Z. Evid. Fortbild. Qual. Gesundh. wesen (ZEFQ) 178 (2023) 1–7

Contents lists available at ScienceDirect

Z. Evid. Fortbild. Qual. Gesundh. wesen (ZEFQ)

journal homepage: http://www.elsevier.com/locate/zefq

Qualität und Sicherheit in der Gesundheitsversorgung / Quality and Safety in Health Care

Intercultural communication in long-term care: The perspective of relatives from Switzerland

Interkulturelle Kommunikation und Interaktion in der Langzeitpflege: Sichtweisen von Angehörigen aus der Schweiz

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ARTICLE INFO

Article History:
Received: 15 May 2022
Received in revised form: 20 January 2023
Accepted: 14 February 2023
Available online: 29 April 2023

Keywords:
Qualitative content analysis
Intercultural communication
Long-term care
Family members
Transcultural care

ABSTRACT

Introduction: Due to globalization and the resulting diversity intercultural communication is increasingly coming to the fore. In addition, long-term care is mainly staffed with caregivers who have a migration background, which makes successful intercultural communication all the more important. Therefore, the aim of the present study was to define recommendations by interviewing relatives which can be used to promote intercultural communication in long-term care with regard to relationship building.
Method: A qualitative explorative content analysis, which follows the content-structuring method with an inductive approach. The semi-structured guided individual interviews were conducted with relatives (n = 14) of residents from two retirement centers in Switzerland.
Results: Four categories were defined: "Perceive communication as a need", "Consider the desire for recognition of relatives", "Promote readiness of caregivers", and "Know opportunities and challenges in intercultural communication".
Conclusion: Intercultural communication means being aware of the significance of culture and one's own origins in order to recognize the peculiarities of the counterpart and to interact sensitively with them. Relatives want to be actively involved when nurses reach their limits in communication and interaction. Relatives want safe care that is based on empathy. When nurses show concern towards others in a person-centered way and are aware of where they come from, this can promote trust and contribute significantly to supporting communication and interaction between cultures.

ARTIKEL INFO

Artikel-Historie:
Eingegangen: 15. Mai 2022
Revision eingegangen: 20. Januar 2023
Akzeptiert: 14. Februar 2023
Online gestellt: 29. April 2023

Schlüsselwörter:
Qualitative Inhaltsanalyse
Interkulturelle Kommunikation
Langzeitpflege
Angehörige
Transkulturelle Pflege

ABSTRAKT

Einleitung: Interkulturelle Kommunikation rückt aufgrund der Globalisierung und der daraus resultierenden Vielfalt zunehmend in den Vordergrund. Hinzu kommt, dass in der Langzeitpflege überwiegend Pflegekräfte mit Migrationserfahrung tätig sind, was eine erfolgreiche interkulturelle Kommunikation umso wichtiger macht. Ziel der vorliegenden Studie war es daher, durch Befragung von Angehörigen Empfehlungen zu erarbeiten, die zur Förderung der interkulturellen Kommunikation in der Langzeitpflege im Hinblick auf die Beziehungsgestaltung eingesetzt werden können.
Methode: Eine qualitative explorative Inhaltsanalyse, die dem inhaltsstrukturierenden Ansatz mit einem induktiven Vorgehen folgte. Die halbstrukturierten leitfadengestützten Einzelinterviews wurden mit Angehörigen (n = 14) von Bewohnern aus zwei Alterszentren in der Schweiz durchgeführt.
Ergebnisse: Vier Kategorien wurden definiert: „Kommunikation als Bedürfnis wahrnehmen", „Wunsch nach Anerkennung der Angehörigen berücksichtigen", „Bereitschaft der Pflegenden fördern" und „Chancen und Herausforderungen der interkulturellen Kommunikation kennen".

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https://doi.org/10.1016/j.zefq.2023.02.002
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Fazit: Interkulturell zu kommunizieren bedeutet, sich über die Bedeutung der Kultur und der eigenen Herkunft bewusst zu werden, um die Eigenheiten des Gegenübers zu erkennen und sensibel mit ihnen umgehen zu können. Angehörige wollen aktiv einbezogen werden, wenn Pflegende in der Kommunikation und Interaktion an ihre Grenzen stoßen. Angehörige wünschen sich eine sichere Pflege, die auf Empathie beruht. Wenn Pflegende sich auf eine personenzentrierte Weise um andere kümmern und sich ihrer Herkunft bewusst sind, kann dies das Vertrauen fördern und wesentlich zur Unterstützung der Kommunikation und Interaktion zwischen den Kulturen beitragen.

Introduction

The increase of an elderly population and the increasing heterogeneity in our society is one of the central issues of today [1]. About 1.1 million people emigrated from the European Union in 2018, while 2.6 million people immigrated [2]. As in the European Union, net migration in Switzerland is positive at 43,300 people [3].

Due to migration movements and labor shortages in specific professions, the importance of intercultural communication is increasingly coming to the fore [1,4]. Intercultural communication means communication between people from different cultures [5]. The topic has gained importance, not least in connection with the debate about what ‘‘intercultural” means. In this context, country-specific differences also have an impact on the understanding of what we mean by intercultural communication. Theories of intercultural communication have developed considerably over the years [30]. For intercultural communication in long-term care, differences in age, (migration) biographies, social, family, economic, religious, cultural and communicative settings between carers and care recipients are particularly relevant. According to Bennett [5], cultures differ in their languages, values, beliefs and patterns of thinking and behaviour. According to Deardorff [6], intercultural competence is to be understood as the ability to communicate effectively and appropriately in intercultural situations based on one’s own intercultural knowledge, skills and attitudes. If communication is not successful, the building of relationships between people who need support and those who give support can be hindered. Lack of or inadequate communication can also lead to discomfort in the care situation and make it difficult to build trust, which in turn can affect the success of treatment.

In Switzerland, a quarter of the population has a nationality other than Swiss [3]. This leads to the fact that a large number of people with a migratory background work in the health care industry and thus form an important part of the health care staff of Swiss health care institutions [7]. Health care personnel with a migratory background are predominantly employed in old people’s homes and nursing homes [7]. Due to declining birth rates and steadily increasing life expectancy, the growth of the 65-year-old Swiss population will increase by about 26% by 2045, which will generate an increasing demand for long-term care. [1,3]. Consequently, more people with different cultures will also use Swiss healthcare services [1]. This leads to the fact that intercultural communication gains further importance for clinical practice.

When entering in long-term care, admission interviews as well as biography work which for example relate to needs and habits are carried out and are part of the core competencies in the training of nurses [9]. However, in order for intercultural communication to succeed, nurses also need transcultural competence in addition to their core competence. Transcultural competence is the ability to grasp and understand individual lifeworlds in diverse contexts and to derive adapted ways of acting [8]. Studies on intercultural communication are available, but evidence is lacking in the field of family-centered long-term care. Communication is a basic need for all and means establishing and securing common ground, enabling participation, exchanging ideas, and engaging in dialogue [9]. Therefore, intercultural communication is not only communication between people with different national or ethical backgrounds but can occur in any encounter between people [10]. Accordingly, communication difficulties can arise regardless of nation or ethnic background from the nursing staff as well as on the part of the residents. Such communication difficulties can lead to overuse, underuse, or misuse of care and expendable costs [11]. Therefore, in nursing, effective communication is of great importance for quality health care and relationship building [12].

Difficulties in communication can lead to misunderstandings on the part of nurses, which can lead to frustration and prejudice, resulting in poor health outcomes [13]. In addition, the core component of professional nursing ‘‘caring” can no longer be provided. Caring is about commitment, compassion, trust, caring for others, engaging with someone with appreciation, and human assistance in caregiving [14]. From the residents’ point of view, misunderstandings and conflicts can lead to discomfort, aggression and fear, which reduce the quality of life and cause increased suffering for the residents [15]. Further, behavioral problems such as agitation can arise when residents cannot articulate their needs or others do not understand them [11]. Due to increasing multimorbidity and decreasing cognitive ability in old age, communication is even more limited [9]. Therefore, the involvement of relatives, who know the needs of the residents, is a relevant resource. Hence, it is essential to communicate with relatives and involve them in everyday care [13,16]. Relatives include persons who are directly related in ascending and descending order, spouses, persons in registered partnerships or who live in cohabitation, friends, and neighbors from the living environment [17].

Relatives contribute to counteracting the already noticeable shortage of skilled workers and the rising costs in the health care system [17]. They often provide support in the implementation of familiar procedures. Relatives can be an important resource for nurses when it comes to implementing person- centered care measures, and last but not least, they can promote cohesion within the family and act as an important bridge for contact outside an institution.

Despite the relevance, relatives are often not consulted due to the time commitment involved [17]. As a result, important information about their biography may be missing, which is relevant for intercultural communication and thus reduces the well-being of the residents. Involving relatives can improve quality of life and care, as well as reduce communication difficulties [18]. Consequently, the aim of this study was to define recommendations through relatives’ interviews that can be used to promote intercultural communication in long-term care regarding relationship building. Therefore, the question of how intercultural communication can be designed to promote relationship building between residents and nursing staff was explored.

Methods

To answer the research question, namely "How can intercultural communication be designed to promote relationship building between residents and nursing staff?", the research design chosen was qualitative exploratory content analysis with semi-structured guided interviews. The design was well applicable because it is used to describe selected text meanings and the study required some interpretation, which qualitative content analysis provides [19]. In addition, qualitative content analysis was used to identify personal or social meanings in the individual interviews for the research question [19]. The relevant meanings could be concretized as categories of a content analysis category system and subsequently text passages could be assigned to the categories of this category system [19]. In this study, the focus was on the content- structuring approach with an inductive approach, which is based on Schreier [19]. The method of semi-structured guided interviews is suitable for the individual interviews, because it offers a wide range of more or less detailed and flexible manageable specifications and can be combined with questionnaires [20]. This allowed essential statements from the individual interviews to be crystallized and recommendations for intercultural communication to be derived.

Recruitment and selection of participants

The study population includes 14 relatives of residents from two retirement centers in the canton of Zurich in Switzerland. Three of the participants were from one retirement center, the other 11 from another. The retirement center with the 11 participants cares for about 190 residents as inpatients, 70 in the retirement apartments and 300 clients in home care. The institution currently employs 300 staff. More than two thirds of the employees are Swiss citizens. However, it is unknown how many of them have roots from another country of origin. The remaining third of employees is heterogeneous, with different countries represented. To obtain a meaningful picture, relatives were included who met the following criteria: They should be able to express themselves in German and understand it. In addition, the relatives were required to be of legal age. Recruitment of participants took place from August 2021 to November 2021. Participants were identified in the institutions with the help of the heads of department. This was an opportunity sample; the first persons who met the inclusion and exclusion criteria were included in the study. The heads of department informed potential participants about the study and inquired about interest and willingness to participate. The first author contacted the interested relatives, informed them about the research project, reviewed the inclusion and exclusion criteria, and handed them the consent form. After verbal consent was obtained from the participants, an appointment was made for the interview. Participants had an average age of 67.8 years (min - max 23-88 years) years. Spouses (n = 6), children (n = 6), one niece, and one granddaughter of the residents participated. A majority (71.4%) of participants were women. The participants originally came from Switzerland (n = 8), Italy (n = 2), Germany (n = 1), Holland (n = 1), Norway (n = 1) and Greece (n = 1).

Data collection

Data were collected by means of semi-structured guided interviews with relativesof the residentsin the institutions. The guiding questions were adapted after the initial interviews to ask more specific questions about intercultural communication. All interviews were included in the data analysis. The interviews took place in the rooms of the retirement centers. The rooms provided an undisturbed and pleasant atmosphere. All digitally recorded interviews were conducted by the first author and lasted between 25 and 70 minutes. Demographic data, which related to age, gender, origin, and relationship with the residents, were recorded prior to the interview. The interview was opened by explaining the aim and purpose of the research project. Memos and field notes were recorded before, during, and after each interview to ensure timely integration into the analysis. Interviews were conducted in German or Swiss German. Interviews were transcribed in German. The participants' data were password-protected and archived internally at the university, taking data protection into account.

Data analysis

The data analysis is based on the qualitative content analysis according to the content-structuring approach with an inductive approach by Schreier [19]. For the interview, an interview guide was developed with the support of the collect, check, sort, and subsume (SPSS) method according to Helfferich [20]. The guide was subsequently reformulated by the authors into easier language for better comprehension. The interviews were transcribed personally by the first author based on the transcription rules to become familiar with the data [21]. Captured memos and field notes were included in the analysis. Text analysis and coding was done in MAXQDA software (2020). The first step was open coding, where each sentence was read through and coded. The data were broken up and categorized into initial subgroupings. Additionally, care was taken not to change the wording much in order to stay as close as possible to the original data [19]. In a next step, the codes were sorted and grouped into similar codes. Subsequently, the codes with the same meaning pattern and themes were grouped into main categories. During the text analysis and coding, the original data, memos, and field notes were continuously read through to avoid any discrepancies in this data analysis process. The study was conducted and analyzed in the German-speaking setting and translated into English by the authors after the study was completed.

Ethical considerations and quality criteria

The research project was approved by the Cantonal Ethics Committee in Zurich (BASEC No. Req-2021- 00800) and conducted in accordance with the Good Clinical Practice Guidelines of the ICH Expert Working Group [23]. There was no risk to participants, as no health-related data were collected. The participants received an informed consent form and were informed about the study verbally and in writing. Participation was voluntary and there was the possibility to withdraw from the study at any time without disadvantages.

In this work the quality criteria according to Steinke [22] were observed: Continuous documentation of the steps, transcription rules, and prior understanding of the research subject ensured intersubjective comprehensibility and indication of the research process. The objectivity of the data analysis was guaranteed by regular supervision meetings with the last author. The heterogeneity of the participants can be seen as a limitation of this study. Many of the participants have the same country of origin, although an even greater diversity would have been interesting. Due to the pandemic, there were restrictions on the recruitment of participants and so the sample size cannot be generalized and the quality criterion of limitation according to Steinke [22] is therefore not fully guaranteed. Since the first author was still rather inexperienced in conducting interviews, a mock interview at the beginning of the study would have supported the process.

Results

Four recommendations for intercultural communication can be derived from the results:

1) Perceive communication as a need
2) Consider the desire for recognition of relatives
3) Promote readiness of care and
4) Knowing opportunities and challenges in intercultural communication.

For the relatives of residents in long-term institutions, communication for their family members is a need that must be taken care of by the nursing staff. The relatives wish to be recognized in their role and to be able to play a supportive role in care. In this context, personal interaction plays a particularly important role. Giving love, showing appreciation and respect are crucial in this respect. In addition, relatives expect caregivers to be aware of the differences between the various cultures in order to be able to recognize opportunities and challenges in communication.

The individual categories are substantiated below with examples from the interviews.

Perceive communication as a need

The results show that the recommendation ''perceive communication as a need" forms the most significant category for intercultural communication. For the relatives, the needs of the residents come first. From the perspective of the relatives, communication is the most important need for residents, which must be recognized by nurses in order to understand residents and learn about their needs. The interview analysis shows that through communication personal cultural imprints as well as habits can be discussed and integrated into the care. In the following example, one participant shows that communication is a need:

''*...to be talked to, that's a need. The communication.*" (I3, pos. 62).

Further, it is clear from the following quotes that a simple conversation with the residents of the relatives is valued much more highly than being fully understood or having a sophisticated interaction. The idea is to communicate with the residents despite cultural differences or a language barrier. It is relevant that they feel that they are not alone:

"...have a conversation. It doesn't have to be sophisticated, but that he realizes someone is there talking to him." (I2, pos. 58) or "*...that someone is having a conversation with her, whether she understands everything or not.*" (I10, pos. 114).

Moreover, for the relatives, this category is defined not only by verbal communication, but also by nonverbal communication. Due to the reduced cognitive ability in old age and the different cultures among the nursing staff, nonverbal communication is of great importance for the residents. For the relatives, nonverbal communication takes the form of facial expressions and gestures, tenderness and love, as one relative explains in more detail:

". . .the body language, the love, attention, and tenderness, that you realize I'm in good hands here and someone likes me." (I10, pos. 65).

In addition to the attention, the relatives also suggest activation and games through which communication can take place despite linguistic and cultural differences. From the results it is also clear that communication difficulties can be overcome with creativity. One participant shows how communication between people of different nations can be combined with games:

"Playing games which are known by different nations. Then you can also communicate together by playing together." (I14, pos. 46).

In summary, nursing staff should communicate with residents using a variety of approaches, and cultural differences are not a fundamental impediment to meeting the need.

Consider the desire for recognition of relatives

In the discussions with the participants, it became apparent that the relatives would like more recognition of their personality and the respective cultures from the nursing staff. Therefore, this recommendation includes that relatives are involved in various processes and are contacted in challenging situations that cannot be handled by the nurses. Challenging situations are described by relatives as situations in which residents cannot be reassured due to language or cultural challenges. For example, one family member explained that when her mother shouts in her native language, she can be calmed down with music in her native language. In the following quote, one participant states that the nursing staff should contact the relatives if residents cannot be calmed down:

"When they reach limits, that they will certainly contact the relatives and ask for help." (I11, pos. 69).

In this context, the relatives offer themselves as support and explain that they know the residents and can give suggestions to mitigate such situations.

The relatives all agreed on one other point, namely that they would like to see regular discussions with relatives and complete biography work. The nursing staff can thereby gain more knowledge about the past and the cultural habits of the residents, which they can subsequently use to promote relationship building and intercultural communication. For example, sleeping rituals such as prayers are aspects from the past that have an influence on intercultural communication. One participant illustrates the desire with the following example:

"... I think it takes a lot of biography work and talking to relatives so that relationship building can be encouraged. "(I11, pos. 65).

With regard to this category, the results additionally show that the participants would like to see more initiative from nurses. They reported in the interviews that the nursing staff should inform them more actively about news, such as changes in mood. However, it becomes clear that relatives with a different cultural background would like more information, as they are concerned that the resident is not understood. The participants wish they did not always have to inquire on their own initiative, as can be seen in the following quote:

"To inform relatives independently if anything is not so good, generally more proactive or automatic on the part of the care professionals." (I2, pos. 74).

In the interview, the relatives also emphasize the importance of family involvement and that this gives their family members strength in the long-term institution. In connection with these statements, the relatives express how relevant the inclusion of relatives is for the family members so that they feel comfortable. One relative illustrates this in the following quote:

"The family definitely . . . We give each other strength." (I9, pos. 61).

The statements underscore the importance of recognizing family members in long-term institutions, involving them in the care process, and taking their wishes into account so that cultural characteristics can be preserved, and the relationship fostered.

Promote readiness of care

From the point of view of the relatives, this category is formed from the quality ''cordiality", which should be present in every nurses. In the interviews it is reported that cordiality as a standard goes hand in hand with respect, honesty, openness, appreciation as well as transparency. In the following quotations, the relatives reflect what this means and that these are essential qualities that the nursing staff must bring along:

> *"That staff take time, give love, show appreciation, show respect.*" (I11, pos. 53) and *"That cordiality should be expected*" (I2, pos. 70).

From the interviews it becomes clear that caregivers who cannot be cordial should prefer a change of profession, because then the cultural integrity would be endangered. A relative emphasizes that the residents are now no longer with the family but in the hands of the nursing staff and that it is too little if the nursing staff only fulfills their duties such as personal hygiene:

> *"The family is missing, and you are in "other people's hands" and if the others only complete their duty, then that is too little.*" (I10, pos. 65).

Based on the analysis, it became clear that the relatives noticed a shortage of resources in care. According to the participants, the shortage of resources refers to staff shortages, staff turnover and too little time for the residents. This can result in not being able to provide the professional care they want for their loved one. That the participants are aware of the shortage of resources becomes clear in the following quote:

> *". . . Lack of time, that's common in nursing.*" (I12, pos. 77).

Despite this scarcity of resources, the participants would like the nursing staff to take time for the residents. Taking time for the residents is equated by the participants with the fact that the personality is perceived and they are treated as a unique individual. This recommendation also includes the relevance that, despite a high workload, there is time for the communication with the residents, as a relative describes:

> *"Nurses have a lot to do, and the residents would like to talk for half an hour or not be alone and then that's not possible. It is very important to have enough time for people despite everything.*" (I4, pos. 86).

If nurses have little time for the residents, the cultural imprints cannot be perceived. For intercultural communication, nurses must be aware of differences so that misunderstandings and conflicts can be minimized.

Knowing opportunities and challenges in intercultural communication

For participants, this category means the ability of nurses to understand and know different cultures and the cultural characteristics behind them. Through understanding and awareness, opportunities and challenges for intercultural communication can be identified and derived. From the participants' point of view, the knowledge of cultural characteristics by the nurses are essential, with religion playing a special role, as illustrated in the following quote:

> *"You don't have to deal with every country, but you certainly have to deal with religions. Educating the cultures is important, that the transcultural competencies are there.*" (I11, pos. 63).

If expertise and awareness of the cultures is available, interventions can be derived and implemented. In this way, intercultural communication can take place for the resident, adapted to his and her cultural and individual imprints. In addition, the participants emphasize in the interview that there should be an understanding and respect for other cultures, as can be seen, for example, in the following quote:

> *"What's important to them in this culture and what's not, you have to show some respect, they learned it differently. Have understanding towards other cultures.*" (I8, pos. 80/82).

The results show that in intercultural communication, the language barrier and the respective cultural characteristics such as different humor are perceived as challenges. From the participants' point of view, this can lead to misunderstandings and conflicts that make it more difficult to build relationships. As can be seen from the following examples, in-depth conversations cannot be held, and feelings cannot be expressed in the same way due to language differences:

> *"If someone doesn't understand my language, I can't have deep conversations with that person.*" (I3, pos. 46) and *"In a foreign language, you can't express feelings the way you can in your native language.*" (I1, pos. 56).

In the discussions with the participants, it becomes clear that there are ways to overcome the language barriers. If no translator can be called in, one should rely on nonverbal communication or involve the relatives. This can be seen in the following quotes:

> *"When there is a language barrier, you have to pay attention to emotions. You can tell by looking at people what they need.*" (I10, pos. 89).

The cultural challenges are described as different ideas, habits, or humor. In the following, one participant expresses what can arise in the case of cultural challenges:

> *"People speak loudly and gesticulate in this culture and in another you are more reserved and quieter. It can be perceived as an attack or aggression, even though the other person doesn't mean it that way. It's misunderstood.*" (I11, pos. 35).

The results also show that the differences are also an opportunity. If it is possible to incorporate special features from their culture, such as music, rituals, or the values of caring and empathy into care, added value can be achieved through diversity. The following is an example in which a participant focuses primarily on social skills and humor of the cultures as an opportunity:

> *"Some people are good at bringing in their culture and that can be used profitably. It's an opportunity when people realize what's coming from my culture and what's not. For example: How can I add value by relating to my language, to certain realities from this country. It's a source of opportunity and diversity.*" (I2, pos. 90-92).

Discussion

The present study dealt with the question of how intercultural communication and interaction can be designed to promote relationship building between residents and nursing staff.

Building relationships is of great importance in everyday care, especially because the people who come together in long-term

care bring different values with them and have different world views. This study has underlined that people have a need to be seen and to be acknowledged. They want their loved ones to be well cared for and also to feel understood. People have a need to adapt as culture changes and is shaped by what values and traditions people share in their worldview. As Bennett's study [5] shows, the question of how people understand each other when they have no shared cultural experiences arose decades ago. The study by Coleman and Angosta [12] shows that the desire for communication does not only exist among residents and relatives, but is also a need among care staff. Furthermore, this study shows that in addition to verbal communication, non-verbal communication, described as love, affection and tenderness, is also a need in intercultural communication. The meaning of these terms can be equated with professional care, which is characterized by attention, empathy, and sympathy [14]. It can also be inferred from the present study results that family members want to be more integrated into the nursing process, especially when there are cultural differences, in order to promote intercultural communication. McNamara and Rosenwax [24] indicate in their study that nurses are the most important source of information for relatives, and they would like more information.

In the close cooperation between relatives, residents and caregivers, a culture of care can develop that promotes intercultural communication. The present results indicate that relatives not only want more information, but also more recognition of their personality and their respective culture by the caregivers. In order to get to know each other and to be able to respond to each other, there is a need for exchange to be able to develop an understanding for culture-related differences in interaction. The results of the present study show that family members would like to have more contact. They feel insecure and emphasize a concern for their relative, whereby the experienced foreignness intensifies the concern. That relatives offer their support and want to be noticed is also highlighted in the study by Brooks et al [25], which here focuses on the hospital setting and communication between parents of hearing-impaired children and communication with nursing staff. Although relatives offer their support and contribute to improving the quality of life and well-being of residents, the potential to actively involve relatives in nursing care remains rather unused, which is also confirmed by other studies in long-term care [16,18]. For intercultural communication and interaction, greater involvement of relatives would be essential, as they make a relevant contribution as an aid to understanding their cultural characteristics. In addition, the inclusion of relatives in the sense of family-centered care can contribute to the promotion of a sense of security, which is especially important in societies that are heterogeneous.

The study results also show that relatives desire recognition of their own lifeworld, which can happen through the orientation of person-centred care practice. Through a family-centred care practice, the desire for recognition of the relatives could be taken into account in a more targeted way. Likewise, relevant information about cultural specificities could be gained, which is helpful for intercultural communication. The Calgary Family Assessment Model [26] may be a useful model for nurses to implement the second recommendation. When participants expect cordiality as a standard among nurses in the third recommendation, this can be compared to the core component of professional nursing "caring" [14]. However, cordiality in the present study is complemented with giving love, showing appreciation, and showing respect despite the different cultures. The results of the study by Bangerter et al. [27] confirm that residents desire respect and caring from nursing staff regardless of culture. Participants talked about how nurses who no longer enjoy the profession and do not show caring should change professions. This explanation can be paraphrased as passion in the nurses. If this passion is lost, nurses may unconsciously develop a coldness that can flow into their daily work [28]. This phenomenon, which is also called "coolout" in the professional world, can occur due to the scarcity of resources and has a significant influence on intercultural communication. The residents receive only what is necessary and what is actually central; the concern for the neighbor, is lost [28]. The results of the present study also showed that participants recognize the scarcity of resources in care, which they describe as a lack of personnel, time and high staff turnover. If resources are lacking and tasks are completed under time pressure, the focus on the individual can be lost. The present study results show that perceiving the personality means getting to know the person and their culture in order to be able to protect cultures in their uniqueness. Being mindful of different cultures can help to perceive needs and provide support in a way that is effective. The findings of Barken and Lowndes' study [16] point to addressing resource scarcities to ensure effective communication and facilitate relationship building. Resource scarcity, which according to Hart and Mareno [29] refers to money, lack of time, and lack of training, can lead to not being more sensitive to cultural attributes that are, however, central to making people feel comfortable. Some of the participants reflected in the interviews that they would have preferred to care for their relative themselves because they were familiar with their cultural characteristics. Here, based on the results, it can be concluded that relatives feel guilty about leaving their family members in the hands of others, which is also indicated by other study results [16]. The findings point to a conscious engagement of intercultural skills by caregivers. Participants reported in the interviews that nurses should have the skills to adapt to different cultures. Compassion, as well as warmth, are central to accepting the other person. Understanding the differences between cultures can promote familiarity and increase cultural safety in long-term care institutions. The results show that especially the understanding and acceptance of other cultures is an essential aspect, which stands for intercultural sensitivity [5]. According to Bennett [5], the development of intercultural sensitivity can be classified into six stages: Denial, Defense, Downplay, Acceptance, Adaptation, and Integration. Based on this intercultural sensitivity is the method of the Intercultural Development Inventory [5], which measures people's attitudes in dealing with intercultural differences in order to derive recommendations for individual development in the context of intercultural competence building. Hart and Mareno's study [29] also highlight the importance for nurses to know and challenge their own biases and prejudices in order to practice transcultural care. The Intercultural Development Inventory can be used to make statements about learning areas for working competently in an intercultural context, which can then be implemented in nursing practice for successful intercultural communication.

Conclusions

Nurses can actively promote relationship building with family members by becoming aware of their own background and reflecting on it in relation to other values and traditions. Relatives want to be seen and included regardless of their background because they care about their family members.

When nurses care for others in a person-centred way and are aware of their background, this can foster trust and contribute significantly to supporting communication and interaction between cultures. For nursing practice, this once again underlines the fact that family members are an important resource for promoting the well-being of people in long-term care facilities, as they are instrumental in maintaining habits that can provide

support and security for people as they age. In this sense, a continuous exchange between care staff, residents and relatives is essential.

Acknowledgement

We would like to thank all participants who took part in the study and spoke openly about their experiences.

Conflict of interest

The author declares that there is no conflict of interest. This research was conducted as part of a Master's thesis. There was no specific funding from the public, commercial or non-profit sector for this.

CRediT author statement

Esmeralda Latifovic: Development of the study protocol, data collection, data management, data analysis and data interpretation, writing of the manuscript. Daniela Händler-Schuster: Project Investigator, support during the research and review process.

References

[1] Schweizerische Eidgenossenschaft. Demografischer Wandel in der Schweiz: Handlungsfelder auf Bundesebene. Bericht des Bundesrates in Erfüllung des Postulats 13.3697, Schneider- Schneiter. https://www.bk.admin.ch/dam/bk/de/dokumente/strategische- fuehrungsunterstuetzung/Demografiebericht/Demografischer%20Wandel%20in%20der%20Schweiz.pdf.download.pdf/Demografischer%20Wandel%20in%20der%20Schweiz.pdf, 2016 (accessed on 14. December 2021).
[2] Eurostat. Datenbank. https://ec.europa.eu/eurostat/de/data/database?node_code=migr_imm5prv, 2021 (accessed on 14. December 2021).
[3] Bundesamt für Statistik. Bevölkerung: Panorama. https://www.bfs.admin.ch/bfs/de/home/statistiken/bevoelkerung.assetdetail.13695287.html, 2020 (accessed on 14. December 2021).
[4] Markey K, Tilki M, Taylor G. Understanding nurses' concerns when caring for patients from diverse cultural and ethnic backgrounds. J Clin Nurs 2018;27(1–2):e259–68. https://doi.org/10.1111/jocn.13926.
[5] Bennett MJ. Basic Concepts of Intercultural Communication: Selected Readings. Yarmouth: Intercultural Press, Inc.; 1998.
[6] Deardorff DK. Identification and assessment of intercultural competence as a student out-come of internationalization. J Stud Int Ed 2006;10(3):241–66.
[7] Merçay C, Burla L, Widmer M. Gesundheitspersonal in der Schweiz: Bestandesaufnahme und Prognosen bis 2030. Neuchâtel, Switzerland: Schweizerisches Gesundheitsobservatorium (Obsan); 2016.
[8] Domenig D. Transkulturelle Kompetenz. Lehrbuch für Pflege-, Gesundheits- und Sozialberufe. 2nd Ed. Bern: Hans Huber Verlag; 2007.
[9] Schewior-Popp S, Sitzmann F, Ullrich L, Anton W, Bartholomeyczik S, Bartlosem G, et al. Thiemes Pflege: Das Lehrbuch für Pflegende in Ausbildung (13 aktualisierte und erweiterte Auflage). Georg Thieme Verlag; 2017.
[10] Hoffman E. Interkulturelle Gesprächsführung: Theorie und Praxis des TOPOI-Modells. Wiesbaden: Springer; 2015.
[11] McGilton KS, Rochon E, Sidani S, Shaw A, Ben-David BM, Saragosa M, Pichora-Fuller MK. Can we help care providers communicate more effectively with persons having dementia living in long-term care homes? Am J Alzheimer's Disease Other Dement 2017;32(1):41–50.
[12] Coleman JS, Angosta AD. The lived experiences of acute-care bedside registered nurses caring for patients and their families with limited English proficiency: A silent shift. J Clin Nurs 2016;26(5–6):678–89. https://doi.org/10.1111/jocn.13567.
[13] Tuohy D. Effective intercultural communication in nursing. Nurs Standard 2019;34(2):45–50. https://doi.org/10.7748/ns.2019.e11244, PMID: 31468842.
[14] Schweizer Berufsverband der Pflegefachfrauen und Pflegefachmänner SBK-ASI 2011. Professionelle Pflege Schweiz. Perspektive 2020. https://www.sbk.ch/files/Shop/publikationen_de/1169/Perspektive2020-dt.pdf, 2020 (accessed on 14. Dezember 2021).
[15] Degrie L, Gastmans C, Mahieu L, Dierckx de Casterlé B, Denier Y. How do ethnic minority patients experience the intercultural care encounter in hospitals? a systematic review of qualitative research. BMC Med Ethics 2017;18:2. https://doi.org/10.1186/s12910-016-0163-8.
[16] Barken R, Lowndes R. Supporting family involvement in long-term residential care: Promising practices for relational care. Qual Health Res 2018;28(1):60–72. https://doi.org/10.1177/1049732317730568.
[17] Bundesamt für Gesundheit. Förderprogramm «Entlastungsangebote für betreuende Angehörige 2017-2020». https://www.bag.admin.ch/bag/de/home/strategie-und-politik/nationale-gesundheitspolitik/foerderprogramme-der-fachkraefteinitiative-plus/foerder-programme- entlastung-angehoerige.html, 2018 (accessed on 12.09.2022).
[18] Roberts AR, Ishler KJ. Family involvement in the nursing home and perceived resident quality of life. Gerontologist 2018;58(6):1033–43. https://doi.org/10.1093/geront/gnx108.
[19] Schreier M. Qualitative content analysis in practice. London: Sage; 2012.
[20] Helfferich C. Die Qualität qualitativer Daten: Manual für die Durchführung qualitativer Interviews. (4. Aufl). Wiesbaden: VS Verlag; 2011.
[21] Dresing T, Pehl T. Praxisbuch Interview & Transkription & Analyse: Anleitungen und Regelsysteme für qualitativ Forschende (6. Aufl.). Eigenverlag; 2015.
[22] Steinke I. Gütekriterien qualitativer Forschung. In: Flick U, von Kardorff E, Steinke I, editors. Qualitative Forschung: Ein Handbuch. Reinbek bei Hamburg: Rowohlt Taschenbuch Verlag; 2019.
[23] ICH Expert Working Group. Integrated addendum to ICH E6(R1): Guideline for Good Clinical Practice. https://database.ich.org/sites/default/files/E6_R2_Addendum.pdf, 2016 (accessed on 27.December 2021).
[24] McNamara B, Rosenwax L. Which carers of family members at the end of life need more support from health services and why? Soc Sci Med 2010;70(7):1035–41. https://doi.org/10.1016/j.socscimed.2009.11.029.
[25] Brooks S, Eckerli-Wäspi I, Schuster DH. Das Kind mit einer Hörbeeinträchtigung im Spital. Pflege: Wie Eltern die Kommunikation zwischen Pflegenden und ihrem Kind erleben; 2018.
[26] Wright LM, Leahey M. Familienzentrierte Pflege. In: Preusse-Bleuler B, Börger H, editors. Deutschsprachige Ausgabe von Nurses and Families, 2021, Philadelphia: Davis Company. Bern: Huber; 2021.
[27] Bangerter LR, Van Haitsma K, Heid AR, Abbott K. "Make me feel at ease and at home": Differential care preferences of nursing home residents. Gerontologist 2016;56:702–13.
[28] Kersting K. Die Theorie des Coolout und ihre Bedeutung für die Pflegeausbildung. Mabuse-Verlag; 2016.
[29] Hart PL, Mareno N. Cultural challenges and barriers through the voices of nurses. J Clin Nurs 2014;23(15–16):2223–32. https://doi.org/10.1111/jocn.12500.
[30] Kohli Bagwe T, Haskollar E. Variables Impacting Intercultural Competence: A Systematic Literature Review. J Intercultural Commun Res 2020;49(4):346–71. https://doi.org/10.1080/17475759.2020.177175.