

'Contradictions in having care providers with a South Sami background who speak South Sami': older South Sami People in Sweden's expectations of home nursing care

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The Sami are an indigenous population with multiple languages and dialects living in northern areas of Sweden, Norway, Finland, and the Kola Peninsula. The South Sami population lives in central regions of Sweden and Norway, and consist of about 2000 people. In this study, 56 older South Sami people from Sweden participated. Semi-structured interviews were conducted over the telephone and analysed through qualitative content analysis. The main findings show that older South Sami

people's expectations of having care providers with a South Sami background speaking South Sami in home nursing care contain contradictions in and between participants. Participants had different preferences regarding having care providers with a South Sami background speaking South Sami in the future. When providing care to older South Sami people, individual adjustments are of importance, and our study showed that participants had different expectations despite having similar backgrounds.

Keywords: South Sami people, expectations, home nursing care, qualitative content analysis.

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Background

This study is part of a larger research project designed to examine the view of home nursing care from the perspective of older people with South Sami background in Sweden. In this paper, we present findings concerning their expectations of having care providers with South Sami background speaking South Sami in home nursing care. In the first paper, we described older South Sami people's expectations of home nursing care. The main findings showed that older South Sami people's expectations in Sweden correspond well with the general Swedish population, and they wanted home nursing care to contain the same care providers over time, individual adjustments and competent care providers.

The Sami are an indigenous population with multiple languages and dialects living in northern areas of Sweden, Norway, Finland, and the Kola Peninsula, and consist of different Sami people, of which the South Sami

population is one. The size of the Sami population is not consistent, but is believed to be about 80 000–100 000 people, of which about 36 000 living in Sweden (1).

International studies of indigenous people show poorer health and social outcomes than among benchmarking populations (2), but this is not usually the case regarding the Sami population (3,4). Indigenous populations often lack confidence in the healthcare services (5), and this is similar in the Sami population, where, for example, Nystad et al. (6) showed that the Sami population has lower confidence in municipal health and care services than benchmarking populations in Sweden and Norway. Additionally, Daerga et al. (7) showed that reindeer-herding Sami people in Sweden have lower confidence in primary healthcare services than the majority population.

Being old and Sami might imply several challenges, for example not being able to participate in previous activities such as hunting or reindeer herding, and this can lead to less contact with family members (8) and greater loneliness and isolation (9). Being a minority within a minority as the South Sami population is (10) can influence health negatively, where the older Sami can be specifically vulnerable (11). This means that the Sami people have to fight against a general lack of knowledge

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concerning the Sami and their culture. Additionally, the South Sami people's unique culture is hidden by the North Sami culture, and they have lost their homogeneous cultural identity (12).

Some older South Sami people receiving home nursing care feel that they are valued less than the majority population (8). Additionally, the South Sami care receivers can be exposed to an ongoing and subtle colonisation, because their cultural background is not considered (8). Providing care to older South Sami people can also cause challenges for the nurses in home nursing care because the older South Sami can have different views regarding things like time and regarding knowledge about diseases (13). This can create challenges in the patient–nurse relationship and can threaten patient safety. Therefore, a common language and cultural understanding are of importance in order to provide care in a dignified way, as highlighted in a study by Hanssen (11) among people with Sami background with dementia living in a nursing home.

When care providers possess cultural competence, this supports the well-being of care receivers (14), and in this regard, communication is fundamental when providing care to patients with a different cultural background than the care provider (15,16). Challenges and psychological ill health and feelings of otherness because of cultural differences and communication difficulties are common when people with different cultural background meet (17). This means that nurses need to be aware of cultural differences when providing care and must consider the care receiver's cultural background in order to provide safe care, and nurses often feel insufficient when meeting care receivers with another cultural background and report a need to become more culture competent (18).

When older South Sami people contact health and care services, they risk meeting care services with limited or no knowledge regarding their culture, and their needs for individualised care based on their cultural background are less likely to be met. This can result in impaired well-being and feelings of otherness for the older Sami if they do not receive care adapted to their cultural background. In order to provide culturally adapted person-centred care, care providers need to increase their cultural knowledge regarding their care receivers.

Therefore, the aim of this study was to describe older South Sami people in Sweden's expectations on having care providers with South Sami background who speak South Sami in home nursing care.

Method

Design

In order to describe South Sami people in Sweden's expectations on having care providers with South Sami

background speaking South Sami in home nursing care, a descriptive qualitative design was chosen for this study. When describing peoples' experiences, it is crucial to talk to such people in order to understand their point of view (19). Each person's situation and contribution in this method is seen as unique, and the aim was to see this uniqueness, and not to generalise, and this becomes the foundation for acquiring new knowledge (20).

Context

The South Sami population consist of approximately 2000 people and is one of several different Sami populations. The South Sami population lives in central regions of Sweden and Norway and has close family relations and connections cross the border because of traditional reindeer migration (21). In Sweden, the South Sami area means the counties Västerbotten and Jämtland and parts of the counties of Härjedalen and Dalarna. The number of South Sami people who speak South Sami is not consistent, but is believed to be approximately 500–700 people altogether in Norway and Sweden (22,23).

Participants and procedure

One hundred and eighty-nine people with South Sami background were asked to participate in the study, of whom 56 agreed to participate, including 25 men and 31 women [age range 65–90 years (median 74 years)]. The nonresponse rate was high, most likely because data collection was during summer when many possible participants were occupied with activities such as reindeer herding. The participants in the study were registered on the electoral list with the Sami Parliament, where they have to meet two self-reported criteria to be registered (24). The participants came from the South Sami areas in Sweden, and all lived in their own homes. Several of the participants revealed expectations regarding having or not having care providers with South Sami background who speak South Sami when receiving care in the future.

Interviews

Data were obtained using semi-structured interviews (cf. (19)) over the telephone by an interviewer with South Sami background. The interviews were conducted during the summer of 2016, and the participants were asked whether they saw it as important having care providers with South Sami background who speak South Sami when receiving care in the future. In addition, they were asked to describe own expectations in that regard. The interviewer recorded and transcribed all interviews and

replaced personal information with codes. The interviews lasted from 10 to 30 minutes.

Data analysis

Collected data were subjected to qualitative content analysis, a method that can be described as a process that 'involves identifying, coding, categorizing, classifying, and labelling the primary patterns in the data' ((19), p. 463). Patton (19) stresses that this means analysing the core content of the interviews to determine what is most significant. Krippendorff (25) highlights content analysis as a method that systematically analyse verbal or written communication. An advantage of this method is its closeness to the data and its high reliability (26).

The analysis was made in the following steps. First, the interviews were read numerous times in order to get a sense of the whole, and then, they were structurally read and analysed guided by the study aim in order to identify meaning units that were labelled with codes. The meaning units were then condensed, and the condensed and coded meaning units were analysed and compared by taking into account similarities and differences in content. These were retrospectively abstracted into subcategories, and these in turn were retrospectively abstracted into categories. An example of the analysis process is given in Table 1. Different possible interpretations were discussed by the authors until consensus was reached.

Ethical considerations

Before participation in the study, informed consent about participation and audiotaping the interviews was obtained. Information about the possibility to withdraw was given, and the participants were guaranteed confidentiality and anonymous presentation of the results. The study was approved by the Regional Ethical Review Board at Umeå University (No 2016/33-31Ö) in Sweden.

The study was performed in accordance with the Declaration of Helsinki (27).

Results

The analysis resulted in two categories with seven subcategories and revealed contradictions between the different participants' expectations of having care providers with South Sami background speaking South Sami in home nursing care. In addition, several participants highlighted the importance of Sami food and the wish for assistance in preparing Sami food when they no longer could do this for themselves. The importance of Sami food was not asked about in the interviews, but was called attention to by the participants. The category 'Having care providers who speak South Sami is of differing importance' consisted of three subcategories: 'Speaking South Sami is important', 'Speaking South Sami is nice' and 'Speaking South Sami is not important'. The category 'Having care providers with a South Sami background and access to Sami food is of differing importance' consisted of four subcategories: 'Having care providers with a South Sami background is important', 'Having care providers with a South Sami background is nice', 'Having care providers with a South Sami background is not important' and 'Having access to Sami food is important'. Representative statements from the participants regarding the categories and subcategories are given below.

Having care providers who speak South Sami is of differing importance

Speaking South Sami is important. A few participants highlighted the importance that care providers should speak South Sami when providing care in home nursing care. One issue for some participants was the possibility to speak South Sami with someone who could understand what they as care receivers were communicating in their

Table 1 Example of the analysis process

Meaning unit	Condensed meaning unit	Subcategory	Category
They can do as they please, so they can speak whatever language they want to me, Swedish or South Sami. I understand both	Speak as they please. Understand both Swedish and South Sami	Speaking South Sami is not important	Having care providers who speak South Sami is of differing importance
The most important to me is the Sami food. I have not lived so close to Sami culture. .//. . . And I cannot speak Sami, but Sami food is important to me	Most important Sami food. Not so close to Sami culture, but Sami food is important	Having access to Sami food is important	Having care providers with a South Sami background and access to Sami food is of differing importance
It would have been nice if they could talk South Sami with me. It is nice, but I do not think I would demand that they speak South Sami. .//. . . Today older South Sami (persons) speak Swedish	Nice if speaking South Sami, but could not demand it. Older South Sami speak Swedish	Speaking South Sami is nice	Having care providers who speak South Sami is of differing importance

own language. This was, for example, emphasised by one participant who was only able to speak South Sami after suffering a brain injury.

I want them to understand what I am saying in my own language

Participants also expressed the desire for wanting care providers to know their background and therefore had the expectation of having someone in home nursing care whom they could phone who would answer in South Sami. Other participants highlighted that it would be good if care providers spoke South Sami when providing care.

Speaking South Sami is nice. Some participants' expressed that it would be nice to have care providers who spoke South Sami, but as several pointed out it would still be okay if the care providers spoke Swedish. The main reason the participants provided was that they as South Sami are bilingual.

It is nice, but I do not think I would demand that they speak South Sami...//... Today older South Sami (people) speak Swedish

Some also highlighted that they as South Sami people have lost their Sami language. It was also pointed to the fact that some of them have moved to more urban areas and not many speak South Sami there, so it would be more likely to have care providers speaking South Sami if they remained in their native municipality. In addition, some participants said that the South Sami language probably is more important to the oldest old South Sami people and that they might prefer to speak South Sami.

Speaking South Sami is not important. Several participants said that they do not prefer that care providers speak South Sami because they do not speak South Sami themselves. The reasons for not speaking South Sami were various. For example, several participants highlighted that they do not speak South Sami because they have not been so close to Sami culture and have lived more in the Swedish society. Other participants also highlighted that their parents never taught them South Sami even if they knew their parents could speak the language. Speaking South Sami was seen as not preferable among some of their parents. Some participants said that their parents disowned having a South Sami background.

I never learned to speak South Sami because my parents did not teach me...//...they disowned having a South Sami background.

Another reason for not seeing care providers speaking South Sami as important was that several participants highlighted that they as South Sami people are bilingual. This was expressed by several of the participants who spoke South Sami themselves.

They can speak whatever language they want to me, Swedish or South Sami. I understand both.

Having care providers with a South Sami background and access to Sami food is of differing importance

Having care providers with a South Sami background is important. Some participants said that it would be highly preferable having care providers with South Sami background. The participants gave various reasons for this. One reason was that care providers with a South Sami background would have a better understanding of them as South Sami care receivers than care providers with Swedish background. This mutual understanding based on a similar background would according to the participants, mean that they did not have to explain things to the same degree because people with a South Sami background would understand much easier.

Those with a South Sami background will understand me much easier. I do not have to explain so much.

Other participants highlighted the mutual understanding of codes in Sami culture, which others who came from outside this culture have difficulties in understanding. Such a sense of community is valued as important when one is older and in need of care. Having this community when receiving care was seen as preferable among some participants in the study, even by some participants who do not speak South Sami.

I think it is important to have this community, even if I do not speak South Sami myself.

Having care providers with a South Sami background is nice. Several participants expressed that having care providers with South Sami background would be nice, but that this should not be at the expense of the clinical competence that the care providers should possess.

It is nice if they are Sami, but they must have the right competence as care providers.

Other participants who emphasised that it would be nice having care providers with a South Sami background also said it would be okay if the care providers had another background. The wish for not having care providers who hate Sami people was also exemplified. Another reason for seeing it as nice having care providers with a South Sami background was that some felt more at home with other people with a similar background.

It would be nice...//...I feel more at home with my own people.

Some of the participants who saw it as preferable to have care providers with South Sami background preferred this because of the risk that they might go back to their first language if suffering from dementia. Other participants who preferred having care providers with a South Sami background saw it as less likely because Sami people live more and more in Swedish society.

Having care providers with a South Sami background is not important. Several participants said that having care providers with a South Sami background is not important to them. The participants gave various reasons for this. One reason several participants expressed was that they had not maintained their Sami culture, but lived more as a traditional Swede in Swedish society.

I have not lived as a traditional Sami, so it's not important to me to have care providers with a South Sami background.

Others who had lived close to the Sami culture did not see it as important to have care providers with a South Sami background. Many of these participants highlighted the importance of professional knowledge over having a South Sami background, and they mentioned the need for care providers to be interested and skilled in addition to not having too many different care providers.

It is not important to me if they are South Sami or Swedish. It is much more important that they have the right knowledge and are interested in old people.

Some participants who did not see it as important to have care providers with a South Sami background reacted with humour when asked about their care providers' background. Participants also expressed that care providers with other background than Swedish or Sami also could provide good care. Other participants highlighted that it could be challenging getting good care overall and thus could not in addition demand care providers specifically with a South Sami background.

Having access to Sami food is important. Sami food was important to many participants in this study, and several prepared Sami food for themselves in their current life situation. Some participants got help from relatives to access and prepare Sami food, and they expressed gratitude towards their relatives for doing this. Some participants highlighted the importance of having help to prepare Sami food when they no longer could do this for themselves. Participants also highlighted that Sami food was of importance, regardless of whether the participants had lived close to the Sami culture or not.

I have not lived so close to Sami culture. And I cannot speak Sami, but Sami food is important to me.

The participants spoke warmly about among other things, reindeer meat and food made from reindeer blood. Some also mentioned their own and relatives' different experiences at nursing homes in relation to Sami food. This had contributed to the participants' own thoughts about Sami food, and several hoped they would have access to Sami food regardless of where they might live or the degree of help they might need in the future.

Discussion

The aim of this study was to describe older South Sami people in Sweden's expectations on having care providers with a South Sami background who speak South Sami in home nursing care. The results show that the participants reflected on their expectations of having care providers with a South Sami background speaking South Sami, and the expressions of their wishes revealed contradictions in and between participants. Additionally, the participants in the study called attention to the necessity of Sami food and the need to have access to Sami food regardless of where they might live or the degree of help they might need in the future.

Because we found no studies focusing on older South Sami people's expectations of having care providers with a South Sami background speaking South Sami or the necessity of Sami food, we discuss our findings in the light of general studies of Sami people's experiences of having care providers with a similar background and speaking their own language in healthcare services and the necessity of Sami food. In addition, we discuss our findings in relation to The Swedish National Board of Health and Welfare's recommendations and in the light of at-homeness.

The category 'Having care providers who speak South Sami is of differing importance' could be related to The Swedish National Board of Health and Welfare (28) where they emphasise the importance that care providers should possess competence regarding the languages and cultures of minorities in Sweden, exemplified by the South Sami population. Pohjola (29) also mentions the fact that language is a bearer of culture, and language is especially important when working with cultural and linguistic minorities (30).

Even though The Swedish National Board of Health and Welfare (28) recommends that care providers should possess competence regarding, for example, South Sami language, the participants in our study reported different preferences for whether care providers should speak South Sami when providing care for them in the future. Some participants said that they were not fluent in the South Sami language and thus had no reason to prefer that care providers speak South Sami. Others who had mastered the South Sami language highlighted its importance, and they spoke warmly about being understood in their own language by future care providers. Being understood in your own language can represent at-homeness for some participants in our study, and Öhlen et al. (31) stress that at-homeness can be experienced as a continuum between the poles of at-homeness and homelessness. At-homeness can also be seen as being related to both an actual and an existential place (32,33), and in this context being connected to one's own language can for the participants in our study represent at-

homeness regarding an existential place. At-homeness also can be perceived as being connected to oneself at a deeper level in addition to being connected to significant others (32). The future care provider speaking South Sami can represent a significant other for some participants in our study. This is in line with Mehus et al. (34) who interviewed 11 North Sami people in Norway ranging in age 26–76 years who had been care receivers or next of kin or both about their encounters with care providers and found that using the North Sami language when receiving care was important because they felt at home in their own language, especially when describing their feelings.

Other participants in our study who spoke South Sami reported different degrees of importance of having care providers who speak South Sami. Several highlighted the fact that they as South Sami people are bilingual and because of this could have care providers speaking both Swedish and South Sami. Having care providers speaking South Sami was for these participants not seen as essential even if they spoke South Sami themselves. Dagsvold et al. (35) interviewed four bilingual care receivers with North Sami background in outpatient mental health in Norway, about their preferred language when receiving care, and they found that language choice was influenced by the language competence of both the care receiver and care provider. Dagsvold et al. (35) found that language choice influenced whom the care receiver talked to and what the care receiver talked about, and they highlighted that switching between Sami and Norwegian was a natural part of everyday life, and one participant said that it did not make any difference whether speaking Sami or Norwegian because of their ability to express themselves and to think clearly in both languages. Similar thoughts were not expressed by participants in our study, but some highlighted that whether care providers speak Swedish or South Sami was seen as secondary. Getting quality care from care providers was of highest importance for several participants in this study. In this context, bilingualism can be seen as a resource, but even in these statements the participants can be limited by possibilities to speak South Sami with care providers, which were preferred by other participants in our study. Dagsvold et al. (35) stress that bilingualism and knowledge about both Sami and Norwegian culture can provide latitude and enhanced possibilities for both care receivers and health services, and this has transferability to the Swedish context in our study.

Another issue for the South Sami population, regarding speaking South Sami with care providers, is that older people with a South Sami background do not usually request or expect care providers who speak South Sami (8), and this might be because of earlier colonisation processes that still exist due to the fact that South Sami care receivers are treated like other care receivers

in, for example, home nursing care (13). Related to our result, this can be an explanation for why so few participants in our study requested care providers speaking South Sami when providing care for them in the future.

The category 'Having care providers with a South Sami background and access to Sami food is of differing importance' could also be related to the meaning of at-homeness. One aspect of at-homeness is that it can be seen from a relational perspective as being connected to others or oneself, and when being connected to others at-homeness means having close and significant relationships (31–33). The participants in our study had different preferences regarding having care providers with a South Sami background, but some participants wanted care providers with a South Sami background even if they did not speak the South Sami language themselves. Seen in the light of the relational aspect of at-homeness, the South Sami background of future care providers might represent at-homeness for the participants in our study, for example, because the relationship between care provider and care receiver might be seen as significant by the care receiver because the care provider is working within the care receiver's private sphere.

Saarnio et al. (36) interviewed 20 oldest old people with severe illnesses living in their own homes regarding at-homeness and found that at-homeness was seen as being oneself and being able to manage ordinary life and that it was beneficial to one's quality of life. At-homeness was also seen as being connected to significant others and being in affirming friendships and in safe relationships. This is comparable to the participants in our study because some of our participants saw it as important or nice to have care providers with a South Sami background. Having care providers with a South Sami background can represent being connected and in a safe relationship with someone with a similar cultural background as the participants.

Being part of another culture, and not being met in accordance to this culture, can enhance feelings of otherness for the care receiver (17,37) and can be an explanation for why some participants in our study wanted care providers with a South Sami background. Brunett and Shingles (38) emphasise that having a culturally competent care provider, or one who the care receiver perceives as culturally competent, enhances patient satisfaction. This means that having care providers with a South Sami background when receiving care can represent anticipated enhanced nursing satisfaction for some participants in our study.

DeWilde and Burton (39) stress that if care providers ignore care receivers' cultural beliefs and background, this will accentuate the imbalanced relationship between care providers and care receivers. Despite this, several participants in our study did not see it as decisive to have care providers with a South Sami background, and some

highlighted care providers' competence and knowledge regarding older peoples and saw this as most important when receiving care.

Larsen et al. (40) interviewed seven family caregivers and ten formal caregivers in northern Norway with Sami, mixed or Norwegian backgrounds who were caring for Sami care receivers with dementia, and they found descriptions of hampered collaboration because of distrust, lack of cultural competence and ethnicity. One Sami care provider described how non-Sami care providers had limitations to what would be considered acceptable behaviour because of a lack of cultural competence in some Sami families, and she said that if non-Sami care providers did what she did as a Sami to the care receiver in some homes in home nursing care, the non-Sami care provider would be considered rude. This is because she sometimes had to enter a household as a Sami and not as a nurse, and this meant that non-Sami care providers had to find their own ways to build trust with these Sami care receivers and their families (40). Our result revealed differing importance of having care providers with South Sami background, meaning hampered collaboration seems less likely to occur because several participants did not see it as essential to have care providers with South Sami background when receiving care in the future.

Other participants who did not see it as essential to have care providers with a South Sami background said that they had not lived as a traditional Sami, and because of this, they did not feel the need to have care providers with a South Sami background. O'Hagen (41) and Heaslip (15) stress that having specific cultural knowledge is not always seen as crucial, but rather how care providers approach care receivers with different cultures (41), including the care provider's attitude, behaviour and communication when meeting care receivers with diverse cultural backgrounds (15). To be met according to one's own expectations and needs when receiving care regardless of wanting care providers with or without a South Sami background means being able to create a significant relationship for the care receiver, and this can enable a feeling of at-homeness for the care receiver, as at-homeness can be seen as an individualised construction (42). Seen in the light of our study, the participants probably have different individualised constructions regarding what represents at-homeness, and for some participants, care providers with a South Sami background might generate experiences of at-homeness, but not for others. McCormack & McCance (43) stress the importance of being met as a unique person with individual beliefs and values when receiving care, and this can create a feeling of at-homeness for care receivers, and for the participants in our study, this can be by care receivers with or without a South Sami background depending on the care receiver's desires. This can be related to the fact that the care providers must not lose sight of what might be the

needs and concerns of the individual person receiving care, regardless of the care provider's own conscious or unconscious bias (44).

In our study, the participants emphasised the importance of having access to Sami food, and this could be related to culture, identity and heritage, because traditional food can represent a core element in this context (45). Hanssen and Kuven (46) found that traditional foods can create feelings of belonging and joy in older people with severe dementia, some with a Sami background. Familiar tastes can awaken pleasant memories and boost patients' sense of well-being, identity and belonging (46). The participants in our study highlighted the importance of Sami foods, and they wanted assistance from family or care providers in order to access and prepare Sami food when they no longer could do this themselves. Seen in the light of at-homeness, at-homeness can be created for people when being related to things or to an existential or an actual place that is of significance for the person (32,33), and in our study, this could be related to the participants' culture, specifically to Sami food. Sami food can thus create a feeling of at-homeness for the participants in our study because of Sami foods' significance for several of the participants. The importance of Sami food was not asked for in the interviews, but was stressed by the participants in our study, probably due to its importance.

The participants in our study displayed various expectations regarding having care providers with South Sami background and speaking South Sami and regarding having access to Sami food. The individual expectations of the participants of having care providers with a South Sami background and speaking South Sami were not necessarily related to closeness to Sami culture, but were more related to what were seen as the most essential for the participants in our study when receiving care.

There is probably no single recipe for what will be significant for peoples when receiving care in the future, and our study has shown that the participants had different expectations regarding having care providers with a South Sami background and speaking South Sami. Seen in the light of at-homeness diverse factors can constitute at-homeness for the individual person, but feelings of at-homeness can be decisive for whether the received home nursing care is perceived as sufficient by the care receivers.

Methodological considerations

This study focused on describing older South Sami people in Sweden's expectations for having care providers with a South Sami background and speaking South Sami in home nursing care. One limitation with qualitative research is small samples sizes and therefore nongeneralisable findings, but one strength is the possibility to provide insight into complex phenomena. Our findings are

based on our participants' personal expectations and therefore are strictly discussed from their perspectives. The intention is not to generalise the findings, but only to highlight the complexity of older South Sami people in Sweden's expectations regarding having care providers with a South Sami background and speaking Sami.

Fifty-six people were interviewed over the telephone, and this can be seen as a disadvantage in relation to face-to-face interviews because of the loss of nonverbal and contextual data (47). Even with these challenges, telephone interviews can be preferable, for example, when interviewing participants who are hard to reach (20), which was the case in our study where our goal was to reach over 100 peoples with South Sami background. We also preferred having an interviewer with a South Sami background conducting the interviews because this among other things can improve rigour in qualitative research when interviewing participants with South Sami background due to language and communication issues (48). Because people with a South Sami background tend to live in sparsely inhabited places, telephone interviews were preferred.

Conclusion and implication for practice

In this study, our intention was to describe older South Sami peoples' expectations for having care providers with a South Sami background speaking South Sami in home nursing care. Our participants had different preferences regarding having care providers with a South Sami background and speaking South Sami, and Sami foods had special significance for our participants.

When providing care to older South Sami people, individual adjustments are of importance because our participants had different expectations despite having a similar background. In order to provide person-centred care, our study suggests that having care providers with or without a South Sami background and speaking South Sami might be of importance for older South Sami peoples in Sweden and must therefore be considered when providing care to this population in home nursing care. Despite our result, Cain et al. (49) highlight that care providers cannot be an expert in all cultures, but by listening, understanding and respecting cultural diversity they will improve the care given to the care receivers.

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Hansen (50) stresses that culture cannot be seen as a static unit, but rather it is a permanent transaction in encounters between care receivers' and care providers', and both the care providers' and care receivers' culture affects these encounters. Other areas might also be of importance when receiving care, for example gender, education and access to healthcare services (50), and too much focus on some issues such as culture, can limit the focus on other aspects of significance (51). This implies that the cultural background of the care provider is one of many considerations that should be taken into account when providing care to older people in home nursing care, in this case South Sami people living in Sweden. Therefore, care providers must among other things use cultural awareness in encounters with care receivers in order to see the whole picture. This will improve the quality of care and health outcomes to the individual person receiving care and will entail more righteous care regardless of the cultural background of the care receiver.

Conflict of interest

None.

Author contribution

The work presented was carried out in the collaboration between Ove Hellzèn, Siv Söderberg and Tove Mentsen Ness. Tove Mentsen Ness carried out the initial analysis; however, all three authors have reflected on and continuously and critically worked with the assessments until a consensus was reached. All three authors have also contributed to the writing of the manuscript.

Ethical approval

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