



**Universitatea “Babes-Bolyai”  
Cluj-Napoca  
Faculty of Sociology and Social Work**

# **Transcultural Nursing in the End of Life Situations: Coping with Patients and Their Families**

## **Long Abstract**

**Scientific Supervisor:  
Prof. Dr. Livia Popescu**

**Ph.D. Student: Einav Atzmona Rosh**

**July 2014**

# Table of Contents

<b>Abstract .....</b>	<b>III</b>
<b>Introduction .....</b>	<b>1</b>
Gap in Knowledge .....	2
Research Aims .....	3
Research Questions .....	4
<b>I. Literature Review .....</b>	<b>4</b>
<b>II. Methodology</b>	
II.1 Qualitative Research.....	8
II.2 Case Study .....	8
II.3 Research Design .....	9
II.3.1 Research Population and Sampling .....	9
II.3.2 Research Planning .....	11
II.4 Research Methods and Tools.....	12
II.5 Method of Analysis - Content Analysis .....	13
II.6 Reliability and Validity in Qualitative Research.....	14
II.7 Generalizability in Qualitative Research.....	15
II.8 Researcher Role and Involvement.....	16
II.9 Ethical Considerations in Qualitative Research .....	17
<b>III. Findings</b>	
III.1 Findings Emerging from Research Question 1 .....	18
III.2 Findings Emerging from Research Question 2 .....	20
III.3 Findings Emerging from Research Question 3 .....	20
III.4 Findings Emerging from Research Question 4 .....	22

## **IV. Conclusions and Implications**

IV.1 Factual Conclusions .....	23
IV.2 Conceptual Conclusions .....	26
IV.3 Practical Implications .....	28
IV.4 Recommendations for Future Research.....	32
IV.5 Contribution to Knowledge.....	32

<b>References .....</b>	<b>34</b>
-------------------------	-----------

## **List of Tables and Figures**

### **Tables**

Table 1: Research Design .....	11
Table 2: Themes and Categories .....	17
Table 3: How patients and their families cope with end of life situations in the researched cultures .....	19
Table 4: Factors influencing the nurse's ability to cope with patients and their families in end of life situations .....	20
Table 5: Factors affecting the nurse's ability to provide culturally congruent care in end of life situations .....	21
Table 6: Factors affecting the communication between the nurse and the patients and their families from different cultures .....	22

### **Figures**

Figure 1: A visual representation of the conceptual framework .....	6
Figure 2: A Model of Transcultural Nursing in End of Life Situations – TNELS.....	27

## **Abstract**

This research examines transcultural nursing in end of life situations, with the main goal being the need to develop and advance the body of knowledge within the field of transcultural nursing with regard to the nursing staff's coping with culturally diverse patients in end of life situations and their families, through investigating and understanding the factors which influence the nurses' coping as well as their ability to provide culturally congruent care in end of life situations and communicate well with the patients and their families from diverse cultural backgrounds.

Therefore, the research was conducted by using semi-structured observations, semi structured in-depth interviews, and a researcher's diary as a research tools. A total of 31 culturally diverse nurses participated in this research. Content analysis performed on the data collected through the observations and interviews yielded 4 core themes and 20 categories.

It can be stated that in the course of this research, the issue of religion has been found to be a dominant theme in the cultural context of end of life situations, and as having the greatest influence on methods of coping with end of life. In addition, the findings showed that coping with end of life situations and death and its implications are not only the relatives' of the deceased, but of all those around him or her including the nursing staff. However, the process of separation from a loved one and his or her death are perceived as taboo - which is a barrier to patient care in addition to cultural barriers, and hence the need to break the taboo about death as a way of achieving effective communication and coping when providing culturally congruent nursing care.

Moreover, the findings of this research pertain to the field of transcultural nursing as a major issue which is actually the research context, focusing on relevant concepts, such as cultural competence, cultural sensitivity, culturally congruent care, and overcoming cultural barriers, whereby knowledge about them contributes to the understanding of the different aspects of the issue of multiculturalism and its importance, especially in the nursing discipline. Thus, the findings showed that in places where transcultural encounters are part of the day-to-day lifestyle, beyond the need to understand the importance of knowledge, the need arises for turning this knowledge into a worldview.

Finally, the present research has both pragmatic and theoretical dimensions, which consist of providing knowledge regarding coping with end of life situations in different cultures to the nursing staffs, as well as transcultural nursing models, respectively. Accordingly, this research can increase patients' families' satisfaction, and improve communication between staff and patient's families, as the staff will be better equipped to assist them in end of life situations. Meaning, using models and theories will prove beneficial for nurses in getting deeply acquainted with and evaluating society in terms of culture, as well as in becoming cultural competent.

**Key Words:** Transcultural Nursing, Cultural Competence, End of Life Situations, Coping Strategies, Cultural Diversity, Communication with Patients and Families, Culturally Congruent Care.

## Long Abstract

### **Introduction**

Over the past 150 years, the nurse's role has evolved from helping the patient suffering from disease to the functions of diagnosis and treatment in the 1980s. Today, the nurse's role is typified as a collaborative one and includes specialized functions and activities related to wellness as well as illness. Concepts such as education, prevention, compliance, and health promotion are important parts of today's nurse's thinking and activities.

In addition, many forces and influences in the health care system have created greater demands on the ability of nurses to communicate effectively with clients, enlisting client participation, and addressing health issues that promote wellness are central goals to the professional framework of nursing practice. And this is why the role of the patient had also undergone a change from passive to active (Bradley & Edinberg, 1990). In other words, there has been an increase in the need for nurses who are knowledgeable and skilled, whose qualifications are appropriate for the environmental requirements, and who are able to work effectively as part of a multidisciplinary team in a variety of clinical fields. In the same context, Cronenwett (2011) maintains that nursing education is expected to accelerate this progress by implementing advanced skills, and thus, to improving the quality of health services through all stages of the nurse's professional development.

The nursing profession in Israel continues to gain impetus, both in terms of the number of people entering the profession, whether in its generic routes or by academic career change, as well as in terms of developing the academic profession. In other words, to date, nursing is a respectable occupation and is considered a profession in which the nurse, as part of a multi-professional staff, is perceived as a dominant and independent authority with the capability of displaying knowledge, solving problems, and making decisions in the clinical environment that is comprised of diverse populations of patients and their families. Nevertheless, it must be noted that part of the nurse's work is carried out in compliance with the physician's instructions, so it follows that the nurses and

doctors work in partnership more than ever, in mutual co-dependence. The nurse's work, then, encompasses many aspects, including the highly significant communicative aspects, which is an important field since his/her work covers so many varied fields, it can be changed in the course of his/her career. The nurse's work is connected not only to medicine, but also to sociology, anthropology and social work. These fields cover very significant social aspects relating to his/her work, such as the issue of transcultural nursing, which serves as grounds for this research.

Multicultural interactions between nurses and various staff members, as well as the patients and their families are a routine occurrence in many countries. Transcultural nursing has been in existence for more than 60 years and different researchers all over the world have studied and developed this topic. Despite the fact that Israel has a distinct multicultural nature since its inception, only in the last decade has the issue of transcultural nursing begun to draw the attention of researchers, and has been included in the nurse education curriculum.

It can be said that the field of culture and multiculturalism has intrigued and continues to intrigue researchers all over the world because it is such a rich, diverse, fascinating field. In the course of our lives, we have many experiences that expose us to encounters with other people who belong to different groups, among them, cultural groups with different attitudes, customs, and unique beliefs particular to them.

Therefore, different cultures actually form the various world-views and behaviors of people. When each area of life gets a different cloak matching the cultural influence on people, and since the cultural background of both the nurses and patients and their families, is different in many instances, this shapes, in effect, the way they act. A lack of knowledge about the different cultural differences may lead to many failings while administering nursing care with far reaching negative effects for both sides, mainly in end of life situations. The findings in this study are clear proof of this.

### **Gap in Knowledge**

Since interest in multiculturalism and cultural competence issues in health care and in the nursing field in particular has increased in recent years, many studies engage in the

investigation of transcultural nursing (Halligan, 2005; Tucker et al., 2003; Andrews & Boyle, 2002) as well as issues related to the cultural context in end of life situations (Jenco, 2006; Todd, 2006; Mazanec & Tyler, 2003). In Addition, according to Knebel (2002), before 1997, end-of-life research received little attention, and since then there has been an escalation in the number and scope of end-of-life studies. However, knowledge is still lacking regarding transcultural nursing and cultural competence in end of life situations from the aspect of coping with patients and their families when exposed to a variety of cultures among caregivers in the health system.

Additionally, it should be noted that only in the last decade has the transcultural nursing domain been taught in the nursing academy in Israel, which means most nurses in Israel have neither been exposed to this issue nor trained to give culturally congruent nursing care, particularly at the end of life. Unfortunately, this fact stands out so all additional information in the field of transcultural nursing can only enhance and enrich culturally congruent nursing care.

This qualitative research is a case study which investigates transcultural nursing in end of life situations and the way in which nurses cope with patients and their families in those situations, depending on their culture. Moreover, the way nursing staffs treat patients is a much more complicated issue since care should be culturally congruent. In light of the above, the aims and questions of this study are as follows:

### **Research Aims**

1. To examine how patients and their families cope with end of life situations in the researched cultures.
2. To examine the factors influencing the nurse's ability to cope with patients and their families in end of life situations.
3. To examine the factors affecting the nurse's ability to provide culturally congruent care in end of life situations.
4. To examine the factors affecting the communication between the nurse and the patients and their families from different cultures.

## **Research Questions**

1. How do patients and their families cope with end of life situations in the researched cultures?
2. What factors influence the nurse's ability to cope with patients and their families in end of life situations?
3. What factors affect the nurse's ability to provide culturally congruent care in end of life situations?
4. What factors affect the communication between the nurse and patients and their families from different cultures?

## **I. Literature Review**

This research relies on two major transcultural nursing theories: (1) Cultural Care Diversity and Universality Theory represented by Leininger (1991) (2) Transcultural Assessment Model represented by Giger & Davidhizar (1990); and two coping with end of life theories: (1) The Kubler-Ross Model of Coping with Death (Kubler-Ross, 1969), and (2) the Dual Process Model of Coping with Bereavement represented by Stroebe & Schut (1999, 2001).

Extant literature about transcultural nursing relates mainly to the significance of this field within the nursing profession, its concepts and factors, and the influence of the cultural context on health and illness. Nevertheless, the literature offers limited knowledge about the ways culturally diverse nurses cope with culturally diverse patients and their families in end of life situations, in order to achieve cultural competence especially in these difficult moments.

This research expands the knowledge in the field of transcultural nursing while focusing on the perspective of the nursing staff who cope with patients from different cultures and their families in end of life situations, with the goal of providing culturally congruent nursing care, which will contribute to both nurses and patients and their families, leading to effective quality professional nursing care, and in the end contribute to the development of nurses' cultural competence.



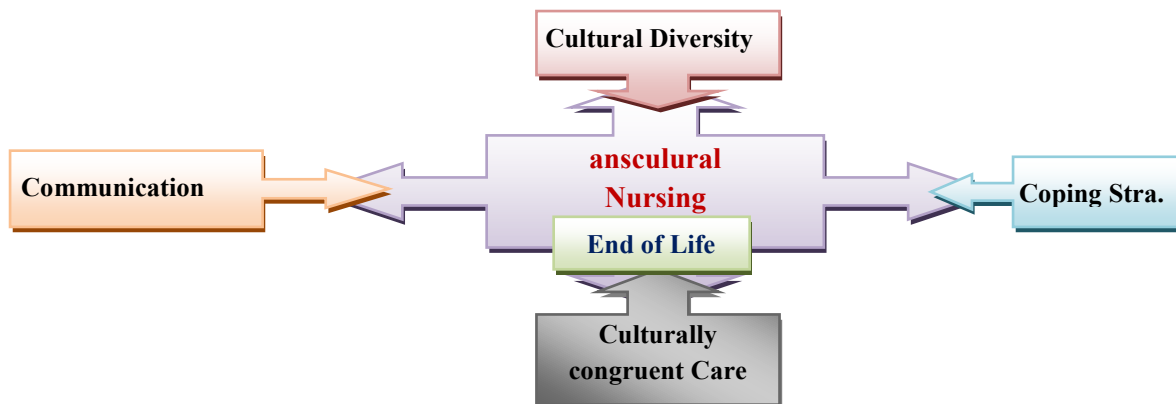
Accordingly, the conceptual framework of this research pertains to two central interrelated areas: transcultural nursing and end of life situations, and four additional key concepts: cultural diversity, communication, coping, and culturally congruent care. Four implicit theories relate to these areas are helping in understanding the basis and the implications of this research, and contain the following central concepts within this research.

Thus, the conceptual framework that underpinned this research involves six main components:

1. **Transcultural Nursing** - Transcultural nursing is a substantive area of study and practice focused on comparative cultural care values, beliefs, and practices of individuals or groups of similar or different cultures with the goal of providing culture-specific and universal nursing care practices in promoting health or well-being, or helping people to face unfavorable human conditions, illness, or death in culturally meaningful ways (Leininger, 1991).
2. **End of Life Situations** - Nurses may interact with dying patients and their families or caregivers in a variety of settings; therefore, they must recognize the various influences on the dying process and be prepared to provide sensitive, skilled, and supportive care (Kozier & Erb, 2008). Additionally, it is widely acknowledged that cultural beliefs and social mores influence how individuals make sense of various life experiences including illness, suffering, pain, and dying (Kagawa-Singer & Blackhall, 2001).
3. **Coping Strategies** - Kubler-Ross (1969) death and grieving related coping as a process comprising of five stages: denial, anger, bargaining, depression, and acceptance. In addition, Stroebe & Schut (1999, 2001) in their dual-process model of coping with bereavement described two different kinds of coping: 'loss-oriented (LO) coping' in which the person focuses on and attempts to process or resolve some aspect of the loss itself, and 'restoration-oriented (RO) coping' which involves attempting to adapt to or master the challenges inherent in daily life, including life circumstances that may have changed as a result of the loss.

4. **Cultural Diversity** - Many factors such as race, gender, sexual orientation, culture, ethnicity, socioeconomic status, educational attainment, religion, and affiliation account for diversity. Diversity therefore occurs not only between, but also within cultural groups (Andrews & Boyle, 2003; Kozier & Erb, 2008). Cultural diversity refers to diversity in race, ethnic orientation, and beliefs (Purnell & Pulanka, 2003), and exist at all levels of health care (Kemp, 2005).
5. **Communication with Patients and Families** - Communication is an integral part of the nursing process. Nurses use communication skills in each phase of the nursing process. Caring and effective communication are essential elements of an optimal nurse-client relationship, while the client can be a patient, family members, or the community (Bradley & Edinberg, 1990; Kozier & Erb, 2008).
6. **Culturally Congruent Care** - Care which is provided by a caring, competent, and culturally sensitive nurse is known as culturally congruent care. Meaning, culturally congruent care will be achieved by professional nurses through better understanding of culture and beliefs, respecting the difference between cultures, and advocating for patients despite personal belief systems (Steinberg, 2008).

**Figure 1:** A visual representation of the conceptual framework



Hence, we can explain the connection between the concepts that make up the conceptual framework in a way wherein this research engages in the broad area of transcultural nursing in the context of end of life situations from the perspective of the nursing staff's coping with culturally diverse patients and families, emphasizing the need for advanced communication skills in order to provide culturally congruent care. It should be noted that

there is a direct relationship between the conceptual framework's components and the findings and conclusions of this research.

## **Summary**

Cultural context ought to be considered in the nurses' treatment of patients. For this purpose, nurses need appropriate tools that enable them to evaluate and identify cultural gaps between patients and different cultures, and thus to make decisions related to the planning and adjusting of nursing care. With that change in perception, nursing has become an academic profession which strives for individual treatment suiting the patient's culture, while respecting that culture, and in this research context - cultural competent and congruent care of patients and their families who are coping with the most difficult, end of life situations.

Furthermore, there are neither specific rules nor laws regarding this issue, as coping is individual and varies from person to person and from culture to culture. Hence, by acquiring knowledge about transcultural nursing in end of life situations, nurses will be able to provide culturally congruent care based on knowledge that will contribute to more effective coping with patients and their families from different cultures in end of life situations, and thus increase their satisfaction with the nursing care which is given to them.

In this view, Leininger (2002, 1991) maintained that today nurses are faced daily with unprecedented cultural diversity, so commitment to learning and practicing culturally competent care offers great satisfaction and many other rewards to those who can provide holistic supportive care to all patients. Finally, nurses who understand and value the practice of culturally competent care are able to effect positive changes in healthcare practices for clients of designated cultures, since culturally competent nursing guides the nurse to provide optimal holistic, culturally congruent care.

## **II. Methodology**

### **II.1 Qualitative Research**

In accordance with the research aims and questions, and in considering the issues under study, qualitative research using case study was chosen to guide this research. This chapter presents the nature of qualitative research, its features, and related issues since this research is a qualitative type which examines experiences, emotions, thoughts, feeling and personal perceptions. According to Bryman (2004), qualitative research includes several diverse research methods. In qualitative research, theory is supposed to be an outcome of an investigation. In addition, qualitative research is more usually regarded as denoting an approach according to which theory and categorization emerge from data collection and analysis.

According to Hall (2006), qualitative research is interpretive in general, and is increasingly used for the study of concepts and phenomena. In contrast to quantitative research, it occurs in the natural context without any attempt to change or control the research. Moreover, the aim of this kind of research is to understand complex relationships rather than demonstrate 'cause and effect'. Therefore the diversity of responses is important.

### **II.2 Case Study**

According to this research field and topic, case study is the most appropriate method, since data are collected from nurses who all work in one and the same hospital. For this reason the case study method was chosen for this qualitative research. In case study, the researcher explores in depth a program, an event, an activity, a process, or one or more individuals. The cases are bound by time and activity, and researchers collect detailed information using a variety of data collection procedures over a sustained period of time (Stake, 1995: In Creswell, 2003).

In addition, case study is a method of organizing social information and data in a way that preserves the unique nature of the researched objects. Case study is inductive, and presents the data from within the situation, independent of hypotheses; its content is mostly descriptive and concrete and it tends to develop via the reader's interpretation. It allows the readers to get impressions, although they have not been to the research scene,

and reach new insights and unknown variables in the researched time (Sabar Ben-Yehoshua, 1995). According to Eisenhardt (1989), case study is a research strategy which focuses on understanding the dynamics within single settings. Additionally, Yin (1984) claimed that case studies can involve either single or multiple cases, and numerous levels of analysis. Moreover, case studies can employ an embedded design, that is, multiple levels of analysis within a single study.

## **II.3 Research Design**

### **II.3.1 Research Population and Sampling**

In qualitative research, the researcher collects data until a stage of theoretical saturation, meaning that successive interviews or observations have both formed the basis for the creation of a category and confirmed its importance (Strauss & Corbin, 1998: in Bryman, 2004). Therefore, as mentioned before, this research population included 31 culturally diverse nurses as specified in the research population table (see Appendix 4).

#### **Characteristics of the Research Population - Observations**

During the first phase of the research, 28 observations were conducted on 26 nurses working in General ICU, Post Anesthetic Care Unit, and Internal Medicine.  
Age range: 27-57 years.

Those nurses were 10 men and 16 women. 10 of the nurses were Israeli Jews, 2 Russian-born, 8 Christian Arabs, 2 Muslims Arab, 1 Druze Arab, and 3 of the nurses were not born in Israel (Romania, the Netherlands, and New-Zealand); 1 Chief Nurse in the Post Anesthetic Care Unit. 6 without academic background, 16 BAs, 4 MAs - All qualified nurses.

Seniority: the nurses who participated in the observations had seniority ranging from one year to 33 years of experience.

Five of the nurses were not exposed to multi-cultural knowledge in nursing, while 21 were exposed.

#### **Characteristics of the Research Population - Interviews**

16 nurses from different wards of a large hospital in the north of Israel were interviewed as part of the second stage of the research. Age range: 27-52 years.

The interviewees consisted of 13 women and 3 men. This is a reflection of the profession itself - most of the practicing nurses are women, and the minority - men. Today we can see an increasing trend of men pursuing the profession.

The participants were 7 Israeli Jews, 6 Israeli Arabs of different religions (two Muslims, two Christians, two Druze - all born in Israel), and 3 Russian nurses who were born in the CIS and have been in Israel for over 20 years (senior nurses). 8 nurses are working in Intensive Care, 3 in Post Anesthetic Care Unit, 4 in Internal Medicine, and 1 in Surgery. 15 general nurses, one clinical instructor - all registered nurses.

Experience: most of the nurses have rich professional experience, and have worked in other fields as well as in other institutions in the past.

Education: 1 has no academic background, 15 BAs, 1 MA, and 10 have gone through Advanced Courses.

Seniority: the nurses who participated in the interviews had seniority ranging between one year and 29 years of experience.

13 out of 16 nurses were exposed to multi-cultural nursing knowledge - most of them as part of their nursing studies, while three were not exposed to that knowledge throughout their working years.

In summary, a total of 26 nurses participated in the observations, and 16 nurses participated in the interviews - 11 of whom also participated in the observations. In conclusion, the total research population = 31 nurses.

### II.3.2 Research Planning

The research was conducted in two phases:

- **Phase 1** – Semi-structured observations which formed the basis for interviews seeking to reflect the current researched reality in the most objective way. 26 culturally diverse nurses participated while emphasizing 28 transcultural encounters between nurses and end of life patients and their families. The researched hospital wards are Respiratory Intensive Care Unit, Post Anesthetic Care Unit (PACU), Internal Medicine, and surgery department - as they include the highest concentration of patients at the end of life stage.
- **Phase 2** - Semi structured in-depth interviews which explained the emotional aspect and the explanations of behaviors employed by the nursing staff in end of life situations with patients and their families from a different culture. 16 male and female nurses who working with patients in the end of life situations from different wards and from different cultures: 7 Jews, 6 Arabs affiliated to different religions (2 Druze, 2 Muslim, and 2 Christian) and 3 Russians.

This study presents those cultures which are the most prominent in Israeli society. In addition, this ratio of nurses suits numerical ratio of those cultures in the Israeli population.

Table 1 presents the research design that guided the implementation of the study.

**Table 1:** Research Design

Research Phases	Research Tools	Research Population	Aim	Type of information
<b>First Phase</b>	Observations Researcher's Diary	26 culturally diverse nurses working with culturally diverse patients in end of life situations.	To constitute grounds for conducting interviews based on the findings of the clinical field and examine attitudes and communication components.	Qualitative and numerical, mostly communication components and ways of coping.
<b>Second Phase</b>	Interviews Researcher's Diary	16 culturally diverse nurses working with patients in end of life situations.	To examine the emotional aspect – the feelings, thoughts and perceptions of nurses coping with patients in end of life situations in the transcultural context.	Qualitative including thick descriptions of existing and new knowledge, thoughts feelings and different perceptions regarding the influence of culture.

## **II.4 Research Methods and Tools**

As a qualitative research, semi-structured in-depth interviews and semi-structured observations will be employed as the primary research tools in detailing the subject's representation of experiences, emotions, thoughts, feelings, and personal perceptions. Moreover, the purpose of using semi-structured interviews and observations is to deepen the knowledge and introduce new ideas.

**In-depth Interview** – Their goal is to understand other people's experience and the meaning attributed to it. The interview provides accessibility of cultural contexts of people's behavior and therefore provides a way for researchers to understand the meaning of this behavior (Seidman, 1991: in Shkedi, 2010). In-depth interviews are more like a conversation than formally structured interviews. The interviewers' task is to help the interviewees structure their story. The researcher and the interviewee develop meaning together. Qualitative interviews involve two mutual processes of obtaining information and developing trust (Arksey & Knight, 1999: in Shkedi, 2010).

Semi-structured interviews are often used in policy research. In semi-structured interviewing, a guide is used, with questions and topics that must be covered. The interviewer has some discretion about the order in which questions are asked, but the questions are standardized, and probes may be provided to ensure that the researcher covers the correct material. This kind of interview collects detailed information in a style that is somewhat conversational. Semi-structured interviews are often used when the researcher wants to delve deeply into a topic and to understand thoroughly the answers provided (Harrell & Bradley, 2009).

**Observation in Qualitative Research** – systematic drawing of events, behaviors and social environment selected for research (Marshal & Roseman, 1989: in Shkedi, 2010). According to Shkedi (2010), the investigator participates in the life of a company or of a phenomenon which is being investigated, and experiences the everyday world as the research participants experience it. Our ability to make effective observations is largely influenced by the degree of familiarity with our participants' language and culture.

Different types of observations can be distinguished, and the difference between them focuses on the place and role of the observer (investigator) on a continuum ranging from



purely external observer's perception of the investigated object, to an internal involved and participant in the investigated object. Along the continuum, between the total external and full participation, there are several options that combine participation and involvement in the observation: participant observation and involved observation (Shkedi, 2010).

**Researcher Diary** - On October 10, 2012, a conference was held in the Ziv Medical Center in Safed on the subject of "Promoting Palliative Care" in honor of international palliative week. Lectures were given by professionals from within and without the hospital and discussions reflecting different aspects of the topic were held. Lectures and discussion were recorded, and the following is documentation, emphasizing information and data relevant to the research. I decided to collect data from the conference due to its relevance to this research and the various presenters who arrived from different disciplines and cultures. The conference included three lectures provided by key professionals in the field of palliative care, and two debates - the first included a panel of clerics from the different cultures, and the other included a panel of a multidisciplinary team which engages, inter alia, in the field of palliative care.

The knowledge emerging from this conference is of great significance, as are the statements made by persons of authority in the field of palliative care and the hospital with direct reference to this research, as they contribute to a clearer vision of the overall picture of the context of this research. In other words, statements made at the conference indicate the importance of this research for both the nursing staff, the patients and their families, and for the hospital where the research was conducted, including in the context of nursing staff's coping with end of life situations, and the transcultural context. Furthermore, this knowledge contributes to sheds light on the theoretical knowledge presented in the literature review chapter, and is of applicable value.

## **II.5 Methods of Analysis - Content Analysis**

This research is a multi-stage mixed methods research, during which the data were content-analyzed. Content analysis is a systematic research method for analyzing textual information in a standardized way that allows evaluators to infer from that information

(Weber, 1990, p.9-12). Shkedi (2010) claimed that it is a process of creating categories that reflect the respondents' narratives. In addition, this process can only be done by maintaining the interaction between the conceptual framework and the data. Content analysis is always done in direct relation to the research aims, questions, and the conceptual framework. Moreover, this process uses inductive reasoning, by which themes and categories emerge from the data through the researcher's careful examination and constant comparison (Shkedi, 2010; Zhang & Wildemuth, 2009).

Qualitative content analysis has been defined as "a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (Hsieh & Shannon, 2005, p.1278: in Zhang & Wildemuth, 2009). Additionally, the process of qualitative content analysis often begins during the early data collection stages. This early involvement in the analysis phase can help in moving back and forth between concept development and data collection, and may help direct the subsequent data collection toward sources that are more useful for addressing the research questions (Miles & Huberman, 1994).

According to Creswell (2003), the process of data analysis involves making sense out of text and image data. It involves preparing the data for analysis, conducting different analyses, moving deeper into understanding the data, representing the data, and making an interpretation of the larger meaning of the data. In this context, Sabar Ben-Yehoshua (1995) described the process of content analysis as a process of solving a mystery, where in the beginning the clues lack any specific order, and gradually the frameworks are organized and are structured and focused.

## **II.6 Reliability and Validity in Qualitative Research**

Unlike in the quantitative approach, in qualitative research, the meaning of the term 'objective' is being cold and distant, while the term 'subjective' means being close to the topic of investigation. According to the qualitative approach, the truth is necessarily subjective, and means referring to things as perceptions and understandings that stem from involvement in the phenomenon under study and a holistic approach to them.

**Reliability** - is the possibility to repeat the research activity and achieve the same results (Yin, 1984 in: Shkedi, 2010). Reliability is the extent to which the research process yields the same answer anywhere and at any time that it is executed. In order to achieve reliability, reconstruction of the process should be performed just by using the same criteria of assessment. In qualitative research, most of the time, other researchers cannot accurately reconstruct the findings in any research project (Schofield, 1989; Merrick, 1999 in: Shkedi, 2010). The basis for determining the reliability of the qualitative analysis is the visible exposure of the conceptual perspective and the criteria of the investigators (Arksey & Knight, 1999: in Shkedi, 2010).

**Validity** - a valid explanation is such that you can protect it conceptually and is empirically based correctly (Dey, 1993 in: Shkedi, 2010). In qualitative research, we decide on the criteria for measurement and research which can vary or be adapted to the analysis during the process. The same phenomenon can be analyzed in different ways depending on the researchers' values and the focus of interest (Riesman, 1993: in Shkedi, 2010).

Another process which allows for validations is '**Triangulation**' – meaning using a variety of information sources in order to increase the findings' validity. The main goal of triangulation is to strengthen the research project as a whole, regardless of which method is the primary means to collect information (Stake, 2000; Merriam, 1985, 1998; Morgan, 1988; Denzinand & Lincoln, 2000). Therefore, this research used three types of research tools: observations, interviews and the researcher's diary. Indeed, we can see that in many cases the finding emerging the observations reaffirm those emerging from the interviews and vice versa. Concurrently, the researcher's diary added important aspects.

## **II.7 Generalizability in Qualitative Research**

Many researchers claim that the research findings cannot be generalized to another research environment, For instance, Bryman (2004) who claimed that when participant observation is used or when unstructured interviews are conducted with a small number of individuals in a certain organization or locality, it is impossible to know how the findings can be generalized to other setting. In contrast, there are researchers such as

Shkedi (2010) who have indicated qualitative generalizability. In other words, according to Shkedi, the reader rather than the researcher determines the level of generalization and decides which aspects of the research can be applied to other contexts.

## **II.8 Researcher Role and Involvement**

Creswell (1994) asserts that qualitative research is interpretative research. As such, the biases, values, and judgment of the researcher become stated explicitly in the research report. Such openness is considered to be useful and positive (Locke, Spirduso, & Silverman, 1987: in Creswell, 1994). Likewise, gaining entry to a research site and the ethical issues that might arise are two elements of the researcher's role.

Furthermore, in qualitative research the researcher nurtures close relationships with the research participants, and the latter are also familiar with each other. This fact influences the findings, but there is no way to prevent it. Nevertheless, there are methods that help the researcher minimize the bias (Sabar Ben-Yehoshua, 1995).

In the context of nursing research, Wood & Ross-Kerr (2011) also referred to researcher involvement and claimed that in participant observation studies, the observer is involved in the setting with the subjects. Participant observers have unique opportunities to influence the behavior of their subjects; in fact, it is difficult to avoid doing so. As a matter of fact, the purpose of nursing care is to influence change in the patient. Through detailed recording, however, the influence of the researcher will be described as part of the data. On the other hand, participant observation has the advantage of providing a more normal environment for the subject because the observer is either a normal part of the environment or becomes so in the course of the research.

In this research, the researcher is a registered nurse in the Intensive Care Unit and works with end of life patients. As such, the researcher is highly involved in the treatment routine and processes, and witnesses numerous interactions and transcultural encounters between nurses and patients and their families from different cultures.

## **II.9 Ethical considerations in Qualitative Research**

According to Bryman (2004), ethical issues arise at various stages in social research, and also cannot be ignored in that they relate directly to the integrity of a piece of research and of the disciplines that are involved.. Bryman (2004) also pointed out four main ethical principles in social research:

- *Harm to participants* – harm can entail facets such as physical, harm to participants' development, loss of self-esteem, and stress. Where modest risk or harm is anticipated, informed consent must be obtained.
- *Lack of informed consent* –prospective research participants should be given as much information as might be needed to make an informed decision about whether or not they wish to participate in a study.
- *Invasion of privacy* – every human being has the right to privacy, and transgressions of that right in the name of research are unacceptable.
- *Deception* – takes place when researchers represent their research as something other than what it is. Deception is common in social psychological experiments, since researchers often want to limit participants' understanding of what the research is about so that they respond more naturally.

## **III. Findings**

Content analysis of the observations and interviews with nursing staff yielded 4 major themes (themes will be detailed within the discussion chapter) in conjunction with the four research questions according to their order of appearance, as well as 20 categories presented in the following table:

**Table 2:** Themes and Categories

Theme	Category
<b>1. Understanding religion is a central motif in the cultural setting in end of life situations</b>	1.1 Understanding that mourning customs change from one culture to the next
	1.2 Perception of religion as a component high in the cultural hierarchy compared to cultural diversity
	1.3 Beliefs about end of life situations as a factor influencing ways of coping in the different cultures
	1.4 Knowledge of ways of coping with end of life situations in the different cultures
	1.5 Knowledge and perceptions of ways of coping with end of life situations of the patients and their families
<b>2. Breaking taboos regarding death into components</b>	2.1 Nurse's awareness of others' morning customs
	2.2 Perception of end of life, death and loss
	2.3 The nurse's approach
	2.4 Communication with patients and their families
<b>3. Transcultural nursing as part of nurses' world view</b>	3.1 Cultural sensitivity
	3.2 Cultural Congruent care
	3.3 Crossing cultural barriers
	3.4 Professional preparedness and the need for knowledge
	3.5 Exposure to knowledge and its significance
<b>4. Cultural diversity - as grounds for understanding transcultural nursing</b>	4.1 Nurse's role
	4.2 Nurse's involvement
	4.3 Coping as a nurse
	4.4 Communicating with the families
	4.5 Family's expectation of the Nurse
	4.6 Characteristics and qualities required of nurses

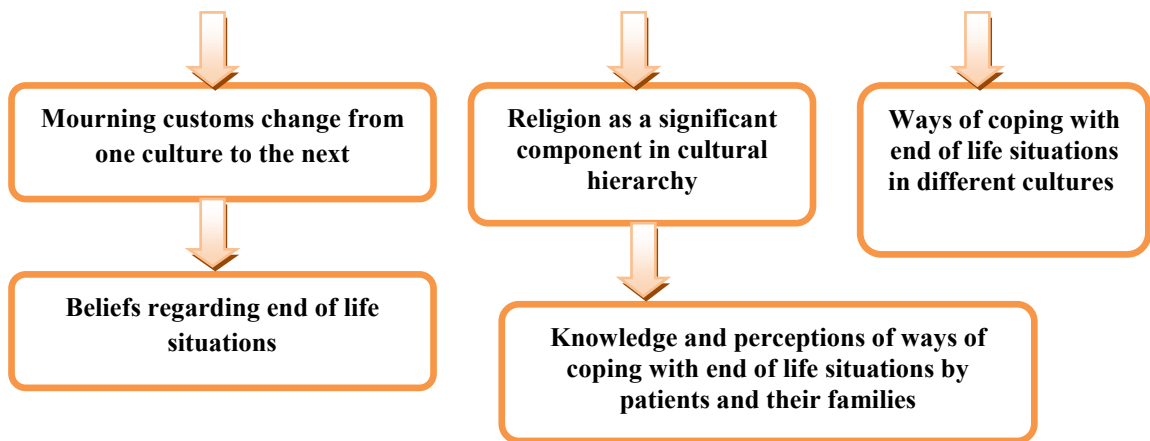
Following is the presentation of findings emerging from the content analysis of the observations and interviews according to the order of research questions. It should be noted that names of the participants are pseudonyms.

**III.1 Findings emerging from research questions 1:**

How do patients and their families cope with end of life situations in the researched cultures?

**The following figures and tables provide relevant examples.**

**Theme 1:** Understanding religion is a central motif in the cultural setting in end of life situations



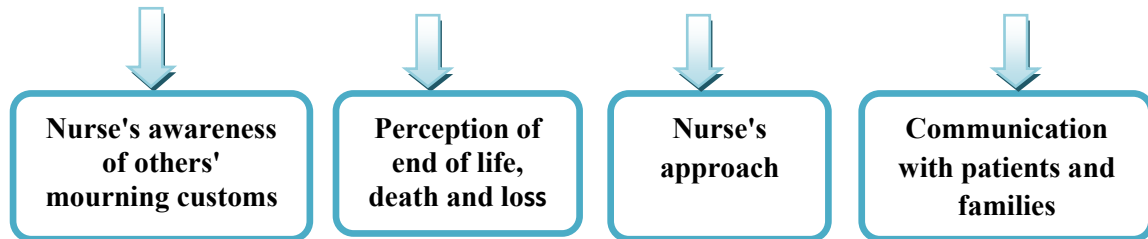
**Table 3:** How patients and their families cope with end of life situations in the researched cultures - examples

Category	Quotes by Nurses
<b>1.1 Understanding that mourning customs change from one culture to the next</b>	<ul style="list-style-type: none"> <li>"It depends very much on the culture; every ethnic group has its customs" (Michal)</li> </ul>
<b>1.2 Perception of religion as a component high in the cultural hierarchy compared to cultural diversity</b>	<ul style="list-style-type: none"> <li>"The fervently religious, whether religious Jews or religious Druze, have faith that guides them, which is an a coping resource, as a matter of fact" (Zehava)</li> </ul>
<b>1.3 Beliefs about end of life situations as a factor influencing ways of coping in the different cultures</b>	<ul style="list-style-type: none"> <li>"Belief in reincarnation helps greatly and eases the loss. Not weeping, but thinking that it's possible that another family needs and waiting eagerly for a baby". (Suad)</li> </ul>
<b>1.4 Knowledge of ways of coping with end of life situations in the different cultures</b>	<ul style="list-style-type: none"> <li>"That's the way it is in our culture – you don't make a fuss, you don't laugh or cry out loud, you're supposed to say everything is alright and nothing pains you, and in fact, you're never going to die."(Anna)</li> </ul>
<b>1.5 Knowledge and perceptions of ways of coping with end of life situations of the patients and their families</b>	<ul style="list-style-type: none"> <li>"By the Druze many relatives come to visit and they all want to know... by the Russians, it's much more distant and cold. Sometimes even those who you would expect to be there by the patient's bedside, such as a son or daughter, a mother – they are not there." (Galit)</li> </ul>

### III.2 Findings Emerging from Research Question 2:

What factors influence the nurse's ability to cope with patients and their families in end of life situations?

**Theme 2:** Breaking taboos regarding death into components



**Table 4:** Factors influencing the nurse's ability to cope with patients and their families in end of life situations

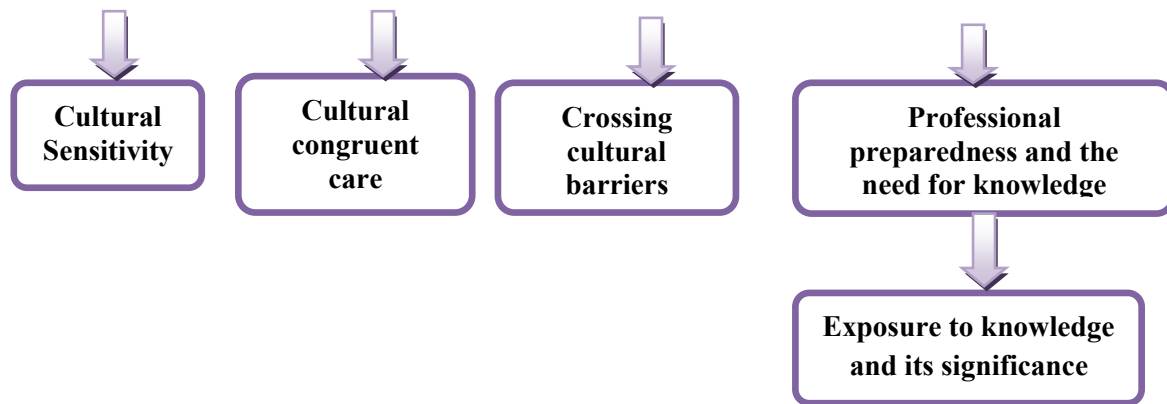
Category	Quotes by Nurses
<b>2.1 Nurse's awareness of others' mourning customs</b>	<i>"I remember when we went to console a Muslim Arab from the hospital so we asked the guys from the same culture that work with us what's customary in your culture"</i> (Dalia)
<b>2.2 Perception of end of life, death and loss</b>	<ul style="list-style-type: none"> <li>• <i>"As a nurse I think that sometimes I understand this stage in life is inevitable"</i> (Anna)</li> <li>• <i>"This is a difficult issue, also for the nursing staff, it is difficult, we try to avoid it "</i>. (Munir)</li> </ul>
<b>2.3 Nurse's approach</b>	<ul style="list-style-type: none"> <li>• <i>"Slowly, I understand that it's difficult for you "</i> (Zehava)</li> </ul>
<b>2.4 Communication with patients and families</b>	<ul style="list-style-type: none"> <li>• <i>"I know your throat hurts because of the tube in your mouth; we hope to remove it shortly and it will pass, I will bring you a sleeping pill right away, alright?"</i> (Nadav)</li> </ul>

### III.3 Findings Emerging from Research Question 3:

What factors affect the nurse's ability to provide culturally congruent care in end of life situations?



**Theme 3:** Transcultural nursing as part of nurses' world view



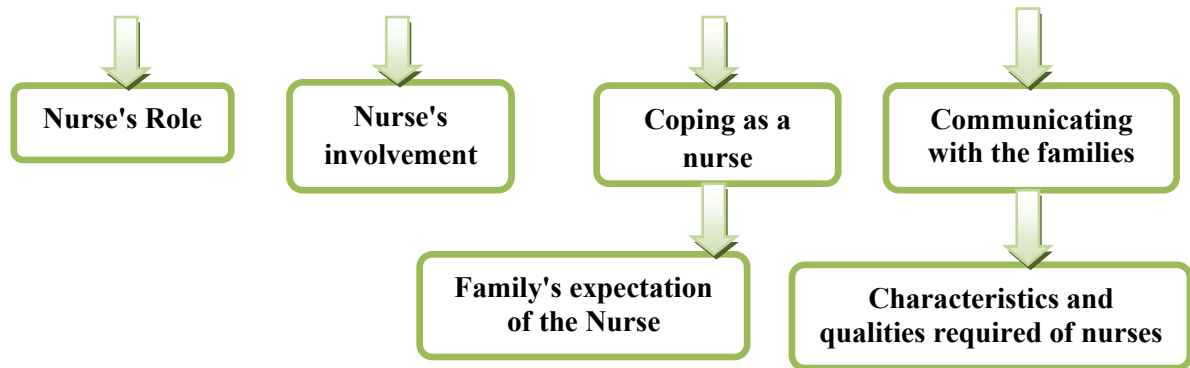
**Table 5:** factors affecting the nurse's ability to provide culturally congruent care in end of life situations

Category	Quotes by Nurses
<b>3.1 Cultural sensitivity</b>	<ul style="list-style-type: none"> <li>"Sometimes there's a custom to sit on the floor, and another person's custom is to stand on the ceiling. You need to understand that and respect each person and his culture." (Dalia)</li> </ul>
<b>3.2 Cultural congruent care</b>	<ul style="list-style-type: none"> <li>"You must know and be familiar with, and be attentive enough to the culture of the person before you... and you fulfill their requests, because you know – that's it, it's the end". (Zehava)</li> </ul>
<b>3.3 Crossing cultural barriers</b>	<ul style="list-style-type: none"> <li>"I feel that it's difficult for me, not only culture-wise, but also in the aspect of words, tools... Both personally and mentally, to speak of that matter like that" (Bushra)</li> </ul>
<b>3.4 Professional preparedness and the need for knowledge</b>	<ul style="list-style-type: none"> <li>"Everyone needs knowledge and new tools. You must add more, and it's necessary to go deeper in all the – How to treat families from different cultures, especially when someone dies, it could help us" (Malek)</li> </ul>
<b>3.5 Exposure to knowledge and its significance</b>	<ul style="list-style-type: none"> <li>"If the nurse understands that it's their culture, and that every person has a different culture and different customs – she'd accept that and then treat people differently, respect them more, wouldn't be angry or disrespectful." (Dalia)</li> </ul>

### III.4 Findings Emerging from Research Question 4:

What factors affect the communication between the nurse and patients and their families from different cultures?

**Theme 4:** Cultural diversity - as grounds for understanding transcultural



**Table 6:** Factors affecting the communication between the nurse and the patients and their families from different cultures.

Category	Quotes by Nurses
4.1 Nurse's role	<ul style="list-style-type: none"> <li>"The whole process of accompanying the family since the patient is hospitalized and his condition begins to deteriorate – It's only the nurses in the front of the treating staff" (Malek)</li> </ul>
4.2 Nurse's involvement	<ul style="list-style-type: none"> <li>"I think it's necessary to keep balance here, balance, balance!!! It's difficult... you can't enter too much... he passed away – and there's another one that's alive and needs you more". (Anna)</li> </ul>
4.3 Coping as a nurse	<ul style="list-style-type: none"> <li>"Sometimes it's difficult to draw the line as a nurse that must give treatment, professionally – Your emotion works, there are mixed emotions and it really doesn't matter from which culture or ethnic group they are, you become attached not only to the patient – to his family as well" (Zehava)</li> </ul>
4.4 Communicating with families	<ul style="list-style-type: none"> <li>"Families that are around for a long time – a warm relationship is created with the nursing staff". (Galit)</li> </ul>
4.5 Family's expectation of the Nurse	<ul style="list-style-type: none"> <li>They don't care if the treatment is professional, what's important for them is warmth, empathy, understanding, the respect you show the patient, giving the feeling that he is a human being and his dignity should be kept". (Zehava)</li> </ul>
4.6 Characteristics and qualities required of nurses	<ul style="list-style-type: none"> <li>"There's the nursing work, but there's also the family – it's something completely emotional, so you have to be a person who has it, and it's absent there's nothing he can do, even if he's an excellent nurse". (Amer)</li> </ul>

## **IV. Conclusions and Recommendations**

### **IV.1 Factual Conclusions**

Regarding the first research question about the coping of patients and families in end of life situations in the researched cultures, the findings showed that each nurse's primary need when working with culturally diverse populations in the attempt to provide culturally congruent care, is to make a cultural assessment of the main cultures he or she encounters. Information must be collected pertaining to all elements of a culture: customs, beliefs, religion, rituals, values, and language, with an emphasis on the context field of end of life situations. Such information will actually increase the nurse's awareness of cultural diversity, and direct the nurse's actions in their approach to patients and their families from diverse cultures in end of life situations. Hence, we can state that transcultural nursing end of life situations is characterized by performing an assessment in the development of cultural awareness and accumulating knowledge about mourning customs in various cultures as a way to provide culturally congruent care.

Furthermore, as mentioned, the issue of promoting the field of transcultural multicultural nursing has been enhanced in recent years, and in this context, it is important to note that the professional advancement of transcultural nursing requires relevant knowledge. However, there is great importance to the nursing staff's openness to this issue, and to understanding the elements of culture and their influence on patients and their families in end of life situations. In the context of this study is the religious element as a high component in cultural hierarchy, which is of the utmost significance in planning nursing care. That is, knowledge acquisition creates openness to various ways of coping in different cultures, and thereby promoting transcultural nursing field can be made possible. Hence, we can say that the promotion of transcultural nursing in end of life situations is influenced by both the acquisition of knowledge and the demonstration of openness towards the different religions and their influence on mourning customs and coping strategies in different cultures. In addition, transcultural nursing in end of life situations includes the beliefs of the culture and religion of the nursing staff, since faith is considered powerful and it guides the culturally congruent care in life situations. The findings showed that practical and theoretical knowledge about ways of coping with end

of life situations in different cultures is part of transcultural nursing, thus promoting understanding of cultural diversity and cultural competence. Apparently, the research revealed that the nursing staff's exposure to knowledge about the various ways of coping of patients in end of life situations and their families from diverse cultural backgrounds helps the nurses develop culturally competence in these situations.

As for the second research question about the factors which influence the nurses' ability to cope with patients in end of life situations and their families from diverse cultural backgrounds, the research showed that transcultural nursing in end of life situations includes the awareness of the importance of knowledge and sensitivity to the mourning customs of the patients and their families who belong to a culture different from that of the nurse. In addition, transcultural nursing in end of life situations is characterized by formulating conceptions about end of life, death, and loss on the part of nursing staff, directly influenced by their religion respective religion and culture. The research also showed that the nurse's approach to patients and their families from diverse cultures which is an individual approach, differs from one nurse to another, and influences transcultural nursing in end of life situations. Moreover, the research also emphasized that communication skills are of great significance as part of the nurse's role in all areas and especially in coping with end of life among a culturally diverse population. In this context, the research reveals that transcultural nursing in end of life situations depends on a positive correlation between the nursing staff's ability to communicate with patients and their families from diverse cultures and provide quality culturally congruent care.

Also, in this context, it turns out transcultural nursing in end of life situations depends on a positive correlation between the nursing staff's ability to communicate with patients and their families from diverse cultures and the quality of culturally congruent nursing care.

As for the third research question about the factors influencing the nurse's ability to provide culturally congruent care in end of life situations, this research study showed that transcultural nursing in end of life situations is characterized by cultural-sensitivity which contributes to the development of cultural competence and to the formulation of a multicultural view among nursing teams. This is a necessary component when providing care to a culturally diverse population.

Additionally, the research showed that transcultural nursing constitutes the fundamental body of knowledge required for a nurse to provide culturally congruent care in end of life situations, and that knowledge in transcultural nursing in end of life situations includes overcoming cultural barriers that complicate effective communication, and thus improves the quality of culturally congruent nursing care. From the research, it appears that the transcultural nursing in end of life situations is comprised of two main bodies of knowledge - that of transcultural nursing and that of end of life situations in their medical and social-cultural contexts. Furthermore, the research indicated that transcultural nursing in end of life situations should also include exposure to theoretical knowledge and exposure to knowledge in the clinical field so as to develop cultural sensitivity and competence which contribute to culturally congruent care, as without the existence of transcultural encounters between nurses and patients and their families from diverse cultures, these concepts are meaningless.

As for the question of the fourth and last research question about the factors which influence the communication between the nurse and the patients and their families from diverse cultures, the research revealed that transcultural nursing in end of life situations is ambivalent, extending to the medical-nursing field regarding patient support on the one hand, and on the other hand, the social-emotional field in the support provided to family members who, as stated, have many special needs and attract attention and in end of life situations. The research also found nursing knowledge of transcultural nursing in end of life situations helps the nurse determine the extent of his/her involvement in these situations according to the needs of patients and their families from diverse cultures, as their needs vary due to numerous factors which do not necessarily stem from their cultural affiliation. Furthermore, it was found that knowledge in the field of transcultural nursing in end of life situations can provide the nurses with tools that will enhance their self-confidence while providing care and direct their coping with these situations to the point where they would be able to provide culturally congruent care.

Nevertheless, from the research, it appears that transcultural nursing in end of life situations also includes informal communication between the nursing staff and families of patients. This communication has implications with regard to the development of

cultural competence among the nursing staff, and at the same time, it is characterized by the development of communication skills and constant professional development as part of the theoretical knowledge in the field of providing culturally congruent care. Finally, the research showed that transcultural nursing in end of life situations combines professional knowledge in the field of transcultural nursing and cultural sensitivity, while referring to the professional and personal aspects of the nurse as having equal importance and complementing each other in order to provide culturally congruent care.

## **IV.2 Conceptual Conclusions**

### **Nursing in end of life situations: a new construct for understanding Transcultural nursing**

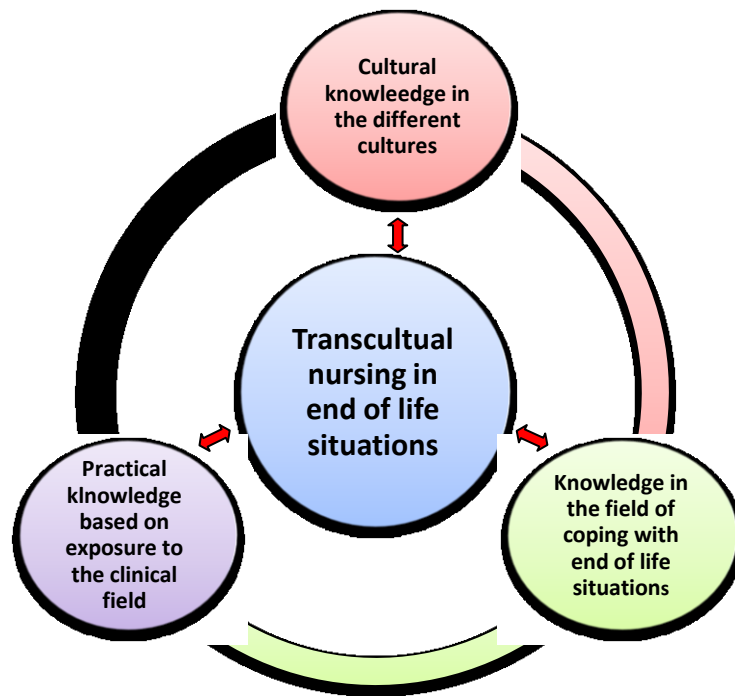
The conceptual conclusions drawn from this research pertain to the influence of cultural characteristics on both the nursing staff and the patients and their families from diverse cultures when providing nursing care in end of life situations. However, the conclusions lead to the understanding of the importance of providing culturally congruent nursing care as part of the broad worldview whereby the nurse should be aware of his or her own culture to develop an awareness of other cultures, and hence will be able to actually see the patients and their families through their prism and provide culturally congruent nursing care in end of life situations.

Hence, transcultural nursing is a broad field of knowledge that includes various aspects with the main goal being helping the nurse provide culturally congruent nursing care to culturally diverse patients, their families, communities, and organizations. Thus, on the conceptual level, it can be said that the grounds for research in transcultural nursing is the existence of cultural diversity which influences the course, consequences, and implications of nursing care provided by a team of culturally diverse nurses to a culturally diverse patient population and families.

As mentioned, the research showed that cultural values largely shape the coping of both patients and their families and of the nursing staff in end of life situations. Therefore, the research emphasized the importance of exposing the nursing staff coping with patients in end of life situations and their families from diverse cultures to practical and theoretical

knowledge in the field of transcultural nursing both about the different cultures with which the nurse has contact while working, and in coping with the end of life situations in order to develop cultural sensitivity and competence which will result in providing culturally congruent care, and hence quality professional and effective nursing care provided by skilled knowledgeable nurses.

The following model emerged from this research and describes the three main elements of transcultural nursing in end of life situations, i.e. cultural knowledge in the different cultures, knowledge in the domain of coping with end of life situations and practical knowledge resulting from exposure to the clinical field, and the nurses influencing each other when providing nursing care to patients in end of life situations and their families from diverse cultures, and ultimately, shaping the nursing staff's ways of coping in these situations into a culturally congruent nursing care with positive implications on the results.



**Figure 2 :** A Model of Transcultural Nursing in End of Life Situations – TNELS

Therefore, it can be said that the transcultural nursing in end of life situations is an integrative process that links theoretical knowledge from various fields of knowledge and

practical knowledge acquired via the exposure to the clinical field. Moreover, transcultural nursing in end of life situations is a holistic process which deals with human beings. It is also holistic and interpretive at the same time as the knowledge is subjective and based on feelings, thoughts, and behaviors within the different researched cultures.

In other words, the process is holistic in that it refers to the person as someone who is influenced by physical, mental, emotional and spiritual aspects. During this process, the nurse is required to consider these aspects and see things through a broad lens. The nurse also ought to be aware of the fact that there is meaning to the way a person interprets his or her feelings, thoughts, and behavior. Additionally, this is an inductive process progressing from data collection to grounded theory based on the day-to-day reality and describes cultures and patterns of behavior as they appear in the research field, and not in the researchers' mind (Sabar Ben-Yehoshua, 1995).

### **IV.3 Practical Implications**

This research has practical implications on nursing practice, nursing education and nursing research.

#### **✓ Nursing Practice**

Today, nurses can treat patients and their families through their cultural context. For this purpose, the nurse needs appropriate tools for evaluating and identifying cultural gaps between patients, and thus making decisions related to the planning and adjusting of nursing care. With that change in perception, nursing has become an academic profession which strives for individual treatment and suits the patient's culture, while respecting that culture, and in this research context - cultural competent and congruent care of patients and their families coping with the most difficult – end of life situations.

Additionally, coping with end of life situations is of great significance to the patient, family, and nursing staff, since it is perceived as one of the most difficult, frightening, and uncomfortable experiences that a person can experience in the course of life, and yet, many people avoid talking about this issue. Nurses should be aware of this fact, expand their knowledge about cultures, provide congruent care, act in a culturally sensitive manner, and acquire the communication skills necessary for these purposes, since better



communication will lead to better relationships between the nurses and the patients and their families.

Therefore, the knowledge emerging from this research can help the nurse adjust the nursing care plan to a culturally diverse population

Thus, the knowledge that this research raises can help the nurse in practice as planned nursing care population in end of life situations, when the model which developed as a result can guide the nurses' actions by leading to understanding / awareness of the factors related to transcultural nursing in end of life situations and these factors mutually influencing each other.

#### ✓ **For Nursing Education**

By acquiring knowledge about transcultural nursing in end of life situations, the nurse will be able to provide culturally congruent care based on knowledge that will contribute to more effective coping with the patients and their families in end of life situations, and thus increase their wellbeing and satisfaction with the nursing care given to them.

In the nursing field, practical knowledge is not enough, and theoretical knowledge is equally important. It should be noted that nurses are care givers who are closest to patients and their families especially in end of life situations, where they need much support and culturally congruent care, and therefore it is very important that the nurse know how to behave in such situations by implementing the theoretical knowledge which includes the theories and models presented in this study.

In Israel, the issue of transcultural nursing curriculum is included in the curriculum of professional training of nursing students in the form of a seminar paper they have to submit, and where a student and/or a group of students are exposed to a selected health issue in a particular culture, so that not all nursing students are equally exposed to all cultures. In other words, such a form of learning in itself creates gaps and therefore it is necessary to design a course where students will learn about the characteristics of primary cultures which they will encounter in their work, in addition to knowledge in the field of transcultural nursing and seminar papers.

In addition, the nurse education curriculum does not include sufficient reference to knowledge coping about coping with end of life situations and palliative care. Nursing students are taught a course called "Coping with crisis" in the framework of fundamentals of nursing. The course does offer some reference to coping with death, but it is evident that a nurse who arrives at the clinical field upon graduation is required to cope with patients in end of life situations and their families from diverse cultural backgrounds and is, in fact not prepared for it, especially when it comes to the population of patients and families from diverse cultural backgrounds. In this context, it is known that there are on the job programs pertaining to palliative care in which nurses participate by personal choice. Thus, a situation is created where not all nurses working with terminally ill patients have proper training. In addition to gaps in transcultural knowledge among nurses, they also have gaps in knowledge regarding coping with end of life situations and palliative care, resulting in non-uniform care, and hence, the treatment that lacks quality, is ineffective and non-professional resulting negative implications for both the nursing staff and patients and their families.

Accordingly, these courses are to be emphasized within the nurse education curriculum, which ought to include the domain of knowledge in transcultural nursing in end of life situations, since this research emphasizes the significance of culture and religion precisely in such sensitive situations wherein not only patients and their families are helpless but also the members of the nursing staff.

At the same time, an extensive program for the development of transcultural nursing ought to be implemented in the form of in-service courses for all nursing staffs who are coping with patients in end of life situations and their families from diverse cultures which will include all areas of knowledge and conclusions presented in this research, which shall consist of theoretical information delivered via the frontal lectures and information emerging from case studies in the clinical field and their discussions, along with workshops or simulations that include experiential learning in which learners will present cases in the form of role-play, which allows for coping. In this way, nursing staffs can acquire advanced communication skills, beyond the basic skills they have acquired in the course of their nursing studies. Such a program can certainly help nursing staffs to

cope more effectively with patients in end of life situations and their families from the different cultures, contribute to the development of cultural competence and of a transcultural perspective, thus it may enhance the nurse's ability to provide culturally congruent care.

#### ✓ **Nursing Research**

According to Hall (2006), some aspects of knowledge of care have been significantly advanced by qualitative research, especially suited to beliefs about health and illness, attitudes and behaviors. She also claimed that qualitative research is especially suited to when little is known about some subject, and that as nursing is a constantly changing profession, there are definitely many aspects that affect care about which quite little is known.

Therefore, we can say that this qualitative study has certainly enriched and enhanced the knowledge of transcultural nursing with interesting and innovative findings. There is a need to continue to develop this domain of knowledge both in end of life situations and in the various areas within the framework of the nursing profession as it is applicable and provides nurses with skills and tools that are highly meaningful to them as nurses who provide nursing care to a culturally diverse population and as researcher in Israel and all over the world where there is a culturally diverse population.

In addition, each nurse ought to regard himself/herself as an ambassador of the nursing profession and contribute to the advancement of professionalism while striving to achieve professionalism and high-quality care since nursing professionals the great significance of high quality care in a life where health is the most important thing. In this way, we can create a powerful body of knowledge that will actually advance the nursing profession itself, which, as stated earlier, still aspires to independence. It appears then that this research opens the door for nurses who are interested in nursing research and may encourage them to act in this area. From my personal experience, it should be noted that conducting research in the field of transcultural nursing may contribute greatly to formulating a transcultural perspective, to the development of cultural competence and a culturally sensitive approach necessary for each and every nurse, and not necessarily in end of life situations. Hence , the existence of further studies in the field of transcultural

nursing will contribute to the large-scale distribution of the topic and thus could greatly benefit more nursing staffs around the world and, of course, the patients and their families from the different cultures.

#### **IV.4 Recommendations for Future Research**

The population in the current research was comprised of members of the nursing staff only, as the research focused on their coping with patients and their families from the different cultures, and therefore the findings of the current research pertain only to their perceptions and world views. It would very interesting to explore the perspectives of patients and their families on this issue. That is, how important the transcultural nursing issue in end of life situations is to them. Additionally, a follow-up research on this topic could focus on the field of communication between the nursing staff and patients and their families, and not necessarily in end of life situations, but rather in a variety of situations encountered by the nursing staff. Furthermore, in the transcultural context, as the nursing staff consists of nurses from diverse cultures, and sometimes this fact creates various conflicts as a result of poor communication due to lack of knowledge or lack of sensitivity of nurses who belong to different cultures, this topic can constitute the grounds for future research in the field of communication between the nursing teams belonging to different cultures, and is an issue of great interest in itself.

And more broadly, the topic can be researched with reference to multidisciplinary teams, and the influences on the quality of patient care due to multidisciplinary teams' whose members come from diverse cultures.

#### **IV.5 Contribution to Knowledge**

It can be stated this research contributes both to theoretical knowledge and practical knowledge. Theoretically, the research added to the knowledge of multiculturalism in the context of nursing staff coping with patients and their families in end of life situations. In addition, the research provides applicable knowledge which may help nurses in coping with patients in end of life situations and their families from cultures that are different from those of the nurses, and thus paves the way to improving the quality of nursing care.

Furthermore, this research has original features, and developed an original model which can assist and guide nursing teams while providing care and coping with a culturally sensitive approach and cultural competence so as to provide culturally congruent care regardless of the nurse's culture. Nevertheless, this research is also innovative since there has been no previous knowledge regarding the issue of transcultural nursing in end of life situations. That is, this research is innovative in the field of knowledge pertaining to transcultural nursing in end of life situations from the perspective of the culturally diverse nursing staff coping with patients and their families from diverse cultures.

Moreover, the contribution of this study is not only of national value, but also international value, as the knowledge it adds and its unique model can be used as applicable tools for any nurse who has been working with culturally diverse patients, and everywhere. In this way, this research contributes to nursing in any multicultural environment, to patients and their family members, to the organizations in which nurses work, and to society, as cultural sensitivity is not only required in a work environment with patients, but wherever there are cross-cultural encounters.

With the hope that this research will have an impact on future decision-makers, a change in the nurse education policy is also required, and thus this research will also contribute to the training institutions and to the prospective nurses while they are still students.

Finally, nurses need educational preparation to gain knowledge, skills, and attitudes essential to working with culturally diverse people. They must also recognize these critical needs and be committed to providing cultural congruent care.

## References

Andrews, M. M., & Boyle, J. S. (2002). Transcultural concepts in nursing care. *Journal of Transcultural Nursing, 13*(3), 178-180.

Andrews, M. M., & Boyle, J. S. (2003). *Transcultural concepts in nursing care* (4<sup>th</sup> ed.). Canadian editor: Lippincott and Wilking.

Bradley, J. C., & Edinberg, M. A. (1990). *Communication in the nursing context* (3<sup>th</sup> ed.). Appleton & Lange: Norwalk, Connecticut.

Bryman, A. (2004). *Social research methods* (2<sup>nd</sup> ed.). Oxford University Press Inc.: New York.

Creswell, J. W. (1994). *Research design: Qualitative and quantitative approaches*. London: Sage Publications.

Creswell, J. W. (2003). *Research design – Qualitative, quantitative, and mixed methods approaches* (2<sup>nd</sup> ed.). University of Nebraska, Lincoln: Sage Publications.

Cronenwett, L. R. (2011). *The future of nursing education*. University of North Carolina.

Denzin, N. K., & Lincoln, Y. S. (2000). *Handbook of qualitative research* (2<sup>nd</sup> ed.). Thousand Oaks, Calif: Sage publications.

Eisenhardt, K. M. (1989). Building theories from case study research. *Academy of Management Review, 14*(4), 532-550.

Giger, J. N, & Davidhizar, R. (1990). Transcultural nursing assessment: A method for advancing nursing practice. *International Nursing Review, 37*(1), 199-202.

Hall, A. (2006). Qualitative research and its role in nursing knowledge. *Swansea University, 102*(20), 32.

Halligan, P. (2005). *Caring for patients of Islamic denomination: Critical care nurses' experiences in Saudi Arabia*. University College Dublin: Ireland.

Harrell, M. C., & Bradley, M. A. (2009). *Data collection methods: Semi-structured interviews and focus groups*. RAND: Santa Monica.

Jenco, M. (2006). Transcultural nursing principle: An application to hospice care. *Journal of Hospice and Palliative Nursing*, 3, 172-180.

Kagawa-Singer, M., & Blackhall, L. J. (2001). Negotiating cross-cultural issues at the end of life: "You got to go where he lives". *Journal of the American Medical Association*, 286, 2993-3001.

Kemp, C. (2005). Cultural issues in palliative care. *Seminars in Oncology Nursing*, 21(1), 44-52.

Knebel, A. R. (2002). Research initiatives to improve end-of-life care. *Geriatric Times*, III, 6.

Kozier, B., & Erb, G. (2008). *Fundamentals of nursing – Concepts, process, and practice*. Julie Levin Alexander Publisher. Upper Saddle River: New Jersey.

Kubler-Ross, E. (1969). *On death and dying*. New York: Springer.

Leininger, M. M. (1991). *Culture care diversity and universality: A theory of nursing*. New York: National League for Nursing Press (redistributed by Jones and Bartlett Publishers, Inc., New York, 2001).

Leininger, M. M. (2002). Culture care theory: A major contribution to advance transcultural nursing knowledge and practices. *Journal of Transcultural Nursing*, 13(3), 189-192.

Mazanec, P., & Tyler, M. K. (2003). Cultural considerations in end of life care. *American Journal of Nursing*, 103(3).

Merriam, S. B. (1985). The case study in educational research: A review of selective literature. *The Journal of Educational Thought*, 19(3), 204-217.

Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco: Jossey-Bass Publishers.

Miles, M., & Huberman, A. M. (1994). *Qualitative data analysis*. Thousand Oaks, CA: Sage Publications.

Morgan, D. L. (1988). *Focus groups as qualitative research*. Beverly Hills: Sage Publications.

- Purnell, L., & Paulanka, B. (2003). *Transcultural health care* (2<sup>nd</sup> ed.). Davis: Philadelphia.
- Sabar Ben-Yehoshua, N. (1995). *The qualitative research in teaching and learning*. Modan Publication: Tel-Aviv (Hebrew).
- Shkedi, A. (2010). *Words of meaning, qualitative Research – Theory and practice*. Ramot Publication: Tel-Aviv University (Hebrew).
- Stake, R. E. (2000). Case studies. In: N.K. Denzin & S.L. Lincoln (Eds.), *Handbook of qualitative research* (2<sup>nd</sup> ed., pp. 435-454). London: Sage Publications.
- Steinberg, A. (2008). Providing culturally congruent nursing care. *Culturally Congruent Nursing Care*. Aurora University.
- Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23(3), 197-224.
- Stroebe, M., & Schut, H. (2001). Meaning making in the dual process model of coping with bereavement. In: R. A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp.55–73). Washington, DC: American Psychological Association.
- Todd, J. (2006). Palliative care and culture: An optimistic view. *Journal of Multicultural Nursing Health*, 12(2).
- Tucker C. M., Herman K. C., Pedersen T. R., Higley B., Montrichard M., & Ivery, P. (2003). Cultural sensitivity in physician-patient relationships: Perspectives of an ethnically diverse sample of low-income primary care patients. *Medical Care*, 41(7), 859-870. Lippincott Williams & Wilkins, Inc.
- Weber, R. P. (1990). *Basic content analysis*. Newbury Park, CA: Sage Publications.
- Wood, M. J., & Ross-Kerr, J. C. (2011). Basic steps in planning nursing research. *From Question to Proposal* (7<sup>th</sup> ed.). Jones and Bartlett Publishers, Canada.
- Yin, R. K. (1984). *Case study research: Design and methods*. London: Sage publications.
- Zhang, Y., & Wildemuth, B. M. (2009). Qualitative analysis of content. In: B. Wildemuth (Ed.), *Applications of Social Research Methods to Questions in Information and Library Science*.(p.308-319). Westport, CT: Libraries Unlimited.