Cultural and communicative competence in the caring relationship with patients from another culture

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Background: The global and multicultural society of today creates challenges that require multicultural competence among individuals, especially within caring contexts.
Aims and objectives: This study assumes an intercultural perspective, and the aim is to uncover a new understanding of the caring community between nurses and patients when these do not speak the same language. The research question is: What is the significance of communication in a caring community when nurses and patients do not speak the same language?
Methodological design and method: This qualitative study uses a hermeneutical approach. The material was collected through questionnaires with eight nurses and two adults from another culture. The texts were analysed through latent content analysis.
Ethical issues and approval: Study participation, data storage and handling for research purposes were approved by the participants when they provided their informed consent. Permission to conduct the study was granted by an ethical committee of a hospital organisation.

Results: Human love is the basis for a caring relationship since it reaches beyond the limits of cultural differences. Integrity is vital for cultural respect and especially for the consideration of spiritual needs in the caring relationship. An affirming presence is essential for communion. Creative courage is fundamental for communication, and continuous information is vital for establishing trust within the caring relationship.
Study limitations: One limitation to this study might be the limited number of participants (ten).
Conclusions: Caring for a patient from another culture requires that nurses are open-minded and have the courage to encounter new challenges. It is essential for nurses to respect the patient’s integrity but also to acquire knowledge in order to improve their cultural competence. Further research within this area should focus on the role of next of kin in intercultural caring and on how leadership may contribute to improving cultural competence within health organisations.

Keywords: caregiving, cultural issues, cultural competence, nurse–patient relationships.

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Introduction
Society today is characterised by an increasing globalisation, and in the last year, thousands of immigrants have arrived in the Nordic countries. Intercultural communication becomes increasingly important as many workers must learn to communicate efficiently with people from other countries (1). This is true also in health care where nurses encounter patients from different cultures. Intercultural caring has been defined as the core of caring work between nurses and patients who do not share the same cultural background (2). The multicultural society of today brings new challenges and demands for cultural competence in health care. Berger (3) defines cultural competence as a potential strategy to improve quality and eliminate racial or ethnic disparities in health care. In her model called ‘the process of cultural competence in the delivery of Health-Care Services’, Campinha-Bacote (4) identifies cultural competence as the ongoing process in which the healthcare provider continuously strives to achieve the ability to efficiently work within the cultural context (individual, family, community). This process involves the integration of cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire.

In health care, obstacles that hinder intercultural communication may occur; for instance, patients may be
afraid or so ill that they are unable to or do not have the energy to focus on communication, or the nurse may not understand the patient. The growing population with individuals from different cultures increases the demands on nurses. This gives rise to an awareness of knowledge about culturally inherited values and their meanings (5). Josipovic (6) note that cultural understanding in health care means that nurses are knowledgeable about different cultures as regards patient care. Cortis (7) believes that no unified definition of culture exists. Culture can be viewed as providing an integrated meaning and values to an individual through which this individual has a sense of identity, belonging and continuity which in turn facilitates communication within the group. Culture is not static but variable both between generations and as regards contacts with other cultures (2). As human beings, we may expect that people from another culture should adapt to new conditions and join the general population and its traditions (8). Often this is not the case, however, because people adhere to their own traditions and it is important that nurses understand this.

In health care, it is important that nurses are sensitive to patients’ values and are able to communicate verbally or nonverbally with the patients (1). Fredriksön (9) suggests that communication through body language or eye contact takes place between patients and nurses even if they lack a common verbal language. Regardless of cultural background, people have specific traditions, symbols and values (10). It is important that nurses treat patients with dignity and that they take into account the patients’ individual needs which often originate in their own culture. Nurses do not need to know everything about the patient’s culture, but it is important that they have a certain knowledge about and understanding of the patient’s views on caring, as the patient’s views may differ completely from those of the nurses. The nurses’ lack of knowledge about and familiarity with the patient’s cultural background may lead to culture clashes, defective or insufficient treatment and communication difficulties (11–14). Sometimes nurses may feel they are not respected by patients or their next of kin (12). If nurses feel they have knowledge about intercultural care and intercultural communication, they experience less stress which in turn leads to higher quality care (1). Communication difficulties can lead to loneliness and isolation in the patient. Wikberg and Bondas (15) write that when nurses respect, listen to and touch the patient from another culture, the patient’s worries decrease. The writers also emphasise that there are situations in which healthcare providers do not communicate with or listen to patients. Also Jirwe, Gerrish and Emami (16) highlight that the lack of a shared language creates problems both for nurses and patients and that, at worst, the caring relation fails to be established. That patients receive care so that they can experience a sense of recognised dignity is crucial and contributes to creating a good caring relationship (17). This experience of dignity takes place when patients are seen and respected as unique human beings and are allowed to participate in and influence their own care (18). Cortis (19) stresses that spirituality is often experienced as a challenge for nurses and that they often lack knowledge about different religions.

Fatahi, Mattsson, Lundgren and Hellström (20) write that nurses emphasise the importance of professional interpreters in cases of communication difficulties between patients and nurses. Wikberg, Eriksson and Bondas (21) indicate that when nurses and patients do not share the same language, and no interpreter is engaged, the caring relationship may become distant. According to Hanssen and Alpers (22), engaging an interpreter is not always the solution. Eklöf, Hupli and Leino-Kilpi (23) point out that the patient’s understanding of an interpreter may vary depending on the culture the patient comes from. Nurses often experience difficulties in communicating with the patient through an interpreter. In cases concerning confidential issues, patients may even be embarrassed if the communication takes place through an interpreter or next of kin (11). Jirwe et al. (16) write that if nurses are unable to engage an interpreter, they rely on the patient’s next of kin as interpreters for the patient. When nurses communicate with next of kin, they feel that they can better identify the patient’s concerns. According to Halligan (24), nurses believe that the patients’ next of kin concern themselves much with the patients’ well-being. Cioffi (25) indicates that the patients feel it is important to have a member of the family present to feel calm. It is often important for intercultural patients to stay in contact with their next of kin and to feel belonging, which means that having them there with the patient is found to be beneficial (10, 26, 27).

As mentioned earlier, previous research indicates that nurses tend to experience communication difficulties with patients from another culture when the nurse and the patient do not share a common language or culture. This study therefore wishes to highlight communication in caring in order to uncover new ways of understanding communication and the establishment of a caring relationship even if the nurse and the patient do not share a common spoken language. The present study does not limit itself to a specific caring context but more generally touches upon the intercultural patient and relational communication in health care.

Aims

This study assumes an intercultural perspective, and the aim is to uncover a new understanding of the caring communion between nurses and patients when these do not speak the same language. The research question is: What is the significance of communication in a caring
community when nurses and patients do not speak the same language?

**Theoretical framework**

Eriksson’s caritative theory as part of the caring science tradition was used as the theoretical framework of this study (28, 29). According to this tradition, the human being is placed at the centre of everything and seen as a unity of body, soul and spirit. Since the human being is viewed as unique, holy and inviolable, health is something that may develop from the human being’s own will. Health and suffering are seen as constantly present in human life. Health is seen as a becoming which in turn originates in a view that health cannot be understood apart from a deeper wholeness that includes suffering. The human being wishes to be a unique human being, but also longs to belong to a greater community to be there as a human being (30). Being human also involves having the courage to be and become the person one is (31). Eriksson (30) indicates that caring does not just mean satisfying another individual’s needs but also to be deeply wishing the other person well. Caring that is based on faith, hope and love enables the alleviation of patients’ suffering. Nurses can instil a sense of faith and hope in the patient through motivating, encouraging and supporting the patient, and sometimes also through their courage transcendent boundaries in order for the patient to become in health. Caring or the caritas motive has to do with human love that is, to wish the other well and to allow faith, hope and love emerge through tending to, playing and learning during caring (31). Patients can then experience that they are loved and recognised as human beings. This study finds it crucial to deepen the understanding of communication with a patient from another culture by uncovering ways of strengthening the intercultural caring relationship in different ways according to the nurses’ and patients’ own views.

**Methodological aspects**

The study uses a hermeneutical approach according to Gadamer (32) meaning that the researchers analysed the data with openness, so that the matter at hand could become visible. The material used for creating the proposed nuanced and deeper understanding of the intercultural communication and caring relationship consists of questionnaire interviews with nurses and adults from another culture. The text originating from the questionnaires was analysed through latent content analysis (33).

**Participants, data collection and data analysis**

Data were collected through eight questionnaires with eight nurses and two adults from another culture. The two adults that agreed to participate in the study had previously been nursed at the hospital by the eight nurses that participated in this study. Questionnaires were used to ensure that the participants were able to think about the questions for as long as they needed to and answer them in peace and quiet. Main questions in the questionnaires for nurses were for example how they may provide comfort for patients originating from another culture if they do not speak the same language and through which communications methods nurses may use if they do not share the same language. Example of a main question for the adults was for example how they would wish that the nurse communicates with them if they do not speak the same language. The nurses spoke Finish and had long work experience and had also been abroad working as nurses and thereby gained cultural experience. The adults from a foreign culture spoke English and had been patients, but were released from the hospital and were contacted personally by the researcher. The nurses worked at one of the largest central hospitals in Finland. The head nurse sent out the questionnaire and information leaflet about the purpose of the study to the respondents through e-mail. Questionnaires (questionnaire interviews with open, qualitative questions) were chosen as a data collection method so that the respondents would be able to freely express their thoughts about intercultural communication and care in writing (34). The researchers made sure that each question in the questionnaire was only one question and did not contain more than one (35). The researchers enabled the participants to take contact with the researchers by e-mail or telephone if they had any questions regarding the questions. Questionnaires were used to ensure confidentiality since the participants were familiar to the researchers. The texts were analysed by latent content analyses (latent content analysis) according to Kyngäs and Vanhanen (32). The data analyse was conducted by categorising the data into main themes and subthemes. The latent part in these data analyse and hermeneutical approach meant not only reading and analysing the written texts but also interpreting between the lines in the text in order to uncover any hidden meaning and thereby themes of categories.

**Ethical issues**

Study participation, data storage and data handling for research purposes were approved by the participants when they provided their informed consent. The participants were informed about the study purpose, confidentiality, withdrawal of consent (36). Seen from an ethical perspective, it may be seen as defensible to carry out this study because it might reasonably provide new insights for the respondents as they think through the issues of intercultural competence and caring.


Strengths and limitations

One limitation to this study might be the limited number of participants (ten). However, the strength of this study lies in that the participants were willing to share their views and experiences and that the nurses had long work experience and had also been abroad working as nurses and thereby gained cultural experience.

Results

In this study’s findings, five main categories emerged: ‘human love as the basis for a caring relationship when the patient and the nurse do not speak the same language; integrity as vital for cultural respect and for consideration of spiritual needs; an affirming presence as essential for sharing suffering in communion when the patient and the nurse do not speak the same language; creative courage as fundamental for cultural competence and communication in a caring relationship and continuous information as vital for establishing trust within a cultural and caring relationship’. Subcategories are described below.

Human love as the basis for a caring relationship when the patient and the nurse do not speak the same language

Human love is fundamental for creating a good communication in the caring relationship between the nurse and the patient from another culture. Human love becomes a vital basis in order to create a caring relationship when the patient and the nurse do not speak the same language. To this main category the following subcategories emerged: ‘Inviting the patient, instilling faith and hope; showing kindness, impartiality and compassion; creating a listening, and calm caring culture’.

For the respondents, it was important that nurses base their encounter with patients on loving and empathic care where they invite the patient to care, listen and show compassion and treat the patient kindly and in a unique way. One adult expressed this in the following way: ‘Compassion and empathy are important in the relationship. I think that love is caring.’ It is important to care for patients in a holistic way and to encourage them to express their opinions. A smile goes a long way to establish the foundation upon which a good caring relationship may be built.

Nurses are responsible for creating good caring relationships with patients. When nurses encourage and instil a sense of hope in patients, and show them respect, trust and motivation awaken in patients and a sense that the nurses care about them as human beings. This may, in turn, alleviate suffering. One adult said: ‘Encouraging the patients...faith for me would be an internal experience that would ideally help me cope with my illness.’

Even though the nurses may not speak or understand the patients’ native language, it is crucial that they still make an effort and show that they are willing to communicate with the patients because then the patients feel they are being seen and recognised. Therefore, by showing human love towards the patients the nurses may create a good basis for communication. Being allowed to participate as equals in a discussion about their health and care plan makes patients feel a sense of connection and dignity. Compassion may be shown as in when the nurse sits beside the patient, holds his or her hand or instils a sense of hope or faith in the patient. Suffering may be alleviated when patients experience that they are not alone in their suffering, but that they may share this with the nurse when he or she is genuinely there for them. Nurses may convey this by showing that they wish patients well and that they will not abandon them. Time and space for discussions between patients and nurses were found to be central but so also is time to be alone.

It is also important that the patient has the chance to rest between different treatments. One nurse stated: ‘Sometimes it is important to leave the patient alone...’

Integrity as vital for cultural respect and for consideration of spiritual needs

Subcategories to this main category are as follows: ‘The nurse’s and the patient’s mutual affirmation of each other’s cultures; the nurse’s respect for the patient’s culture and ‘affirming the spiritual dimension’. In order to create a good caring relationship between patients and nurses, showing mutual respect for each other and for each other’s cultures is important. One nurse expressed: ‘A good caring relationship is based on mutual understanding, respect and affirming the culture.’ Nurses have a specific responsibility to take into account the patient’s needs as regards the patient’s culture and to show respect for this, especially as this pertains to caring acts. Patients do not, however, have the same deep responsibility for affirming the nurse’s needs. A good caring relationship can occur if nurses and patients openly express differences in each other’s cultures, as this increases knowledge about the different cultures and may lead to increased respect. One nurse expressed: ‘One should familiarize oneself with the patient’s culture. I do not mean that one has to accept everything in that culture, but one should show interest in the patient’s culture, at least find out from what kind of culture the patient is’. When nurses affirm patients’ needs and culture, they experience them as unique and meaningful human beings which in turn creates safety. Respect also means having the courage to encourage patients from another culture to express their needs and wishes regarding their care because this increases trust and patients feel they
are being seen and that the nurses wish them well. One adult pointed out: ‘The best care is possible through respecting my opinions and my integrity.’

In caring for patients from other cultures, it is important to be able to take their spiritual needs into account because these may be crucial in some cultures. Nurses can, for instance, ask patients if there are things that they should take into account as regards the patients’ spiritual needs because then they may feel that the nurses respect them as human beings. One nurse said: ‘One should take into account the patient’s spiritual needs...especially the daily routines of faith which in some cultures are much more important than in others.’

**An affirming presence as essential for sharing suffering in communion when the patient and the nurse do not speak the same language**

Nurses’ presence with patients is a very important part of caring with the potentiality to alleviate suffering. The nurse’s presence gives rise to an inner sense of the patients’ soul being recognised because the communion touches the spiritual. Subcategories in this main category consist of: ‘The nurse’s presence – safety and rest; a familiar nurse is important in the presence and presence in the here and now enables a sharing of suffering’.

Being there for patients, so that they do not feel lonely in the here and now but rather share the present moment with the nurse is important because this communion conveys to patients a sense of safety and of not being abandoned. This may alleviate suffering for the patients. A nurse expresses: ‘The nurse’s presence is vital...because it creates a sense of safety.’

Nurses who are familiar to the patient and who radiate goodness may strongly affect the patient’s well-being and may alleviate the patient’s suffering by their mere presence. It is important that nurses aid in creating a calm caring environment because this may alleviate the patient’s anxiety, worry and fear. It is also important that nurses are calm, act and speak calmly and gently. This calmness has a tendency to rub off on the patient. Working and speaking calmly with the patient many times reduces the patient’s worry and fear. One nurse stated: ‘Calming down the work culture at the hospital and working calmly is important for the patient.’ A warm feeling of trust between patient and nurse may be created through this presence. Also a familiar nurse’s presence is important for patients to promote a caring communion. A nurse expresses: ‘The presence of a familiar nurse has an important calming effect especially if the patient’s condition is critical.’ Listening to the patients’ progress is also central for allowing patients to express their feelings.

**Creative courage as fundamental for cultural competence and communication**

Creative courage emerged in this study as a main category. This meant that nurses need courage to be creative and have the courage to use personal skills as art in order to improve the communication with patients. The subcategories were as follows: ‘Communication through facial expressions and gestures’, and ‘Communication through pictures’. Body language enables nurses and patients to communicate with each other, even if they do not share the same spoken language. In cases where nurses and patients do not share the same language, it is possible to employ different creative methods of communication. This may include the nurse’s use of facial expressions, gestures or sign language which results in the patient’s understanding what the nurse intends to do for the patient which makes the patient feel safe. It is important that nurses are able to observe the facial expressions and gestures in different caring situations because this may lead to mutual trust. It also offers an image of the nurse as being patient and wishing the patient well. One nurse said: ‘Acting calmly and interpreting the patient’s facial expressions in a caring situation is essential.’

Nurses may show pictures or use artwork in caring and draw and create pictures. One nurse says: ‘...I rely on sign language and draw pictures...or one can communicate by using pictures.’ Nurses showing patients pictures or drawing wish to instil safety in the patients and show that they care about them, and that it is important for patients to receive information about matters that concern them. The patients feel recognised even if the communication may be difficult to interpret despite the pictures. This approach still demonstrates that the nurse makes an effort and really wants to communicate with the patient, since the nurse respects the patient’s opinions. One adult said: ‘...Trying to be patient to understand me and what I am trying to communicate.’

**Continuous information as vital for establishing trust within a cultural and caring relationship**

Information is an important aspect for communication in the caring relationship. The participation of next of kin in the patient’s care and their presence with the patient is significant. Subcategories consist of: ‘continuous information’ and ‘the inclusion of next-of-kin’ and ‘engaging an interpreter’.

It is important that nurses always impartially explain for patients which caring actions are planned and the results aimed at. To regularly inform patients and their next of kin as regards, the care of the patients creates safety and trust upon which a good caring relationship
may be built. It is important to include the patients’ next of kin in the care because the next of kin may encourage patients and elevate their levels of hope and mood. By informing the next of kin, their trust for the care increases, which in turn gives them a sense of safety that they can transmit to the patients. One nurse said: ‘...to sufficiently inform the patient and the patients’ next-of-kin about what is going on regarding the care is import-ant because it decreases their worry about the patient and builds trust in a professional healthcare staff.’ Nurses may also receive knowledge and information from the patient’s next of kin, which in turn may facilitate care. Patients may feel calm when their next of kin are present. One nurse said: ‘Next-of-kin should be given the chance to visit and spend enough time with the patient.’

If nurses and patients do not share, the same language nurses may engage an interpreter. This interpreter may then speak the patient’s language and explain why the patient is at the hospital, which caring acts are planned. The patient can also ask the interpreter questions who communicates this to the nurse. This makes the patient feel safe and accepted as a human being before the nurse even if they lack a common spoken language. ‘Sometimes it may help to engage an interpreter.’

Discussion

The results in this study showed that human love is the basis for a caring relationship in caring for a patient from another culture and when the patient and the nurse do not speak the same language. Love was shown through compassion, respect, kindness, impartiality and through creating time and space for an encounter. Sometimes patients also need time and space to be alone. To instil, a sense of faith and hope in the patient was also important. Previous research showed how important it is for patients to take part in their own care and for nurses to respect the patients’ opinions about their care (15, 17). This means that nurses need to respect patients from other cultures. The study shows that many of the patient’s worries may be eliminated if nurses listen and touch the patient (15, 37). This loving care indicates that nurse wishes the other person well (31). Without loving care, where integrity is not affirmed, a caring relationship that touches the core of caring may not be established. This is also decisive for presence, body language and giving information. In communion, humans may feel safe, which furthers the development of a caring relationship (38). When nurses show patients kindness, for example, through a smile, this smile may be interpreted as an invitation (39). This kindness and goodness may be decisive for whether a caring relationship between nurse and patient can be established or not.

Integrity as cultural respect between the nurse and the patient emerged as an essential aspect for creating a caring relationship. An interesting aspect of this was that a prerequisite for a caring relationship with good communication between the nurse and the patient is mutual respect for each other’s cultures. Earlier research has also pointed out lack of knowledge about the patient’s culture (11, 13, 14). A caring relationship may be established if caregivers develop their knowledge and understanding of patients from other cultures. This means being open to challenges and having the willingness to provide dignified care. Earlier research has indicated that nurses have a responsibility to respect the patient’s culture and integrity (6, 15, 17, 40), but not the other way around. This study, on the other hand, shows that also patients have to contribute to the caring relationship by respecting the integrity and culture of the nurse. This is logical since a relationship is something that requires the contribution of both parties in order to make it fruitful. Previous research has also indicated that patients did not respect the nurses (12). This means that patients from another culture may benefit from learning about the new culture (17). However, the nurse carries a larger responsibility with regard to taking into account the patients’ need and desires, whilst the patients do not have to bear responsibility for the nurses’ needs or desires. Also, Kasen (40) points out that the nurse has another professional knowledge than the patient and that the nurse therefore also carry responsibility for the patient.

An especially important and interesting dimension that emerged in the subcategory of integrity was the spiritual dimension and how crucial it is for building trust in the caring relationship and that nurses affirm this dimension. Another finding that emerged in the present study was conveying a sense of faith and hope in the patient, which many times may alleviate the patient’s suffering. But the study also shows that it is important that nurses consider and affirm the unique human being’s belief system. Also, the results showed that nurses often lack knowledge about patients’ belief systems. Previous research linked belief and religion and showed that it is a challenge for nurses to affirm patients’ spirituality in health care (14, 19, 24–26, 41). For Sivonen (42), the spiritual and religious dimension is connected with flexibility, love and commitment, that is with providing loving care.

Nurse’s affirming presence is essential for sharing and alleviating suffering. Earlier research has also pointed out the importance of the encounter with the patient (37), but a calm presence in the here and now was something that was particularly highlighted in this study. A calm atmosphere in the caring culture, and a calm way of working may alleviate suffering and increase a sense of safety in patients. Also Holopainen et al. (38) emphasise presence and that it implies that both the nurse and the patient meet as humans. This affirming presence may help patients to become in health. Another interesting aspect of this, revealed in this study, was the importance

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of a nurse that is familiar for the patient, or a familiar working pace. Patients feel safe when the nurse is familiar. However, it is not always possible to have the same nurse caring for a specific patient every time. Patients may feel calmer if the nurse assures that all nurses who work at the ward in question can provide good care, or that they share the same calm working pace. That all nurses have an open attitude towards the patients and their culture was seen to improve the patients’ health.

The present study showed that creative courage is needed in order to make way for a caring relationship as the basis for forming a good communication with the patient even if the nurse and the patient do not share a common language. The findings also demonstrated that nurses may communicate with patients in many different ways if the nurses do not understand what the patients are saying or expressing, for instance through facial expressions, art or pictures (16, 20, 37).

A final aspect of creating a good communication in the caring relationship was continuous information, which has deeper dimensions than merely informing the patient in a mechanical way. This means including the patients’ next of kin in the care and providing patients with impartial information, and being calm and present. This study also demonstrates the significance of informing patients because this may enable patients to feel safe and that their suffering may be alleviated. If patients and nurses do not share the same language, and if the patients’ next of kin is not present, nurses may engage an interpreter. Hansen and Alpers (22) mention that nurses find it difficult to communicate with patients through an interpreter because the communication takes place through someone else. Problems may occur if the interpreter is unable to explain the planned care for the patient. This study indicates that the information to the patient should preferably occur through the patients’ next of kin than an interpreter. The patients’ next of kin know the patients and know how to inform them. Patients often feel safe with their next of kin. The nurses found that it was easier to communicate with the patients’ next of kin and that the next of kin were better able to identify the patients’ concerns (16).

Even though some of the results may seem general and useful for all types of care contexts and caring encounters between the nurse and the patient, the results become even more important and vital when it comes to caring for the patient originating from another culture and when the nurse and patient do not share a common language.

Conclusions

It is essential that nurses care with human love are open to new challenges and respect the patient’s integrity in order to become cultural competent and create good communication in a caring relationship with a patient from another culture. To acquire knowledge about the patient’s culture is crucial, since this contributes to creating ways of caring with cultural competence which may alleviate the patient’s suffering. Further research within this area should focus on studying the role of next of kin in intercultural caring but also how the leadership may contribute to improving cultural competence within health organisations.

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Author contribution

Jessica Hemberg was responsible for writing the article at all stages of the development of the article. Susann Vilander carried out the data collection and she also participated in the data analyses.

Ethical approval

Permission to conduct the study was granted by an ethical committee at one of the largest university hospital organisations in Finland where the data collection also was performed.

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References


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36 The Finnish National Advisory Board on Research Ethics. Responsible conduct of research and produces for handling allegations of misconduct in Finland – RCS guidelines. 2012, Helsinki, Finland.
42 Sivonen K. Care and spirituality. A description of "spiritual" from a caring science perspective, 2000, Åbo Akademi University, Department of Caring Sciences, Vasa.