Bernaciak Elżbieta, Lemska Magdalena, Mędrzycka-Dąbrowska Wioletta, Szulkowska Żanetta. Intercultural Competences in Health Care - Judaism. Journal of Education, Health and Sport. 2019;9(3):321-332. eISNN 2391-8306. DOI http://dx.doi.org/zenodo.2597541
http://ojs.ukw.edu.pl/index.php/johs/article/view/6715

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part B item 1223 (26/01/2017).
1223 Journal of Education, Health and Sport eISSN 2391-8306 7

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 18.02.2019. Revised: 18.02.2019. Accepted: 18.03.2019.

Intercultural Competences in Health Care - Judaism

Kompetencje Międzykulturowe w Ochronie Zdrowia - Judaizm

1. Elżbieta Bernaciak, Department of Emergency Medicine and Catastrophes, Faculty of Health Sciences, Collegium Medicum in Bydgoszcz, 10th Militaty Research Hospital and Polyclinic in Bydgoszcz, Poland
2. Magdalena Lemska, Department of Sociology of Medicine and Social Pathology, Faculty of Health Sciences, Medical University of Gdańsk, Poland
3. Wioletta Mędrzycka-Dąbrowska, Department of Anaesthesiological Nursing and Intensive Medical Care, Faculty of Health Sciences, Medical University of Gdańsk, Poland
4. Żanetta Szulkowska, Elbląg University of Humanities and Economics, Faculty of Health Sciences Elbląg, Poland

Summary
The present times and Poland's entry into the European Union, the opening of borders, has intensified the phenomenon of migration of the population and contact between different cultures. In Poland, national minorities have been living since the dawn of time, but the current situation has a different dimension. Until now, the term "Transculturality" was not known in our country. However, the influx of people from the remotest parts of the world caused a situation requiring medical personnel to perceive the patient through the prism of biological, social and psychological needs as well as from the angle of other religions. Problems that appear taking care of such patients have caused that I decided to look at this issue on the example of Judaism believers. The aim of my work is to get the opinion of health professionals about intercultural competences in direct care of these patients.

Key words: patient; multiculturalism; health care; Judaism

Streszczenie
Obecne czasy i wejście Polski do unii Europejskiej , otwarcie granic nasiliło zjawisko migracji ludności oraz stykania się ze sobą różnych kultur. W Polsce mniejszości narodowe zamieszkiwały od zarania dziejów jednak obecna sytuacja ma inny wymiar. Do tej pory termin „Transkulturowości" nie był znany w naszym kraju. Jednak napływ ludności z najodleglejszych stron świata spowodowało sytuację wymagającą od personelu medycznego postrzegania pacjenta przez pryzmat potrzeb biologicznych , społecznych i psychicznych a także po kątem innych religii. Problemy jakie się pojawiają sprawując opiekę nad takim chorym spowodowały, że postanowiłam przyjrzeć się bliżej temu zagadnieniu na przykładzie wyznawców judaizmu .Celem mojej pracy jest poznanie opinii pracowników służby zdrowia na temat kompetencji międzykulturowych w sprawowaniu

bezpośredniej opieki nad tymi pacjentami.

Słowa kluczowe: pacjent, wielokulturowość, ochrona zdrowia, Judaizm

Multiculturalism - basic concepts

A concept derived from the term multiculturalism, covering three meanings:
1) in the descriptive plane simply points to the multitude of cultures; Thus, it is a statement of an objective fact of cultural diversity of a given society or, more broadly, of the existence of different ethnic cultures, religious groups, etc. in the world.
2) also means a government policy aimed at eliminating the tensions of the company. related to the fact of the given population.
3) is also the name of a certain doctrine, movement, even philosophy. In this case, it means the activities of minority communities aimed at emancipation and fuller participation of various communities in the social, political and cultural life of the country[1,2}.

Multiculturalism in former Poland

Contemporary perception of multiculturalism goes back to the beginnings of the modern era. Medieval societies were generally multicultural. There were no contemporary concepts of boundaries, people of different origins could form part of a given society or local community if they obtained appropriate privileges from the sovereign. Hence, in the Polish social ladder of the Middle Ages, we find settlements under German law and German colonists, Jewish merchants and eastern origin, including Tatars, Armenians of Monophysical confession. A characteristic feature of the societies of the Middle Ages was the priority of belonging to the state, the origin was a secondary factor. In the period of the First Polish-Lithuanian Commonwealth, multiculturalism became a characteristic factor for this country. First of all, it was influenced by the two-unit character of the state, which included the Crown (Kingdom of Poland) and the Grand Duchy of Lithuania. It should be remembered that the history of the First Polish Republic is not only the history of Poland, but also Lithuania as an equal partner, moreover, it is also the history of other later nations of Central and Eastern Europe, Ruthenians - Ukrainians, Belarussians, and Baltic nations. The Union of Lublin and incorporation into the Crown of the lands of later Ukraine initiated a period of turbulent relations between Poles and Ukrainians[2,7,11]. Important minorities were Latvians, Germans, middle-class Jewish population, an important element of the social ladder, it has been present in Poland since the dawn of Polish history. In Poland, the Jewish nation was one of the largest in Europe.
n the 16th century and the first half of the 17th century, the Commonwealth was a very important country on the map of European reformation. The burghers and nobles readily accepted Lutheranism, Calvinism and Arianism, which in the territory of the Republic of Poland, after schism within this trend, was called the confession of Polish brothers. Prussia Książęce, one of the fiefs of the Crown of Poland, was the first country in the world to adopt Lutheranism and in which the first Lutheran structures were formed. The shaping and consolidating system of the golden nobility freedom, in which the nobility as a sovereign state, prevented, contrary to Western European countries, the emergence of religious conflicts. The Commonwealth, with a rich tradition of religious tolerance towards Jews and Orthodox believers (Polish-Lithuanian privileges and immunities, equating the Orthodox boyars with the Polish nobility) was an island of peace among the religious wars of the 16th century Europe. In 1570, the Protestants of the Republic, threatened by the counter-reformation, concluded the Sandomierz Accord, the first ecumenical act in history. The first convocation council in 1573 in the confederation established in Warsaw granted freedom of religion to the nobility; this entry, entered in the Henryk articles, became one of the foundations of the regime to be unconditionally accepted by each newly elected king. The Warsaw Confederation meant that the Commonwealth became a shelter for Protestants who, considering the persecution and religious wars in other countries, were afraid for their own lives. After the Warsaw confederation, the term "a state without stacks" was adopted to describe the Republic of Poland, which avoided religious wars and established religious tolerance. The Reformation in the Polish-Lithuanian Commonwealth in the 16th and 17th centuries greatly influenced the development of Polish culture and language during the Renaissance. In 1563, the Protestant Brzeska Bible was published [1,2,5,6].
Another important issue for the First Republic was the attitude towards the eastern borderlands, first of all to the Cossacks and the Orthodox Church. The Cossack freedom and the strong influence of the Orthodox Church in the east of the Republic were the cultural wealth of the country, but at the same time caused a culpability from Russia, which claimed the right to care and supremacy over the Orthodox population. The Brzeska Union of 1595 was an attempt to answer this objection. Nevertheless, the Andruszów truce and Grzymułtowski peace in 1667 and 1686 meant that the multiculturalism of the borders of the First Republic could be used by Russia to its advantage. The inability to manage the multiculturalism of the Polish-Lithuanian East was one of the factors enabling the subsequent partition of the Polish-Lithuanian Commonwealth [2,11]

Multiculturalism of the Second Polish Republic

Reborn in 1918 after the Treaty of Riga in 1921, the Second Polish Republic became a multinational, multi-ethnic and multi-confessional state. The most important change between the period of the First and Second Polish Republic depends on new social and political conditions - the new dimension has acquired the notion of nationality, almost unknown or otherwise understood in the 18th century. The turn of the 19th and 20th centuries also brought the concepts of a nation state and nationalism. The multicultural nature of the Second Polish Republic had to acquire a completely different character and bring a different type of benefits and social and political threats. In 1922, politicians belonging to national minorities established a Block of National Minorities (Ukrainians, Belarussians, Jews, Germans) constituting a real political force: in the 1922 election, it received 66 seats. The presence of national minorities in politics was not accepted by the nationalist parties (National Democracy - the National Democracy). The murder of the first president of the Second Polish Republic in December 1922, just five days after taking office, was an expression of nationalism and intolerance of part of the society and political elite in the conditions of the democracy that is just taking shape. In the 1930s, national minorities fell victim to the increasingly active activity of Polish nationalist groups, above all the National Radical Camp associated with the Great Poland Camp. The outlawed organization openly proclaimed anti-Semitic and racist slogans, postulated the introduction of bench gates to limit the number of Jewish students, attacked shops and service points run by people of non-Polish origin [2,10,15]. The Sanation authorities themselves sought to limit the influence of national minorities on Polish politics, as evidenced by the declining number of minority deputies in the Sejm of the Sanitarian period of authoritarianism. The multiculturalism of the Second Polish Republic also brought one of the most disgraceful cards in the history of Polish intolerance and nationalistic chauvinism. The population of the Polish nationality of the Second Polish Republic constituted only two-thirds of the total (between 64 and 69% according to the population censuses of 1921, 1931 and 1938). In some voivodships, the Poles were a minority for the benefit of Ukrainians, Belarussians and Lithuanians. The Jewish population was concentrated in smaller cities, where it repeatedly accounted for at least half of the population. In Warsaw, the Jewish population exceeded one third of the population, which meant that Warsaw, after New York, was the second largest Jewish population in the world. Large concentrations of the German minority remained in the west of the country. A small Versailles Treaty signed by Rzeczpospolita on June 28, 1919 imposed very strict standards on Poland in the context of proceedings towards national minorities, an analogous solution did not apply to the Polish minority in Germany, which determined the unequally legal status of national minorities in Central Europe of the interwar period. The presence of national, linguistic, ethnic and religious minorities influenced the enrichment of Polish cultural life. The Yiddish culture developed among the Jewish community. The diversity of Poland and Polish culture contributed to the very open journalistic activity, in which various topics were discussed and the diversity of attitudes and culture was described. On the other hand, the governments of the Second Polish Republic did not contribute to the development of persons belonging to the national minority. The east of the country was not covered by large investments proving the modernization of the country (like the Central Industrial District), perpetuated into modern Poland And in the West and economically and socially underdeveloped Poland B, the east of the country, inhabited by Ukrainians and Byelorussians, afflicted with illiteracy, with an archaic economy based on agriculture [7,8,10].

The disappearance of multiculturalism after the Second World War

The tragedy of the Second World War, the Holocaust and the dislocation of state borders meant that in the past diverse Poland after 1945 assumed a uniform character. In the matter of religion, despite the declared official atheism in communist society, the situation of almost single-denominationality arose. The People's Republic of Poland also conducted a policy of obliterating existing diversity, which manifested itself in compulsory spolszczaniu names and weakening minority communities, for example, Ukrainians displaced throughout the country in the action of Wisła. The anti-Semitic statements of 1968 contributed to the departure of the remaining Jewish population from the country, or even the population of the alleged Jewish descent. The return to multiculturalism became possible after 1989 thanks to the opening of borders, Poland's entry into the global politics arena and - under the influence of globalization - allowing free travels, the abolition of censorship and the introduction of democratic principles of freedom of expression and expression, manifesting itself in the freedom of association, freedom of assembly, freedom religion. Poland's accession to the European Union in 2004 and enabling work and life in other countries of the Community favors a return to multiculturalism, both through the soaking of foreign cultures by people who have chosen (temporary) emigration, and thanks to the possibility of settling in Poland people from other united states Europe [2,5,6,15].

The concept of multiculturalism in medical terms

Knowledge about specific behaviors of each community regarding health and illness is crucial in providing

health care to a patient of another religion. During socialism Poland was a country in which both medical personnel and patients of other nationalities and cultures could be found very rarely. It is only at the present moment that social changes in Poland are gaining momentum from monoculture to multiculturalism of the community typical of multicultural and multinational countries. It is well known that there are dependencies between disease, health and culture, which relate to the difference in views on health as a value, its threats, cultural lifestyle and a different attitude to diseases and patients. Depending on cultural conditions, different types of reactions to the disease are distinguished (religious, magical, care and caring or medical). The goal of trans-cultural nursing is to develop scientific and humanistic knowledge to ensure a culture-specific and universal universal. The precursor of trans-cultural nursing was an American nurse Madeleine M. Leininger. She worked on the model of the "Rising Sun". This model presents the components of the theory of diversity and universality of cultural care and provides a visual scheme of key components and relationships between them
[8,11,16]

Judaism in the literature of the subject

Judaism is a term that we use today as the name of the national religion professed by Jews. He is one of the few religions that survived to our times, despite the fact that different groups and influenced by the history of his followers also changed their face. The Jewish religion can be described as a set of Bible-based beliefs, rituals and institutions, especially related to the time of the destruction of the Jerusalem Temple in the 1970s. with the Jewish people. Jewish tradition not only teaches certain fundamental truths about God, revelation and man but also gives expression through ceremonies, rituals and laws defining conduct in various life situations.

Traditionally, Judaism did not consider itself a religion, but rather as a set of teachings and commandments that were the fruit of God's covenant with Israel. The history of Judaism is closely related to the history of the Jewish people. His followers are scattered all over the world today. Just like in the history of the Jewish nation, it distinguishes two basic periods in the history of Judaism. The first one is called biblical because the Bible is the main source of information about the history of religion during this period. The second is usually called the biblical period, although the name is not entirely accurate, because the religion of this period is also derived from the biblical period. Therefore, this second period is also referred to as rabbinic Judaism.

It is generally accepted that the beginnings of Judaism stem from the beliefs of the old Hebrew tribes.

udaism is a covenant, and also the oldest monotheistic religion, it had a huge influence on other religious traditions. Judaism, mosaicism - the oldest monotheistic religion, precursor of Christianity and Islam, national religion of Jews. The founder of the Judaic religion is Mojżesz. From his name, Judaism is also called "mosaicism". This religion adopts the principle of harmony between God and the world, the basis of which is obedience to the law declared to man by God and the covenant concluded through the mediation of Moses on Sinai. At the same time, Judaism is a set of values, norms and ethical attitudes resulting from the tradition, custom and religion of Jews. Acting in accordance with the precepts and privileges of the Torah offered by Moses is the main foundation of Jewish life in all respects. Based on the Mosaic Pentateuch, we can designate, among others, the following influence of religion [7,19,21,23]:

1. Jews are persons guided by the principle of full integrity and reliability regardless of the role they play as negligent work is a sin against God and neighbor,
2. Equality of all believers, lack of hierarchy and forcing one's neighbor to lose their dignity and sin is a protest against the will of God and the Torah,
3.Proper treatment of people, animals and plants and material things that may
to serve others - e.g. food,
4. The Torah also prohibits theft, acquiring money in a dishonest way or humiliating one's neighbor.

The quintessence of the ethics of Judaism is contained in two biblical sentences: You will love your God Yahweh with all my heart, with all your soul, with all your strength and with your neighbor as yourself. In addition, Jews have 613 orders and prohibitions formulated in the Bible (Holy Scripture) and the Talmud, which regulate in detail the lives of Jews according to the precepts of faith. Jewish and religious organizations began to revive, in favor of the authorities, from the early 1980s. In April 1983, the Judaism believers restored by the state authorities to the synagogue named after them were handed over to Judaism. Zalmana and Rywka Marjonki Nozyk. In December 1984, the first congress of the Religious Union of Jewish Communities took place since 1966. It was headed by Mozes Finkelstein (from 1973). In May 1985, the sign of the revival of the Mosaic religion became the mitzvah of Mateusz Kos, the first from 30 years in Warsaw. In the nineties, in the Union of Jewish Religious Communities, a generation conflict intensified between a group of older believers born before the war and Jews of the middle and young generation who often discovered their religious and cultural identity. In 1997. the victory tilted in favor of the latter group. It can therefore be emphasized that in 1989 there were major changes in Polish religious law, which significantly improved the legal situation of the followers of the Mosaic religion. On May 17, 1989, the Sejm adopted three new religious laws, including a law on guarantees of

freedom of conscience and religion. This regulation, which is binding to this day, is the magma chart of freedoms in religious matters in Poland. It guaranteed both freedom of conscience and religion to citizens as well as to foreigners and stateless persons in accordance with the standards contained in universal acts of international law regarding human rights and freedoms. For the followers of Judaism, the distinction of eligibility was particularly important;
- maintaining contacts with fellow believers, including participating in the work of religious organizations with international reach;
- creating and acquiring items needed for religious worship and practice and using them;
- creating, acquiring and possessing articles necessary to observe religious rules;
- keeping silence on your religion;
- receiving a burial in accordance with religious principles [1,2,5,8,16].

Zdjęcie 6. Gwiazda Dawida

Medical aspect
In Judaism, rich ritual also includes behaviors that have a direct or indirect connection with health and hygiene. These behaviors include, for example, circumcision (removal of the foreskin), traditions and recipes for feeding (kosher foods and other fortifications), as well as ritual baths and washing your hands.

The basic principles of life in the religion of Judaism
1. The man is obliged to care for his body properly (the body as a tool of the spirit should be kept healthy). An absolute duty in the case of illness is to seek recovery, and if the disease is very serious, there are no religious orders that could hinder recovery. Foods allowed for consumption are referred to as "kosher", which in Polish gained the form of the adjective "kosher". Kosher are therefore racks of meat of strictly defined animal species, i.e. cloven-hoofed and simultaneously classified among ruminants, cattle, sheep, goats. You can also eat fish, but only those that have scales and fins. Animals must be killed in a ritualistic manner by a qualified butcher. In the event of a serious illness, all religious orders that could hinder recovery can no longer apply.
2. Judaism, when treating health care as a religious order, gives various requirements related to mental health, first of all requirements regarding purity, including taboos regarding blood; during the menstruation, a woman is not allowed to perform many activities, only after doing a bath in a mikvah (a ritual bath) is again considered clean.
3. It is a religious duty to wash hands after getting up from the night rest, before a meal, after leaving the toilet, and cutting the nails.
4. Judaism ascribes special attention to physical education and mental health. For mental health, the preservation of a specific rhythm of life is decisive. The Sabbath is not only a day of rest, but sometimes a reflection and a time to serve the good physical and mental well-being. Judaism is divided in views on transplants - some believers think that organ donation poses problems related to the resurrection of the body, but the general position of this religion does not prohibit transplants for saving lives. According to Judaism, human life has an absolute value, it is sacred and untouchable. Man's life has an infinite value because it is a gift of God and man was created in the image of God. Just as we worship Torah scrolls, we should worship the sick and do everything to reduce his suffering. The Reform Jews argue that organ transplantation to save or save another person's life is ethically ordered

5. Contemporary Jews fully accept the adoption of children, and some authorities even artificial insemination. Artificial fertilization is an aid in fulfilling the first commandment-to-be-uruu blood (be fruitful) and is therefore accepted.
6. Judaism permits the use of oral and intrauterine contraceptives. In a marriage, contraception is allowed when the spouses already have offspring, but life factors prevent them from having children at once. Also health factors speak for contraception; if pregnancy and birth could pose a threat to the health and life of a woman, the use of contraception is not only allowed but recommended. Similarly, cases are treated when the pregnancy would be a big psychological burden.
7. There is no agreement about abortion. The Torah does not speak about it clearly enough to make it a law. Each case is therefore treated individually and a lot depends on the opinions of specific rabbis. Judaism does not recognize the economic reasons for abortion and is not justified for abortion carried out for the purpose of birth control.
8. There is a duty to be interested in someone who suffers, and abandoning this duty is a sign of the lack of cordiality. Visiting the sick and suffering person is a service of love that appeals to God. Some regulations apply to this merciful deed; you need to bring something with you - a cheerful face, a comforting word, a heartfelt prayer. Visiting the patient should bring hope and relief. During illness, the doctor becomes the highest authority. Judaism considers the doctor to be God's tool, as God's partner in the interest of his creation. Medical practice as I define Jewish tradition is related to the physical and spiritual dimension of a human being.
9. Judaism treats death as a natural consequence of life and part of the biological cycle of all beings on earth. Judaism does not treat death as a great tragedy, even if it happens very early or as a result of an unfortunate accident. Death, just as life matters and is part of the divine plan, the Jews believe that the soul is immortal because it comes from God Himself. Jewish death-related practices are in favor
10. the task of showing respect to the deceased and the support of relatives who are missing him. The war is not to emphasize the distance and fear of death [3,4,5,8,10, 17].

In Polish law there are no restrictions on access to health services due to religion, everyone is equal. The society professing Judaism being citizens of the Republic of Poland has the same rights and obligations as Polish citizens.

Common difficult situations occurring in contacts with representatives of the Judaic religion

The relationships of medical staff with patients are undoubtedly complex. In the case of representatives of medical personnel, the formation of these complex interactions is influenced by, among others knowledge and professional skills, but you can not underestimate the personality of a doctor, nurse or a physiotherapist. The types of complex relationships between the medical staff and the patient can be sorted out according to many criteria. One of them is the level of activity of both parties of interaction, which can be modified both by prejudices fed by the representatives of the medical staff and by the patient. The distrust of the doctor, for example, resulting from his discriminatory practices may lead to patient passivity or increased activity consisting in opposing the doctor's recommendations. The Jews, despite considerable distraction, were faithful to their religion. Many of them, however, do not follow all the rigors required by traditional Judaism, but practice one of its reformed forms. Among the currently living several million Jews only a dozen or so percent practice traditional Judaism called orthodox [3,5,9,11,18].
1. Orthodox Jews strictly follow kosher principles, while reformate, conservative, or reconstructive Jews do not approach so strictly kosher principles.
2. According to them, the essence of Judaism is ethics. In Judaism, a very important place is occupied by holidays. One of the most important is the Sabbath. This day is a time of reflection, and also a time that is to serve the good physical and mental well-being. Activities that can not be performed during the Sabbath, directly translating into nursing care are: cutting fruit and vegetables, separating unnecessary ingredients from food, mixing small food substances with any iquid, baking, cooking, clipping, nail cutting, knotting and solving nodes, spreading creams on the skin, using soap in the ankle, writing, lighting a match, a lighter and a light. On this day, the nurse can not talk with the patient and must pay special attention to patient observation, his needs, non-verbal communication and solving the perceived care problems - without asking for permission for their implementation.
3. During the stay in the hospital, the male patient should be supervised by a nurse and a nurse by a woman. This is a problem, because sometimes you have to get the nurses from another branch, because they are not on everyone. According to religious law, a Jewish boy becomes an adult at the age of 13, and a girl at the age of 12. From this fact emerge certain differences in the approach, including nursing, to children before 13 years of age. boys and 12 r. girls and to older children. One of the problems is that patients do not receive drugs in the gel coating.
4. Article 16 of the Clergy, according to the provisions of domestic law, may grant religious services to co-

religionists residing in institutions of care and education, health care institutions, social welfare homes and in prisons.
5. Art. 18. Jewish communes and other legal persons operating under the Act may conduct charitable activities, in particular educational, care and healthcare institutions [8,9,15,23,24].

Good practice should be based on
1. Universal access to medical and nursing care.
2. Obtaining knowledge about habits, preferences and religious orders regarding food consumed by the patient.
3. Providing male patient with nursing care and limiting contacts between people of different sexes.
4. To gain knowledge about the possibility of deviating from the rules of nutrition imposed by religion.
5. Allowing the patient to eat foods made by the family.
6. Enabling the patient to light candles if the hospital stay falls on the Sabbath.
7. Removal of Christian symbols from the Sick Room is an expression of tact and sense on the part of the nurse, but it is not necessary for prayer
8. Providing the patient with dishes, disposable cutlery.
9. Providing a separate room if the circumcision of the newborn is carried out in the hospital.
10.Respect for a religious ban on not cutting and trimming the hair of a child up to 3 years of age, unless it is strictly required by the treatment, for example surgery in the area of the head.
11.Respect for kosher principles also in the case of kosher, also for children, although children do not yet have religious orders and prohibitions, parents from the earliest age prepare the child to observe them in the future, therefore the child's diet is no different from the adult diet.
12. Transferring a dying person to a separate room.
13. Enabling a family to stay near a dying bed, even when the family is large.
14. Notifying the patient's family, and when the patient is a single person - Jewish community - that his condition is serious.
15. Allowing the patient's family to watch over the corpses to wash their hands before leaving the hospital.
16. Familiarizing the patient's family with the regulations and standards in force at the hospital when autopsy.
17. In a situation where a patient dies in a hospital, the ritual preparation of the body for burial is carried out in specially designated premises near synagogues or Jewish funeral homes - never in a hospital.
18. Make sure that the number of the Jewish Community is located in the ward [4,5,7,8,1013,24].

Aim and subject of research
Medicine and religion have remained in a very close relationship for thousands of years. In Poland, the problem of multiculturalism in caring for the patient for many years was not noticed. Currently, due to the migration of people and the inflow of immigrants from different parts of the world, transculturality is becoming a huge challenge for healthcare professionals. It is well known that there are dependencies between health, disease and culture. The importance of the subject matter, very little knowledge of medical staff made me get to know the subject thoroughly.
The aim of my work is to learn the opinion of medical personnel on the need to develop cultural competence in working with patients.
The subject of my research is the phenomenon of multiculturality in the environment of medical personnel working in various health care entities.
Research methods and techniques
In my research I used one of the most popular methods of social research, which is the so-called method. diagnostic survey. Determination of research problems, making hypotheses, started the analysis of research problems to which I received answers to questions that bother me. I chose the questionnaire as the most suitable and useful technique. As a tool of my work, I used the author's questionnaire written under the supervision of my supervisor. I asked questions to 100 respondents working, among others in the Provincial Specialist Hospital in Olsztyn and various health care facilities in Poland performing medical professions for which I have received answers.

Characteristics of the research group
The research was carried out among nurses and doctors working
in various hospital departments and clinics in the form of an anonymous questionnaire. Prior to completing the survey, the respondents were informed about the principles and forms of the questionnaire. The time of completing the form was unlimited. None of the respondents reported problems with understanding the questions. A total of 100 people randomly selected were examined. The respondents differed in their age, education, type of work and religious denomination.

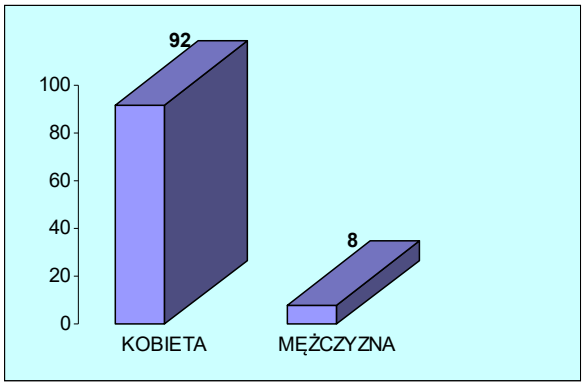

Chart No. 1 - the division of respondents by gender

The research group was mixed, there were both women and men, as presented in table and chart 1. The group of respondents is represented by 92 women and 8 men. Women dominated the studied population, accounting for 92% of respondents. The average age of the entire group is 38 years.
Analyzing education, it turned out that the most numerous group are people with a BA degree in the number of 52 subjects. 33 respondents have a Master's degree and 15 people are subjects with secondary education. Work experience in the profession is as follows: from 0 to 5 years of work declared 26 respondents, slightly less because 24 respondents have an internship in the range between 16 and 20 years of work, and a 17-person group with an internship of 11 to 15 years.

Tabela nr 3 – staż pracy w zawodzie

Staż pracy	0-5	6-10	11-15	16-20	21-25	26-30	36-40
Ilość osób	26	6	17	24	10	11	6

Regarding the place of work of the respondents, it turned out that 92 people work in various hospital wards. Most of the respondents work in the neurological ward and surgery. The questionnaire was completed by 95 nurses and 5 doctors. Among the 100-person research group, all people are medications who have direct contact with a sick person.
Among the respondents, 93% are believers, and 7% declared that they are non-believers. Bearing in mind that the study of knowledge of multiculturalism and behavior on the cultural diversity of attitudes towards religion should not affect the attitude of a nurse while performing nursing activities on a culturally different patient. In the foreground, each medic should respect and dignity of the other person, regardless of their origin and their religion. The most frequent answer in a given question about the knowledge of intercultural competence in nursing was "YES". 66 people met with the above-mentioned concept. A 26-person group does not know such a date, and 8 subjects do not remember whether they came across such a term. Public expectations of health care are changing and therefore the nursing profession must develop new competences and take on new roles and responsibility for independent actions. The development of society's expectations creates new requirements and challenges, among others, knowledge of cultures, and at the same time creates new opportunities for nurses and nursing. Analyzing the results of 83% of the surveyed population, it is believed that knowledge of other cultures is needed when performing nursing activities in everyday work with a culturally different patient. Medical personnel recognize the need to know other cultures to professionally help the patient, respecting their needs, dignity and cultural and spiritual customs. Attitudes and skills that help a nurse to get in touch with a person presenting a different culture is the next step in the analysis. Respondents indicated the three most important in their opinion the ability to improve such contact with a culturally different patient. It turned out that language skills are the first step to overcome the barrier. 66 people indicated that it is a necessary factor in establishing correct contact with the patient. Respect and recognition of cultural differences came second with the result of 61 people in correct patient-nurse relations, and the ability to recognize problems arising from cultural differences is the third skill needed in working with a patient with cultural diversity, and so 40 respondents answered. These

are apt answers that give hope that patients of a different nationality, representing a different culture or religion, do not have to be afraid of discrimination by using healthcare facilities with such an attitude.
An attempt was also made in the research to assess the number of patients met by nurses in their daily work. As can be seen from the data collected in the table and chart 10, 69 people said that they had contact with a person presenting a different culture. In turn, 31 respondents did not meet with people of other religions, nationalities or sexual orientation. Nowadays, in practice, nurses can often meet with patients from various religious and cultural areas. In connection with the above, they can not forget that cultural diversity is directly connected with the differences in communication styles and ways of expressing needs. It should always be borne in mind that beliefs influence the views of health and illness of both the patient and the nurse, because these concepts are strongly culturally conditioned, which means that symptoms recognized in one culture as signs of disease, in others can be treated as signs of full health. The dominant answer in the conducted research was an individual approach to the patient. 27 people answered that question. 24 respondents believe that culturally different patients should be treated in the same way as other patients, and 19 people were curious about a differently cultural patient. It is good that some respondents see the need for an individual approach to a person presenting a different culture because it is a sign that training should be conducted to make knowledge of topics related to other cultures not foreign to medical staff. Curiosity, on the other hand, is not a desirable feature of such a patient and such behavior should be eliminated through training. Respondents who in their professional work did not meet with a person presenting a different culture answered the questions very much like working with such patients. 14% of respondents believe that such patients should be treated exactly the same as those treated in their facilities. 11% of the surveyed population recognize the need for an individual approach to patients with different cultures, which prompts the same conclusion as above about the need for training in this area. As long as we want to treat all patients equally, we will never create a health service open to multiculturalism. Nurses should be encouraged to train on this subject to increase their knowledge and, consequently, sensitivity to the feelings of patients from a different cultural background.

To confirm the similarity of the responses of people who answered YES or NO in the question whether they had contact with people of other nationality, religion or sexual orientation, and what their attitude to people of other cultures should or was, the Pearson's linear correlation coefficient was used:

i	**Xi**	**Yi**	**Xi * Yi**	**X^2i**	**Y^2i**
1	27	11	297	729	121
2	24	14	336	576	196
3	19	3	57	361	9
4	6	2	12	36	4
5	4	1	4	16	1
6	0	1	0	0	1
7	0	0	0	0	0
8	4	0	0	16	0
9	4	0	0	16	0
10	0	1	0	0	1
11	4	0	0	16	0
12	0	1	0	0	1
Σ	**92**	**34**	**706**	**1766**	**334**

n= 12, r = 0,89

The score of 0.89 confirms a fairly strong relationship, i.e. regardless of whether the respondents had contact

with people of other cultures or did they not meet with such a patient they responded very similarly to the attitudes towards a person presenting a different culture while performing their official duties. Over 30% of respondents said that such a patient should be treated in the same way as other patients. The same number of people, ie 30%, is inclined to an individual approach, and 17% of the surveyed population claims that they are guided by curiosity. Nurses have a wide range of general and technical skills, but in working with a culturally different patient, still half of them act instinctively without having theoretical knowledge about multiculturalism. Nurse's work nowadays has become more dynamic, requiring flexibility, continuous learning and making individual decisions about the assessment of care. Society requires that nurses and other health care staff ensure high quality of services, and without continuous education it is impossible. Knowledge of religion and different traditions by nursing staff is essential for showing kindness and respect to a representative of a different culture and will always allow an individual approach to it. A large part of the respondents, regardless of whether they had contact with a culturally different patient or not, are inclined to treat the same patient, eg other nationality or culture, as other patients, or curiosity. 56% of respondents say that they are prepared for effective contact with a person presenting a different culture, and the results of research indicate that even the attitude of nurses towards such a patient remains to be desired. Perhaps the trainings are not as effective as today's health care situation requires.

The presence of migrants, which is increasingly evident in health care facilities, has different consequences for themselves, as well as for the health care system and health care workers. If we do not know the cultural and religious norms that affect specific scripts of behavior, it will be easy for us to activate stereotypes and perceptions in the ethnocentric perspective that are the cause of confrontation, frustration, disappointment, conflicts, misunderstandings or hate speech. 63% of respondents did not have to deal with discrimination - which is a good sign. Of the remaining 37% of respondents, fortunately, 32% are people who have not remained passive to harass the patient's otherness. If the result of the study turned out to be different and the vast majority of respondents were passive to discriminatory actions, patients could feel threatened where they expect help and support, i.e. in health care institutions where one should always be sensitive to patient suffering and its dissimilarity.

Nowadays, European unity, which has contributed to the opening of borders, more and more often in practice, nurses can meet with patients from various religious and cultural areas. This forces the nursing staff to take on new tasks and look for different ways of communicating with strangers, often unknown rituals and behaviors. Lack of understanding of differences and basic information about cultural differences hinders proper communication with the patient, which is an extremely important element of patient care. By meeting patients from different cultural areas with different views and values, those professing different faith, nursing staff is often based on non-verbal communication, which can lead to misunderstandings in contact with the patient and his family. Nurses can not forget that cultural diversity is directly connected with differences in communication styles, in ways of expressing needs. The group of respondents working directly with patients was asked what behaviors, skills and knowledge are necessary in the professional work of a nurse in direct contact with a person representing a different culture. 31% of respondents claim that having theoretical knowledge on an average level is needed in intercultural competences, practical skills according to the surveyed should be held to a large extent and so responded 39% of respondents. 30% of the group claims that secondary behaviors and attitudes are needed in relations with a person presenting a different culture. Respondents tend to expand their theoretical knowledge regarding the cultural background from which a patient is born to a secondary level, in addition to practical knowledge. The respondents see the need for further education in terms of everyday life, traditions and customs, and knowledge of migrants' religions, so as to acquire practical skills in their daily work with these patients, but they are not convinced of this yet. Multiculturalism in Poland is not a very common phenomenon, but it already appears. Due to the fact that the problem in the health service is not mass staff is skeptical to the news. However, this poses new challenges for nurses and they have to remember that the patient's good is the most important value, and without an individual approach and understanding of his or her individual needs it is impossible. Without perfect theoretical preparation, general skills alone are not enough to support culturally different patients.

Conclusions

1. The vast majority of respondents are Christians, who respect and dignity of another person regardless of their origin. 34% of the surveyed population do not know or do not remember whether they have ever met intercultural competences, but instinctively indicate that the need to know other cultures in contact with the patient is indicated.
2. 83% of respondents perceive the need to know other cultures in a professional way to help the patient, respecting their needs, cultural and spiritual customs.
3. Studies have proven that language skills are the dominant feature facilitating contact with a person presenting

a different culture. Apart from the language, respondents recognized that respecting and acknowledging cultural differences and the ability to recognize problems resulting from cultural differences.
4. 69 out of 100 respondents, or 69%, met people of a different culture on their professional path. Jehovah's Witnesses are the largest group of patients they meet. Nursing staff often do not know that they are dealing with a person of another religion and until the patient does not say that he is Judaist, Islamist or Orthodox knowledge of such a medicine they will not have.
5. 24 respondents indicated that a culturally different patient should be treated in the same way as another patient. 27 respondents perceived that an individual approach to a person presenting a different culture is very necessary.
6. A question was asked to the group of respondents whether they accepted passive or active attitudes as a witness of discrimination. 63% of respondents did not have to deal with discrimination, which is a good sign of the situation in our health care. However, 32% of the respondents met with such a situation and fortunately did not remain passive to such reprehensible behavior.
7. The applied Pearson's linear correlation coefficient formula gave an answer to this question. The score of 0.89 confirms quite strong dependence which proves that regardless of whether the respondents had contact with a person of other cultures or did not meet such patients, they responded very similarly to the attitudes towards the person presenting a different culture while performing duties business.

Summary

The research has provided answers to many questions raised regarding the nursing care of a person representing a different culture. The survey shows that each of the subjects, irrespective of their sex, age and education, works in a health care facility. Respondents met with the concept of intercultural competence in nursing. On the basis of the conducted research, it was noticed that various cultures, language, customs, religion and the way of communicating have a great influence on recognizing problems resulting from this differentness. The respondents recognized the need to acquire knowledge about people from culturally unfamiliar zones, because learning about spiritual and cultural needs will contribute to raising the level of nursing care. However, not all respondents are convinced that theoretical knowledge about multicultural competences in nursing is necessary to cherish another patient well.

Bibliography

1. J. Eisenberg "Judaism", Cyclades, Warsaw 1999
2. Brunner-Traut E .: "Five Great Religions of the World." PWN Warszawa1987
3. Kenneth P. K .: "Death and dying in various religions of the world." WAM Publisher, Krakow 2007
4. Orionska A .: "Dignity of a man dying in various religions of the world." Palliative Medicine in Practice, 2009
5. Pruszyński J .: "Needs and expectations of representatives of various religions in the period of illness." Therapy 2006
6. Makosz J .: "Life and Fertility." Kwartalnik 2008
7. Majda A. Zalewska-Puchała J., Barczyk E. "Stereotypes and prejudices against people culturally different in the minds of nursing students. Nursing problems .2013
8. E. Krajewska-Kułak, I. Wrońska, K. Kędziora-Kornatowska "Problems of multiculturalism in medicine" Red .naukowa p. 219
9. "Psychologia lekarska" edited by Jarosz M. "Psychologia lekarska" edited by PZWL, Warsaw, 1983.
10. Anna Majda, Joanna Zalewska-Puchała, Beata Ogórek-Tęcza. "Transcultural Nursing". Ed. scientific Publishers PZWL. Warsaw 2010 p.76
11. Fuks M., Hoffman Z. Horn M., Tomaszewski J. "Polish Jews - History and Culture" Interpress Warsaw 1982
12. Makosz J. "Life and Fertility According to Judaism" 2008
13. On the way to the edge of life. Volume II ed. Krajewska-Kułak E., Nyklewicz W., Lewko J., Łukaszuk C. "The role of a nurse in the care of patients dying of various religions." Wydawnictwo Akademii Medycznej w Białymstoku, Białystok 2007.
14. Vocatio Publishing House, "The Spiritual Heritage of Polish Jews." Warsaw1995.
15. Stern M. "What is Judaism." WAM Publisher, Krakow 2003
16. Tworuschka M. and U. "Religions of the world .Judaism." Agora Publisher, Warsaw 2009
17. S.P.de Vires. "Jewish rites and symbols" WAM Publishing House, Krakow 1999
18. Tyloch W. "Judaism" KAW Warsaw 1987
19. http://encyklopedia.pwn.pl/haslo/3995791/wielokulturowosc.html 12/01/2015
20.http://www.edulandia.pl/edukacja/1,124764,6972491,Zielokulturowosc_w_dziejach_Polski.html 12.01.2015
21. 10. http://pl.wikipedia.org/wiki/Migracja_ludno%C5%9Bci15.05.2015

22. http://mateusz.pl/rodzina/as-mm.htm18.05.2015
23. http://pl.wikipedia.org/wiki/Judaizm15.05.2015
24. www.religie.wiara.pl 15/05/201