care accommodation or negotiation refers to creative nursing actions that help people of a particular culture adapt to or negotiate with others in the healthcare community in an effort to attain the shared goal of an optimal health outcome for client(s) of a designated culture. The researcher of this study recommends that, the faculty should design more ways and methods on how to teach culture care to students to make them understand better.

Cultural care repatterning or restructuring refers to therapeutic actions taken by culturally competent nurse(s) or family. These actions enable or assist a client to modify personal health behaviours towards beneficial outcomes while respecting the client's cultural values. The researcher of this study suggests that the faculty should design a curriculum that includes teaching of culture care not only to nursing but to include the other health care students.

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APPENDIX 1: Questionnaire to discover the students' perceptions of culture careQUESTIONNAIRE ON CULTURE CARE

Cultural Background:

1. Briefly explain about your cultural beliefs of care.

2. What do you say about the general health and care globally?

3. a)Tell me how your family care for you and how you care for others.
b) How does religion, technology, politics, education affect your health?

4. What kind of skills or knowledge did you inherit from your culture or tradition about caring of a sick person?

5. What kind of previous knowledge do you have about caring of other people from different cultures?

6. Suppose you are caring for people from different cultures, what do you think are the factors to consider in supporting their well-being?

APPENDIX 2: Letter of Consent

Hello,

My Name is Naomi Kering, a Masters Student of Global Health Care in Diaconia University of Applied Sciences and this programme is in collaboration with Diak and Arcada University in Finland. The main objective of this study is to find out 'How Culture Care is perceived by the Students Pursuing their Master's Degree in Global Health Care in Diak, Arcada and Baraton. This study maybe of beneficial to those who will be working in a multicultural setting whereby, knowledge of culture care will be needed to be able to care for people from different cultures to deal with illness or pain.

This letter is to kindly request your consent to be a participant in this study and your acceptance will be really important for me to complete this study. There will be a questionnaire to fill in and it will only take a few minutes to complete it. I will appreciate your participation as it helps me to complete this study. Note that the participation of this questionnaire is voluntary. I also assure you that all the information will be kept confidential. No name will be indicated in the final write up; instead, initials will be used.

I (name)_____ (date)_____ hereby, have read the above and understood and I therefore give my consent to participate in this study.

In case of any difficulty or any question contact me through my email or by phone. The latest you can return the questionnaire is 15.12.2015. Thank you for your participation.

Best Regards,

Naomy Kering

APPENDIX 3: Oriental definitions of the terms of culture care and its application in this study

CULTURE CARE THEMES	DEFINITION	APPLICATION IN THIS STUDY
<i>Care</i>	Those assistive, supportive and enabling experiences or ideas toward others(Mixer 2008)	Students will define their own way of care according to their own understanding
<i>Caring</i>	Actions, attitudes, and practices to assist or help others toward healing and well-being(Mixer 2008)	Students will tell their own definition of caring in their own way of doing
<i>Culture</i>	Learned and shared knowledge and symbols that specific groups use to interpret their experience of reality and to guide their thinking and behaviour. (Dreachslin et al 2012)	Students will tell their own cultural beliefs and values of care
<i>Worldview</i>	Refers to the way people tend to look out upon their world or their universe to form a picture or value stance about life or the world around them. Worldview provides a broad perspective of one's orientation to life, people, or groups that influence care or caring responses and decisions. Worldview guides one's decisions and actions, especially related to health and wellbeing as well as care actions (McFarland et al 2006,15).	The students will tell their individual worldwide view of health
<i>Cultural & Socio-cultural factors</i>	Refers to the dynamic patterns and features of interrelated structural and organizational factors of a particular culture (subculture or society) which includes religious, kinship (social), political (and legal), economic, educational, technologic, and cultural values, ethnohistorical factors, and	The Students will tell how their own families care for them and how they care for others. In addition, they will also tell how technology, education, politics and economy affect health and care

	how these factors maybe interrelated function to influence human behaviour in different environmental contexts (Leininger 1991,47) (McFarland et al 2006, 15)	
<i>Generic(folk or lay) care</i>	The term Generic(emic) care refers to the learned and transmitted lay, indigenous, traditional, or local folk (emic) knowledge and practices to provide assistive, supportive, enabling, and facilitative acts for or toward others with evident or anticipated health needs in order to improve wellbeing or to help with dying or other human conditions (McFarland et al 2006,14)	The students will tell the kinds of care they inherited from their culture
<i>Professional care(etic system)</i>	Refers to formal and explicit cognitively learned professional care knowledge and practices obtained generally through educational institutions (usually non-generic).They are taught to nurses and others to provide assistive, supportive, enabling, or facilitative acts for or to another individual or group in order to improve their health, prevent illness, or to help with dying or other human conditions(McFarland et al 2006,14)	The students will tell the kinds of care the students learned from educational institutions
<i>Cultural Congruent Nursing care</i>	Refers to culturally-based care knowledge, acts, and decisions used in sensitive and knowledgeable ways to appropriately and meaningfully fit the cultural values and beliefs and lifeways of clients for their health and wellbeing	The students will tell their ability to adjust to situations demanding the application of culture care

	or to prevent illness, disabilities, or death(McFarland et al 2006,14)	
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APPENDIX 4: Data Collection Instruments

The researcher formulated the questionnaire based on the following research instrument. For example,

Objectives (Step1)	Main and associated research questions (step 2)	Information required (Step 3) (Leininger’s Sunrise Model)	Questions (Step 4)
To determine the students perception on importance of culture care within their work contexts	1. How do the students perceive culture care?	Care	1. What do you understand by the term ‘care’