

# Transcultural Nursing in the End-of-Life: Factors Affecting Nurse's Ability to Cope with Culturally Diverse Patients and Families

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**Abstract.** *The present case study took place in a hospital in Northern Israel and explores transcultural nursing in the end-of-life situations. Based on Cultural Care Diversity and Universality Theory (Leininger, 1991), "Transcultural Assessment Model" (Giger and Davidhizar, 1990), Kubler-Ross Model of Coping with Death (Kubler-Ross, 1969), and the Dual Process Model of Coping with Bereavement (Stroebe and Schut, 2010), it aims at identifying factors that influence nurses' practices in relation to culturally diverse patients and their families in those situation. For this purpose, systematic observations and interviews with culturally diverse nurses who work with terminal patients were conducted. The two sets of data showed in a consistent manner the importance and the role played by four main factors : nurse's awareness of others' mourning customs ; nurse's perception of end-of-life, death and loss ; nurse's approach ; and communication with patients and families. Knowledge about factors affecting transcultural nursing are highly relevant for both the organization of care delivery and the education of professionals.*

**Keywords:** transcultural nursing, cultural congruent care, end-of-life, palliative care, coping

## Introduction

Recently, the nurse's role has evolved from helping the patient suffering from a disease to the diagnosis and treatment of human responses. Thus, 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 (Bradley and Edinberg, 1990).

In Israel, transcultural interactions are a matter of routine, especially in the healthcare services. 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. Lack of knowledge

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about the different cultural differences may lead to many failings while administering nursing care with far reaching negative effects for both sides, mainly when it comes to such sensitive situations as end-of-life situations, where the patients' families carry a heavy weight in the interaction with the nursing staff.

In this view, Davidhizar, Giger, and Hannenpluf (2006) claimed that nurses will encounter diverse patients and families as well as work with diverse members of the healthcare team. Thus, culturally diverse nursing care refers to the variability in nursing approaches needed to deliver culturally appropriate and competent care to patients and their families (Giger and Davidhizar, 2004).

The research, then, expands the knowledge in the field of multi-cultural nursing from the perspective of the nursing staff's coping 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 nurse and patients and their families, leading to effective quality professional nursing care, and in the end contribute to the development of nurses' cultural competence.

This article, therefore, addresses the various aspects of end-of-life situations and their cultural context, and the nursing staff's coping with patients and their families in these situations while paying attention to the significance of the family aspect along the way. Finally, this article exposes innovative interesting findings in the field of transcultural nursing in end-of-life situations.

## Literature review

### *Transcultural nursing*

Transcultural nursing is a comprehensive field of knowledge comprised of different aspects, and whose main goal is to help the nurse provide culturally congruent care to the culturally diverse patients, their families and communities. In the 1960's Leininger, the founder of transcultural nursing field, coined the term *culturally congruent care*, which is the primary goal of transcultural nursing practice. In addition, culturally congruent care is possible when the nurse and the client creatively design together a new or different care lifestyle for the health or well-being of the client (Leininger, 1991).

Thus, transcultural nursing is both a specialty and a general practice area. It focuses on worldwide cultures and comparative cultural caring, health, and nursing phenomena. Furthermore, transcultural nurses study the interrelationships of culturally constituted care from a nursing perspective. Possessing a combination of education and field experience, they provide knowledgeable, competent, and safe care to people of diverse cultures. Their study encompasses cultural care symbols, expressions, and meanings. Additionally, research in transcultural nursing focuses on discovering largely unknown and vaguely known cultural care and health concerns from two perspectives: "emic perspective" which focuses on the local, indigenous, and insider's culture; and "etic perspective" which focuses on the outsider's world and especially professional views (Leininger, 1991; Murphy, 2006).

In the same context, Kemp (2005) asserted that the first step in providing quality care across cultures is to identify and learn about the main cultures with which one has contact, while sources include the literature, contacts in the community, and the patient and family. Additionally, Tripp-Reimer, Choi, Kelley, and Enslein (2001) maintained that integral to the delivery of culturally appropriate care are practitioner competencies in specific areas of cultural knowledge, cultural assessment, selecting among levels of intensity of cultural interventions (natural, sensitive, innovative, or transformative), adapting patient education, and developing community partnerships.

Finally, Campinha-Bacote (2002) appointed the following transcultural nursing factors that can be used to promote transcultural nursing and assess nurses' cultural competency: *Awareness* – nurses need to be aware of personal prejudices toward others from different cultures; *Skill* – nurses must have the skill to conduct cultural assessments in a sensitive manner; *Knowledge* – nurses must adopt a broad perspective regarding different points of view to accommodate patients' various cultural views; *Encounters* – it is important for nurses to expose themselves to patients from diverse backgrounds and provide effective care that is congruent with their cultural ways; *Desire* – nurses must want to achieve cultural competency, meaning having an enthusiastic attitude to learn about others' cultural ways and integrate them into the nursing care plans; and *Assessment* – nurses must perform a self-assessment to determine whether they are culturally competent in their nursing care.

It is apparent that in recent years the transcultural nursing topic attracts the attention of many researchers around the world, because cultural diversity exists almost everywhere, and the more exposed we are to knowledge of different cultures the more we develop meaningful insights about the need to further investigate this issue. Thus, this study engages in the transcultural nursing field in the context of end of life situations, and the need to understand the effects of culture both on the nursing staff and the patients and families in coping with the sensitive end-of-life situations.

## The cultural context in the end-of-life

Everyone experiences loss, grieving, and death in the course of life, while loss can be spiritual or material. In clinical settings, the nurse encounters clients who may be experiencing grief related to different reasons; therefore it is important for the nurse to understand the significance of loss and develop the ability to assist patients and their families as they work through the grieving process (Kozier and Erb, 2008).

From a cultural perspective, Andrews and Boyle (2003) state that what differentiates between races and cultural groups are not the feelings of grief but their forms of expression or mourning. Although the experience of grief is a universal phenomenon, a nurse should be aware that it is strongly influenced by cultural factors. Similarly, Smith and Segal (2011) assert that grieving is a personal and highly individual experience, and add that the way people grieve depends on many factors, including personality and coping style, life experience, faith, and the nature of the loss. Meaning that, the grieving process takes time, so healing occurs gradually. Additionally, both the patient who is dying and family members grieve as they recognize the loss.

In this sense, Mazanec and Tyler (2003) claimed that it is important to consider the role ethnicity plays in communication, family values such as respect for elders, and beliefs about and practices related to illness and death. Thus, among the culture-influenced variations in grief and bereavement are: expression of emotion, function of the funerary ritual, length of funerary and related ritual, and length of bereavement (Kemp, 2005).

In addition, in some groups, expression of grief through wailing, crying, physical prostration, and other outward demonstrations are acceptable and encouraged. Other groups may frown on this demonstration as a loss of control, favoring a more quiet and stoic expression of grief (Kozier and Erb, 2008). Meaning, culture plays a critical role in how patients, families, and healthcare providers view the end-of-life (Kemp, 2005). Hence, the nurse has to take into account that reactions to loss and grieving vary from person to person and from culture to culture so he/she should allow the person to express feelings in his/her own way, to understand and support him/her and the family members as much as possible.

## **Palliative care**

An integral part of end-of-life is the issue of palliative care since it takes part not only in the emotional context, but also in the practical context of the nursing care so it requires the nurse's high level of skills and knowledge. According to Nevil (2003), in palliative approach, the majority importance is given to balance the pain and other signs of physiological distress, psychological, social and spiritual, taking into account social background, cultural and religious of the patient. However, the vast majority of therapists have little knowledge of palliative care, and to improve the quality of care they need to expand their knowledge and related skills.

Sinclair (2011) added that although preserving life is a central goal of medicine, in the end, death is an unavoidable outcome. Professionals in palliative and hospice care, working within the landscape of death and dying, are able to provide insight into death-related experiences and have the opportunity to incorporate these experiences into their personal and professional lives.

In the same context, Marshall (2001) stated that nurses spend more time with patients who are facing the end-of-life than any other member of the healthcare team. Yet, studies have shown that many nurses feel inadequately prepared to provide the comprehensive care so important at the end-of-life. Accordingly, it should be noted that palliative care requires effective use of communication skills throughout the trajectory of illness and after bereavement which include: listening, silence, attending, acknowledging, and containment. Additionally, effective communication incorporates attitudes of authenticity, sensitivity, compassion and empathy, all of which assist healthcare professionals to support patients, families and each other. In this view, Barnard and Ganca (2011) asserted that communication skills are universal and applicable to diverse populations and settings.

Treatment of culturally diverse patients and their family members is a critical element of the nurse's role, and it is also her duty to promote their welfare and autonomy. The nurses are expected to show cultural sensitive attitude and understanding of patients' and patients' families' behaviors of any kind, even the unusual ones while coping with end-of-life.

Furthermore, the exclusion of cultural dimension can itself become a barrier to the utilization of palliative care. Hence, palliative healthcare providers need to consider all aspects of living and dying, including emotional, physical, spiritual and cultural ones as components of a personal's uniqueness (Todd and Baldwin, 2006).

## **Coping with patients and their families in the end-of-life**

Inevitably, nurses are focusing on restoring health or on fostering environments in which the patient returns to a previous state of health or adapts to physical, psychological, or emotional change. However, one aspect of care that is often avoided or ignored, though every bit as crucial to patients and their families, is death and the accompanying dying and grieving processes (Andrews and Boyle, 2003). By understanding some of the cultural variations related to death, dying, and bereavement, the nurse can plan the appropriate nursing care for both patients and their families from the different cultures in the end-of-life situations.

Additionally, according to Viztom, Malkinson, and Rubin (2001), understanding the way culture copes with loss and death may require extensive knowledge about the history of culture, social structure, economy, politics and even more. Different cultures have various ways to cope with death: who has the right or duty to mourn, who is set as the master of mourning and who has probably experienced the greatest loss. Cultures define death and

what causes it, the mourners, the relationship between the mourners and others, the meaning of life and all the major social values. These understandings are filtered through rituals. Failure to fully perform them may leave people confused and disordered.

In other words, the nurse must consider the acceptable rituals in every culture and give the necessary support in a culturally sensitive manner, even if those rituals are not acceptable in his/her culture. Moreover, the presence of the nurse near the patient and his/her family in end-of-life situations is highly meaningful in easing their coping. Hence, by discussing end-of-life issues in culturally sensitive way, the caregivers can turn a potentially exasperating experience into enriching one, with understanding and respect (Klessig, 1992 ; Todd and Baldwin, 2006).

At this point, it is important to note that the nurse should treat the patients and their families as an inseparable unit because the family provides the context in which health promotion and maintenance are defined and carried out by its members within culturally diverse communities. The nurse can recognize and use the family's role in altering the health status of a family member and in supporting lifestyle changes (Andrews and Boyle, 2003). Kozier and Erb (2008) also found that the effectiveness of family communication determines the family's ability to function as a cooperative, growth-producing unit, since the family members support one another and have the ability to listen, empathize, and reach out to one another (Mazanec and Tyler, 2003).

Finally, it is important to realize that the terminal patient has special needs which can be satisfied if we only listen and find out. Additionally, work with patients in end-of-life situations requires maturity which only comes with experience, and hence we must examine ourselves and find out about our own attitude to death before we can spend time with patients in end-of-life situations, free of anxieties and be available to their relatives (Kubler-Ross, 1969).

McNamara, Waddell, and Colvin (1995) added that working with terminally ill people is stressful. In the final stages of the disease process the dying person is emotionally and physically exhausted, frail, and vulnerable. In order to contain the impact of the stress associated with care for the dying, hospice nurses and other health professionals employ various coping strategies and engage in reciprocally supportive interactions.

In other words, in order to cope with patients and their families from different cultures in end-of-life situations the nursing staff should know how they cope with these situations themselves. This task is undoubtedly one of the most difficult nurse's roles because it requires mental powers, and also because in most cases it is difficult to obtain the cooperation of the patient and family. However, providing culturally congruent care in the end-of-life situations can bring on contentment to all parts involved (nurse, patient and patient's family).

## Methodology

As stated, this research examined the factors affecting the nurse's ability to cope with the population of patients and their families from different cultures in end-of-life situations with the goal of expanding the knowledge of transcultural nursing, alongside the development of cultural competence among nurses. Thus, the theoretical framework of this research included theories from the field of transcultural nursing (Leininger, 1991 ; Giger and Davidhizar, 1990) which constitute the grounds for increasing knowledge about the researched cultures in being helpful to nurses providing culturally congruent care, and theories from the field of coping with death, loss, and grief (Kubler-Ross, 1969 ; Stroebe and Schut, 2010) which form the grounds for understanding the ways of coping with end-of-life situations, since they explain the process of coping with death and mourning with reference to, inter alia, the effect of the cultural factor.

Thus, the study was carried out in a hospital in northern Israel, where population consisted of only members of the nursing staff who belong to different cultures, using such research tools as observations and interviews which yielded data which were content analyzed and in turn yielded the findings and conclusions described below, and which answered the research question : “What factors influence the nurse’s ability to cope with culturally diverse patients and their families in the end-of-life situations ?”.

At this point, it should be noted that the participants names which appear in the findings chapter are pseudonyms.

As for the performance, 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 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.

According to this research field and subject, case study method was chosen for this qualitative research. Leininger (1998) maintained that today, in our multicultural world, qualitative studies on cultural care of individuals, families, institutions, and world cultures are much needed, and that qualitative research is the primary method for achieving this purpose in order to understand our complex multicultural world. 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, its content is mostly descriptive and concrete, and it tends to develop via the reader’s interpretation (Sabar Ben-Yehoshua, 1995).

Furthermore, considering the above, content analysis was the most appropriate to the data analysis of both the interviews and observations in this research. Weber (1990, 9-12) defined content analysis as “a systematic research method for standardized analysis of textual information in a way that allows for inferences”. Moreover, content analysis involves a process designed to condense raw data into categories or themes based on valid inference and interpretation (Shkedi, 2010 ; Zhang and Wildemuth, 2009). In this sense, Shkedi (2010) claims that this process can only be done by maintaining the interaction between the conceptual framework and the data, and always done in direct relation to the research aims, questions, and the conceptual framework.

## Findings

During the process of analysis, four categories were identified as the factors which affecting the nurse’s ability to cope with culturally diverse patients and families : (a) nurses’ awareness of others’ mourning customs, (b) perception of end-of-life, death and loss, (c) nurse’s approach, (d) communication with patients and their families.

## Nurses' awareness of others' mourning customs

Content analysis of the interviews demonstrates that even though nursing staff is aware of the fact that there are differences in the mourning customs in various cultures, and that the environment in which they work includes patients and families from the various cultures, only half of the interviewees showed awareness of mourning customs among their patients and families from cultures which are different from their own, relating mainly to the customs of the Arab Druze mourning and belief in reincarnation, since these are considered unique, interesting and of a special character that eases and helps them to cope with situations of end-of-life situations and death. This finds expression in Noa's words :

By the Druze it is common to believe in reincarnation... I would be ready to believe in it if I were taught to, it's a good feeling.

Whereas the other half of the interviewees showed no awareness of this topic or total disregard for it and this can be seen in Galit's statement :

I know that a person is buried in the ground and that's it. I really don't know, there could be customs but I really don't know.

Nevertheless, it appears that there is a connection between the extent to which the nurses have been exposed in their place of work to mourning customs of other cultures, different from their own, and the level of awareness about them. Evidence for this can be seen in Zehava's words :

There are less question marks the more professionally experienced you get – you already know more or less about rituals and what's customary in other cultures.

Hence, It can be said that the nurse's lack of awareness of the mourning customs accepted in cultures that are different from their own may create an obstacle and pose difficulties to their coping with patients in end of life situations and their families as part of their work routine.

## Perception of end-of-life, death and loss

Through content analysis of the interviews, it appears that nurses understand that end-of-life situations lead to death and that death is another stage which is natural, inevitable and unavoidable in the cycle of life, and simultaneously, explain the grief and great difficulty which accompanies this stage, as opposed to the other stages in life by saying the separation from a dear beloved one is difficult to bear and there is no way or any words that can soften the pain involved in the loss. Evidence for these statements can be seen in Bushra's words :

If it is good for them in the next life, why should we cry or be angry? But this does not prevent it. The separation is very hard,

and in Noa's words :

Nothing can diminish or soften all the pain they are feeling.

Similarly, the nursing team perceives end-of-life situations as a topic with negative connotations, in any case, yet, there are certain situations in which it seems the topic can be viewed in a positive light. Evidence for this can be seen in Suad's statement :

Whoever dies from health causes and it's obviously hard for him to live with the disease, pain and suffering...death is something "good" for him.

In a consistent manner, it is apparent that among the nurses there is great difficulty in speaking about end-of-life situations, death and loss. And when they do speak about these issues, there is a great deal of reluctance, breaking taboos, mainly when the patients are young or when they are relatives. Evidence of this can be seen in the words of Munir who says :

This is a difficult issue, also for the nursing staff, it is difficult, we try to avoid it,

and in Bushra also talks about it :

Sometimes we advise people and explain the situation, but when it is a personal issue, it's hard to make decisions.

In addition, when speaking of end-of-life situations, we are actually speaking about people and not about cultures, since there is a common denominator between the needs of those in these situations and they stem from the fact that the patient in an end-of-life situation is a human being and not from the fact that he or she belongs to a certain culture ; nonetheless, it can be said that sometimes, the perception of end-of-life situations is influenced by culture, beliefs, and the personal experiences of the nursing staff. Evidence for this can be seen in the words of Amer, who says :

Every case of loss is a loss, it doesn't matter which ethnic group, which religion, every patient is different from the other, but foremost he is human being,

and in Munir words :

As a nurse, I am nonetheless a Druze, I cannot come and simply shake off the pain that accompanies each loss at work.

From this, one can say that the nurses' coping with end-of-life situations on a daily basis in the course of caring for the patients and their families from diverse cultures raises interesting insights regarding these situations and actually becomes part of the formation of their perception when facing end-of-life situations, death and loss.

## **Nurse's approach**

Based on the content analysis of the observations, it can be seen that nurses take different and varying approaches when coming in contact with patients and in most cases it was observed that the encounters between the nursing staff and the patients and their families have a character of common culture. Evidence for this can be seen in the documented observation in which an Arab nurse approached the daughter of a patient, who was also Arab „and began to speak with the daughter in Arabic” (Hamudi).

In addition, the observations indicate that nurses have a positive approach including characteristics such as patience, tolerance, understanding, humor, thoughtfulness, encouragement, physical closeness that contribute to building a connection based on trust and reciprocity by

cooperation between nurse and patient. Evidence for this can be seen in the documented observation in which

the nurse took a Teddy bear that was on the patient's shelf and began to laugh and play with her as if the Teddy bear was kissing the patient (Salama).

Finally, we can also see the influence that the element of religion has on the nurses' attitudes towards the patients and their families. Evidence of this can be seen in Alice's words, who blessed the patient when she came to give her medication: „Have a full recovery with the help of God!”.

From here, it can be said that the nurses' approaches to the patients and their families from different cultures in end-of-life situations direct their actions and are of great value in all that is involved in caring for their needs.

## Communication with patients and their families

Content analysis of the observations shows that the topic of communication between the nursing staff and the patients and their families plays a significant role in the process of caring for the patients in end-of-life situations and their families from diverse cultures, and that it mainly revolves around issues concerning explanations, guidance, instruction, and active listening on the part of the nurses. Evidence for this can be seen in Irit's words, when she instructs the wife of a tracheostomy (kind of airway) patient as to how she should care for him:

You need to clean the area with disinfectant and to apply antibiotic cream, and then bandage it.

In the framework of researching communication between the nursing staff and the patients and their families, the observations focused on the following components of communication: eye contact, tone of speech, attentiveness, response to touch, response to patient's call, physical closeness of the nurse, and relating to the family.

Accordingly, the observations then show that the nurse initiated eye contact; the tone of speech was low, calming, pleasant, reassuring, soft, quiet and even accompanied by a smile on the part of the nurse towards the patient and/or relatives; in all of the instances in which the nurse was supposed to listen, total attention while listening was observed; nurses touch the patients only to the degree that the nurse has to perform some necessary medical action involving touching the patient, and in these cases, the response of the patient depends on the action being performed by the nurse; the nurse responded immediately to the patient's and/or family's call with a desire to help and listen; when the interaction takes place between the nurse and the patient, the nurse is in close proximity to his bed; mostly, the nurse related to the family member with understanding, patience, tolerance, pleasantly with a desire to help.

From here, it can be said that in the course of nurses' caring for patients in end-of-life situations and their families from various cultures, nurses are expected to show a broad range of communicative skills, and the communication component in the nursing profession includes different aspects which have cultural significance.

## Discussion and conclusions

The findings suggest that not only the relatives of patients cope with end-of-life situations, death, and its consequences but also those around the patient including the nursing staff who come into close contact with the dying patient towards the end of his or her life when hospitalized and dying in the hospital. In such cases the situation has a different impact on both the family and the nursing staff. However, the process of separation from a loved one and his or her death is perceived as unbearable and as a taboo, moreover, the discussion of these topics is always difficult and involves mixed feelings for all people. This is in addition to cultural differences, which constitute a barrier to treatment, and hence comes the need to break taboos about death so as to achieve effective communication and coping when providing culturally congruent nursing care via acquiring knowledge.

It appears, then, that the nursing staff's awareness of the fact that there are differences in the mourning customs in different cultures is due to the fact that this is actually their routine – working with patients from different cultures and their families in end-of-life situations. However, we can say that their knowledge of the mourning customs accepted in each culture is inadequate despite their daily contact with them. Moreover, even if such knowledge does exist, it is rather general ; for instance, the Druze belief in reincarnation – it is well known that the Druze believe in reincarnation, but not much is known beyond that. That is, as mentioned earlier, there is a link between the nurses' degree of exposure to mourning customs of cultures different from their own in the workplace and their level of awareness of these customs, but not to the level of knowledge about them.

In this view, Andrews and Boyle (2003) mentioned that although the experience of grief is a universal phenomenon, a nurse should recognize that the expression of grief is strongly influenced by cultural factors. That is, recognizing the influence of culture on mourning customs and knowledge of the diversity among cultures can create a culturally sensitive approach, and through this approach, the nurse's ability to cope with patients from different cultures and their families in end-of-life situations may improve. Hence, it follows that transcultural nursing in end-of-life situations includes important knowledge about and sensitivity toward the mourning customs of the patients and their families from a culture different from that of the nurse.

In addition, it appears that for the nurses who are coping with death and end-of-life situations routinely, death is another natural stage of life that is accompanied by great difficulties on the part of the family, since the separation from a loved one is hard. Furthermore, the issue of death can be perceived as having both positive and negative aspects, depending on, inter alia, the degree of the dying patients' suffering, where all interviewees emphasized the importance of dying with dignity, on culture, beliefs, and the nurses' personal experiences of loss.

Also, in end-of-life situations, it seems that nurses “change phases” from the role of healing and rescue whose results are considered positive, to the role of providing support in end-of-life situations, whose results are considered negative. Paradoxically, conversations about death and end-of-life are regarded as something that must be avoided, even among nurses whose role it is to assist in such situations. In this context, Kozier and Erb (2008) argued that some people may think of death as the worst occurrence in life and do their best to avoid thinking or talking about, and to be effective, nurses should come to grips with their own attitudes toward loss, death, and dying. Andrews and Boyle (2003) added that nurses are focusing on restoring health, however, one aspect of care that is often avoided or ignored, though every bit as crucial to patients and their families, is death and the accompanying dying and grieving processes.

In the light of the above, it can be said that the literature presents different views on the end-of-life situations and death, such as the importance of the nurse's personal acceptance of these situations in providing effective treatment to patients. The research also reveals that nursing staff's attitude to death is a continuous process of forming perceptions. Namely, how nurses personally perceive end-of-life situations and death may vary from culture to culture, and shape their ways of coping with culturally diverse patients and their families. Subsequently, transcultural nursing in end-of-life situations is characterized by formulating the conceptions about end-of-life, death, and loss of the nurses themselves.

Likewise, the findings show that the encounter between the nurse and the patients and their families frequently reflect a positive attitude on the part of the nurse that brings about a good encouraging collaborative relationship and interaction. Meaning, the nursing staff demonstrates understanding and empathy for patients in end-of-life situations and their families, by giving them a good feeling through the hospitalization process within the boundaries of each nurse's ability. This will be reflected in the allocation of a suitable location such as private and quite room; high accessibility and availability of the nursing staff especially for these patients and families; and by making sure the nurse will be culturally suitable to the patients and their families. In other words, attempts are made to make sure that nurse and patient belong to the same culture.

In this context, it can be said that treatment approach is individualized for each nurse and influenced by the nurse's character, feelings, values, education, faith, and culture. Therefore, the nature of the relationship between the culturally diverse nursing staff and patients or their families may vary to a great extent from one case to another. In this light, Stroebe and Schut (2010) argued that coping refers to processes, strategies, or styles of managing the situation in which bereavement places the individual. Coping is assumed to impact on adaptation to bereavement. If coping is effective, then not only the suffering, but also the mental and physical health difficulties that are associated with bereavement should be reduced.

In other words, the nurses' approach to care wherein they deal with patients from different cultures in end-of-life situations impacts not only the professional care delivery but also the ways in which patients and their families are coping with the particular situation.

Finally, the findings indicate that the role of the nurse includes important components of communication when providing care, so the nurse has to develop communication skills that will enable him or her to reach the professional goals in care provision. Such skill would help satisfy the needs of patients and their families, especially in end-of-life situations in accordance to their cultural specificity. Hence, the components of communication examined in this research were: eye contact, tone of speech, attentiveness, response to touch, response of nurse to patient's or family's call, physical proximity to the patient, and relating to the family members. Each of these components was found to have a different meaning in the researched cultures. This affects response to nursing care and its outcomes. Moreover, the issue of communication was identified as is more dominant when the communication is between the nurse and the family of the patient in an end-of-life situation.

This finding can be linked to the Transcultural Assessment Model developed by Giger and Davidhizar (1990) which seeks to provide congruent care for culturally diverse patients, while presenting six cultural phenomena that vary among cultural groups and affect health care: communication, space, social organization, time orientation, environmental control, and biological variations. In the same context, Maier-Lorentz (2008) claimed that it is necessary to examine ways in which people from diversified cultural backgrounds communicate. Moreover, understanding the meaning of certain nonverbal communication cues used by different cultures such as: eye contact, silence, space and distance, and healthcare beliefs may be very beneficial for the nursing care.

Namely, in order for the nurse to effectively cope with culturally diverse patients and their families in end-of-life situations, he or she must be aware of the influence of culture on the various communication components, and have the ability to communicate with them in accordance with their cultural affiliation. Hence, the transcultural nursing in end-of-life situations depends on a positive correlation between the ability of the nursing staff to communicate with patients and their families from the various cultures and the quality of the culturally congruent nursing care.

In conclusion, transcultural nursing in end-of-life situations is a novel field of research that comprises several factors : awareness of the importance of knowledge and demonstration of sensitivity and openness to the mourning customs of culturally diverse patients in end-of-life situations and their families ; views about end-of-life, death, and loss experiences of the nursing staff ; the nurse's approach to providing care to patients in end-of-life situations and their families from different cultures ; and finally, a positive relationship between nursing staff's ability to communicate with patients and their families from the various cultures and the quality of the culturally congruent nursing care. Furthermore, the research evidence in this field may contribute to improve nurses capability to cope and communicate with patients from different cultures and their families in end-of-life situations, and eventually to better quality and culturally congruent care.

Palliative care typically takes place within a multidisciplinary environment that includes social workers, counselors, psychologists, nurses, physicians, clerics, volunteers, and others. They all work together as a team to meet the physical, emotional, social, mental, and spiritual needs of dying people and their families. In view of that, research carried on by Thompson, Rose, Wainwright, Mattar, and Scanlan (2001) examined activities related to the provision of psychosocial care by counselors, including social workers, in the palliative care setting, and founded seven activities that directly affected the psychosocial care given to patients and families : 1. companioning, 2. psychosocial assessment, planning, and evaluation, 3. counseling interventions, 4. facilitation and advocacy, 5. patient and family education 6. consultation and reporting, and 7. team support (Thompson et al., 2001).

Social workers play a significant role in the process of accompanying and supporting terminally ill patients and their families. According to Lucas, Mejia and Riffenburgh (2013), social workers that work in palliative care commit their specialized skills and services in three major areas : collaboration with medical staff members, interaction with patients and families, and promotion of social work ideals through research and training. Seemingly, the social worker's involvement in end-of-life situations is important not only for the patients and their families, but also for the nursing staff.

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