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PROBLEMS OF MULTICULTURALISM IN THE POLISH HEALTH CARE SYSTEM

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Summary:

Introduction: Medical staff in Poland increasingly take care of a person representing a different culture.

Aim: To know nurses' knowledge about the customs of people presenting different religions and cultural issues in modern health care.

Method: The authoring three-part questionnaire was used to assess the knowledge of multiculturalism. Nonparametric tests were used for the comparison of variables: Kruskal-Wallis ANOVA and Wilcoxon pair order.

Results: The overall level of knowledge of different cultures /religions was 8.00 for the whole study group. The highest level of knowledge among nurses was knowledge about Buddhism (1.00) and the lowest level about Hinduism (0.40).

Conclusions: Most people did not have any lecture on multiculturalism in medicine during their education. The basic concepts of Judaism, Islam and Christianity are very well known. The knowledge of customs in different religions is small. Adaptation of multicultural education curricula in medical schools is an essential factor to ensure patients and their families appropriate conditions in the Polish health service.

There was no conflict of interest.

Key words: international migration, polish health care, culture customs, nurse care

Introduction

International migration has been a common and mass phenomenon for many years. They began to affect Poland as well. Poland has become both an attractive country and a destination for foreigners.[1] There are many immigrants living in Poland, including indigenous ethnic minorities. They are not a part of other nations but they are characterized by cultural and linguistic diversity, a belief in the community of origin and the similarity of history, religion, culture and language.[2] The National Census shows that the German, Ukrainian and Belarussian minorities is the largest groups in Poland.[3] Openness of borders as well as ease of movement across the world means that medical staff increasingly take care of a person representing another culture in Poland. This forces employees to take on new tasks and to

seek different ways of reaching out to foreigners, often with unknown rituals and behaviors. In the Polish culture mentality stereotypes and prejudices are deeply rooted. Poland is a deeply Catholic country what does not facilitate the universal acceptance of other cultures. Showing the medical staff negative consequences of discrimination and teaching how to respond to unequal treatment of others could lead to a change in behavior and attitudes. Therefore, knowledge combined with practical skills and attitudes can prove invaluable to any medical practitioner working with a multicultural patient.

Aim

Getting to know the nurses' knowledge about the customs of people presenting another religion and cultural issues in modern health care.

Material and methods

The study was conducted among Polish nurses working in various hospital departments and in outpatient clinics. The self-assessment authoring questionnaire consisting of three parts was used to assess the knowledge about multiculturalism. The first module contained questions on the concepts of multiculturalism. The second part briefly characterizes the customs of different religions. The first and second part questions referred to four cultures: Judaism, Islam, Hinduism and Buddhism. Each of them contained one correct answer and three invalid ones. Marking the correct answer means getting 1 point but giving the wrong one - 0 points. Part three contained hypothetical situations in which a respondent may be found. It was necessary to indicate the most appropriate way of dealing with the patient according to the respondent. In this way, the accuracy of behavior in the specific situation was evaluated.

Because of the non-equipotency of the questions in each scale, to compare the knowledge of responders learned across cultures for each scale a mean value of 0-1 (or 0-100%) was calculated for each scale. Initially, 193 people were randomly selected for analysis. They were asked whether they have a contact with a culturally different patient in their professional work to check the level of knowledge about multiculturalism and to ask where the staff was getting information about different cultures / religions. Out of the entire study group, 99 people (group A) declared their will to participate in culturally related care workshops. 94 nurses did not participate in further training (Group B). The purpose of the workshop was to deepen the knowledge of medical staff on the diversity of cultures / religions, their distinctness that is important in the treatment and care of patients. The staff

participating in the workshop was evaluated before and after the training. In addition, he completed the third part of the questionnaire.

The Cronbach alpha coefficient for the survey in the examined group of 193 people was 0.75 which means good test reliability and allows for the calculation of sum of punctuation. The higher the sum of points obtained by the respondent, the greater is her/his knowledge of multiculturalism. The time to complete the form was unlimited and none of the respondents reported problems with understanding the questions.

Data is presented using median (Me) and interquartile range (IQR). Nonparametric tests were used to compare the variables: Kruskal-Wallis ANOVA and Wilcoxon pair order. The chi-squared test was used to compare quantitative variables (response to individual situations). The higher the sum of points obtained by the respondent, the greater is her/his knowledge of multiculturalism. The significance level $p \leq 0.05$ was assumed as statistically significant and the null hypothesis (H0) - there was no difference in the results of the studied groups. In the descriptive analysis of the results tables were used in which the numbers and percentages were presented.

Results

Socio-demographic data

The largest group were nurses aged 41-50 years (46%). The lowest were women over 60 (2%). Average age for all respondents was 42 years old. Most of them were respondents with secondary education (43%) and undergraduate (42%), working in hospital (73%) (Table 1).

Table 1. Socio-demographic data.

Variable	Detail	Respondents	
		Number	%
Age	20-30	15	8
	31-40	51	27
	41-50	91	46
	51-60	32	17
	≥ 61	3	2
Sex	women	192	100%
	man	0	0%
Education	secondary	84	43
	bachelor’s degree	80	42
	master degree	28	15
Workplace	hospital	141	73
	outpatients clinic	51	27

Knowledge on theoretical concepts of intercultural competence in nursing

Theoretical knowledge of intercultural competence in nursing has been analyzed. As many as 68% of the respondents did not have the opportunity to get to know the issue. Only 32% have come across the concept in the classes proposed by the medical schools. Nurses in their professional work had contact with various religions / cultures (71%). Most often they were Muslim (44%), Jehovah's Witnesses (25%) and Roma (21%) (Table 2).

Table 2. Knowledge on theoretical concept of intercultural competences in nursing.

Question	Answer	Respondents	
		Number	%
Have you had lectures on "Multiculturalism in medicine" in medical school?	yes	61	32
	no	132	68
If you ticked YES, in what form were classes conducted?	subject	5	8
	lecture	56	92
Have you had contact with a culturally different person at work?	yes	136	71
	no	56	29
If you ticked YES, what was the culture?	Islam	60	44
	Jehovah's Witnesses	34	25
	Judaism	17	12
	Romanies	29	21
	Buddhism	6	4
	Hinduism	0	0
	Orthodox faith	5	3

Table 3. Level of knowledge about multiculturalism.

Level of knowledge about multiculturalism		Whole group		Gorup A		Group B		Z	p
		N = 193		N = 99		N = 94			
		Me	IQR	Me	IQR	Me	IQR		
general level of knowledge		8.00	2.00	8.00	3.00	8.00	2.00	-1.16	0.248
Judaism		0.67	0.33	0.67	0.33	0.60	0.40	-0.24	0.814
Islam		0.60	0.40	0.60	0.40	0.40	0.20	-0.98	0.327
Hinduism		0.40	0.20	0.40	0.20	1.00	0.50	-0.69	0.489
Buddhism		1.00	0.50	1.00	0.50	1.00	0.50	-0.75	0.453

The general level of knowledge on different cultures / religions for the whole group was 8.00. Nurses had the highest level of knowledge about Buddhism (1.00), the lowest level of Hinduism (0.40). Knowledge of Judaism and Islam was at a similar level (0.67 and 0.60). Group A showed more knowledge about Judaism (0.67 vs. 0.60) and Islam (0.60 vs. 0.40). The knowledge on Buddhism was at the same level (1.00) in the two groups.

Judaism

Terms: Rabbi, Sabbath, synagogue were identified with Judaism by 173 (90%) respondents. The theory of cleanliness, which orders women during menstruation to isolate themselves from society and only after bathing in the washroom is recognized again as pure was known by 85 (44%) nurses. This custom was attributed to Islamic women by 89 (46%) of nurses. The practice of visiting the mother in the first few days after the womb was known only by 52 polled women (27%). 58 (30%) of nurses indicated that such a tradition prevailed in Hinduism, and 56 (29%) of them were inclined to Islam.

Islam

187 (97%) of the respondents indicated that Allah, a mosque or jihad are inseparably linked to Islam. 158 (82%) indicated that Mohammed should be identified with Islam. 17 (9%) associated this figure with Hinduism and 11 (6%) with Judaism. Maintaining cleanliness as one of the basic principles of religion, washing hands after getting up, before meals, after leaving the toilet and even after cutting nails were known to 85 (44%) nurses. The ban to

place parents in nursing homes was known to 70 people (37%). The habit of eating right hand and touching and removing all unclean left was known to 114 (59%) respondents. Another of the most important rules - respect for private life and ban on entering someone's home without permission was familiar to 71 (37%) people. 77 (40%) of nurses believed that all forms of sexual deviation were forbidden in this religion. By contrast, 81 (42%) of respondents indicated Judaism.

Hinduism

The terms avatar, brahma, Kama sutra, guru, lotus were merged with Hinduism by 155 people (80%). 87 (46%) of people responded that it is the religion that discriminates against women. By contrast, 85 (44%) indicated Islam.

Buddhism

Concepts of the Dalai Lama, Nirvana, and Tantra were characteristic for Buddhism for 169 (87%) of respondents. The funeral pyre as a sign of compassion for all living beings was known to 118 (61%) of respondents. This tradition has combined with Hinduism by 57 (30%) of respondents.

Proceedings in individual situations (Table 4).

Table 4. How does the level of knowledge affect the behavior in situations I-VIII.

	a		b		c		d		e		H	p
	Me	IQR	Me	IQR	Me	IQR	Me	IQR	Me	IQR		
situation 1	9.00	3.00	8.00	2.00	8.00	2.00	0.00	0.00	-	-	1.22	0.747
situation 2	9.00	2.00	9.00	2.00	8.00	2.00	8.00	1.00	-	-	8.74	0.033*
situation 3	8.00	2.00	3.00	3.00	8.00	3.00	7.00	2.00	8.00	1.00	7.31	0.120
situation 4	10.00	4.00	8.00	3.00	8.00	3.00	8.00	1.00	-	-	7.35	0.061
situation 5	8.00	3.00	9.00	0.00	8.00	2.00	8.00	6.00	-	-	2.81	0.245
situation 6	8.50	2.00	8.50	1.00	9.50	3.00	8.00	3.00	9.00	2.00	15.31	0.004**
situation 7	8.00	3.00	6.50	1.00	8.50	2.00	7.00	4.00	-	-	3.29	0.193
situation 8	8.00	3.00	8.00	2.00	9.00	3.00	8.00	8.00	-	-	9.66	0.008***

*- Significant differences between the responses c and d (p = 0.038)
**- Significant differences between the responses: e and d (p = 0.028), and e and a (p = 0.010)
***- significant differences between the responses b and c (p = 0.006)

96 (50%) nurses would respect the Jehovah's Witnesses' decision related to the lack of her/his consent to blood transfusions even if she/he has symptoms of hypovolemia. By contrast, 76 (40%) of respondents claimed that blood transfusion should be done unquestioningly in a life-threatening condition. Others responded that in this situation they would have given a blood product (5%), applied to the court for a decision (3%) or talked to their family to influence the change of the patient's decision (2%). In a similar situation where the child is in severe condition and requires blood treatment and the mother is Jehovah's Witness and does not agree with the proposed treatment - 116 (60%) of respondents would try to talk to mother and induce her to change the decision, 26 (14%) would apply to the court for a decision ($p = 0.38$). In the next case, where the patient is a 4-year-old girl suffering from severe anemia and her mother is a Jehovah's Witness and she refuses to transfuse and asks to give her daughter erythropoietin, 73 (38%) of respondents would try to persuade her mother to change the decision explaining the rules of treatment with erythropoietin while 22 (11%) would apply to the court to change the decision ($p = 0.028$). 23 (12%) would make blood transfusion without the mother's consent.

123 (64%) of respondents would respect religion and would not remove the burqa of the Muslim woman with the occipital wound requiring suturing done by male doctor. Nurse would do a hole in the head cover to protect the injury. 14 (7%) of respondents would seek a female physician, and 13 (7%) would have removed the patient's head covering to properly cover the area of the injury. In the case of a Muslim hospitalized at the Orthopedics ward with a right hand in the cast and left hand completely functional, 100 (52%) of respondents would feed the sick despite hard work, 50 (26%) would try to explain to the patient that duty is very busy and lacking time to help with food for those who have one healthy hand. In case of having another dinner in exchange for blood soup or pork for the Muslims, 161 (84%) of respondents would help in this matter, and 18 (9%) would go to the buffet for another meal for the patient. A similar situation occurs in the case of a Hindu whose cow is a holy animal and does not eat beef for dinner. In this situation 160 (82%) would ask the kitchen help to arrange another dinner for the patient and 24 (13%) would bring another lunch for the patient.

In the case of headdress Jewess who was admitted to hospital because of head injury with no visible bleeding and she does not want to take her head cover off because the hair is only available to her husband, 85 (45%) of respondents would order head CT without having performed a physical examination and 43 (22%) would try to convince the patient to remove the headgear ($p = 0.006$).

Knowledge level and behavior in individual situations after the workshop

The general level of knowledge on different cultures / religions has changed significantly ($p<0.001$). The level of knowledge about Judaism, Islam, Hinduism and Buddhism has increased significantly (Table 5).

Table 5. Changing the level of knowledge and behavior after the workshop.

The level of knowledge about multiculturalism	**before workshop**		**after workshop**		**Z**	**p**
	Me	**IQR**	**Me**	**IQR**		
general level of knowledge	8.00	3.00	11.00	2.00	7.73	< 0.001
Judaism	0.67	0.33	1.00	0.33	6.81	< 0.002
Islam	0.60	0.40	0.80	0.20	3.49	< 0.003
Hinduism	0.40	0.20	0.60	0.40	5.99	< 0.004
Buddhism	1.00	0.50	1.00	0.00	5.02	< 0.005

Judaism

52 (53%) of nurses would respect the Jehovah's Witnesses' decision regarding her/his lack of consent for blood donation, even in the event of a life threatening condition, both before and after the workshop. Prior to conducting the training, 36 (36%) of the respondents believed that blood transfusion should be done without the patient's consent. 7 (7%) claimed that a blood product should be given and 4 (4%) would have asked the court for a decision on this. After the workshop, 26 (26%) would decide to transfuse without the patient's consent, and 21 (21%) would have given a blood product. No one would file a court order to issue a decision on this matter ($p = 0.002$). In the case of a child who is in severe condition and requires treatment with blood, and the mother is Jehovah's Witness and does not agree with the proposed treatment, 5 (5%) of respondents would respect the mother's decision, 18 (18%) would do transfusion without the mother's consent, 60 (61% %) would try to induce her to change the decision and 16 (16%) would apply to the court for a decision.After the training, decisions on this matter did not change significantly. In the next case where the patient is a 4 years old girl suffering from severe anemia and her mother is Jehovah's Witness who refuses to transfuse and asks to give her daughter erythropoietin, 31 (31%) of respondents would try

to encourage her mother to change the decision, explaining that this is the only way to treat her daughter. 7 (7%) of surveyed nurses would respect her decision, 11 (11%) would make a blood transfusion without the consent of the parent. 37 (37%) of respondents would try to talk to their mother, explaining the principles of erythropoietin treatment, and 13 (13%) would go to court to give judgment on the matter. After the workshop the answers did not change significantly.

Before training, 4 (4%) of respondents would respect the religion of Muslims and would not pull the burqa off to make a dressing on the head. 16 (16%) would explain that it was not possible to properly secure the wound without removing the headgear, 67 (68%) would cut the hole in the burqa to protect the injury area. Other people would pull burqa off without the consent of the patient (6%) or called a female doctor (6%). After the workshops, the procedure in this situation did not change significantly. In the case of a Muslim hospitalized at the Orthopedics ward with a right hand in the cast and left perfectly functional, 1 (1%) of respondents would have ordered to use healthy hand at meal time, 22. (22%) would try to persuade the patient to use his right hand in this case. 57 (58%) of nurses would first feed the sick and then proceed to further duties. 19 (19%) would ask for help from another person to feed the convalescent. After the workshop, staff decisions changed significantly ($p = 0.006$). In the case of arranging another dinner in exchange for blood soup or pork for the Muslims, 86 (87%) of respondents would help in this matter, would ask the kitchen maid to bring another dinner. 8 (8%) would go to the buffet for another dinner and 5 (5%) would share their own lunch. The response rates did not change significantly after the training. A similar situation occurred in the case of a Hindu whose cow is a holy animal and she does not eat beef for dinner. In this case, before and after the workshop, 85 (85%) of respondents would ask the kitchen maid to arrange another dinner and 10 (10%) would go to the buffet for another dinner for the patient.

In the case of a headdress Jewess who reported to the hospital with a head injury without visible bleeding and does not want to remove the headgear, since the hair is only available to her husband, 32 (32%) of respondents would have given her an analgesic and asked her to sign a statement that she resigns from diagnostic procedures in E.R. 44 (44%) would have ordered TK without a physical examination, and 23 (23%) would try to convince the patient to remove the head cover. After the workshop the answers were changed significantly ($p < 0.001$).

Discussion

According to the US Pew Research Cente, there are 1,078 billion Catholics living in the world. More than 90% of the population in Poland.[4] Bearing in mind that the study was subjected to knowledge of multiculturalism and behavior towards cultural differences, attitude towards religion can be crucial for attitudes and behaviors of medical staff towards people presenting different cultures.

The study involved nurses working in various hospital wards and outpatient clinics. The average age was 42, the vast majority of them were women with secondary and undergraduate education. This shows that the research group is a reliable and experienced medical staff, who in everyday work has contact with different patients. According to the data of the General Chamber of Nurses and Midwives there are about 277 thousands of registered nurses and only 5 thousands the male nurses in Poland. This disparity is apparent in hospitals. The average age of staff in 2014 was over 48 years, higher than in the study conducted.[5] Less than half of the respondents encountered the notion of intercultural competence in nursing at the courses proposed by the medical schools. Most did not have the opportunity to get to know this issue because of lack of such subject in the curriculum of the courses. Few respondents were aware of the issue of multiculturalism more precisely on a separate subject. It is not much to know the knowledge of other cultures at a sufficient level in performing nursing activities in their daily work with the patient.

Most nurses had contact with a culturally different patient. The theoretical ability to diagnose problems arising from differences between customs can certainly translate into the professional medical supply of a patient seeking medical care in a Polish health service. Through the development of intercultural competences staff can conduct a complete cultural assessment, enable better communication with employees from different cultural backgrounds to keep to the nursing regime. Awareness of cultural differences among nurses results in better care.[6]

Nurses who participated in the survey met the highest number of Muslims in their professional work. Ensuring high quality health care for Muslim patients requires knowledge of Islamic beliefs and convictions. Nurses should understand the consequences of spiritual and cultural values for clinical practice. They should be aware of the need for modesty, privacy, proper use of touch, diet and medication used.[7]

Research has attempted to assess the knowledge of the concepts of a particular religion. Asking the question about the inseparable nature of the dominant religion in our

country, we could have expected the right answers. Almost all respondents correctly answered that such concepts as: Rabbi, Sabbath, Synagogue, Torah are identified with Judaism. A few people, however, said that Islam and Buddhism are the religions that use these concepts.

Islam is the monotheistic religion, the second in the world in terms of the number of followers of Christianity.[8] The concepts closely related to this religion are so popular that almost every person knows their meaning and knows what their followers identify. Our research has confirmed this theory. Nearly all respondents have rightly pointed out that the terms Allah, mosque and jihad are terms that are inextricably linked to Islam. One of the most important duties that must be fulfilled by the Muslims is obedience to the parents and proper care of them until death. Due to the obligation to be good and obedient parents, Muslims do not take into account the possibility of placing their parents in nursing homes, even in cases of severe infirmity or dementia.[9] However, the survey conducted does not confirm knowledge of these basic issues. Less than half respondents aptly identifies Islam. This is not an impressive result and it gives rise to many reflections: how should the medical staff be trained to develop their knowledge of multiculturalism? In the United States there are many nursing homes for the elderly. Despite some attempts in the literature there are currently no Muslim nursing homes in the United States. In the Arab and Muslim world the acceptance and success of such institutions was unsuccessful.[10]

Islam prohibits anyone from entering someone's home without the consent of household members.[11] In our own research this law was known to less than half of respondents. Muslims say that both women and men have different roles to fulfill on the Earth. Homosexuality or transsexuality are perceived as sexual deviations and absolutely forbidden. Therefore, it should be avoided that direct contact during treatment will have someone with a different sexual orientation with which she/he is not concealed.[9] In this regard, the respondents also lacked professional knowledge about the basic rules of the major religions of the world.

While Christian or Islamic concepts are widely known in Europe and do not have much of a problem with their identification, the avatar, guru, or lotus have made it difficult for respondents. Lack of knowledge about the behavior and beliefs of other cultures can in practice lead to very large conflicts on the basis of correct understanding and properly supported help. It is particularly important in Hinduism to have a descendant, especially a male. The birth of a girl usually associates with the trouble for her father.[12] In our study, nearly half of the respondents correctly pointed out that it was Hinduism that discriminates against women.

Respondents were also asked whether they knew the meaning of words such as Dalai Lama, Nirvana or Tantra. Most of them correctly pointed out that they are related to Buddhism. According to Buddhist beliefs, the human body after death has no meaning. In Tibet a form of burial devastated the human body has been developed. The funeral pyre is the tearing of the corpse by the vultures that are considered as a holy birds, helping to bring the soul to heaven.[13] This custom was known to more than half of the respondents.

The next part of the questionnaire illustrates the hypothetical situations that could take place while providing medical care. Respondents were asked which course would be most appropriate according to them. The patient's consent to treatment is one of the inseparable elements of contemporary human rights doctrine and a guarantee of the personal freedom of every adult and conscious patient. Refusal of a patient often results from religious and philosophical beliefs, and such a position is often difficult to accept by medical staff wishing to perform the best possible health care. Jehovah's Witnesses are extremely attached to the dogma of their religion regarding opposition to blood transfusions and its major derivatives.[14] Opposition to blood transfusion is Jehovah's Witnesses and the will of an adult and a conscious person must be respected, even if this may be a threat to her/his health or life. Medical staff are obliged to do so by law. However, the answers given before the workshops were not so obvious. Only half of the respondents would respect the will of the patient and would not have decided to do the blood transfusion in this case because it is incompatible with her/his confession. Less than half would unconsciously transfuse the blood against the will of the patient which is incompatible with the rules in force. Others would decide to give a blood preparation (what needs the consent of the person being treated) or they would apply to the court for consent for the transfusion. The big shocker is a lack of knowledge about the rights of the patient. After the training, the knowledge of respondents changed significantly. Fewer people would opt for blood transfusions without the patient's consent and no one would go to court to issue a ruling on the matter.

The specific issue of Jehovah's Witnesses' opposition to blood transfusions is a major obstacle. More opportunities exist for treatment of juveniles. In cases where the parents refuse to consent to blood transfusions and the transfusions are believed to be necessary in the course of treatment, the competent family division of the court may order a blood or blood product transfusion. In situations where the decision would take too long time and the delay would threaten a small patient with the risk of loss of life or serious injury, the opinion of two doctors is sufficient to perform the treatment without the consent of the statutory representative or family division of the court. The actions taken should be notified without

delay to the parents or the guardianship court. The court, after consulting experts, often maintains such a decision.[15] In the case of children, there is a legal right to act against the will of the family to save the life of a small patient. Attempting to induce someone who has shaped her/his worldview over the years to change a decision in a few moments is in our opinion ineffective, although such actions would be taken by most respondents before workshops. Only few respondents would initiate judicial proceedings. Unfortunately, the knowledge on this subject has not changed after training. As a result, there is a need for additional training so medical staff could make informed decisions.

The human body can cope with the loss of a small amount of blood. However, if there is a significant loss of blood, the transfusion is the only way to immediately replenish its shortage. It is not always possible to replace blood with blood products. In another case, where the patient is a child suffering from severe anemia and the mother is a Jehovah's Witness and does not agree to a transfusion and asks to give her daughter erythropoietin, less than half of respondents would try to encourage her mother to change the decision. Prior to training only a few respondents would apply to the court to issue a decision on a further, effective and sole treatment using blood transfusion. After the workshops, the answers did not change significantly what shows the need for further training. In spite of the large number of multicultural patients using the Polish health care facilities, medical practitioners still have little knowledge in dealing with such situations.

Modesty is a key element of Islamic life that shows in costume, between others. In most Muslim communities, women are required to wear heads and faces.[16] This means that, in the case of health professionals' contact with Muslim women, the situation where member of medical staff is also woman even if she is not a Muslim is a significant facilitation for both parties,. In the case of a Muslim woman in a burqa with a wound in the occiput requiring surgical supply, the majority of the respondents would respect the religion of the patient and would not remove the headgear to sew the wound by the male doctor. Only a few respondents would have looked for a female doctor who could pull a burqa off and debride a wound properly. After training, the answers to this question have not changed significantly. Few more people would choose to look for a female doctor. Ethics of nursing care requires respect for the culture and religiousness of the patient. Therefore, the staff should be able to provide care that respects the Muslim interpretation of modesty.[17]

Muslim life is governed by Islamic law. Muslims often eat meals with three fingers of their right hand and lick them after eating. Eating with left hand is forbidden because this hand used to eat by Satan.[18] If the right hand of a Muslim is inoperative and is no way he can

use it to eat, it will require feeding by medical personnel or his family. It is wrong to treat these patients in the same way as the other patients. Asking and explaining a patient to eat using his left hand, although he has other rules since his birth is pointless. However, one quarter of surveyed nurses before the workshop would do so. Half of them would withdraw from their activities and feed the patient despite the heavy working duty. the Answers changed significantly after the workshop. Fewer people would leave their duties to feed the patient. The more respondents would have to ask for someone else's help to feed the patient. Perhaps in the future after intensive training on the principles, customs and traditions accompanying the world's largest religions, all respondents will respond appropriately to the questions asked.

In Islam, it is forbidden to eat pork, carcasses and blood.[14] It is common knowledge that Muslims do not eat pork and do not drink blood, so nurses can avoid such situations by ordering a proper diet for such patients. In case of organizing another dinner in exchange for blood soup or pork for Muslim patient, most respondents would help him in this matter. After the workshops, the answers to this question have not changed.

Symbols belong to the most important relics of all religions, cultures and institutions. One of the strongest symbols in Hinduism is a cow called sacred cow. In Hinduism, killing cows is a sinful sin, and eating beef is more repulsive than cannibalism.[13] Deciding to treat multicultural patients in Polish hospitals we must be prepared to cope with the cultural habits of these patients. Unfortunately, we are far from practical applying the rules of cultural diversity. In the survey questionnaire, only one person indicated that ordering a suitable diet for an Indian patient would be the right solution.

In the Jewish tradition, the covering of the head by married women is a normal habit.[19] In the case of a head injury victim who goes to the hospital for help and does not want to remove the head cover, almost half of the respondents would have ordered a CT scan without a physical examination. Polish women continue to dominate the medical profession and it is not difficult to provide care for this woman by another woman. Unfortunately, before the workshop, the respondents did not indicate such solution. After training the level of knowledge in this area changed significantly. Fewer people would spend time talking to the patient to encourage her to remove the headgear. The respondents would choose to look for a female doctor to ensure the patient's comfort.

Respondents' level of knowledge about the customs of persons presenting other religions and cultural issues in contemporary health care has been reported in our study. This

analysis is pioneering in Poland and has therefore failed to address other research related to this topic.

Conclusions

1. The knowledge on customs and rituals on different religions is small.
2. Alignment of multicultural education curricula in medical schools is an essential factor in ensuring that patients are provided with appropriate conditions of foreign patients and their families in the Polish health service system.

3. Most people during their education did not have any lecture on multiculturalism in medicine.

4. Basic concepts about Judaism, Islam, and Christianity are very well known.

5. Alignment of multicultural education curricula in medical schools is an essential factor in ensuring that patients are provided with appropriate circumstances and their families in the Polish health service system.

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