

Intercultural Caring From the Perspectives of Immigrant New Mothers

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ABSTRACT

Objective: To describe and interpret the perceptions and experiences of caring of immigrant new mothers from an intercultural perspective in maternity care in Finland.

Design: Descriptive interpretive ethnography using Eriksson's theory of caritative caring.

Setting: A maternity ward in a medium-sized hospital in western Finland.

Participants: Seventeen mothers from 12 countries took part in the study.

Methods: Interviews, observations, and field notes were analyzed and interpreted.

Results: Most mothers were satisfied with the equal access to high-quality maternity care in Finland, although the stereotypes and the ethnocentric views of some nurses negatively influenced the experiences of maternity care for some mothers. The cultural background of the mother, as well as the Finnish maternity care culture, influenced the caring. Four patterns were found. There were differences between the expectations of the mothers and their Finnish maternity care experience of caring. Caring was related to the changing culture. Finnish maternity care traditions were sometimes imposed on the immigrant new mothers, which likewise influenced caring. However, the female nurse was seen as a professional friend, and the conflicts encountered were resolved, which in turn promoted caring.

Conclusion: The influence of Finnish maternity care culture on caring is highlighted from the perspective of the mothers. Intercultural caring was described as universal, cultural, contextual, and unique. Women were not familiar with the Finnish health care system, and many immigrant mothers lacked support networks. The nurse/patient relationship could partly replace their support if the relationship was perceived as caring. The women had multiple vulnerabilities and were prone to isolation and discrimination if they experienced communication problems.

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Introduction

Leininger (1998, 2006), the founder of transcultural nursing, studied universal and diverse human care/caring in approximately 58 cultures and found 175 emic care constructs, including love, respect, presence, listening, supporting, assisting, doing for/with, being kind, paying attention, providing comfort, and hope among others. A large Australian study, Mothers in a New Country (Small, Liamputtong, Yelland, & Lumley, 1999), illuminated the experiences of Vietnamese, Turkish, and Filipino women in maternity care in Australia. The women, who were not fluent in English, experienced care less positively. Women who had difficulties understanding English experienced unsympathetic attitudes. Most caregivers did not ask about traditional practices, and most women did not think or were unsure if the caregivers knew anything about their cultures. Many felt they could

not practice their traditions in the hospital. All three groups of women preferred female caregivers.

In a recent meta-synthesis of 40 studies (Wikberg & Bondas, 2010), the authors highlighted the experiences of the intercultural caring of mothers in maternity care, however, there were also experiences of noncaring. Language and communication problems existed as well as a lack of information and difficulties in making decisions. Acculturation consisted of preserving the original culture and adapting to a new culture. Access to medical and technological care was appreciated, however, some health care professionals (HCPs) were incompetent in cultural care. A professional caring relationship was as important as family and community involvement. Caring was important for well-being and health, whereas conflicts caused interrupted care. In some cases women were

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vulnerable due to painful memories, whereas in others racism occurred. The metaphor of “Alice in Wonderland” was used to explain experiences of mothers in a culture different from their own.

Immigrant Somali mothers in Finland (Hassinen-Ali-Azzani, 2002) reported that help from their female relatives was lacking and replaced their support with help from their husbands. They trusted midwives and doctors. Support from and trust in HCPs (Knuuttila, 1996; Tanttu, 1997), communication problems, and the feeling of isolation (Tanttu) were found in other Finnish transcultural maternity care studies. Estonian mothers in Finland described the burden of children mostly as the responsibility of the mother without any extended family support, whereas assistance from antenatal clinics and other support organizations were experienced positively (Hyvönen, 2008, 2009).

Most immigrant patients in Finland experience equal access to high-quality health care (Dayib, 2008; Hyvönen, 2008, 2009; Idehen-Imariagbe, 2006). However, some immigrants experience a lack of access to health care due to the requirement of having a health insurance card (Adjekughele, 2003), difficult access to doctors (Taavela, 1999), language and communication barriers, and lack of trust and respect for marginal communities, including perceived racism and discrimination (Adjekughele; Dayib). Finnish studies (Abdelhamid, 2004; Ikonen, 1999; Silvennoinen, 2000; Taavela; Tuokko, 2007; Virkki, 1999) showed that HCPs have inadequate skills to provide care for patients from other cultures.

We conducted an ethnographic study of intercultural caring from the perspective of immigrant new mothers with different cultural backgrounds. Most previous studies focused on the specific cultures of mothers or some other aspect of maternity care than caring. An enhanced understanding of the views of mothers on intercultural caring may help to improve maternity care internationally and increase the scientific knowledge of intercultural caring that is needed in a multicultural world. Because caring is culturally expressed and understood differently (Leininger, 2006) and may influence the health and well-being outcomes of mothers (Malin & Gissler, 2009), it is important to give voice to immigrant mothers' perceptions and experiences of caring from an intercultural perspective. Our aim was to describe and interpret the perceptions and experiences of caring of immigrant

new mothers from an intercultural perspective of maternity care in Finland, including prenatal, birth, and postnatal care. This study is part of a larger research project titled *Encountering the Unknown in Health Care*.

Theoretical Perspective

The caritative caring theory and caring tradition (Eriksson, 2002; Lindström, Lindholm, & Zetterlund, 2006) was the theoretical perspective for this study. In this caring tradition, the human being is seen as an entity made up of body, soul, and spirit. Humans want to be unique and belong to a community. They want to experience love, hope, and faith through caring, which is described as tending, playing, and learning. The ethos of caring comprises an HCP's respect for the dignity of the patient and a striving for a genuine communion and understanding of the unique human being. Caring is seen as the core of nursing and medical care. Caring serves life by alleviating suffering and promoting health and well-being.

The caritative caring theory was the starting point for the development of the model for intercultural caring (Wikberg & Eriksson, 2008). *Intercultural caring* refers to a genuine relationship between nurse and patient who belong to different cultures. The relationship is asymmetric because the nurse has more responsibility and power, but it is also reciprocal because both are human beings. *Culture* is defined as “a pattern of learned but dynamic values and beliefs that gives meaning to experience and influences the thoughts and actions of individuals of an ethnic group” (Wikberg & Eriksson, p. 486). Intercultural caring has four dimensions: universal, cultural, contextual, and unique (Wikberg & Bondas, 2010). Universal caring is independent of culture and context. The goal of intercultural care/caring is to alleviate suffering and to strive for health and well-being. Intercultural caring is a complex whole influenced by external circumstances, for example, administrative, educational, legal, political, and economic factors.

Setting

In 2009, Finland's population was 5,351,427 (Official Statistics of Finland, 2010). Apart from the Finnish majority, there were 290,392 (5.4%) people made up of Finland-Swedish and other traditional minority groups, such as the Sámi, Roma, Jews, and Tatars. Immigration to Finland is not prevalent but has increased 6-fold since 1990. In 2009, there

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