

International Journal of Caring Sciences 2012 Supplement 1
2nd Congress of Nursing Department, Frederick University, Cyprus
“Transcultural Care”
19 October 2012 Nicosia, Cyprus.

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Frederick University
Cyprus

“Transcultural Care”

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**When Emigration Encounters (?) Humanity, or Searching the Obvious:
Does Education Provides the Answer?**

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Abstract

Background: The development of the modern field of care requires scientifically-based knowledge and responsibility on behalf of nurses in order to be able to respond effectively to existing conditions.

Aim: This study aimed in identifying the significant role of nurses in Cyprus concerning the care to be provided among people of various nationalities, religion groups, immigrants and minorities.

Methods: This Literature review study was carried during August -October 2012 and used data of the Statistical Service of the Planning Bureau of the Republic of Cyprus.

Results: The study gives the importance of a cross-cultural approach while providing holistic and individualized care to patients and briefly summarizes the existing situation in Cyprus

Conclusions: The phenomenon of a cross-cultural approach is of great importance in the areas of nursing education, policy and research to enable the nurses to perform their duties in multicultural environments and meet the needs of patients from different cultures.

Keywords: Culture, Multiculturalism, Interculturalism, Nurses and Nursing Care

Nurses Mobility in the European Union through Research Projects

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Abstract

The aim of the presentation was to discuss the experience from three different European Research Projects with Cyprus being a partner and in one case the coordinator. These projects are:

1. The comparison of patients and nurses perceptions of caring and satisfaction from care (2008-2012) in the CAREPROJECT with the participation of six different European countries and Cyprus as the coordinator. The project was funded by the Cyprus University of Technology. For information visit the (<http://www.cut.ac.cy/careProject>)

2. The evaluation of individualized care with the participation of 6 European countries and one USA state (Kansas) and Finland as a coordinator. The project was funded by the University of Turku. For information visit the http://www.med.utu.fi/hoitotiede/tutkimus/tutkimusprojektit/ic_project

3. Patient empowerment through education with the participation of seven European countries and Finland as a coordinator. The project was also funded and led by the University of Turku. For information visit the: <http://www.med.utu.fi/hoitotiede/epe/>

International cross-cultural research is considered important for the advancement of nursing knowledge offering a global perspective of nursing. The challenge for performing international research started with the formation and recruitment of the research group. Usually the groups are formed based on previous experiences of collaborative research projects as it is the case in the three aforementioned projects. The groups included both experienced and novice researchers, members from different cultural and social backgrounds and diversity of opinions which all gave the opportunity to use a larger knowledge and skill base. The research protocol was an effective tool for obtaining researchers' interest and cooperative research.

The second issue was the conceptual clarification of the variables under study aiming to obtain a semantic and conceptual uniformity in each language or dialect that was intended to be used. It was particularly difficult the fact that there is no accepted definition of the variables under study, such as the concept of care, individualized care as well as the concept empowerment.

Another problematic issue was the obtaining a permission for conducting the research and access to the field of research, that was very different in each country, although the ethical and deontological principles are similar and universally accepted. The Ethics committees were also different in each country and the time period for obtaining the approval ranged from 1-6 months or more.

It was especially interesting that although there is a widely accepted European Directive regarding nursing education and practice in Europe, we found a wide variation in nurses' education, ranging from University to College studies and multiple levels of nurses. The scope of practice, consumers' expectations from health care, from nurses and the dominating image of nurses in each country were considered as important challenges as regards the uniformity of the sample. Other issues like the health care systems, the funding of health care, the content and organization of care, the systems of the delivery of nursing care seemed that they all influence the perceptions and responds to the questionnaires.

The research instruments have been probably the greatest challenge, meaning that they needed not only the linguistic but also the conceptual, semantic and cultural adjustment of each instrument. The coordination of the projects included the quality assurance of the plan, strong leadership, funding, good communication, regular meetings and encouragement for the utilization of the national groups (i.e. for the collection of data). The analysis plan was decided by the whole group, but the coding and analysis was undertaken by the co-ordinating country and the dissemination of results followed the fundamental principles of publications (COPE, 2003, ICMJE, 2007).

The conclusion of the presentation was that international research is a powerful tool for the advancement of knowledge and culturally sensitive clinical practice.

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Intercultural Mediators

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Abstract

The current presentation analyses the use of intercultural mediators in practice. Considered a good practice, it is used in a number of countries, to deal with obstacles and difficulties that arise in the communication and transactions between aliens and professionals in state services. The areas, in which intercultural mediators operate, cover the full range of needs at the institutional and cultural levels and, additionally, aim to limit phenomena of institutional and social racism, as well as social exclusion. Besides the purely bureaucratic procedures and how these are handled by the representatives of services, and without underrating cases of institutional racism, it has been established that difficulties in the transactions between local and alien citizens arise not solely due to the lack of knowledge of the recipient country's language, but also due to actual cultural differences in regard to how requests are processed.

The use of intercultural mediators aims to address the obstacles that arise while the necessary processes take place in all agencies and organizations delegated with the provision of care and welfare services, asylum, health and education; additionally, they provide for the everyday socio-cultural needs of alien citizens.

On the one hand, the overall objective is to assist the integration of alien citizens in the recipient country and, at the same time, reduce the difficulties that arise in everyday transactions with agencies and organizations due to problematic, wrong and/or latent in meaning, language and intercultural communication. Simultaneously on the other hand, the use of intercultural mediation is an important tool for professionals' work, which can be carried out smoothly and effectively since barriers to communication, as a result of elements of intercultural particularity and different culture, are, to a significant degree, removed.

The practice of intercultural mediation becomes possible by selecting and training teams of suitably educated alien citizens, who come from major ethnic/population groups and who have been living in the recipient country for a number of years. Consequently, they possess the essential intercultural experience of their respective country of origin and residence, the multilingualism and the experience in regard to

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cultural particularities. As such, they are able to fulfill the role of intercultural mediator, interpreter, advocate, representative, but also –to some extent– consultant, by offering their services to their fellow countrymen and professionals in addressing everyday practical difficulties. The use of intercultural mediators focuses on purely practical issues, and aids the work of professionals through mediation techniques, support, communication guidance and even crisis intervention. Hence, they operate as power multipliers, as they can be utilized either independently, i.e. in distinct cases, or in cooperation with other organisations and services in the effort to provide improved services and more effective operation by removing the obstacles that arise.

Key words: intercultural mediator, communication, care

Quality Assurance of Transcultural Care

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Abstract

Quality of care is a multidimensional concept. The main dimensions of quality of care are access, efficacy, appropriateness, patient satisfaction and equity of care.

In a review that has been conducted by Derose et al (2009) few articles have examined quality and cost for the immigrants. In addition the foreign born or non-English speakers were less satisfied and reported lower ratings and more discrimination. According to Lasser et al (2006) the US respondents were slightly more likely than Canadians to give a rating of excellent to their hospital care (but not to their physician or community-based care). United States respondents also were more satisfied than Canadians with their hospital and community-based care, but not with their physician care. US residents (compared with Canadians) were less likely to have a regular doctor, more likely to have unmet health needs, and more likely to forgo needed medicines. This research has revealed racial disparities in health, present in both two countries in terms of satisfaction and unmet health needs that are two cornerstones of quality of care.

A major component of quality of care is the adequate communication with the provider of care. Clemans-Cope & Kenney (2007) argued that a foreign-born parent is associated with a 6.4 percentage point increase in the probability of communication problems relative to those with a U.S.-born parent.

The same findings have been addressed by other researchers in the Hispanic patients (De Alba & Sweningson, 2006; Mainous et al, 2007).

In a recent research that has been conducted in Cyprus the English speaking primary care users were more satisfied with nursing care ($p<0.001$), felt safe in the Cypriot hospitals ($p<0.001$) and were more satisfied with the medical care provided ($p=0.005$) compared to the Greek speaking users (Eleftheriou, 2012).

The Greek speaking users appeared to have less expectations compared to the English speaking. However, there was no statistically significant difference in what they consider quality of care services.

There is an obvious need to develop a national plan for quality assurance of transcultural care in Cyprus.

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Cultural Competence Assessment of Community Nurses of Cyprus: a Research Approach

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Abstract

Background: Cultural competence is increasingly recognized as an essential component of effective health care delivery to address diversity and equity issues. Cultural competence has great significance for every practicing nurse and has become a priority and commitment for the nursing profession.

It is important that nurses understand their own world views, beliefs and value system as to understand and respect those of their clients. This is the initial step for becoming culturally competent-cultural awareness. Nurses are responsible and accountable for their nursing practice and there is a need to be culturally and linguistically competent in all of their encounters (Papadopoulos, 2003).

To be culturally competent community nurses should have the appropriate transcultural education.

It is therefore important to assess the level of cultural competence of the community nurses, within their everyday practice.

Aim: The presentation aims to discuss the preliminary findings of the study in assessing the level of cultural competence of the community nurses in Cyprus, using the Cultural Competent Assessment Tool (CCATool) of Papadopoulos, Tilki and Lees (2002).

Methodology: A randomized control trial design used in this study, with two groups with pre-test and post-test to investigate factors related with cultural competence. The original tool was translated in Greek and adapted to the Greek Cypriot context. A pilot study was conducted in order to establish the adapted tool's validity and reliability.

Results: Results showed that the 60,7 % of the sample was culturally aware, 38,6 % was culturally safe and the 0,7% was culturally incompetent. No one from the participants reported to be culturally competent. Also, 86,8 % of the sample disagreed that there is the same level of cultural competency with other European countries and 82,9 % reported that assessment of their cultural competence is needed.

Discussion and Conclusions: The study showed some degree of cultural awareness of the Cypriot Community Nurses. However, there is still much work to be done, as to become culturally sensitive, culturally competent professionals, providing culturally appropriate nursing care in the community. Valuing diversity in health and social care enhances the delivery and effectiveness of care for all people, whether they are members of a minority or a majority cultural group. Nurses should be informed about the diverse needs of different people in order to understand and contribute to the satisfaction of their needs. Culturally competence care is an essential element of the 21st century, particularly for those who are responsible for providing health care in transcultural societies.

Key words: cultural competence, cultural competence models/tools, transcultural nursing, cultural competence

Multiculturalism and Health Promotion in the Community

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Abstract

Introduction: Modern communities are multicultural and are composed by population groups which have differences concerning not only their language, values, religion, and family relations, but also on their opinions regarding health and health care. Health promotion is strongly related to changes that take place in the fields of medicine and public health and requirements that have to be met for ensuring health promotion piece, residence, education, social security, social relations, nutrition and financial income. Moreover, the socialization of the women, a stable ecosystem, a reasonable use of the resources as well as social justice, respect of human rights and equality.

Aim: To highlight health promotion in multicultural groups of the community.

Results: Failing to implement the objectives of the Alma Ata declaration, has led WHO to introduce a new health policy in 1999. Of the 21 objectives regarding health, the most important one refers to health status and the reduction of the gap between groups of different social-economical status, thus improving the health status of inferior groups. The health and prosperity of the multicultural groups in the community depends on a complex balance between social, economical as well as protective and environmental factors. Furthermore, factors such as personal hazard, employment, education, spirituality and social relations should be taken into account.

Health promotion focuses not only on human behavior but also on socioeconomic factors and on environmental issues which might affect the health status and the quality of life. Health promotion has been acknowledged as a universal right. Obstacles which multicultural groups have to overcome for accessing community health services are:

- Linguistic obstacles, inadequate information and culturally compatible psycho-social services.
- Lack of proper training of the health professionals, racial discrimination as well as difficulties in the adjustment of the multicultural groups.
- Nervousness and anxiety that immigrants feel when entering or while being in the host country.

For a better adjustment of health services for an adequate covering of the health needs of multicultural groups, the following strategies are suggested:

- Reinforcement the Primary Health Care.
- Access to the network and the community while services must be easily accessible.
- Creation of a legal system and policies that define the relations between the groups and the host country.
- Health services have to have an anthropocentric philosophy, flexible working hours, have to develop information strategies and adjustment of health services to vulnerable population groups.
- Strategies regarding health promotion in multicultural groups must be in accordance to their values and beliefs and compatible with the language and educational level of the target group.
- The collaboration between the community and the target group is necessary as well as the participation of the community.
- There must be a corporative relationship between health care professionals.

Techniques and material that are used for information transfer must be in accordance to the social status, gender, cultural values and social group. Media campaigns must be multicultural and there should be distribution of printed material, posters, comics, videos etc. There should also be a direct communication through the internet and educational visits. The use of the local media such as newspapers, radio and TV contribute to the transfer of information.

Conclusions: Health promotion is a universal right. Modern societies are multicultural. Obstacles in health services access are related to the lack of information, difficulties in blending in, racial discrimination, etc.

Health promotion among different cultural groups depends on a complex balance between several factors.

A society based on anthropocentric values must adjust its services for supporting all cultural groups, while interprofessional collaboration is a necessity for Health Promotion.

Key words: health promotion, multicultural, community, health services

Sexually Transmitted Diseases and Migration

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Abstract

Sexually Transmitted Diseases (STDs) in humans are transmitted mainly by means of sexual behavior, while some can be easily transmitted through, for example, blood transfusions, use of needles (drugs) and during birth or breast feeding. Diseases that could be transmitted by sexual contact but are easily transmitted by ordinary direct contact, such as cold, flu, pneumonia, are not considered as STDs. STDs can be classified by underlying factors as follows:

1. Bacterial diseases, Bacterial diseases include: a. Syphilis (*Treponema pallidum*), b. Gonorrhoea (*Neisseria gonorrhoeae*), c. Chlamydia (*Chlamydia trachomatis*), d. The Soft Ulcer (*Haemophilus ducreyi*), e. The Inguinal Granuloma (*Klebsiella anulomatis*)
2. Fungal diseases. Fungus *Candida Albicans* (candidiasis) causes 90% of fungal diseases.
3. Viral diseases include: a. Hepatitis B (HBV) and Hepatitis C (HCV), b. AIDS (HIV), c. Herpes simplex (herpes simplex virus 1 and 2), d. Cervical cancer and genital warts (Human Papilloma Virus-HPV), e. The Molluscum (MCV)
4. Parasitic diseases include: a. Pediculosis pubis, b. Scabies (*Sarcoptes scabiei*)
5. Protozoal diseases include trichomoniasis vaginitis (*trichomonada*).

During the last 30 years, there has been a steady increase in both prevalence and incidence of STDs. This phenomenon is attributed mainly to the following factors:

1. Increased immigrant flow from countries with weak health systems,
2. Increase of movement (700 million a year in international travel). Travelers are considered a population with potentially risky sexual behaviours,
3. Increase of prostitution,
4. The booming global phenomenon of sex tourism,
5. Complacency observed amongst young people which results in unprotected sexual contacts,
6. Limited availability of information for young people and inadequate health education,
7. Limited interventions and effective preventive measures such as:

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(A) Screening for STDs for target populations, (B) Provision of information through organised public health education programmes (e.g. advertising campaigns, distribution of informational material in airports) (C) Widespread immunisation against HBV and HPV. Specifically for Cyprus, one important factor that favours the growth of STDS is lack of a comprehensive, integrated, National Health System

Key Words: sexually transmitted diseases, human migration

Spirituality and Nursing Care: challenges and dilemmas

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Abstract

The concepts of spirituality and religiousness regarding nursing care are discussed. Although it has been difficult to define them, these two issues have traditionally been part of the rich nursing history. They also affect, to a great extent, the way patients react to their illness, particularly at the end of life. However, nurses often find themselves challenged in providing spiritual nursing care. Those who do, usually draw on their own spirituality which may be seen as an act of proselytism. By discussing events, highlighted in the news, with nurses facing disciplinary actions because of their approaches to spiritual care, the paper argues that our current understanding of 'modern' professional ethos seems reluctant to effectively address patient's spiritual needs, often in a way to preserve the scientific method of nursing care provision.

This has direct effects on the holistic treatment of patients, particularly in Western national health systems which are characterised as rather impersonal. Consequently, nursing education lacks a coherent framework of skills development in spiritual care which leaves nurses unable or even frightened to complete relevant spiritual nursing processes. The paper concludes by discussing Narayanasamy's (1999) ACCESS framework of spiritual nursing care and its application into daily nursing practice.

Keywords: spirituality, religiousness, nursing care, challenges, dilemmas, nursing education

The Response of Nursing Students in Spiritual and Religious Needs of Patients

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Abstract

Background: In recent years, we are witnessing an unprecedented influx of people from other countries into Cyprus. Inevitably, this increased immigration is having an impact at the healthcare sector and nurses, inevitably, have to adapt to these new social and cultural conditions. Literature, however, notes that nurses are often poorly trained and uncertain in their assessment of patients' spiritual and religious needs and in their provision of relevant spiritual care.

Aim: The aim of the present study is to explore the attitudes of nursing students with regards to their role in meeting the spiritual and religious needs of their patients. We also explore students' perceptions regarding spiritual care.

Methods: The randomly taken sample consisted of 135 nursing students, in all years of study, who attend the BSc in General Nursing at Frederick University Cyprus.

Results: Results show that there is a disagreement between the respondents on whether religious beliefs can be a barrier to health. Nursing students consider spiritual care an important part of advanced nursing practice. They also believe that not all patients require spiritual care and that they should never share their personal spiritual beliefs with their patients.

Discussion and Conclusions: Nurses’ caring of patients' spiritual needs is an integral part of the holistic nursing care. Fulfilling these needs contributes to patients' biological, psychological and spiritual wellbeing.

Training in assessing patients' spiritual and religious needs should be continuous. Nursing curricula should, perhaps, incorporate more systematic training in knowledge acquisition and practical skills development with regards to spiritual care of the individual patient.

Keywords: spirituality, nursing care, religion, nursing education, nursing students, attitudes