



**CULTURAL BELIEFS AND HEALTH BEHAVIOURS OF
ROMA PATIENTS IN FINLAND**

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ABSTRACT

Pirkanmaa Ammattikorkeakoulu
Degree Programme in Nursing
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MARSSID, NABILA:
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The purpose of this study was to describe Roma`s experiences in Finnish hospitals and healthcare centers. In addition, the aim was to increase knowledge regarding Roma`s culture and give nursing students information about this minority living in Finland.

A research method in this study was qualitative. Data collection was conducted in the form of individual theme interviews with four Roma, which have experiences in Finnish health care system, in their homes. The results were analyzed by qualitative content analysis.

The results clarify how Roma experiences communication, time, space, biological variations, environmental control and social organization in hospitals and health centers. Also, it demonstrates that Roma are ready to cooperate with caregivers and to give them information needed to increase their cultural competence. In addition, Roma assume that caregivers` prejudice and attitudes are the major obstacle that can break any synergy between them.

It was suggested that cultural beliefs of minorities living in Finland should be added into nursing education programs. As further research suggestion, it will be beneficial to study how caregivers deal with Roma as culturally different care seekers.

Keywords: Roma, cultural competence

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Tämän tutkimuksen tarkoituksena oli kuvata romanien kokemuksia Suomen sairaaloissa ja terveydenhuoltolaitoksissa. Lisäksi, tavoitteena oli lisätä tietämystä romanien kulttuurista ja antaa hoitotyön opiskelijoille tietoa tästä Suomessa asuvasta vähemmistöstä.

Tutkimuksen metodi on kvalitatiivinen. Tietojen keruu tehtiin yksilöllisenä teemahaastatteluilla haastatteleamalla neljää romania, joilla on kokemuksia Suomen terveydenhuoltojärjestelmästä kodeissaan. Aineisto analysoitiin kvalitatiivisen sisältöanalyysin menetelmällä.

Tulokset osoittavat, miten romanit kokevat kommunikaation, ajan, ympäristön, biologiset muutokset, ympäristönsuojelun ja sosiaalisen organisaation sairaaloissa ja terveyskeskuksissa. Lisäksi se osoittaa, että romanit ovat valmiita tekemään yhteistyötä hoitajien kanssa ja antamaan heille tarvittavat tiedot kasvattaa kulttuurista kompetenssiin. Lisäksi, romanit olettavat, että hoitohenkilökunnan ennakkoluulot ja asenteet ovat suurin este, joka voi rikkoa heidän välistä synergiaa.

Tulokset antavat aiheita ehdottaa, että Suomessa asuvien vähemmistöjen kulttuuriset uskomukset tulisi lisätä terveydenhoidon koulutusohjelmiin. Ne osoittavat myös tarvetta lisätutkimukselle siitä, miten hoitohenkilöstö suhtautuu romaneihin kulttuurisesti erilaisina hoidon tarvitsijoina.

Avainsanat: Romanilaiset, Kulttuurikompetenssi

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1 INTRODUCTION

Finland is considered as one of the most culturally homogenous countries in Europe. According to National Minorities of Finland, there are only five minorities: Swedish speakers, Sami or Lapps, Tatars, a small Jewish group and Romani people or the Roma (National Minorities of Finland 2004, 4). The Ministry of Social Affairs and Health (2004) estimates that there are around 10.000 Roma living in Finland and about 3.000 Finnish Roma living in Sweden.

The Roma or Romani people are both used; in some old books we can find also the term "Gypsy" that illustrates the lingering pejorative undertones. This term's origin comes from Egypt because earlier people thought the Roma's roots were in Egypt, but this is an offensive and derogatory term because it misrepresents Roma's heritage (Hänninen & Jelonon 2002, 1-8). In this study, this minority is referred to as the Roma.

The Roma culture differs from Finnish culture, and there is a lack of information about their cultural beliefs in Finnish health care sector. Many studies focused on the Roma's dressing, use of the Romani language, elderly or parents respect and cleanness concept. Yet the Roma's cultural beliefs and their needs as patients in health care sectors still remain unknown (Häyrynen 2005, 2-3 & Laiti 2008, 63).

Knowledge of their cultural beliefs is important for them to receive adequate care as Finnish citizen which is their right according to the Finnish law, and to increase health care givers' cultural competence (The National Center for Welfare and Health 2004, 1).

This study concentrates on the Roma`s cultural beliefs and their health behaviors in Finnish health care. The purpose of this study is to describe the Roma`s experiences in Finnish health sectors by interviewing four Roma. The Giger & Davidhizar transcultural nursing model was used in this study to get more knowledge about the Roma living in Finland. A qualitative study was conducted to answer to the research question.

2 THE ROMA IN FINLAND

2.1 History of the Roma

The Roma is a group of people who started to migrate from Southwest Asia, India to be precise, toward Europe in the 14th century. However, the reasons behind their migration are still unknown (Markkanen 2003, 43-44).

The Roma is a term which comes from the Romani language Rom which means "human being" (Heire 2000, 10). In Finland, Roma preferred to be called "Romanilaiset", "Mustalaiset", "Tumma" and "Kaale" that refer to black color in The Romani language (Puuronen & Välimaa 2001, 137).

The Roma arrived to the Kingdom of Sweden-Finland in the early 16th from Baltic countries and Russia (Heikkane & Mitchel 2008, 3-4). In Finland, the majority of Roma are living in Helsinki, Espoo and Vantaa. They are recognized in society by their traditional dress: dark suits for men and dark hoop skirts with velvets and silk ruffles usually white for women (Suonoja & Lindberg 1999, 19-26).

In 1970, Finnish Government started to give the Roma full rights as Finnish citizen like: right to use health care services, right for education, right to own houses, and right to keep their identity by preserving their culture through offering the Romani language courses for the Roma children (The Ministry of Social Affairs and health 2004, 6). The Roma use the Finnish language as their mother tongue, and in some parts of Finland, they speak the Swedish language too (Viljanen 2007, 458).

2.2 The Roma and health care in Finland

It was reported by Markkanen (2003,18) that the Roma in the past time used to live unstable life, travel from place to place and eat lightly; basically vegetables and fruits from forests. Living in towns, using cars and eating different foods that were usually fatty, salty and based on meat affected their health condition and status. Also the “Easy life style” of Roma increased different health problem such as obesity, chest pain, asthma and depression (Public Health Institute of Finland 2008).

Heire (2000, 2) claims that the Roma consider that health is a gift and being healthy means that the person is lucky and have family care. In addition, it was found in the same study that Roma consider themselves healthy unless their diseases have become a handicap practicing their daily routines.

The Roma links health with hygiene which is a very important concept in their culture. Cleanliness is a vital assumption in the Roma culture, it is forbidden to do any kind of work without cleaning their hands. In addition, the Roma believe that human body is divided in two parts: the upper part “clean part” that is from head to navel and the lower part “dirty part”, which is the part bellow the navel (Laiti 2008, 62).

It was reported by Häyrynen (2005, 6), that the Roma are not using the Finnish health care system as much as the Finns do which can be due to the cleanliness concept or fear that health caregivers are not giving enough attention to their hand hygiene. Also, the Roma believe that hospitals are the places full of viruses and bacteria, which they try to avoid unless they are obliged.

3 TRANSCULTURAL NURSING AND ROMA S CULTURE IN FINLAND

3.1 Transcultural nursing

Transcultural nursing is a specialty created to answer the need for developing a global perspective of nursing in a multicultural world. It is a concept developed by Leininger in the mid-1950s, which focuses on the cultural beliefs of diverse groups living in one society, and the use of this knowledge to give these people culturally adequate care (Leininger & Farlan 2002, 36-37). Furthermore, the more the caregiver knows about their care seeker 'cultural beliefs, the better treatment compliance and success can be achieved. For example, what care seekers prefer, what is accepted and what should be avoided from caregivers to satisfy them (Leininger 2001, 5-8).

Before Leininger, transcultural nursing was often neglected. Later on, other nursing theorists such as Giger, Davidhizar, Purnel and Compinha Bacote have explored this area to tackle with health seekers 'cultural background and beliefs (Andrew & Boyle 2007, 15-20).

Giger & Davidhizar (2002, 1-8) defined transcultural nursing as a culturally competent practice field related to health based on similarities and differences between cultures existing in one society in order to explain cultural factors that may influence health seekers care. It emphasizes skills that enhance caregivers' ability to learn about different cultural practices, increase care seekers' satisfaction and build trust relationship.

3.2 Giger & Davidhizar Model and its application on Roma.

The Giger & Davidhizar Transcultural Model was developed in 1988 in the USA, in response to the need for nursing students in nursing programmes to provide care for patients who were culturally different (Geissler 1998, 15).

In Giger & Davidhizar's point of view (1998, 25-27), nurses or health care staff should be culturally competent. It does not mean that they have to travel to faraway places to encounter all sorts of cultural differences. For caregivers, being culturally competent demands an understanding of own world views and those of the health seekers, avoiding stereotyping and prejudice.

Cultural competence means really listening to health seekers, learning about their beliefs about health and illness, and finding out cultural influences on their health. It can also be defined as the integration and transformation of knowledge about individuals or groups of people culturally diverse, which can eliminate barriers to the delivery of healthcare and increase the quality of services, thereby producing better outcomes (Margret & Joyceen 2007, 45).

According to Smith (1998, 10), cultural competence is a continuous process of skills, interactions, attitudes and practices that enable caregivers to transform interventions into positive outcomes which diminish care seekers' morbidity and increase their satisfaction of care. In addition, Smith (1998, 12) explains that cultural competence is necessary to deal with multicultural society because a lack of this competence can lead to incorrect assumptions that can have a negative impact on health seekers' care (Davidhizar & Fordham 2006, 3).

Giger & Davidhizar transcultural model that is based on cultural competence concept, suggests that each individual or ethnic group should be covered through six dimensions: communication, space, time, social orientation, environmental control and biological variation (figure 1).

Since the development of this model, many studies in the USA have used this framework. In Europe, Giger & Davidhizar`s transcultural model is almost unknown compared to Leininger`s “Sun rise Model” (Marrgret & Joyceen 2007, 44).



Figure1. Giger`s & Davidhizar`s transcultural model

3.2.1 Communication

Communication is a process through which people connect, give, receive information, understand each other and share feelings. It is all behaviours whether verbal or non-verbal such as gestures, body language or facial expressions (Glanzer 2008, 440).

Health caregivers should know the importance of communication in relation to health. It can affect the quality of care because an effective communication gives motivation to both healthcare seekers and givers (Giger & Davidhizar 2001, 15).

Nevertheless, communication usually presents barriers between health caregivers and seekers, especially if they are from different cultural backgrounds, if they do not speak the same language or if communication styles differ. Communication can be impaired, and physical healing process may be impaired too (Davidhizar, Dowd & Giger 1998, 4). According to Glanzer (2008, 15), communication should cover: dialects, style, volume, use of silence, touch and eye contact.

In the Roma` case, Finnish language is their native language, though in some parts of Finland they speak Swedish too. Ally (2002, 8) reports that Roma appear to be the poorest performers in Finnish educational system, they have low level of education. One fourth of the Roma receive a certificate of graduation from the comprehensive school, also 20% of the Roma drops out from school after basic education and only few of the Roma continues their education in high schools or receive higher level of a degree.

In hospital settings, the Roma have poor understanding of guidelines, treatments, doses of medications and therapies given by health care workers. In addition, Roma have poor compliance regarding medications or even antibiotics treatment, they can stop treatments if the symptoms disappeared or may take medicines in wrong doses if it is not clear how much they should take and when. Despite the understanding and reading capacity of Roma, they still encounter problems with their formal language and reading instructions (Laiti 2008, 64).

Verbal communication which covers voice, speed rate, volume of speech and silence can vary between cultural groups. It can indicate resistance, non-satisfaction or discomfort (Marrgret & Joyceen 2007, 43). Hänninen & Jelonon (2002, 4) found that Roma female patients may keep silent or even refuse care in case if a caregiver is a male, they usually ask for female caregivers. Female Roma are usually, embarrassed talking about sexuality or intimate body part functions with a male caregiver. For male Roma, there is no preference for caregivers' gender.

Similarly, Lehti & Mattson (2001, 15-19) state that in the Roma culture it is forbidden to speak directly or indirectly of any matter related to sexuality or body function in the presence of an elderly Roma. Caregivers should be aware of the fact that questions about bowel movements, pregnancy, contraception, genital function or even child age will not be answered by a Roma in the presence of their elderly, they will keep silence.

Hall (1996) suggested that 65% of messages received in communication are non-verbal; through body language or kinetic behaviours people convey what cannot be said in words. Nonverbal communication can be showed through touch, eye contact or behaviour.

Touch is a sensation used to bridge distances between persons. Touch meaning can differ from one culture to another and healthcare givers must be alert to the rules of touch for care seekers. (Giger, Davidhizar & Wieczorek 1993, 2).

The Roma cannot start doing any work without cleaning their hands, and shaking hands is unacceptable in their culture. Caregivers should know that when the Roma comes to visit them they will not greet by shaking hands. In addition, the Roma believe that females' lower body part is impure because of menstruation and labor. Caregivers should know the importance of this concept. They should ask the Roma female permission to touch their lower body part and clean their hands before and after starting any procedure. The ignorance of the Roma cleanliness concept can limit the interaction and cooperation between them and the health caregivers (Hänninen & Jelonon 2002, 4).

3.2.2 Space

Space is the area that surrounds a person's body, it includes the space and the objects within the space. It refers to the distance between individuals when they interact and feel comfortable. In nursing, space is usually related to the need for security, privacy, autonomy and self-identity (Davidhizar & Fordham 2006, 8). Hall (1996, 6) suggests that there are three primary dimensions of space: the intimate zone (0 to 18 inches), the personnel zone (18 inches to 3 feet) and the social zone (3 to 6 feet), in addition, space meaning differs from culture to culture.

Caregivers should remember that the anxiety level of a care seeker is increased during hospitalization. However, care seekers tend to feel safer in their own territory, or when they are surrounded with their family members

(Sheeshka, Potter, Norrie, et al., 2001, 18). Also, caregivers must be aware of the effects of culture on the care seekers' reaction to object in the environment and should respond in a way that increases their comfort and security (Betchel & Davidhizar 1998, 2).

The Roma in general find hospital settings alarming and atypical, especially during long term hospitalization. Space in the Roma culture is considered to be an important thing, they need privacy, security and authority. The Roma also need space between themselves especially between a young and an elderly; for example, it is not accepted for a young Roma to share the same room with an elderly or be in upper ward. In addition, they can interrupt the care in case of existence of a rejected Roma from the kinship at the same ward or even at the same hospital (Hänninen & Jelonon 2002, 5). It was suggested by Laiti (2008, 63) that giving a room to a young Roma at the end of the ward and an elderly Roma near the main door, can help both of them to be comfortable during their stay in the hospital. Also, giving a Roma patient the first room near the main door, in case of existence of only one Roma at ward will be beneficial for caregivers working because a group of Roma's relatives and friends would likely come daily for visits. Thus, the organisation can save visitors traffic in hall corridor and disturbing care givers and other patients as well.

3.2.3 Time

The importance of time meaning differs according to individuals' culture. It can vary largely through beliefs, traditions and values. It is one of the fundamental bases that all cultures establish (Hall 1990, 179). Earlier, time was measured in seasons, darkness and daylight. Nowadays it is measured via clocks. In some cultures, time is based on what is going on the moment and how to spend it rather than scheduled programmes.

In hospital settings, time can be viewed in care seekers' punctuality, patience or even in their reaction regarding care in case of chronic diseases or wounds healing (Ehret 2001, 7).

To avoid any misunderstanding while dealing with individuals of different culture, it is important for caregivers to understand time management of their care seekers' beliefs. Caregivers must know if their care seekers are past-orientated which means that their traditions influence their behaviours and their beliefs guide their present-day decisions. Or present-oriented which see the present moment as the most significant and traditions hold only a small significance in their plans. Or future-orientated which they are focusing on planning, forward movement and present activities are a bridge to their future goals. (Davidhizar & Fordham 2006, 9).

The Roma are past-orientated, they are linking all their activities with their beliefs. Also, time is not important in their culture, for instance they come late for their appointments or might neglect them altogether. Calling back to caregiver and declare absence for an appointment is uncommon for Roma. In addition, it is common for them to come accompanied by their friends or family members to health centers and start discussing all symptoms having in their family. Therefore, caregivers should be aware of Roma's time beliefs while making physician appointments or any laboratory tests by reserving more time for the Roma in the day schedule (Häyrynen 2005, 29).

3.2.4 Environmental control

Environmental control refers to the relation between individuals and nature. Cultural groups might be divided into three groups: being dominated by nature which means that they do not have any control over nature, and anything that happens to them is their destiny. Having mastery over nature, having harmonious relationship with nature who may perceive that illness is

due to disharmony with other forces and medicines can only cure symptoms rather than cure diseases. They are likely to use natural solution like folk medicine and spirit connection (Stanhope & Lancaster 2006, 88).

In the Roma beliefs, folk medicines and home remedies are used to heal some diseases. Caregiver should discuss with Roma how home remedies or folk medicines can cause failures of some body organs such as kidneys, or how the interaction between medicines and herbs can make treatment ineffective, increase side effect of medicines and can sometimes lead to death (Lehti & Mattson 2001, 17).

In addition, Grönfors (2005, 4) states that Roma believe that an evil eye or spirit can affect their health or luck. They believe that after death, the spirit must be exorcised by opening the windows of the room in which the Roma died. Similarly, relatives assemble around the cadaver and ask for forgiveness for any bad acts that they have done in the past to that person. They believe that if such grievances are not settled, then the cadaver might come back as an evil spirit and cause troubles in their lives.

Caregivers should have some knowledge about these beliefs, they should give time for the Roma's relatives to be with the cadaver in a quite room as long as they need to ask forgiveness, especially in a sudden death ,for example, in intensive care units or in accident situations.

3.2.5 Biological variations

Biological variations are the physical, biological and physiological differences existing between individuals from different racial groups; they refer to knowledge of growth, development, nutrition and other factors such skin colour, psychological characteristics, genetic variations and specific diseases linked to some ethnic group (Ehret 2001, 9).

To tolerate individuals' cultural beliefs in one society, caregivers should have some knowledge about the minorities' health, the genetic diseases related to them and their lifestyles such as diet, smoking and drinking habits (Andrews & Boyle 1995, 18).

In the Roma culture, a person is considered to be healthy unless everyday life becomes too difficult due to an illness. Ignorance of any symptoms and waiting for severe ones can make caregivers' task too difficult while diagnosing diseases and while giving care. As a result, the rate of morbidity might be increased if Roma will not seek care in earlier phases (Lehti & Mattson 2001, 14). Also, the result of the same study reveal, that there is a high rate of cardiovascular and pulmonary diseases among the Roma, which can be linked to their genes or lifestyles such as fatty food intake, lack of exercise, smoking and drinking habits.

Similarly, Heikkanen & Mitchel (2008, 4) report that health education programmes containing information about healthy diet and exercise must be discussed carefully and based on their cultural beliefs by the caregiver in charge of the Roma. The same study shows that the Roma, especially their elderly, would not feel comfortable eating hospital food. They prefer homemade food brought by their family members because it contains more salt and in their opinion, is tastier compared to hospital food.

3.2.6 Social organization

Social organization is the social environment in which people grow up and live. It refers to the way in which a cultural group structures itself around family to carry out the role function. Caregiver should be aware of care seekers' socio-cultural background including family structure and be able to relate culture to mode role in group settings (Giger & Davidhizar 2005, 24).

In the Roma culture, family is marked by strength and support; they have extreme loyalty to their family and kinship. Sending an elderly or handicap into some institution is uncommon; they do it only in case of emergencies. The Roma prefer taking care of their elderly at home until death (Lehti & Mattson 2001, 14).

The Roma believe that wisdom come with age, a male elderly Roma is on the top of their group pyramid, respect toward their elderly is an important symbol to show their integrity to the Roma group. For example, a young female Roma cannot take any health decision regarding her child's healthcare; her mother-in-law is the one who is in charge of it. In addition, in some families, the elderly male who is in charge of any family health decision (Laiti 2008, 63). Recently, Heikkanen & Mitchel (2008, 12) reports that the Roma in hospital prefer using their own clothes; they do not like to be in their pyjamas in presence of their visitors (especially the elderly). If it is not possible for them to wear their own clothes, they will ask caregivers to cover their body while having visitors.

4 PURPOSE OF STUDY AND RESEARCH QUESTION

The purpose of this study is to describe Roma`s experiences in Finnish hospitals and healthcare centres.

The research question for this study is:

- 1- How Roma experience communication, space, time, biological variations, environmental control and social organization?

The study aims to increase knowledge regarding the Roma culture and to give nursing students information about this minority living in Finland.

5 RESEARCH METHODOLOGY

A qualitative approach was chosen for this research method due to the nature of the research topic. It helps to understand attitudes, behaviours, culture or life style by using a smaller random sample rather than a larger one. The results of the qualitative approach are descriptive in that the study focuses on the process and meaning gained through words (Myers 2009, 5). The qualitative approach investigates the whys and hows of the topic through the analysis of theme interview, not only the whats, wheres and whens. It provides the ability to study the phenomenon as it is in real world and discover new information. Also, it does not rely on statistics and numbers which are the domain of the quantitative research, but on real experiences, interactions and words (Hirsjärvi, Remes & Sojavaara 2007, 176-178).

5.1 Data collection method

Theme interviews were used to collect data in this study. Themes were based on Giger & Davidhizar `s six cultural variables: communication, space, time, environmental control, biological variations and social organization (Appendix 1 & 2). A recorded theme interview that allowed the author to discuss the topics in a flexible order and give the ability to discover new information was used as a tool in this study. Active listening and the author's interests in topic have motivated the informants and have built a trustworthy relationship (Myers 2009, 5). The data were gathered from valuable interviewees, with real life experiences about the topic studied by the author (Pilot & Beck 2004, 308).

The data were collected by interviewing four Romas, three females and one male aged between 35 and 72 in their homes in Tampere and Kangasala. They have experiences in Finnish health care system; they were the patients many times in hospitals and clients in health centres.

Theme interviews were discussed with the interviewees in April 2009 via phone. First two interviews were conducted in May 2009. A pilot study was conducted to explore if the theme interview questions were relevant. Some questions were refined, after that the other two interviews were conducted in July 2009. The interviews lasted from 40 minutes to one hour and a tape record and field notes were used in this study. The interviews were in Finnish-language which is the interviewees' mother tongue. The author has found some difficulties to explain Giger & Davidhizar in the Finnish language during the first two interviews but with the last two interviews, the author made progresses. The author chose to conduct the interviews in interviewees' home to create peaceful environment and to motivate them talking openly.

The first two Roma were contacted in coordination with "Hervanta-tupa" in April 2009. The author became aware that two young female Roma go weekly to "Hervanta-tupa" to participate in some activities. After long discussions, the author convinced them to participate in this study. The second two Romas were informed in June 2009, when the author contacted them in coordination with a Roma language teacher in Kangasala. The first interview with a male Roma in the presence of his Finnish wife was conducted in the middle of July 2009 with. The second interview was with old female Roma which hesitated to participate in this study and cancelled the interview time twice. The interview was conducted then in the end of July 2009.

The interviewees play a key role in this study; they knew exactly the purpose of this study and they had full right to withdraw at any time and without giving any reasons. Privacy and confidentiality by hiding

interviewees` personnel information such as name, address and activities, and ethics by respecting their request to delete any recording after transcription verbatim, were taken into consideration during the interviews, analysing and reporting the study. (Polit & Hungler 1995, 134-142).

5.2 Qualitative content analysis

The data analysis or interpretation is a long process through which the author receives answers to research questions. Once the data were obtained from theme interviews, the author processed it by listening to a tape recording, reading and re-reading the transcript verbatim and notes. After that the author looked how all interviewees responded to each team questions. Categories and subcategories (Figure 2) were collected from Giger & Davidhizar transcultural model and codes were summarised from the information obtained through the interviews (Taylor-Powell 2003, 1-9).

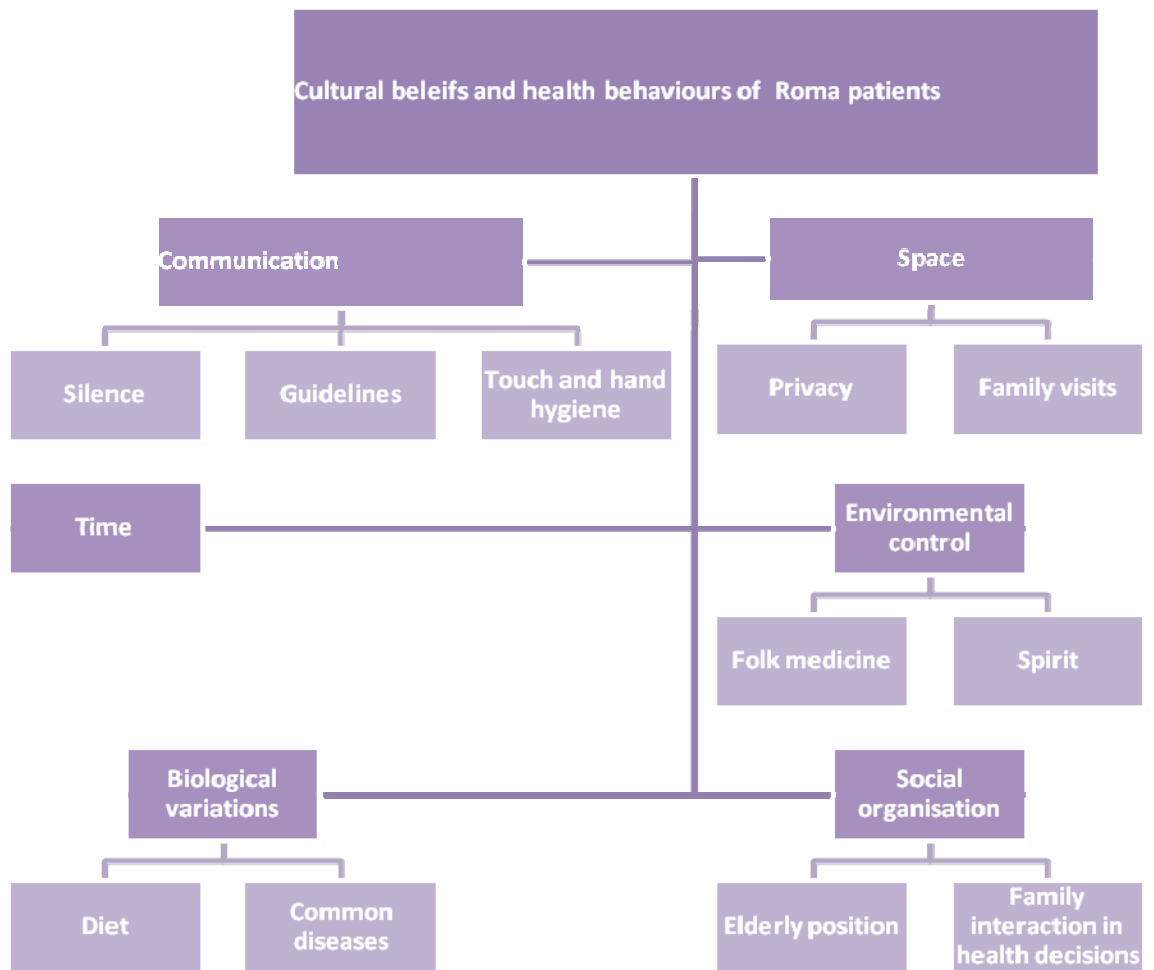


Figure2: Category, subcategories and codes of data.

6 RESULTS

6.1 Communication

6.1.1 Silence

Silence in the Roma culture means that the subject is not accepted and the Roma do not wish to discuss the matter. The Roma can keep silence in two cases: If the caregivers' gender is different from the Roma's one, for example, if a male caregiver asks a female Roma about any subjects related to sexuality, genital organs or functions, then the female Roma completely ignores the question or changes the subject. Also, if a caregiver asks a Roma (care seeker) about bowel movements, children's age or contraception in the presence of an elderly Roma, then the care seeker keeps silence. In this way the care seeker shows respect to the elderly Roma.

"I refuse answering to questions about sexuality if an elderly Roma is there" (author's translation).

"Usually, I am asking for a female caregiver, I can feel more comfortable and can discuss all subjects openly" (author's translation).

6.1.2 Caregivers guidelines

Guidelines given by caregivers are often difficult to read and understand. Also, caregivers' attitudes towards giving enough explanation are important,

because some caregivers are rigorous and try their best to give all explanations needed, and others are just giving some brochures and escapes without giving enough information. Explanations about wound care, doses of medicines, blood sugar measurement and insulin injections are important to know. A small mistake can result in bad circumstances.

Also, the Roma's interest to understand can affect caregiver's attitude regarding explanation and can show that the Roma are able to understand and discuss unclear points.

"I demand explanations as long as I understand" (author's translation).

6.1.3 Touch and hand hygiene

The Roma, especially female one, wish that caregivers ask their permission before touching their lower body part "bellow navel", and clean their hands properly before and after touching them. The Roma believes that hygiene has deteriorated in hospitals which are good environments for viruses and bacteria to grow and spread. In addition, caregivers believe that disinfectors with different alcohol degrees are enough for hand hygiene instead of washing hands with a soap and water.

"I am demanding from nurses to wash their hands before giving me injections or applying any cream on my "impure" body part, and almost all of them were not happy with my remark" (author's translation).

6.2 Space

6.2.1 Privacy

Privacy in hospital setting is needed between the Roma themselves, young and the elderly Roma, and between the Roma and the non-Roma.

The elderly Roma sharing the same room with the young Roma is not acceptable as well as the young Roma occupying the upper ward than the elderly Roma. They can be in the same ward, but in a separate room.

They can be in the same room with the non-Roma, but the non-Roma attitude and behaviours make the Roma feel upset and uncomfortable while being in hospital. The Roma prefer to be in a single room, especially during long term hospitalization.

6.2.2 Family visits

In the Roma culture, family and friends should not leave any Roma alone in hospital. A big group of family members and friends comes every day for a visit.

The big numbers of visitors are usually disturbing the caregivers and also the other care seekers if the Roma do not get a private room.

“I prefer be in a private room in hospital, then my friends and my family can visit me and I won't be lonely” (author`s translation).

6.3 Time

Time is not important in the Roma culture. Seldom, do the Roma use a calendar to organize their schedules and daily programmes. Be late for appointments in hospitals or health centers or even be absent is common. In the Roma culture, planning for the future is a waste of time, because they believe that people are manipulated and if something should happen to them, nothing will stop it, this is why the Roma prefer living day by day without doing any plans for the future.

“Doctors’ appointments are usually difficult to remember. Some flexibility and ability to get new time without waiting for long periods should be offered” (author’s translation).

“I am getting almost each year from four to five penalties only because I am forgetting doctors’ appointments” (author’s translation).

6.4 Environmental control

6.4.1 Folk medicine

Folk medicine is still important in the Roma culture, they used to hear from their parents and their elderly that herbal remedies are beneficial and cannot make any harm to their health. Folk medicine or herbal remedies are used mostly from the elderly Roma and only few young Roma believe in them.

“Personally, I am not using Herbal remedies but my mother and grand mum are using them a lot” (author`s translation).

6.4.2 Spirit

Spirit is dominates strongly in the Roma culture. The Roma do believe that each person has a spirit which leaves in the body until one`s death. The Roma try to visit all their friends and any member of their kinship in terminal stages, even if they are living far away like in other countries, just to ask forgiveness. They believe that if a Roma died without solving existing problems and asking for forgiveness, Roma`s spirit might come back and make troubles to them. Caregivers should understand the Roma need to ask forgiveness from the Roma in terminal stage in hospital settings, and give them enough time and quite environment to discuss unsolved subjects.

6.5 Biological variations

6.5.1 Diet

Tasty foods which are salty and fatty are usually preferred by the Roma. In hospitals, the young Roma do not have any food preferences, they can eat hospital foods. The elderly Roma might prefer home made food because of hygiene consideration and might also ask for disposable plates and cups.

In any case, family members and friends often bring home made foods while the Roma stay in hospital.

6.5.2 Common diseases

In the Roma`s opinion, as minority, the Roma do not have any special or common diseases in their genes. They agreed that they do have the same diseases as the majority of population living in Finland.

“In our kinship, we don’t have any common diseases; we do have same ones as majority of population” (author` translation).

6.6 Social organization

6.6.1 Elderly position

In the Roma`s opinion, their elderly are on top of the family pyramid. The elderly are having experiences and wisdom. The Roma respect their elderly and give them opportunities for everything. The Roma are taking care of their elderly at home even in their terminal care (until their last moment of life). Only in emergencies are sending them into hospitals for long periods. It is shameful and non-respectable behaviours if a Roma sends his/her parents or grandparents into a nursing home, because the other members of the kinship will not accept this decision and will try to avoid any contact with the “non-respectable Roma”.

6.6.2 Family interaction in health decisions

In the Roma`s culture, family might interact in health decisions, but usually it is the female Roma " mother" who is in charge of taking her own health decision and her children`s ones if they are under eighteen years old. In every case, the Roma discuss with the family and ask for their opinion on the basis of which they are making their own health decision. Usually, the Roma visit the doctor with a company, friend or a family member, and discuss their worries in doctor`s room together.

7 CONCLUSION

The Roma have some culturally different beliefs and health behaviours than Finnish people do. Ignoring these differences, caregivers might create conflicts and mistrust relationship during care between them and the Roma. This can affect the quality of care received and given (Laiti 2008, 66). The caregivers' knowledge about the Roma health beliefs and cultural behaviours can encourage the Roma to seek care in early phases not waiting for emergencies.

Health care education about the Roma beliefs can develop caregivers' cultural competence and can build their relationship with the Roma in Finland.

Stereotype and caregivers' prejudgment and the Roma's fear of caregivers' hand hygiene are the major problem for the Roma as care seekers in Finland. In addition, the lack of guidance and explanations from caregivers is the most serious problem linked to care because it can affect the quality of care and can lead to serious side effects or even to death if the Roma misunderstand the guidance, take treatments in a wrong dose or even stop it.

Cultural topics are wide and each researcher can study a group of people culturally different from some perspective. It is important to continue studying a larger group of the Roma to collect more data. In addition, it can be the only way to learn more about them as a minority living in Finland; what they need in health sectors, how they can cope with caregivers in a hospital setting and how the caregivers can encourage them to use health sectors as much as other populations do in Finland.

As a third year student, it has been important for me to collect some knowledge about minorities` cultural beliefs living in Finland, about their health behaviours ,and to know if their culture influences on their health.

During our three and a half year education programme in nursing, we have learned about nutrition and different diets from religious point of view, about patient`s rights and ethics. It would be beneficial for student nurses to participate in some courses about the Roma, the Sami and other minorities living in Finland. This can give a cultural competence to future nurses, decrease prejudgment and conflicts and increase care seekers` satisfaction. In addition, immigrants` cultural beliefs are in need of more examination. Nowadays when immigration rate is increasing, peoples from different cultures are studying, working and living in Finland and they are having right to receive an adequate care.

8 DISCUSSION

8.1 Discussion of results

The purpose of this study was to describe the Roma experiences in Finnish hospitals and healthcare centres. The information was gathered from four Roma themselves and Giger & Davidhizar transcultural model was used as a framework in theory part and as a theme interview during data collection.

The Roma in health sector was not studied enough as the Roma`s dressing, the Romany language or cleanliness concept (Häyrynen 2005, 2-3; Laiti 2008, 63). This study has shown that is important to examine the Roma as health seekers and study their cultural beliefs and health behaviours. During the interviews, the author did not find enough information about folk medicine and time management as in literature.

From the Roma`s point of view, it is necessary for nurses and caregivers in general to obtain knowledge about their beliefs and health behaviours, because in this way they can benefit from adequate care, and caregivers can change their negative attitudes towards the minority by avoiding stereotype and prejudice in first and by being culturally competent in second.

All interviewees mentioned the caregivers` attitudes towards them which were sometimes negative. In the Roma`s point of view, caregivers should treat all people as individuals because belonging to a kinship does not mean that the hall kinship`s individuals are behaving in the same way. Caregivers have to know them as individuals and do not prejudice against them. In addition, the ability to communicate cultural issues and discuss taboos can help both caregivers and the Roma. As a solution, it might be

beneficial if caregivers ask the Roma (care seeker) about problems and their ideals to consider while giving care to them.

The Roma declare that they are ready to cooperate with caregivers in case they want to receive more information from the Roma. They are wishing that caregivers pay attention to their cultural beliefs, avoid stereotypes, understand the importance of their family visits and take care of their hand hygiene.

This study helped the author to understand more the Roma as a minority living in Finland. The whole process from collecting theory information and analyzing the data gathered and discussion developed the author's skills from two perspectives: firstly as a future nurse who can help to be culturally competent, and secondly as a student with an ability to learn, discover and be patient.

8.2 Trustworthiness

Trustworthiness's aim in a qualitative study is to demonstrate credibility, transferability, dependability and confirmability (Lincoln & Guba 1995, 296).

Credibility in a study means that there is reliability in data analyzing from the interviewees original data. Transferability which is the transformation of interviewees' words without affecting the meaning. Dependability thus shows the integration of study analysis process, from data collection into study results then Confirmability which measures how study results are supported by data collected (Lincoln & Guba 1995, 290-296).

The topic of the study was chosen because of the author's interest in cultural matters, and own beliefs that people from different background

have right to keep their culture and develop it through time if it does not have any negative influences on them and on other population.

Interviewees were contacted in April 2009 and themes interview were discussed with them in advance. They knew exactly the purpose of the study. Some questions were refined after first two interviews and Giger & Davidhizar transcultural model was used as a base for theme interviews.

A field notes were gathered during all interviews and verbatim transcription was the immediate author action after each inter. Interviewees' homes were chosen as an environment for the study to give them the ability to talk about their experiences openly.

8.3 Ethical considerations

The interviewees were informed about the purpose of the study. They were volunteered to participate and they gave their verbally constant. They were allowed to withdraw from the study at anytime and without giving any explanation.

Ethical consideration such as confidentiality, human rights and dignity were applied. All interviews were anonymous and interviewees are unrecognizable.

Also, all information given by the interviewees was only for the author's use. The interviewees' request to destroy all tape-records after transcription was taken into consideration.

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APPENDIX 1: Giger & Davidhizar model (English version)

COMMUNICATION:

- Formal language
- Caregivers' guidance.
- Cleanliness.

SPACE:

- Privacy.
- Security.
- Family members 'visits.

TIME:

- Time managements.

SOCIAL ORGANISATION:

- Family interactions in health decisions.
- Elderly position.

BIOLOGICAL VARIATIONS:

- Common diseases.
- Diet.

ENVIRONMENTAL CONTROL:

- Folk medicines use.
- Spirit position in health.

APPENDIX 2: Giger & Davidhizar model (finish version)

KOMMUNIKAATIO:

- Virallista kieltä
- Hoitajan ohjeet.
- Puhtaus.

YMPARISTÖ:

- Yksityisyyteen.
- Turvallisuus.
- Perheenjäsenten vierailut.

AIKA:

- Ajan johto.

SOSIAALINEN ORGANISAATIO:

- Perhe vuorovaikutus terveydenhuollon päätöksiä.
- Vanhusten kunniaminen.

BIOLOGIST MUUTOKSET:

- Yleisten sairauksien.
- Erikoisruokavalio.

YMPÄRISTÖN SUOJELU:

- Luonnon lääkeiden käyttö.
- Hengen asema terveydenalalla.

