Let’s Learn Together, Let’s Work Together

Let's Learn Together, Let's Work Together: Challenges and Solutions for Transcultural Health and Social Care

Edited by

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We have great pleasure in introducing *Let's Learn Together, Let's Work Together: Challenges and Solutions for Transcultural Health and Social Care.* We would like to thank firstly the European Transcultural Nursing Association for convening the 2nd European Transcultural Nursing Association International Conference as well as the conference organising committee and conference scientific committee at the University of Limerick for overseeing the planning and organisation of such a successful conference. We are very thankful to all our conference delegates for their highly valuable contributions and fruitful professional discussions during the conference. Finally, we would like to thank all our contributors to this book, for their hard work and understanding. We hope that the energy and enthusiasm invested by the contributors, the publishing team, and ourselves have paid off.

LIST OF ABBREVIATIONS

AIR	American Institutes for Research
AORN	Association of Perioperative Registered Nurses
CDM	Cultural Diversity Management
CHFC	California Family Health Council
CSO	Central Statistics Office
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorder
ETNA	European Transcultural Nursing Association
ERASMUS	European Community Action Scheme for the Mobility of University Students
EU	European Union
HIV	Human Immunodeficiency Virus
HSE	Health Service Executive
HREOC	Human Rights and Equal Opportunity Commission
IARNA	Irish Anaesthetic and Recovery Nurses Association
ICN	International Council of Nurses
ICU	Intensive Care Units
IHSMI	Irish Health Services Management Institute
MCNs	Multi-Cultural Nurses
MDT	Multi-disciplinary teams
MH OAT	Mental Health Outcomes and Assessment Tools
MJA	Medical Journal of Australia
NAHB	The Northern Area Health Board
NCCRI	National Consultative Committee on Racism and Interculturalism
NHS	National Health Services
NSW	New South Wales
OFP	Office of Family Planning
OFW	Overseas Filipino Workers
POEA	Philippine Overseas Employment Administration
RIA	Reception and Integration Agency
SCB	Statistiska Centralbyrån
SIS	Scale of Intercultural Sensibility
SKL	Sverige Kommun and Landstinget
UNHCR	The UN Refugee Agency
UK	United Kingdom
WHO	World Health Organisation

INTRODUCTION

Global migration is a phenomenon that affects every country, and it brings with it challenges and a wide range of benefits for sending and receiving countries. Some of the challenges for host countries include adapting to the impact of new cultures and developing collective ways of promoting the integration of people from diverse cultures and ethnic groups into mainstream society. Such issues also transcend into health and social care settings, as evident by the increasing reported challenges associated with providing culturally competent care, globally. As a result, increasing awareness of the complexity of working transculturally is fundamental, and the sharing of innovative practices that strive to challenge attitudes, deep rooted social behaviour and misinformation which underline discriminatory care is essential. Unless health and social care professionals are consciously aware of the personal, social and professional values that inform their attitudes and practices, their ability to be culturally competent will be at best, superficial.

One of the most rewarding and complex challenges for health and social care professionals worldwide in the 21st century is providing culturally competent care to patients, families and communities, and working with colleagues from diverse ethnic, cultural and linguistic backgrounds. This volume explores some of the global challenges and possible solutions for providing culturally competent health and social care. It includes a selection of papers that were presented at the 2nd European Transcultural Nursing Association Conference in June 2011, offering perspectives from Ireland, Turkey, Strasbourg, Philippines, The Netherlands, Sweden, and Australia. Indeed, the global approach within this book is one of its main strengths, as it offers a wider view of the globalized world in which health and social care professionals now work, and the challenges and opportunities that they may possibly encounter. Another key strength of the book is that the contributors are not only drawn from different countries, but also from a variety of professional backgrounds. Their varying experiences, expertise and professional backgrounds offer a variety of perspectives with regards to the challenges and possible solutions for transcultural health and social care, providing a valuable contribution to the current discourse on the topic. The papers

included cover a wide range of crucial topics related to providing culturally competent care; from improving healthcare for a culturally diverse population, to working with a multicultural multidisciplinary team, to issues for consideration when planning transcultural education.

The 2nd European Transcultural Nursing Association International conference was convened by the European Transcultural Nursing Association (ETNA) and was hosted by the Department of Nursing and Midwifery, University of Limerick, Ireland. Ireland was an ideal place to host such a conference as it has seen a rapid and unprecedented change to the demographic profile of its population over the past ten years. Ireland is now far more diverse in terms of culture, race and ethnicity than it was during the greater part of the twentieth century. This cultural and ethnic diversity has significantly enriched the fabric of social, economic and cultural life in Ireland. However, it also presents many challenges for Irish society to adapt to an increasing multicultural population and integrate migrants into mainstream society. Such challenges are not exclusive to Ireland, however, the rapid and unprecedented changes to its demographic profile and its political and socio-economic history suggest that the challenges faced by Irish society are multifaceted and constitute possible barriers to integration. Historically, Ireland's relative homogeneity as a nation has been reflected in their health services and the training of health and social care professionals, suggesting the need for an approach that addresses the more diverse needs of their growing multicultural population. This conference allowed an opportunity for delegates to learn with and from health and social care professionals with varying experiences and from diverse backgrounds, reflecting a truly international and interdisciplinary perspective of approaches to promoting transcultural health and social care.

The title of the conference was "Let's learn together, let's work together: Challenges and solutions for Transcultural health and social care" and the themes were:

1. Transcultural care and multidisciplinary teams
2. Globalisation, European mobility and transcultural care
3. Innovations in cultural competence in health and social care practice
4. Innovative methods which promote intercultural education

Over the duration of the conference these themes provided an opportunity for the delegates to be informed by and to engage in dialogue and sharing of experiences, of how to overcome the challenges for providing culturally competent care.

The arguments for culturally competent health and social care are clearly articulated in the chapters to follow, where challenges experienced and possible solutions to overcome such challenges are energetically presented. The book is divided into ten chapters. The first deals with the value of providing clinical placements in other countries as a means of preparing culturally competent practitioners. Chapter two presents a preliminary theory on masking as a means of conceptualising how student nurses/midwives in Ireland deal with their main concern of being exposed when caring for patients with diverse cultural, ethnic and linguistic needs. Chapter three explores the application of the theories of Frantz Fanon when striving to provide cultural safety in mental health services in Australia, whilst chapter four discusses ways to improve healthcare for pregnant women who are non-Irish nationals. In chapter five findings from a phenomenological study on the transcultural experiences of Filipino nurses are presented offering guidance for curricula planning. Chapter six presents discussions on the importance of providing cultural safety in Irish perioperative settings. In chapter seven issues regarding working with multi-cultural health and social care professionals in intensive care units in Ireland are addressed. While chapter eight shares experiences from a Turkish perspective of how intercultural sensitivity can be addressed. Chapter nine discusses diversity in health care publications through exploring some of the widely recognised cultural competence models. Finally, chapter ten explores linguistic and cultural competence within multidisciplinary teams in Sweden.

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CHAPTER ONE

MEASURING THE VALUE OF INTERNATIONALIZATION AND FOREIGN PLACEMENTS IN NURSING CURRICULA

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Introduction

Travel and migration of patients and nurses in the past decades have provided challenges to patient care and health care teams, as populations and societies have become increasingly diverse with regard to ethnicity and the transference of ideas, ideals and norms. Within this movement, health has become a global concern and the need for cultural competence has been formalized by the International Council of Nurses (ICN) in different position statements (International Council of Nurses, 2001/2007; International Council of Nurses, 2007). In keeping with the vision of ICN, in Europe, the Bologna Process, via the London communiqué in 1997 stated:

> "*Mobility of staff, students and graduates is one of the core elements of the Bologna Process, creating opportunities for personal growth, developing international cooperation between individuals and institutions, enhancing the quality of higher education and research, and giving substance to the European dimension*"

This approach was part of European directives to collaborate from educational and research perspectives in order to achieve agreed levels of educational and professional expertise in all fields throughout Europe.

The incentive to 'internationalise' education has been adopted to provide (student) nurses and faculty with an international experience. The importance of international exposure has been discussed by various authors in an attempt to provide experiential learning in developing expertise, self-awareness and cultural competencies (Lee, 2004; Law and Muir, 2006; Green et al, 2008; Garner et al, 2009; Keogh and Russel-Roberts, 2009; Hickey et al, 2010; Maas, 2011). However, in recent years, the economic and political climate has called for higher education to reconsider the costs and benefits of international placements and study.

In this paper, the authors explore the challenges of measuring short-term achievements of individual students after their participation in an international programme and a foreign placement, and the dilemma of placing the benefit of their experience within the context of their professional development. The aim of this paper is, therefore, to explore issues related to evaluating the benefits of internationalization and foreign placements in nursing curricula.

Background

This discussion needs to be approached from two different perspectives. Firstly, from the perspective of diversity and cultural competency, and secondly from an educational perspective.

In keeping with the Bologna process to promote student mobility, and in an attempt to provide students with a first-hand experience of cultural diversity, pre-registration nursing students are encouraged to embrace internationalization and embark on foreign placements as part of their studies. Judging from the literature, the personal benefit for the individual student is clear (Lee, 2004; Law and Muir, 2006; Green et al 2008; Garner et al 2009; Keogh and Russel-Roberts, 2009; Hickey et al 2010; Maas, 2011). Nevertheless, an international experience can often result in study delay due to mandatory competencies within the curriculum not being achieved. Stagnation in achieving compulsory learning objectives has resulted in a discussion as to the position of internationalization, interculturalization, and diversity within the undergraduate nursing curriculum.

Van Dijk (2010), states that Dutch 'diversity thinking' is connected to a number of non-discriminatory topics, such as age, gender, ethnicity, sexual orientation, disability and religion. In practice, diversity is often reduced to a single dominant characteristic such as gender or ethnicity. We need to realise that students, lecturers and indeed, ourselves, are part of the societal construct and that we need certain structures in order to function.

Neville (2005:182) discusses the concept 'other' in terms of spontaneity:

> "*We prefer the security of cultural conserve – a term which includes the whole of our culture, all the fixed and stereotyped ways of perceiving and ways of behaving, and all works of art and social structures, which are actually the dead residues of moments of spontaneity*"

In other words changes in society arise from moments of spontaneity – daring to be different in rigid and normative practice.

If we speak of diversity in terms of marginalised groups – groups visual to society – then we are not speaking of the groups per se, but of the behaviour shown towards these groups. Sue (2010), states that the result is often their exclusion from the mainstream of life, unequal treatment, and social injustice. Inferior status and treatment associated with marginality are constant, continuing and cumulative experiences of socially devalued groups.

As educators or researchers we cannot think to emancipate marginalized groups, as this could be seen as paternalistic in itself, but we can work on changing the perspectives and attitudes of those who think they are part of the mainstream of life in our society from which they derive power and privilege. Winkelman (2009:10) suggests firstly that

> "*Cultural awareness/sensitivity assist in adapting to other cultures through a knowledge of specific cultural information and the ability to provide culturally responsive care by addressing general barriers to effective cross-cultural relations"* and then that… "*Cultural competence involves the ability to address a range of cultural factors. These include cultural knowledge and personal awareness…"*

It is, therefore, important that internationalization in higher education should focus on cultural awareness/sensitivity if we are to change these perceptions.

Educational Perspective

From an educational perspective, an important consideration is whether education, or rather the educational outcomes, should be seen in terms of a product or a process (Knowles et al, 2005). Within an academic setting, students are often required to present written assignments which represent their development in a form of reflective and critical thinking or within the confines of a rigid competency set. Watson (2002) suggests that this form of assessment could be detrimental to the student's growth and is more indicative of academia's need to control, and Pryce (2002) questions the ethical implications of academic grading of the student's reflective work.

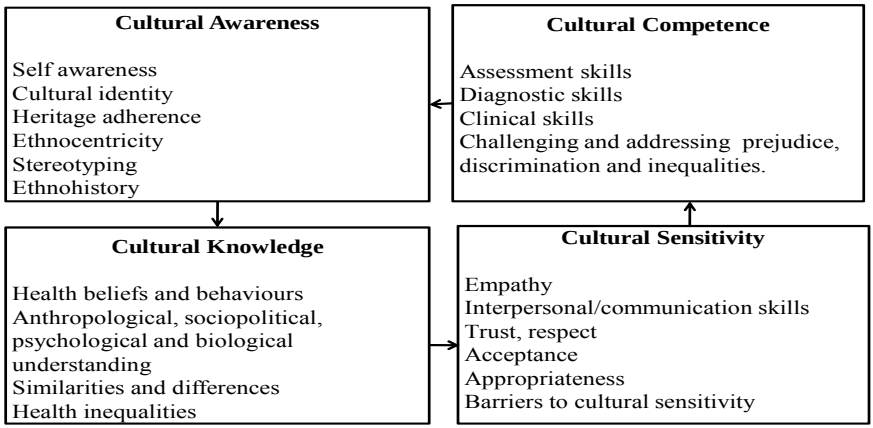

Figure 1.1: Papadopoulos, Tilki and Taylor model for developing cultural competence (2006: 10)

In order to take responsibility for curriculum validation and accreditation, it is obvious that learning outcomes need to be quantified and objectified and that the financial implications need to be transparent within the current structure and funding of higher education. However, in her seminal work, Papadopoulos (2006) discusses different phases of development: cultural awareness, cultural knowledge, cultural sensitivity, and cultural competence (figure 1.1), in which an individual can return to a previous phase when confronted by a new or unknown situation. This implies that development towards cultural competency is not static but varies in accordance with individual experiences and the context of the situation.

McAllister (2010) and Deacon (2010) both discuss elements of learning from experience. McAllister (2010) suggests that *transformative learning* is related to disorienting dilemmas in practice where the individual is confronted by situations that are different and perhaps alien. This confrontation results in the individual needing to rethink their reality within the situation and reassess their idea of *truth* by analysing and deconstructing the situation and re-piecing it in order to make sense of it. Deacon (2010), on the other hand, focuses on an ethnographic approach in which the individual interprets the context of the situation from a cultural perspective. Not a cultural perspective that is *external* to the individual, but a perspective where the individual makes up part of the culture.

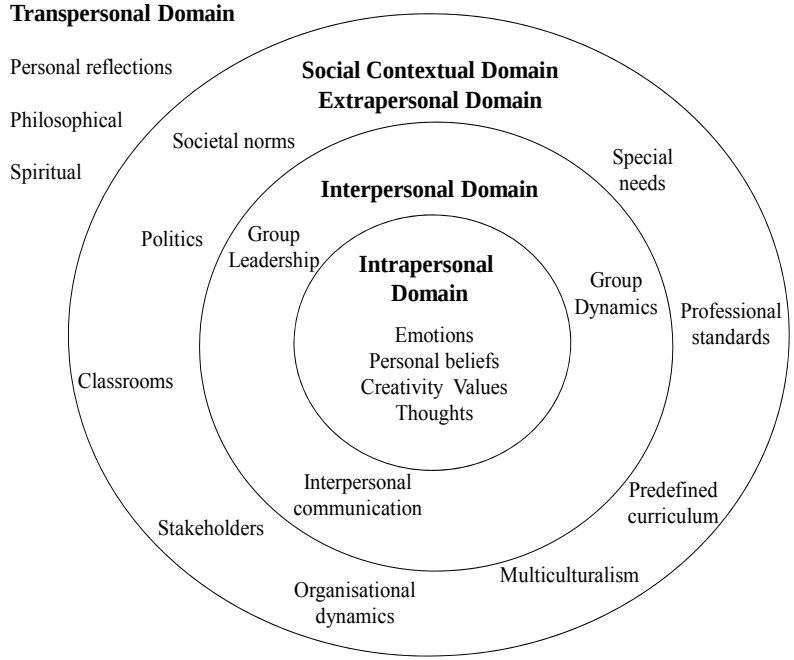

Figure 1.2: Three dimensions of confluent education (DeMeulle and D'Emidio-Caston, 2003), augmented with transpersonal domain (Brown, Phillips and Shapiro, 1976) in Esterhuizen (2010: 54).

The ideas of McAllister (2010) and Deacon (2010) sit comfortably with the confluent approach to education (figure 1.2), where the individual's personal identity is contained within the immediate and

extended environments. The ability of the individual to develop themselves through the interpersonal domain is directly related to the remaining domains and is only possible through experience. When approaching the issue of cultural competence and understanding diversity, individuals need to remove themselves from their comfort zones, and experience first-hand what it means to be 'the other'.

According to Papadopoulos (2006) the learning is cyclic. This concept links with the work of Benner (1984) where an individual regresses to a 'lower' level of expertise when confronted by a new situation, but is able to transfer knowledge and expertise more quickly and therefore return to their original level of expertise. The ideas of 'regression' and 'progression' are especially interesting in terms of cultural competency when considering the varying forms of diversity the nurse needs to contend with in daily practice. It is questionable whether the (student) nurse can learn this competency within a familiar cultural context, or whether ethnocentrism is too powerful.

Discussion

Critics of foreign placements could argue that there is sufficient cultural diversity within large European cities, reducing the need for foreign experiences. While this paper focuses on evaluating the benefits of foreign placements and international exposure, it is important to realise that cultural awareness and sensitivity are equally important in the local setting. Another important aspect to contemplate is that the power (im)balance within a clinical setting has a fundamental effect on the learning outcomes of students on placements.

In his work on professional socialisation, Esterhuizen (2010) discusses case studies of five Dutch nursing students, who did not participate in an international programme, and their development in their professional role. While the Netherlands is renowned for tolerance, all of the students tell of their challenges with hierarchy and hospital culture, and their adaptation to the situation in order to be evaluated positively. Each vignette has, in its own way, a link with cultural competency within the context of ward culture, rather than in terms of ethnicity. Within the context of this paper, the experiences of two students are highlighted:

Annemieke chose to leave nursing as a disillusioned individual due to her perceptions of power imbalance and ageism within the health care

setting. A situation she wasn't able to change, even though she challenged the issues repeatedly (Esterhuizen, 2009). Meanwhile, Olga challenged ward authority by providing culturally competent care related to a patient's ethnic background and religious convictions, she was threatened by her mentor with a negative evaluation of her placement for deviating from the ward routine (Freshwater and Esterhuizen, 2010).

In both of these situations it is apparent that the ethnocentrism within the ward culture (interpersonal domain: figure 1.2) is not conducive to the students developing cultural competence within the local setting or being acknowledged for their insight and expertise. However, in both case studies the students show the qualities of a culturally competent professional by challenging and addressing prejudice, discrimination, and inequality to their own detriment. This insight highlights the student's need for distance from a familiar environment to provide them with space to reflect and allow them to view the 'familiar' as an 'outsider'. By distancing themselves from the 'familiar' they are able to reflect on and critique their own norms, values and customs. Garfinkel (1967) suggests this as 'making the familiar strange' in order to observe the reactions. In the context of this discussion, by submerging themselves in a foreign environment, the students are able to reflect on the 'strangeness' of the 'familiar', while simultaneously discovering the 'familiar' within the 'strangeness' of their experience.

Students do not only develop cultural awareness and cultural knowledge through their experience, but they expand their world view and develop their perspective of different health care systems based on first-hand information. Looking to the literature, it must be acknowledged that elements of cultural awareness and cultural knowledge can be attained via an educational programme (Lee, 2004; Allen, 2010; Gebru and Willman, 2010). However, a greater learning benefit is obtained from a placement in a foreign country where students are exposed to all facets of a new culture and where they, themselves, are 'different' (Green et al, 2008; Keogh and Russel-Roberts, 2009; Levine, 2009; Maas, 2011).

The process of learning from experience during a foreign placement is not as self-explanatory as it initially sounds. Students are confronted by a different reality and are placed in a situation that can be potentially dangerous as they are away from their social network. This appears to be contradictory, as the strength of the experience is related to the student being involved in a different cultural context, as previously discussed. Yet,

the confrontation with a totally different reality results in 'disjuncture', which is a disharmony between previous experiences and the current situation. The disharmony results in the individual questioning their reality in order to make sense of the new situation (Jarvis, 2005; Kragelund, 2011).

Recommendations

1. The position and inclusion of 'diversity' within the curriculum needs to be clear and supported by the teaching of the academic staff.
2. The role of the lecturer is imperative during this process to provide unconditional support to the student developing a 'new' world view, and sensitivity to the student's vulnerability is paramount. Within the context of this responsibility, the lecturers' competencies need to be well-defined.
3. In order to allow the student to have an optimal learning experience from a foreign placement, the student needs to be well-prepared. Ideally, the preparation should start from the beginning of the educational programme and stimulate the student to recognise 'diversity' within daily life. Workshops which aim to develop self-awareness in relation to personal heritage can be used to understand stereotyping. These educational activities can be undertaken within the relative safety of the classroom and closely observed and supervised by the lecturer.
4. Personal constructs should be developed throughout the educational programme by integrating diversity into study units such as critical reasoning, communication skills, ethics, gerontology, chronic illness, paediatrics, palliative care, in fact most - if not all - subject areas within the nursing curriculum.
5. These personal constructs should include understanding 'Illness' (symptoms and experience of the individual), 'Sickness' (meaning given within the social network) and 'Disease' (biomedical definition in medical terms) (Kuckert and Esterhuizen, 2010).
6. The foreign placement itself should be well-prepared and focus on senior students. Possible difficulties need to be discussed ahead of time and reference made to the workshops conducted from the beginning of the programme. The student needs to have a set of learning aims and objectives prior to departure.

7. Once underway, the foreign placement should be monitored and supervised closely; designed around clear expectations, and these should be articulated between student and lecturer.
8. Assessment can be divided between two written activities – for example, a critical thinking topic in which a student conducts a patient assessment and provides a report on the psychosocial skills used, and a parallel constructive thinking topic in which a peer is presented with the report and asked to appraise the student's strengths and suggest areas for improvement (McAllistor, 2010).
9. Pre-test/post-test evaluation can be used by allowing the student to work through a vignette which shows their degree of cultural awareness, knowledge, sensitivity or competence. This exercise can be repeated each year with different vignettes to show personal development and can be combined with self-reflection on a practice-based case study in which the phases of cultural competency can be recognised (Gebru and Willman, 2010).
10. There needs to be equal recognition of the process and product of learning in terms of cultural competency.
11. Realization that cultural competency is an on-going and lifelong developmental process; as such learning outcomes need to be realistic and it is inconceivable that students attain the final stages of this development within their undergraduate study.
12. Awareness of 'diversity' contained within the confines and threats of the practice setting and the reality that students may choose the safety of a positive evaluation rather than challenging the status quo of the ward. Dealing with these issues can provide readily available situations that allow the concept of 'diversity on the doorstep' to be explored and linked to a wider arena.

Conclusion

Cultural awareness, knowledge and sensitivity are not specifically related to ethnicity, but are transferable to other 'cultural' environments. Educationalists and clinicians should be aware of local clinical reality in terms of diversity and power, and use the situations to support students to deal with the issues at hand. Insight into local ward culture can be a valuable tool in preparing the student for a foreign placement. Thorough evaluations are essential to assess the value of an international programme and a foreign placement, and these evaluations are generally equated with measurable, cognitive outcomes. It is, however, questionable as to whether

voluntary participation in this form of programme should be measured in terms of product, rather than process.

The central concepts of an international programme, namely *cultural competency, cultural sensitivity, cultural knowledge* and *cultural awareness* are difficult to define in terms of measurable outcomes in the short term and yet this is expected in order to validate the continued investment of time and money. In addition, factors influencing how young students view individual and cultural differences are difficult to identify and the individual process of (professional) development can mask the specific value of an international programme and foreign placement.

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CHAPTER TWO

PRELIMINARY FINDINGS FROM A STUDY EXPLORING HOW (STUDENT) NURSES AND MIDWIVES OVERCOME THE CHALLENGES OF PROVIDING CARE FOR DIVERSE CULTURAL GROUPS IN IRISH HEALTH CARE SETTINGS

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Introduction

Over the past 10 years, Ireland has both benefited from and struggled to adapt to the effects of global migration because of a rapid and unprecedented increase in the ethnic and cultural diversity of its population. With the relatively recent economic boom in Ireland, the mass emigration that it was traditionally accustomed to was replaced with a net inward immigration. Ireland is now far more diverse in terms of culture, race and ethnicity than it was during the greater part of the twentieth century. In 2002, 222,000 non-Irish nationals were counted (Central Statistics Office –CSO, 2002). However, this number almost doubled in 4 years, as the number of non-Irish nationals residing in Ireland in 2006 increased to 420,000 (Central Statistics Office, 2006), which represents 10% of the overall population in Ireland. This rapid diversification of Ireland has significantly enriched the fabric of social, economic and cultural life in Irish society. However, it also presents many challenges, in particular how to adapt to an increasing multicultural society. Such challenges are not exclusive to Ireland; however the rapidity, extent and unprecedented change to the demographic profile of Ireland, accompanied

by political and socio-economic factors, arguably present barriers to integration. Despite the attempts in Ireland to promote integration, Irish society as a whole has struggled with the ethnic and cultural diversity presented by new migrant communities (Fanning, 2002). Such challenges associated with adapting to a diversity of cultures also transcends into the Irish health and social care setting. The aim of this paper is to present very preliminary initial findings that have emerged to date from a larger study exploring how student and qualified nurses/midwives deal with their concerns and challenges when providing care for patients from diverse ethnic and cultural backgrounds in Irish health care settings.

Background

Although Ireland has been host to a small number of diverse cultures such as the Irish travelling and Jewish communities, health services in Ireland and the training of health and social care professionals were geared towards a relatively homogenous nation until recently. Ireland is now host to 188 different nationalities (Central Statistics Office, 2008); however the health services and professionals working within these services have not been adequately equipped to respond to the needs of such a diverse patient base. Indeed, there is a growing increase in the reports that the health care provided to ethnic minorities in Ireland is not meeting their needs (Cairde 2005; Equality Authority, 2008). Furthermore, there is a growing increase of racist practice being reported in the healthcare setting (Fanning, 2002, Lyons et al, 2008) and much of this appears to reflect a lack of self-awareness and insight into the needs of individuals from different minority ethnic groups. Such reports are not unique to Ireland, and evidence worldwide suggests that there are many challenges associated with providing quality care to diverse cultural groups (Alexander, 1999; Gerrish, 2001). However, given the relative newness of such issues in Ireland and the lessons that can be learnt from other countries, Ireland is in a position to influence change as it is still in the infancy of developing initiatives to address such issues. However, there needs to be a real understanding of the actual concerns of health and social care professionals when providing care for a culturally diverse patient population in different clinical settings.

The overall aim of this study is to generate a grounded theory that explains how student and qualified nurses/midwives overcome the challenges of providing culturally sensitive and anti-discriminatory care,

in an Irish context. More specifically, the broad objectives that this study commenced with were:

- To explore in depth the experiences of student and qualified nurses/midwives of providing culturally sensitive and anti-discriminatory care.

- To identify the main concerns and challenges as experienced by the participants and determine how they are dealt with and resolved.

- To generate an explanatory theory of how student and qualified nurses/midwives overcome their concerns and challenges when providing care to individuals from diverse cultural and ethnic groups.

This paper reports on the progress made with this study since its commencement and highlights some very preliminary initial findings that have emerged to date.

Methodology

Classical grounded theory (Glaser, 1992) was the methodology chosen for this study as it explains what is actually happening in practical life and why, rather than describing what should be going on, emphasising the need to let the problem emerge from the participants' perspective. The decision to choose a grounded theory approach was further influenced by the fact that grounded theory is a research approach that can be used to develop a theory, but can also be used when there is already some knowledge about the phenomenon, but a new point of view is sought (Strauss and Corbin, 1990). It is envisaged that the findings of this study will further contribute to the current knowledge in this area, but will also support the development of a theory, which is envisaged will underpin transcultural education in Ireland.

Ethical Considerations

Ethical approval was sought and granted from the University of Limerick, the Mid Western Regional Hospital, and St. Johns Hospital ethics committees Limerick, Ireland.

Data Collection Strategies Used to Date for this Study

In accordance with a classical grounded theory approach and for the purposes of data completeness, data collected to date incorporated a combination of data collection methods such as focus groups and face-to-face individual interviews.

Focus Groups

Focus groups were used as one method of data collection for this study, in an attempt to gain a broader understanding of the issues being explored, from a variety of perspectives. The primary goal of using focus groups was to draw upon the participants' attitudes and beliefs, while monitoring their interactions within the group context. However, focus groups are not without their challenges. One of the main challenges experienced by the researcher was when dominant personalities monopolised the discussion, expressing their views at the expense of others. Sometimes the group dynamics inhibited individual participation, especially when an individual was naturally shy, unassertive, and unable to clearly articulate their views. Therefore, the researcher was required to develop group management skills as well as interviewing skills in order to facilitate the focus groups effectively. The setting of ground rules at the onset of the focus groups also helped in addressing this issue.

Face-to-face Individual Interviews

Issues that emerged within the focus groups were explored in greater depth in the individual interviews. Unstructured interviews were used at the onset of this study and were initiated by asking a generalised broad question about the experiences of caring for individuals with diverse cultural and religious beliefs. The researchers' role as an interviewer in this case was to encourage the participant to continue talking by using vague prompts (Burns and Grove, 2003). However, unstructured interviews are not without their limitations. The main documented limitation associated with unstructured interviews is that they are difficult to manage, as the researcher has no control over the interview. However, when using a classical grounded theory approach, this is exactly what is required. The grounded theory researcher according to Glaser, (2004) is required to "instil and spill", suggesting that a broad question is asked then the researcher listens to the participants "spilling" or venting as opposed to encouraging them to talk about a subject of little interest. However, as