

NURSES' EXPRESSION OF TRANSCULTURAL CARE TO PATIENTS WITH CANCER: A PHENOMENOLOGICAL STUDY OF THE PHILIPPINES CONTEXT

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ABSTRACT

Transcultural health care involves providing individualized and holistic health care to clients across cultures. Understanding and learning the differences in each culture will promote optimum care levels, especially for patients with cancer. This study describes nurses' expression of transcultural care to patients with cancer. This is a descriptive phenomenological study of nurses' expression in transcultural care to patients with cancer. A total of 11 participants were selected by using purposive sampling. Data was gathered from in-depth interviews among nurses who took care of patients with cancer via an online platform. Data analysis used Colaizzi's thematic analysis. The study's trustworthiness was established by its credibility, dependability, confirmability, and transferability. Four major themes were generated in this study: (1) cultural congruent care, (2) cultural and communication competency, (3) integrity as a vital aspect of respect and consideration of other cultures, and (4) challenges nurses face when caring for patients with cancer and their transcultural and patient-driven solutions. Caring is about giving patients hope, love, and services based on their cultural sensitivity. Connecting and interacting effectively with people from different cultural backgrounds is essential in today's globalized society.

Keywords: *Nurses' expression; patients with cancer; transcultural care*



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INTRODUCTION

Understanding and learning the differences in each culture will promote optimum care levels, especially for patients with cancer who frequently experience pain and suffering. Patients come from many different cultures, beliefs, and values. These different backgrounds make each individual different from one another. Andrews and Boyle (2002) defined transcultural care as providing individualized and holistic health care to clients across cultures. In terms of cultural care, caring is an attitude within the nursing process that facilitates, assists, guides, and helps someone according to their culture. In caring, we provide holistic care to our patients. Moreover, respecting and embracing diversity can promote trust, leading to active participation in patient care. Therefore, cancer care should leave no stone unturned, especially as we work to address persistent cancer health disparities (Lo, 2012).

Previous literature revealed the health disparities among individuals with limited financial resources, those from specific racial or ethnic groups, and those who reside in isolated rural locations. Cultural determinants related to beliefs around the origins of illness, religious beliefs in divine control over life and death, and supportive familial relationships are also increasingly examined for their role in cancer disparities (Değer, 2018). However, much of what has been captured and reported in the healthcare literature on culture and cancer has been perceived as overwhelmingly negative (Değer, 2018).

The overwhelming negative perspective of the influence of culture on cancer disparities may obscure the strengths and realities of what is meaningful to that population, limiting our ability to provide optimal cancer care. Religious belief related to cancer is an example of a cultural determinant generally perceived as negative. People may have misconceptions that

cancer is a punishment from God, possibly for some sinful behavior (Hamilton, 2017). Cancer treatment is also worse than the illness itself, and surgery causes cancer to spread (Hamilton, 2017).

In the Philippines context, the cultural belief among patients with cancer is that it is caused by sinful behavior. The patients and their families perceived that cancer was a punishment. The patient also blames God and feels spiritually distressed. This situation sometimes worsens the patient's condition as their cancer symptoms manifest when the patients with cancer feel stressed and hopeless about the treatment (Salinda et al., 2021).

Thus, nurses must increase their awareness of the cultural diversity of patients with cancer to improve competency and sensitivity. Culturally competent cancer care will promote therapeutic outcomes (Cang-Wong et al., 2009). Healthcare professionals' challenge is understanding how culture has enormous potential to influence patients' responses to illness perception, treatment, and quality of life (Brown et al., 2016). Good cultural care requires relationships, time, and conversations. Healthcare professionals can begin to understand the nuances of cultural differences and obtain different perspectives for their patients through understanding, learning, and having the openness to learn (Salinda et al., 2021).

Nurses can promote cultural sensitivity by providing culturally congruent care. If nurses focus on comparative cultural care, which involves considering the individuals' values, beliefs, and practices, this will help promote quality care across cultures (Givler et al., 2023). Misunderstanding cultural differences can be a barrier to effective healthcare intervention and can even cause harm. This is especially true when a health care professional misinterprets or overlooks a patient's perspectives that differ from those of the health care professional. Nurses can overcome cultural blindness by developing an awareness of their patient's cultural background and understanding nursing values as an expression of cultural norms (Kaihlainen et al., 2019).

A nurse's expression will help build a solid foundation to provide quality patient care for patients with cancer. Quality patient care is needed to prevent misinformation, mistrust, and misinterpretation of the health care plan. Therefore, this study aimed to understand nurses' expression of transcultural care to patients with cancer in the Philippines context.

METHOD

Research design

This study employed a qualitative research design, specifically a phenomenological approach, which is an approach to qualitative research focused on the commonality of a lived experience within a particular group (Al-Sheikh, 2023). This study used the social constructivism perspective to describe the nurses' expression in transcultural care to patients with cancer.

Participants of the study

Eleven Filipino nurses participated in the study held at Baguio General Hospital and Medical Centre in the Philippines. These participants met the inclusion criteria and were selected by the purposive sampling method. The inclusion criteria to participate in this study were: (1) female and male nurses, (2) have more than two years of work experience in taking care of patients with cancer, and (3) have at least a bachelor's degree. The exclusion criteria were if the participants dropped out of the study when the data was

gathered. The researchers requested the participants' email addresses and contact numbers to collect data. Due to the current situation where physical interaction was limited, face-to-face interviews were not possible.

Instruments

The researchers conducted an online interview through the Zoom platform during the pandemic. The questions asked during the interview were constructed based on the purpose of the study. An English semi-structured interview method was used in the study. The interview guideline was developed by the researchers. The following are examples of the interview questions: (1) Tell us something about your overall experience in caring for patients with cancer from diverse cultures; (2) How do you establish rapport with patients from diverse cultures?; (3) How do you develop awareness regarding the cultures and beliefs of the patients with cancer?; (4) How do you improve your cultural competence as a nurse?; (5) In doing nursing interventions and assisting cancer patients in the ward, what are their behaviors usually observed during giving medications, interacting with patients, interacting with the family, and facilitating necessary procedures? This type of interview enabled the researchers to obtain all the required information and gave the participants freedom.

The participants were interviewed in English, and their informed consent statements were digitally recorded. The researchers prepared a topic guide or script to serve as a guide for the interviews. However, they followed a semi-structured interview method to elicit more information from the participants without any limiting parameters. Verbatim transcription was performed to analyze and interpret the data.

Data Collection

Data collection started when the researchers obtained approval from the research and ethics committee of Saint Paul University of Philippines (SPUP), signed by the Chairperson of the Research Ethics Committee on the 14th of October 2021. A letter of request to conduct the study was sent to the chief of Hospital of Baguio General Hospital and Medical Center. Data collection was conducted from January to July 2021. The letter included a request for the list of names of the staff nurses, including their email addresses and contact numbers. The researchers ensured that the information gathered would only be used for academic and research purposes. The research guidelines were guided by legal and ethical principles that center on the welfare of all participants in the approved research study (Delden & Graaf, 2017). After selecting eligible nursing staff based on the inclusion criteria, the researchers emailed the chief of nursing service to notify the list of eligible nursing staff. The informed consent form was sent to each of the eligible staff nurses.

The informed consent document contained the background of the study, the mode of data gathering (interview via Zoom), the approximate time of the interview (45 minutes), the video recording of the interview, and the utilization of the staff responses to meet the study's objectives. The researchers ensured that the participants were aware of the study and methods of interview. The informed consent form also stated that the participants had the right to withdraw from the study at anytime. Assurance was given to the participants that all their details written in the form and the video recording of the interviews, including their responses, were kept confidential. Their anonymity was given utmost importance while the data gathered were used for the study's objectives.

If the participant decided not to participate in the study,

messages were sent immediately stating that they refused to be included. The researchers noted the participants who declined to participate in the study and respected their decision. After the participants signed the informed consent form along with the date of signature, the researchers set the interview dates according to the participant's convenience.

Data analysis

The data gathered were analyzed using Colaizzi's descriptive phenomenological method. This method is a distinctive seven-step process that enables the researchers to analyze each step rigorously. The seven steps in Colaizzi's method were (1) familiarization, (2) identifying significant statements, (3) formulating meanings, (4) clustering themes, (5) developing an exhaustive description, (6) producing the fundamental structure, and (7) verifying the fundamental structure (Colaizzi, 1978).

In this study, the online interviews were recorded, and a transcript was written to show transparency. Two researchers could familiarize themselves with the participant accounts as many times as needed for an accurate analysis. After familiarizing themselves with the accounts, guided by the semi-structured interview questions, the researchers identified the most relevant statements to the phenomenon studied. These identified statements were then assigned a meaning based on the phenomenon. In assigning meanings, the researchers "bracket" or avoided presuppositions and only observed the phenomena.

After being assigned meanings, the researchers grouped or clustered these statements to create themes and a connection or a relationship. When clustering themes, the researchers bracketed their presuppositions again to avoid the influence of any existing theories on the phenomenon. A general description that explained the phenomenon was then written based on the clustered meanings and identified relationships. Next, the exhaustive descriptions were condensed or summarized into several important points or research aspects. In the final stage, the researchers returned the summarized concepts to the participants for their validation to ensure that the data gathered and its analysis were correct and corroborated the participants' accounts.

Trustworthiness

Credibility

This study used a triangulation method to determine the credibility of the gathered information. The consistency of the findings was interpreted from the semi-structured interviews and observations and the participants' comments. According to Polit and Beck (2012), credibility refers to the data's truth or the participant's views, interpretation, and representation of them by the researchers. These data sets were the first criterion in establishing the trustworthiness of the qualitative paper. The researchers used a triangulation method where interviews and observations were discussed further, and the participant's description and interpretation of something were compared with another participant's report of the same research questions.

Dependability

Dependability refers to the consistency and reliability of the research findings and the degree to which research procedures are documented, allowing someone outside the research to follow, audit, and critique the research process (Sandelowski M, 1986). In this study, the researchers presented a step-by-step data collection and analysis process of the procedures to determine the study's dependability. The purpose and paradigm of the research

were informed in the study, in addition to the researcher's role and background. This entails describing the research in the context of the paper and how these changes would affect the study's interpretation and conclusion.

Confirmability

Confirmability refers to the quality of the results produced by an inquiry and how well they are supported by informants (members) involved in the study and events independent of the inquirer. The variability of the criterion was determined by giving the interview script to several colleagues who were familiar with qualitative research analysis methods and were absent during this study's process. The accuracy of the data coding process was evaluated (Sandelowski M, 1986). The researchers reported the steps taken to both manage and reflect on the effects of their philosophical or experiential perspective, ensuring the results are based on the experience and preferences of the research participants.

Transferability

Transferability refers to the degree to which the qualitative research results can be generalized or transferred to other contexts or settings. From a qualitative perspective, transferability is primarily the responsibility of the one doing the generalizing (Sandelowski M, 1986). Since the study is focused on the nurses' expression of transcultural care to patients with cancer, the participants were selected on purpose based on the researchers' criteria. Thus, the data extracted focuses on the nurses' expressions of transcultural care.

RESULTS

Participants' demographic profile

The eleven respondents from Baguio General and Medical Center ranged from 27 to 35 years old. Seven (63%) were women, and four (37%) were men. The eleven nurses worked in different wards and handled a diverse range of patients, as shown in Table 1.

Table 1. Participants' demographic profile

Participant's ID code	Occupation	Gender	Age
SN1	Registered staff nurse	Female	28
SN2	Registered staff nurse	Female	29
SN3	Registered staff nurse	Male	29
SN4	Registered staff nurse	Male	35
SN5	Registered staff nurse	Female	30
SN6	Registered staff nurse	Female	28
SN7	Registered staff nurse	Female	32
SN8	Registered staff nurse	Male	34
SN9	Registered staff nurse	Female	28
SN10	Registered staff nurse	Male	27
SN11	Registered staff nurse	Female	28

Formulation of meanings

The researchers consistently analyzed the participant interview transcripts and extracted significant statements

related to the study's focus from the data acquired. The meanings from these statements were then formulated, as shown in Table 2.

Table 2. Example of formulated meanings relevant to the study's focus

A significant statement	Formulated meaning
Caring for a patient with cancer is like going to an arcade. You feel pity for them at times, but you need to maintain a nonjudgmental face. You laugh and sing throughout your shift, then they forever rest in peace. It's like a game where you don't know what will happen next and at times though you want the best for the patients. We cannot avoid conflict of interest when culture is involved.	The participants' experience cultural boundaries for some aspects, such as cultural sensitivity.
Since starting my nursing journey, be it cancer or non-cancer patients with different cultures, I always begin my interaction with a smile. Also, knowing their cultures and preferences would greatly help in establishing rapport. I use Google for a quick check if I am not well-versed in their culture or what they consider a norm.	The participant mainly describes the importance of cultural awareness in responding to patient needs.
As I mentioned earlier, a quick Google search will help. We are of different cultures, and as a nurse, I always remind myself to maintain neutrality. In cases where I do not understand what they are implying, then I ask for someone to interpret or ask them to expand or elaborate on their explanations.	The participant highlights the importance of understanding cultural sensitivity.
(1) Maintaining a non-judgmental outlook in life will help. Never make assumptions and always educate yourself regarding the cultures of your patients. (2) Break communication barriers. (3) Establish and maintain rapport. Practice listening to everything the patient says. (4) Educate patients about medical treatment regarding their conditions.	The participant provides culturally congruent care to the patient.

Emergent themes

Four emergent themes were derived from the data (Table 3): (1) culturally congruent care, (2) cultural and communication competency, (3) integrity as a vital aspect of respect and

consideration of other cultures, and (4) challenges nurses face when caring for patients with cancer and their transcultural and patient-driven solutions.

Table 3. Analytical process of forming emergent themes and qualitative data

Identified significant statements	Formulated meanings	Theme cluster	Emergent theme
"In caring we must consider many areas. To provide care, we must be competent enough and equipped with knowledge, skills, and attitude. It is also necessary to include aspects like being aware of one's culture."- SN6	Providing congruent care is giving care that fits with sensitivity.	Cultural awareness and cultural sensitivity	Cultural congruent care
"As a nurse, I need to assess my patient carefully, part of my job is to gather vital information essential for them, including chatting, reading, evaluating, and others. We need to consider the barriers and give alternative solutions to the diverse range of patients."- SN 8	Supporting patients in patient care is essential in giving meaningful stays in the hospital.	Information and supportive solutions for caring	
"I've been a staff nurse for 15 years, I handle different situations already. What I can say is in caring you must put effort, especially with diverse people. In the case of a patient with cancer, triple checking, and care must be done because they are more prone to experiencing pain and at the same time giving care as well based on their cultural belief"- SN7	Experience plays a major role in caring for patients culturally. It is about learning with the patients with an open mind.	Experiences in cultural congruent care	Cultural and communication competency
"I believe that the further you go the more challenging it will be. I believe in the power of strategies, and having a concrete well plan will help you understand your patient. Our patients are experiencing so much pain, so we should give them comfort and make sure that we can address their concern." SN-9	Strategies in caring are essential, especially with patients with cancer. It is about accepting them and understanding your patients and anticipating their needs.	Strategies used in cultural interaction	
"Some patients are open-minded, and some are not. Some are easily convinced and some take time, and some also are convinced but still with doubt. Some acknowledge the absurdity of their beliefs and express interest in how to correct it." SN-5	Respecting and appreciating one culture help provide patient care.	Attitude toward cultural care diversity	Integrity is a vital aspect of respect and consideration of other cultures.
"I am a bit of a bully myself to my friends, so I usually don't get affected, but when I get to my			

Identified significant statements	Formulated meanings	Theme cluster	Emergent theme
limit, I just act just how they treat me. If they will raise their voices, then I will do the same until they realize that I am no pushover nurse. But of course, I will still try to explain and ask for an apology." - SN-3			
"Most of the time, the patient's or their family's beliefs, and cultures can cause a delay in the management and treatment of the disease. This sometimes causes progression and subsequent complications arising from the delay. There were encounters where we had when a patient diagnosed with a neck tumor suspected of malignancy. They were scheduled for a follow-up to schedule a procedure to remove the tumor. However, due to beliefs influenced by the family and cultures needed to be performed prior, the patient has lost his follow up schedule." - SN2	Attitude toward respecting differences and embracing them will help patients assist and help them with their culture.	Attitude toward cultural care diversity	
"As a nurse who cares for patients with cancer, I have a big role that I must do, it's just like putting my heart and effort into caring for the patient culturally."- SN9	Roles of nurse play vital roles in patient care, and cultural knowledge can be integrated with nursing intervention.	Role of staff nurse in transcultural nursing to oncology patient.	Challenges of nurses in caring for patients with cancer and their transcultural and patient-driven solutions.
"I develop awareness by first asking about history, clarifying concerns, and discussing options. I also need to coordinate with my patient and incorporate them in the intervention." SN-1		Attitude toward feedback received from the patients with cancer.	

Final thematic map

A thematic map was created to show the paradigm of the results of the themes (Figure 1). The following paradigm is

viewed as a whole circle of nurses' expressions of transcultural care for patients with cancer based on first-hand participant interviews.

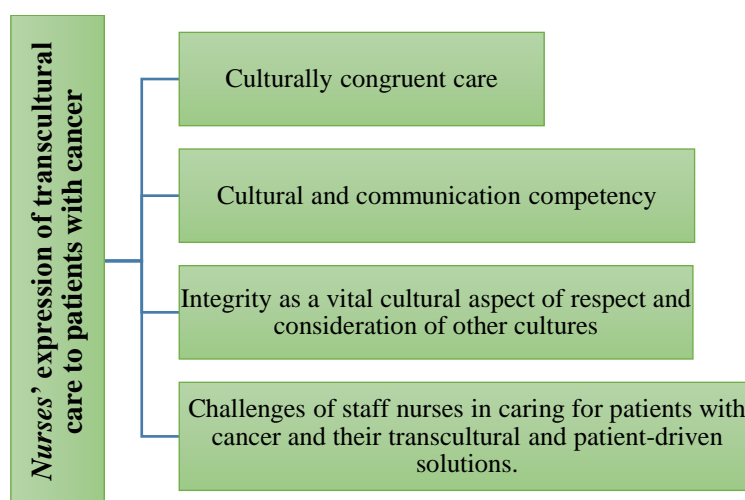


Figure 1. Nurses' expressions of transcultural care for patients with cancer

DISCUSSION.

Culturally congruent care is when a nurse understands and accepts the differences that exist in each culture. Nurses, as care providers, play a great responsibility in understanding and incorporating cultural beliefs and practices in the holistic delivery of care (Gunn, Bydalek, Rikabi et al. 2019). In this study, a complete understanding of culturally congruent care is important to provide care that fits the sensitivity of patients' health care and assist them in a manner that suits their culture. Nurses need to sit down and listen to their patients,

especially when they need company. Learning from the patients is also important, as respecting differences, embracing tolerance, and being more accepting is a move toward cultural competency (Salinda et al., 2021). When nurses provide culturally congruent care, they can connect any existing cultural gaps and provide essential and supportive care for all patients with cancer. Clarke (2017) agreed that the nurse should be aware of and assist the patients' cultural beliefs to provide them with culturally congruent care.

Nurses should have cultural competency. The themes of cultural and communication competency showed that nurses must communicate in a holistic and culturally aware manner when taking care of patients with cancer. For patients with cancer, information is necessary to obtain baseline data. Being a professional nurse is a noble job that requires a commitment to providing transcultural care services. Moreover, patients with cancer often experience difficulty, and as a nurse, it is up to us to provide supportive care (Salinda et al., 2021).

In caring for patients with cancer, it is essential to look at different aspects, such as communication, understanding, and competence. Therefore, nurses must be able to function competently in any cultural setting (Marek, 2019). Most of the time, nurses tend to think of other cultures as other countries or speaking other languages. However, different cultures may live alongside each other within the same country or area (Marek, 2019). Anthropological nursing states that the transcultural care concept connects with actual clinical practices while offering a cultural approach to identify values, beliefs, behavior, and community customs (Salinda et al., 2021). Moreover, transcultural care competency will help the nurse's professional role to create a nursing intervention that involves culturally aware communication (Brooks et al., 2019). Meanwhile, translation care to various patients is quite challenging. However, a complete understanding of their situation must be given importance, and cultural respect for the difference must be prioritized (Givler et al., 2023). Therefore, the integrity theme as a vital cultural respect showed that it is vital for the nurses who take care of patients with cancer to have integrity. Cultural care diversity refers to different perspectives, values, and beliefs. Different practices become gaps to reaching others because what one believes differs from others. Respecting skin color, race, ethnicity, nationality, socioeconomic status, educational level, employment status, and religion results in cultural diversity (Salinda et al., 2021). The humanization of relationships and the participation of the individual in the construction of care practices are considered essential to advance the quality of care and to replace traditional models of health work management with more flexible and dynamic ways of valuing individual needs (Duarte et al., 2016).

It is quite challenging for nurses to respond to patients of different cultures. It will sometimes lead to misinformation and misinterpretation of values and practices. Nevertheless, nurses' mindset favors diversity. Therefore, we avoid cultural conflict and are sensitive to cultural traits and cues (Milberg et al., 2016). This is particularly valuable for people who need to interact with others who may speak a wide range of other languages due to the different accents (Marek, 2019). The intersectional identity of patients is often experienced in patients with cancer. The multidimensional and holistic care of care patients involves screening, diagnosis, treatment, and survivorship (Kelly-Brown et al., 2022). Therefore, this study affirms that the integrity of culture in nursing care must be considered, as patients with cancer have unique cultures as human beings.

Moreover, nurses play a major role in determining solutions to barriers. This statement aligns with this study's fourth theme, which is the challenges of staff nurses in caring for patients and their cancer transcultural and patient-driven solutions. Transcultural care is at the center of care provision. Hence, caring for patients with cancer requires nurses to be extra careful. Patient-driven solutions are required for multiple stages, such as diagnosis, treatment decision-making when receiving test results, treatment planning,

immediately after treatment, for advanced disease, or any situation where important information is disclosed (Hyatt et al., 2018). The challenge of transcultural care around the world has become a tent issue in nursing. Thus, nurses must have a set of competencies of cultural care and possess the required knowledge, skills, and attitude.

The goal of nursing care for patients with cancer is to provide meaningful quality care and optimum care during their hospitalization. Therefore, nurses need to be sensitive to their patient's needs and create strategies to give holistic solutions to their issues. Nurses must also incorporate transcultural care into the nursing implementation process. Nair and Adetayo (2019) strongly recommend increasing the efforts for improvements in cultural competency for all healthcare professionals. This effort will help in raising awareness to improve cultural competency and diversity in healthcare. Therefore, the quality of nursing care based on the transcultural approach can be felt by the patient and the nurse caring for the patient (Hyatt et al., 2018).

CONCLUSION AND RECOMMENDATION

Four themes were obtained from the collected data: culturally congruent care, cultural and communication competency, integrity as a vital aspect of respect and consideration of other cultures, and challenges nurses face when caring for patients with cancer and their transcultural and patient-driven solutions. Caring is about giving hope, love, and services to patients based on their cultural sensitivity. Therefore, nurses should connect and interact effectively with people from many different cultural backgrounds as a part of cultural care. As nurses, it is important to have cultural communication with our patients to address commonalities across cultures and avoid points of cultural misconduct. Such communication facilitates care and transcultural services to patients with cancer by providing sensitivity and promoting dignity and respect. Overall, nursing care practices must ensure that all nurses embrace understanding diverse groups and build trust in patients seeking cancer care.

CONFLICTS OF INTEREST

None

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